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Employer Identification No.)One CVS Drive, Woonsocket,Rhode Island02895(Address of principal executive offices)(Zip Code)Registrantâ€™s telephone number, including area code:(401)765-1500Securities registered pursuant to Section 12(b) of the Act:Title of each classTrading Symbol(s)Name of each exchange on which registeredCommon Stock, par value $0.01 per shareCVSNew York Stock ExchangeSecurities registered pursuant to Section 12(g) of the Act:NoneIndicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.â˜‘Yesâ˜NoIndicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.â˜Yesâ˜‘NoIndicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.â˜‘Yesâ˜NoIndicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (Â§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).â˜‘Yesâ˜NoIndicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of â€œlarge accelerated filer,â€ â€œaccelerated filer,â€ â€œsmaller reporting company,â€ and â€œemerging growth companyâ€ in Rule 12b-2 of the Exchange Act.Large accelerated filer â˜‘Accelerated filerâ˜Non-accelerated filerâ˜Smaller reporting companyâ˜Emerging growth companyâ˜If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.â˜Indicate by check mark whether the registrant has filed a report on and attestation to its managementâ€™s assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C 7262(b)) by the registered public accounting firm that prepared or issued its audit report.â˜‘If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statementsâ˜Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to Â§â€‰240.10D-1(b).â˜Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).â˜Yesâ˜‘NoThe aggregate market value of the registrantâ€™s common stock held by non-affiliates was approximately $74,072,103,405 as of JuneÂ 30, 2024, based on the closing price of the common stock on the New York Stock Exchange. For purposes of this calculation, only executive officers and directors are deemed to be affiliates of the registrant.As of February 5, 2025, the registrant had 1,260,795,063 shares of common stock outstanding.DOCUMENTS INCORPORATED BY REFERENCEThe following materials are incorporated by reference into this Form 10-K:Information contained in the definitive proxy statement for CVS Health Corporationâ€™s 2025 Annual Meeting of Stockholders, to be filed with the Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2024 (the â€œProxy Statementâ€), is incorporated by reference in Parts III and IV to the extent described therein.TABLE OF CONTENTSPagePartÂ IItemÂ 1:Business2ItemÂ 1A:Risk Factors35ItemÂ 1B:Unresolved Staff Comments63ItemÂ 1C:Cybersecurity63ItemÂ 2:Properties64ItemÂ 3:Legal Proceedings65ItemÂ 4:Mine Safety Disclosures65Information about our Executive Officers66PartÂ IIItemÂ 5:Market for Registrantâ€™s Common Equity, Related Stockholder Matters and Issuer Purchases of Equity Securities67ItemÂ 6:Reserved69ItemÂ 7:Managementâ€™s Discussion and Analysis of Financial Condition and Results of Operations70ItemÂ 7A:Quantitative and Qualitative Disclosures About Market Risk100ItemÂ 8:Financial Statements and Supplementary Data103ItemÂ 9:Changes in and Disagreements With Accountants on Accounting and Financial Disclosure192ItemÂ 9A:Controls and Procedures192ItemÂ 9B:Other Information192Item 9C:Disclosure Regarding Foreign Jurisdictions that Prevent Inspections193PartÂ IIIItemÂ 10:Directors, Executive Officers and Corporate Governance193ItemÂ 11:Executive Compensation193ItemÂ 12:Security Ownership of Certain Beneficial Owners and Management and Related Stockholder Matters193ItemÂ 13:Certain Relationships and Related Transactions, and Director Independence194ItemÂ 14:Principal Accountant Fees and Services194PartÂ IVItemÂ 15:Exhibits and Financial Statement Schedules195Item 16:Form 10-K Summary200Signatures201Unless the context otherwise requires, references to the terms â€œwe,â€ â€œourâ€ or â€œusâ€ used throughout this Annual Report on Form 10-K (this â€œ10-Kâ€) refer to CVS Health Corporation (a Delaware corporation), together with its subsidiaries (collectively, â€œCVS Healthâ€ or the â€œCompanyâ€). References to competitors and other companies throughout this 10-K, including the information incorporated herein by reference, are for illustrative or comparison purposes only and are not identifying that these companies are the only competitors or closest competitors of the Company or any of the Companyâ€™s businesses, products, or services.CAUTIONARY STATEMENT CONCERNING FORWARD-LOOKING STATEMENTSThe Private Securities Litigation Reform Act of 1995 (the â€œReform Actâ€) provides a â€œsafe harborâ€ for forward-looking statements, so long as (1) those statements are identified as forward-looking, and (2) the statements are accompanied by meaningful cautionary statements that identify important factors that could cause actual results to differ materially from those discussed in the statement. We want to take advantage of these safe harbor provisions.Certain information contained in this 10-K is forward-looking within the meaning of the Reform Act or Securities and Exchange Commission (â€œSECâ€) rules. This information includes, but is not limited to: â€œOutlook for 2025â€ of Managementâ€™s Discussion and Analysis of Financial Condition and Results of Operations (â€œMD&Aâ€) included in Item 7, â€œQuantitative and Qualitative Disclosures About Market Riskâ€ included in Item 7A, â€œGovernment Regulationâ€ included in Item 1, and â€œRisk Factorsâ€ included in Item 1A. In addition, throughout this 10-K and our other reports and communications, we use the following words or variations or negatives of these words and similar expressions when we intend to identify forward-looking statements:Â AnticipatesÂ BelievesÂ CanÂ ContinueÂ CouldÂ EstimatesÂ EvaluateÂ ExpectsÂ ExploreÂ ForecastÂ GuidanceÂ IntendsÂ LikelyÂ MayÂ MightÂ OutlookÂ PlansÂ PotentialÂ PredictÂ statements addressing the future operating performance of CVS Health or any segment or any subsidiary and/or future events or developments, including, but not limited to, statements relating to the Companyâ€™s investment portfolio, operating results, cash flows and/or financial condition, statements relating to corporate strategy, statements relating to future revenue, operating income or adjusted operating income, earnings per share or adjusted earnings per share, Health Care Benefits segment business, sales results and/or trends, medical cost trends, medical membership, Medicare Part D membership, medical benefit ratios and/or operations, Health Services segment business, sales results and/or trends and/or operations, Pharmacy & Consumer Wellness segment business, sales results and/or trends and/or operations, incremental investment spending, interest expense, effective tax rate, weighted-average share count, cash flow from operations, net capital expenditures, cash available for debt repayment, statements related to possible, proposed, pending or completed acquisitions, joint ventures, investments or combinations that involve, among other things, the timing or likelihood of receipt of regulatory approvals, the timing of completion, integration synergies, net synergies and integration risks and other costs, enterprise modernization, transformation, leverage ratio, cash available for enhancing shareholder value, inventory reduction, turn rate and/or loss rate, debt ratings and actions taken by ratings agencies, the Companyâ€™s ability to attract or retain customers and clients, store development and/or relocations, new product development, and the impact of industry and regulatory developments, as well as statements expressing optimism or pessimism about future operating results or events, are forward-looking statements within the meaning of the Reform Act.Forward-looking statements rely on a number of estimates, assumptions and projections concerning future events, and are subject to a number of significant risks and uncertainties and other factors that could cause actual results to differ materially from those statements. Many of these risks and uncertainties and other factors are outside our control. Certain additional risks and uncertainties and other factors are described under â€œRisk Factorsâ€ included in Item 1A of this 10-K; these are not the only risks and uncertainties we face. There can be no assurance that the Company has identified all the risks that may affect it. Additional risks and uncertainties not presently known to the Company or that the Company currently believes to be immaterial also may adversely affect the Companyâ€™s businesses. If any of those risks or uncertainties develops into actual events, those events or circumstances could have a material adverse effect on the Companyâ€™s businesses, operating results, cash flows, financial condition and/or stock price, among other effects. You should not put undue reliance on forward-looking statements. Any forward-looking statement speaks only as of the date of this 10-K, and we disclaim any intention or obligation to update or revise forward-looking statements, whether as a result of new information, future events, uncertainties or otherwise.1Table of ContentsPART IItem 1. Business.OverviewCVS Health Corporation, together with its subsidiaries (collectively, â€œCVS Health,â€ the â€œCompany,â€ â€œwe,â€ â€œourâ€ or â€œusâ€), is a leading health solutions company building a world of health around every consumer it serves and connecting care so that it works for people wherever they are. As of DecemberÂ 31, 2024, we had more than 9,000 retail locations, more than 1,000 walk-in and primary care medical clinics, a leading pharmacy benefits manager with approximately 90 million plan members and expanding specialty pharmacy solutions, and a dedicated senior pharmacy care business serving more than 800,000 patients per year. We serve an estimated more than 36 million people through traditional, voluntary and consumer-directed health insurance products and related services, including expanding Medicare Advantage offerings and a leading standalone Medicare Part D prescription drug plan (â€œPDPâ€). We are creating new sources of value through our integrated model allowing us to expand into personalized, technology driven care delivery and health services, increasing access to quality care, delivering better health outcomes and lowering overall health care costs.The Company has four reportable segments: Health Care Benefits, Health Services, Pharmacy & Consumer Wellness and Corporate/Other.Business StrategyWe are building a world of health around every consumer we serve, seeking to make it easier and more affordable to live a healthier life. This means delivering solutions that are more personalized, simpler to use and increasingly digital so consumers can receive care when, where and how they desire. We address holistic health â€“ physical, emotional, social and economic â€“ and we are creating new sources of value through our integrated care model which allows us to expand into personalized, technology driven care delivery and health services, increasing access to quality care, delivering better health outcomes and lowering overall health care costs. We believe our consumer-centric strategy will drive sustainable long-term growth and deliver value for all stakeholders.Health Care Benefits SegmentThe Health Care Benefits segment operates as one of the nationâ€™s leading diversified health care benefits providers, serving an estimated more than 36 million people as of DecemberÂ 31, 2024. The Health Care Benefits segment has the information and resources to help members, in consultation with their health care professionals, make more informed decisions about their health care. The Health Care Benefits segment offers a broad range of traditional, voluntary and consumer-directed health insurance products and related services, including medical, pharmacy, dental and behavioral health plans, medical management capabilities, Medicare Advantage and Medicare Supplement plans, PDPs and Medicaid health care management services. The Health Care Benefits segmentâ€™s primary customers, its members, primarily access the segmentâ€™s products and services through employer groups, government-sponsored plans or individually. The Health Care Benefits segment also serves customers who purchase products and services that are ancillary to its health insurance products.Health Care Benefits Products and Services The Company refers to insurance products (where it assumes all or a majority of the risk for medical and dental care costs) as â€œInsuredâ€ and administrative services contract products (where the plan sponsor assumes all or a majority of the risk of medical and dental care costs) as â€œASC.â€ Health Care Benefits segment products and services consist of the following:â€¢Commercial Medical: The Health Care Benefits segment offers point-of-service (â€œPOSâ€), preferred provider organization (â€œPPOâ€), health maintenance organization (â€œHMOâ€) and indemnity benefit (â€œIndemnityâ€) plans. Commercial medical products also include health savings accounts (â€œHSAsâ€) and consumer-directed health plans that combine traditional POS or PPO and/or dental coverage, subject to a deductible, with an accumulating benefit account (which may be funded by the plan sponsor and/or the member in the case of HSAs). Principal products and services are targeted specifically to large multi-site national, mid-sized and small employers, individual insureds and expatriates. The Company offers medical stop loss insurance coverage for certain employers who elect to self-insure their health benefits. Under medical stop loss insurance products, the Company assumes risk for costs associated with large individual claims and/or aggregate loss experience within an employerâ€™s plan above a pre-set annual threshold. The segment also has a portfolio of additional health products and services that complement its medical products such as dental plans, behavioral health and employee 2assistance products, provider network access and vision products. The Company sold Insured plans directly to individual consumers through the individual public health insurance exchanges (â€œPublic Exchangesâ€) in 17 states as of DecemberÂ 31, 2024.â€¢Government Medical: In select geographies, the Health Care Benefits segment offers Medicare Advantage plans, Medicare Supplement plans and prescription drug coverage for Medicare beneficiaries; participates in Medicaid and subsidized Childrenâ€™s Health Insurance Programs (â€œCHIPâ€); and participates in demonstration projects for members who are eligible for both Medicare and Medicaid (â€œDualsâ€). These Government Medical products are further described below:â€¢Medicare Advantage: Through annual contracts with the U.S. Centers for Medicare & Medicaid Services (â€œCMSâ€), the Company offers HMO and PPO products for eligible individuals in certain geographic areas through the Medicare Advantage program. Members typically receive enhanced benefits over traditional fee-for-service Medicare coverage (â€œOriginal Medicareâ€), including reduced cost-sharing for preventive care, vision and other services. The Company offered network-based HMO and/or PPO plans in 46 states and Washington, D.C. in 2024. For certain qualifying employer groups, the CompanyÂ offers Medicare PPO products nationally. When combined with the Companyâ€™s PDP product,Â these national PPO plansÂ form an integrated national Insured Medicare product for employers that provides medical and pharmacy benefits.â€¢Medicare PDP: The Company is a national provider of drug benefits under the Medicare Part D prescription drug program. All Medicare eligible individuals are eligible to participate in this voluntary prescription drug plan. Members typically receive coverage for certain prescription drugs, usually subject to a deductible, co-insurance and/or co-payment. The

Company offered PDP plans in all 50 states and Washington, D.C. in 2024.â€¢Medicare Supplement: For certain Medicare eligible members, the Company offersÂ supplementalÂ coverage for certain health care costs not covered byÂ Original Medicare. The products included in the Medicare Supplement portfolio help to coverÂ some of theÂ gaps in Original Medicare, and include coverage for MedicareÂ deductibles and coinsuranceÂ amounts. The Company offered aÂ wide selection of Medicare Supplement products in 49 states and Washington, D.C. in 2024.â€¢Medicaid and CHIP: The Company offers health care management services to individuals eligible for Medicaid and CHIP under multi-year contracts with government agencies in various states that are subject to annual appropriations. CHIP are state-subsidized insurance programs that provide benefits for families with uninsured children. The Company offered these services on an Insured or ASC basis in 16 states in 2024.â€¢Duals: The Company provides health coverage to beneficiaries who are dually eligible for both Medicare and Medicaid coverage. These members must meet certain income and resource requirements in order to qualify for this coverage. The Company coordinates 100% of the care for these members and may provide them with additional services in order to manage their health care costs. The Company also has a portfolio of transformative products and services aimed at creating a holistic and integrated approach to individual health and wellness. These products and services complement the Commercial Medical and Government Medical products and aim to provide innovative solutions, create integrated experience offerings and enable enhanced care delivery to customers. Health Care Benefits Provider Networks The Company contracts with physicians, hospitals and other providers for services they provide to the Companyâ€™s members. The Company uses a variety of techniques designed to help encourage appropriate utilization of medical services (â€œutilizationâ€) and maintain affordability of quality coverage. In addition to contracts with providers for negotiated rates of reimbursement, these techniques include creating risk sharing arrangements that align economic incentives with providers, the development and implementation of guidelines for the appropriate utilization and the provision of data to providers to enable them to improve health care quality. At DecemberÂ 31, 2024, the Companyâ€™s underlying nationwide provider network had approximately 1.9 million participating providers. Other providers in the Companyâ€™s provider networks also include laboratory, imaging, urgent care and other freestanding health facilities.Health Care Benefits Quality AssessmentCMS uses a 5-star rating system to monitor Medicare health care and drug plans and ensure that they meet CMSâ€™s quality standards. CMS uses this rating system to provide Medicare beneficiaries with a tool that they can use to compare the overall quality of care and level of customer service of companies that provide Medicare health care and drug plans. The rating system considers a variety of measures adopted by CMS, including quality of preventative services, chronic illness management and overall customer satisfaction. See â€œHealth Care Benefits Pricingâ€ below in this Item 1 for further discussion of star ratings. The 3Company seeks Health Plan accreditation for Aetna Inc. (â€œAetnaâ€) HMO plans from the National Committee for Quality Assurance (â€œNCQAâ€), a private, not-for-profit organization that evaluates, accredits and certifies a wide range of health care organizations. Health care plans seeking accreditation must pass a rigorous, comprehensive review and must annually report on their performance.Aetna Life Insurance Company (â€œALICâ€), a wholly-owned subsidiary of the Company, has received nationwide NCQA PPO Health Plan accreditation. As of DecemberÂ 31, 2024, all of the Companyâ€™s Commercial HMO and all of ALICâ€™s PPO members who were eligible participated in HMOs or PPOs that are accredited by the NCQA.The Companyâ€™s provider selection and credentialing/re-credentialing policies and procedures are consistent with NCQA and URAC, a health care accrediting organization that establishes quality standards for the health care industry, as well as state and federal, requirements. In addition, the Company is certified under the NCQA Credentials Verification Organization (â€œCVOâ€) certification program for all certification options and has URAC CVO accreditation.Quality assessment programs for contracted providers who participate in the Companyâ€™s networks begin with the initial review of health care practitioners. Practitionersâ€™ licenses and education are verified, and their work history is collected by the Company or in some cases by the practitionerâ€™s affiliated group or organization. The Company generally requires participating hospitals to be certified by CMS or accredited by The Joint Commission, the American Osteopathic Association, or Det Norske Veritas Healthcare.The Company also offers quality and outcome measurement programs, quality improvement programs and health care data analysis systems to providers and purchasers of health care services.Health Care Benefits Information SystemsThe Health Care Benefits segment currently operates and supports an end-to-end suite of information technology platforms to support member engagement, enrollment, health benefit administration, care management, service operations, financial reporting and analytics.Â Platforms are supported by an integration layer to facilitate the transfer of real-time data.Â There is continued focus and investment in enterprise data platforms, cloud capabilities, digital products to offer innovative solutions and a seamless experience to the Companyâ€™s members through mobile and web channels.Â The Company is making concerted investments in emerging technology capabilities such as artificial intelligence (â€œAIâ€) to further automate, augment and improve its operational capabilities, and to improve the experience for providers, patients, and consumers. The Health Care Benefits segment is utilizing the full breadth of the Companyâ€™s assets to build enterprise technology that will help guide our members through their health care journey, provide them a high level of service, enable healthier outcomes and encourage them to take next best actions to lead healthier lives.Health Care Benefits CustomersMedical membership is dispersed throughout the U.S., and the Company also serves medical members in certain countries outside the U.S. The Company offers a broad range of traditional, voluntary and consumer-directed health insurance products and related services, many of which are available nationwide. The Company markets its products and services to employer groups, individuals, college students, part-time and hourly workers, health plans, providers, governmental units, government-sponsored plans, labor groups and expatriates. For additional information on medical membership, see â€œHealth Care Benefits Segmentâ€ in the Managementâ€™s Discussion and Analysis of Financial Condition and Results of Operations (the â€œMD&Aâ€) included in Item 7 of this 10-K. The Company markets both Commercial Insured and ASC products and services primarily to employers that sponsor the Companyâ€™s products for the benefit of their employees and their employeesâ€™ dependents. Frequently, larger employers offer employees a choice among coverage options from which the employee makes his or her selection during a designated annual open enrollment period. Typically, employers pay all of the monthly premiums to the Company and, through payroll deductions, obtain reimbursement from employees for a percentage of the premiums that is determined by each employer. Some Health Care Benefits products are sold directly to employees of employer groups on a fully employee-funded basis. In some cases, the Company bills the covered individual directly. The Company also sells Insured plans directly to individual consumers in certain geographies through the Public Exchanges.The Company offers Insured Medicare coverage on an individual basis as well as through employer groups to their retirees. Medicaid and CHIP members are enrolled on an individual basis. The Company also offers Insured health care coverage to members who are dually-eligible for both Medicare and Medicaid. 4Health Care Benefits products are sold through: the Companyâ€™s sales personnel; independent brokers, agents and consultants who assist in the production and servicing of business; as well as private health insurance exchanges (â€œPrivate Exchangesâ€) and Public Exchanges (together with Private Exchanges, â€œInsurance Exchangesâ€). For large employers or other entities that sponsor the Companyâ€™s products (â€œplan sponsorsâ€), independent consultants and brokers are frequently involved in employer health plan selection decisions and sales. In some instances, the Company may pay commissions, fees and other amounts to brokers, agents, consultants and sales representatives who place business with the Company. In certain cases, the customer pays the broker for services rendered, and the Company may facilitate that arrangement by collecting the funds from the customer and transmitting them to the broker. The Company supports marketing and sales efforts with an advertising program that may include television, radio, billboards, print media and social media, supplemented by market research and direct marketing efforts.The U.S. federal government is a significant customer of the Health Care Benefits segment through contracts with CMS for coverage of Medicare-eligible individuals and federal employee-related benefit programs. Other than the contracts with CMS, the Health Care Benefits segment is not dependent upon a single customer or a few customers the loss of which would have a significant effect on the earnings of the segment. The loss of business from any one or a few independent brokers or agents would not have a material adverse effect on the earnings of the Health Care Benefits segment. Health Care Benefits segment revenues from the federal government accounted for 18% of the Companyâ€™s consolidated total revenues in 2024, 2023 and 2022. Contracts with CMS for coverage of Medicare-eligible individuals in the Health Care Benefits segment accounted for approximately 74%, 73% and 74%, respectively, of the Companyâ€™s consolidated revenues from the federal government in 2024, 2023 and 2022.Health Care Benefits PricingFor Commercial Insured plans, contracts containing the pricing and other terms of the relationship are generally established in advance of the policy period and typically have a duration of one year. Fees under ASC plans are generally fixed for a period of one year.Generally, a fixed premium rate is determined at the beginning of the policy period for Commercial Insured plans. The Company typically cannot recover unanticipated increases in health care and other benefit costs in the current policy period; however, it may consider prior experience for a product in the aggregate or for a specific customer, among other factors, in determining premium rates for future policy periods. Where required by state laws, premium rates are filed and approved by state regulators prior to contract inception. Future operating results could be adversely affected if the premium rates requested are not approved or are adjusted downward or their approval is delayed by state or federal regulators. The Company has Medicare Advantage and PDP contracts with CMS to provide HMO, PPO and prescription drug coverage to Medicare beneficiaries in certain geographic areas. Under these annual contracts, CMS pays the Company a fixed per member (or â€œcapitationâ€) payment and/or a portion of the premium, both of which are based on membership and adjusted for demographic and health risk factors. CMS also considers inflation, changes in utilization patterns and average per capita fee-for-service Medicare costs in the calculation of the fixed capitation payment or premium. PDP contracts also provide a risk-sharing arrangement with CMS to limit the Companyâ€™s exposure to unfavorable expenses or benefit from favorable expenses. Amounts payable to the Company under the Medicare arrangements are subject to annual revision by CMS, and the Company elects to participate in each Medicare service area or region on an annual basis. Premiums paid to the Company for Medicare products are subject to federal government reviews and audits, which can result, and have resulted, in retroactive and prospective premium adjustments and refunds to the government and/or members. In addition to payments received from CMS, some Medicare Advantage products and all PDP products require a supplemental premium to be paid by the member or sponsoring employer. In some cases, these supplemental premiums are adjusted based on the memberâ€™s income and asset levels. Compared to Commercial Medical products, Medicare contracts generate higher per member per month revenues and higher health care and other benefit costs. The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (collectively, the â€œACAâ€) ties a portion of each Medicare Advantage planâ€™s reimbursement to the planâ€™s â€œstar ratings.â€ Plans must have a star rating of 4 or higher (out of 5) to qualify for bonus payments. CMS released the Companyâ€™s 2025 star ratings in October 2024. The Companyâ€™s 2025 star ratings will be used to determine which of the Companyâ€™s Medicare Advantage plans have ratings of four stars or higher and qualify for bonus payments in 2026. Based on the Companyâ€™s membership at DecemberÂ 31, 2024, 88% of the Companyâ€™s Medicare Advantage members were in plans with 2025 star ratings of at least 4.0 stars, compared to 91% of the Companyâ€™s Medicare Advantage members being in plans with 2024 star ratings of at least 4.0 stars based on the Companyâ€™s membership at DecemberÂ 31, 2023. 5Rates for Medicare Supplement products are regulated at the state level and vary by state and plan.Under Insured Medicaid contracts, state government agencies pay the Company fixed monthly rates per member that vary by state, line of business and demographics; and the Company arranges, pays for and manages the health care services provided to Medicaid beneficiaries. These rates are subject to change by each state, and, in some instances, provide for adjustment for health risk factors. CMS requires these rates to be actuarially sound. The Company also receives fees from customers where it provides services under ASC Medicaid contracts. ASC Medicaid contracts generally are for periods of more than one year, and certain of them contain performance incentives and limited financial risk sharing with respect to certain medical, financial and operational metrics. Under these arrangements, performance is evaluated annually, with associated financial incentive opportunities, and financial risk share obligations are typically limited to a percentage of the fees otherwise payable to the Company. Payments to the Company under Medicaid contracts are subject to the annual appropriation process in the applicable state.Under Duals contracts, the rate setting process is generally established by CMS in partnership with the state government agency participating in the demonstration project. Both CMS and the state government agency may seek premium and other refunds under certain circumstances, including if the Company fails to comply with CMS regulations or other contractual requirements.The Company offers HMO and consumer-directed medical and dental plans to federal employees under the Federal Employees Health Benefits (â€œFEHBâ€) Program and the Federal Employees Dental and Vision Insurance Program. Premium rates and fees for those plans are subject to federal government review and audit, which can result, and have resulted, in retroactive and prospective premium and fee adjustments and refunds to the government and/or members.Health Care Benefits SeasonalityThe Health Care Benefits segmentâ€™s quarterly operating income progression is impacted by (i) the seasonality of benefit costs which generally increase during the year as Insured members progress through their annual deductibles and out-of-pocket expense limits, (ii) continued changes in product mix between Commercial and Government medical membership and (iii) the seasonality of operating expenses, which are generally the highest during the fourth quarter due primarily to spending to support readiness for the start of the upcoming plan year and marketing associated with Medicare annual enrollment. The Health Care Benefit segmentâ€™s quarterly operating income progression may be impacted by exogenous factors, which include regulatory or legal changes, as well as shifting care patterns. Health Care Benefits CompetitionThe health care benefits industry is highly competitive, primarily due to a large number of for-profit and not-for-profit competitors, competitorsâ€™ marketing and pricing and a proliferation of competing products, including new products that are continually being introduced into the marketplace. New entrants into the marketplace, as well as consolidation within the industry, have contributed to and are expected to intensify the competitive environment. In addition, the rapid pace of change as the industry evolves towards a consumer-focused retail marketplace, including Insurance Exchanges, and the increased use of technology to interact with members, providers and customers, increase the risks the Company faces from new entrants and disruptive actions by existing competitors compared to prior periods.The Company believes that the significant factors that distinguish competing health plans include the perceived overall quality (including accreditation status), quality of service, comprehensiveness of coverage, cost (including premium rates, provider discounts and member out-of-pocket costs), product design, financial stability and ratings, breadth and quality of provider networks, ability to offer different provider network options, providers available in such networks, and quality of member support and care management programs. The Company believes that it is competitive on each of these factors. The Companyâ€™s ability to increase the number of persons covered by its health plans or to increase Health Care Benefits segment revenues is affected by its ability to differentiate itself from its competitors on these factors. Competition may also affect the availability of services from providers, including primary care physicians, specialists and hospitals.Insured products compete with local and regional health care benefits plans, health care benefits and other plans sponsored by other large commercial health care benefit insurance companies, health system owned health plans, new entrants into the marketplace and numerous for-profit and not-for-profit organizations operating under licenses from the Blue Cross and Blue Shield Association. The largest competitor in Medicare products is Original Medicare. Additional Health Care Benefits segment competitors include other types of medical and dental provider organizations, various specialty service providers 6(including PBM services providers), health care consultants, financial services companies, integrated health care delivery organizations (networks of providers who also coordinate administrative services for and assume insurance risk of their members), third party administrators (â€œTPAsâ€) and, for certain plans, programs sponsored by the federal or state governments. Emerging competitors include start up health care benefits plans, provider-owned health plans, new joint ventures (including not-for-profit joint ventures among firms from multiple industries), financial services firms that are distributing competing products on their proprietary Private Exchanges, and consulting firms that are distributing competing products on their proprietary Private Exchanges, as well as non-traditional distributors such as retail companies. The Companyâ€™s ability to increase the number of persons enrolled in Insured Commercial Medical products also is affected by the desire and ability of employers to self-fund their health coverage.The Health Care Benefits segmentâ€™s ASC plans compete primarily with other large commercial health care benefit insurance companies, numerous for-profit and not-for-profit organizations operating under licenses from the Blue Cross and Blue Shield Association and TPAs.In addition to competitive pressures affecting the Companyâ€™s ability to obtain new customers or retain existing customers, the Health Care Benefits segmentâ€™s medical membership has been and may continue to be adversely affected by adverse and/or uncertain economic conditions and reductions in workforce by existing customers due to adverse and/or uncertain general economic conditions, especially in the U.S. and industries where such membership is concentrated.Health Care Benefits ReinsuranceThe Company currently has several reinsurance agreements with non-affiliated insurers that relate to Health Care Benefits insurance policies. The Company entered into these contracts to reduce the risk of catastrophic losses which in turn reduces capital and surplus requirements. The Company frequently evaluates reinsurance opportunities and refines its reinsurance and risk management strategies on a regular basis.Health Services SegmentThe Health Services segment provides a full range of PBM solutions, delivers health care services in its medical clinics, virtually, and in the home, and offers provider enablement solutions. PBM solutions include plan design offerings and administration, formulary management, retail pharmacy network management services, and specialty and mail order pharmacy services. In addition, the Company provides clinical services, disease management services, medical spend management and pharmacy and/or other administrative services for providers and federal 340B drug pricing program covered entities (â€œCovered Entitiesâ€). The Company operates a group purchasing

organization that negotiates pricing for the purchase of pharmaceuticals and rebates with pharmaceutical manufacturers on behalf of its participants and provides various administrative, management and reporting services to pharmaceutical manufacturers. During 2023, the Company completed the acquisition of two key health care delivery assets â€“ Signify Health, Inc. (â€œSignify Healthâ€) a leader in health risk assessments, value-based care and provider enablement services, and Oak Street Health, Inc. (â€œOak Street Healthâ€) a leading multi-payor operator of value-based primary care centers serving Medicare eligible patients. The Company also launched CordavisTM, a wholly owned subsidiary that works directly with pharmaceutical manufacturers to commercialize and/or co-produce high quality biosimilar products. The Health Services segmentâ€™s clients and customers are primarily employers, insurance companies, unions, government employee groups, health plans, PDPs, Medicaid managed care (â€œManaged Medicaidâ€) plans, CMS, plans offered on Insurance Exchanges and other sponsors of health benefit plans throughout the U.S., patients who receive care in the Health Services segmentâ€™s medical clinics, virtually or in the home, as well as Covered Entities. During the year ended DecemberÂ 31, 2024, the Companyâ€™s PBM filled or managed 1.9 billion prescriptions on a 30-day equivalent basis.Health Services Products and ServicesPBM SolutionsThe Health Services segment manages prescription drug distribution directly through the Companyâ€™s specialty and mail order pharmacies and through pharmacies in its retail network. All prescriptions processed by the Company are analyzed, processed and documented by the Companyâ€™s proprietary prescription management systems. These systems provide essential features and functionality to allow plan members to utilize their prescription drug benefits. These systems also streamline the process by which prescriptions are processed by staff and network pharmacists by enhancing review of various items through automation, including plan eligibility, early refills, duplicate dispensing, appropriateness of dosage, drug interactions or allergies, over-utilization and potential fraud.Plan Design Offerings and Administration7The Company assists its PBM clients in designing pharmacy benefit plans that help improve health outcomes while minimizing the costs to the client. The Company also assists PBM clients in monitoring the effectiveness of their plans through frequent, informal communications, the use of proprietary software, as well as through formal annual, quarterly and sometimes monthly performance reviews. The Company administers pharmacy benefit plans for clients who contract with it to facilitate prescription drug coverage and claims processing for their eligible plan members. The Company also provides administrative services for Covered Entities.The Company makes recommendations to help PBM clients design benefit plans that promote the use of lower cost, clinically appropriate drugs and helps its PBM clients control costs by recommending plan designs that encourage the use of generic equivalents of brand name drugs when such equivalents are available. Clients also have the option, through plan design, to further lower their pharmacy benefit plan costs by setting different member payment levels for different products on their drug lists or â€œformularies,â€ which helps guide members to choose lower cost alternatives through appropriate financial incentives.Formulary ManagementThe Company utilizes an independent panel of doctors, pharmacists and other medical experts, referred to as the CVS Caremark National Pharmacy and Therapeutics Committee, to review and approve the selection of drugs that meet the Companyâ€™s standards of safety and efficacy for inclusion on one of the Companyâ€™s template formularies. The Companyâ€™s formularies provide recommended products in numerous drug classes to help ensure member access to clinically appropriate drugs with alternatives within a class under the clientâ€™s pharmacy benefit plan, while helping to drive the lowest net cost for clients that select one of the Companyâ€™s formularies. To help improve clinical outcomes for members and clients, the Company conducts ongoing, independent reviews of all drugs, including those appearing on the formularies and generic equivalent products. Many of the Companyâ€™s clients choose to adopt a template formulary offering as part of their plan design. PBM clients are given capabilities to offer real time benefits information for a memberâ€™s specific plan design, provided electronically in the Electronic Health Record at the point of prescribing, at the CVS pharmacy and directly to members.Retail Pharmacy Network Management ServicesThe Company maintains a national network of approximately 65,000 retail pharmacies, consisting of approximately 37,000 chain pharmacies (which include CVS pharmacy locations) and approximately 28,000 independent pharmacies, in the U.S., including Puerto Rico, the District of Columbia, Guam and the U.S. Virgin Islands. When a customer fills a prescription in a retail pharmacy, the pharmacy sends prescription data electronically to the Company from the point-of-sale. This data interfaces with the Companyâ€™s proprietary prescription management systems, which verify relevant plan member data and eligibility, while also performing a drug utilization review to help evaluate clinical appropriateness and safety and confirming that the pharmacy will receive payment for the prescription. Specialty and Mail Order Pharmacy ServicesThe Company operates mail order pharmacies, specialty mail order pharmacies and retail specialty pharmacy stores in the U.S. The mail order pharmacies are used primarily for maintenance medications, while the specialty mail order pharmacies and retail specialty pharmacy stores are used for the delivery of advanced medications to individuals with chronic or genetic diseases and disorders. The Health Services segmentâ€™s plan members or their prescribers submit prescriptions or refill requests to these pharmacies, and staff pharmacists review these prescriptions and refill requests with the assistance of the Companyâ€™s prescription management systems. This review may involve communications with the prescriber and, with the prescriberâ€™s approval when required, can result in interventions designed to help reduce cost and/or improve quality of treatment. The Health Services segment pays an administrative service fee to the Pharmacy & Consumer Wellness segment, in exchange for which the Pharmacy & Consumer Wellness segment provides pharmacy fulfillment and patient management services to support the Health Services segmentâ€™s specialty and mail order pharmacy offerings.The Companyâ€™s mail order pharmacies and specialty mail order pharmacies have been awarded Mail Service Pharmacy and Specialty Pharmacy accreditation, respectively, from URAC. Substantially all of the Companyâ€™s specialty mail order pharmacies also have been accredited by The Joint Commission and the Accreditation Commission for Health Care (â€œACHCâ€), which are independent, not-for-profit organizations that accredit and certify health care programs and organizations in the U.S. The ACHC accreditation includes an additional accreditation by the Pharmacy Compounding Accreditation Board, which certifies compliance with the highest level of pharmacy compounding standards, and a distinction in Rare Diseases and Orphan Drugs. Clinical ServicesThe Company offers multiple clinical programs and services to help clients manage overall pharmacy and health care costs in a clinically appropriate manner. These programs are primarily designed to promote better health outcomes and to help target inappropriate medication utilization and non-adherence to medication, each of which may result in adverse medical events that 8negatively affect member health and client pharmacy and medical spend. These programs include utilization management (â€œUMâ€), medication management, quality assurance, adherence and counseling programs to complement the clientâ€™s plan design and clinical strategies. The Company offers an integrated strategy that aims to help decrease the potential for inappropriate opioid use while preserving access for those with genuine chronic pain needs through concurrent and retrospective claimsâ€™ review. In addition, this strategy aims to address potential fraud, waste, and abuse across multiple drug classes through surveillance and communications to prescribers and pharmacies. Core medication support products such as Pharmacy Advisor and Drug Savings Review optimize utilization through digital, phone, in-person, and provider-facing outreach to help participating plan members with certain chronic diseases to identify gaps in care, adhere to their prescribed medications, ensure efficient use of those medications, and manage their overall health conditions. The CVS Weight Management program optimizes utilization of GLP-1 medication and provides the label-recommended lifestyle support and coaching to maximize and maintain weight loss on these therapies, while addressing new indications (e.g., cardiovascular disease). The Company also has digital connectivity that helps to lower drug costs for patients by providing expanded visibility to lower cost alternatives through enhanced analytics and data sharing. Disease Management ProgramsThe Companyâ€™s clinical programs and services utilize advanced protocols and offer clients convenience in working with providers and other third parties. The Companyâ€™s care management program covers diseases such as rheumatoid arthritis, Parkinsonâ€™s disease, epilepsy and multiple sclerosis and is accredited by the NCQA. The Companyâ€™s UM program covers similar diseases and is accredited by the NCQA and URAC.Medical Benefit Management The Companyâ€™s NovoLogixÂ® online preauthorization tool helps identify and capture cost savings opportunities for specialty drugs billed under the medical benefit by identifying outliers to appropriate dosages and costs, and helps to ensure clinically appropriate use of specialty drugs.Group Purchasing Organization ServicesThe Company operates a group purchasing organization that negotiates pricing for the purchase of pharmaceuticals and rebates with pharmaceutical manufacturers on behalf of its participants. The Company also provides various administrative, management and reporting services to pharmaceutical manufacturers.Value-Based CareIn response to rising healthcare spending in the U.S., commercial, government and other payors are shifting away from fee-for-service payment models towards value-based models, including risk-based payment models that tie financial incentives to quality, efficiency and coordination of care. Value-based care (â€œVBCâ€) refers to the goal of incentivizing healthcare providers to simultaneously increase quality while lowering the cost of care for patients. More specifically, providers in a VBC model are incentivized to focus on more preventative care, higher quality of care and better coordination of care to create better health outcomes and avoid potentially expensive complications from illnesses that could be managed more conveniently and cost effectively.The Company is committed to expanding value-based care in the U.S. and delivering higher quality care to patients at a lower overall cost to the industry. The Company operates in value-based care through two primary means: providing comprehensive primary care through its Oak Street Health primary care centers and enabling independent health systems transition to value-based care through contracting and care management services. The Companyâ€™s value-based care assets typically contract with payors, primarily Medicare Advantage plans, and/or CMS. The Companyâ€™s Oak Street Health business operates retail-like, community-based centers that provide medical primary care services and support Medicare eligible patients in the management of chronic illnesses and the prevention of unnecessary acute events. The Company integrates population health analytics, social support services and primary care into the care model to drive improved patient outcomes. The Company contracts with health plans and CMS to generate medical costs savings, assume full financial risk of its patients and realize a return on its investment in primary care. The Companyâ€™s clinics implement a branded and consumer-focused design to create a welcoming environment that engages patients in highly accessible, convenient locations close to where patients live, work and shop. As of DecemberÂ 31, 2024, the Company operated 239 centers across 27 states. During the year ended DecemberÂ 31, 2024, the Companyâ€™s centers provided care for approximately 500,000 patients.In addition to its primary care centers, the Company provides enablement services to independent health systems, assisting these groups with their transition to value-based care. The Companyâ€™s customers practice value-based care primarily through 9two programs administered by CMS, the Accountable Care Organization (â€œACOâ€) Realizing Equity, Access, and Community Health (â€œREACHâ€) Model (collectively, â€œACO REACHâ€) and the Medicare Shared Savings Program (â€œMSSPâ€), under which the Company served a total of more than 1 million covered lives as of DecemberÂ 31, 2024.ACOs are networks of healthcare providers and suppliers that work together to invest in infrastructure and redesign delivery processes to attempt to achieve high quality and efficient delivery of services. ACOs that achieve performance standards established by the U.S. Department of Health and Human Services (â€œHHSâ€) are eligible to share in a portion of the amounts saved by the Medicare program.In-Home Health EvaluationsAs a complement to its value-based care delivery, the Company operates a large mobile network of credentialed providers in the U.S. through its Signify Health business. These credentialed providers are deployed into the home primarily to conduct in-home health evaluations (â€œIHEsâ€) and perform select diagnostic services. IHEs may also be performed virtually or at a healthcare provider facility. During the year ended DecemberÂ 31, 2024, the Company performed more than 3 million IHEs. While in the home, providers perform IHEs with the assistance of the Companyâ€™s longitudinal patient records and proprietary clinical workflow software with its integrated device hub. The Companyâ€™s software guides clinical workflows as well as in-home diagnostic screenings, yielding a rich patient report of hundreds of data points. The Company also offers diagnostic and preventive services and provides comprehensive medication review services while in the home. Through its IHEs, the Company creates a comprehensive, documented record of the clinical, social and behavioral needs of its health plan customersâ€™ medically complex populations and seek to further engage them with the healthcare system. The evaluation results of IHEs are provided to individualsâ€™ primary care physicians. The Company believes sharing these results helps to fill gaps in care, while encouraging individuals who have not regularly visited their PCP to schedule a visit. The IHEs also provide health plans with insights into member health without taking members out of the home and contribute to health plansâ€™ ability to effectively participate in value-based and risk-adjusted government programs such as Medicare Advantage. The data gathered during an IHE is also a resource that can be used by health plans to improve their Healthcare Effectiveness Data and Information Set (â€œHEDISâ€) scores and Medicare Advantage star ratings. MinuteClinicAs of DecemberÂ 31, 2024, the Company operated more than 900 MinuteClinic locations in the U.S. The clinics are staffed by nurse practitioners and physician assistants who utilize nationally established guidelines to deliver a variety of health care services. Payors value these clinics because they provide convenient, high-quality, cost-effective care, in many cases offering an attractive alternative to more expensive sites of care. MinuteClinic also offers virtual care services to connect customers with licensed providers to provide access to health services remotely. MinuteClinic is collaborating with the Companyâ€™s medical and pharmacy members to help meet the needs of the Companyâ€™s health plan and client plan members by offering programs that can improve member health and lower costs. MinuteClinic also maintains relationships with leading hospitals, clinics and physicians in the communities we serve to support and enhance quality, access and continuity of care.CordavisThe Company launched Cordavis, a wholly owned subsidiary that works directly with pharmaceutical manufacturers to commercialize and/or co-produce high quality biosimilar products. Through Cordavis, the Company intends to develop a portfolio of products that will provide broader access to biosimilars in the U.S. As access to biosimilars increases, it is expected to generate more competition in the market which should lead to lower costs and result in higher savings for our clients.Health Services Information SystemsThe Health Services segmentâ€™s claim adjudication platform incorporates architecture that centralizes the data generated from adjudicating retail pharmacy, specialty and mail order claims and delivering other solutions to PBM clients. The Health Engagement EngineÂ® technology and proprietary clinical algorithms help connect various parts of the enterprise and serve an essential role in cost management and health improvement, leveraging cloud-native technologies and practices. This capability transforms pharmacy data into actionable interventions at key points of care, including in retail, mail and specialty pharmacies as well as in customer care call center operations, leveraging our enterprise data platform to improve the quality of care. The technology leverages assisted artificial intelligence to deliver insights to the business and bring automation to otherwise manual tasks. Specialty services also connects with our claim adjudication platform and various health plan adjudication platforms with a centralized architecture servicing many clients and members. Operating services, such as Specialty ExpediteÂ®, provide an interconnected onboarding solution for specialty medications and branding solutions ranging from fulfillment to total patient management. These services are managed through our new innovative specialty workflow and web platform.10The Health Services segmentâ€™s custom-built proprietary Canopy technology is a key driver of the success of its value-based care model and foundation for patients receiving a consistent, high-quality level of care. Canopy underlies every aspect of the Companyâ€™s day-to-day clinical and operational workflows, allowing care teams to tailor care plans to the needs of both the patient and the business. Canopy integrates an immense amount of data about patients from a broad set of sources, including payor claims data, pharmacy data and medical records from hospitals and specialists and provides actionable insights and workflows to accelerate effective clinical management and oversight. Canopy leverages artificial intelligence and machine learning capabilities to create and refine a clinical rules engine (predictive models and prescriptive algorithms) that informs care delivery and addresses hospital admissions and readmissions, medical costs and patient retention.Through the collaboration of its digital and technical teams, the Company has established critical tools which enable patients to schedule appointments through MinuteClinic.com. Key elements of the offerings include landing pages which highlight services and answer common questions, screening capabilities to determine patient eligibility, service location locator and appointment selection tools to efficiently identify the requested service on a specified date, time, and location and registration pages to collect required patient information, accelerating check-in once at the MinuteClinic. Once scheduled, the tools provide the user with instructions and notifications including SMS text message and email reminders, and also provide digital results and records, enabling patients to view and save their medical records for convenient access at a later point. Health Services Clients & CustomersThe Companyâ€™s Health Services clients and customers are primarily employers, insurance companies, unions, government employee groups, health plans, PDPs, Managed Medicaid plans, CMS, plans offered on Insurance Exchanges, other sponsors of health benefit plans throughout the U.S., patients who receive care in the Health Services segmentâ€™s medical clinics, virtually or in the home, as well as Covered Entities. The Health Services segmentâ€™s revenues are primarily generated from the sale and managing of prescription drugs to eligible members in benefit plans maintained by clients. Pharmaceuticals are provided to eligible members in benefit plans maintained by clients and utilize the Companyâ€™s information systems, among other things, to help perform safety checks, drug interaction screening and identify opportunities for generic substitution.The Companyâ€™s primary care operations rely on its value-based capitated partnerships with payors and CMS which manage and market Medicare Advantage plans across the U.S. The Company had strategic value-based relationships with over 25 different payors as of DecemberÂ 31, 2024, including each of the top 5 national payors by number of Medicare Advantage patients. These existing contracts and relationships and their understanding of the value of the Companyâ€™s model reduces the risk of entering into new markets as the Company typically has payor contracts before entering a new market. Maintaining, supporting and growing these relationships, particularly as the Company enters new geographies, is critical to its long-term success.The Companyâ€™s value-based care arrangements are primarily directed at independent health systems, including community

hospitals, physician practices and clinics, participating in, or seeking to participate in, ACOs or contract with Medicare Advantage plans.The Companyâ€™s IHE operations customers are primarily Medicare Advantage health plans, making up approximately 86% of its total IHE volume. In 2024, the Company had IHE contracts with 51 health plans in the U.S., including 22 of the 50 largest Medicare Advantage plans. Health Services SeasonalityThe majority of the Health Services segment revenues, including revenues generated from its PBM services, are not seasonal in nature.The Companyâ€™s primary care operations experience some variability depending upon the time of year in which they are measured. Typically, a significant portion of the Companyâ€™s at-risk patient growth is experienced during the first quarter, after plan enrollment selections made during the fourth quarter of the prior annual enrollment period take effect. Finally, medical costs will vary seasonally depending on a number of factors including the weather, which can be a driver of certain illnesses such as the influenza virus.Revenues generated from the Companyâ€™s IHEs and related services are generally lowest in the fourth quarter of each calendar year. Annually, IHE customers provide a member list, which may be supplemented or amended during the year. Customers generally limit the number of times the Company may attempt to contact their members. Throughout the year, as IHEs are completed and the Company attempts to contact members, the number of members who have not received an IHE and whom 11the Company is still able to contact declines, typically resulting in fewer IHEs scheduled during the fourth quarter of each calendar year.Health Services CompetitionThe Company believes the primary competitive factors in the health services industry include: (i)Â the ability to negotiate favorable discounts from drug manufacturers as well as to negotiate favorable discounts from, and access to, retail pharmacy networks; (ii)Â the ability to identify and apply effective cost management programs utilizing clinical strategies, includingÂ the development and utilization of preferred formularies; (iii)Â the ability to market PBM and other health products and services; (iv)Â the commitment to provide flexible, clinically-oriented services to clients and be responsive to clientsâ€™ needs; (v) the ability to attract and retain physicians, nurse practitioners, physician assistants and other medical personnel; (vi)Â the quality, scope and costs of products and services offered to clients and their members, as well as the care delivered to customers; and (vii) operational excellence in delivering services. The Health Services segment has a significant number of competitors offering PBM services, including large, national PBM companies (e.g., Prime Therapeutics and MedImpact), PBMs owned by large national health plans (e.g., the Express Scripts business of Cigna Corporation and the Optum Rx business of UnitedHealth Group) and smaller standalone PBMs. The Health Services segmentâ€™s MinuteClinic offerings compete with retail health clinics, urgent care and primary care offices. The Company competes for provider solutions and health information technology (â€œHITâ€) business with other large health plans and commercial health care benefit insurance companies as well as information technology companies and companies that specialize in provider solutions and HIT. The Companyâ€™s primary care operations compete with large and medium-sized local and national providers of primary care services and health system affiliated practices, for, among other things, contracts with payors, recruitment of physicians and other medical and non-medical personnel and individual patients. Principal primary care competitors for patients and payor contracts vary considerably in type and identity by market. Because of the low barriers of entry into the primary care business and the ability of physicians to own primary care centers and/or also be medical directors for their own centers, competition for growth in existing and expanding markets is not limited to large competitors with substantial financial resources.The Companyâ€™s ACO operations compete with healthcare risk management providers. Key competitors are companies that work directly with providers to enable them to successfully take risk in value-based care arrangements. Some of these competitors focus on a specific function â€“ like analytics â€“ while others offer more comprehensive services. Some key competitors operate nationally, while other competitors are more geographically focused.The Companyâ€™s IHE and related services operations compete with a wide variety of local and national providers of in-home, virtual and in-person diagnostic and evaluative services. Competitors include pure-play companies whose principal business is providing health risk assessments and similar services, as well as large payors, which may use a variety of different providers to perform health risk assessments across care settings or may perform some or all of their health risk assessments utilizing their own in-house capabilities.Pharmacy & Consumer Wellness SegmentThe Pharmacy & Consumer Wellness segment dispenses prescriptions in its retail pharmacies and through its infusion operations, provides ancillary pharmacy services including pharmacy patient care programs, diagnostic testing and vaccination administration, and sells a wide assortment of health and wellness products and general merchandise. The segment also conducts long-term care pharmacy (â€œLTCâ€) operations, which distribute prescription drugs and provide related pharmacy consulting and ancillary services to long-term care facilities and other care settings, and provides pharmacy fulfillment services to support the Health Services segmentâ€™s specialty and mail order pharmacy offerings. As of DecemberÂ 31, 2024, the Pharmacy & Consumer Wellness segment operated more than 9,000 retail locations, as well as online retail pharmacy websites, LTC pharmacies and on-site pharmacies, retail specialty pharmacy stores, compounding pharmacies and branches for infusion and enteral nutrition services. During the year ended DecemberÂ 31, 2024, the Pharmacy & Consumer Wellness segment filled 1.7 billion prescriptions on a 30-day equivalent basis and dispensed approximately 27.2% of total retail pharmacy prescriptions in the U.S.Pharmacy & Consumer Wellness Products and ServicesA typical retail store sells prescription drugs and a wide assortment of high-quality, nationally advertised brand name and proprietary brand merchandise. Pharmacy locations may also contract with Covered Entities under the federal 340B drug 12pricing program. Front store categories include over-the-counter drugs, consumer health products, beauty products, personal care products and other general merchandise products. The Company purchases merchandise from numerous manufacturers and distributors. The Company believes that competitive sources are readily available for substantially all of the products carried in its retail stores and the loss of any one supplier would not likely have a material effect on the Pharmacy & Consumer Wellness segment. LTC operations include distribution of prescription drugs and related consulting and ancillary services.Pharmacy & Consumer Wellness revenues by major product group are as follows:PercentageÂ ofÂ Revenues202420232022Pharmacy (1)80.9Â %78.9Â %76.9Â %Front store and other (2)19.1Â %21.1Â %23.1Â %100.0Â %100.0Â %100.0Â %_____(1)Pharmacy includes LTC sales and sales in pharmacies within Target Corporation (â€œTargetâ€) and other retail stores.(2)â€œOtherâ€ represents less than 11% of the â€œFront store and otherâ€ revenue category in all periods presented.Pharmacy Pharmacy revenues represented over three-fourths of Pharmacy & Consumer Wellness segment revenues in each of 2024, 2023 and 2022. The Company believes that retail pharmacy operations will continue to represent a critical part of the Companyâ€™s business due to industry demographics, e.g., an aging American population consuming a greater number of prescription drugs, prescription drugs being used more often as the first line of defense for managing illness, the introduction of new pharmaceutical products, the need for vaccinations and Medicare PartÂ D growth. The Company believes the retail pharmacy business benefits from investment in both people and technology, as well as innovative collaborations with health plans, PBMs and providers. Given the nature of prescriptions, consumers want their prescriptions filled accurately by professional pharmacists using the latest tools and technology, and ready when promised. Consumers also need medication management programs and better information to help them get the most out of their health care dollars. To assist consumers with these needs, the Company has introduced integrated pharmacy health care services that provide an earlier, easier and more effective approach to engaging consumers in behaviors that can help lower costs, improve health and save lives. Front StoreFront store revenues reflect the Companyâ€™s strategy of innovating with new and unique products and services, using innovative personalized marketing and adjusting the mix of merchandise to match customersâ€™ needs and preferences. A key component of the front store strategy is the ExtraCareÂ®Â card program, which is one of the largest and most successful retail loyalty programs in the U.S. The ExtraCare program allows the Company to balance marketing efforts so it can reward its best customers by providing them with automatic sale prices, customized coupons, ExtraBucksÂ®Â rewards and other benefits. The Company also offers a subscription-based membership program, ExtraCare PlusTM, under which members are entitled to a suite of benefits delivered over the course of the subscription period, as well as a promotional reward that can be redeemed for future goods and services. The Company continues to launch and enhance new and exclusive brands to create unmatched offerings and deliver other unique product offerings, including a full range of high-quality proprietary brand products that are only available through CVS stores. The Company currently carries approximately 4,500 proprietary brand products, which accounted for approximately 21% of front store revenues during 2024. On-site PharmaciesThe Company also operates a limited number of pharmacies located at client sites, which provide certain health plan members and customers with a convenient alternative for filling their prescriptions and receiving vaccinations.Specialty and Mail Order Pharmacy Fulfillment ServicesThe Pharmacy & Consumer Wellness segment provides pharmacy fulfillment services to support the Health Services segmentâ€™s specialty and mail order pharmacy offerings, in exchange for which the Health Services segment pays an administrative service fee to the Pharmacy & Consumer Wellness segment.Long-term Care Pharmacy OperationsThe Pharmacy & Consumer Wellness segment provides LTC pharmacy services through the OmnicareÂ® business. Omnicareâ€™s customers consist of skilled nursing facilities, assisted living facilities, independent living communities, hospitals, correctional facilities, and other health care service providers. The Company provides pharmacy consulting, including monthly patient drug therapy evaluations, to assist in compliance with state and federal regulations and provide proprietary clinical and health 13management programs. It also provides pharmaceutical case management services for retirees, employees and dependents who have drug benefits under corporate-sponsored health care programs.Community Location DevelopmentCVS Healthâ€™s community health destinations are an integral part of its ability to meet the needs of consumers and maintain its leadership position in the changing health care landscape. When paired with its rapidly expanding digital presence, the Companyâ€™s physical presence in thousands of communities across the country represents a competitive advantage by allowing it to develop deep and trusted relationships through everyday engagement in consumer health. The Companyâ€™s community health destinations have played, and will continue to play, a key role in the Companyâ€™s continued growth and success. During 2024, the Company opened 39 new locations, relocated 3 locations and closed 299 locations. The Companyâ€™s continuous assessment of its national footprint is an essential component of competing effectively in the current health care environment. On an ongoing basis, the Company evaluates changes in population, consumer buying patterns and future health needs to assess the ability of its existing stores and locations to meet the needs of its consumers and the business. During the fourth quarter of 2021, the Company completed a strategic review of its retail business and announced its plans to reduce store density in certain locations through the closure of approximately 900 retail stores between 2022 and 2024. As of DecemberÂ 31, 2024, the Company had closed approximately 900 retail stores in connection with these actions.During the third quarter of 2024, in connection with an enterprise-wide restructuring plan, the Company completed a strategic review of its retail business and determined that it plans to close an additional 271 retail stores in 2025. Pharmacy & Consumer Wellness Information SystemsThe Company has continued to invest in information systems to enable it to deliver exceptional customer service, enhance safety and quality, and expand patient care services while lowering operating costs. The proprietary WeCARE Workflow tool supports pharmacy teams by prioritizing work to meet customer expectations, facilitating prescriber outreach, and seamlessly integrating clinical programs. This solution delivers improved efficiency and enhances customer experience, as well as provides a framework to accommodate the evolution of pharmacy practice and the expansion of clinical programs. The Companyâ€™s Health Engagement Engine technology and data science clinical algorithms enable the Company to help identify opportunities for pharmacists to deliver face-to-face counseling regarding patient health and safety matters, including medication adherence issues, gaps in care and management of certain chronic health conditions. The Companyâ€™s digital strategy is to empower the consumer to navigate their pharmacy experience and manage their condition through integrated online and mobile solutions that offer utility and convenience. The Company has also established tools which enable customers to schedule diagnostic testing and vaccination appointments through CVS.com, provide instructions and notifications to the customer regarding the services, and, following administration, allow customers to access digital results for tests and records for vaccinations.Pharmacy & Consumer Wellness Customers The success of the Pharmacy & Consumer Wellness segmentâ€™s businesses is dependent upon the Companyâ€™s ability to establish and maintain contractual relationships with pharmacy benefit managers and other payors on acceptable terms. Substantially all of the Pharmacy & Consumer Wellness segmentâ€™s pharmacy revenues are derived from pharmacy benefit managers, managed care organizations (â€œMCOsâ€), government funded health care programs, commercial employers and other third-party payors. No single Pharmacy & Consumer Wellness payor accounted for 10% or more of the Companyâ€™s consolidated total revenues in 2024, 2023 or 2022.Pharmacy & Consumer Wellness SeasonalityThe majority of Pharmacy & Consumer Wellness segment revenues, particularly pharmacy revenues, generally are not seasonal in nature. However, front store revenues tend to be higher during the December holiday season. In addition, both pharmacy and front store revenues are affected by the timing and severity of the cough, cold and flu season, most notably during first and fourth quarters, resulting in higher administration of vaccines during those periods. Uncharacteristic or extreme weather conditions also can adversely affect consumer shopping patterns and Pharmacy & Consumer Wellness revenues, expenses and operating results.Pharmacy & Consumer Wellness Competition14The retail pharmacy business is highly competitive. The Company believes that it competes principally on the basis of: (i)Â store location and convenience, (ii)Â customer service and satisfaction, (iii)Â product selection and variety, and (iv)Â price. In the areas it serves, the Company competes with other drugstore chains (e.g., Walgreens and Rite Aid), supermarkets, discount retailers (e.g., Walmart), independent pharmacies, restrictive pharmacy networks, online retailers (e.g., Amazon), membership clubs, infusion pharmacies, as well as mail order dispensing pharmacies. LTC pharmacy services are highly regional or local in nature, and within a given geographic area of operation, highly competitive. The Companyâ€™s largest LTC pharmacy competitor nationally is PharMerica. The Company also competes with numerous local and regional institutional pharmacies, pharmacies owned by long-term care facilities and local retail pharmacies. Some states have enacted â€œfreedom of choiceâ€ or â€œany willing providerâ€ requirements as part of their state Medicaid programs or in separate legislation, which may increase the competition that the Company faces in providing services to long-term care facility residents in these states.Corporate/Other SegmentThe Company presents the remainder of its financial results in the Corporate/Other segment, which primarily consists of:â€¢Management and administrative expenses to support the Companyâ€™s overall operations, which include certain aspects of executive management and the corporate relations, legal, compliance, human resources and finance departments, information technology, digital, data and analytics, as well as acquisition-related transaction and integration costs; andâ€¢Products for which the Company no longer solicits or accepts new customers such as its large case pensions and long-term care insurance products.Generic Sourcing VentureThe Company and Cardinal Health, Inc. (â€œCardinalâ€) each have a 50% ownership in Red Oak Sourcing, LLC (â€œRed Oakâ€), a generic pharmaceutical sourcing entity. Under this arrangement, the Company and Cardinal contributed their sourcing and supply chain expertise to Red Oak and agreed to source and negotiate generic pharmaceutical supply contracts for both companies through Red Oak. Red Oak does not own or hold inventory on behalf of either company.Working Capital PracticesThe Company funds the growth of its businesses through a combination of cash flow from operations, commercial paper and other short-term borrowings, as well as long-term borrowings. For additional information on the Companyâ€™s working capital practices, see â€œLiquidity and Capital Resourcesâ€ in the MD&A included in Item 7 of this 10-K. Employer groups, individuals, college students, part-time and hourly workers, health plans, providers, governmental units, government-sponsored plans (with the exception of Medicare Part D services, which are described below), labor groups and expatriates, which represent the vast majority of Health Care Benefits segment revenues, typically settle in less than 30 days. As a provider of Medicare Part D services, the Company contracts annually with CMS.Â Utilization of services each plan year results in the accumulation of either a receivable from or a payable to CMS. The timing of settlement of the receivable or payable with CMS takes several quarters, which impacts working capital from year to year. The majority of the Pharmacy & Consumer Wellness segment non-pharmacy revenues are paid in cash, or with debit or credit cards. Managed care organizations, pharmacy benefit managers, government funded health care programs, commercial employers and other third-party insurance programs, which represent the vast majority of the Companyâ€™s consolidated pharmacy revenues, typically settle in less than 30 days. The remainder of the Companyâ€™s consolidated pharmacy revenues are paid in cash, or with debit or credit cards. Human CapitalOverviewAt CVS Health, we share a single, clear purpose: building a world of health around every consumer. We devote significant time and attention to attract, develop and retain talent who deliver high levels of service to our customers. Our commitment includes a competitive rewards package and programs that support our diverse range of colleagues in rewarding and fulfilling careers. As of December 31, 2024, we employed over 300,000 colleagues primarily in the U.S. including in all 50 states, the District of Columbia and Puerto Rico, approximately 73% of whom were full-time. We believe engaged colleagues produce stronger business results and are more likely to build a career with the Company. Each year we conduct engagement surveys that provide colleagues the opportunity to share opinions and experiences with respect to 15their role, their team, and the enterprise to help CVS Health Corporationâ€™s Board of Directors (the â€œBoardâ€) and our management identify where we can improve colleague experience. These surveys cover a broad range of topics including development and opportunities, recognition, performance, belonging, well-being, compliance, and continuous improvement. In 2024, we conducted engagement surveys in both April and September. More than 150,000 colleagues participated in each survey and overall engagement stayed consistent across surveys.The Board, our Chief Executive Officer (â€œCEOâ€) and our Chief People Officer provide oversight of our human capital strategy, which consists of the following categories: workforce strategy; total rewards; and health, safety and environment.Workforce StrategyAt CVS Health, our goal is to attract the most talented and qualified workforce in health

care and to develop and retain a work force to support and advance our strategic priorities. We believe that our workforce strategy should be responsive to and reflect the broad and diverse communities whose health care needs we serve.We are committed to developing a pipeline of critical skills to power CVS Health for the future. We partner with colleges and universities across many professional fields. For example, the CVS Health PharmD tuition assistance program is available to all eligible CVS Pharmacy interns. In addition, CVS Health is creating transformational solutions to workforce development through dynamic community Workforce Innovation and Talent Centers (WITCs), tailored to the specific needs of each community, incorporating education and skill development, as we help advance future leaders.Training and development provide colleagues the support they need to perform well in their current roles while planning and preparing for future roles and career growth. Our broad training practices include updated, tech-enabled tools and keep our colleagues informed of new developments in our industry that are relevant to their roles. During the year ended December 31, 2024, our colleagues invested approximately 16 million hours in learning and development courses. Respect is a cornerstone of our culture, and a centerpiece of our workplace strategy. To do our best when people need us the most means we strive every day to achieve the highest level of trust and respect from our colleagues, our customers, and our communities. Our Heart At Work behaviors are guiding principles for how we lead. We emphasize trust, collaboration, and innovation. Those aspects of our culture show up in our Respect Works Here campaign. Our comprehensive and well-executed workforce practices have allowed us to be recognized as a VETSIndexes 3-Star Employer and to earn a 100 percent score on the Disability Equality Index, meaning the Company is recognized as a â€œBest Place to Work for Disability Inclusionâ€.We disclose more information on our workforce strategy in our annual Impact Report.Total RewardsWe strive to offer a comprehensive and competitive mix of pay and benefits to meet the varying needs of our colleagues and their families. In addition to competitive wages, the comprehensive list of programs and benefits we offer include annual bonuses, stock awards, 401(k) plans including matching company contributions, no cost comprehensive wellness screenings, tobacco cessation and weight management programs, no cost confidential counseling and no cost financial navigation support, an employee stock purchase plan, health care and insurance benefits, paid time off, flexible work schedules, family leave, dependent care resources, colleague assistance programs and tuition assistance, retiree medical access, and discount programs, among many others, depending on eligibility. Health, Safety and EnvironmentWe have a strong commitment to providing a safe working environment. We have implemented an environmental health and safety management system to support adherence and monitoring of programs designed to make our various business operations compliant with applicable occupational safety and health regulations and requirements. Our Health, Safety, and Environment Department oversees the implementation and adherence to programs like powered industrial truck training, materials handling and storage, selection of personal protective equipment and fall protection systems. We utilize a Management Information System to track compliance, analyze data and concentrate on key areas of risk to reduce the chance of workplace incidents. We focus on identifying causes and improving performance when workplace incidents occur. We capture colleague observations and feedback through programs like our Behavior Based Safety and our Safety 16Hazard and Awareness Reporting Program. We also engage leaders in promoting a culture of safety and measure performance through a comprehensive safety index that leverages both leading and lagging indicators. With safety task forces in place at each distribution center, we empower leaders and safety business partners to identify policies, procedures and processes that could improve their own operations.Impact StrategyOverviewOur Healthy 2030 impact strategy outlines how we are creating a more equitable health care system and sustainable future. It reinforces our companyâ€™s strategy and is embedded in our purpose-driven culture. Healthy 2030 is constructed through our four-pillar framework â€“ Healthy People, Healthy Business, Healthy Community and Healthy Planet. We are focused on making a meaningful, measurable impact within each of the pillars outlined below. We believe this strategy is achievable without materially adversely affecting our operating results and/or cash flows.Healthy PeopleWe are building a world of health around every individual. We connect people to the care they need, put medicine and wellness within reach and drive greater affordability, simplicity, and convenience in everything we do. Whether we are increasing access to health care and services or making investments to support our communities to improve health outcomes, we are utilizing our expertise and resources to improve peopleâ€™s health.Healthy BusinessWe are purpose-driven â€“ all of us. We have an opportunity to harness the power of our greatest strength - our talented and diverse workforce of more than 300,000 colleagues - to reimagine health care in America and make health care more affordable, accessible, and simpler. Together, we set high standards and hold ourselves to them. We work daily to create value for everyone who trusts and relies on us and ensure every action we take is done ethically and transparently. We support our colleaguesâ€™ education and growth with scholarships, promote and develop leadership skills through training and development courses and continue strengthening our pipeline to our workforce through job training and skill building programs in our communities. We integrate governance and partnership across our business units. Healthy CommunityWe are strengthening our communities by addressing the unique barriers to improving health outcomes locally. We support organizations centering their work on heart health, mental health, womenâ€™s health, healthy aging and climate-related health impacts. We also invest in the resources needed for communities to take proactive steps toward a healthier future. This includes addressing food insecurity, improving access to workforce training and educational opportunities nationwide. When a natural disaster or other incident affects the communities where we live and work, we swiftly take action to ensure our response addresses our colleagues' and customers' evolving needs. Our colleagues are also making a difference by donating their time and talents with organizations that are meaningful to them. Together, we make a lasting impact by driving a holistic approach and collaboration across these community programs, investments, and organizations. Healthy PlanetWe continue to invest in initiatives and programs that focus on improving the health of our planet by advancing our sustainability commitments and addressing the environmental factors that contribute to poor health and exacerbation of chronic illnesses. We were one of the first companies in the world to have our net-zero targets validated by the Science-Based Targets Initiativeâ€™s (SBTi) net-zero methodology. We continue to reduce greenhouse gas emissions and source renewable energy on the path to achieving net-zero emissions across our value chain by 2050. We also drive packaging innovation and efforts to reduce unnecessary plastics and waste across the enterprise.Intellectual PropertyThe Company has registered and/or applied to register a variety of trademarks and service marks used throughout its businesses, as well as domain names, and relies on a combination of copyright, patent, trademark and trade secret laws, in addition to contractual restrictions, to establish and protect the Companyâ€™s proprietary rights. The Company regards its intellectual property as having significant value in the Health Care Benefits, Health Services and Pharmacy & Consumer 17Wellness segments. The Company is not aware of any facts that could materially impact the continuing use of any of its intellectual property.Government RegulationOverviewThe Companyâ€™s operations are subject to comprehensive federal, state and local laws and regulations and comparable multiple levels of international regulation in the jurisdictions in which it does business. There also continues to be a heightened level of review and/or audit by federal, state and international regulators of the healthÂ and related benefits industryâ€™s business and reporting practices. In addition, many of the Companyâ€™s PBM clients and the Companyâ€™s payors in the Pharmacy & Consumer Wellness segment, including insurers, Medicare plans, Managed Medicaid plans and MCOs, are themselves subject to extensive regulations that affect the design and implementation of prescription drug benefit plans that they sponsor. Similarly, the Companyâ€™s LTC clients, such as skilled nursing facilities, are subject to government regulations, including many of the same government regulations to which the Company is subject. The federal, state and local laws, regulations and rules and the international laws and regulations governing the Companyâ€™s businesses, the contracts they enter into, and interpretations of those laws, regulations and rules continue to change and expand, grow more complex and become more restrictive each year. The application of these complex legal and regulatory requirements to the detailed operation of the Companyâ€™s businesses creates areas of uncertainty. Further, there are numerous proposed health care, financial services and other laws and regulations at the federal, state and international levels, some of which could adversely affect the Companyâ€™s businesses if they are enacted. The Company cannot predict whether pending or future federal, state or international legislation or court proceedings will change aspects of how it operates in the specific markets in which it competes or the health care industry generally, but if changes occur, the impact of any such changes could have a material adverse impact on the Companyâ€™s businesses, operating results, cash flows and/or stock price. Possible regulatory or legislative changes include the federal or one or more state governments fundamentally restructuring the Commercial, Medicare or Medicaid marketplace; reducing payments to the Company in connection with Medicare, Medicaid, dual eligible or special needs programs; increasing its involvement in drug reimbursement, pricing, purchasing, and/or importation; or changing the laws governing PBMs.The Company has internal control policies and procedures and conducts training and compliance programs for its employees to help prevent, detect and correct prohibited practices. However, if the Companyâ€™s employees or agents fail to comply with applicable laws governing its operations, it may face investigations, prosecutions and other legal proceedings and actions that could result in civil penalties, administrative remedies and criminal sanctions, and any such action could result in reputational harm. Any failure or alleged failure to comply with applicable laws and regulations summarized below, or any adverse applications or interpretations of, or changes in, the laws and regulations affecting the Company and/or its businesses, could have a material adverse effect on the Companyâ€™s operating results, financial condition, cash flows and/or stock price. See Item 1A of this 10-K, â€œRisk Factorsâ€”Risks from Changes in Public Policy and Other Legal and Regulatory Risks,â€ and Item 3 of this 10-K, â€œLegal Proceedings,â€ for further information.The Company can give no assurance that its businesses, financial condition, operating results and/or cash flows will not be materially adversely affected, or that the Company will not be required to materially change its business, practices or strategy, based on: (i) future enactment of new health care or other laws or regulations; (ii) the interpretation or application of existing laws or regulations, including the laws and regulations described in this Government Regulation section, as they may relate to one or more of the Companyâ€™s businesses, one or more of the industries in which the Company competes and/or the health care industry generally; (iii) pending or future federal or state governmental investigations of one or more of the Companyâ€™s businesses, one or more of the industries in which the Company competes and/or the health care industry generally; (iv) pending or future government audits, investigations or enforcement actions against the Company; or (v) adverse developments in pending or future legal proceedings against or affecting the Company, including qui tam lawsuits, or affecting one or more of the industries in which the Company competes and/or the health care industry generally.Laws and Regulations Related to Multiple Segments of the Companyâ€™s BusinessLaws Related to Reimbursement by Government Programs - The Company is subject to various federal and state laws concerning its submission of claims and other information to Medicare, Medicaid and other federal and state government-sponsored health care programs. Potential sanctions for violating these laws include recoupment or reduction of government reimbursement amounts, civil penalties, treble damages, and exclusion from participation in government health care programs. Such laws include the federal False Claims Act (the â€œFalse Claims Actâ€), the federal anti-kickback statute (the â€œAKSâ€), state 18false claims acts and anti-kickback statutes in most states, the federal â€œStark Lawâ€ and related state laws. In particular, the False Claims Act prohibits intentionally submitting, conspiring to submit, or causing to be submitted, false claims, records, or statements to the federal government, or intentionally failing to return overpayments, in connection with reimbursement by federal government programs. In addition, any claim for government reimbursement also violates the False Claims Act where it results from a violation of the AKS.The AKS prohibits, among other things, knowingly and willfully offering, paying, soliciting or receiving remuneration, directly or indirectly, in cash or kind, to induce or reward either the referral of an individual for, or the purchase, order or recommendation of, any good or service, for which payment may be made in whole or in part under federal health care programs, such as Medicare and Medicaid. Some court decisions have held that the statute may be violated even if only one purpose of remuneration is to induce referrals. Certain of the Companyâ€™s programs involve arrangements with payments intended to influence behavior relative to Medicare and other federal health care program beneficiaries, including risk sharing and â€œgainsharingâ€ arrangements. While there is no fixed definition of a gainsharing arrangement, the term typically refers to an arrangement in which a share of cost savings for patient care attributable in part to a physicianâ€™s efforts are shared with the physician. The Office of the Inspector General of HHS (the â€œOIGâ€) has recognized that there are legitimate interests in enlisting physicians in effort to reduce unnecessary costs from the health care system and, if appropriately structured, such gainsharing arrangements should not violate the AKS. Effective in early 2021, CMS and the OIG established new safe harbors that protect certain value-based arrangements, and the Company has integrated its understanding of these safe harbors into its new and existing programs. The Stark Law prohibits a physician who has a financial relationship, or who has an immediate family member who has a financial relationship, with entities providing â€œdesignated health servicesâ€ (â€œDHSâ€) from referring Medicare patients to such entities for the furnishing of DHS, unless an exception applies. The Stark Law prohibits any entity providing DHS that has received a prohibited referral from presenting, or causing to be presented, a claim or billing for the services arising out of the prohibited referral. Similarly, the Stark Law prohibits an entity from â€œfurnishingâ€ DHS to another entity with which it has a financial relationship when that entity bills for the service. The prohibition applies regardless of the reasons for the financial relationship and the referral. Unlike the AKS, the Stark Law is a strict liability statute where unlawful intent need not be demonstrated. Although uncertainty exists, some federal agencies and some courts have taken the position that the Stark Law also applies to Medicaid. With respect to certain CMS innovation models in which we may participate, the OIG and CMS jointly issued waivers of the Stark Law. In early 2021, CMS established new exceptions to the Stark Law that protect certain value-based arrangements, and the Company has integrated exceptions into its processes and procedures. Various states have enacted similar laws.Both federal and state false claims laws permit private individuals to file qui tam or â€œwhistleblowerâ€ lawsuits on behalf of the federal or state government. Participants in the health and related benefits industry, including the Company, frequently are subject to actions under the False Claims Act or similar state laws and the Stark Law or similar state laws.The ACA - The ACA significantly increased federal and state oversight of health plans. Among other requirements, it specifies minimum medical loss ratios (â€œMLRsâ€) for Commercial and Medicare Insured products, specifies features required to be included in commercial benefit designs, limits commercial individual and small group rating and pricing practices, encourages additional competition (including potential incentives for new participants to enter the marketplace), and includes regulations and processes that could delay or limit the Companyâ€™s ability to appropriately increase its health plan premium rates. This in turn could adversely affect the Companyâ€™s ability to continue to participate in certain product lines and/or geographies that it serves today.Although the U.S. Supreme Court dismissed a challenge to the constitutionality of the ACA and issued an opinion preserving the ACA and its consumer protections, there may be continued efforts to invalidate, modify, repeal or replace portions of it. In addition to litigation, parts of the ACA continue to evolve through the promulgation of executive orders, legislation, regulations and guidance at the federal or state level. The Company expects the ACA, including potential changes thereto, to continue to significantly impact its business operations and operating results, including pricing, medical benefit ratios (â€œMBRsâ€) and the geographies in which the Companyâ€™s products are available.Medicare Regulation - The Companyâ€™s Medicare Advantage, PDP and other Medicare products are highly regulated by CMS. The regulations and contractual requirements applicable to the Company and other private participants in Medicare programs are complex, expensive to comply with and subject to change. Medicare regulations also have the potential to impact products and services used by Medicare beneficiaries, including services provided by Oak Street Health and Signify Health.19The provisions of the ACA significantly increased the Companyâ€™s exposure to funding and regulation of, and changes in government policy with respect to and/or funding or regulation of, the various Medicare programs in which the Company participates, including changes in the amounts payable to us under those programs and/or new reforms or surcharges on existing programs. For example, the ACA requires minimum MLRs for Medicare Advantage and Medicare Part D plans of 85%. If a Medicare Advantage or Medicare Part D contract pays minimum MLR rebates for three consecutive years, it will become ineligible to enroll new members. If a Medicare Advantage or Medicare Part D contract pays such rebates for five consecutive years, it will be terminated by CMS. It is possible that certain Medicare Advantage contracts may not meet the 85% MLR for consecutive years.Payments the Company receives from CMS for its Medicare Advantage and Part D businesses also are subject to risk adjustment based on the health status of the individuals enrolled. Elements of that risk adjustment mechanism continue to be challenged by the U.S. Department of Justice (the â€œDOJâ€), the OIG and CMS itself. For example, CMS made significant changes to the structure of the hierarchical condition category model in version 28, which may impact risk adjustment factor (â€œRAFâ€) scores for a larger percentage of Medicare Advantage beneficiaries and could result in changes to beneficiary RAF scores with or without a change in the patientâ€™s health status. CMS continuously evaluates how and where risk adjustment is captured, which from time-to-time has included the capture of diagnosis codes in home visits. A legislative or regulatory change to the ability of Medicare Advantage plans to use home visits as a means to evaluate and diagnosis their membersâ€™ health conditions, or substantial changes in the risk adjustment mechanism, including changes that result from enforcement or audit actions, could: materially affect the amount of the Companyâ€™s Medicare reimbursement; require the Company to raise prices or reduce the benefits offered to Medicare beneficiaries; impact the services provided by, or the financial performance of, Oak Street Health and Signify Health; and potentially limit the Companyâ€™s (and the industryâ€™s) participation in the Medicare program.The Company will continue to offer a wide range of Medicare products across the country to meet the diverse health care needs of its customers, including Individual Medicare Advantage, Group Medicare, Special Needs Plans, Medicare Supplement plans and Prescription Drug Plans.Additionally, there is growing interest among policymakers in re-evaluating how benchmarks are constructed in Medicare Advantage compared to Medicare Fee-For-Service

programs, such as MSSP and ACO REACH. Policymakers could pursue various strategies including, among other things, re-evaluating benchmark construction, risk adjustment methodology and alignment in quality measures. In addition, the CMS Innovation Center could offer new models or suspend present models that could have a material impact on the success of the Companyâ€™s ACO and Oak Street Health businesses. For example, the CMS Innovation Center could mandate or offer participation in certain models that require providers and/or risk-bearing entities to take risk for a geographic population of patients, or it could look to methodologies that infer risk, survey data and non-diagnosis-based data with potential impacts to the Companyâ€™s businesses. Uncertainties about how policymakers and CMS may re-evaluate how benchmarks are constructed in Medicare Advantage, including the future of VBC and mandatory participation, could create new considerations for the Company.The Company has invested significant resources to comply with Medicare standards, and its Medicare compliance efforts will continue to require significant resources. CMS may seek premium and other refunds, prohibit the Company from continuing to market and/or enroll members in or refuse to passively enroll members in one or more of the Companyâ€™s Medicare or dual eligible plans, exclude us from participating in one or more Medicare, dual eligible or dual eligible special needs plan programs and/or institute other sanctions and/or civil monetary penalties against the Company if it fails to comply with CMS regulations or its Medicare contractual requirements. The Companyâ€™s Medicare Supplement products are regulated at the state level and are subject to similar significant compliance requirements and risks.Going forward, the Company expects CMS, the OIG, the DOJ, other federal agencies and the U.S. Congress to continue to scrutinize closely each component of the Medicare program (including Medicare Advantage, PDPs, dual eligible plans, broker compensation and marketing, prior authorization, and provider network access and adequacy), modify the terms and requirements of the program and possibly seek to recast or limit private insurersâ€™ roles. Any of the federal agencies noted above or U.S. Congress may also recommend changes or take additional action with respect to the way in which brokers and agents are compensated for selling our Medicare Advantage and Part D plans. For example, CMS finalized new requirements imposing limitations on the amounts and types of payments that brokers and agents can earn for marketing and enrollment services with respect to Medicare Advantage and Part D plans. The effectiveness of these requirements is currently subject to an injunction. If the injunction is lifted or CMS attempts to impose restrictions on broker and agent compensation in the future, the Company will be required to comply with the new restrictions.20In addition, the Inflation Reduction Act, enacted in August 2022 (the â€œIRAâ€) contains changes to the Part D program that took effect in 2023 and will continue to 2032 that has and will shift more of the claim liability to plans and away from the government, including a complete redesign of the Part D standard benefit effective in 2025, which may reduce the Companyâ€™s flexibility to design competitive offerings. Given the significant changes, CMS is conducting a voluntary demonstration to test whether additional premium stabilization and revised risk corridors for stand-alone PDPs increase the efficiency and economy of services for Medicare Part D members. The Company has opted to participate in the demonstration, which may be in effect for up to three years.It is also possible that Congress may consider changes to Medicare Advantage payment policies due to recent recommendations by the Medicare Payment Advisory Commission and to reduce the potential added cost burden of costly new benefits, or policies that impact drug pricing such as price controls and inflationary rebates applied to pharmaceutical manufacturers. In addition, states are increasingly requiring companies to offer Medicaid within a state and conducting competitive bid processes to qualify to offer dual eligible products. It is not possible to predict the outcome of such regulatory or Congressional activity, any of which could materially and adversely affect the Company.Medicaid Regulation - The Company is seeking to grow its Medicaid, dual eligible and dual eligible special needs plan businesses over the next several years. As a result, the Company is increasing its exposure to changes in government policy with respect to and/or regulation of the various Medicaid, dual eligible and dual eligible special needs plan programs in which the Company participates, including changes in the amounts payable to the Company under those programs.In addition to a quality rating system that applies to Medicaid and Managed Medicaid plans, federal regulations give states the option to choose to establish a minimum MLR of at least 85% for their Managed Medicaid plans, including those offered by the Company. Regardless of whether a state establishes a minimum MLR, it must use plan-reported MLR data to set future payment rates for managed care, so that its plans will â€œreasonably achieveâ€ an MLR of at least 85%. For Managed Medicaid products, states may use more stringent definitions of â€œmedical loss ratioâ€ or impose other requirements related to minimum MLR. Minimum MLR requirements and similar actions further limit the level of margin the Company can earn in its Insured Medicaid products while leaving the Company exposed to medical costs that are higher than those reflected in its pricing. The Company also may be subject to significant fines, penalties, premium refunds and litigation if it fails to comply with minimum MLR laws and regulations.States may also establish their own standards and use discretion in choosing what determines compliance within Medicaid contracts, including, among other provisions, standards for determining provider network adequacy, staffing, service operations, utilization management, beneficiary care management, provider support, data maintenance and reporting and claims payment. States have flexibility related to rate setting and provider network adequacy that could adversely or positively impact the Companyâ€™s Medicaid plans.States continue to consider Medicaid expansion; however, ten states have not yet expanded and may not do so. States may opt out of the elements of the ACA requiring expansion of Medicaid coverage without losing their current federal Medicaid funding. In addition, the election of new Governors and/or state legislatures may impact statesâ€™ previous decisions regarding Medicaid expansion. Although Congress enacted incentives for states that had not yet done so to expand Medicaid, this incentive alone has not persuaded holdout states to expand.The economic aspects of the Medicaid, dual eligible and dual eligible special needs plan business vary from state to state and are subject to frequent change. Medicaid premiums are paid by each state and differ from state to state. The federal government and certain states also are considering proposals and legislation for Medicaid and dual eligible program reforms or redesigns, including restrictions on the collection of manufacturerâ€™s rebates on pharmaceuticals by Medicaid MCOs and their contracted PBMs, further program, population and/or geographic expansions of risk-based managed care, increasing beneficiary cost-sharing or payment levels, and changes to benefits, reimbursement, eligibility criteria (and redeterminations of eligibility), provider network adequacy requirements (including requiring the inclusion of specified high cost providers in the Companyâ€™s networks) and program structure. In some states, current Medicaid and dual eligible funding and premium revenue may not be adequate for the Company to continue program participation. The Companyâ€™s Medicaid and dual eligible contracts with states (or sponsors of Medicaid managed care plans) are subject to cancellation by the state (or the sponsors of the managed care plans) after a short notice period without cause (e.g., when a state discontinues a managed care program) or in the event of insufficient state funding.21The Companyâ€™s Medicaid, dual eligible and dual eligible special needs plan products also are heavily regulated by CMS and state Medicaid agencies, which have the right to audit the Companyâ€™s performance to determine compliance with CMS contracts and regulations. The Companyâ€™s Medicaid products, dual eligible products and CHIP contracts also are subject to complex federal and state regulations and oversight by state Medicaid agencies regarding the services provided to Medicaid enrollees, payment for those services, network requirements (including mandatory inclusion of specified high-cost providers), and other aspects of these programs, and by external review organizations which audit Medicaid plans on behalf of state Medicaid agencies. The laws, regulations and contractual requirements applicable to the Company and other participants in Medicaid and dual eligible programs, including requirements that the Company submit encounter data to the applicable state agency, are extensive, complex and subject to change. For example, in April 2024, CMS finalized the Managed Care Rule, which addresses five primary areas: (1) access in managed care, including network adequacy; (2) state directed payments; (3) medical loss ratio standards; (4) in lieu of services and settings and (5) quality and performance assessment. The Company has invested significant resources to comply with these standards, and its Medicaid and dual eligible program compliance efforts will continue to require significant resources. CMS and/or state Medicaid agencies may fine the Company, withhold payments to the Company, seek premium and other refunds, terminate the Companyâ€™s existing contracts, elect not to award the Company new contracts or not to renew the Companyâ€™s existing contracts, prohibit the Company from continuing to market and/or enroll members in or refuse to automatically assign members to one or more of the Companyâ€™s Medicaid or dual eligible products, exclude the Company from participating in one or more Medicaid or dual eligible programs and/or institute other sanctions and/or civil monetary penalties against the Company if it fails to comply with CMS or state regulations or contractual requirements. CMS has proposed requiring that health plans offering certain dual eligible programs must also offer Medicaid programs, which has resulted in the Company refraining from bidding in certain jurisdictions and could impact the Companyâ€™s ability to obtain or retain membership in its dual eligible programs.The Company cannot predict whether pending or future federal or state legislation or court proceedings will change various aspects of the Medicaid program, nor can it predict the impact those changes will have on its business operations or operating results, but the effects could be materially adverse.Medicare and Medicaid Audits - CMS regularly audits the Companyâ€™s performance to determine its compliance with CMSâ€™ regulations and its contracts with CMS and to assess the quality of services it provides to Medicare Advantage and PDP beneficiaries. For example, CMS conducts risk adjustment data validation (â€œRADVâ€) audits of a subset of Medicare Advantage contracts for each contract year. Since 2011, CMS has selected certain of the Companyâ€™s Medicare Advantage contracts for various years for RADV audit, and the number of RADV audits continues to increase. The OIG also is auditing the Companyâ€™s risk adjustment data and that of other companies, and the Company expects CMS and the OIG to continue auditing risk adjustment data. The Company also has received Civil Investigative Demands (â€œCIDsâ€) from, and provided documents and information to, the Civil Division of the DOJ in connection with investigations of the Companyâ€™s identification and/or submission of diagnosis codes related to risk adjustment payments, including patient chart review processes, under Parts C and D of the Medicare program. On January 30, 2023, CMS released the final rule concerning Part C contract-level Risk Adjustment Data Validation Audits (the â€œRADV Audit Ruleâ€). The RADV Audit Rule eliminated the application of a fee-for-service adjuster (â€œFFS Adjusterâ€) in contract-level RADV audits but continued the use of extrapolation in such audits of Medicare Advantage organizations. The FFS Adjuster that was announced in 2012 was to be used by CMS to determine a permissible level of payment error. By applying the FFS Adjuster, Medicare Advantage organizations would have been liable for repayments only to the extent that their extrapolated payment errors exceeded the error rate in Original Medicare, which could have impacted the extrapolated repayments to which Medicare Advantage organizations are subject. CMS is conducting RADV audits of Medicare Advantage organizations, including the Companyâ€™s Medicare Advantage plans, for payment year 2018 and subsequent payment years and may use extrapolation without the application of a FFS Adjuster. The RADV Audit Rule may have potential adverse effects, which could be material, on the Companyâ€™s operating results, financial condition, and cash flows. CMS also has announced that it will not conduct RADV audits on all contracts; instead, it will only audit contracts it believes are at the highest risk for overpayments based on its statistical modeling. The RADV Audit Rule is subject to ongoing litigation and the outcome and future impacts are uncertain.In addition, state Medicaid agencies regularly audit, and state Attorneys General regularly investigate, the Companyâ€™s performance across all areas of its contractual obligations to the state to determine compliance and quality of services. The Company may be subject to, among other penalties, significant fines, sanctions, corrective actions, and enrollment freezes depending on the findings of these audits and reviews. The Companyâ€™s ongoing performance and compliance with program requirements can impact our ability to expand and retain Medicaid business. State Medicaid agencies are also increasingly using the audit process to challenge the legality of PBM practices, such as guaranteed effective rate reconciliations with retail pharmacies and transmission fees.22Medicare Star Ratings - A portion of each Medicare Advantage planâ€™s reimbursement is tied to the planâ€™s â€œstar ratings.â€ The star rating system considers a variety of measures adopted by CMS, including quality of preventative services, chronic illness management, compliance and overall customer satisfaction. Only Medicare Advantage plans with an overall star rating of 4 or more stars (out of 5 stars) are eligible for a quality bonus in their basic premium rates. The Companyâ€™s 2024 star ratings were used to determine which of its Medicare Advantage plans have ratings of 4 stars or higher and qualify for bonus payments in 2025. Based on the 2024 ratings, 88% of the Companyâ€™s Medicare Advantage members are in 2025 Medicare Advantage plans that are rated 4 stars or higher. Additionally, more than two out of three of the Companyâ€™s Medicare Advantage members are in a 4.5-star plan for 2025. CMS also gives PDPs star ratings that affect each PDPâ€™s enrollment. The Companyâ€™s PDP plans were rated 3.5 stars for 2025. Medicare Advantage and PDP plans that are rated less than 3 stars for three consecutive years are subject to contract termination by CMS. CMS continues to revise its star ratings system to make it harder to achieve 4 or more stars. There can be no assurances that the Company will be successful in maintaining or improving its star ratings in future years. Accordingly, the Companyâ€™s Medicare Advantage plans may not continue to be or become eligible for full level quality bonuses, which could adversely affect the benefits such plans can offer, reduce membership and/or reduce profit margins.Medicare Payment Rates - In April 2024, CMS issued its final notice detailing final 2025 Medicare Advantage payment rates. Based on CMSâ€™ notice, Medicare Advantage rates resulted in an expected average increase in revenue for the Medicare Advantage industry of 3.70%, which includes a risk score trend increase of 3.86%. Risk scores vary among Medicare Advantage plans depending on the specific population served, so this increase does not represent an actual guaranteed payment increase. Without including the risk score trend increase, the 2025 rates result in an expected average decrease in revenue for the Medicare Advantage industry of 0.16%, though the rates may vary widely depending on the provider group and patient demographics. On January 10, 2025, CMS issued an advance notice detailing proposed 2026 Medicare Advantage payment rates. The 2026 Medicare Advantage rates, if finalized as proposed, will result in an expected average increase in revenue for the Medicare Advantage industry of 4.33%, which includes a risk score trend increase of 2.10%. Without including the risk score trend increase, the advance 2026 rates will result in an expected average increase in revenue for the Medicare Advantage industry of 2.23%, though the rates may vary widely depending on the provider group and patient demographics. CMS intends to publish the final 2026 rate announcement no later than April 7, 2025. The Company faces a challenge from the impact of the increasing cost of medical care (including prescription medications), changes to methodologies for determining payments and CMS local and national coverage decisions that require the Company to pay for services and supplies that are not factored into the Companyâ€™s bids. The federal government may seek to impose restrictions on the configuration of pharmacy or other provider networks for Medicare Advantage and/or PDP plans, or otherwise restrict the ability of these plans to alter benefits, negotiate prices or establish other terms to improve affordability or maintain viability of products. The Company currently believes that the payments it has received and will receive in the near term are adequate to justify the Companyâ€™s continued participation in the Medicare Advantage and PDP programs, although there are economic and political pressures to continue to reduce spending on the program, and this outlook could change.340B Drug Pricing Program â€“ The 340B Drug Pricing Program, which is overseen by the HHS and the Health Resources and Services Administration (â€œHRSAâ€), allows eligible Covered Entities to purchase prescription drugs from manufacturers at a steep discount. In 2020, a number of pharmaceutical manufacturers began programs that limited Covered Entitiesâ€™ participation in the program through contract pharmacies arrangements. In May 2021, HRSA sent enforcement letters to multiple manufacturers to curb these practices. In September 2021, HRSA forwarded the enforcement actions to the OIG for potential imposition of civil monetary penalties. Those enforcement actions are currently subject to ongoing litigation. In addition, several states continue to debate how pharmaceutical manufacturers must distribute and pay rebates to 340B covered entities which is currently subject to ongoing litigation.In November 2022, HRSA issued proposed rules that would overhaul the 340B Drug Pricing Programs administrative dispute resolution process. The revisions are designed to make the process more accessible by making it more expeditious and less formal, as well as more equitable by requiring fewer resources to participate. A reduction in Covered Entitiesâ€™ participation in contract pharmacy arrangements, as a result of the pending enforcement actions or otherwise, a reduction in the use of the Companyâ€™s administrative services by Covered Entities, or a reduction in drug manufacturersâ€™ participation in the program could materially and adversely affect the Company.Anti-Remuneration Laws - Federal law prohibits, among other things, an entity from knowingly and willfully offering, paying, soliciting or receiving, subject to certain exceptions and â€œsafe harbors,â€ any remuneration to induce the referral of individuals or the purchase, lease or order of items or services for which payment may be made under Medicare, Medicaid or certain other federal and state health care programs. A number of states have similar laws, some of which are not limited to services paid for with government funds. Sanctions for violating these federal and state anti-remuneration laws may include 23imprisonment, criminal and civil fines, and exclusion from participation in Medicare, Medicaid and other federal and state government-sponsored health care programs. Companies involved in public health care programs such as Medicare and/or Medicaid are required to maintain compliance programs to detect and deter fraud, waste and abuse, and are often the subject of fraud, waste and abuse investigations and audits. The Company has invested significant resources to comply with Medicare and Medicaid program standards. Ongoing vigorous law enforcement and the highly technical regulatory scheme mean that the Companyâ€™s compliance efforts in this area will continue to require significant resources.Antitrust and Unfair Competition - The U.S. Federal Trade Commission (â€œFTCâ€) investigates and prosecutes practices that are â€œunfair trade practicesâ€ or â€œunfair methods of competition.â€ Numerous lawsuits have been filed throughout the U.S against pharmaceutical manufacturers, retail pharmacies and/or PBMs under various federal and state antitrust and unfair competition laws challenging, among other things: (i) brand name drug pricing and rebate practices of pharmaceutical manufacturers, (ii) the maintenance of retail or specialty pharmacy networks by PBMs, and (iii) various other business practices of PBMs and retail pharmacies. In July 2021, the FTC approved several resolutions that direct agency staff to use compulsory process, such as subpoenas, to investigate seven specific enforcement

priorities. Priority targets include, among other businesses, health care businesses, such as pharmaceutical companies, pharmacy benefits managers and hospitals. To the extent that the Company appears to have actual or potential market power in a relevant market or CVS pharmacy, CVS specialty or MinuteClinic plays a unique or expanded role in a Health Care Benefits or Health Services segment product offering, the Companyâ€™s business arrangements and uses of confidential information may be subject to heightened scrutiny from an anti-competitive perspective and possible challenge by state and/or federal regulators and/or private parties.Privacy and Confidentiality Requirements - Many of the Companyâ€™s activities involve the receipt, use and disclosure by the Company of personally identifiable information (â€œPIIâ€) as permitted in accordance with applicable federal and state privacy and data security laws, which require organizations to provide appropriate privacy and security safeguards for such information. In addition to PII, the Company uses and discloses de-identified data for analytical and other purposes when permitted. Additionally, there are industry standards for handling credit card data known as the Payment Card Industry Data Security Standard, which are a set of requirements designed to help ensure that entities that process, store or transmit credit card information maintain a secure environment. Certain states have incorporated these requirements into state laws or enacted other requirements relating to the use and/or disclosure of PII.The federal Health Insurance Portability and Accountability Act of 1996, as it has been amended from time to time, and the regulations issued thereunder (collectively, â€œHIPAAâ€), impose extensive requirements on the way in which health plans, providers, health care clearinghouses (known as â€œcovered entitiesâ€) and their business associates use, disclose and safeguard protected health information (â€œPHIâ€). Criminal penalties and civil sanctions may be imposed for failing to comply with HIPAAâ€™s privacy and security standards. In 2024, HIPAA was further amended to add additional rules requiring the safeguarding of reproductive health records. The Company is taking appropriate measures to ensure it is in compliance with the obligations created by this new rule. In addition to HIPAA, state laws apply to the extent they are more protective of individual privacy than is HIPAA, including laws that place stricter controls on the release of information relating to specific diseases or conditions, reproductive health records and requirements to notify members of unauthorized release or use of or access to PHI. States also have adopted regulations to implement provisions of the Financial Modernization Act of 1999 (also known as the Gramm-Leach-Bliley Act (â€œGLBAâ€)) which generally require insurers, including health insurers, to provide customers with notice regarding how their non-public personal health and financial information is used and the opportunity to â€œopt outâ€ of certain disclosures before the insurer shares such information with a non-affiliated third party. Like HIPAA, GLBA sets a â€œfloorâ€ standard, allowing states to adopt more stringent requirements governing privacy protection. Complying with additional state requirements requires us to make additional investments beyond those the Company has made to comply with HIPAA and GLBA.There is also a continuing trend of states enacting more comprehensive privacy laws and regulations addressing consumer rights to data access, deletion, protection or transparency, such as the California Consumer Privacy Act (â€œCCPAâ€). States also are starting to issue regulations and proposed regulations specifically related to cybersecurity, such as the regulations issued by the New York Department of Financial Services, as well as regulating use of artificial intelligence technologies. Complying with conflicting cybersecurity regulations, which may differ from state to state, requires significant resources. In addition, differing approaches to state privacy, cybersecurity and/or artificial intelligence regulation and varying enforcement philosophies may significantly restrict the Companyâ€™s ability to standardize its products and services across state lines. Widely-reported large scale cyberattacks in the U.S. and abroad increase the likelihood that additional data security legislation will be considered by additional states or by the federal government. These legislative and regulatory developments will impact the design and operation of the Companyâ€™s businesses, its privacy and security strategy and its web-based and mobile assets.24Finally, each Public Exchange is required to adhere to privacy and security standards with respect to PII, and to impose privacy and security standards that are at least as protective of PII as those the Public Exchange has implemented for itself or non-Public Exchange entities, which include insurers offering plans through the Public Exchange and their designated downstream entities, including PBMs and other business associates. These standards may differ from, and be more stringent than, HIPAA.See Item 1C of this 10-K, â€œCybersecurity,â€ for more information on the Companyâ€™s cybersecurity risk management and governance.Consumer Protection Laws - The federal government has many consumer protection laws, such as the Federal Trade Commission Act, the Federal Postal Service Act and the Consumer Product Safety Act. Most states also have similar consumer protection laws and a growing number of states regulate subscription programs. In addition, the federal government and most states have adopted laws and/or regulations requiring places of public accommodation, health care services and other goods and services to be accessible to people with disabilities. These consumer protection and accessibility laws and regulations have been the basis for investigations, lawsuits and multistate settlements relating to, among other matters, the marketing of loyalty programs, and health care products and services, pricing accuracy, expired front store products, financial incentives provided by drug manufacturers to pharmacies in connection with therapeutic interchange programs, disclosures related to how personal data is used and protected and the accessibility of goods and services to people with disabilities. As a result of the Companyâ€™s direct-to-consumer activities, including mobile and web-based solutions offered to members and to other consumers, the Company also is subject to federal and state regulations applicable to electronic communications and to other general consumer protection laws and regulations. For example, the CCPA became effective in 2020, and additional federal and state regulation of consumer privacy protection may be proposed or enacted in the future. The Company expects these new laws and regulations to impact the design of its products and services and the management and operation of its businesses and to increase its compliance costs.Transparency in Coverage Rule - In October 2020, the HHS, the U.S. Department of Labor (â€œDOLâ€) and the U.S. Internal Revenue Service (â€œIRS,â€ and together with the HHS and DOL, the â€œTri-Departmentsâ€) released a final rule, referred to as the Transparency in Coverage Rule, requiring health insurers to disclose negotiated prices of drugs, medical services, supplies and other covered items. The rule requires group health plans and health insurance issuers in the individual and group markets to disclose cost-sharing information upon request, to a participant, beneficiary, or enrollee and require plans and issuers to publicly disclose in-network provider rates, historical out-of-network allowed amounts and the associated billed charges, and negotiated rates and historical net prices for prescription drugs. Insurers are required to implement a consumer tool and disclose data in a machine readable file. The Transparency in Coverage Ruleâ€™s requirements related to prescription drug prices have yet to be implemented, but once implemented, the public disclosure of insurer- or PBM-negotiated price concessions may result in drug manufacturers lowering discounts or rebates, resulting in higher drug costs for patients and impacting the ability of the Company to negotiate drug prices and provide competitive products and services to consumers. In addition, most group health plans and issuers of group or individual health insurance coverage are required to offer an online price comparison tool allowing for personalized pricing information to their participants, beneficiaries, and enrollees, including access by phone, or in paper form, upon request. Cost estimates must be provided in real-time based on cost-sharing information that is accurate at the time of the request.The Consolidated Appropriations Act of 2021 was signed into law in December 2020 and contains further transparency provisions requiring group health plans and health insurance issuers to report, on an annual basis, certain prescription drug costs, overall spending on health services and prescription drugs, and information about premiums and the impact of rebates and other remuneration on premiums and out-of-pocket costs to the Tri-Departments.Telemarketing and Other Outbound Contacts - Certain federal and state laws, such as the Telephone Consumer Protection Act and the Telemarketing Sales Rule, give the FTC, the Federal Communications Commission and state Attorneys General the ability to regulate, and bring enforcement actions relating to, telemarketing practices and certain automated outbound contacts such as phone calls, texts or emails. Under certain circumstances, these laws provide consumers with a private right of action. Violations of these laws could result in substantial statutory penalties and other sanctions.Pharmacy and Professional Licensure and Regulation - The Company is subject to a variety of intersecting federal and state statutes and regulations that govern the wholesale distribution of drugs; operation of retail, specialty, infusion, LTC and mail order pharmacies; licensure of facilities and professionals, including pharmacists, technicians, nurses and other health care professionals; registration of facilities with the U.S. Drug Enforcement Administration (the â€œDEAâ€) and analogous state agencies that regulate controlled substances; packaging, storing, shipping and tracking of pharmaceuticals; repackaging of drug products; labeling, medication guides and other consumer disclosures; interactions with prescribers and health care professionals; compounding of prescription medications; dispensing of controlled and non-controlled substances; counseling of 25patients; transfers of prescriptions; advertisement of prescription products and pharmacy services; security; inventory control; recordkeeping; reporting to Boards of Pharmacy, the U.S. Food and Drug Administration (the â€œFDAâ€), the U.S. Consumer Product Safety Commission, the DEA and related state agencies; and other elements of pharmacy practice. Pharmacies are highly regulated and have contact with a wide variety of federal, state and local agencies with various powers to investigate, inspect, audit or solicit information, including Boards of Pharmacy and Nursing, the DEA, the FDA, the DOJ, HHS and others. Many of these agencies have broad enforcement powers, conduct audits on a regular basis, can impose substantial fines and penalties, and may revoke the license, registration or program enrollment of a facility or professional. Telehealth Laws - States generally require providers providing professional health care services, whether in person or via telehealth, to a patient residing within the state to be licensed in that state. States have established a variety of licensing and other regulatory requirements around the provision of telehealth services. These requirements vary from state to state. Many states require notification of certain material events be provided to the applicable licensing agency. In addition, there are federal telehealth requirements applicable to Medicare and state program specific requirements applicable to Medicaid. The Company has established systems for ensuring that its providers are appropriately licensed under applicable state law and that their provision of telehealth service to patients with whom we interact occurs in compliance with applicable laws and regulations. Failure to comply with these laws and regulations could result in licensure actions against the providers as well as civil, criminal or administrative penalties against the providers and/or entities engaging the services of the providers.State Insurance, HMO and Insurance Holding Company Regulation - A number of states regulate affiliated groups of insurers and HMOs such as the Company under holding company statutes. These laws may, among other things, require prior regulatory approval of dividends and material intercompany transfers of assets and transactions between the regulated companies and their affiliates, including their parent holding companies. The Company expects the states in which its insurance and HMO subsidiaries are licensed to continue to expand their regulation of the corporate governance and internal control activities of its insurance companies and HMOs. Changes to state insurance, HMO and/or insurance holding company laws or regulations or changes to the interpretation of those laws or regulations, including due to regulatorsâ€™ increasing concerns regarding insurance company and/or HMO solvency due, among other things, to past and expected payor insolvencies, could negatively affect the Companyâ€™s businesses in various ways, including through increases in solvency fund assessments, requirements that the Company hold greater levels of capital and/or delays in approving dividends from regulated subsidiaries.PBM offerings of prescription drug coverage under certain risk arrangements may be subject to laws and regulations in various states. Such laws may require that the party at risk become licensed as an insurer, establish reserves or otherwise demonstrate financial viability. Laws that may apply in such cases include insurance laws and laws governing MCOs and limited prepaid health service plans. In addition, most states require that PBMs become directly registered or licensed with the department of insurance or similar government oversight agency regardless of any arrangements they have with clients. PBM licensure laws may include oversight of certain PBM activities and operations and may include auditing of those activities. The states of domicile of the Companyâ€™s regulated subsidiaries have statutory risk-based capital (â€œRBCâ€) requirements for health and other insurance companies and HMOs based on the National Association of Insurance Commissionersâ€™ (the â€œNAICâ€) Risk-Based Capital for Insurers Model Act (the â€œRBC Model Actâ€). These RBC requirements are intended to assess the capital adequacy of life and health insurers and HMOs, taking into account the risk characteristics of a companyâ€™s investments and products. The RBC Model Act sets forth the formula for calculating RBC requirements, which are designed to take into account asset risks, insurance risks, interest rate risks and other relevant risks with respect to an individual companyâ€™s business. In general, under these laws, an insurance company or HMO must submit a report of its RBC level to the insurance department or insurance commissioner of its state of domicile for each calendar year. At DecemberÂ 31, 2024, all of the Companyâ€™s insurance and HMO subsidiaries were above the RBC level that would require regulatory action.For information regarding restrictions on certain payments of dividends or other distributions by the Companyâ€™s HMO and insurance company subsidiaries, see Note 14 â€“Â“Shareholdersâ€™ Equityâ€™â€™ included in Item 8 of this 10-K.The holding company laws for the states of domicile of certain of the Companyâ€™s subsidiaries also restrict the ability of any person to obtain control of an insurance company or HMO without prior regulatory approval. Under those statutes, without such approval (or an exemption), no person may acquire any voting security of an insurance holding company (such as the Companyâ€™s ultimate parent company, CVS Health Corporation) that controls an insurance company or HMO, or merge with such a holding company, if as a result of such transaction such person would control the insurance holding company. Control is generally defined as the direct or indirect power to direct or cause the direction of the management and policies of a person and is presumed to exist if a person directly or indirectly owns or controls 10% or more of the voting securities of another person.26Certain states have laws that prohibit submitting a false claim or making a false record or statement in order to secure reimbursement from an insurance company. These state laws vary, and violation of them may lead to the imposition of civil or criminal penalties.Government Agreements and Mandates - From time to time, the Company and/or its various affiliates are subject to certain consent decrees, settlement and other agreements, corrective action plans and corporate integrity agreements with various federal, state and local authorities relating to such matters as privacy practices, controlled substances, PDPs, expired products, environmental and safety matters, marketing and advertising practices, PBM, LTC and other pharmacy operations and various other business practices. Certain of these agreements contain ongoing reporting, monitoring and/or other compliance requirements for the Company. Failure to meet the Companyâ€™s obligations under these agreements could result in civil or criminal remedies, financial penalties, administrative remedies, and/or exclusion from participation in federal health care programs.Environmental and Safety Regulation - The Companyâ€™s businesses are subject to various federal, state and local laws, regulations and other requirements pertaining to protection of the environment, public health and employee safety, including, for example, regulations governing the management of hazardous substances, the cleaning up of contaminated sites, and the maintenance of safe working conditions in the Companyâ€™s retail locations, distribution centers and other facilities. Governmental agencies at the federal, state and local levels continue to focus on the retail and health care sectorsâ€™ compliance with such laws and regulations, and have at times pursued enforcement activities. Any failure to comply with these regulations could result in fines or other sanctions by government authorities.ERISA Regulation - The Employee Retirement Income Security Act of 1974 (â€œERISAâ€), provides for comprehensive federal regulation of certain employee pension and benefit plans, including private employer and union sponsored health plans and certain other plans that contract with us to provide PBM services. In general, the Company assists plan sponsors in the administration of their health benefit plans, including the prescription drug benefit portion of those plans, in accordance with the plan designs adopted by the plan sponsors. In addition, the Company may have fiduciary duties where it has specifically contracted with a plan sponsor to accept limited fiduciary responsibility, such as for the adjudication of initial prescription drug benefit claims and/or the appeals of denied claims under a plan. In addition to its fiduciary provisions, ERISA imposes civil and criminal liability on service providers to health plans and certain other persons if certain forms of illegal remuneration are made or received. These provisions of ERISA are broadly written and their application to specific business practices is often uncertain.Some of the Companyâ€™s health and related benefits and large case pensions products and services and related fees also are subject to potential issues raised by judicial interpretations relating to ERISA. Under those interpretations, together with DOL regulations, the Company may have ERISA fiduciary duties with respect to medical members, PBM members and/or certain general account assets held under contracts that are not guaranteed benefit policies. As a result, certain transactions related to those general account assets are subject to conflict of interest and other restrictions, and the Company must provide certain disclosures to policyholders annually. The Company must comply with these restrictions or face substantial penalties. Preemption - ERISA generally preempts most state and local laws that relate to employee benefit plans, but the extent of the preemption continues to be reviewed by courts, including the U.S. Supreme Court. For example, in December 2020, the U.S. Supreme Court upheld an Arkansas law that, among other things, mandates a particular pricing methodology, establishes an appeals process for a pharmacy when the reimbursement is below the pharmacyâ€™s acquisition cost, permits a pharmacy to reverse and rebill if they cannot procure the drug from its wholesaler at a price equal to or less than the reimbursement rate, prohibits a PBM from reimbursing a pharmacy less than the amount it reimburses an affiliate on a per unit basis, and permits a pharmacy to decline to dispense if the reimbursement is lower than the pharmacyâ€™s acquisition cost. Subsequently, in November 2021, the U.S. Court of Appeals for the Eighth Circuit upheld a North Dakota law that regulates employer-sponsored ERISA health plans and certain PBM practices within Medicare. The U.S. Court of Appeals for the Tenth Circuit overturned a lower district court in Oklahoma and affirmed that the Oklahoma Insurance Department could not enforce a state law against PBMs that contained provisions that alter and limit some of the options that an ERISA plan can use and decided that the Oklahoma law was preempted by ERISA and, in part, by Medicare Part D. The Oklahoma Attorney General has filed a writ of certiorari with the U.S. Supreme Court to have the case heard during the next term.Other Legislative Initiatives and Regulatory Initiatives - The U.S. federal and state governments, as well as governments in other countries where the Company does business, continue to enact and seriously consider many

broad-based legislative and regulatory proposals that have had a material impact on or could materially impact various aspects of the health care and related benefits system and the Companyâ€™s businesses, operating results and/or cash flows. For example:27â€¢Under the Budget Control Act of 2011 and the American Taxpayer Relief Act of 2012 significant, automatic across-the-board budget cuts (known as sequestration) began in March 2013, including Medicare spending cuts of not more than 2% of total program costs per year through 2024. Since then, Congress has extended and modified the Medicare sequester a number of times. The CARES Act temporarily suspended the Medicare sequester and extended mandatory sequestration to 2030. In July 2022, the 2% Medicare sequester resumed. Significant uncertainty remains as to whether and how the U.S. Congress will proceed with actions that create additional federal revenue and/or with entitlement reform. The Company cannot predict future federal Medicare or federal or state Medicaid funding levels or the impact that future federal or state budget actions or entitlement program reform, if it occurs, will have on the Companyâ€™s businesses, operations or operating results, but the effects could be materially adverse, particularly on the Companyâ€™s Medicare and/or Medicaid revenues, MBRs and operating results.â€¢The European Unionâ€™s (â€œEUâ€™sâ€) General Data Protection Regulation (â€œGDPRâ€) began to apply across the EU during 2018.â€¢Other significant legislative and/or regulatory measures which are or recently have been under consideration include the following:â€¢Increasing the corporate tax rate.â€¢Eliminating payment of manufacturerâ€™s rebates on prescription drugs to PBMs, PDPs and Managed Medicaid organizations in connection with federally funded health care programs. â€¢Imposing requirements and restrictions on the design and/or administration of pharmacy benefit plans offered by the Companyâ€™s and its clientsâ€™ health plans and/or its PBM clients and/or the services the Company provides to those clients, including prohibiting â€œdifferentialâ€ or â€œspreadâ€ pricing in PBM contracts; restricting or eliminating the use of formularies for prescription drugs; restricting the Companyâ€™s ability to require members to obtain drugs through a home delivery or specialty pharmacy; restricting the Companyâ€™s ability to place certain specialty or other drugs in the higher cost tiers of its pharmacy formularies; restricting the Companyâ€™s ability to make changes to drug formularies and/or clinical programs; limiting or eliminating rebates on pharmaceuticals; requiring the use of up front purchase price discounts on pharmaceuticals in lieu of rebates; restricting the Companyâ€™s ability to configure and reimburse its health plan and retail pharmacy provider networks, including use of CVS pharmacy locations; and mandating client use of PBM compensation structures based on flat, fee-for-service or "bona fide service fee" arrangements instead of value-based designs or eliminating the use of certain drug pricing methodologies.â€¢Broader application of state insurance- and PBM-related laws to national and multi-state plans that cover residents of that state.â€¢Increasing federal or state government regulation of, or involvement in, the pricing and/or purchasing of drugs, including Glucagon-like peptide 1 (â€œGLP-1â€) drugs.â€¢Restricting the Companyâ€™s ability to limit providersâ€™ participation in its networks and/or remove providers from its networks by imposing network adequacy requirements or otherwise (including in its Medicare and Commercial Health Care Benefits products).â€¢Imposing assessments on (or to be collected by) health plans or health carriers that may or may not be passed through to their customers. These assessments may include assessments for insolvency, the uninsured, uncompensated care, Medicaid funding or defraying health care provider medical malpractice insurance costs.â€¢Mandating coverage by the Companyâ€™s and its clientsâ€™ health plans for additional conditions and/or specified procedures, drugs or devices (e.g., high cost pharmaceuticals, experimental pharmaceuticals and oral chemotherapy regimens).â€¢Regulating electronic connectivity.â€¢Mandating or regulating the disclosure of provider fee schedules, manufacturerâ€™s rebates and other data about the Companyâ€™s payments to providers and/or payments the Company receives from pharmaceutical manufacturers.â€¢Mandating or regulating disclosure of provider outcome and/or efficiency information.â€¢Prescribing or limiting membersâ€™ financial responsibility for health care or other covered services they utilize, including restricting â€œsurpriseâ€ bills by providers and by specifying procedures for resolving â€œsurpriseâ€ bills.â€¢Prescribing payment levels for health care and other covered services rendered to the Companyâ€™s members by providers who do not have contracts with the Company.â€¢Assessing the medical device status of home infusion therapy products and/or solutions, mobile consumer wellness tools and clinical decision support tools, which may require compliance with FDA requirements in relation to some of these products, solutions and/or tools.â€¢Restricting the ability of employers and/or health plans to establish or impose member financial responsibility.â€¢Proposals to expand benefits under Original Medicare.28â€¢Amending or supplementing ERISA to impose greater requirements on PBMs or the administration of employer-funded benefit plans or limit the scope of current ERISA pre-emption, which would among other things expose the Company and other health plans to expanded liability for punitive and other extra-contractual damages and additional state regulation.â€¢Amending the Mental Health Parity and Addiction Equity Act to add additional provisions that could significantly increase compliance requirements.â€¢Eliminating enhanced premium tax credits, which could impact consumers ability to choose individual coverage on the Exchange.It is uncertain whether the Company can counter the potential adverse effects of such potential legislation or regulation on its operating results or cash flows, including whether it can recoup, through higher premium rates, expanded membership or other measures, the increased costs of mandated coverage or benefits, assessments, fees, taxes or other increased costs, including the cost of modifying its systems to implement any enacted legislation or regulations.The Companyâ€™s businesses also may be affected by other legislation and regulations. The Dodd-Frank Wall Street Reform and Consumer Protection Act creates incentives for whistleblowers to speak directly to the government rather than utilizing internal compliance programs and reduces the burden of proof under the Foreign Corrupt Practices Act of 1977 (the â€œFCPAâ€). There also are laws and regulations that set standards for the escheatment of funds to states.Health savings accounts, health reimbursement arrangements and flexible spending accounts and certain of the tax, fee and subsidy provisions of the ACA also are regulated by the U.S. Department of the Treasury and the IRS.The Company also may be adversely affected by court and regulatory decisions that expand or revise the interpretations of existing statutes and regulations or impose medical malpractice or bad faith liability. Federal and state courts, including the U.S. Supreme Court, continue to consider cases, and federal and state regulators continue to issue regulations and interpretations, addressing bad faith liability for denial of medical claims, the scope of ERISAâ€™s fiduciary duty requirements, the scope of the False Claims Act and the pre-emptive effect of ERISA and Medicare Part D on state laws.Contract Audits - The Company is subject to audits of many of its contracts, including its PBM client contracts, its PBM rebate contracts, its PBM network contracts, its contracts relating to Medicare Advantage and/or Medicare Part D, the agreements the Companyâ€™s pharmacies enter into with other payors, its Medicaid contracts and its customer contracts. Because some of the Companyâ€™s contracts are with state or federal governments or with entities contracted with state or federal agencies, audits of these contracts are often regulated by the federal or state agencies responsible for administering federal or state benefits programs, including those which operate Medicaid fee for service plans, Managed Medicaid plans, Medicare Part D plans or Medicare Advantage organizations.Federal Employee Health Benefits Program - The Companyâ€™s subsidiaries contract with the Office of Personnel Management (the â€œOPMâ€) to provide managed health care services under the FEHB program in their service areas. These contracts with the OPM and applicable government regulations establish premium rating arrangements for this program. In addition to other requirements, such as the Transparency in Coverage Rule note above, OPM regulations require that community-rated FEHB plans meet a FEHB program-specific minimum MLR by plan code and market. Managing to these rules is complicated by the simultaneous application of the minimum MLR standards and associated premium rebate requirements of the ACA. The Company also has a contractual arrangement with carriers for the FEHB program, such as the BlueCross BlueShield Association, to provide pharmacy services to federal employees, postal workers, annuitants, and their dependents under the Government-wide Service Benefit Plan, as authorized by the FEHB Act and as part of the FEHB program. Additionally, the Company manages certain FEHB plans on a â€œcost-plusâ€ basis. These arrangements subject the Company to certain aspects of the FEHB Act, and other federal regulations, such as the FEHB Acquisition Regulation, that otherwise would not be applicable to the Company. The OPM also is auditing the Company and its other contractors to, among other things, verify that plans meet their applicable FEHB program-specific MLR and the premiums established under the OPMâ€™s Insured contracts and costs allocated pursuant to the OPMâ€™s cost-based contracts are in compliance with the requirements of the applicable FEHB program. The OPM may seek premium refunds or institute other sanctions against the Company if it fails to comply with the FEHB program requirements.Clinical Services Regulation - The Company provides clinical services to health plans, PBMs and providers for a variety of complex and common medical conditions, including arranging for certain members to participate in disease management programs. State laws regulate the practice of medicine, the practice of pharmacy, the practice of nursing and certain other 29clinical activities. Clinicians engaged in a professional practice in connection with the provision of clinical services must satisfy applicable state licensing requirements and must act within their scope of practice.Third Party Administration and Other State Licensure Laws - Many states have licensure or registration laws governing certain types of administrative organizations, such as PPOs, TPAs and companies that provide utilization review services. Several states also have licensure or registration laws governing the organizations that provide or administer consumer card programs (also known as cash card or discount card programs).International Regulation - The Company previously held insurance licenses in several foreign jurisdictions (the United Kingdom, Ireland, Singapore and Hong Kong) but these have been cancelled following the transfer of its insurance business in those jurisdictions to a third party. The Company is also in the process of closing down its remaining insurance operations outside of the Americas. The Companyâ€™s international operations, including its remaining international insurance operations until they are closed down, are subject to different, and sometimes more stringent, legal and regulatory requirements, which vary widely by jurisdiction, including anti-corruption laws; economic sanctions laws; various privacy, insurance, tax, tariff and trade laws and regulations; corporate governance, privacy, data protection (including the EUâ€™s General Data Protection Regulation which began to apply across the EU during 2018), data mining, data transfer, labor and employment, intellectual property, consumer protection and investment laws and regulations; discriminatory licensing procedures; compulsory cessions of reinsurance; required localization of records and funds; higher premium and income taxes; limitations on dividends and repatriation of capital; and requirements for local participation in an insurerâ€™s ownership. In addition, the presence of operations in foreign countries potentially increases the Companyâ€™s exposure to the anti-bribery, anti-corruption and anti-money laundering provisions of U.S. law, including the FCPA, and corresponding foreign laws, including the U.K. Bribery Act 2010 (the â€œUK Bribery Actâ€). Anti-Corruption Laws - The FCPA prohibits offering, promising or authorizing others to give anything of value to a foreign government official to obtain or retain business or otherwise secure a business advantage. The Company also is subject to applicable anti-corruption laws of the jurisdictions in which it operates. In many countries outside the U.S., health care professionals are employed by the government. Therefore, the Companyâ€™s dealings with them are subject to regulation under the FCPA. Violations of the FCPA and other anti-corruption laws may result in severe criminal and civil sanctions as well as other penalties, and there continues to be a heightened level of FCPA enforcement activity by the SEC and the DOJ. The UK Bribery Act is an anti-corruption law that is broader in scope than the FCPA and applies to all companies with a nexus to the United Kingdom. Disclosures of FCPA violations may be shared with the UK authorities, thus potentially exposing companies to liability and potential penalties in multiple jurisdictions. Anti-Money Laundering Regulations - Certain lines of the Companyâ€™s businesses are subject to Treasury anti-money laundering regulations. Those lines of business have implemented anti-money laundering policies designed to ensure their compliance with the regulations. The Company also is subject to anti-money laundering laws in non-U.S. jurisdictions where it operates. Office of Foreign Assets Control - The Company also is subject to regulation by the Office of Foreign Assets Control of the U.S. Department of Treasury (â€œOFACâ€). OFAC administers and enforces economic and trade sanctions based on U.S. foreign policy and national security goals against targeted foreign countries and regimes, terrorists, international narcotics traffickers, those engaged in activities related to the proliferation of weapons of mass destruction, and other threats to the national security, foreign policy or economy of the U.S. In addition, the Company is subject to similar regulations in the non-U.S. jurisdictions in which it operates.FDA Regulation - The FDA regulates the Companyâ€™s compounding pharmacy and clinical research operations. The FDA also generally has authority to, among other things, regulate the manufacture, distribution, sale and labeling of medical devices (including hemodialysis devices such as the device the Company is developing and mobile medical devices) and many products sold through retail pharmacies, including prescription drugs, over-the-counter medications, cosmetics, dietary supplements and certain food items. In addition, the FDA regulates the Companyâ€™s activities as a distributor of store brand products.30Laws and Regulations Related to the Health Care Benefits SegmentIn addition to the laws and regulations discussed above that may affect multiple segments of the Companyâ€™s business, the Company is subject to federal, state, local and international statutes and regulations, as well as government program contracts, governing its Health Care Benefits segment specifically. Overview - Differing approaches to state insurance regulation and varying enforcement philosophies may materially and adversely affect the Companyâ€™s ability to standardize its Health Care Benefits products and services across state lines. These laws and regulations, including the ACA, restrict how the Company conducts its business and result in additional burdens and costs to the Company. Significant areas of governmental regulation include premium rates and rating methodologies, underwriting rules and procedures, required benefits, sales and marketing activities, provider rates of payment, restrictions on health plansâ€™ ability to limit providersâ€™ participation in their networks and/or remove providers from their networks and financial condition (including reserves and minimum capital or risk based capital requirements). These laws and regulations are different in each jurisdiction and vary from product to product.Each health insurer and HMO must file periodic financial and operating reports with the states in which it does business. In addition, health insurers and HMOs are subject to state examination and periodic license renewal. Applicable laws also restrict the ability of the Companyâ€™s regulated subsidiaries to pay dividends, and certain dividends require prior regulatory approval. In addition, some of the Companyâ€™s businesses and related activities may be subject to PPO, MCO, utilization review or TPA-related licensure requirements and regulations. These licensure requirements and regulations differ from state to state, but may contain provider network, contracting, product and rate, financial and reporting requirements. There also are laws and regulations that set specific standards for the Companyâ€™s delivery of services, payment of claims, fraud prevention, protection of consumer health information, and payment for covered benefits and services.Required Regulatory Approvals - The Company must obtain and maintain regulatory approvals to price, market and administer many of its Health Care Benefits products. Supervisory agencies, including CMS, the Center for Consumer Information and Insurance Oversight and the DOL, as well as state health, insurance, managed care and Medicaid agencies, have broad authority to take one or more of the following actions:â€¢Grant, suspend and revoke the Companyâ€™s licenses to transact business;â€¢Suspend or exclude the Company from participation in government programs;â€¢Suspend or limit the Companyâ€™s authority to market products;â€¢Regulate many aspects of the products and services the Company offers, including the pricing and underwriting of many of its products and services;â€¢Assess damages, fines and/or penalties;â€¢Terminate the Companyâ€™s contract with the government agency and/or withhold payments from the government agency to the Company;â€¢Impose retroactive adjustments to premiums and require the Company to pay refunds to the government, customers and/or members;â€¢Restrict the Companyâ€™s ability to conduct acquisitions or dispositions;â€¢Require the Company to maintain minimum capital levels in its subsidiaries and monitor its solvency and reserve adequacy;â€¢Regulate the Companyâ€™s investment activities on the basis of quality, diversification and other quantitative criteria; and/orâ€¢Exclude the Companyâ€™s plans from participating in Public Exchanges if they are deemed to have a history of â€œunreasonableâ€ premium rate increases or fail to meet other criteria set by HHS or the applicable state.The Companyâ€™s operations, current and past business practices, current and past contracts, and accounts and other books and records are subject to routine, regular and special investigations, audits, examinations and reviews by, and from time to time the Company receives subpoenas and other requests for information from, federal, state and international supervisory and enforcement agencies, Attorneys General and other state, federal and international governmental authorities and legislators. Commercial Product Pricing and Underwriting Restrictions - Pricing and underwriting regulation by states limits the Companyâ€™s underwriting and rating practices and those of other health insurers, particularly for small employer groups, and varies by state. In general, these limitations apply to certain customer segments and limit the Companyâ€™s ability to set prices for new or renewing groups, or both, based on specific characteristics of the group or the groupâ€™s prior claim experience. In some 31states, these laws and regulations restrict the Companyâ€™s ability to price for the risk it assumes and/or reflect reasonable costs in the Companyâ€™s pricing.The ACA expanded the premium rate review process by, among other things, requiring the Companyâ€™s Commercial Insured rates to be reviewed for â€œreasonablenessâ€ at either the state or the federal level. HHS established a federal premium rate review process that generally applies to proposed premium rate increases equal to or exceeding a federally (or lower state) specified threshold. HHSâ€™s rate review process imposes additional public disclosure requirements as well as additional review on filings requesting premium rate increases equal to or exceeding this â€œreasonablenessâ€ threshold. These combined state and federal review requirements may prevent, further delay or otherwise affect the Companyâ€™s ability to price for the risk it assumes, which could adversely affect its MBRs and operating results, particularly during periods of increased utilization of medical services and/or medical cost trend or when such utilization and/or trend exceeds the Companyâ€™s projections.The ACA also specifies minimum MLRs of 85% for large group Commercial products and 80% for individual and small group Commercial products. Because the ACA minimum MLRs are structured as â€œfloorsâ€ for many of their requirements, states have the latitude to enact more stringent rules governing these restrictions. For Commercial products, states have and may adopt higher minimum MLR requirements, use more stringent definitions of â€œmedical loss ratio,â€ incorporate minimum MLR requirements into prospective premium rate filings, require

prior approval of premium rates or impose other requirements related to minimum MLR. Minimum MLR requirements and similar actions further limit the level of margin the Company can earn in its Insured Commercial products while leaving the Company exposed to medical costs that are higher than those reflected in its pricing. The Company also may be subject to significant fines, penalties, premium refunds and litigation if it fails to comply with minimum MLR laws and regulations. In addition, the Company requested increases in its premium rates in its Commercial Health Care Benefits business for 2025 and expects to request future increases in those rates in order to adequately price for projected medical cost trends, required expansions of coverage and rating limits, and significant assessments, fees and taxes imposed by the federal and state governments, including as a result of the ACA. The Companyâ€™s rates also must be adequate to reflect adverse selection in its products, particularly in small group Commercial products. These rate increases may be significant and thus heighten the risks of adverse publicity, adverse regulatory action and adverse selection and the likelihood that the Companyâ€™s requested premium rate increases will be denied, reduced or delayed, which could lead to operating margin compression.Many of the laws and regulations governing the Companyâ€™s pricing and underwriting practices also limit the differentials in premium rates insurers and other carriers may charge between new and renewal business, and/or between groups based on differing characteristics. They may also require that carriers disclose to customers the basis on which the carrier establishes new business and renewal premium rates and limit the ability of a carrier to terminate customersâ€™ coverage. Federal and State Reporting - The Company is subject to extensive financial and business reporting requirements, including penalties for inaccuracies and/or omissions, at both the federal and state level. The Companyâ€™s ability to comply with certain of these requirements depends on receipt of information from third parties that may not be readily available or reliably provided in all instances. The Company is and will continue to be required to modify its information systems, dedicate significant resources and incur significant expenses to comply with these requirements. However, the Company cannot eliminate the risks of unavailability of or errors in its reports.Product Design and Administration and Sales Practices - State and/or federal regulatory scrutiny of health care benefit product design and administration and marketing and advertising practices, including the filing of insurance policy forms, the adequacy of provider networks, the accuracy of provider directories, and the adequacy of disclosure regarding products and their administration, is increasing as are the penalties being imposed for inappropriate practices. Medicare, Medicaid and dual eligible products and products offering more limited benefits in particular continue to attract increased regulatory scrutiny.Guaranty Fund Assessments/Solvency Protection - Under guaranty fund laws existing in all states, insurers doing business in those states can be assessed (in most states up to prescribed limits) for certain obligations of insolvent insurance companies to policyholders and claimants. The life and health insurance guaranty associations in which the Company participates that operate under these laws respond to insolvencies of long-term care insurers as well as health insurers. The Companyâ€™s assessments generally are based on a formula relating to the Companyâ€™s health care premiums in the state compared to the premiums of other insurers. Certain states allow assessments to be recovered over time as offsets to premium taxes. Some states have similar laws relating to HMOs and/or other payors such as not-for-profit consumer governed health plans established under the ACA. While historically the Company has ultimately recovered more than half of guaranty fund assessments through statutorily permitted premium tax offsets, significant increases in assessments could lead to legislative and/or regulatory actions that limit future offsets.32Laws and Regulations Related to the Health Services SegmentIn addition to the laws and regulations discussed above that may affect multiple segments of the Companyâ€™s business, the Company is subject to federal, state and local statutes and regulations governing the operation of its Health Services segment specifically. Among these are the following:PBM Laws and Regulation - Legislation and/or regulations seeking to regulate PBM activities in a comprehensive manner have been proposed or enacted in a majority of states. This legislation could adversely affect the Companyâ€™s ability to conduct business on commercially reasonable terms in states where the legislation is in effect and the Companyâ€™s ability to standardize its PBM products and services across state lines. In addition, certain quasi-regulatory organizations, including the National Association of Boards of Pharmacy, the NAIC and the National Council of Insurance Legislators, have issued model regulations or may propose future regulations concerning PBMs and/or PBM activities. Similarly, credentialing organizations such as URAC have established voluntary standards regarding PBM, mail order pharmacy and/or specialty pharmacy activities. While the actions of these quasi-regulatory or standard-setting organizations do not have the force of law, they may influence states to adopt their requirements or recommendations and influence client requirements for PBM, mail order pharmacy and/or specialty pharmacy services. Moreover, any standards established by these organizations could also impact the Companyâ€™s health plan clients and/or the services provided to those clients and/or the Companyâ€™s health plans.The Companyâ€™s PBM activities also are regulated directly and indirectly at the federal and state levels, including being subject to the False Claims Act and state false claims acts and the AKS and state anti-kickback laws. These laws and regulations govern, and proposed legislation and regulations may govern and/or further restrict, critical PBM practices, including disclosure, receipt and retention of rebates and other payments received from pharmaceutical manufacturers; use of, administration of and/or changes to drug formularies, maximum allowable cost (â€œMACâ€) list pricing, average wholesale prices (â€œAWPâ€) and/or clinical programs; the offering to plan sponsors of pricing that includes retail network â€œdifferentialâ€ or â€œspreadâ€ (i.e., a difference between the drug price charged to the plan sponsor by a PBM and the price paid by the PBM to the dispensing provider); reconciliation to pricing guarantees; disclosure of data to third parties; drug UM practices; the level of duty a PBM owes its customers; configuration of pharmacy networks; the operations of the Companyâ€™s pharmacies (including audits of its pharmacies); disclosure of negotiated provider reimbursement rates; disclosure of fees associated with administrative service agreements and patient care programs that are attributable to membersâ€™ drug utilization; and registration or licensing of PBMs. Failure by the Company or one of its PBM services suppliers to comply with these laws or regulations could result in material fines and/or sanctions and could have a material adverse effect on the Companyâ€™s operating results and/or cash flows.The Companyâ€™s PBM service contracts, including those in which the Company assumes certain risks under performance guarantees or similar arrangements, are generally not subject to insurance regulation by the states. However, state departments of insurance are increasing their oversight of PBM activities due to legislation passing in nearly all states requiring PBMs to register or obtain a license with the department, authorizing agencies to conduct market conduct examinations and other audits of our licensed entities. In addition, rulemaking in a number of states expands the underlying statutory law particularly with respect to the scope of application to pharmacy appeals and reimbursement, transparency reporting, PBM compensation, network design, member cost sharing and pharmacy audits.Pharmacy Network Access Legislation - Medicare Part D and a majority of states now have some form of legislation affecting the Companyâ€™s (and its health plansâ€™ and its health plan clientsâ€™) ability to limit access to a pharmacy provider network or remove pharmacy network providers. For example, certain â€œany willing providerâ€ legislation may require the Company or its clients to admit a nonparticipating pharmacy if such pharmacy is willing and able to meet the planâ€™s price and other applicable terms and conditions for network participation. These laws could negatively affect the services and economic benefits achievable through a limited pharmacy provider network. Several states apply these laws to the administration of plans that are not typically subject to such laws, e.g. national and multi-state ERISA self-funded plans. Also, a majority of states have some form of legislation affecting the Companyâ€™s ability (and the Companyâ€™s and its client health plansâ€™ ability) to conduct audits of network pharmacies regarding claims submitted to the Company for payment. These laws could negatively affect the Companyâ€™s ability to recover overpayments of claims submitted by network pharmacies that the Company identifies through pharmacy audits. Finally, several states have passed legislation that limits the ability of PBMs and health insurers to provide special benefit structures for use with affiliated pharmacies, which could result in reduced savings to clients and consumers. Pharmacy Pricing Legislation - Multiple states have passed legislation regulating the Companyâ€™s ability to manage pricing practices, including mandated pharmacy reimbursement rates and the collection of transmission fees. A number of states have also established MACs for generic prescription drugs. MAC methodology is a common cost management practice used by 33private and public payors (including CMS) to pay pharmacies for dispensing generic prescription drugs. MAC prices specify the allowable reimbursement by a PBM for a particular strength and dosage of a generic drug that is available from multiple manufacturers but sold at different prices. State legislation can regulate the disclosure of MAC prices and MAC price methodologies, the kinds of drugs that a PBM can pay for at a MAC price, and the rights of pharmacies to appeal a MAC price established by a PBM. Some states now require the PBM to reimburse a pharmacyâ€™s actual acquisition cost. These laws could negatively affect the Companyâ€™s ability to establish MAC prices for generic drugs. Additionally, some states have passed legislation that would restrict certain types of retroactive reconciliation or recoupment from pharmacies in the network or create a reimbursement benchmark mandate, such as the national average drug acquisition cost and/or the wholesale acquisition cost (â€œWACâ€), plus a set dispensing fee, for pharmacies in the network. Formulary and Plan Design Regulation - A number of government entities regulate the administration of prescription drug benefits. HHS regulates how Medicare Part D formularies are developed and administered, including requiring the inclusion of all drugs in certain classes and categories, subject to limited exceptions. Under the ACA, CMS imposes drug coverage requirements for health plans required to cover essential health benefits, including plans offered through federal or state Public Exchanges. Additionally, the NAIC and health care accreditation agencies like NCQA and URAC have developed model acts and standards for formulary development that are often incorporated into government requirements. Many states regulate the scope of prescription drug coverage, as well as the delivery channels to receive prescriptions, for insurers, MCOs and Medicaid managed care plans. The increasing government regulation of formularies could significantly affect the Companyâ€™s ability to develop and administer formularies, pharmacy networks and other plan design features. Similarly, some states prohibit health plan sponsors from implementing certain restrictive pharmacy benefit plan design features. This regulation could limit or preclude (i) limited networks, (ii) a requirement to use particular providers, (iii) copayment differentials among providers and (iv) formulary tiering practices. Accountable Care Organization Regulation - An ACO is a network of health care providers and suppliers that work together to invest in infrastructure and redesign delivery processes to attempt to achieve high quality and efficient delivery of services. Promoting accountability and coordination of care, ACOs are an alternative payment model intended to produce savings as a result of improved quality and operational efficiency. The goals of an ACO are assessed using a set of quality measures and spending benchmarks. Medicare-approved ACOs that achieve performance standards established by HHS are eligible to share in a portion of the amounts saved by the Medicare program. There are several types of ACO programs, including the MSSP and ACO REACH models. The CMS Innovation Center can add models at their discretion that have overlap implications for MSSP and ACO REACH. Overlap policies may impact risks and opportunities within the MSSP and ACO REACH models, including but not limited to attribution methodologies, inclusion and exclusion, provider overlap permissions, and model attrition. Models may be updated at any time in ways that make the model less favorable to participants, and HHS has significant discretion to determine key elements of ACO programs. Certain waivers and exceptions are available from fraud and abuse laws for ACOs. Currently, ACO REACH is set to expire at the end of 2026. Corporate Practice of Medicine - The Company is subject to various state laws, regulations and legal and administrative decisions that restrict the corporate practice of medicine and fee splitting. The corporate practice of medicine doctrine generally prohibits corporate entities from practicing medicine or employing physicians (and, in some cases, other providers) to provide professional medical services. The doctrine reflects a variety of historical public policy concerns, including concerns that (a) allowing corporations to practice medicine or employ physicians will result in the commercialization of the practice of medicine, (b) a corporationâ€™s obligation to its shareholders may not align with a physicianâ€™s obligation to his/her patients and (c) employment of a physician by a corporation may interfere with the physicianâ€™s independent medical judgment. While many states have some form of the corporate practice of medicine doctrine, the scope and enforcement varies widely. In those states where the doctrine exists, it typically arises from the stateâ€™s medical practice act, but has been shaped over the years by state statutes, regulations, court decisions, attorney general opinions and actions by state medical licensing boards. In addition, some states may have corporate practice restrictions that apply to other providers, such as nurse practitioners and physician assistants.Historically, the medical profession has recognized an ethical prohibition against physicians (and often other providers) paying professional peers and others for referrals and fee splitting. Fee splitting generally occurs when a physician splits part of the professional fee earned from treating a referred patient with the source of the referral. Among the public policy harms that have been cited in support of fee splitting prohibitions are (a) unnecessary medical services, and (b) incompetent specialists. In response to these legitimate concerns, many states have adopted prohibitions against fee splitting. States have taken a variety of legislative approaches to fee splitting, from near complete bans, to bans with various exceptions, to no prohibition at all. Some of the prohibitions, have a broad reach and also prohibit otherwise legitimate business relationships with entities that are not health care providers, such as billing agencies or management companies.34Table of ContentsLegal structures have been developed to comply with various state corporate practice of medicine and fee splitting laws. The â€œcaptiveâ€ or â€œfriendlyâ€ professional corporation model allows a legal entity (typically a professional corporation or professional limited liability company) whose shareholders are all physicians to employ the physicians (and other providers). The physician entity then contracts with a corporate entity referred to as a management services organization (â€œMSOâ€) to provide various management services. The physician entity is kept â€œfriendlyâ€ through a stock transfer restriction agreement and/or other relationship between the MSO and the physician owners of the professional corporation. The fees under the management services arrangement must be carefully structured to comply with state fee splitting laws, which in some states may prohibit percentage-based fees.Retail Medical Clinics - States regulate retail medical clinics operated by nurse practitioners or physician assistants through physician oversight, clinic and lab licensure requirements and the prohibition of the corporate practice of medicine. A number of states have implemented or proposed laws or regulations that impact certain components of retail medical clinic operations such as physician oversight, signage, third party contracting requirements, bathroom facilities, and scope of services. These laws and regulations may affect the operation and expansion of the Companyâ€™s owned and managed retail medical clinics.Laws and Regulations Related to the Pharmacy & Consumer Wellness SegmentIn addition to the laws and regulations discussed above that may affect multiple segments of the Companyâ€™s business, the Company is subject to federal, state and local statutes and regulations governing the operation of its Pharmacy & Consumer Wellness segment specifically, including laws and regulations that limit the sale of alcohol, mandate a minimum wage, govern the practices of optometry or audiology, or impact the provision of dietician services and the sale of durable medical equipment, contact lenses, eyeglasses and hearing aids.Available InformationCVS Health Corporation was incorporated in Delaware in 1996. The corporate office is located at One CVS Drive, Woonsocket, Rhode Island 02895, telephone (401)Â 765-1500. CVS Health Corporationâ€™s common stock is listed on the New York Stock Exchange under the trading symbol â€œCVS.â€ General information about the Company is available through the Companyâ€™s website at http://www.cvshealth.com. The Companyâ€™s financial press releases and filings with the SEC are available free of charge within the Investors section of the Companyâ€™s website at http://investors.cvshealth.com. In addition, the SEC maintains an internet site that contains reports, proxy and information statements and other information regarding issuers, such as the Company, that file electronically with the SEC. The address of that website is http://www.sec.gov. The information on or linked to the Companyâ€™s website is neither a part of nor incorporated by reference in this 10-K or any of the Companyâ€™s other SEC filings. In accordance with guidance provided by the SEC regarding use by a company of its websites and social media channels as a means to disclose material information to investors and to comply with its disclosure obligations under SEC Regulation FD, CVS Health Corporation (the â€œRegistrantâ€) hereby notifies investors, the media and other interested parties that it intends to continue to use its media and investor relations website (http://investors.cvshealth.com/) to publish important information about the Registrant, including information that may be deemed material to investors. The list of social media channels that the Registrant uses may be updated on its media and investor relations website from time to time. The Registrant encourages investors, the media, and other interested parties to review the information the Registrant posts on its website and social media channels as described above, in addition to information announced by the Registrant through its SEC filings, press releases and public conference calls and webcasts.Item 1A. Risk Factors.You should carefully consider each of the following risks and uncertainties and all of the other information set forth in this 10-K. These risks and uncertainties and other factors may affect forward-looking statements, including those we make in this 10-K or elsewhere, such as in news releases or investor or analyst calls, meetings or presentations, on our websites or through our social media channels. The risks and uncertainties described below are not the only ones we face. There can be no assurance that we have identified all the risks that affect us. Additional risks and uncertainties not presently known to us or that we currently believe to be immaterial also may adversely affect our businesses. Any of these risks or uncertainties could cause our actual results to differ materially from our expectations and the expected results discussed in our forward-looking statements. You should not consider past results to be an indication of future performance.If any of the following risks or uncertainties develops into actual events or if the circumstances described in the risks or uncertainties occur or continue to occur, those events or circumstances could have a material adverse effect on our businesses, 35operating results, cash flows, financial condition and/or stock price, among other effects on us. You should read the following section in conjunction with the MD&A, included in Item 7 of this 10-K, our consolidated financial statements and the related notes, included in Item 8 of this 10-K, and our â€œCautionary Statement Concerning Forward-Looking Statementsâ€ in this 10-K.SummaryThe following is a summary of the principal risks we face that could negatively impact our businesses, operating results, cash flows and/or financial condition: Risks Relating to Our Businessesâ€¢We may not be able to accurately forecast health

care and other benefit costs.â€¢Adverse economic conditions in the U.S. and abroad can materially and adversely impact our businesses, operating results, cash flows and financial condition.â€¢Each of our segments operates in a highly competitive and evolving business environment.â€¢A change in our Health Care Benefits product mix may adversely affect our profit margins.â€¢Our health care delivery businesses face unique risksâ€¢We can provide no assurance that we will be able to compete successfully and profitably on Public Exchanges.â€¢Negative public perception of the industries in which we operate can adversely affect our businesses, operating results, cash flows and prospects.â€¢We must maintain and improve our relationships with our retail and specialty pharmacy customers and increase the demand for our products and services.â€¢We face risks relating to the availability, pricing and safety profiles of prescription drugs that we purchase and sell.â€¢The reserves we hold for expected claims in our Insured Health Care Benefits products are based on estimates that involve an extensive degree of judgment and are inherently variable, and any reserve, including a premium deficiency reserve, may be insufficient.â€¢We are exposed to risks relating to the solvency of other insurers.Risks From Changes in Public Policy and Other Legal and Regulatory Risksâ€¢We are subject to potential changes in public policy, laws and regulations, including reform of the U.S. health care system and entitlement programs.â€¢If we fail to comply with applicable laws and regulations, or fail to change our operations in line with any new legal or regulatory requirements, we could be subject to significant adverse regulatory actions.â€¢If our compliance or other systems and processes fail or are deemed inadequate, we may suffer brand and reputational harm and become subject to contractual damages, regulatory actions and/or litigation.â€¢We routinely are subject to litigation and other adverse legal proceedings, including class actions and qui tam actions. Many of these proceedings seek substantial damages which may not be covered by insurance.â€¢We frequently are subject to regular and special governmental audits, investigations and reviews that could result in changes to our business practices and also could result in material refunds, fines, penalties, civil liabilities, criminal liabilities and other sanctions.â€¢Our risk profile is changing as we offer new products and services and expand in business areas beyond our historical businesses, and we may face increased regulatory risks related to our vertical integration strategy.â€¢We face unique regulatory and other challenges in our PBM, Public Exchange, Medicare and Medicaid businesses.â€¢Programs funded in whole or in part by the U.S. federal government account for a significant portion of our revenues.â€¢We may not be able to obtain adequate premium rate increases in our Insured Health Care Benefits products, MBRs and operating results, which could magnify the adverse impact of increases in health care and other benefit costs and of ACA assessments, fees and taxes.â€¢Minimum MLR rebate requirements limit the level of margin we can earn in our Insured Health Care Benefits products while leaving us exposed to higher than expected medical costs. Challenges to our minimum MLR rebate methodology and/or reports could adversely affect our operating results.â€¢Our operating results may be adversely affected by changes in laws and policies governing employers and by union organizing activity.36Risks Associated with Mergers, Acquisitions, and Divestitures â€¢We may be unable to successfully integrate companies we acquire.â€¢We may pursue acquisitions, joint ventures, strategic alliances and other inorganic growth opportunities, as well as strategic divestitures, which may be unsuccessful, cause us to assume unanticipated liabilities, disrupt our existing businesses, be dilutive or lead us to assume significant debt, among other things.Risks Related to Our Operationsâ€¢Failure to meet customer and investor expectations, including with respect to corporate responsibility and sustainability goals, may harm our brand and reputation, our ability to retain and grow our customer base and membership.â€¢A cyberattack or other information security incident could significantly disrupt our operations.â€¢Data governance failures or the failure or disruption of our information technology or infrastructure can adversely affect our reputation, businesses and prospects. Our use and disclosure of membersâ€™, customersâ€™ and other constituentsâ€™ personal information is subject to complex regulations.â€¢Pursuing multiple information technology improvement initiatives simultaneously could make continued development and implementation significantly more challenging.â€¢Product liability, product recall, professional liability or personal injury issues could damage our reputation.â€¢We face significant competition in attracting and retaining talented employees. Further, managing succession for, and retention of, key executives is critical to our success.â€¢Sales of our products and services are dependent on our ability to attract and motivate internal sales personnel and independent third-party brokers, consultants and agents. We may be subject to penalties or other regulatory actions as a result of the marketing practices of brokers and agents selling our products.â€¢Failure of our businesses to effectively collaborate could prevent us from maximizing our operating results.â€¢We are subject to payment-related risks that could increase our operating costs, expose us to fraud or theft, subject us to potential liability and disrupt our business operations.â€¢Both our and our vendorsâ€™ operations are subject to a variety of business continuity hazards and risks that could interrupt our operations or otherwise adversely affect our performance and operating results.Financial Risksâ€¢We would be adversely affected by downgrades or potential downgrades in our credit ratings, should they occur, or if we do not effectively deploy our capital.â€¢Goodwill and other intangible assets could, in the future, become impaired.â€¢Adverse conditions in the U.S. and global capital markets can significantly and adversely affect the value of our investments in debt and equity securities, mortgage loans, alternative instruments and other investments.Risks Related to Our Relationships with Manufacturers, Providers, Suppliers and Vendorsâ€¢We face risks relating to the market availability, pricing, suppliers and safety profiles of prescription drugs and other products that we purchase and sell.â€¢We need to be able to maintain our ability to contract with providers on competitive terms and develop and maintain attractive networks with high quality providers.â€¢If our suppliers or service providers fail to meet their contractual obligations to us or to comply with applicable laws or regulations, we may be exposed to brand and reputational harm, litigation and/or regulatory action.â€¢We may experience increased medical and other benefit costs, litigation risk and customer and member dissatisfaction when providers that do not have contracts with us render services to our Health Care Benefits members.â€¢Continuing consolidation and integration among providers and other suppliers may increase our costs and increase competition.37Risks Relating to Our BusinessesWe may not be able to accurately forecast health care and other benefit costs, including as a result of pandemics or disease outbreaks, which could adversely affect our Health Care Benefits segmentâ€™s operating results. There can be no assurance that future health care and other benefits costs will not exceed our projections.Premiums for our Insured Health Care Benefits products, which comprised 94% of our Health Care Benefits segment revenues for 2024, are priced in advance based on our forecasts of health care and other benefit costs during a fixed premium period, which is generally twelve months. These forecasts are typically developed several months before the fixed premium period begins, are influenced by historical data (and recent historical data in particular), are dependent on our ability to anticipate and detect medical cost trends and changes in our membersâ€™ behavior and health care utilization patterns and medical claim submission patterns and require a significant degree of judgment. For example, our revenue on Individual Medicare policies is based on bids submitted in June of the year before the contract year. Cost increases in excess of our projections cannot be recovered in the fixed premium period through higher premiums. As a result, our profits are particularly sensitive to the accuracy of our forecasts of the increases in health care and other benefit costs that we expect to incur and our ability to anticipate and detect medical cost trends. During periods when health care and other benefit costs, utilization and/or medical costs trends experience significant volatility and medical claim submission patterns are changing rapidly, as they did during the COVID-19 pandemic, accurately detecting, forecasting, managing, reserving and pricing for our (and our self-insured customersâ€™) medical cost trends and incurred and future health care and other benefits costs is more challenging. There can be no assurance regarding the accuracy of the health care or other benefit cost projections reflected in our pricing, and whether our health care and other benefit costs will be affected by pandemics, disease outbreaks and other external events over which we have no control. Even relatively small differences between predicted and actual health care and other benefit costs as a percentage of premium revenues can result in significant adverse changes in our Health Care Benefits segmentâ€™s operating results.While the public health emergency related to COVID-19 expired in May 2023, COVID-19 still exists and it may, like many other respiratory viruses, wax and wane depending on geography and seasonality. The future impact COVID-19 will have on the Company and its ability to accurately forecast health care and other benefit costs is uncertain, and will depend on geographies impacted, whether new variants emerge and their severity, the availability and costs of testing, vaccination and treatment, and legal and regulatory actions. COVID-19 may also impact provider behavior, utilization trends, membership, and overall economic conditions. These impacts could be adverse and material.A number of factors contribute to rising health care and other benefit costs, including previously uninsured members entering the health care system; Medicare membersâ€™ utilization of supplemental benefits; other changes in membersâ€™ behavior, health care utilization patterns and utilization management; turnover in our membership, health care provider and member fraud; additional government mandated benefits or other regulatory changes, including changes to or as a result of the ACA and IRA; changes in the health status of our members; the aging of the population and other changing demographic characteristics; advances in medical technology; increases in the number and cost of prescription drugs (including specialty pharmacy drugs and ultra-high cost drugs and therapies); direct-to-consumer marketing by drug manufacturers; the increasing influence of social media on our membersâ€™ health care utilization and other behaviors; the shift to a consumer-driven business model; changes in health care practices and general economic conditions (such as inflation and employment levels); increases in labor costs; pandemics, epidemics or disease outbreaks; influenza-related health care costs (which may be substantial and higher than we expected); clusters of high-cost cases; natural disasters and extreme weather events (which may increase in frequency or intensity as a result of climate change); and numerous other factors that are or may be beyond our control. For example, the length and severity of the influenza season can have an impact on health care and other benefit costs. In 2022-2023 influenza season had an earlier than average start, including as compared to the 2023-2024 influenza season; the 2020-2021 influenza season was impacted by efforts taken to reduce the spread of COVID-19; and the 2019-2020 influenza season maintained a high level of severity for a longer period of time than average. In addition, government-imposed limitations on Medicare and Medicaid reimbursements to health plans and providers have caused the private sector to bear a greater share of increasing health care and other benefits costs over time, and future amendments to the ACA that increase the uninsured population may amplify this issue. Our Health Care Benefits segmentâ€™s operating results and competitiveness depend in large part on our ability to appropriately manage future health care and other benefit costs through underwriting criteria, product design, provider network configuration, negotiation of favorable provider contracts and medical management programs. Our medical cost management programs may not be successful and may have a smaller impact on health care and benefit costs than we expect. The factors described above may adversely affect our ability to predict and manage health care and other benefit costs, which can adversely affect our competitiveness and operating results.38Furthermore, if we are not able to accurately and promptly anticipate and detect medical cost trends or accurately estimate the cost of incurred but not yet reported claims or reported claims that have not been paid, our ability to take timely corrective actions to limit future health care costs and reflect our current benefit cost experience in our pricing process may be limited, which would further amplify the extent of any adverse impact on our operating results. These risks are particularly acute during periods when health care and other benefit costs, utilization and/or medical cost trends experience significant volatility and medical claim submission patterns are changing rapidly, as they did during the COVID-19 pandemic. Such risks are further magnified by the ACA and other existing and future legislation and regulations that limit our ability to price for our projected and/or experienced increases in utilization and/or medical cost trends.Adverse economic conditions in the U.S. and abroad can materially and adversely impact our businesses, operating results, cash flows and financial condition.Adverse economic conditions in the U.S. and abroad, including those caused by inflation, high interest rates, declines in consumer confidence, increases in unemployment and supply chain disruptions, all of which we have experienced over the last number of years, can materially and adversely impact our businesses, operating results, cash flows and financial condition, including:â€¢In our Health Care Benefits segment, by causing unanticipated increases and volatility in utilization of covered services, increases in fraudulent claims and disputes, changes in medical claim submission patterns and/or increases in medical unit costs and/or provider behavior as hospitals and other providers attempt to maintain revenue levels in response to economic conditions, each of which would increase our costs and limit our ability to accurately detect, forecast, manage, reserve and price for our (and our self-insured customersâ€™) medical cost trends and incurred and future health care and other benefits costs; causing customers and potential customers of our Health Care Benefits segment, particularly smaller employers and individuals, to forego obtaining or renewing their health and other coverage with us; and also affect our ability to profitably grow and diversify our Health Care Benefits membership. â€¢In our Health Services segment, by causing drug utilization to decline, reducing demand for PBM services and adversely affecting the financial health of our PBM clients.â€¢In our Pharmacy & Consumer Wellness segment, by causing drug utilization to decline, changing consumer purchasing power, preferences and/or spending patterns leading to reduced consumer demand for products sold in our stores, potentially increasing levels of theft at our retail locations and adversely affecting the financial health of our LTC pharmacy customers.â€¢By causing our existing customers to reduce workforces (including due to business failures), which would reduce our revenues, the number of covered lives in our PBM clients and/or the number of members our Health Care Benefits segment serves. Reductions in workforce by our customers can also cause unanticipated increases in the health care and other benefits costs of our Health Care Benefits segment. For example, our business associated with members who have elected to receive benefits under Consolidated Omnibus Budget Reconciliation Act (known as â€œCOBRAâ€) typically has an MBR that is significantly higher than our overall Commercial MBR.â€¢By affecting the ability of our customers to obtain adequate financing, which could result in an inability of our customers to pay timely, or at all, the amounts owed to us. â€¢By causing both state and federal government payers, as a result of budget deficits or spending reductions, to suspend or seek to reduce their health care expenditures resulting in our customers delaying payments to us or renegotiating their contracts with us.â€¢By causing our clients and customers and potential clients and customers, particularly those with the most employees or members, and state and local governments, to force us to compete more vigorously on factors such as price and service, including service, discount and other performance guarantees, to retain or obtain their business.â€¢By causing members and other consumers to decide to postpone, or not to seek, medical treatment which may lead them to incur more expensive medical treatment in the future and/or decrease our prescription volumes. â€¢By causing an increasing in the prevalence of high deductible health plans and health plan designs favoring co-insurance over co-payments.â€¢By weakening the ability or perceived ability of the issuers and/or guarantors of the debt or other securities we hold in our investment portfolio to perform on their obligations to us, which could result in defaults in those securities and has reduced, and may further reduce, the value of those securities and has created, and may continue to create, net realized capital losses for us that reduce our operating results.â€¢By causing customers, including self-insured customers in our Health Care Benefits segment, medical members, medical providers and the other companies to be unable to perform their obligations to us which could reduce our operating results.39â€¢By affecting our ability to obtain necessary financing on acceptable terms, our ability to secure suitable store locations under acceptable terms and our ability to execute sale-leaseback transactions under acceptable terms.â€¢By weakening the ability of our former subsidiaries and/or their purchasers to satisfy their lease obligations that we have guaranteed and causing the Company to be required to satisfy those obligations.â€¢By weakening the financial condition of other insurers, including long-term care insurers and life insurers, which increases the risk that we will receive significant assessments for obligations of insolvent insurers to policyholders and claimants.â€¢By continuing to cause inflation that could cause interest rates to further increase and thereby further increase our interest expense and reduce our operating results, as well as further decrease the value of the debt securities we hold in our investment portfolio, which would further reduce our operating results and/or adversely affect our financial condition.Each of our segments operates in a highly competitive and evolving business environment; and operating income in the industries in which we compete may decline.Each of our segments, Health Care Benefits, Health Services, which includes our PBM business, and Pharmacy & Consumer Wellness, operates in a highly competitive and evolving business environment. Specifically:â€¢As competition increases in the geographies in which we operate, including competition from new entrants, a significant increase in price compression and/or reimbursement pressures could occur, and this could require us to reevaluate our pricing structures to remain competitive.â€¢In our Health Care Benefits segment, we must often bid against our competitors in a highly competitive environment to acquire and retain our government customersâ€™ business. Winning bids for Medicaid and dual eligible programs often are challenged successfully by unsuccessful bidders, and may also be withdrawn or cancelled by the issuing agency. CMS has proposed requiring that health plans offering certain dual eligible programs must also offer Medicaid programs, which has resulted in the Company refraining from bidding in certain jurisdictions and could further impact the Companyâ€™s ability to obtain or retain membership in its dual eligible programs.â€¢In our Health Care Benefits segment, our customers have considerable flexibility in moving between us and our competitors. We may lose members to competitors with more favorable pricing, or our customers may purchase different types of products from us that are less profitable, adversely affecting our revenues and operating results. In addition, our Medicare, Medicare Advantage, Medicaid and CHIP products may be subject to termination without cause, periodic re-bid, rate adjustment and program redesign, as customers seek to contain their benefit costs, particularly in an uncertain economy. These actions may adversely affect our membership, revenues and operating results. â€¢We requested increases in our premium rates in our Commercial Health Care Benefits business for 2025 and expect to request future increases in those rates in order to adequately price for projected medical cost trends, required expansions of coverage and rating limits, and significant assessments, fees and taxes imposed by federal and state governments, including as a result of the ACA. Our rates also must be adequate to reflect the risk that our products will be selected by people with a higher risk profile or utilization rate than the pool of participants we anticipated when we established pricing for

the applicable products (also known as â€œadverse selectionâ€), particularly in small group Commercial products. These rate increases may be significant and thus heighten the risks of adverse publicity, adverse regulatory action and adverse selection and the likelihood that our requested premium rate increases will be denied, reduced or delayed, which could lead to operating margin compression.â€¢The competitive success of our Health Services segment is dependent on our ability to establish and maintain contractual relationships with network pharmacies. â€¢The competitive success of our Pharmacy & Consumer Wellness segment and our specialty pharmacy operations is dependent on our ability to establish and maintain contractual relationships with PBMs and other payors on acceptable terms as the payorsâ€™ clients evaluate adopting narrow or restricted retail pharmacy networks. â€¢In our PBM business, we maintain contractual relationships with brand name drug manufacturers that provide for purchase discounts and/or rebates on drugs dispensed by pharmacies in our retail network and by our specialty and mail order pharmacies (all or a portion of which may be passed on to clients). Manufacturerâ€™s rebates often depend on a PBMâ€™s ability to meet contractual requirements, including the placement of a manufacturerâ€™s products on the PBMâ€™s formularies. If we lose our relationship with one or more drug manufacturers, or if the discounts or rebates provided by drug manufacturers decline, our operating results, cash flows and/or prospects could be adversely affected. â€¢If laws or regulations are promulgated that limit the number of PBMs available in a particular business or geography, competition in those businesses and geographies could be amplified and could adversely affect our revenues and operating results.40â€¢The PBM industry has been experiencing price compression as a result of competitive pressures and increased client demands for lower prices; increased revenue sharing, including sharing in a larger portion of payments, including rebates and fees, to PBMs and group purchasing organizations received from drug manufacturers; enhanced service offerings and/or higher service levels. Marketplace dynamics and regulatory changes also have adversely affected our ability to offer plan sponsors pricing that includes the use of retail â€œdifferentialâ€ or â€œspread,â€ which could adversely affect our future profitability, and we expect these trends to continue.â€¢Our retail pharmacy, specialty pharmacy and LTC pharmacy operations have been affected by reimbursement pressure caused by competition, including client demands for lower prices, generic drug pricing, earlier than expected generic drug introductions and network reimbursement pressure. If we are unable to increase our prices to reflect, or otherwise mitigate the impact of, increasing costs, our profitability will be adversely affected. If we are unable to limit our price increases, we may lose customers to competitors with more favorable pricing, adversely affecting our revenues and operating results.â€¢A shift in the mix of our pharmacy prescription volume towards programs offering lower reimbursement rates as a result of competition or otherwise could adversely affect our margins, including the ongoing shift in pharmacy mix towards 90-day prescriptions at retail and the ongoing shift in pharmacy mix towards Medicare Part D prescriptions.â€¢PBM client contracts often are for a period of approximately three years. However, PBM clients may require early or periodic re-negotiation of pricing prior to contract expiration. PBM clients are generally well informed, can move between us and our competitors and often seek competing bids prior to expiration of their contracts. We are therefore under pressure to contain price increases despite being faced with increasing drug costs and increasing operating costs. If we are unable to increase our prices to reflect, or otherwise mitigate the impact of, increasing costs, our profitability will be adversely affected. If we are unable to limit our price increases, we may lose customers to competitors with more favorable pricing, adversely affecting our revenues and operating results.â€¢The operating results and margins of our LTC business are further affected by the increased efforts of health care payors to negotiate reduced or capitated pricing arrangements and by the financial health of, and purchases and sales of, our LTC customers.In addition, competitors in each of our businesses may offer services and pricing terms that we may not be willing or able to offer. Competition also may come from new entrants and other sources in the future. Unless we can demonstrate enhanced value to our clients through innovative product and service offerings in the rapidly changing health care industry, we may be unable to remain competitive.Disruptive innovation by existing or new competitors has altered, and is expected to continue to alter, the competitive landscape in the future and require us to accurately identify and assess such alterations and make timely and effective changes to our strategies and business model to compete effectively. For example, decisions to buy our Health Care Benefits and Health Services products and services increasingly are made or influenced by consumers, either through direct purchasing (e.g., Medicare Advantage plans and PDPs) or through Public Exchanges and private health insurance exchanges that allow individual choice. Consumers also are increasingly seeking to access consumer goods and health care products and services locally and through other direct channels such as mobile devices and websites. To compete effectively in the consumer-driven marketplace, we will be required to develop or acquire new capabilities, attract new talent and develop new service and distribution relationships that respond to consumer needs and preferences.Changes in marketplace dynamics or the actions of competitors or manufacturers, including industry consolidation, the emergence of new competitors and strategic alliances, and decisions to exclude us from new narrow or restricted retail pharmacy networks could materially and adversely affect our businesses, operating results, cash flows and/or prospects. Our Health Care Delivery Businesses Face Unique Risks.Our health care delivery businesses, which we expanded with acquisitions to include health risk assessments, value-based care and provider enablement services through our Signify Health business, and additional senior-focused value-based primary care services for Medicare eligible patients through our Oak Street Health business, face unique risks.Our Signify Health business faces risks which include, but are not limited to, the following:â€¢ability to recruit, retain and grow its network of credentialed, high-quality physicians, physician assistants and nurse practitioners to provide clinical services in highly competitive markets for talentÍ¾â€¢successful challenges to Signify Healthâ€™s treatment of health care providers as independent contractors, which could result in increased costs and subject the business to regulatory sanction;41â€¢dependence on a concentrated number of key health plan customers;â€¢the quality of the information received about plan members of such health plans for whom Signify Health will seek to provide in-home evaluations and other services, and the regulatory restrictions and requirements associated with directly contacting plan members;â€¢ability to perform and ensure the quality of health risk assessments;â€¢ability to achieve and receive shared health care cost savings;â€¢the regulatory and business risks associated with participation in certain government health care programs, including, among others, the MSSP and ACO REACH models, and identification of diagnosis codes related to risk adjustment payments under Part C of the Medicare program;â€¢health reform initiatives and changes in the rules governing government health care programs, including rules related to the use of in-home health risk assessments for the purpose of capturing individual risk use to calculate an individualâ€™s risk adjustment factor or a change to how patient-level risk is determined for CMS programs;â€¢participation in CMS Innovation Center models, such as ACO REACH, which are subject to changes annually, generally in ways meant to reduce available payments to participants, including benchmarks that can be changed after the end of the performance year, and which has an end date without a plan for ongoing participation in a model by those participating;â€¢impacts of fraud or anomalous billing on shared savings in CMS Innovation Center models;â€¢use of â€œopen sourceâ€ software in its technology, which may make it easier for others to gain access or compromise its proprietary technology;â€¢success in large, national ACOs is dependent on the collective efforts and compliance of a wide range of participating clients, and for those clients to be able to meet new and changing requirements such as changes to interoperability and reporting requirements; andâ€¢challenges in rural and post-acute reimbursement due to their significant dependence on fee-for-service revenue.Our Oak Street Health business is subject to additional risks including, but not limited to, the following:â€¢ability to attract new Medicare-eligible patients and credentialed, high-quality physicians and other providers for senior-focused primary care in a highly competitive market for such patients and providersÍ¾â€¢satisfying the enrollment requirements under government health care programs for physicians and other providers in a timely manner;â€¢dependence on a significant portion of revenue from Medicare or Medicare Advantage plans, which subjects Oak Street Health to reductions in Medicare reimbursement rates or changes in the rules governing the Medicare program;â€¢dependence for a significant portion of revenue from agreements with a limited number of key payors with whom Oak Street Health contracts to provide services under terms that may permit a payor to amend the compensation arrangements or terminate the agreements without cause;â€¢dependence on reimbursements from third-party payors, which can result in substantial delay, and on patients, through copayments and deductibles, which subjects Oak Street Health to additional reimbursement risk;â€¢under the fixed fee (or capitated) agreements Oak Street Health enters into with health plans, the assumption of the risk that the actual cost of a service it provides to a patient exceeds the reimbursement provided by the health plan;â€¢reductions in the quality ratings of Medicare health plans Oak Street Health serves could result in a shift of patients from, or the termination of, a health plan Oak Street Health serves;â€¢submission of inaccurate, incomplete or erroneous data, including risk adjustment data, to health plans and government payors could result in inaccuracies in the revenue Oak Street Health records or receipt of overpayments, which may subject it to repayment obligations and penalties;â€¢geographic concentration of its primary care centers;â€¢risks associated with its existing legal proceedings and litigations;â€¢laws regulating the corporate practice of medicine and the associated agreements entered into with physician practice groups restrict the manner in which the Oak Street Health business is able to direct the operations and otherwise exercise control of its physician practice groupsâ€¢participation in CMS Innovation Center models, such as ACO REACH, which are subject to changes annually, generally in ways meant to reduce available payments to participants, including benchmarks that can be changed after the end of the performance year, and which has an end date without a plan for ongoing participation in a model by those participating;42â€¢changes in the legal treatment of its contractual arrangements with its physician practice groups could impact the ability to consolidate the revenue of these groups; andâ€¢ability to maintain and enhance its reputation and brand recognition.The additional risks faced by our health care delivery businesses may also compound, or be heightened by, many of our other risks, including the risks related to adverse economic conditions in the U.S. and abroad, cybersecurity, and compliance with applicable laws and regulations, among others.We can provide no assurance that we will be able to compete successfully on Public Exchanges or that our pricing or other actions will result in the profitability of our Public Exchange products.To compete effectively on Public Exchanges, we have developed or acquired the technology, systems, tools and talent necessary to interact with Public Exchanges and engage Public Exchange consumers through enhanced consumer-focused sales, marketing channels and customer interfaces. We are also creating new customer service programs and product offerings. To participate on the Public Exchanges, we have to respond to pricing and other actions taken by existing competitors and regulators as well as potentially disruptive new entrants, which could reduce our profit margins. Due to the price transparency provided by Public Exchanges, when we market products we face competitive pressures from existing and new competitors who may have lower cost structures. Our competitors may bring their Public Exchange and other consumer products to market more quickly, have greater experience marketing to consumers and/or may be targeting the higher margin portions of our business. We can provide no assurance that we will be able to compete successfully or profitably on Public Exchanges or that we will be able to benefit from any opportunities presented by Public Exchanges.In addition, there can be no assurance that our pricing or other actions will result in the profitability of our Public Exchange products in 2025 or any future year. We have set 2025 premium rates for our Public Exchange products based on our projections, including as to the health status and quantity of membership and utilization of medical and/or other covered services by members. The accuracy of the projections reflected in our pricing may be impacted by (i) adverse selection among individuals who require or utilize more expensive medical and/or other covered services, (ii) other plansâ€™ withdrawals from participation in the Public Exchanges we serve, (iii) a rapid increase or decline in membership, and (iv) legislation, regulations, enforcement activity and/or judicial decisions that cause Public Exchanges to operate in a manner different than what we projected in setting our premium rates, including the potential expiration of premium subsidies and enhanced premium tax credits. A change in our Health Care Benefits product mix may adversely affect our profit margins.Our Insured Health Care Benefits products that involve greater potential risk generally tend to be more profitable than our ASC products, but ASC products continue to rise in popularity. We also serve, and expect to grow our business with, government-sponsored programs, including Medicare and Medicaid, that are subject to competitive bids and have lower profit margins than our Commercial Insured Health Care Benefits products. A continuing shift of enrollees from more profitable products to less profitable products could have a material adverse effect on the Health Care Benefits segmentâ€™s operating results.Negative public perception of the industries in which we operate, or of our industriesâ€™ or our practices, can adversely affect our businesses, operating results, cash flows and prospects.Our brand and reputation are two of our most important assets, and the industries in which we operate have been and are negatively perceived by the public from time to time. Negative publicity may come as a result of adverse media coverage, litigation against us and other industry participants, the ongoing public debates over drug pricing, PBMs, government involvement in drug pricing and purchasing, changes to the ACA, governmental hearings and/or investigations, actual or perceived shortfalls regarding our industriesâ€™ or our own products, including Medicare Advantage plans in general, and/or business practices (including PBM operations, drug pricing and insurance coverage determinations) and social media and other media relations activities. Negative publicity also may come from a failure to meet customer expectations for consistent, high quality and accessible care. This risk may increase as we continue to offer products and services that make greater use of data and as our business model becomes more focused on delivering health care to consumers. Negative public perception and/or publicity of our industries in general, or of us or our key vendors, brokers or product distribution networks in particular, can further increase our costs of doing business and adversely affect our operating results and our stock price by:â€¢adversely affecting our brand and reputation;43â€¢adversely affecting our ability to market and sell our products and/or services and/or retain our existing customers and members;â€¢requiring us to change our products and/or services; â€¢reducing or restricting the revenue we can receive for our products and/or services; and/orâ€¢increasing or significantly changing the regulatory and legislative requirements with which we must comply.We must maintain and improve our relationships with our retail and specialty pharmacy customers and increase the demand for our products and services, including proprietary brands.The success of our businesses depends in part on customer loyalty, superior customer service and our ability to persuade customers to frequent our retail stores and online sites and to purchase products in additional categories and our proprietary brands. Failure to timely identify or effectively respond to changing consumer preferences, spending patterns and evolving demographic mixes in the communities we serve, including shifts toward online shopping, or failure to maintain desirable selections of merchandise, store environments or guests experiences could adversely affect our relationship with our customers and clients and the demand for our products and services and could result in excess inventories of products.We offer our retail customers proprietary brand products that are available exclusively at our retail stores and through our online retail sites. The sale of proprietary products subjects us to unique risks including potential product liability risks, mandatory or voluntary product recalls, potential supply chain and distribution chain disruptions for raw materials and finished products, our ability to successfully protect our intellectual property rights and the rights of applicable third parties, and other risks generally encountered by entities that source, market and sell private-label products. We also face similar risks for the other products we sell in our retail operations, including supply chain and distribution chain disruption risk. Any failure to adequately address some or all of these risks could have an adverse effect on our retail business, operating results, cash flows and/or financial condition. Additionally, an increase in the sales of our proprietary brands may adversely affect our sales of products owned by our suppliers and adversely impact certain of our supplier relationships. Our ability to locate qualified, economically stable suppliers who satisfy our requirements, and to acquire sufficient products in a timely and effective manner, is critical to ensuring, among other things, that customer confidence is not diminished. Any failure to develop sourcing relationships with a broad and deep supplier base could adversely affect our operating results and erode customer loyalty.We also could be adversely affected if we fail to identify or effectively respond to changes in marketplace dynamics. For example, specialty pharmacy represents a significant and growing proportion of prescription drug spending in the U.S., a significant portion of which is dispensed outside of traditional retail pharmacies. Because our specialty pharmacy business focuses on complex and high-cost medications, many of which are made available by manufacturers to a limited number of pharmacies (so-called limited distribution drugs) that serve a relatively limited universe of patients, the future growth of our specialty pharmacy business depends largely upon expanding our access to key drugs and penetration in certain treatment categories. Any contraction of our base of patients or reduction in demand for the prescriptions we currently dispense could have an adverse effect on our specialty pharmacy business, operating results and cash flows.We face risks relating to the availability, pricing and safety profiles of prescription drugs that we purchase and sell.The profitability of our Pharmacy & Consumer Wellness and Health Services segments is dependent upon the utilization of prescription drug products. We dispense significant volumes of brand name and generic drugs from our retail, LTC, specialty and mail order pharmacies, and the retail pharmacies in our PBMâ€™s network also dispense significant volumes of brand name and generic drugs. Our revenues, operating results and cash flows may decline if physicians cease writing prescriptions for drugs or the utilization of drugs is reduced, including due to:â€¢increased safety risk profiles or regulatory restrictions;â€¢manufacturing or other supply issues;â€¢a reduction in drug manufacturersâ€™ participation in federal programs;â€¢certain products being withdrawn by their manufacturers or transitioned to over-the-counter products; â€¢future FDA rulings restricting the supply or increasing the cost of products;â€¢the introduction of new and successful prescription drugs or lower-priced generic alternatives to existing brand name products; or â€¢inflation in the price of drugs. 44In addition, increased utilization of generic drugs (which normally yield a higher gross profit rate than equivalent brand name drugs) has resulted in pressure to decrease reimbursement payments to retail, mail order, specialty and LTC pharmacies for generic drugs, causing a reduction in our margins on sales of generic drugs. Consolidation within the generic drug manufacturing industry and other external factors may enhance the ability of manufacturers to sustain or increase pricing of generic drugs and diminish

our ability to negotiate reduced generic drug acquisition costs. Any inability to offset increased brand name or generic prescription drug acquisition costs or to modify our activities to lessen the financial impact of such increased costs could have a significant adverse effect on our operating results.The reserves we hold for expected claims in our Insured Health Care Benefits products are based on estimates that involve an extensive degree of judgment and are inherently variable. Any reserve, including a premium deficiency reserve, may be insufficient. If actual claims exceed our estimates, our operating results could be materially adversely affected, and our ability to take timely corrective actions to limit future costs may be limited.A large portion of health care claims are not submitted to us until after the end of the quarter in which services are rendered by providers to our members. Our reported health care costs payable for any particular period reflect our estimates of the ultimate cost of such claims as well as claims that have been reported to us but not yet paid. We also must estimate the amount of rebates payable under the MLR rules of the ACA, CMS and the OPM and the amounts payable by us to, and receivable by us from, the U.S. federal government under the ACAâ€™s remaining premium stabilization program.Our estimates of health care costs payable are based on a number of factors, including those derived from historical claim experience, but this estimation process also makes use of extensive judgment. Considerable variability is inherent in such estimates, and the accuracy of the estimates is highly sensitive to changes in medical claims submission and processing patterns and/or procedures, turnover and other changes in membership, changes in product mix, changes in the utilization of medical and/or other covered services, including prescription drugs, changes in medical cost trends, changes in our medical management practices and the introduction of new benefits and products. We estimate health care costs payable periodically, and any resulting adjustments, including premium deficiency reserves, are reflected in current-period operating results within health care costs. For example, during the third quarter of 2024, we recorded premium deficiency reserves of approximately $1.1 billion related to our Medicare, individual exchange and Medicaid product lines within the Health Care Benefits segment, primarily related to anticipated losses for the 2024 coverage year. The Company did not have any premium deficiency reserves as of DecemberÂ 31, 2024. The Company did not establish any premium deficiency reserves during 2023 or 2022. A worsening (or improvement) of health care cost trend rates or changes in claim payment patterns from those that we assumed in estimating health care costs payable as of DecemberÂ 31, 2024 would cause these estimates to change in the near term, and such a change could be material.Furthermore, if we are not able to accurately and promptly anticipate and detect medical cost trends or accurately estimate the cost of incurred but not yet reported claims or reported claims that have not been paid, our ability to take timely corrective actions to limit future health care costs and reflect our current benefit cost experience in our pricing process may be limited, which would further exacerbate the extent of any adverse impact on our operating results. These risks are particularly acute during and following periods when utilization of medical and/or other covered services and/or medical cost trends are below recent historical levels and in products where there is significant turnover in our membership each year, and such risks are further magnified by the ACA and other legislation and regulations that limit our ability to price for our projected and/or experienced increases in utilization and/or medical cost trends.We are exposed to risks relating to the solvency of other insurers.We are subject to assessments under guaranty fund laws existing in all states for obligations of insolvent insurance companies (including long-term care insurers), HMOs, ACA co-ops and other payors to policyholders and claimants. For example, in the first quarter of 2017, Aetna recorded a discounted estimated liability expense of $231 million pretax for our estimated share of future assessments for long-term care insurer Penn Treaty Network America Insurance Company and one of its subsidiaries. Guaranty funds are maintained by state insurance commissioners to protect policyholders and claimants in the event that an insurer, HMO, ACA co-op and/or other payor becomes insolvent or is unable to meet its financial obligations. These funds are usually financed by assessments against insurers regulated by a state. Future assessments may have an adverse effect on our operating results and cash flows.Extreme events, or the threat of extreme events, could materially impact our businesses.The occurrence of natural disasters or extreme weather events, such as hurricanes, tropical storms, floods, wildfires, earthquakes, tsunamis, cyclones, typhoons, extended winter storms, droughts and tornadoes; epidemics, pandemics or disease 45outbreaks and other extreme events and man-made disasters, such as nuclear or biological attacks or other acts of violence, such as active shooter situations, whether as a result of war or terrorism or otherwise, can have a material adverse effect on the U.S. economy in general, our industries and us specifically. In particular, the long-term effects of climate change are expected to be widespread and unpredictable. The physical effects of climate change, such as an increase in the frequency or intensity of extreme weather events described above and rising sea levels, could adversely affect our operations, including by increasing our energy costs, disrupting our supply chain, negatively impacting our workforce, damaging our facilities and threatening the habitability of the locations in which we operate. Climate change also presents transition risks, including risks posed by regulatory and technology changes and the associated costs as the economy and our business transitions from reliance on carbon-based energy.Extreme events or the threat of extreme events could result in significant health care costs, including those associated with behavior health offerings, waiving certain medical requirements or assisting with replacement medications or transfer prescriptions, which could also be affected by the governmentâ€™s actions and the responsiveness of public health agencies and other insurers. For example, during the COVID-19 pandemic, we waived various member cost sharing and prior authorization requirements and expanded support for our members. In addition, some of our employees and our vendors are concentrated in certain large, metropolitan areas which may be particularly exposed to these events. Such events could adversely affect our businesses, operations, operating results and cash flows, and, in the event of extreme circumstances, our financial condition or viability, particularly if our responses to such events are less adequate than those of our competitors.We may be unable to achieve our corporate responsibility and sustainability goals. We are dedicated to corporate social responsibility and sustainability and we established certain goals as part of our overall strategy. We face pressures from our colleagues, customers, stockholders and other stakeholders to meet our goals. Achievement of our goals is subject to risks and uncertainties, many of which are outside of our control, and it is possible that we may fail to achieve these goals or that our colleagues, customers, stockholders or other stakeholders may not be satisfied with the goals we set or our efforts to achieve them. These risks and uncertainties include, but are not limited to: our ability to set and execute on our operational strategies and achieve our goals within the currently projected costs and the expected timeframes; the availability and cost of technological advancements, renewable energy and other materials necessary to meet our goals and expectations; compliance with, and changes or additions to, global and regional regulations, taxes, charges, mandates or requirements relating to climate-related goals; labor-related regulations and requirements that restrict or prohibit our ability to impose requirements on third party contractors; the actions of competitors and competitive pressures; and an acquisition of or merger with another company that has not adopted similar goals or whose progress towards reaching its goals is not as advanced as ours. A failure to meet our goals could adversely affect public perception of our business, employee morale or customer or stockholder support. Further, an increasing percentage of colleagues, customers, stockholders and other stakeholders consider corporate social responsibility and sustainability factors in making employment, consumer health care and investment decisions. If we are unable to meet our goals, we may have difficulty retaining or attracting colleagues, investors, customers, or partners or competing effectively, which would negatively impact our brand and reputation, as well as our business, operating results, and financial condition.In addition, we could face increased regulatory, reputational and legal scrutiny as a result of our corporate social responsibility and sustainability related commitments and disclosures, and we could also face challenges with managing conflicting regulatory requirements and our various stakeholdersâ€™ expectations.Risks From Changes in Public Policy and Other Legal and Regulatory RisksWe are subject to potential changes in public policy, laws and regulations, including reform of the U.S. health care system and entitlement programs, which could have a material adverse effect on our businesses, operations and/or operating results.The political environment in which we operate remains uncertain. It is reasonably possible that our business operations and operating results could be materially adversely affected by legislative, enforcement, regulatory and public policy changes at the federal or state level, including, but not limited to: changes to the regulatory environment for health care and related benefits, including Medicare, Medicare Advantage, the ACA, and related Public Exchange regulations; efforts to amend the ACA and related regulations, including through litigation aimed at challenging the ability to enforce portions of the ACA, such as the preventative services mandate; changes to laws or regulations governing drug reimbursement, pricing, purchasing and/or importation; changes to or adoption of laws or regulations governing PBMs, including those related to network restrictions, 46formulary management, affiliate reimbursement, contractual guarantees and reconciliations, reimbursement mandates, required reporting, compensation, purchase discount and/or rebate arrangements with drug manufacturers and/or other PBM services; changes to the laws and regulations governing PBMsâ€™, PDPsâ€™ and/or Managed Medicaid organizationsâ€™ interactions with government funded health care programs; changes to or adoption of laws and/or regulations relating to claims processing and billing; changes to immigration policies; changes to patent laws; changes with respect to tax and trade policies, tariffs and other government regulations affecting trade between the U.S. and other countries; and other public policy initiatives.Our businesses, profitability and growth also may be adversely affected by (i) judicial and regulatory decisions that change and/or expand the interpretations of existing statutes and regulations, expand fiduciary obligations, impose medical or bad faith liability, increase our responsibilities under ERISA or the remedies available under ERISA, or reduce the scope of ERISA and Medicare Part D preemption of state law claims or (ii) other legislation and regulations. For example, laws in Arkansas, North Dakota and Oklahoma have attempted to limit PBM practices and have been subject to recent lawsuits. Additional litigation has been filed in several states to challenge ERISA and Medicare Part D preemption.It is not possible to predict the enactment or content of new legislation or regulations or changes to existing laws or regulations or their enforcement, interpretation or application, or the form they will take (for example, through the use of U.S. Presidential Executive Orders or executive orders by governors or key regulators). If we fail to respond adequately to such changes, including by implementing strategic and operational initiatives, or do not respond as effectively as our competitors, our businesses, operations and operating results may be materially adversely affected. Even if we could predict such matters, it may not be possible to eliminate the adverse impact of public policy changes that would fundamentally change the dynamics of one or more industries in which we compete. Examples of such changes include, but are not limited to: the federal or one or more state governments fundamentally restructuring or reducing the funding available for government programs, increasing its involvement in drug reimbursement, pricing, purchasing and/or importation, changing the laws and regulations governing PBMsâ€™, PDPsâ€™ and/or Managed Medicaid organizationsâ€™ interactions with government funded health care programs, changing the tax treatment of health or related benefits, including the expiration of enhanced premium tax credits, or significantly altering the ACA. The likelihood of adverse changes remains high due to state and federal budgetary pressures, and our businesses and operating results could be materially and adversely affected by such changes, even if we correctly predict their occurrence. There is also uncertainty surrounding potential changes to the health care regulatory environment in the U.S. For example, potential efforts to reform federal government processes and reduce expenditures as well as pressures on and uncertainty surrounding the U.S. federal governmentâ€™s budget and potential changes in budgetary priorities could adversely affect the funding for individual programs, including government programs, upon which our business depends. Executive orders covering health care and other subjects including immigration, AI, energy and the federal work force as well as the work force of public and private companies, if implemented through agency action, may also impact the Company. Potential regulatory changes related to tax, trade, economic and monetary policy and heightened diplomatic tensions or political and civil unrest, among other potential changes, could adversely impact the global economy and our operating results.For more information on these matters, see â€œGovernment Regulationâ€ included in Item 1 of this 10-K.If we fail to comply with applicable laws and regulations, many of which are highly complex, we could be subject to significant adverse regulatory actions, including monetary penalties, or suffer brand and reputational harm.Our businesses are subject to extensive regulation and oversight by state, federal and international governmental authorities. The laws and regulations governing our operations and interpretations of those laws and regulations, including those related to human capital and climate change, are increasing in number and complexity, change frequently and can be inconsistent or conflict with one another. In general, these laws and regulations are designed to benefit and protect customers, members and providers rather than us or our investors. In addition, the governmental authorities that regulate our businesses have broad latitude to make, interpret and enforce the laws and regulations that govern us and continue to interpret and enforce those laws and regulations more strictly and more aggressively each year. We also must follow various restrictions on certain of our businesses and the payment of dividends by certain of our subsidiaries put in place by certain state regulators.Certain of our Health Services and Pharmacy & Consumer Wellness operations, products and services are subject to:â€¢the clinical quality, patient safety and other risks inherent in the dispensing, packaging and distribution of drugs and other health care products and services, including claims related to purported dispensing and other operational errors (any failure by our Health Services and/or Pharmacy & Consumer Wellness operations to adhere to the laws and regulations applicable to the dispensing of drugs could subject us to civil and criminal penalties);47â€¢federal and state anti-kickback and other laws that govern our relationship with drug manufacturers, customers and consumers;â€¢compliance requirements under ERISA, including fiduciary obligations in connection with the development and implementation of items such as drug formularies and preferred drug listings; andâ€¢federal and state legislative proposals and/or regulatory activity that could adversely affect pharmacy benefit industry practices.Our Health Care Benefits products are highly regulated, particularly those that serve Public Exchange, Medicare, Medicaid, dual eligible, dual eligible special needs and small group Commercial customers and members. The laws and regulations governing participation in the Public Exchanges, Medicare Advantage (including dual eligible special needs plans), Medicare Part D, Medicaid, and Managed Medicaid plans are complex, are subject to interpretation and can expose us to penalties for non-compliance. The scope of the practices and activities that are prohibited by federal and state false claims acts is the subject of pending litigation. Claims under federal and state false claims acts can be brought by the government or by private individuals on behalf of the government through a qui tam or â€œwhistleblowerâ€ suit, and we are a defendant in a number of such proceedings. If we are convicted of fraud or other criminal conduct in the performance of a government program or if there is an adverse decision against us under the False Claims Act, we may be temporarily or permanently suspended from participating in government health care programs, including Public Exchange, Medicare Advantage, Medicare Part D, Medicaid, dual eligible and dual eligible special needs plan programs, and we also may be required to pay significant fines and/or other monetary penalties. Whistleblower suits have resulted in significant settlements between governmental agencies and health care companies. The significant incentives and protections provided to whistleblowers under applicable law increase the risk of whistleblower suits.If we fail to comply with laws and regulations that apply to government programs, we could be subject to criminal fines, civil penalties, premium refunds, prohibitions on marketing or active or passive enrollment of members, corrective actions, termination of our contracts or other sanctions, which could have a material adverse effect on our ability to participate in Public Exchange, Medicare Advantage, Medicare Part D, Medicaid, dual eligible, and dual eligible special needs plans and other programs, our brand and reputation, and our operating results, cash flows and financial condition.For more information on these matters, see â€œGovernment Regulationâ€ included in Item 1 of this 10-K.If our compliance or other systems and processes fail or are deemed inadequate, we may suffer brand and reputational harm and become subject to contractual damages, regulatory actions and/or litigation.In addition to being subject to extensive and complex laws and regulations, many of our contracts with customers include detailed requirements. In order to be eligible to offer certain products or bid on certain contracts, we must demonstrate that we have robust systems and processes in place that are designed to maintain compliance with all applicable legal, regulatory and contractual requirements. These systems and processes frequently are reviewed and audited by our customers and regulators. If our systems and processes designed to maintain compliance with applicable legal and contractual requirements, and to prevent and detect instances of, or the potential for, non-compliance fail or are deemed inadequate, we may suffer brand and reputational harm and be subject to contractual damages, regulatory actions, litigation and other proceedings which may result in damages, fines, suspension or loss of licensure, suspension or exclusion from participation in government programs and/or other penalties, any of which could adversely affect our businesses, operating results, cash flows and/or financial condition.We routinely are subject to litigation and other adverse legal proceedings, including class actions and qui tam actions. Many of these proceedings seek substantial damages which may not be covered by insurance. These proceedings are costly to defend, may result in changes in our business practices, harm our brand and reputation and adversely affect our businesses and operating results.Our businesses are part of highly regulated industries whose participants frequently are subject to litigation and other adverse legal proceedings. We are currently subject to various litigation and arbitration matters, investigations, regulatory audits, inspections, government inquiries, and regulatory and other legal proceedings, both within and outside the U.S. Litigation is increasing as we execute our vertical integration strategy and expand our services along the continuum of health care. In addition, disputes over contracts could lead to litigation or pre-litigation settlements that could materially adversely affect our businesses, operating results and/or cash flows.Litigation, and particularly securities, derivative, collective or class action and qui tam litigation, is often expensive and disruptive. Many of the legal proceedings against us seek substantial damages (including non-economic or punitive damages 48and treble damages), and certain of these proceedings also seek changes in our business practices. While we currently have insurance coverage for some potential liabilities, other potential liabilities may not be covered by insurance, insurers may dispute coverage, and the amount of our insurance may not be enough to cover the damages awarded or costs incurred. In addition, some types of damages, like punitive damages, may not be covered by insurance, and in some

jurisdictions the coverage of punitive damages is prohibited. Insurance coverage for all or some forms of liability also may become unavailable or prohibitively expensive in the future.The outcome of litigation and other adverse legal proceedings is always uncertain, and outcomes that are not justifiable by the evidence or existing law or regulation can and do occur, and the costs incurred frequently are substantial regardless of the outcome. In addition, litigation and other adverse legal proceedings outside the U.S. may be subject to greater uncertainty thanwithin the U.S. Litigation and other adverse legal proceedings could materially adversely affect our businesses, operating results and/or cash flows because of brand and reputational harm to us, the cost of defending such proceedings, the cost of settlement or judgments against us, or the changes in our operations that could result from such proceedings. See Item 3 of this 10-K for additional information.We frequently are subject to regular and special governmental audits, investigations and reviews that could result in changes to our business practices and also could result in material refunds, fines, penalties, civil liabilities, criminal liabilities and other sanctions.As one of the largest national retail, mail order, specialty and LTC pharmacy, PBM and health care and related benefits providers, we frequently are subject to regular and special governmental market conduct and other audits, investigations and reviews by, and we receive subpoenas and other requests for information from, various federal and state agencies, regulatory authorities, Attorneys General, committees, subcommittees and members of the U.S. Congress and other state, federal and international governmental authorities. For example, we have received CIDs from, and provided documents and information to, the Civil Division of the DOJ in connection with a current investigation of our patient chart review processes in connection with risk adjustment data submissions under Parts C and D of the Medicare program. CMS and the OIG also are auditing the risk adjustment-related data of certain of our Medicare Advantage plans. We are also receiving an increasing number of audits related to our PBM network reconciliation processes, and audits related to our use of prior authorization, which could result in reputational risks and changes to policies that may limit our use of prior authorization. The results of any audit may be adverse to us.Federal and state governments have made investigating and prosecuting health care and other insurance fraud, waste and abuse a priority. Fraud, waste and abuse prohibitions encompass a wide range of activities, including kickbacks for referral of members, billing for unnecessary medical and/or other covered services, improper marketing, including by insurance brokers, and violations of patient privacy rights. The regulations and contractual requirements applicable to us and other industry participants are complex and subject to change, making it necessary for us to invest significant resources in complying with our regulatory and contractual requirements. Ongoing vigorous law enforcement and the highly technical regulatory scheme mean that our compliance efforts in this area will continue to require significant resources. In addition, our medical costs and the medical expenses of our Health Care Benefits ASC customers may be adversely affected if we do not prevent or detect fraudulent activity by providers and/or members.Regular and special governmental audits, investigations and reviews by federal, state and international regulators could result in changes to our business practices, and also could result in significant or material premium refunds, fines, penalties, civil liabilities, criminal liabilities or other sanctions, including suspension or exclusion from participation in government programs and suspension or loss of licensure. Any of these audits, investigations or reviews could have a material adverse effect on our businesses, operating results, cash flows and/or financial condition or result in significant liabilities and negative publicity for us. See â€œLegal and Regulatory Proceedingsâ€ in Note 18 â€ˆâ€ˆCommitments and Contingenciesâ€™â€™ included in Item 8 of this 10-K for additional information.Our risk profile is changing as we offer new products and services and expand in business areas beyond our historical businesses, and we may face increased regulatory risks related to our vertical integration strategy.Historically, we focused primarily on providing products and services within our Health Care Benefits and Pharmacy & Consumer Wellness segments, as well as pharmacy services within our Health Services segment. As a result of our vertical integration strategy and other innovation initiatives, we are expanding our presence in the health care space and plan to offer new products and services, including services provided by Oak Street Health and Signify Health businesses, which present a 49different risk profile than the products and services that we historically have offered and increase our exposure to additional risks. Our vertical integration strategy may also lead to increased regulatory and public scrutiny as a result of consumer protection and quality of care concerns. We face unique regulatory and other challenges in our Medicare and Medicaid businesses.We face unique regulatory and other challenges that may inhibit the profitability of our Medicare and Medicaid businesses.â€¢In April 2024, CMS issued its final notice detailing final 2025 Medicare Advantage payment rates. Based on CMSâ€™ notice, Medicare Advantage rates resulted in an expected average increase in revenue for the Medicare Advantage industry of 3.70%, which includes a risk score trend increase of 3.86%. Risk scores vary among Medicare Advantage plans depending on the specific population served, so this increase does not represent an actual guaranteed payment increase. Without including the risk score trend increase, the 2025 rates result in an expected average decrease in revenue for the Medicare Advantage industry of 0.16%, though the rates may vary widely depending on the provider group and patient demographics. On January 10, 2025, CMS issued an advance notice detailing proposed 2026 Medicare Advantage payment rates. The 2026 Medicare Advantage rates, if finalized as proposed, will result in an expected average increase in revenue for the Medicare Advantage industry of 4.33%, which includes a risk score trend increase of 2.10%. Without including the risk score trend increase, the advance 2026 rates will result in an expected average increase in revenue for the Medicare Advantage industry of 2.23%, though the rates may vary widely depending on the provider group and patient demographics. CMS intends to publish the final 2026 rate announcement no later than April 7, 2025. The Company faces challenges from the impact of the increasing cost of medical care (including prescription medications), changes to methodologies for determining payments and CMS local and national coverage decisions that require the Company to pay for services and supplies that are not factored into the Companyâ€™s bids. We cannot predict how the rates will be finalized, future Medicare funding levels, the impact of future federal budget actions or ensure that such changes or actions will not have a material adverse effect on our Medicare operating results.â€¢The organic expansion of our Medicare Advantage and Medicare Part D service area is subject to the ability of CMS to process our requests for service area expansions and our ability to build cost competitive provider networks in the expanded service areas that meet applicable network adequacy requirements. CMSâ€™ decisions on our requests for service area expansions also may be affected adversely by compliance issues that arise each year in our Medicare operations. â€¢CMS regularly audits our performance to determine our compliance with CMSâ€™s regulations and our contracts with CMS and to assess the quality of the services we provide to our Medicare members, and state regulators are increasingly conducting audits to assess the quality of services we provide to our Medicaid members. As a result of these audits, we may be subject to significant or material retroactive adjustments to and/or withholding of certain premiums and fees, fines, criminal liability, civil monetary penalties, CMS- or state-imposed sanctions (including suspension or exclusion from participation in government programs) or other restrictions on our Medicare, Medicaid and other businesses, including suspension or loss of licensure. â€¢â€œStar ratingsâ€ from CMS for our Medicare Advantage plans will continue to have a significant effect on our plansâ€™ operating results. Only Medicare Advantage plans with a star rating of 4 or higher (out of 5) are eligible for a quality bonus in their basic premium rates. Based on the 2024 ratings, 88% of the Companyâ€™s Medicare Advantage members are in 2025 Medicare Advantage plans that are rated 4 stars or higher. CMS also gives PDPs star ratings that affect each PDPâ€™s enrollment. The Companyâ€™s PDP plans were rated 3.5 stars for 2025. Medicare Advantage and PDP plans that are rated less than 3 stars for three consecutive years are subject to contract termination by CMS. CMS continues to change its rating system to make achieving and maintaining a four or higher star rating more difficult. If our star ratings fall or remain below four for a significant portion of our Medicare Advantage membership, or do not match the performance of our competitors, or the star rating quality bonuses are reduced or eliminated, our revenues, operating results and cash flows may be significantly adversely affected. In addition, due to uncertainties with CMS cut-points, no Medicare Advantage plan can guarantee their overall star ratings. There can be no assurances that the Company will be successful in maintaining or improving its star ratings in future years.â€¢Payments we receive from CMS for our Medicare Advantage and Medicare Part D businesses also are subject to risk adjustment based on the health status of the individuals we enroll. Elements of that risk adjustment mechanism continue to be challenged by the DOJ, the OIG and CMS itself. For example, CMS made significant changes to the structure of the hierarchical condition category model in version 28, which may impact RAF scores for a larger percentage of Medicare Advantage beneficiaries and could result in changes to beneficiary RAF scores with or without a change in the patientâ€™s health status. CMS continuously evaluates how and where risk adjustment is captured, which from time-to-time has included the capture of diagnosis codes in home visits. A legislative or regulatory change to the ability of Medicare Advantage plans to use home visits as a means to evaluate and diagnosis their membersâ€™ health conditions, or substantial changes in the risk adjustment mechanism, including those that result from the final Part C contract-level Risk Adjustment 50Data Validation Audits (â€œRADV Audit Ruleâ€) issued in January 2023 or other changes that may result from enforcement or audit actions, could: materially affect the amount of our Medicare reimbursement, require us to raise prices or reduce the benefits we offer to Medicare beneficiaries, impact the services provided by, or the financial performance of, Oak Street Health and Signify Health and potentially limit our (and the industryâ€™s) participation in the Medicare program.â€¢The RADV Audit Rule creates uncertainty for Medicare Advantage plans. The lack of detail provided with respect to how CMS will select contracts and claims to audit, the methodology CMS will use, and how it will extrapolate as part of the RADV Audit Rule may impact future Medicare Advantage bids and result in other implications. The RADV Audit Rule also permits extrapolation of OIG contract level audits for payment years 2018 forward. The RADV Audit Rule is subject to ongoing litigation and the outcome and future impacts are uncertain.â€¢Medicare Part D has resulted in increased utilization of prescription medications and puts pressure on our pharmacy gross margin rates due to regulatory and competitive pressures. Further, as a result of the ACA and changes to the retiree drug subsidy rules, clients of our PBM business could decide to discontinue providing prescription drug benefits to their Medicare-eligible members. To the extent this phenomenon occurs, the adverse effects of increasing customer migration into Medicare Part D may outweigh the benefits we realize from growth of our Medicare Part D products. â€¢Our Medicare Part D operating results and our ability to expand our Medicare Part D business could be adversely affected if: the cost and complexity of Medicare Part D exceed managementâ€™s expectations or prevent effective program implementation or administration; further changes to the regulations regarding how drug costs are reported for Medicare Part D (including changes related to the IRA) are implemented in a manner that adversely affects the profitability of our Medicare Part D business; changes to the regulations regarding how drug costs are reported for Medicare Part D are implemented in a manner that adversely affects the profitability of our Medicare Part D business; changes to the applicable regulations impact our ability to retain fees from third parties including network pharmacies; the government alters Medicare Part D program requirements or reduces funding because of the higher-than-anticipated cost to taxpayers of Medicare Part D or for other reasons; or reinsurance thresholds are reduced.â€¢The IRA contains significant changes to the Part D program that began in 2023 and will continue to 2032 that shifts more of the claim liability to plans and away from the government, including a complete redesign of the Part D standard benefit effective in 2025.â€¢We have experienced challenges in obtaining complete and accurate encounter data for our Medicaid products due to difficulties with providers and third-party vendors submitting claims in a timely fashion in the proper format, and with state agencies in coordinating such submissions. As states increase their reliance on encounter data, and some states mandate that certain amounts be included or excluded from encounter data, these difficulties could affect the Medicaid premium rates we receive and how Medicaid membership is assigned to us, which could have a material adverse effect on our Medicaid operating results and cash flows and/or our ability to bid for, and continue to participate in, certain Medicaid programs.â€¢If we fail to report and correct errors discovered through our own auditing procedures or during a CMS audit or otherwise fail to comply with the applicable laws and regulations, we could be subject to fines, civil monetary penalties or other sanctions, including fines and penalties under the False Claims Act, which could have a material adverse effect on our ability to participate in Medicare Advantage, Medicare Part D or other government programs, and on our operating results, cash flows and financial condition. â€¢The resumption of Medicaid eligibility redeterminations after being suspended during the COVID-19 pandemic has negatively impacted the number of members eligible for the Companyâ€™s Medicaid plans, which could impact our operating results and cash flows from the Medicaid business.â€¢Certain of our Medicaid contracts require the submission of complete and correct encounter data. The accurate and timely reporting of encounter data is increasingly important to the success of our Medicaid programs because more states are using encounter data to determine compliance with performance standards and, in part, to set premium rates. We have expended and may continue to expend additional effort and incur significant additional costs to collect accurate, or to correct inaccurate or incomplete, encounter data and have been and could be exposed to premium withholding, operating sanctions and financial fines and penalties for noncompliance.â€¢CMS has proposed requiring that health plans offering certain dual eligible programs must also offer Medicaid programs, which could further impact the Companyâ€™s ability to obtain or retain membership in its dual eligible programs. In addition, states are increasingly requiring companies to offer Medicaid within a state and conducting competitive bid processes to qualify to offer dual eligible products.Programs funded in whole or in part by the U.S. federal government account for a significant portion of our revenues, and we expect that percentage to increase.51Programs funded in whole or in part by the U.S. federal government account for a significant portion of our revenues, and we expect that percentage to increase. As our government funded businesses grow, our exposure to changes in federal and state government policy with respect to and/or regulation of the various government funded programs in which we participate also increases. The laws and regulations governing participation in Public Exchange, Medicare Advantage (including dual eligible special needs plans), Medicare Part D, Medicaid, and Managed Medicaid plans are complex, are subject to interpretation and can expose us to penalties for non-compliance. Federal, state and local governments have the right to cancel or not to renew their contracts with us on short notice without cause or if funds are not available. Funding for these programs is dependent on many factors outside our control, including general economic conditions, continuing government efforts to contain health care costs and budgetary constraints at the federal or applicable state or local level and general political issues and priorities. The U.S. federal government and our other government customers also may reduce funding for health care or other programs, cancel or decline to renew contracts with us, or make changes that adversely affect the number of persons eligible for certain programs, the services provided to enrollees in such programs, our premiums and our administrative and health care and other benefit costs, any of which could have a material adverse effect on our businesses, operating results and cash flows. When federal funding is delayed, suspended or curtailed, we continue to receive, and we remain liable for and are required to fund, claims from providers for providing services to beneficiaries of federally funded health benefits programs in which we participate. An extended federal government shutdown or a delay by Congress in raising the federal governmentâ€™s debt ceiling also could lead to a delay, reduction, suspension or cancellation of federal government spending and a significant increase in interest rates that could, in turn, have a material adverse effect on the value of our investment portfolio, our ability to access the capital markets and our businesses, operating results, cash flows and liquidity.Possible changes in industry pricing benchmarks and drug pricing generally can adversely affect our PBM and Pharmacy & Consumer Wellness businesses.It is possible that the pharmaceutical industry, regulators, or federal policymakers may evaluate and/or develop an alternative pricing reference to replace AWP or WAC, which are the pricing references used for many of our PBM and LTC client contracts, drug purchase agreements, retail network contracts, specialty payor agreements and other contracts with third party payors in connection with the reimbursement of drug payments. In addition, many state Medicaid fee-for-service programs have established pharmacy network payments on the basis of Actual Acquisition Cost (â€œAACâ€). The use of an AAC basis in fee for service Medicaid could have an impact on reimbursement practices in Health Care Benefitsâ€™ Commercial and other Government products. It is also possible that Congress may enact some limited form of price negotiation for Medicare. In addition, CMS also publishes the National Average Drug Acquisition Cost (â€œNADACâ€) for certain drugs; NADAC pricing, which has exhibited recent volatility, is being adopted in an increasing number of states.Future changes to the use of AWP, WAC or to other published pricing benchmarks used to establish drug pricing, including changes in the basis for calculating reimbursement by federal and state health care programs and/or other payors, could impact the reimbursement we receive from Medicare and Medicaid programs, the reimbursement we receive from our PBM clients and other payors and/or our ability to negotiate rebates and/or discounts with drug manufacturers, wholesalers, PBMs and retail pharmacies. A failure or inability to fully offset any increased prices or costs or to modify our operations to mitigate the impact of such increases could have a material adverse effect on our operating results. Additionally, any future changes in drug prices could be significantly different than our projections. We cannot predict the effect of these possible changes on our businesses.We may not be able to obtain adequate premium rate increases in our Insured Health Care Benefits products, which would have an adverse effect on our revenues, MBRs and operating results and could magnify the adverse impact of increases in health care and other benefit costs and of ACA assessments, fees and taxes.Premium rates for our Insured Health Care Benefits products often must be filed with state insurance regulators and are subject to their approval, which creates risk for us in the current political and regulatory environment. The ACA generally requires a review by HHS in conjunction with state regulators of premium rate increases that exceed a federally specified threshold (or lower state-specific thresholds set by states determined by HHS to have adequate processes). Rate reviews can magnify the adverse impact on our operating margins, MBRs and operating results of increases in health care and other benefit costs, increased utilization of covered services, and ACA assessments, fees and taxes, by restricting our ability to reflect these increases and/or these assessments, fees and taxes in our pricing. Further, our ability to reflect ACA assessments, fees and taxes in our Medicare, Medicaid and CHIP premium rates is limited.52Since 2013, HHS has issued determinations to health plans that their premium rate increases were â€œunreasonable,â€ and we may experience

challenges to appropriate premium rate increases in certain states. Regulators or legislatures in several states have implemented or are considering limits on premium rate increases, either by enforcing existing legal requirements more stringently or proposing different regulatory standards. Regulators or legislatures in several states also have conducted hearings on proposed premium rate increases, which can result, and in some instances have resulted, in substantial delays in implementing proposed rate increases even if they ultimately are approved. Our plans can be excluded from participating in small group Public Exchanges if they are deemed to have a history of â€œunreasonableâ€ rate increases. Any significant rate increases we may request heighten the risks of adverse publicity, adverse regulatory action and adverse selection and the likelihood that our requested premium rate increases will be denied, reduced or delayed, which could lead to operating margin compression.We anticipate continued regulatory and legislative action to increase regulation of premium rates in our Insured Health Care Benefits products. We may not be able to obtain rates that are actuarially justified or that are sufficient to make our policies profitable in one or more product lines or geographies. If we are unable to obtain adequate premium rates and/or premium rate increases, it could materially and adversely affect our operating margins and MBRs and our ability to earn adequate returns on Insured Health Care Benefits products in one or more states or cause us to withdraw from certain geographies and/or products.Minimum MLR rebate requirements limit the level of margin we can earn in our Insured Health Care Benefits products while leaving us exposed to higher than expected medical costs. Challenges to our minimum MLR rebate methodology and/or reports could adversely affect our operating results.The ACAâ€™s minimum MLR rebate requirements limit the level of margin we can earn in Health Care Benefitsâ€™ Commercial Insured business. CMS and state minimum MLR rebate regulations limit the level of margin we can earn in our Medicare Advantage and Medicaid Insured businesses. Certain portions of our Health Care Benefits Medicaid and FEHB program business also are subject to minimum MLR rebate requirements in addition to but separate from those imposed by the ACA. Minimum MLR rebate requirements leave us exposed to medical costs that are higher than those reflected in our pricing. The process supporting the management and determination of the amount of MLR rebates payable is complex and requires judgment, and the minimum MLR reporting requirements are detailed. CMS has also proposed, but not yet finalized, a definition of â€œprescription drug price concessionsâ€ for commercial MLR calculation purposes, which would make additional PBM information available to plans and the HHS, potentially further complicating the MLR calculation process. Federal and state auditors are challenging our Commercial Health Care Benefits businessâ€™ compliance with the ACAâ€™s minimum MLR requirements as well as our FEHB plansâ€™ compliance with OPMâ€™s FEHB program-specific minimum MLR requirements. Our Medicare and Medicaid contracts also are subject to minimum MLR audits. If a Medicare Advantage or Medicare Part D contract pays minimum MLR rebates for three consecutive years, it will become ineligible to enroll new members. If a Medicare Advantage or Medicare Part D contract pays such rebates for five consecutive years, it will be terminated by CMS. Additional challenges to our methodology and/or reports relating to minimum MLR and related rebates by federal and state regulators and private litigants are reasonably possible. The outcome of these audits and additional challenges could adversely affect our operating results. Our operating results may be adversely affected by changes in laws and policies governing employers and by union organizing activity.Congress and certain state legislatures continue to consider and pass legislation that increases our costs of doing business, including increased minimum wages and requiring employers to provide paid sick leave or paid family leave. In addition, our employee-related operating costs may be increased by union organizing activity and it is possible that the National Labor Relations Board may adopt regulatory changes through re-making or case law that could facilitate union organizing. If we are unable to reflect these increased expenses in our pricing or otherwise modify our operations to mitigate the effects of such increases, our operating results will be adversely affected.We face international political, legal and compliance, operational, regulatory, economic and other risks that may be more significant than in our domestic operations.We are in the process of winding down our international insurance operations in 2025. However, our remaining international operations present political, legal, compliance, operational, regulatory, economic and other risks that we do not face or that are more significant than in our domestic operations. These risks vary widely by country and include varying regional and geopolitical business conditions and demands, government intervention and censorship, discriminatory regulation, climate change regulation, nationalization or expropriation of assets and pricing constraints. Our international operations need to meet country-specific legal requirements, including those related to licensing, data privacy, data storage and data protection.53Our international operations increase our exposure to, and require us to devote significant management resources to implement controls and systems to comply with, the privacy and data protection laws of non-U.S. jurisdictions, such as the EUâ€™s GDPR, and the anti-bribery, anti-corruption and anti-money laundering laws of the U.S. (including the FCPA) and the United Kingdom (including the UK Bribery Act) and similar laws in other jurisdictions. Implementing our compliance policies, internal controls and other systems may also require the investment of considerable management time and financial and other resources. Violations of these laws and regulations could result in fines, criminal sanctions against us, our officers or employees, restrictions or outright prohibitions on the conduct of our business, and significant brand and reputational harm. We must regularly reassess the size, capability and location of our global infrastructure and make appropriate changes, and must have effective change management processes and internal controls in place to address changes in our businesses and operations. Our success depends, in part, on our ability to anticipate these risks and manage these difficulties, and the failure to do so could have a material adverse effect on our brand, reputation, businesses, operating results and/or financial condition.Our international operations require us to overcome logistical and other challenges based on differing languages, cultures, legal and regulatory schemes and time zones. Our international operations encounter labor laws, standards and customs that can be difficult and make employee relationships less flexible than in our domestic operations and expensive to modify or terminate. In some countries we are required to, or choose to, operate with local business associates, which requires us to manage our relationships with these third parties and may reduce our operational flexibility and ability to quickly respond to business challenges.In some countries we may be exposed to currency exchange controls or other restrictions that prevent us from transferring funds internationally or converting local currencies into U.S. dollars or other currencies. Fluctuations in foreign currency exchange rates may adversely affect our revenues, operating results and cash flows from our international operations. Some of our operations are, and are increasingly likely to be, in emerging markets where these risks are heightened. Any measures we may implement to reduce the effect of volatile currencies and other risks on our international operations may not be effective.Risks Associated with Mergers, Acquisitions, and Divestitures We may be unable to successfully integrate companies we acquire.Upon the closing of any acquisition, we need to successfully integrate the products, services and related assets, as well as internal controls into our business operations. If an acquisition is consummated, the integration of the acquired business, its products, services and related assets into our company also may be complex, expensive, and time-consuming and, if the integration is not fully successful, we may not achieve the anticipated benefits, operating and cost synergies and/or growth opportunities of an acquisition. Potential difficulties that may be encountered in the integration process include the following:â€¢Integrating personnel, operations and systems (including internal control environments and compliance policies), while maintaining focus on producing and delivering consistent, high quality products and services;â€¢Coordinating geographically dispersed organizations;â€¢Distracting managementâ€™s attention from our ongoing business operations;â€¢Retaining existing customers and attracting new customers; â€¢Managing inefficiencies associated with integrating our operations; andâ€¢Reconciling post-acquisition costs and liabilities between buyer and seller.An inability to realize the full extent of the anticipated benefits, operating and cost synergies, innovations and operations efficiencies or growth opportunities of an acquisition, as well as any delays or additional expenses encountered in the integration process, could have a material adverse effect on our businesses and operating results. Furthermore, acquisitions, even if successfully integrated, may fail to further our business strategy as anticipated, expose us to increased competition or challenges with respect to our products, services or service areas, and expose us to additional liabilities associated with an acquired business including risks and liabilities associated with litigation involving the acquired business. Any one of these challenges or risks could impair our ability to realize any benefit from our acquisitions after we have expended resources on them.We may pursue acquisitions, joint ventures, strategic alliances and other inorganic growth opportunities, as well as strategic divestitures, which may be unsuccessful, cause us to assume unanticipated liabilities, disrupt our existing businesses, be dilutive or lead us to assume significant debt, among other things.54We may pursue acquisitions, joint ventures, strategic alliances and other inorganic growth opportunities, as well as strategic divestitures, as part of our business strategy. In addition to the integration risks noted above, some other risks we may face with respect to acquisitions and other inorganic growth strategies include:â€¢we may not be able to obtain the required regulatory approval for an acquisition in a timely manner, if at all;â€¢we frequently compete with other firms, some of which may have greater financial and other resources and a greater tolerance for risk, to acquire attractive companies;â€¢the acquired, alliance and/or joint venture businesses may not perform as projected;â€¢the goodwill or other intangible assets established as a result of our acquisitions may be incorrectly valued or may become impaired;â€¢we may assume unanticipated liabilities, including those that were not disclosed to us or which we underestimated;â€¢the acquired businesses, or the pursuit of other inorganic growth strategies, could disrupt or compete with our existing businesses, distract management, result in the loss of key employees, business partners, suppliers and customers, divert resources, result in tax costs or inefficiencies and make it difficult to maintain our current business standards, controls, information technology systems, policies, procedures and performance;â€¢we may finance future acquisitions and other inorganic growth strategies by issuing common stock for some or all of the purchase price, which would dilute the ownership interests of our stockholders;â€¢we may incur significant debt in connection with acquisitions (whether to finance acquisitions or by assuming debt from the businesses we acquire);â€¢a proposed or pending transaction may have a negative effect on the Companyâ€™s credit ratings;â€¢we may not have the expertise to manage and profitably grow the businesses we acquire, and we may need to rely on the retention of key personnel and other suppliers of businesses we acquire, which may be difficult or impossible to accomplish;â€¢we may enter into merger or purchase agreements but, due to reasons within or outside our control, fail to complete the related transactions, which could result in termination fees or other penalties that could be material, cause material disruptions to our businesses and operations and adversely affect our brand, reputation, or stock price;â€¢in order to complete an acquisition, we may be required to divest certain portions of our business, for which we may not be able to obtain favorable pricing;â€¢we may be involved in litigation related to mergers or acquisitions, including for matters that occurred prior to the applicable closing, which may be costly to defend and may result in adverse rulings against us that could be material; â€¢announcements related to an acquisition could have an adverse effect on the market price of the Companyâ€™s common stock and other securities; andâ€¢the integration into our businesses of the businesses and entities we acquire may affect the way in which existing laws and regulations apply to us, including subjecting us to laws and regulations that did not previously apply to us.Similarly, we may also seek to divest assets that no longer fit into our long-term strategic plan. Such divestitures may take time and, even if such divestitures can be completed, the terms of such divestitures will be subject to market conditions, financing availability and other considerations of potential buyers, and they may have negative short-term financial impacts on us. In addition, joint ventures present risks that are different from acquisitions, including selection of appropriate joint venture parties, initial and ongoing governance of the joint venture, joint venture compliance activities (including compliance with applicable CMS requirements), growing the joint ventureâ€™s business in a manner acceptable to all the parties, including other providers in the networks that include joint ventures, maintaining positive relationships among the joint venture parties and the joint ventureâ€™s customers, and member and business disruption that may occur upon joint venture termination.Risks Related to Our OperationsFailure to meet customer expectations may harm our brand and reputation, our ability to retain and grow our customer base and membership and our operating results and cash flows.Our ability to attract and retain customers and members is dependent upon providing compliant, cost effective, quality customer service operations (such as call center operations, PBM functions, retail pharmacy and LTC services, retail, mail order and specialty pharmacy prescription delivery, claims processing, customer case installation and online access and tools) that meet or exceed our customersâ€™ and membersâ€™ expectations, either directly or through vendors. As we seek to reduce general and administrative expenses, we must balance the potential impact of cost-saving measures on our customers and other services and performances. If we misjudge the effects of such measures, customers and other services may be adversely affected. We depend 55on third parties for certain of our customer service, PBM and prescription delivery operations. If we or our vendors fail to provide compliant service that meets our customersâ€™ and membersâ€™ expectations, we may have difficulty retaining or profitably growing our customer base and/or membership, which could adversely affect our operating results. For example, noncompliance with any privacy or security laws or regulations or any security breach involving us or one of our third-party vendors could have a material adverse effect on our businesses, operating results, brand and reputation.We and our vendors have experienced and continue to experience cyberattacks. We can provide no assurance that we or our vendors will be able to detect, prevent or contain the effects of such attacks or other information security (including cybersecurity) risks or threats in the future.We and our vendors have experienced diverse cyberattacks and expect to continue to experience cyberattacks going forward. As examples, the Company and its vendors have experienced attempts to gain access to systems, denial of service attacks, attempted malware infections, account takeovers, scanning activity, and phishing emails. We have also seen an increase in ransomware attacks in our industry. Attacks can originate from external sources (including criminals, terrorists and nation states) or internal actors. The Company is dedicating and will continue to dedicate significant resources and incur significant expenses to maintain and update on an ongoing basis the systems and processes that are designed to mitigate the information security risks it faces and protect the security of its computer systems, software, networks and other technology assets against attempts by unauthorized parties to obtain access to confidential information, disrupt or degrade service, or cause other damage. The impact of known cyberattacks has not been material to the Companyâ€™s operations or operating results through December 31, 2024. The Board is regularly informed regarding the Companyâ€™s information security policies, practices and status. A compromise of our information security controls or of those third parties with whom we interact, which results in business disruption or confidential information being accessed, obtained, damaged, or used by unauthorized or improper persons, could harm our reputation and expose us to regulatory actions and claims from customers and clients, financial institutions, payment card associations and other persons, any of which could adversely affect our businesses, operating results and financial condition. Because the techniques used to obtain unauthorized access, disable or degrade service, or sabotage systems change frequently and may not immediately produce signs of intrusion, we may be unable to anticipate these techniques or to implement adequate preventative measures. Moreover, a cyberattack could require that we expend significant resources related to our information systems and infrastructure, and could distract management and other key personnel from performing their primary operational duties. We also could be adversely affected by any significant disruption in the systems of third parties we interact with, including key payors and vendors.The costs of attempting to protect against the foregoing risks and the costs of responding to a cyberattack or other information security incident are significant. Large scale data breaches at other entities increase the challenge we and our vendors face in maintaining the security of our information technology systems and proprietary information and of our customersâ€™, employeesâ€™, membersâ€™ and other constituentsâ€™ personal information. Following an information security incident, our and/or our vendorsâ€™ remediation efforts may not be successful, and could result in interruptions, delays or cessation of service, and loss of existing or potential customers and members. In addition, breaches of our and/or our vendorsâ€™ security measures and the unauthorized access to or dissemination of personal information, proprietary information or confidential information about us, our customers, our members or other third-parties, could expose our customersâ€™, membersâ€™ and other constituentsâ€™ information and our customers, members and other constituents to the risk of financial or medical identity theft, or expose us or other third parties to a risk of loss or misuse of this information, and result in investigations, regulatory enforcement actions, material fines and penalties, loss of customers, litigation or other actions, which could have a material adverse effect on our brand, reputation, businesses, operating results and cash flows.See Item 1C of this 10-K, â€œCybersecurity,â€ for more information on the Companyâ€™s cybersecurity risk management and governance.Data governance failures can adversely affect our reputation, businesses and prospects. Our use and disclosure of membersâ€™, customersâ€™ and other constituentsâ€™ personal information is subject to complex regulations at multiple levels.Our information systems are critical to the operation of our businesses. We collect, process, maintain, retain, evaluate, utilize and distribute large amounts of personally identifiable, protected health, and financial information (including payment card information) and other confidential and sensitive data about our customers, employees, members and other constituents in the ordinary course of our businesses. Some of our information systems rely upon third party systems, including cloud service providers, to accomplish these tasks. The use and disclosure of such information is regulated at the federal, state and international levels. In some cases, such laws, rules and regulations also apply to our vendors and/or may hold us liable for any violations by our vendors. These laws, rules and regulations are subject to change (and many are rapidly evolving) and in recent 56years have given rise to increased enforcement activity, litigation, and other disputes. For example, certain of our vendors have experienced incidents that resulted in the unauthorized disclosure of confidential information, including personal information of our members, patients or employees, which has caused us to incur expenses including those related to responding to regulatory inquiries and/or litigation. Some of these expenses are indemnified but others are not. International laws, rules and regulations governing the use and disclosure of these types of information are generally more stringent than U.S. laws and regulations, and they vary from jurisdiction to jurisdiction. Noncompliance with applicable privacy or security laws or regulations, or any security breach,

information security incident, and any other incident involving the theft, misappropriation, compromise, loss or other unauthorized disclosure of, or access to, customer, member or other constituent information, whether by us, by one of our business associates or vendors or by another third party, could require us to expend significant resources to remediate any damage, could interrupt our operations and could adversely affect our brand and reputation, membership and operating results and also could expose and/or has exposed us to mandatory disclosure requirements, adverse media attention, litigation (including class action litigation), governmental investigations and enforcement proceedings, material fines, penalties and/or remediation costs, and compensatory, special, punitive and statutory damages, consent orders, adverse actions against our licenses to do business and/or injunctive relief, any of which could adversely affect our businesses, operating results, cash flows or financial condition.Our businesses depend on our customersâ€™, membersâ€™ and other constituentsâ€™ willingness to entrust us with their health related and other personal information. Events that adversely affect that trust, including inadequate disclosure to our members or customers of our uses of their information, failing to keep our information technology systems and our customersâ€™, membersâ€™ and other constituentsâ€™ information secure from significant attack, theft, damage, loss or unauthorized disclosure or access, whether as a result of our action or inaction (including human error) or that of our business associates, vendors or other third parties, could adversely affect our brand and reputation, membership and operating results and also could expose and/or has exposed us to mandatory disclosure to the media, litigation (including class action litigation), governmental investigations and enforcement proceedings, material fines, penalties and/or remediation costs, and compensatory, special, punitive and statutory damages, consent orders, adverse actions against our licenses to do business and/or injunctive relief, any of which could adversely affect our businesses, operating results, cash flows or financial condition. There can be no assurance that awe have or will be able to adequately prevent, detect, and/or remediate such data security incidents.The failure or disruption of our information technology systems or the failure of our information technology infrastructure to support our businesses could adversely affect our reputation, businesses, operating results and cash flows.Our information systems are subject to damage or interruption from power outages, facility damage, computer and telecommunications failures, computer viruses, security breaches (including credit card or personally identifiable information breaches), cyberattacks, vandalism, catastrophic events and human error. If our information systems are damaged, fail to work properly or otherwise become unavailable, we may incur substantial costs to repair or replace them, and may experience reputational damage, loss of critical information, customer disruption and interruptions or delays in our ability to perform essential functions and implement new and innovative services. We use third-party vendors to set-up, service, and/or maintain portions of our information technology systems, and our vendors may suffer the same types of issues, which could adversely affect our ability to access and use such systems and the data contained therein, which could result in similar harm. In addition, our efforts to comply with changes in U.S. and foreign laws and regulations, including privacy and information security laws and standards, may cause us to incur significant expense due to increased investment in technology and the development of new operational processes.Our business success and operating results depend in part on effective information technology systems and on continuing to develop and implement improvements in technology. Pursuing multiple initiatives simultaneously could make this continued development and implementation significantly more challenging.Many aspects of our operations are dependent on our information systems and the information collected, processed, stored and handled by these systems. We rely heavily on our information and technology systems to manage our ordering, pricing, point-of-sale, pharmacy fulfillment, inventory replenishment, claims processing, customer loyalty and subscription programs, finance, human resources and other processes. Throughout our operations, we collect, process, maintain, retain, evaluate, utilize and distribute large amounts of confidential and sensitive data and information, including personally identifiable information and protected health information, that our customers, employees, members and other constituents provide to purchase products or services, enroll in programs or services, register on our websites, interact with our personnel, or otherwise communicate with us. For these operations, we depend in part on the secure transmission of confidential information over public networks.We have many different information and other technology systems supporting our different businesses, including technology acquired as part of acquisitions, such as Canopy. Our businesses depend in large part on these systems to adequately price our 57products and services; accurately establish reserves, process claims and report operating results; and interact with providers, employer plan sponsors, customers, members, consumers and vendors in an efficient and uninterrupted fashion. In addition, recent trends toward greater consumer engagement in health care require new and enhanced technologies, including more sophisticated applications for mobile devices. Certain of our technology systems (including software) are older, legacy systems that are less flexible, less efficient and require a significant ongoing commitment of capital and human resources to maintain, protect and enhance them and to integrate them with our other systems. We must re-engineer and reduce the number of these older, legacy systems to meet changing consumer and vendor preferences and needs, improve our productivity and reduce our operating expenses, and acquired systems may need significant investment in order to meet the ongoing needs of the larger Company. We also need to develop or acquire new technology systems, contract with new vendors or modify certain of our existing systems to support the consumer-oriented and transformational products and services we are developing, operating and expanding and/or to meet current and developing industry and regulatory standards, including to keep pace with continuing changes in information processing technology, emerging cybersecurity risks and threats, and changes to applicable privacy and security laws, rules and regulations. If we fail to achieve these objectives, our ability to profitably grow our business and/or our operating results may be adversely affected.In addition, information technology and other technology and process improvement projects, including our transformation and enterprise modernization programs, frequently are long-term in nature and may take longer to complete and cost more than we expect and may not deliver the benefits we project once they are complete. If we do not effectively and efficiently secure, manage, integrate and enhance our technology portfolio (including vendor sourced systems), we could, among other things, have problems determining health care and other benefit cost estimates and/or establishing appropriate pricing, meeting the needs of customers, consumers, providers, members and vendors, developing and expanding our consumer-oriented products and services or keeping pace with industry and regulatory standards, and our operating results may be adversely affected.Product liability, product recall, professional liability or personal injury issues could damage our reputation and have a significant adverse effect on our businesses, operating results, cash flows and/or financial condition.The products that we sell could become subject to contamination, product tampering, mislabeling, recall or other damage. In addition, errors in the dispensing, packaging or administration of drugs or other products and consuming drugs in a manner that is not prescribed could lead to serious injury or death. Product liability or personal injury claims may be asserted against us with respect to any of the drugs or other products we sell or services we provide. For example, we are a defendant in hundreds of litigation proceedings relating to opioids and the sale of products containing talc. Our businesses also involve the provision of professional services, including by physicians, pharmacists, physician assistants, nurses and nurse practitioners, which exposes us to professional liability claims. Should a product or other liability issue arise, the coverage available under our insurance programs and the indemnification amounts available to us from third parties may not be adequate to protect us against the financial impact of the related claims. We also may not be able to maintain our existing levels of insurance on acceptable terms in the future. Any of the issues discussed above could damage our brand and reputation and have a significant adverse effect on our businesses, operating results and/or financial condition.We face significant competition in attracting and retaining talented employees. Further, managing succession for, and retention of, key executives is critical to our success, and our failure to do so could adversely affect our businesses, operating results and/or future performance.Our ability to attract and retain qualified and experienced employees is essential to meet our current and future goals and objectives. There is no guarantee we will be able to attract and retain such employees or that competition among potential employers will not result in increased compensation and/or benefits costs. If we are unable to retain existing employees or attract additional employees, or we experience an unexpected loss of leadership, we could experience a material adverse effect on our businesses, operating results and/or future performance.In addition, our failure to adequately plan for succession of senior management and other key management roles or the failure of key employees to successfully transition into new roles could have a material adverse effect on our businesses, operating results and/or future performance. The succession plans we have in place and our employment arrangements with certain key executives do not guarantee the services of these executives will continue to be available to us.Sales of our products and services are dependent on our ability to attract and motivate internal sales personnel and independent third-party brokers, consultants and agents. New distribution channels create new disintermediation risk. We may be subject to penalties or other regulatory actions as a result of the marketing practices of brokers and agents selling our products.58Our products are sold primarily through our sales personnel, who frequently work with independent brokers, consultants and agents who assist in the marketing, production and servicing of business. The independent brokers, consultants and agents generally are not exclusively dedicated to us and may frequently recommend and/or market health care benefits products of our competitors. Our sales could be adversely affected if we are unable to attract, retain or motivate sales personnel and third-party brokers, consultants and agents, or if we do not adequately provide support, training and education to this sales network regarding our complex product portfolio, or if our sales strategy is not appropriately aligned across distribution channels. This risk is heightened as we develop, operate and expand our consumer-oriented products and services and we expand in the health care space and our business model evolves to include a greater focus on consumers and direct-to-consumer sales, such as competing for sales on Insurance Exchanges.New distribution channels for our products and services continue to emerge, including Private Exchanges operated by health care consultants and technology companies. These channels may make it more difficult for us to directly engage consumers and other customers in the selection and management of their health care benefits, in health care utilization and in the effective navigation of the health care system. We also may be challenged by new technologies and marketplace entrants that could interfere with our existing relationships with customers and health plan members in these areas.In addition, there have been several investigations regarding the marketing practices of brokers and agents selling health care and other insurance products and the payments they receive. These investigations have resulted in enforcement actions against companies in our industry and brokers and agents marketing and selling those companiesâ€™ products. These investigations and enforcement actions could result in penalties and the imposition of corrective action plans and/or changes to industry practices, which could adversely affect our ability to market our products. Specifically, CMS, U.S. Congressional committees and state departments of insurance have each increased scrutiny of the marketing practices of brokers and agents who market Medicare products and of the Medicare Advantage organizations that use these organizations to market their products. CMS, other federal agencies or U.S. Congress may also recommend changes or take additional action with respect to the way in which brokers and agents are compensated for selling our Medicare Advantage and Part D plans. For example, CMS finalized new requirements imposing limitations on the amounts and types of payments that brokers can earn for marketing and enrollment services with respect to Medicare Advantage and Part D plans. While these new requirements are currently subject to an injunction, if the injunction is lifted or CMS attempts to impose restrictions on broker and agent compensation in the future, we will need to comply with the new restrictions. In addition, the IRA contains changes to the Part D program that began in 2023 and will continue through 2032 that will shift more of the claim liability to plans and away from the government.Failure of our businesses to effectively collaborate could prevent us from maximizing our operating results.To maximize our overall enterprise value, our various businesses need to collaborate effectively. Our businesses need to be aligned to carry out our business strategy, prioritize goals and coordinate the design of new products intended to utilize the offerings of multiple businesses, including implementing our transformation and enterprise modernization programs. In addition, misaligned incentives, information siloes, ineffective product development and failure of our corporate governance policies or procedures, for example significant financial decisions being made at an inappropriate level in our organization, also could prevent us from maximizing our operating results and/or achieving our financial and other projections. We are subject to payment-related risks that could increase our operating costs, expose us to fraud or theft, subject us to new rules and other requirements and potential liability and may disrupt our business operations.We accept payments using a variety of methods, including cash, checks, credit cards, debit cards, gift cards, mobile payments and potentially other technologies in the future that may subject us to new and additional risks related to fraud and theft. Acceptance of these payment methods subjects us to rules, regulations, contractual obligations and compliance requirements, including payment network rules and operating guidelines, data security standards and certification requirements, and rules and regulatory requirements governing these payment methods. These requirements may change in the future, which could make compliance more difficult or costly. For certain payment options, including credit and debit cards, we pay interchange and other fees, which could increase periodically thereby raising our operating costs. We rely on third parties to provide payment processing services, including the processing of credit cards, debit cards, and various other forms of electronic payment we currently use or adopt in the future. If these vendors are unable to provide these services to us, or if their systems are compromised, our operations could be disrupted. The payment methods that we offer also expose us to potential fraud and theft by persons seeking to obtain unauthorized access to, or exploit any weaknesses in, the payment systems we use. If we fail to abide by applicable rules or requirements, or if data relating to our payment systems is compromised due to a breach or misuse, we may be responsible for any costs incurred by payment card issuing banks and other third parties or subject to fines and 59higher transaction fees. In addition, our reputation and ability to accept certain types of payments could each be harmed resulting in reduced sales and adverse effects on our operating results.Both our and our vendorsâ€™ operations are subject to a variety of business continuity hazards and risks, any of which could interrupt our operations or otherwise adversely affect our performance and operating results.We and our vendors are subject to business continuity hazards and other risks, including natural disasters and extreme weather events (which may increase in frequency or intensity as a result of climate change), utility and other mechanical failures, acts of war or terrorism, acts of civil unrest, crime, disruption of communications, data security and preservation, disruption of supply or distribution, safety regulation and labor difficulties. The occurrence of any of these or other events to us or our vendors might disrupt or shut down our operations or otherwise adversely affect our operations. We also may be subject to certain liability claims in the event of an injury or loss of life, or damage to property, resulting from such events. Although we have developed procedures for crisis management and disaster recovery and business continuity plans, and we maintain insurance policies that we believe are customary and adequate for our size and industry, our crisis management and disaster recovery procedures and business continuity plans may not be effective and our insurance policies include limits and exclusions and, as a result, our coverage may be insufficient to protect against all potential hazards and risks incident to our businesses. Should any such hazards or risks occur, or should our insurance coverage be inadequate or unavailable, our businesses, operating results, cash flows and financial condition could be adversely affected.Financial RisksWe would be adversely affected if we do not effectively deploy our capital. Downgrades or potential downgrades in our credit ratings, should they occur, could adversely affect our brand and reputation, businesses, operating results, cash flows and financial condition.Our operations generate significant capital, and we may from time to time raise additional capital, subject to market conditions. The manner in which we deploy our capital, including investments in our businesses, our operations (such as information technology and other strategic and capital projects), dividends, acquisitions, share and/or debt repurchases, repayment of debt, reinsurance or other capital uses, impacts our financial strength, claims paying ability and credit ratings issued by nationally-recognized statistical rating organizations. Credit ratings issued by nationally-recognized statistical rating organizations are broadly distributed and generally used throughout our industries. Our ratings reflect each rating organizationâ€™s opinion of our financial strength, operating performance and ability to meet our debt obligations or obligations to our insureds. We believe our credit ratings and the financial strength and claims paying ability of our principal insurance and HMO subsidiaries are important factors in marketing our Health Care Benefits products to certain of our customers.The Companyâ€™s long-term debt ratings are currently investment grade, though each of the ratings organizations reviews our ratings periodically and there can be no assurance that our current ratings will be maintained in the future. In August 2024, Moodyâ€™s Investor Service, Inc. (â€œMoodyâ€™sâ€) and Standard & Poorâ€™s Financial Services LLC (â€œS&Pâ€) changed their outlook on the Companyâ€™s long-term debt from â€œStableâ€ to â€œNegative.â€ In October 2024, Moodyâ€™s placed the Companyâ€™s long-term debt ratings and the Companyâ€™s commercial paper program on review for downgrade. Subsequently, in December 2024, Moodyâ€™s downgraded the Companyâ€™s long-term debt rating to â€œBaa3â€ and the Companyâ€™s commercial paper rating to â€œP3â€ and changed their outlook on the Company to â€œStableâ€. In December 2024, Fitch Ratings Inc. (â€œFitchâ€) initiated ratings coverage on the Company and assigned a first-time â€œBBBâ€ rating to the Companyâ€™s long-term debt and a â€œF2â€ rating to the Companyâ€™s commercial paper program with the outlook on the Company of â€œNegativeâ€. Downgrades in our ratings could adversely affect our businesses, operating results, cash flows and financial condition.Goodwill and other intangible assets could, in the future, become impaired.As of DecemberÂ 31, 2024 and DecemberÂ 31, 2023, we had $118.6 billion and $120.5 billion, respectively, of goodwill and other intangible assets. Goodwill and indefinite-lived intangible assets are subject to annual impairment reviews, or more frequent reviews if events or circumstances indicate that the carrying value may not be recoverable. When evaluating goodwill for potential impairment, we compare the fair value of our reporting units to their respective carrying amounts. We estimate the fair value of our reporting units using a combination of a discounted cash flow method and a market multiple method. If the carrying amount of a reporting unit exceeds its estimated fair value, a goodwill impairment loss is recognized in an amount equal to the excess to the extent of the goodwill balance. Indefinite-lived intangible assets are tested

for impairment by comparing the estimated fair value of the asset to its carrying value. The Company estimates the fair value of its indefinite-lived trademarks using the relief from royalty method under the income approach. If the carrying value of the asset exceeds its estimated fair value, an impairment loss is recognized, and the asset is written down to its estimated fair value. Definite-lived 60intangible assets are tested for impairment whenever events or changes in circumstances indicate that the carrying value of such an asset may not be recoverable. If indicators of impairment are present, the Company first compares the carrying amount of the asset group to the estimated future cash flows associated with the asset group (undiscounted). If the estimated future cash flows used in this analysis are less than the carrying amount of the asset group, an impairment loss calculation is prepared. The impairment loss calculation compares the carrying amount of the asset group to the asset groupâ€™s estimated future cash flows (discounted). Estimated fair values could change if, for example, there are changes in the business climate, industry-wide changes, changes in the competitive environment, adverse legal or regulatory actions or developments, changes in capital structure, cost of debt, interest rates, capital expenditure levels, operating cash flows or market capitalization. Because of the significance of our goodwill and intangible assets, any future impairment of these assets could require material noncash charges to our operating results, which also could have a material adverse effect on our financial condition.Adverse conditions in the U.S. and global capital markets can significantly and adversely affect the value of our investments in debt and equity securities, mortgage loans, alternative investments and other investments, and our operating results and/or our financial condition.The U.S. and global capital markets, including credit markets, continue to experience volatility and uncertainty. As an insurer, we have a substantial investment portfolio that supports our policy liabilities and surplus and is comprised largely of debt securities of issuers located in the U.S. As a result, the income we earn from our investment portfolio is largely driven by the level of interest rates in the U.S., and to a lesser extent the international financial markets. Volatility, uncertainty and/or disruptions in the global capital markets, particularly the U.S. credit markets, and governmentsâ€™ monetary policy, particularly U.S. monetary policy, can significantly and adversely affect the value of our investment portfolio, our operating results and/or our financial condition by:â€¢significantly reducing the value and/or liquidity of the debt securities we hold in our investment portfolio and creating realized capital losses that reduce our operating results and/or unrealized capital losses that reduce our shareholdersâ€™ equity;â€¢lowering interest rates on high-quality short-term or medium-term debt securities and thereby materially reducing our net investment income and operating results as the proceeds from securities in our investment portfolio that mature or are otherwise disposed of continue to be reinvested in lower yielding securities;â€¢reducing the fair values of our investments if interest rates rise;â€¢causing non-performance of or defaults on their obligations to us by third parties, including customers, issuers of securities in our investment portfolio, mortgage borrowers and/or reinsurance and/or derivatives counterparties;â€¢making it more difficult to value certain of our investment securities, for example if trading becomes less frequent, which could lead to significant period-to-period changes in our estimates of the fair values of those securities and cause period-to-period volatility in our net income and shareholdersâ€™ equity;â€¢reducing our ability to issue debt securities at attractive interest rates, thereby increasing our interest expense and decreasing our operating results; andâ€¢reducing our ability to issue other securities.Although we seek, within guidelines we deem appropriate, to match the duration of our assets and liabilities and to manage our credit and counterparty exposures, a failure to do so adequately could adversely affect our net income and our financial condition and, in extreme circumstances, our cash flows.Risks Related to Our Relationships with Manufacturers, Providers, Suppliers and VendorsWe face risks relating to the market availability, pricing, suppliers and safety profiles of prescription drugs and other products that we purchase and sell.Our Pharmacy & Consumer Wellness segment and our mail order and specialty pharmacy operations generate revenues in significant part by dispensing prescription drugs. Our PBM business generates revenues primarily by contracting with clients to provide prescription drugs and related health care services to plan members. As a result, we are dependent on our relationships with prescription drug manufacturers and suppliers. We acquire a substantial amount of our mail order and specialty pharmaciesâ€™ prescription drug supply from a limited number of suppliers. Certain of our agreements with such suppliers are short-term and cancellable without cause. In addition, these agreements may allow the supplier to distribute through channels other than us. Certain of these agreements also allow pricing and other terms to be adjusted periodically for changing market conditions or required service levels. A termination or modification to any of these relationships could adversely affect our 61prescription drug supply and have a material adverse effect on our businesses, operating results and financial condition. Moreover, many products distributed by our pharmacies are manufactured with ingredients that are susceptible to supply shortages. In some cases, we depend upon a single source of supply. Any such supply shortages or loss of any such single source of supply could adversely affect our operating results and cash flows.Much of the branded and generic drug product that we sell in our pharmacies, and much of the other merchandise we sell, is manufactured in whole or in substantial part outside of the U.S. In most cases, the products or merchandise are imported by others and sold to us. As a result, significant changes in tax or trade policies, tariffs or trade relations between the U.S. and other countries, such as the imposition of unilateral tariffs on imported products, could result in significant increases in our costs, restrict our access to suppliers, depress economic activity, and have a material adverse effect on our businesses, operating results and cash flows. The current administration has imposed and may further impose, or significantly increase, tariffs on imports to the United States, which could exacerbate many of these issues. In addition, other countries may change their business and trade policies and such changes, as well as any negative sentiments towards the U.S. in response to increased import tariffs and other changes in U.S. trade regulations, including those that are imposed or threatened by the new administration, could adversely affect our businesses.Our suppliers are independent entities subject to their own operational and financial risks that are outside our control. If our current suppliers were to stop selling prescription drugs to us or delay delivery, including as a result of supply shortages, supplier production disruptions, supplier quality issues, closing or bankruptcies of our suppliers, or for other reasons, we may be unable to procure alternatives from other suppliers in a timely and efficient manner and on acceptable terms, or at all. Our operating results may be adversely affected if we are unable to contract with providers on competitive terms and develop and maintain attractive networks with high quality providers.We are seeking to enhance our health care provider networks by entering into joint ventures and other collaborative risk-sharing arrangements with providers. Providersâ€™ willingness to enter these arrangements with us depends upon, among other things, our ability to provide them with up to date quality of care data to support these value-based contracts. These arrangements are designed to give providers incentives to engage in population health management and optimize delivery of health care to our members. These arrangements also may allow us to expand into new geographies, target new customer groups, increase membership and reduce medical costs and, if we provide technology or other services to the relevant health system or provider organization, may contribute to our revenue and earnings from alternative sources. If such arrangements do not result in the lower medical costs that we project or if we fail to attract providers to such arrangements, or are less successful at implementing such arrangements than our competitors, our medical costs may not be competitive and may be higher than we project, our attractiveness to customers may be reduced, we may lose or be unable to grow medical membership, and our ability to profitably grow our business and/or our operating results may be adversely affected.While we believe joint ventures, ACOs and other non-traditional health care provider organizational structures present opportunities for us, the implementation of our joint ventures and other non-traditional structure strategies may not achieve the intended results, which could adversely affect our operating results and cash flows. For example, joint ventures require us to, among other things, maintain collaborative relationships with our counterparties, continue to gain access to provider rates that make the joint ventures economically sustainable and devote significant management time to the operation and management of the joint ventures. We may not be able to achieve these objectives in one or more of our joint ventures, which could adversely affect our operating results and cash flows.If our suppliers or service providers fail to meet their contractual obligations to us or to comply with applicable laws or regulations, we may be exposed to brand and reputational harm, litigation and/or regulatory action. We contract with various third parties to supply us with necessary products, perform certain functions and services and provide us with certain information technology systems. Our arrangements with suppliers and these third parties may expose us to public scrutiny, adversely affect our brand and reputation, expose us to litigation or regulatory action, and otherwise make our operations vulnerable if we fail to adequately oversee, monitor and regulate their performance or if they fail to meet their contractual obligations to us or to comply with applicable laws or regulations, including those related to human capital and climate change. For example, certain of our vendors have been responsible for releases of sensitive information of our members and employees, which has caused us to incur additional expenses and given rise to regulatory actions and litigation against us and has adversely impacted our brand.These risks are particularly high in our in Medicare Advantage (including dual eligible special needs plans), Medicare Part D, Medicaid, and Managed Medicaid plans, where third parties may perform medical management and other member related 62Table of Contentsservices for us. Any failure of these third partiesâ€™ prevention, detection or control systems related to regulatory compliance, compliance with our internal policies, data security and/or cybersecurity or any incident involving the theft, misappropriation, loss or other unauthorized disclosure of, or access to, membersâ€™, customersâ€™ or other constituentsâ€™ sensitive information could require us to expend significant resources to remediate any damage, interrupt our operations and adversely affect our brand and reputation and also expose us to whistleblower, class action and other litigation, other proceedings, prohibitions on marketing or active or passive enrollment of members, corrective actions, fines, sanctions and/or penalties, any of which could adversely affect our businesses, operating results, cash flows and/or financial condition.We may experience increased medical and other benefit costs, litigation risk and customer and member dissatisfaction when providers that do not have contracts with us render services to our Health Care Benefits members.Some providers that render services to our Health Care Benefits members do not have contracts with us. In those cases, we do not have a pre-established understanding with these nonparticipating providers as to the amount of compensation that is due to them for services rendered to our members. In some states, the amount of compensation due to these nonparticipating providers is defined by law or regulation, but in most instances it is either not defined or it is established by a standard that is not clearly translatable into dollar terms. In such instances, providers may believe that they are underpaid for their services and may either litigate or arbitrate their dispute with us or try to recover the difference between what we have paid them and the amount they charged us from our members, which may result in member dissatisfaction. For example, in 2019, certain claimant hospitals were awarded approximately $86 million in an arbitration proceeding relating to Aetnaâ€™s out-of-network benefit payment and administration practices. Such disputes may cause us to pay higher medical or other benefit costs than we projected.Continuing consolidation and integration among providers and other suppliers may increase our medical and other covered benefits costs, make it difficult for us to compete in certain geographies and create new competitors.Hospitals, other health care providers and health systems continue to consolidate across the health care industry. While this consolidation could increase efficiency and has the potential to improve the delivery of health care services, it also reduces competition and the number of potential contracting parties in certain geographies and sectors of the health care industry. Health systems also are increasingly forming and considering forming health plans to directly offer health insurance in competition with us, a process that has been accelerated by the ACA. In addition, ACOs (including Commercial and Medicaid-only ACOs developed as a result of state Medicaid laws), practice management companies, consolidation among and by integrated health systems and other changes in the organizational structures that physicians, hospitals and other providers adopt continues to change the way these providers interact with us and the competitive landscape in which we operate. These changes may increase our medical and other covered benefits costs, may affect the way we price our products and services and estimate our medical and other covered benefits costs and may require us to change our operations, including by withdrawing from certain geographies where we do not have a significant presence across our businesses or are unable to collaborate or contract with providers on acceptable terms. Each of these changes may adversely affect our businesses and operating results.Item 1B. Unresolved Staff Comments.There are no unresolved SEC Staff Comments.Item 1C. Cybersecurity.Cybersecurity Risk ManagementCybersecurity is an important and integrated part of the Companyâ€™s enterprise risk management strategy. Safeguarding the Companyâ€™s business information, intellectual property, customer, patient and employee data and technology systems is essential for the continuity of its businesses, meeting applicable regulatory requirements and maintaining the trust of its stakeholders. To help protect the Company from a major cybersecurity incident that could have a material impact on operations or the Companyâ€™s financial results, the Company has implemented a robust information security program and has made technology investments that focus on cybersecurity incident prevention, detection and mitigation. The steps the Company takes to reduce its vulnerability and to mitigate the impacts from cybersecurity incidents include, but are not limited to: comprehensive information security policies and standards, implementing logical and technical controls through processes and technologies, monitoring its information technology systems for cybersecurity threats, assessing cybersecurity risk profiles of key third-parties, implementing cybersecurity training and collaborating with public and private organizations on cyber threat information 63Table of Contentsand best practices. The Company is currently in material compliance with applicable information privacy and cybersecurity standards.The Company has implemented a Cybersecurity Incident Response Plan (the â€œPlanâ€), which is integrated into its overall crisis management program. The Plan provides a framework for responding to cybersecurity incidents. The Plan identifies applicable requirements for incident disclosure and reporting as well as provides protocols for incident evaluation, including the use of third-party service providers and partners, processes for notification and internal escalation of information to the Companyâ€™s senior management, the disclosure committee, the Board and appropriate Board committees. The Plan also addresses requirements for the Companyâ€™s external reporting obligations. The Plan is reviewed and updated, as necessary, under the leadership of the Companyâ€™s Chief Information Security Officer (â€œCISOâ€) and Chief Privacy Officer (â€œCPOâ€).The Companyâ€™s information technology systems and processes are regularly assessed internally as well as by independent third parties for compliance with the following standards: HIPAA; NIST 800-53; System and Organization Controls (â€œSOCâ€) 1; SOC 2 Type 2; HI-TRUST; Payment Card Industry Data Security Standards; and the National Association of Insurance Commissioners. The Company annually purchases a cybersecurity risk insurance policy that is expected to help defray the costs associated with a covered cybersecurity incident if it occurred.Although the Company did not experience a material cybersecurity incident during the year ended DecemberÂ 31, 2024, it did experience previously-disclosed impacts from the Change Healthcare cybersecurity incident in February 2024. See the Companyâ€™s Form 10-Q for the three months ended March 31, 2024 for more information. The scope and impact of any future direct or third-party cybersecurity incident cannot be predicted. See â€œItem 1A. Risk Factorsâ€ for more information on the Companyâ€™s cybersecurity-related risks.GovernanceManagement has responsibility to manage risk and bring to the Boardâ€™s attention the most material near-term and long-term risks to the Company. The Companyâ€™s CISO leads managementâ€™s assessment and management of cybersecurity risk. The CISO reports to the Companyâ€™s Chief Digital, Data, Analytics & Technology Officer (the â€œCDDATOâ€), who reports directly to the Companyâ€™s Chief Executive Officer. The CDDATO, CISO and the CPO, regularly review cybersecurity matters with management. The current CDDATO, CISO and CPO each has more than 10 years of experience managing risks or advising on cybersecurity issues.The Board is actively engaged in overseeing and reviewing the Companyâ€™s strategic direction and objectives, taking into account, among other considerations, the Companyâ€™s risk profile and related exposures. As part of this oversight the Board has delegated certain of these responsibilities to committees of the Board. The Board has delegated the responsibility for the oversight of the Companyâ€™s cybersecurity risks to the Audit Committee. As part of this oversight, the Audit Committee reviews the Companyâ€™s cybersecurity program periodically, and at least annually. The Companyâ€™s CDDATO and CISO update the Audit Committee periodically, and at least annually, and the full Board as needed, on the Companyâ€™s cybersecurity program, including particular cybersecurity threats, incidents and new developments in the Companyâ€™s risk profile. The CISO is a member of the Companyâ€™s Disclosure Committee, and the CPO advises the Disclosure Committee on cybersecurity matters on an as-needed basis.Item 2. Properties.The Companyâ€™s principal office is an owned building complex located in Woonsocket, Rhode Island, which totals approximately one million square feet. The Company also leases office space in other locations in the U.S. Health Care Benefits SegmentThe Health Care Benefits segmentâ€™s principal office is an owned building complex located in Hartford, Connecticut, which totals approximately 1.7 million square feet. The Health Care Benefits segment also owns or leases office space in other locations in the U.S. and several other countries. Health Services SegmentThe Health Services segment includes owned or leased mail service dispensing pharmacies, call centers, on-site pharmacy stores, retail specialty pharmacy stores, specialty mail service pharmacies and primary care centers.64Table of ContentsThe Health Services segment leases 239 primary care centers across 27 states, totaling approximately 2.2 million square feet. The Health Services segment also owns or leases office space used for administration, sales and marketing, technology and development and professional services throughout the U.S. and in Ireland.Pharmacy & Consumer Wellness SegmentAs of DecemberÂ 31, 2024, the Pharmacy & Consumer Wellness segment operated the following properties:â€¢More than 7,000 retail stores, of which approximately 4% were owned. Net selling space for retail stores was approximately 72.6 million square feet as of DecemberÂ 31, 2024. â€¢Approximately 1,860 retail pharmacies within retail chains, as well as approximately 30 clinics in Target Corporation (â€œTargetâ€) stores;â€¢Owned distribution centers and leased distribution facilities throughout the U.S. totaling approximately 10.1 million square feet; â€¢Branches for compounding, specialty infusion and enteral nutrition services throughout the U.S.; andâ€¢Owned and leased LTC pharmacies throughout the U.S. and an owned LTC repackaging facility.In connection with certain business dispositions completed between 1995 and 1997, the Company continues to guarantee lease obligations for 61 former stores. The

Company is indemnified for these guarantee obligations by the respective initial purchasers. These guarantees generally remain in effect for the initial lease term and any extension thereof pursuant to a renewal option provided for in the lease prior to the time of the disposition. For additional information on these guarantees, see â€œLease Guaranteesâ€ in Note 18 â€˜â€˜Commitments and Contingenciesâ€™â€™ included in Item 8 of this 10-K.Management believes that the Companyâ€™s owned and leased facilities are suitable and adequate to meet the Companyâ€™s anticipated needs. At the end of the existing lease terms, management believes the leases can be renewed or replaced by alternative space. For additional information on the right-of-use assets and lease liabilities associated with the Companyâ€™s leases, see Note 7 â€˜â€˜Leasesâ€™â€™ included in Item 8 of this 10-K.Item 3. Legal Proceedings.The information contained in Note 18 â€˜â€˜Commitments and Contingenciesâ€™â€™ included in Item 8 of this 10-K is incorporated herein by reference.Item 4. Mine Safety Disclosures.Not applicable.65Table of ContentsInformation about our Executive Officers The following sets forth the name, age and biographical information for each of the Registrantâ€™s executive officers as of FebruaryÂ 12, 2025. In each case the officerâ€™s term of office extends to the date of the meeting of the Board following the next annual meeting of stockholders of CVS Health Corporation. Previous positions and responsibilities held by each of the executive officers over the past five years or more are indicated below:Heidi B. Capozzi, age 55, Executive Vice President and Chief People Officer of CVS Health Corporation since September 2024; Executive Vice President and Global Chief People Officer of McDonaldâ€™s Corporation from April 2020 through August 2024; Senior Vice President and Chief Human Resources Officer of The Boeing Company from April 2016 through April 2020. James D. Clark, age 60, Senior Vice President - Controller and Chief Accounting Officer of CVS Health Corporation since November 2018; Vice President - Finance and Accounting of CVS Pharmacy, Inc. from September 2009 through October 2018.Thomas F. Cowhey, age 52, Executive Vice President and Chief Financial Officer of CVS Health Corporation since January 2024; Senior Vice President and Interim Chief Financial Officer of CVS Health Corporation from October 2023 through January 2024; Senior Vice President, Corporate Finance of CVS Health Corporation from September 2023 through October 2023; Senior Vice President, Capital Markets of CVS Health Corporation from February 2022 through September 2023; and Executive Vice President and Chief Financial Officer of Surgical Partners, a large independent operator of short-stay surgical facilities, from April 2018 through February 2022.Roger N. Farah, age 72, Executive Chair of the Board CVS Health Corporation since October 2024; Chair of the Board of CVS Health Corporation since May 2022; Director of CVS Health Corporation since November 2018; and Director of Aetna, Inc. from June 2007 through November 2018. He also currently serves as a director of The Progressive Corporation, an auto insurance company, and formerly served as Chairman of the Board and a director of Tiffany & Co. until January 2021, and as a director of Metro Bank PLC until March 2020.J. David Joyner, age 60, President and Chief Executive Officer of CVS Health Corporation since October 2024; Executive Vice President of CVS Health Corporation and President of Pharmacy Services from January 2023 through October 2024; Strategic Business Advisor to gWell, Inc., a wellness technology company, from July 2021 through September 2023; Advisor to Podimetrics Inc., a health care company focused on the identification and treatment of diabetic foot ulcers from September 2020 through January 2023; Advisory Council to the Rawls College of Business of Texas Tech University since July 2020; Executive Vice President â€“ Sales and Account Services, CVS Caremark for CVS Health Corporation from March 2011 through December 2019.Samrat S. Khichi, age 57, Executive Vice President, Chief Policy Officer and General Counsel of CVS Health Corporation since February 2023; Executive Vice President, Corporate Development, Public Policy, Regulatory Affairs and General Counsel of Becton Dickinson Company (â€œBDâ€), a global medical technology company, from December 2017 through February 2023; Senior Vice President, General Counsel and Secretary of C.R. Bard, a medical technology company that was acquired from BD, from July 2014 through December 2017.Tilak Mandadi, age 61, Executive Vice President, Ventures and Chief Digital, Data, Analytics and Technology Officer of CVS Health Corporation since July 2022; Chief Strategy Officer, MGM Resorts International from July 2021 through July 2022; Executive Vice President, Digital & Global Chief Technology Officer, Disney Parks, Experiences and Products from March 2013 through July 2021.Steven H. Nelson, age 66, Executive Vice President and President, Aetna of CVS Health Corporation since November 2024; Chief Executive Officer, ChenMed LLC (â€œChenMedâ€), a health care provider focused on senior citizens, from February 2024 through August 2024; President, ChenMed, from August 2023 through January 2024; President, JenCare Senior Medical Center, a ChenMed company, from September 2022 through August 2023; Co-Chairman and Chief Executive Officer of Duly Health and Care, a large multispecialty independent provider group, from July 2020 through September 2022.Prem S. Shah, age 45, Executive Vice President and Group President of CVS Health Corporation since November 2024; Executive Vice President and Chief Pharmacy Officer of CVS Health Corporation from NovemberÂ 2021 through November 2024 and President or Co-President of Retail from January 2022 through November 2024; Executive Vice President, Specialty and Product Innovation, CVS Caremark from August 2018 through November 2021; Vice President - Specialty Pharmacy, CVS Caremark from February 2013 through July 2018.66Table of ContentsPART IIItem 5. Market for Registrantâ€™s Common Equity, Related Stockholder Matters and Issuer Purchases of Equity Securities.Market InformationCVS Health Corporationâ€™s common stock is listed on the New York Stock Exchange under the symbol â€œCVS.â€ Dividends During 2024, 2023 and 2022, the quarterly cash dividend was $0.665, $0.605 and $0.55 per share, respectively. CVS Health Corporation has paid cash dividends every quarter since becoming a public company and expects to maintain its quarterly dividend of $0.665 per share throughout 2025. Future dividends will depend on the Companyâ€™s earnings, capital requirements, financial condition and other factors considered relevant by the Board.See Note 14 â€˜â€˜Shareholdersâ€™ Equityâ€™â€™ included in Item 8 of this 10-K for information regarding CVS Health Corporationâ€™s dividends.Holders of Common StockAs of February 5, 2025, there were 21,818 registered holders of the registrantâ€™s common stock according to the records maintained by the registrantâ€™s transfer agent.Issuer Purchases of Equity Securities The following share repurchase programs have been authorized by the Board:In billionsAuthorizationÂ DateAuthorizedRemaining as ofDecemberÂ 31, 2024November 17, 2022 (â€œ2022 Repurchase Programâ€)$10.0Â $10.0Â December 9, 2021 (â€œ2021 Repurchase Programâ€)10.0Â 1.5Â Each of the share Repurchase Programs was effective immediately and permit the Company to effect repurchases from time to time through a combination of open market repurchases, privately negotiated transactions, accelerated share repurchase (â€œASRâ€) transactions, and/or other derivative transactions. Both the 2022 and 2021 Repurchase Programs can be modified or terminated by the Board at any time. During the years ended DecemberÂ 31, 2024, 2023 and 2022, the Company repurchased an aggregate of 39.7Â million shares of common stock for approximately $3.0Â billion, an aggregate of 22.8Â million shares of common stock for approximately $2.0Â billion and an aggregate of 34.1Â million shares of common stock for approximately $3.5Â billion, respectively, each pursuant to the 2021 Repurchase Program. This activity includes the share repurchases under the ASR transactions described below.Pursuant to the authorization under the 2021 Repurchase Program, the Company entered into a $3.0Â billion fixed dollar ASR with Morgan Stanley & Co. LLC (â€œMorgan Stanleyâ€). Upon payment of the $3.0Â billion purchase price on January 4, 2024, the Company received a number of shares of CVS Health Corporationâ€™s common stock equal to 85% of the $3.0Â billion notional amount of the ASR or approximately 31.4Â million shares, which were placed into treasury stock in January 2024. The ASR was accounted for as an initial treasury stock transaction for $2.6Â billion and a forward contract for $0.4Â billion. The forward contract was classified as an equity instrument and was recorded within capital surplus. In March 2024, the Company received approximately 8.3Â million shares of CVS Health Corporationâ€™s common stock, representing the remaining 15% of the $3.0Â billion notional amount of the ASR, thereby concluding the ASR. These shares were placed into treasury and the forward contract was reclassified from capital surplus to treasury stock in March 2024.Pursuant to the authorization under the 2021 Repurchase Program, the Company entered into a $2.0Â billion fixed dollar ASR with Citibank, N.A. Upon payment of the $2.0Â billion purchase price on January 4, 2023, the Company received a number of shares of CVS Health Corporationâ€™s common stock equal to 80% of the $2.0Â billion notional amount of the ASR or approximately 17.4Â million shares, which were placed into treasury stock in January 2023. The ASR was accounted for as an 67initial treasury stock transaction for $1.6Â billion and a forward contract for $0.4Â billion. The forward contract was classified as an equity instrument and was recorded within capital surplus. In February 2023, the Company received approximately 5.4Â million shares of CVS Health Corporationâ€™s common stock, representing the remaining 20% of the $2.0Â billion notional amount of the ASR, thereby concluding the ASR. These shares were placed into treasury stock and the forward contract was reclassified from capital surplus to treasury stock in February 2023.Pursuant to the authorization under the 2021 Repurchase Program, the Company entered into a $1.5Â billion fixed dollar ASR with Barclays Bank PLC. Upon payment of the $1.5Â billion purchase price on January 4, 2022, the Company received a number of shares of CVS Health Corporationâ€™s common stock equal to 80% of the $1.5Â billion notional amount of the ASR or approximately 11.6Â million shares, which were placed into treasury stock in January 2022. The ASR was accounted for as an initial treasury stock transaction for $1.2Â billion and a forward contract for $0.3Â billion. The forward contract was classified as an equity instrument and was recorded within capital surplus. In February 2022, the Company received approximately 2.7Â million shares of CVS Health Corporationâ€™s common stock, representing the remaining 20% of the $1.5Â billion notional amount of the ASR, thereby concluding the ASR. These shares were placed into treasury stock and the forward contract was reclassified from capital surplus to treasury stock in February 2022.At the time they were received, the initial and final receipt of shares resulted in an immediate reduction of the outstanding shares used to calculate the weighted average common shares outstanding for basic and diluted earnings per share.See Note 14 â€˜â€˜Shareholdersâ€™ Equityâ€™â€™ included in Item 8 of this 10-K for additional information regarding the Companyâ€™s share repurchases.68Table of ContentsStock Performance GraphThe following graph compares the cumulative total shareholder return on CVS Health Corporationâ€™s common stock (assuming reinvestment of dividends) with the cumulative total return on the S&P 500 Index, the S&P 500 Food and Staples Retailing Industry Group Index and the S&P 500 Healthcare Sector Group Index from December 31, 2019 through DecemberÂ 31, 2024. The graph assumes a $100 investment in shares of CVS Health Corporationâ€™s common stock on December 31, 2019.December 31,20192020202120222023202420CVS Health Corporation$100Â $95Â $147Â $136Â $119Â $70Â S&P 500 (1)100Â 118Â 152Â 125Â 157Â 197Â S&P 500 Food & Staples Retailing Group Index (2)100Â 116Â 146Â 131Â 151Â 204Â S&P 500 Health Care Group Index (1) (3)100Â 113Â 143Â 140Â 143Â 147Â _____(1)Includes CVS Health Corporation.(2)Includes 8 companies (COST, DG, DLTR, KR, SYY, TGT, WBA, WMT).(3)Includes 61 companies.The year-ended values of each investment shown in the preceding graph are based on share price appreciation plus dividends, with the dividends reinvested as of the last business day of the month during which such dividends were ex-dividend. The calculations exclude trading commissions and taxes. Total shareholder returns from each investment can be calculated from the year-end investment values shown beneath the graph.Item 6. ReservedNot applicable.69Table of ContentsItem 7. Managementâ€™s Discussion and Analysis of Financial Condition and Results of Operations. (â€œMD&Aâ€)The following discussion and analysis should be read in conjunction with the audited consolidated financial statements and related notes included in Item 8 of this Annual Report on Form 10-K (this â€œ10-Kâ€), â€œRisk Factorsâ€ included in Item 1A of this 10-K and the â€œCautionary Statement Concerning Forward-Looking Statementsâ€ in this 10-K.Overview of BusinessCVS Health Corporation, together with its subsidiaries (collectively, â€œCVS Health,â€ the â€œCompany,â€ â€œwe,â€ â€œourâ€ or â€œusâ€), is a leading health solutions company building a world of health around every consumer it serves and connecting care so that it works for people wherever they are. As of DecemberÂ 31, 2024, the Company had more than 9,000 retail locations, more than 1,000 walk-in and primary care medical clinics, a leading pharmacy benefits manager with approximately 90 million plan members and expanding specialty pharmacy solutions, and a dedicated senior pharmacy care business serving more than 800,000 patients per year. The Company also serves an estimated more than 36 million people through traditional, voluntary and consumer-directed health insurance products and related services, including expanding Medicare Advantage offerings and a leading standalone Medicare Part D prescription drug plan (â€œPDPâ€). The Company is creating new sources of value through its integrated model allowing it to expand into personalized, technology driven care delivery and health services, increasing access to quality care, delivering better health outcomes and lowering overall health care costs.The Company has four reportable segments: Health Care Benefits, Health Services, Pharmacy & Consumer Wellness and Corporate/Other, which are described below.Overview of the Health Care Benefits SegmentThe Health Care Benefits segment operates as one of the nationâ€™s leading diversified health care benefits providers. The Health Care Benefits segment has the information and resources to help members, in consultation with their health care professionals, make more informed decisions about their health care. The Health Care Benefits segment offers a broad range of traditional, voluntary and consumer-directed health insurance products and related services, including medical, pharmacy, dental and behavioral health plans, medical management capabilities, Medicare Advantage and Medicare Supplement plans, PDPs and Medicaid health care management services. The Health Care Benefits segmentâ€™s primary customers, its members, primarily access the segmentâ€™s products and services through employer groups, government-sponsored plans or individually. The Health Care Benefits segment also serves customers who purchase products and services that are ancillary to its health insurance products. The Company refers to insurance products (where it assumes all or a majority of the risk for medical and dental care costs) as â€œInsuredâ€ and administrative services contract products (where the plan sponsor assumes all or a majority of the risk for medical and dental care costs) as â€œASC.â€ The Company sold Insured plans directly to individual consumers through the individual public health insurance exchanges (â€œPublic Exchangesâ€) in 17 states as of DecemberÂ 31, 2024. Overview of the Health Services SegmentThe Health Services segment provides a full range of PBM solutions, delivers health care services in its medical clinics, virtually, and in the home, and offers provider enablement solutions. PBM solutions include plan design offerings and administration, formulary management, retail pharmacy network management services, and specialty and mail order pharmacy services. In addition, the Company provides clinical services, disease management services, medical spend management and pharmacy and/or other administrative services for providers and federal 340B drug pricing program covered entities (â€œCovered Entitiesâ€). The Company operates a group purchasing organization that negotiates pricing for the purchase of pharmaceuticals and rebates with pharmaceutical manufacturers on behalf of its participants and provides various administrative, management and reporting services to pharmaceutical manufacturers. During 2023, the Company completed the acquisition of two key health care delivery assets â€“ Signify Health, Inc. (â€œSignify Healthâ€), a leader in health risk assessments, value-based care and provider enablement services, and Oak Street Health, Inc. (â€œOak Street Healthâ€), a leading multi-payor operator of value-based primary care centers serving Medicare eligible patients. The Company also launched CordavisTM, a wholly owned subsidiary that works directly with pharmaceutical manufacturers to commercialize and/or co-produce high quality biosimilar products. The Health Services segmentâ€™s clients and customers are primarily employers, insurance companies, unions, government employee groups, health plans, PDPs, Medicaid managed care plans, CMS, plans offered on public and private health insurance exchanges and other sponsors of health benefit plans throughout the U.S., patients who receive care in the Health Services segmentâ€™s medical clinics, virtually or in the home, as well as Covered Entities.70Overview of the Pharmacy & Consumer Wellness SegmentThe Pharmacy & Consumer Wellness segment dispenses prescriptions in its retail pharmacies and through its infusion operations, provides ancillary pharmacy services including pharmacy patient care programs, diagnostic testing and vaccination administration, and sells a wide assortment of health and wellness products and general merchandise. The segment also conducts long-term care pharmacy (â€œLTCâ€) operations, which distribute prescription drugs and provide related pharmacy consulting and ancillary services to long-term care facilities and other care settings, and provides pharmacy fulfillment services to support the Health Services segmentâ€™s specialty and mail order pharmacy offerings. As of DecemberÂ 31, 2024, the Pharmacy & Consumer Wellness segment operated more than 9,000 retail locations, as well as online retail pharmacy websites, LTC pharmacies and on-site pharmacies, retail specialty pharmacy stores, compounding pharmacies and branches for infusion and enteral nutrition services. Overview of the Corporate/Other SegmentThe Company presents the remainder of its financial results in the Corporate/Other segment, which primarily consists of:â€¢Management and administrative expenses to support the Companyâ€™s overall operations, which include certain aspects of executive management and the corporate relations, legal, compliance, human resources and finance departments, information technology, digital, data and analytics, as well as acquisition-related transaction and integration costs; andâ€¢Products for which the Company no longer solicits or accepts new customers such as its large case pensions and long-term care insurance products.71Results of OperationsThe following information summarizes the Companyâ€™s results of operations for 2024 compared to 2023. For discussion of the Companyâ€™s results of operations for 2023Â compared toÂ 2022,Â see â€œManagementâ€™s Discussion and Analysis of Financial Condition and Results of Operationsâ€ included in the Companyâ€™s Annual Report on Form 10-K for the fiscal year ended DecemberÂ 31, 2023 filed with the U.S. Securities and Exchange Commission (the â€œSECâ€) on February 7, 2024.Summary of Consolidated Financial ResultsChangeYear Ended DecemberÂ 31,Â 2024 vs. 20232023 vs. 2022InÂ millions202420232022$%$%Revenues:Products$231,521Â $245,138Â $226,616Â $(13,617) (5.6)%$18,522Â 8.2Â %Premiums122,896Â 99,192Â 85,330Â 23,704Â 23.9Â %13,862Â 16.2Â %Services16,239Â 12,293Â 9,683Â 3,946Â 32.1Â %2,610Â 27.0Â %Net investment income2,153Â 1,153Â 838Â 1,000Â 86.7Â %315Â 37.6Â %Total revenues372,809Â 357,776Â 322,467Â 15,033Â 4.2Â %35,309Â 10.9Â %Operating costs:Cost of products sold206,287Â 217,098Â 196,892Â (10,811)(5.0)%20,206Â 10.3Â %Health care costs115,121Â 86,247Â 71,073Â 28,874Â 33.5Â %15,174Â 21.3Â %Operating expenses41,606Â 39,832Â 38,212Â 1,774Â 4.5Â %1,620Â 4.2Â %Restructuring charges1,179Â 507Â â€”Â 672Â 132.5Â %507Â 100.0Â %Opioid litigation

charges100Â â€”Â 5,803Â 100Â 100.0Â %(5,803)(100.0)%Loss on assets held for saleâ€”Â 349Â 2,533Â (349)(100.0)%(2,184)(86.2)%Total operating costs364,293Â 344,033Â 314,513Â 20,260Â 5.9Â %29,520Â 9.4Â %Operating income8,516Â 13,743Â 7,954Â (5,227)(38.0)%5,789Â 72.8Â %Interest expense2,958Â 2,658Â 2,287Â 300Â 11.3Â %371Â 16.2Â %Gain on early extinguishment of debt(491)â€”Â â€”Â (491)(100.0)%â€”Â â€”Â %Other income(99)(88)(169)(11)(12.5)%81Â 47.9Â %Income before income tax provision6,148Â 11,173Â 5,836Â (5,025)(45.0)%5,337Â 91.4Â %Income tax provision1,562Â 2,805Â 1,509Â (1,243)(44.3)%1,296Â 85.9Â %Net income4,586Â 8,368Â 4,327Â (3,782)(45.2)%4,041Â 93.4Â %Net (income) loss attributable to noncontrolling interests28Â (24)(16)52Â 216.7Â %(8)(50.0)%Net income attributable to CVS Health$4,614Â $8,344Â $4,311Â $(3,730)(44.7)%$4,033Â 93.6Â %Commentary - 2024 compared to 2023Revenuesâ€¢Total revenues increased $15.0 billion, or 4.2%, in 2024 compared to 2023. The increase in total revenues was driven by growth in the Health Care Benefits and Pharmacy & Consumer Wellness segments, partially offset by a decline in the Health Services segment.â€¢Please see â€œSegment Analysisâ€ later in this MD&A for additional information about the revenues of the Companyâ€™s segments.Operating expensesâ€¢Operating expenses increased $1.8 billion, or 4.5%, in 2024 compared to 2023. The increase in operating expenses was primarily due to increased operating expenses to support growth in the business.â€¢Please see â€œSegment Analysisâ€ later in this MD&A for additional information about the operating expenses of the Companyâ€™s segments.72Operating income â€¢Operating income decreased $5.2 billion, or 38.0%, in 2024 compared to 2023. The decrease in operating income was primarily driven by a decrease in adjusted operating income, which is primarily the result of elevated Medicare utilization in the Health Care Benefits segment, and an increase in restructuring charges compared to 2023. These decreases in operating income were partially offset by an increase in net realized capital gains, the absence of a $349 million loss on assets held for sale related to the write-down of the Companyâ€™s OmnicareÂ® long-term care business recorded in the prior year, as well as lower acquisition-related transaction and integration costs. â€¢Please see â€œSegment Analysisâ€ later in this MD&A for additional information about the operating results of the Companyâ€™s segments.Interest expenseâ€¢Interest expense increased $300 million, or 11.3%, in 2024 compared to 2023, due to higher debt in the year ended DecemberÂ 31, 2024 primarily as a result of long-term debt issuances in 2024. See â€œLiquidity and Capital Resourcesâ€ later in this report for additional information.Gain on early extinguishment of debtâ€¢During 2024, the gain on early extinguishment of debt relates to the Companyâ€™s repayment of $2.6 billion of its outstanding senior notes pursuant to its tender offers for such senior notes in December 2024, which resulted in a gain on early extinguishment of debt of $491 million. See Note 10 â€˜â€˜Borrowings and Credit Agreementsâ€™â€™ included in Item 8 of this 10-K for additional information.Income tax provisionâ€¢The Companyâ€™s effective income tax rate increased to 25.4% in 2024 compared to 25.1% in the prior year. The increase was primarily due to the mix of pre-tax income and certain non-deductible expenses, partially offset by basis differences on the disposition of certain investments and utilization of tax credits in the year ended DecemberÂ 31, 2024 compared to the prior year.732025 OutlookThe Company believes you should consider the following key business and regulatory trends and uncertainties:Key Business Trends and Uncertaintiesâ€¢The Company expects medical membership declines in its Medicare and individual exchange products. Medical membership disruptions may result in volatility in the Companyâ€™s financial results. â€¢Utilization persisted at elevated levels through the fourth quarter of 2024. Although the level of utilization is difficult to accurately predict, at this time, the Company expects that continued elevated utilization will pressure its Health Care Benefits segment and its health care delivery assets in its Health Services segment into 2025. â€¢Increases in utilization beyond the Companyâ€™s projections may also result in the Company having to record premium deficiency reserves within in the Health Care Benefits segment during 2025.â€¢The Companyâ€™s Medicaid business is experiencing medical cost pressures, largely driven by higher than expected acuity following the resumption of member redeterminations. While the Company continues to work closely with its state partners to ensure the underlying trends are reflected in its premium rates going forward, it is uncertain when these pressures will be fully offset by state rate updates.â€¢The Companyâ€™s individual exchange business is subject to a risk adjustment program whereby the Company estimates its ultimate risk adjustment receivable or payable based on the risk of its qualified plan members relative to the average risk of members of other qualified plans in comparable markets. Changes in the Companyâ€™s risk relative to the marketsâ€™ risk, including changes resulting from volatility in membership, could adversely impact the Companyâ€™s estimate of its risk adjustment receivable or payable.â€¢The Company continues to share with clients a larger portion of rebates, fees and/or discounts received from pharmaceutical manufacturers. In addition, marketplace dynamics and regulatory changes have limited the Companyâ€™s ability to offer plan sponsors pricing that includes retail network â€œdifferentialâ€ or â€œspread.â€ The Company expects these trends to continue.â€¢Glucagon-like peptide 1 (â€œGLP-1â€) supply disruptions, and the associated impact on product mix, could pressure the Companyâ€™s ability to deliver savings to clients and could impact the Companyâ€™s results.â€¢Regulatory changes or consumer sentiment shift for immunizations may negatively impact national demand impacting financial results.â€¢Implementation of new tariffs create exposure for increased costs and supply chain disruptions that can adversely impact consumer demand or financial results.â€¢Consumer spend management and a decline in consumer discretionary spending, as well as a shift to value, grocery and digital retailers, could drive lower front store sales.â€¢Future financial performance will be influenced by a number of factors including competitive demand for products and services, legislative and regulatory considerations, and labor and other market dynamics, including inflation. The Company evaluates and adjusts its approach in each of the markets it serves, considering all relevant factors.â€¢The Company expects benefits from ongoing enterprise-wide cost savings initiatives and investments in efficiencies, which aim to reduce the Companyâ€™s operating cost structure in a way that improves the consumer experience and is sustainable. During the third quarter of 2024, the Company finalized an enterprise-wide restructuring plan intended to streamline and simplify the organization, improve efficiency and generate expected cost savings of over $500 million in 2025. Refer to Note 3 â€˜â€˜Restructuringâ€™â€™ for actions implemented under the plan.â€¢Changes in conditions in the U.S. and global capital markets can significantly and adversely affect interest rates and capital market conditions which could result in increased financing costs.â€¢Actions taken by ratings agencies, including changes in the Companyâ€™s debt ratings, could impact the Companyâ€™s future borrowing costs, access to capital markets and new store operating lease costs.Key Regulatory Trends and Uncertaintiesâ€¢The Company is exposed to funding and regulation of, and changes in government policy with respect to and/or funding or regulation of, the various Medicare programs in which the Company participates, including changes in the amounts payable to us under those programs and/or new reforms or surcharges on existing programs, including changes to applicable risk adjustment mechanisms.â€¢Legislation and/or regulations seeking to regulate PBM activities in a comprehensive manner have been proposed or enacted in a majority of states and on the federal level. This legislative and regulatory activity could adversely affect 74the Companyâ€™s ability to conduct business on commercially reasonable terms and the Companyâ€™s ability to standardize its PBM products and services across state lines.For additional information regarding these and other trends and uncertainties, see Item 1A, â€œRisk Factorsâ€ and Part I, Item 1 â€œBusiness - Government Regulation.â€75Segment AnalysisThe following discussion of segment operating results is presented based on the Companyâ€™s reportable segments in accordance with the accounting guidance for segment reporting and is consistent with the segment disclosure in Note 19 â€˜â€˜Segment Reportingâ€™â€™ included in Item 8 of this 10-K.The Company has four reportable segments: Health Care Benefits, Health Services, Pharmacy & Consumer Wellness and Corporate/Other. The Companyâ€™s segments maintain separate financial information, and the Chief Operating Decision Maker (â€œthe CODMâ€) evaluates the segmentsâ€™ operating results on a regular basis in deciding how to allocate resources among the segments and in assessing segment performance. The Companyâ€™s CODM is the Chief Executive Officer. The CODM evaluates the performance of the Companyâ€™s segments based on adjusted operating income (loss). Adjusted operating income is defined as operating income as measured by accounting principles generally accepted in the United States of America (â€œGAAPâ€) excluding the impact of amortization of intangible assets, net realized capital gains or losses and other items, if any, that neither relate to the ordinary course of the Companyâ€™s business nor reflect the Companyâ€™s underlying business performance. See the reconciliations of operating income (loss) (GAAP measure) to adjusted operating income (loss) below for further context regarding the items excluded from operating income in determining adjusted operating income. The CODM uses adjusted operating income as its principal measure of segment performance as it enhances the CODMâ€™s ability to compare past financial performance with current performance and analyze underlying business performance and trends. Non-GAAP financial measures the Company discloses, such as consolidated adjusted operating income, should not be considered a substitute for, or superior to, financial measures determined or calculated in accordance with GAAP.The following is a reconciliation of financial measures of the Companyâ€™s segments to the consolidated totals:InÂ millionsHealth CareBenefitsHealthServices (1)Pharmacy &Â ConsumerÂ WellnessCorporate/OtherIntersegmentEliminations (2)ConsolidatedTotals2024Total revenues$130,665Â $173,605Â $124,500Â $451Â $(56,412)$372,809Â Adjusted operating income (loss)307Â 7,243Â 5,774Â (1,348)â€”Â 11,976Â 2023Total revenues$105,646Â $186,843Â $116,763Â $451Â $(51,927)$357,776Â Adjusted operating income (loss)5,577Â 7,312Â 5,963Â (1,318)â€”Â 17,534Â 2022Total revenues$91,350Â $169,576Â $108,596Â $530Â $(47,585)$322,467Â Adjusted operating income (loss)6,338Â 6,781Â 6,531Â (1,613)â€”Â 18,037Â _____(1)Total revenues of the Health Services segment include approximately $11.4 billion, $13.7 billion and $12.6 billion of retail co-payments for 2024, 2023 and 2022, respectively. See Note 1 â€˜â€˜Significant Accounting Policiesâ€™â€™ included in Item 8 of this 10-K for additional information about retail co-payments.(2)Intersegment revenue eliminations relate to intersegment revenue generating activities that occur between the Health Care Benefits segment, the Health Services segment, and/or the Pharmacy & Consumer Wellness segment.76The following are reconciliations of consolidated operating income (loss) (GAAP measure) to consolidated adjusted operating income (loss), as well as reconciliations of segment GAAP operating income (loss) to segment adjusted operating income (loss):Year Ended December 31, 2024InÂ millionsHealth CareBenefitsHealthServicesPharmacy &ConsumerWellnessCorporate/OtherConsolidatedTotalsOperating income (loss) (GAAP measure)(984)6,937Â $4,770Â $(2,207)$8,516Â Amortization of intangible assets (1)1,175Â 595Â 253Â 2Â 2,025Â Net realized capital (gains) losses (2)97Â (289)â€”Â 75Â (117)Acquisition-related integration costs (3)â€”Â â€”Â â€”Â 243Â 243Â Restructuring charges (4)â€”Â â€”Â 747Â 432Â 1,179Â Office real estate optimization charges (5)19Â â€”Â 4Â 7Â 30Â Opioid litigation charges (6)â€”Â â€”Â â€”Â 100Â 100Â Adjusted operating income (loss)$307Â $7,243Â $5,774Â $(1,348)$11,976Â Year Ended December 31, 2023InÂ millionsHealth CareBenefitsHealthServicesPharmacy &ConsumerWellnessCorporate/OtherConsolidatedTotalsOperating income (loss) (GAAP measure)$3,949Â $6,842Â $5,349Â $(2,397)$13,743Â Amortization of intangible assets (1)1,177Â 465Â 260Â 3Â 1,905Â Net realized capital losses (2)402Â â€”Â 5Â 90Â 497Â Acquisition-related transaction and integration costs (3)â€”Â â€”Â â€”Â 487Â 487Â Restructuring charges (4)â€”Â â€”Â â€”Â 507Â 507Â Office real estate optimization charges (5)49Â 5Â â€”Â (8)46Â Loss on assets held for sale (7)â€”Â â€”Â 349Â â€”Â 349Â Adjusted operating income (loss)$5,577Â $7,312Â $5,963Â $(1,318)$17,534Â Year Ended December 31, 2022InÂ millionsHealth CareBenefitsHealthServicesPharmacy &ConsumerWellnessCorporate/OtherConsolidatedTotalsOperating income (loss) (GAAP measure)$5,270Â $6,612Â $3,560Â $(7,488)$7,954Â Amortization of intangible assets (1)1,180Â 167Â 435Â 3Â 1,785Â Net realized capital losses (2)225Â â€”Â 44Â 51Â 320Â Office real estate optimization charges (5)97Â 2Â â€”Â 18Â 117Â Opioid litigation charges (6)â€”Â â€”Â â€”Â 5,803Â 5,803Â Loss on assets held for sale (7)41Â â€”Â 2,492Â â€”Â 2,533Â Gain on divestiture of subsidiaries (8)(475)â€”Â â€”Â â€”Â (475)Adjusted operating income (loss)$6,338Â $6,781Â $6,531Â $(1,613)$18,037Â _____(1)The Companyâ€™s acquisition activities have resulted in the recognition of intangible assets as required under the acquisition method of accounting which consist primarily of trademarks, customer contracts/relationships, covenants not to compete, technology, provider networks and value of business acquired. Definite-lived intangible assets are amortized over their estimated useful lives and are tested for impairment when events indicate that the carrying value may not be recoverable. The amortization of intangible assets is reflected in operating expenses within each segment. Although intangible assets contribute to the Companyâ€™s revenue generation, the amortization of intangible assets does not directly relate to the underwriting of the Companyâ€™s insurance products, the services performed for the Companyâ€™s customers or the sale of the Companyâ€™s products or services. Additionally, intangible asset amortization expense typically fluctuates based on the size and timing of the Companyâ€™s acquisition activity. Accordingly, the Company believes excluding the amortization of intangible assets enhances the Companyâ€™s and investorsâ€™ ability to compare the Companyâ€™s past financial performance with its current performance and to analyze underlying business performance and trends. Intangible asset amortization excluded from the related non-GAAP financial measure represents the entire amount recorded within the Companyâ€™s GAAP financial statements, and the revenue generated by the associated intangible assets has not been excluded from the related non-GAAP financial measure. Intangible asset amortization is excluded from the related non-77GAAP financial measure because the amortization, unlike the related revenue, is not affected by operations of any particular period unless an intangible asset becomes impaired or the estimated useful life of an intangible asset is revised. (2)The Companyâ€™s net realized capital gains and losses arise from various types of transactions, primarily in the course of managing a portfolio of assets that support the payment of insurance liabilities. Net realized capital gains and losses are reflected in net investment income (loss) within each segment. These capital gains and losses are the result of investment decisions, market conditions and other economic developments that are unrelated to the performance of the Companyâ€™s business, and the amount and timing of these capital gains and losses do not directly relate to the underwriting of the Companyâ€™s insurance products, the services performed for the Companyâ€™s customers or the sale of the Companyâ€™s products or services. Accordingly, the Company believes excluding net realized capital gains and losses enhances the Companyâ€™s and investorsâ€™ ability to compare the Companyâ€™s past financial performance with its current performance and to analyze underlying business performance and trends.(3)In 2024, the acquisition-related integration costs relate to the acquisitions of Signify Health and Oak Street Health. In 2023, the acquisition-related transaction and integration costs relate to the acquisitions of Signify Health and Oak Street Health. The acquisition-related transaction and integration costs are reflected in operating expenses within the Corporate/Other segment.(4)In 2024, the restructuring charges are primarily comprised of a store impairment charge, corporate workforce optimization costs, including severance and employee-related costs, other asset impairment and related charges associated with the discontinuation of certain non-core assets, and a stock-based compensation charge. During the third quarter of 2024, the Company finalized an enterprise-wide restructuring plan intended to streamline and simplify the organization, improve efficiency and reduce costs. In connection with this restructuring plan, the Company completed a strategic review of its retail business and determined that it plans to close 271 retail stores in 2025, and, accordingly, it recorded a store impairment charge to write down the associated operating or financing lease right-of-use assets and property and equipment. In addition, during the third quarter of 2024, the Company also conducted a review of its various strategic assets and determined that it would discontinue the use of certain non-core assets, at which time impairment losses were recorded to write down the carrying value of these assets to the Companyâ€™s best estimate of their fair value. In 2023, the restructuring charges are primarily comprised of severance and employee-related costs, asset impairment charges and a stock-based compensation charge. The restructuring charges associated with the store impairments are reflected within the Pharmacy & Consumer Wellness segment, other asset impairments and related charges are reflected within the Corporate/Other and Pharmacy & Consumer Wellness segments and corporate workforce optimization costs, including severance and employee-related costs, as well as stock-based compensation changes, are reflected within the Corporate/Other segment.(5)In 2024, 2023 and 2022, the office real estate optimization charges primarily relate to the abandonment of leased real estate and the related right-of-use assets and property and equipment in connection with the Companyâ€™s evaluation of corporate office real estate space in response to its ongoing flexible work arrangement. The office real estate optimization charges are reflected in operating expenses within each segment. (6)In 2024, the opioid litigation charge relates to a change in the Companyâ€™s accrual related to ongoing opioid litigation matters. In 2022, the opioid litigation charges relate to agreements to resolve substantially all opioid claims against the Company by certain states and governmental entities. The opioid litigation charges are reflected within the Corporate/Other segment.(7)In 2023 and 2022, the loss on assets held for sale relates to the LTC business within the Pharmacy & Consumer Wellness segment. During 2022, the Company determined that its LTC business was no longer a strategic asset and committed to a plan to sell it, at which time the LTC business met the criteria for held-for-sale accounting and its net assets were accounted for as assets held for sale. The carrying value of the LTC business was determined to be greater than its estimated fair value less costs to sell and, accordingly, the Company recorded a loss on assets held for sale during 2022. During the first quarter of 2023, a loss on assets held for sale was recorded to write down the carrying value of the LTC business to the Companyâ€™s best estimate of the ultimate selling price which reflected its estimated fair value less costs to sell. As of the third quarter of 2023, the Company determined the LTC business no longer met the criteria for held-for-sale accounting and, accordingly, the net assets associated with the LTC business were reclassified to held and used at their respective fair values. During 2022, the loss on assets held for sale also relates to the Companyâ€™s international health care business domiciled in Thailand (â€œThailand businessâ€), which was included in the Commercial Business reporting unit in the Health Care Benefits segment. The sale of the Thailand business closed in the second quarter of 2022, and the ultimate loss on the sale was not material.(8)In 2022, the gain on divestiture of subsidiaries represents the pre-tax gain on the sale of bswift, which the Company sold in November 2022, and the pre-tax gain on the sale of

PayFlex, which the Company sold in June 2022. The gains on divestitures are reflected as a reduction of operating expenses within the Health Care Benefits segment. 78Health Care Benefits Segment The following table summarizes the Health Care Benefits segmentâ€™s performance for the respective periods:ChangeYear Ended December 31,2024 vs. 20232023 vs. 2022InÂ millions, except percentages and basis points (â€œbpsâ€)202420232022$%$%Revenues:Premiums$122,849$99,144$85,274$23,705Â 23.9Â %$13,870Â 16.3Â %Services6,3435,7375,600606Â 10.6Â %137Â 2.4Â %Net investment income1,473765476708Â 92.5Â %289Â 60.7Â %Total revenues130,665105,64691,35025,019Â 23.7Â %14,296Â 15.6Â %Health care costs113,65985,50471,47328,155Â 32.9Â %14,031Â 19.6Â %MBR (Health care costs as a % of premium revenues) 92.5Â %86.2Â %83.8%630bps240bpsOperating expenses$17,990$16,193$14,566$1,797Â 11.1Â %$1,627Â 11.2Â %Operating expenses as a % of total revenues13.8Â %15.3Â %15.9Â %Loss on assets held for sale $â€”Â $â€”Â $41Â $â€”Â â€”Â %$(41)(100.0)%Operating income (loss)(984)3,9495,270(4,933)(124.9)%(1,321)(25.1)%Operating income (loss) as a % of total revenues(0.8)%3.7Â %5.8Â %Adjusted operating income (1)$307$5,577$6,338$(5,270)(94.5)%$(761)(12.0)%Adjusted operating income as a % of total revenues0.2Â %5.3Â %6.9Â %Premium revenues (by business):Government$88,433$70,094$63,141$18,33926.2Â %$6,95311.0Â %Commercial34,41629,05022,1335,36618.5Â %6,91731.3Â %_____(1)See â€œSegment Analysisâ€ above in this MD&A for a reconciliation of operating income (loss) (GAAP measure) to adjusted operating income for the Health Care Benefits segment, which represents the Companyâ€™s principal measure of segment performance.Commentary - 2024 compared to 2023Revenues â¢Total revenues increased $25.0 billion, or 23.7%, in 2024 compared to 2023, primarily driven by growth in the Medicare and individual exchange product lines.Medical Benefit Ratioâ€¢Medical benefit ratio is calculated as health care costs divided by premium revenues and represents the percentage of premium revenues spent on medical benefits for the Companyâ€™s Insured members. Management uses MBR to assess the underlying business performance and underwriting of its insurance products, understand variances between actual results and expected results and identify trends in period-over-period results. MBR provides management and investors with information useful in assessing the operating results of the Companyâ€™s Insured Health Care Benefits products.â€¢The MBR increased from 86.2% to 92.5% in 2024 compared to the prior year primarily driven by increased utilization, the unfavorable impact of the Companyâ€™s Medicare Advantage star ratings for the 2024 payment year and higher acuity in Medicaid following the resumption of redeterminations.Operating expensesâ€¢Operating expenses in the Health Care Benefits segment include selling, general and administrative expenses and depreciation and amortization expenses.â€¢Operating expenses increased $1.8 billion, or 11.1%, in 2024 compared to 2023. The increase in operating expenses was primarily driven by increased operating expenses to support the growth across the business. Operating expenses as a percentage of total revenues decreased to 13.8% in the year ended DecemberÂ 31, 2024 compared to 15.3% in the prior year, reflecting improved fixed cost leverage across the business due to membership growth.79Adjusted operating incomeâ€¢Adjusted operating income decreased $5.3 billion, or 94.5%, in 2024 compared to 2023. The decrease in adjusted operating income was primarily driven by increased utilization, the unfavorable impact of the Companyâ€™s Medicare Advantage star ratings for the 2024 payment year and higher acuity in Medicaid. These decreases were partially offset by an increase in net investment income and improved fixed cost leverage across the business due to membership growth.The following table summarizes the Health Care Benefits segmentâ€™s medical membership as of DecemberÂ 31, 2024 and 2023:20242023In thousandsInsuredASC TotalInsuredASCTotalMedical membership:Commercial4,691Â 14,160Â 18,851Â 4,252Â 14,087Â 18,339Â Medicare Advantage4,447Â â€”Â 4,447Â 3,460Â â€”Â 3,460Â Medicare Supplement1,282Â â€”Â 1,282Â 1,343Â â€”Â 1,343Â Medicaid2,094Â 421Â 2,515Â 2,073Â 444Â 2,517Â Total medical membership12,514Â 14,581Â 27,095Â 11,128Â 14,531Â 25,659Â Supplemental membership information:Medicare Prescription Drug Plan (standalone)4,882Â 6,081Â Medical Membershipâ€¢Medical membership represents the number of members covered by the Companyâ€™s Insured and ASC medical products and related services at a specified point in time. Management uses this metric to understand variances between actual medical membership and expected amounts as well as trends in period-over-period results. This metric provides management and investors with information useful in understanding the impact of medical membership on segment total revenues and operating results.â€¢Medical membership as of DecemberÂ 31, 2024 of 27.1 million increased 1.4 million members compared with DecemberÂ 31, 2023, reflecting increases in the Medicare and Commercial product lines. Medicare UpdateOn April 1, 2024, CMS issued its final notice detailing final 2025 Medicare Advantage payment rates. Final 2025 Medicare Advantage rates resulted in an expected average decrease in revenue for the Medicare Advantage industry of 0.16%, excluding the CMS estimate of Medicare Advantage risk score trend. On January 10, 2025, CMS issued an advance notice detailing proposed 2026 Medicare Advantage payment rates. The 2026 Medicare Advantage rates, if finalized as proposed, will result in an expected average increase in revenue for the Medicare Advantage industry of 2.23%, excluding the CMS estimate of Medicare Advantage risk score trend. CMS intends to publish the final 2026 rate announcement no later than April 7, 2025.The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 ties a portion of each Medicare Advantage planâ€™s reimbursement to the planâ€™s â€œstar ratings.â€ Plans must have a star rating of four or higher (out of five) to qualify for bonus payments. CMS released the Companyâ€™s 2025 star ratings in October 2024. The Companyâ€™s 2025 star ratings will be used to determine which of the Companyâ€™s Medicare Advantage plans have ratings of four stars or higher and qualify for bonus payments in 2026. Based on the Companyâ€™s membership as of December 2024, 88% of the Companyâ€™s Medicare Advantage members were in plans with 2025 star ratings of at least 4.0 stars, compared to 91% of the Companyâ€™s Medicare Advantage members being in plans with 2024 star ratings of at least 4.0 stars based on the Companyâ€™s membership as of December 2023.80Health Services SegmentThe following table summarizes the Health Services segmentâ€™s performance for the respective periods:ChangeYear Ended December 31,2024 vs. 20232023 vs. 2022InÂ millions, except percentages202420232022$%$%Revenues:Products$162,436$180,608$167,019$(18,172)(10.1)%$13,589Â 8.1Â %Services10,8846,2362,5574,648Â 74.5Â %3,679143.9Â %Net investment income (loss) (1)285(1)â€”286Â NM(1)(100.0)%Total revenues173,605186,843169,576(13,238)(7.1)%17,267Â 10.2Â %Cost of products sold160,036175,424160,738(15,388) (8.8)%14,686Â 9.1Â %Health care costs3,4071,607â€”1,800Â 112.0Â %1,607Â 100.0Â %Operating expenses3,2252,9702,226255Â 8.6Â %744Â 33.4Â %Operating expenses as a % of total revenues1.9Â %1.6Â %1.3Â %Operating income$6,937$6,842$6,612$95Â 1.4Â %$230Â 3.5Â %Operating income as a % of total revenues4.0Â %3.7Â %3.9Â %Adjusted operating income (2)$7,243$7,312$6,781$(69)(0.9)%$531Â 7.8Â %Adjusted operating income as a % of total revenues4.2Â %3.9Â %4.0Â %Revenues (by distribution channel): Pharmacy network (3)$91,650$112,718$102,968$(21,068)(18.7)%$9,750Â 9.5Â %Mail & specialty (4)70,87767,99263,8252,885Â 4.2Â %4,167Â 6.5Â %Other10,7936,1342,7834,659Â 76.0Â %3,351Â 120.4Â %Net investment income (loss) (1)285(1)â€”286Â NM(1)(100.0)%Pharmacy claims processed (5)1,917.62,344.32,335.1(426.7)(18.2)%9.2Â 0.4Â %Generic dispensing rate (5)87.4Â %87.6Â %87.4Â %_____(1)NM represents a percent change that is not meaningful.(2)See â€œSegment Analysisâ€ above in this MD&A for a reconciliation of operating income (GAAP measure) to adjusted operating income for the Health Services segment, which represents the Companyâ€™s principal measure of segment performance.(3)Pharmacy network revenues relate to claims filled at retail and specialty retail pharmacies, including the Companyâ€™s retail pharmacies and LTC pharmacies, as well as activity associated with Maintenance Choice, which permits eligible client plan members to fill their maintenance prescriptions through mail order delivery or at a CVS pharmacy retail store for the same price as mail order.(4)Mail & specialty revenues relate to specialty mail claims inclusive of Specialty ConnectÂ® claims picked up at a retail pharmacy, as well as mail order and specialty claims fulfilled by the Pharmacy & Consumer Wellness segment.(5)Includes an adjustment to convert 90-day prescriptions to the equivalent of three 30-day prescriptions. This adjustment reflects the fact that these prescriptions include approximately three times the amount of product days supplied compared to a normal prescription.Commentary - 2024 compared to 2023Revenuesâ€¢Total revenues decreased $13.2 billion, or 7.1%, in 2024 compared to 2023. The decrease was primarily driven by the previously announced loss of a large client and continued pharmacy client price improvements. These decreases were partially offset by pharmacy drug mix, increased contributions from the Companyâ€™s health care delivery assets, including the 2023 acquisitions of Oak Street Health and Signify Health, as well as growth in specialty pharmacy. Operating expensesâ€¢Operating expenses in the Health Services segment include selling, general and administrative expenses; and depreciation and amortization expense.â€¢Operating expenses increased $255 million, or 8.6%, in 2024 compared to 2023. The increase was primarily driven by operating expenses associated with Oak Street Health which was acquired in May of 2023, including the amortization of acquired intangible assets. 81Adjusted operating incomeâ€¢Adjusted operating income decreased $69 million, or 0.9%, in 2024 compared to 2023. The decrease in adjusted operating income was primarily driven by continued pharmacy client price improvements and the previously announced loss of a large client. These decreases were largely offset by improved purchasing economics.â€¢As you review the Health Services segmentâ€™s performance in this area, you should consider the following important information about the business:â€¢The Companyâ€™s efforts to (i)Â retain existing clients, (ii)Â obtain new business and (iii)Â maintain or improve the rebates, fees and/or discounts the Company receives from manufacturers, wholesalers and retail pharmacies continue to have an impact on adjusted operating income. In particular, competitive pressures in the PBM industry have caused the Company and other PBMs to continue to share with clients a larger portion of rebates, fees and/or discounts received from pharmaceutical manufacturers. In addition, marketplace dynamics and regulatory changes have limited the Companyâ€™s ability to offer plan sponsors pricing that includes retail network â€œdifferentialâ€ or â€œspread,â€ and the Company expects these trends to continue. The â€œdifferentialâ€ or â€œspreadâ€ is any difference between the drug price charged to plan sponsors, including Medicare PartÂ D plan sponsors, by a PBM and the price paid for the drug by the PBM to the dispensing provider.Pharmacy claims processedâ€¢Pharmacy claims processed represents the number of prescription claims processed through the Companyâ€™s pharmacy benefits manager and dispensed by either its retail network pharmacies or the Companyâ€™s mail and specialty pharmacies. Management uses this metric to understand variances between actual claims processed and expected amounts as well as trends in period-over-period results. This metric provides management and investors with information useful in understanding the impact of pharmacy claim volume on segment total revenues and operating results.â€¢The Companyâ€™s pharmacy claims processed decreased 18.2% on a 30-day equivalent basis in 2024 compared to 2023 primarily driven by the previously announced loss of a large client. Generic dispensing rateâ€¢Generic dispensing rate is calculated by dividing the Health Services segmentâ€™s generic claims processed by its total claims processed. Management uses this metric to evaluate the effectiveness of the business at encouraging the use of generic drugs when they are available and clinically appropriate, which aids in decreasing costs for client members and retail customers. This metric provides management and investors with information useful in understanding trends in segment total revenues and operating results. â€¢The Health Services segmentâ€™s generic dispensing rate decreased to 87.4% in 2024 compared to 87.6% in the prior year. The decrease in the segmentâ€™s generic dispensing rate was primarily driven by an increase in brand name GLP-1 pharmacy claims in 2024 compared to 2023.82Pharmacy & Consumer Wellness Segment The following table summarizes the Pharmacy & Consumer Wellness segmentâ€™s performance for the respective periods:ChangeYear Ended December 31,2024 vs. 20232023 vs. 2022InÂ millions, except percentages202420232022$%$%Revenues:Products$122,028$113,976$104,878$8,052Â 7.1Â %$9,098Â 8.7Â %Services2,4722,7923,762(320)(11.5)%(970)(25.8)%Net investment income (loss)â€”(5)(44)5Â 100.0Â %39Â 88.6Â %Total revenues124,500116,763108,5967,737Â 6.6Â %8,167Â 7.5Â %Cost of products sold 99,33791,44782,0637,890Â 8.6Â %9,384Â 11.4Â %Operating expenses19,64619,61820,48128Â 0.1Â %(863)(4.2)%Operating expenses as a % of total revenues15.8Â %16.8Â %18.9Â %Restructuring charges747â€”$â€”$747Â 100.0Â %$â€”Â â€”Â %Loss on assets held for saleâ€”3492,492(349)(100.0)%(2,143)(86.0)%Operating income4,7705,3493,560(579) (10.8)%1,789Â 50.3Â %Operating income as a % of total revenues3.8Â %4.6Â %3.3Â %Adjusted operating income (1)$5,774$5,963$6,531$(189)(3.2)%$(568)(8.7)%Adjusted operating income as a % of total revenues4.6Â %5.1Â %6.0Â %Revenues (by major goods/service lines):Pharmacy$100,687$92,111$83,480$8,576Â 9.3Â %$8,631Â 10.3Â %Front Store21,52222,45822,780(936) (4.2)%(322)(1.4)%Other2,2912,1992,38092Â 4.2Â %(181)(7.6)%Net investment income (loss)â€”(5)(44)5Â 100.0Â %39Â 88.6Â %Prescriptions filled (2)1,715.51,649.11,625.466.4Â 4.0Â %23.7Â 1.5Â %Same store sales increase (decrease): (3)Total9.4Â %10.7Â %9.1Â %Pharmacy12.3Â %13.6Â %9.5Â %Front Store(2.1)%0.3Â %7.8Â %Prescription volume (2)6.8Â %3.9Â %4.0Â %Generic dispensing rate (2)88.9Â %88.4Â %87.4Â %_____(1)See â€œSegment Analysisâ€ above in this MD&A for a reconciliation of operating income (GAAP measure) to adjusted operating income for the Pharmacy & Consumer Wellness segment, which represents the Companyâ€™s principal measure of segment performance.(2)Includes an adjustment to convert 90â€™day prescriptions to the equivalent of three 30â€™day prescriptions. This adjustment reflects the fact that these prescriptions include approximately three times the amount of productÂ days supplied compared to a normal prescription.(3)Same store sales and prescription volume represent the change in revenues and prescriptions filled in the Companyâ€™s retail pharmacy stores that have been operating for greater than one year and digital sales initiated online or through mobile applications and fulfilled through the Companyâ€™s distribution centers, expressed as a percentage that indicates the increase or decrease relative to the comparable prior period. Same store metrics exclude revenues and prescriptions from LTC and infusion services operations. Management uses these metrics to evaluate the performance of existing stores on a comparable basis and to inform future decisions regarding existing stores and new locations. Same-store metrics provide management and investors with information useful in understanding the portion of current revenues and prescriptions resulting from organic growth in existing locations versus the portion resulting from opening new stores.Commentary - 2024 compared to 2023Revenues â¢Total revenues increased $7.7 billion, or 6.6%, in 2024 compared to 2023. The increase was primarily driven by pharmacy drug mix and increased prescription volume, including increased contributions from vaccinations. These increases were partially offset by continued pharmacy reimbursement pressure, the impact of recent generic introductions and decreased 83front store volume, including the impact of a decrease in store count and lower contributions from COVID-19 over-the-counter (â€œOTCâ€) test kits since the expiration of the public health emergency in May 2023.â€¢Pharmacy same store sales increased 12.3% in 2024 compared to 2023. The increase was primarily driven by the 6.8% increase in pharmacy same store prescription volume on a 30-day equivalent basis, including increased contributions from vaccinations, and pharmacy drug mix, including branded GLP-1 drugs. These increases were partially offset by continued pharmacy reimbursement pressure and the impact of recent generic introductions.â€¢Front store same store sales decreased 2.1% in 2024 compared to 2023 primarily due to general softening of consumer demand and lower contributions from COVID-19 OTC test kits compared to the prior year.Operating expensesâ€¢Operating expenses in the Pharmacy & Consumer Wellness segment include payroll, employee benefits and occupancy costs associated with the segmentâ€™s stores and pharmacy fulfillment operations; selling expenses; advertising expenses; depreciation and amortization expense and certain administrative expenses.â€¢Operating expenses remained relatively consistent in 2024 compared to the prior year at $19.6 billion, as the absence of gains from anti-trust legal settlements and increased investments in the segmentâ€™s operations and capabilities were substantially offset by the decrease in store count.Restructuring chargesâ€¢During 2024, the Company recorded $747 million of restructuring charges related to the write-down of lease right-of-use assets and property and equipment in connection with the Companyâ€™s restructuring program. See Note 3 â€˜â€˜Restructuringâ€™â€™ included in Item 8 of this 10-K for additional information. Loss on assets held for saleâ€¢During 2023, the Company recorded losses on assets held for sale of $349 million related to the write-down of its LTC business. See Note 2 â€˜â€˜Acquisitions, Divestitures and Asset Salesâ€™â€™ included in Item 8 of this 10-K for additional information.Adjusted operating incomeâ€¢Adjusted operating income decreased $189 million, or 3.2%, in 2024 compared to 2023 primarily driven by continued pharmacy reimbursement pressure and decreased front store volume, including lower contributions from COVID-19 OTC test kits, largely offset by increased prescription volume, including increased contributions from vaccinations, as well as improved drug purchasing. â€¢As you review the Pharmacy & Consumer Wellness segmentâ€™s performance in this area, you should consider the following important information about the business:â€¢The segmentâ€™s adjusted operating income has been adversely affected by the efforts of managed care organizations, PBMs and governmental and other third-party payors to reduce their prescription drug costs, including the use of restrictive networks, as well as changes in the mix of business within the pharmacy portion of the Pharmacy & Consumer Wellness segment. If the pharmacy reimbursement pressure accelerates, the segment may not be able to grow revenues, and its adjusted operating income could be adversely affected.Prescriptions filledâ€¢Prescriptions filled represents the number of prescriptions dispensed through the Pharmacy & Consumer Wellness segmentâ€™s retail and long-term care pharmacies and infusion services operations. Management uses this metric to understand variances between actual prescriptions dispensed and expected amounts as well as trends in period-over-period results. This metric provides management and investors with information useful in understanding the impact of prescription volume on segment total revenues and operating results.â€¢Prescriptions filled increased 4.0% on a 30-day equivalent basis in 2024 compared to 2023 primarily driven by increased utilization, partially offset by the decrease in store count. Generic dispensing rateâ€¢Generic dispensing rate is calculated by dividing the Pharmacy & Consumer Wellness

segmentâ€™s generic drug prescriptions filled by its total prescriptions filled. Management uses this metric to evaluate the effectiveness of the business at encouraging the use of generic drugs when they are available and clinically appropriate, which aids in decreasing costs for client members and retail customers. This metric provides management and investors with information useful in understanding trends in segment total revenues and operating results. 84â€¢The Pharmacy & Consumer Wellness segmentâ€™s generic dispensing rate increased to 88.9% in 2024 compared to 88.4% in the prior year. The increase in the segmentâ€™s generic dispensing rate was primarily driven by the impact of new generic drug introductions and the Companyâ€™s ongoing efforts to encourage plan members to use generic drugs when they are available and clinically appropriate. 85Corporate/Other SegmentThe following table summarizes the Corporate/Other segmentâ€™s performance for the respective periods:ChangeYear Ended December 31,2024 vs. 20232023 vs. 2022In millions, except percentages202420232022$%$%Revenues:Premiums$47Â $48$56$(1)(2.1)%$(8)(14.3)%Services9Â 968â€”Â â€”Â %(59)(86.8)%Net investment income395Â 3944061Â 0.3Â %(12)(3.0)%Total revenues451Â 451530â€”Â â€”Â %(79)(14.9)%Cost of products soldâ€”Â 142(1)(100.0)%(41)(97.6)%Health care costs187Â 210249(23)(11.0)%(39)(15.7)%Operating expenses1,939Â 2,1301,924(191)(9.0)%206Â 10.7Â %Restructuring charges432Â 507â€”(75)(14.8)%507Â 100.0Â %Opioid litigation charges100Â â€”5,803100Â 100.0Â %(5,803)(100.0)%Operating loss(2,207)(2,397)(7,488)190Â 7.9Â %5,091Â 68.0Â %Adjusted operating loss (1)(1,348)(1,318)(1,613)(30)(2.3)%295Â 18.3Â %_____(1)See â€œSegment Analysisâ€ above in this MD&A for a reconciliation of Corporate/Other segment operating loss (GAAP measure) to adjusted operating loss, which represents the Companyâ€™s principal measure of segment performance.Commentary - 2024 compared to 2023Revenuesâ€¢Revenues primarily relate to products for which the Company no longer solicits or accepts new customers, such as large case pensions and long-term care insurance products.â€¢Total revenues of $451 million in 2024 remained consistent compared to 2023. Restructuring chargesâ€¢During 2024, the Company recorded $432 million of restructuring charges comprised of $129 million of asset impairment and related charges associated with the write-down of certain non-core assets, $293 million of severance and employee-related costs associated with corporate workforce optimization and a $10 million stock-based compensation charge associated with the impacted employees. During 2023, the Company recorded $507Â million in pre-tax restructuring charges, comprised of $344Â million of severance and employee-related costs associated with corporate workforce optimization, $152Â million of asset impairment charges and an $11Â million stock-based compensation charge associated with the impacted employees. See Note 3 â€ˆâ€˜Restructuringâ€™â€™ included in Item 8 of this 10-K for additional information.Adjusted operating lossâ€¢Adjusted operating loss of $1.3 billion in 2024 remained relatively consistent compared to 2023. 86Liquidity and Capital ResourcesCash FlowsThe Company maintains a level of liquidity sufficient to allow it to meet its cash needs in the short-term. Over the long term, the Company manages its cash and capital structure to maximize shareholder return, maintain its financial condition and maintain flexibility for future strategic initiatives. The Company continuously assesses its regulatory capital requirements, working capital needs, debt and leverage levels, debt maturity schedule, capital expenditure requirements, dividend payouts, potential share repurchases and future investments or acquisitions. The Company believes its operating cash flows, commercial paper program, credit facilities, as well as any potential future borrowings, will be sufficient to fund these future payments and long-term initiatives. As ofÂ DecemberÂ 31, 2024, the Company had approximatelyÂ $8.6 billionÂ in cash and cash equivalents, approximatelyÂ $3.8 billionÂ of which was held by the parent company or nonrestricted subsidiaries.The net change in cash, cash equivalents and restricted cash for the years ended DecemberÂ 31, 2024, 2023 and 2022 was as follows:ChangeYear Ended December 31,2024 vs. 20232023 vs. 2022InÂ millions202420232022$%$%Net cash provided by operating activities$9,107Â $13,426Â $16,177Â $(4,319)(32.2)%$(2,751)(17.0)%Net cash used in investing activities(7,613)(20,889)(5,047)13,276Â 63.6Â %(15,842)(313.9)%Net cash provided by (used in) financing activities(1,135)2,683Â (10,516)(3,818)(142.3)%13,199Â 125.5Â %Net increase (decrease) in cash, cash equivalents and restricted cash$359Â $(4,780)$614Â $5,139Â 107.5Â %$(5,394)(878.5)%Commentary - 2024 compared to 2023â€¢Net cash provided by operating activities decreased by $4.3 billion in 2024 compared to 2023 primarily due to the impact of elevated Medicare utilization on earnings.â€¢Net cash used in investing activities decreased by $13.3 billion in 2024 compared to 2023 primarily due to the acquisitions of Oak Street Health in May 2023 and Signify Health in March 2023, partially offset by higher net purchases of investments. In addition, cash used in investing activities reflected the following activity:â€¢Gross capital expenditures were approximately $2.8 billion and $3.0 billion in 2024 and 2023, respectively. During 2024, approximately 76% of the Companyâ€™s total capital expenditures were for technology, digital and other strategic initiatives and 24% were for store, fulfillment and support and improvements.â€¢Net cash used in financing activities was $1.1 billion in 2024 compared to net cash provided by financing activities of $2.7 billion in 2023. The change in cash provided by (used in) financing activities primarily related to lower proceeds from the issuance of long-term debt and higher repayments of long-term debt in 2024 compared to the prior year, as well as higher repurchases of common stock in 2024, partially offset by higher proceeds from commercial paper borrowings compared to the prior year.Included in net cash used in investing activities for the years ended DecemberÂ 31, 2024, 2023 and 2022 was the following store development activity: (1)202420232022Total stores (beginning of year)9,395Â 9,674Â 9,939Â New and acquired stores (2)39Â 39Â 41Â Closed stores (2)(299)(318)(306)Total stores (end of year)9,135Â 9,395Â 9,674Â Relocated stores (2)3Â 5Â 4Â _____(1)Includes retail drugstores and pharmacies within retail chains, primarily in Target Corporation (â€œTargetâ€) stores.(2)Relocated stores are not included in new and acquired stores or closed stores totals.87Short-term BorrowingsCommercial Paper and Back-up Credit FacilitiesThe Company had $2.1 billion of commercial paper outstanding at a weighted average interest rate of 4.98% as of DecemberÂ 31, 2024. The Company had $200Â million of commercial paper outstanding at a weighted interest rate of 4.31% as of DecemberÂ 31, 2023. In connection with its commercial paper program, the Company maintains a $2.5 billion, five-year unsecured back-up revolving credit facility, which expires on May 11, 2027, a $2.5 billion, five-year unsecured back-up revolving credit facility, which expires on May 16, 2028, and a $2.5 billion, five-year unsecured back-up revolving credit facility, which expires on May 16, 2029. The credit facilities allow for borrowings at various rates that are dependent, in part, on the Companyâ€™s public debt ratings and require the Company to pay a weighted average quarterly facility fee of approximately 0.03%, regardless of usage. As of DecemberÂ 31, 2024 and 2023, there were no borrowings outstanding under any of the Companyâ€™s back-up credit facilities.Term Loan AgreementOn March 25, 2024, the Company entered into a 364-day $3.0Â billion term loan credit agreement. The term loan credit agreement allowed for borrowings at various rates that were dependent, in part, on the Companyâ€™s public debt ratings. On May 9, 2024, following the issuance of the $5.0Â billion in senior notes described under â€œLong-term Borrowingsâ€ below, the term loan credit agreement terminated. There were no borrowings under the term loan credit agreement through the date of termination.On May 1, 2023, the Company entered into a 364-day $5.0Â billion term loan agreement. The term loan agreement allowed for borrowings at various rates that were dependent, in part, on the Companyâ€™s debt ratings. On May 2, 2023, the Company borrowed $5.0Â billion at an interest rate of approximately 6.2% under the term loan agreement to fund a portion of the Oak Street Health acquisition purchase price. On June 2, 2023, the Company repaid the outstanding balance under the term loan agreement.Federal Home Loan Bank of Boston (â€œFHLBBâ€)A subsidiary of the Company is a member of the FHLBB. As a member, the subsidiary has the ability to obtain cash advances, subject to certain minimum collateral requirements. The maximum borrowing capacity available from the FHLBB as of DecemberÂ 31, 2024 was approximately $1.2Â billion. As of DecemberÂ 31, 2024 and 2023, there were no outstanding advances from the FHLBB.Long-term Borrowings2024 NotesOn December 10, 2024, the Company issued $2.25Â billion aggregate principal amount of 7.0% fixed-to-fixed rate series A junior subordinated notes due March 2055 and $750Â million aggregate principal amount of 6.75% fixed-to-fixed rate series B junior subordinated notes due December 2054 for total proceeds of approximately $3.0Â billion, net of discounts and underwriting fees. The series A junior subordinated notes bear interest at 7.0% per year until March 10, 2030, at which time the rate will reset March 10th of every fifth year, provided that the interest rate will not reset below the initial interest rate. The series B junior subordinated notes bear interest at 6.75% per year until December 10, 2034, at which time the rate will reset December 10th of every fifth year, provided that the interest rate will not reset below the initial interest rate. The series A and series B junior subordinated notes pay interest semi-annually and may be redeemed at any time beginning 90 days prior to their respective first interest rate reset date and on any interest payment date thereafter, in whole or in part at a defined redemption price plus accrued interest. The net proceeds of these offerings were used for the early extinguishment of certain of the Companyâ€™s senior notes as described below and the remaining proceeds after the early extinguishment of debt were used for general corporate purposes.On MayÂ 9, 2024, the Company issued $1.0Â billion aggregate principal amount of 5.4% senior notes due June 2029, $1.0Â billion aggregate principal amount of 5.55% senior notes due June 2031, $1.25Â billion aggregate principal amount of 5.7% senior notes due June 2034, $750Â million aggregate principal amount of 6.0% senior notes due June 2044 and $1.0Â billion aggregate principal amount of 6.05% senior notes due June 2054 for total proceeds of approximately $5.0Â billion, net of discounts and underwriting fees. The net proceeds of these offerings were used for general corporate purposes.2023 NotesOn JuneÂ 2, 2023, the Company issued $1.0Â billion aggregate principal amount of 5.0% senior notes due January 2029, $750Â million aggregate principal amount of 5.25% senior notes due January 2031, $1.25Â billion aggregate principal amount of 5.3% senior notes due June 2033, $1.25Â billion aggregate principal amount of 5.875% senior notes due June 2053 and 88$750Â million aggregate principal amount of 6.0% senior notes due June 2063 for total proceeds of approximately $4.9Â billion, net of discounts and underwriting fees. The net proceeds of these offerings were used, along with cash on hand, to repay the outstanding balance under the term loan agreement described above.On FebruaryÂ 21, 2023, the Company issued $1.5Â billion aggregate principal amount of 5.0% senior notes due February 2026, $1.5Â billion aggregate principal amount of 5.125% senior notes due February 2030, $1.75Â billion aggregate principal amount of 5.25% senior notes due February 2033 and $1.25Â billion aggregate principal amount of 5.625% senior notes due February 2053 for total proceeds of approximately $6.0Â billion, net of discounts and underwriting fees. The net proceeds of these offerings were used to fund general corporate purposes, including a portion of the Signify Health acquisition purchase price.Oak Street Health Convertible NotesPrior to the Oak Street Health acquisition, Oak Street Health held 0% convertible senior notes with an aggregate principal amount of $920Â million (the â€œConvertible Notesâ€), which were assumed by the Company in connection with the Oak Street Health acquisition. The Oak Street Health acquisition constituted a fundamental change in the Convertible Notes giving the holders the right to require the Company to repurchase the Convertible Notes. The repurchase price was an amount in cash equal to 100% of the principal amount of the Convertible Notes. On May 31, 2023, the Company issued a notice of repurchase to the holders of the Convertible Notes. In connection with this notice, $917Â million of the Convertible Notes were submitted for repurchase and settled on JulyÂ 21, 2023. Substantially all of the remaining $3Â million of the Convertible Notes were submitted for repurchase and settled on OctoberÂ 20, 2023. Gain on Early Extinguishment of DebtIn December 2024, pursuant to a cash tender offer, the Company repaid approximately $2.6 billion of its outstanding senior notes for a cash payment of approximately $2.0 billion. The senior notes purchased include: $226Â million of its 4.1% senior notes due March 2025, $398Â million of its 4.125% senior notes due April 2040, $883 million of its 2.7% senior notes due August 2040, $274 million of its 4.125% senior notes due November 2042, $463 million of its 3.875% senior notes due August 2047 and $351 million of its 4.25% senior notes due April 2050. In connection with the purchase of such senior notes, the Company recognized a total gain on early extinguishment of debt of $491 million, net of unamortized deferred financing costs and incurred fees.See Note 10 â€ˆâ€˜Borrowings and Credit Agreementsâ€™â€™ included in Item 8 of this 10-K for additional information about debt issuances and debt repayments. Derivative Financial InstrumentsThe Company uses derivative financial instruments in order to manage interest rate and foreign exchange risk and credit exposure. The Companyâ€™s use of these derivatives is generally limited to hedging risk and has principally consisted of using interest rate swaps, treasury rate locks, forward contracts, futures contracts, warrants, put options and credit default swaps. Debt CovenantsThe Companyâ€™s back-up revolving credit facilities and unsecured senior notes (see Note 10 â€ˆâ€˜Borrowings and Credit Agreementsâ€™â€™ included in Item 8 of this 10-K) contain customary restrictive financial and operating covenants. These covenants do not include an acceleration of the Companyâ€™s debt maturities in the event of a downgrade in the Companyâ€™s credit ratings. The Company does not believe the restrictions contained in these covenants materially affect its financial or operating flexibility. As of DecemberÂ 31, 2024, the Company was in compliance with all of its debt covenants.Debt RatingsÂ As of DecemberÂ 31, 2024, the Companyâ€™s long-term debt was rated â€œBBBâ€ by Fitch Ratings, Inc. (â€œFitchâ€), â€œBaa3â€ by Moodyâ€™s Investors Service, Inc. (â€œMoodyâ€™sâ€) and â€œBBBâ€ by StandardÂ & Poorâ€™s Financial Services LLC (â€œS&Pâ€), and its commercial paper program was rated â€œF2â€ by Fitch, â€œP-3â€ by Moodyâ€™s and â€œA-2â€ by S&P. In August 2024, Moodyâ€™s and S&P changed their outlook on the Companyâ€™s long-term debt from â€œStableâ€ to â€œNegative.â€ In October 2024, Moodyâ€™s placed the Companyâ€™s long-term debt ratings and the Companyâ€™s commercial paper program on review for downgrade. Subsequently, in December 2024, Moodyâ€™s downgraded the Companyâ€™s long-term debt rating to â€œBaa3â€ and the Companyâ€™s commercial paper rating to â€œP3â€ and changed their outlook on the Company to â€œStableâ€. In December 2024, Fitch initiated ratings coverage on the Company and assigned a first-time â€œBBBâ€ rating to the Companyâ€™s long-term debt and a â€œF2â€ rating to the Companyâ€™s commercial paper program with the outlook on the Company of â€œNegativeâ€. In assessing the Companyâ€™s credit strength, the Company believes that Moodyâ€™s, S&P and Fitch considered, among other things, the Companyâ€™s capital structure and financial 89policies, as well as its consolidated balance sheet, its historical acquisition activity and other financial information, including the Companyâ€™s expectations for future earnings and cash flows. Although the Company currently believes its long-term debt ratings will remain investment grade, it cannot predict the future actions of Moodyâ€™s, S&P and/or Fitch. The Companyâ€™s debt ratings have a direct impact on its future borrowing costs, access to capital markets and new store operating lease costs. Share Repurchase ProgramsThe following share repurchase programs have been authorized by CVS Health Corporationâ€™s Board of Directors (the â€œBoardâ€):The following share repurchase programs have been authorized by the Board:In billionsAuthorizationÂ DateAuthorizedRemaining as ofDecemberÂ 31, 2024November 17, 2022 (â€œ2022 Repurchase Programâ€)$10.0Â $10.0Â December 9, 2021 (â€œ2021 Repurchase Programâ€)10.0Â 1.5Â Each of the share Repurchase Programs was effective immediately and permit the Company to effect repurchases from time to time through a combination of open market repurchases, privately negotiated transactions, accelerated share repurchase (â€œASRâ€) transactions, and/or other derivative transactions. Both the 2022 and 2021 Repurchase Programs can be modified or terminated by the Board at any time.During the years ended DecemberÂ 31, 2024, 2023 and 2022, the Company repurchased an aggregate of 39.7Â million shares of common stock for approximately $3.0Â billion, an aggregate of 22.8Â million shares of common stock for approximately $2.0Â billion and an aggregate of 34.1Â million shares of common stock for approximately $3.5Â billion, respectively, each pursuant to the 2021 Repurchase Program. This activity includes the share repurchases under the ASR transactions described below.Pursuant to the authorization under the 2021 Repurchase Program, the Company entered into a $3.0Â billion fixed dollar ASR with Morgan Stanley & Co. LLC (â€œMorgan Stanleyâ€). Upon payment of the $3.0Â billion purchase price on January 4, 2024, the Company received a number of shares of CVS Health Corporationâ€™s common stock equal to 85% of the $3.0Â billion notional amount of the ASR or approximately 31.4Â million shares, which were placed into treasury stock in January 2024. The ASR was accounted for as an initial treasury stock transaction for $2.6Â billion and a forward contract for $0.4Â billion. The forward contract was classified as an equity instrument and was recorded within capital surplus. In March 2024, the Company received approximately 8.3Â million shares of CVS Health Corporationâ€™s common stock, representing the remaining 15% of the $3.0Â billion notional amount of the ASR, thereby concluding the ASR. These shares were placed into treasury and the forward contract was reclassified from capital surplus to treasury stock in March 2024.Pursuant to the authorization under the 2021 Repurchase Program, the Company entered into a $2.0Â billion fixed dollar ASR with Citibank, N.A. Upon payment of the $2.0Â billion purchase price on January 4, 2023, the Company received a number of shares of CVS Health Corporationâ€™s common stock equal to 80% of the $2.0Â billion notional amount of the ASR or approximately 17.4Â million shares, which were placed into treasury stock in January 2023. The ASR was accounted for as an initial treasury stock transaction for $1.6Â billion and a forward contract for $0.4Â billion. The forward contract was classified as an equity instrument and was recorded within capital surplus. In February 2023, the Company received approximately 5.4Â million shares of CVS Health Corporationâ€™s common stock, representing the remaining 20% of the $2.0Â billion notional amount of the ASR, thereby concluding the ASR. These shares were placed into treasury stock and the forward contract was reclassified from capital surplus to treasury stock in February 2023.Pursuant to the authorization under the 2021 Repurchase Program, the Company entered into a $1.5Â billion fixed dollar ASR with Barclays Bank PLC. Upon payment of the $1.5Â billion purchase price on January 4, 2022, the Company received a number of shares of CVS Health Corporationâ€™s common stock equal to 80% of the $1.5Â billion notional amount of the ASR or approximately 11.6Â million shares, which were placed into treasury stock in January 2022. The ASR was accounted for as an initial treasury stock transaction for $1.2Â billion and a forward contract for $0.3Â billion. The forward contract was classified as an equity instrument and was recorded within capital surplus. In February 2022, the Company received approximately 2.7Â million shares of CVS Health Corporationâ€™s common stock, representing the remaining 20% of the $1.5Â billion notional amount of the ASR, thereby concluding the ASR. These shares were placed into treasury stock and the forward contract was reclassified from capital surplus to treasury stock in February 2022.90At the time they were received, the initial and final receipt of shares resulted in an immediate

reduction of the outstanding shares used to calculate the weighted average common shares outstanding for basic and diluted earnings per share.DividendsDuring 2024, 2023 and 2022 the quarterly cash dividend was $0.665, $0.605 and $0.55 per share, respectively. CVS Health Corporation has paid cash dividends every quarter since becoming a public company and expects to maintain its quarterly dividend of $0.665 per share throughout 2025. Future dividend payments will depend on the Companyâ€™s earnings, capital requirements, financial condition and other factors considered relevant by the Board.91Future Cash RequirementsThe following table summarizes certain estimated future cash requirements under the Companyâ€™s various contractual obligations at DecemberÂ 31, 2024, in total and disaggregated into current and long-term obligations. The table below does not include future payments of claims to health care providers or pharmacies because certain terms of these payments are not determinable at DecemberÂ 31, 2024 (for example, the timing and volume of future services provided under fee-for-service arrangements and future membership levels for capitated arrangements). InÂ millionsTotalCurrentLong-TermOperating lease liabilities (1)$21,189Â $2,683Â $18,506Â Finance lease liabilities (1)2,038Â 144Â 1,894Â Contractual lease obligations with Target (2)2,217Â â€”Â 2,217Â Commercial paper (3)2,119Â 2,119Â â€”Â Long-term debt (3)63,268Â 3,559Â 59,709Â Interest payments on long-term debt (3)42,240Â 2,892Â 39,348Â Opioid litigation settlement obligations (4)4,792Â 814Â 3,978Â Other long-term liabilities on the consolidated balance sheets (5) Future policy benefits (6) 4,560Â 371Â 4,189Â Unpaid claims (6) 993Â 280Â 713Â Policyholdersâ€™ funds (6) (7)1,270Â 869Â 401Â Total$144,686Â $13,731Â $130,955Â _____(1)Refer to Note 7 â€˜â€˜Leasesâ€™â€™ included in Item 8 of this 10-K for additional information regarding the maturity of lease liabilities under operating and finance leases. (2)The Company leases pharmacy and clinic space from Target. See Note 7 â€˜â€˜Leasesâ€™â€™ included in Item 8 of this 10-K for additional information regarding the lease arrangements with Target. Amounts related to such operating and finance leases are reflected within the operating lease liabilities and finance lease liabilities in the table above. Pharmacy lease amounts due in excess of the remaining estimated economic life of the buildings are reflected in the table above assuming equivalent stores continue to operate through the term of the arrangements. (3)Refer to Note 10 â€˜â€˜Borrowings and Credit Agreementsâ€™â€™ included in Item 8 of this 10-K for additional information regarding the maturities of debt principal and commercial paper borrowings. Interest payments on long-term debt are calculated using outstanding balances and interest rates in effect on DecemberÂ 31, 2024.(4)Refer to Note 18 â€˜â€˜Commitments and Contingenciesâ€™â€™ included in Item 8 of this 10-K for additional information regarding the opioid litigation settlement obligations. (5)Payments of other long-term liabilities exclude Separate Accounts liabilities of approximately $3.3 billion because these liabilities are supported by assets that are legally segregated and are not subject to claims that arise out of the Companyâ€™s business.(6)Total payments of future policy benefits, unpaid claims and policyholdersâ€™ funds include $566 million, $911 million and $137 million, respectively, of reserves for contracts subject to reinsurance. The Company expects the assuming reinsurance carrier to fund these obligations and has reflected these amounts as reinsurance recoverable assets on the consolidated balance sheets.(7)Customer funds associated with group life and health contracts of approximately $52 million have been excluded from the table above because such funds may be used primarily at the customerâ€™s discretion to offset future premiums and/or for refunds, and the timing of the related cash flows cannot be determined. Additionally, net unrealized capital losses on debt securities supporting experience-rated products of $25 million, before tax, have been excluded from the table above.Restrictions on Certain PaymentsIn addition to general state law restrictions on payments of dividends and other distributions to stockholders applicable to all corporations, health maintenance organizations (â€œHMOsâ€) and insurance companies are subject to further regulations that, among other things, may require those companies to maintain certain levels of equity (referred to as surplus) and restrict the amount of dividends and other distributions that may be paid to their equity holders. These regulations are not directly applicable to CVS Health Corporation as a holding company since CVS Health Corporation is not an HMO or an insurance company. In addition, in connection with the Aetna Acquisition, the Company made certain undertakings that require prior regulatory approval of dividends by certain of its HMOs and insurance companies. The additional regulations and undertakings applicable to the Companyâ€™s HMO and insurance company subsidiaries are not expected to affect the Companyâ€™s ability to service the Companyâ€™s debt, meet other financing obligations or pay dividends, or the ability of any of the Companyâ€™s subsidiaries to service their debt or other financing obligations. Under applicable regulatory requirements and undertakings, at DecemberÂ 31, 2024, the maximum amount of dividends that may be paid by the Companyâ€™s insurance and HMO subsidiaries without prior approval by regulatory authorities was $1.6 billion in the aggregate. The Company maintains capital levels in its operating subsidiaries at or above targeted and/or required capital levels and dividends amounts in excess of these levels to meet liquidity requirements, including the payment of interest on debt and 92stockholder dividends. In addition, at the Companyâ€™s discretion, it uses these funds for other purposes such as funding share and debt repurchase programs, investments in new businesses and other purposes considered advisable. At DecemberÂ 31, 2024 and 2023, the Company held investments of $269 million and $307 million, respectively, that are not accounted for as Separate Accounts assets but are legally segregated and are not subject to claims that arise out of the Companyâ€™s business. See Note 4 â€˜â€˜Investmentsâ€™â€™ included in Item 8 of this 10-K for additional information on investments related to the 2012 conversion of an existing group annuity contract from a participating to a non-participating contract.Solvency RegulationThe National Association of Insurance Commissioners (the â€œNAICâ€) utilizes risk-based capital (â€œRBCâ€) standards for insurance companies that are designed to identify weakly-capitalized companies by comparing each companyâ€™s adjusted surplus to its required surplus (the â€œRBC Ratioâ€). The RBC Ratio is designed to reflect the risk profile of insurance companies. Within certain ratio ranges, regulators have increasing authority to take action as the RBC Ratio decreases. There are four levels of regulatory action, ranging from requiring an insurer to submit a comprehensive financial plan for increasing its RBC to the state insurance commissioner to requiring the state insurance commissioner to place the insurer under regulatory control. At DecemberÂ 31, 2024, all of the Companyâ€™s insurance and HMO subsidiaries were above the RBC level that would require regulatory action. The RBC framework described above for insurers has been extended by the NAIC to health organizations, including HMOs. Although not all states had adopted these rules at DecemberÂ 31, 2024, at that date each of the Companyâ€™s active HMOs had a surplus that exceeded either the applicable state net worth requirements or, where adopted, the levels that would require regulatory action under the NAICâ€™s RBC rules. External rating agencies use their own capital models and/or RBC standards when they determine a companyâ€™s rating.93Critical Accounting PoliciesThe Company prepares the consolidated financial statements in conformity with generally accepted accounting principles, which require management to make certain estimates and apply judgment. Estimates and judgments are based on historical experience, current trends and other factors that management believes to be important at the time the consolidated financial statements are prepared. On a regular basis, the Company reviews its accounting policies and how they are applied and disclosed in the consolidated financial statements. While the Company believes the historical experience, current trends and other factors considered by management support the preparation of the consolidated financial statements in conformity with generally accepted accounting principles, actual results could differ from estimates, and such differences could be material.Significant accounting policies are discussed in Note 1 â€˜â€˜Significant Accounting Policiesâ€™â€™ included in Item 8 of this 10-K. Management believes the following accounting policies include a higher degree of judgment and/or complexity and, thus, are considered to be critical accounting policies. The Company has discussed the development and selection of these critical accounting policies with the Audit Committee of the Board (the â€œAudit Committeeâ€), and the Audit Committee has reviewed the disclosures relating to them.Revenue RecognitionHealth Care Benefits SegmentHealth Care Benefits revenue is principally derived from insurance premiums and fees billed to customers. Revenue related to the Companyâ€™s Government business is collected monthly from the U.S. federal government and various government agencies based on fixed payment rates and member eligibility. Some of the Companyâ€™s Government contracts allow for premiums to be adjusted to reflect actual experience or the relative health status of Insured members. Such adjustments are reasonably estimable at the outset of the contract, and adjustments to those estimates are made based on actual experience of the customer emerging under the contract and the terms of the underlying contract.Health Services SegmentThe Health Services segment sells prescription drugs directly through its specialty and mail order pharmacy offerings and indirectly through the Companyâ€™s retail pharmacy network. The Companyâ€™s pharmacy benefit arrangements are accounted for in a manner consistent with a master supply arrangement as there are no contractual minimum volumes and each prescription is considered a separate purchasing decision and distinct performance obligation transferred at a point in time. PBM services performed in connection with each prescription claim are considered part of a single performance obligation which culminates in the fulfillment of prescription drugs.The Company recognizes revenue using the gross method at the contract price negotiated with its clients when the Company has concluded it controls the prescription drug before it is transferred to the client plan members. The Company controls prescriptions fulfilled indirectly through its retail pharmacy network because it has separate contractual arrangements with those pharmacies, has discretion in setting the price for the transaction and assumes primary responsibility for fulfilling the promise to provide prescription drugs to its client plan members while also performing the related PBM services.Revenues include (i) the portion of the price the client pays directly to the Company, net of any discounts earned on brand name drugs or other discounts and refunds paid back to the client, (ii) the price paid to the Company by client plan members for mail order prescriptions and the price paid to retail network pharmacies by client plan members for retail prescriptions, and (iii) claims based administrative fees for retail pharmacy network contracts. Sales taxes are not included in revenues. The Company recognizes revenue when control of the prescription drugs is transferred to customers, in an amount that reflects the consideration the Company expects to be entitled to receive in exchange for those prescription drugs. The Company has established the following revenue recognition policies for the Health Services segment:â€¢Revenues generated from prescription drugs sold by third party pharmacies in the Companyâ€™s retail pharmacy network and associated administrative fees are recognized at the Companyâ€™s point-of-sale, which is when the claim is adjudicated by the Companyâ€™s online claims processing system and the Company has transferred control of the prescription drug and completed all of its performance obligations.â€¢Revenues generated from prescription drugs sold by specialty and mail order pharmacies are recognized when the prescription drug is delivered to the client plan member. At the time of delivery, the Company has performed substantially 94all of its performance obligations under its client contracts and does not experience a significant level of returns or reshipments.For contracts under which the Company acts as an agent or does not control the prescription drugs prior to transfer to the client plan member, revenue is recognized using the net method.Drug DiscountsThe Company records revenue net of manufacturersâ€™ rebates earned by its clients based on their plan membersâ€™ utilization of brand-name formulary drugs. The Company estimates these rebates at period-end based on actual and estimated claims data and its estimates of the manufacturersâ€™ rebates earned by its clients. The estimates are based on the best available data at period-end and recent history for the various factors that can affect the amount of rebates due to the client. The Company adjusts its rebates payable to clients to the actual amounts paid when these rebates are paid or as significant events occur. Any cumulative effect of these adjustments is recorded against revenues at the time it is identified. Adjustments generally result from contract changes with clients or manufacturers that have retroactive rebate adjustments, differences between the estimated and actual product mix subject to rebates, or whether the brand name drug was included in the applicable formulary. The effect of adjustments between estimated and actual manufacturersâ€™ rebate amounts has not been material to the Companyâ€™s operating results or financial condition.Impairments of Debt SecuritiesThe Company regularly reviews its debt securities to determine whether a decline in fair value below the cost basis or carrying value has occurred. If a debt security is in an unrealized loss position and the Company has the intent to sell the security, or it is more likely than not that the Company will have to sell the security before recovery of its amortized cost basis, the amortized cost basis of the security is written down to its fair value and the difference is recognized in net income. If a debt security is in an unrealized loss position and the Company does not have the intent to sell and it is more likely than not that the Company will not have to sell such security before recovery of its amortized cost basis, the Company bifurcates the impairment into credit-related and non-credit related (yield-related) components. The amount of the credit-related component is recorded as an allowance for credit losses and recognized in net income, and the amount of the non-credit related component is included in other comprehensive income (loss). The Company analyzes all facts and circumstances believed to be relevant for each investment when performing this analysis, in accordance with applicable accounting guidance.In evaluating whether a credit related loss exists, the Company considers a variety of factors including: the extent to which the fair value is less than the amortized cost basis; adverse conditions specifically related to the issuer of a security, an industry or geographic area; the payment structure of the security; the failure of the issuer of the security to make scheduled interest or principle payments; and any changes to the rating of the security by a rating agency. Among the factors considered in evaluating whether a decline in fair value below the cost basis or carrying value has occurred are whether the decline results from a change in the quality of the debt security itself, whether the decline results from a downward movement in the market as a whole, and the prospects for realizing the carrying value of the debt security based on the investmentâ€™s current and short-term prospects for recovery. For unrealized losses determined to be the result of market conditions (for example, increasing interest rates and volatility due to conditions in the overall market) or industry-related events, the Company determines whether it intends to sell the debt security or if it is more likely than not that the Company will be required to sell the debt security prior to the anticipated recovery of the debt securityâ€™s amortized cost basis. If either case is true, the Company recognizes a non-credit related impairment, and the cost basis or carrying amount of the debt security is written down to fair value.During the years ended DecemberÂ 31, 2024, 2023 and 2022, the Company recorded yield-related impairment losses on debt securities of $73 million, $152 million and $143 million, respectively. During the years ended DecemberÂ 31, 2024, 2023 and 2022, the Company recorded credit-related losses on debt securities of $9 million, $3 million and $13 million, respectively.The risks inherent in assessing the impairment of a debt security include the risk that market factors may differ from projections and the risk that facts and circumstances factored into the Companyâ€™s assessment may change with the passage of time. Unexpected changes to market factors and circumstances that were not present in past reporting periods are among the factors that may result in a current period decision to sell debt securities that were not impaired in prior reporting periods.InventoryInventories are valued at the lower of cost or net realizable value using the weighted average cost method.95The value of ending inventory is reduced for estimated inventory losses that have occurred during the interim period between physical inventory counts. Physical inventory counts are taken on a regular basis in each retail store and pharmacy, and a continuous cycle count process is the primary procedure used to validate the inventory balances on hand in each distribution center and mail facility to ensure that the amounts reflected in the consolidated financial statements are properly stated. The Companyâ€™s accounting for inventory contains uncertainty since management must use judgment to estimate the inventory losses that have occurred during the interim period between physical inventory counts. When estimating these losses, a number of factors are considered which include historical physical inventory results on a location-by-location basis and current physical inventory loss trends.The total reserve for estimated inventory losses covered by this critical accounting policy was $600 million and $607 million as of DecemberÂ 31, 2024 and 2023, respectively. Although management believes there is sufficient current and historical information available to record reasonable estimates for estimated inventory losses, it is possible that actual results could differ. In order to help investors assess the aggregate risk, if any, associated with the inventory-related uncertainties discussed above, a tenÂ percent (10%)Â pre-tax change in estimated inventory losses, which is a reasonably likely change, would increase or decrease the total reserve for estimated inventory losses by approximately $60 million as of DecemberÂ 31, 2024.Although management believes that the estimates discussed above are reasonable and the related calculations conform to generally accepted accounting principles, actual results could differ from such estimates, and such differences could be material.Recoverability of Long-Lived AssetsRecoverability of Definite-Lived AssetsThe Company evaluates the recoverability of long-lived assets, excluding goodwill and indefinite-lived intangible assets, which are tested for impairment using separate tests described below, whenever events or changes in circumstances indicate that the carrying value of such an asset may not be recoverable. The Company groups and evaluates these long-lived assets for impairment at the lowest level at which individual cash flows can be identified. If indicators of impairment are present, the Company first compares the carrying amount of the asset group to the estimated future cash flows associated with the asset group (undiscounted). If the estimated future cash flows used in this analysis are less than the carrying amount of the asset group, an impairment loss calculation is prepared. The impairment loss calculation compares the carrying amount of the asset group to the asset groupâ€™s estimated future cash flows (discounted). If required, an impairment loss is recorded for the portion of the asset groupâ€™s carrying value that exceeds the asset groupâ€™s estimated future cash flows (discounted).The long-lived asset impairment loss calculation contains uncertainty since management must use judgment to estimate each asset groupâ€™s future sales, profitability and cash flows. When preparing these estimates, the Company considers historical results and current operating trends and consolidated sales, profitability and cash flow results and forecasts. These estimates can be affected by a number of factors including general economic and regulatory conditions, efforts of third party organizations to reduce their prescription drug costs and/or increased member co-payments, the continued efforts of competitors to gain market share and consumer spending patterns.During the third quarter of 2024, in connection with its enterprise-wide restructuring plan, the Company completed a strategic review of its retail business, which included evaluating changes in population, consumer buying patterns and future health requirements to ensure continued alignment of its retail footprint with consumer needs.

In connection with this initiative, in September 2024, the Company determined it planned to close 271 retail stores in 2025. As a result, management determined that there were indicators of impairment with respect to the impacted storesâ€™ asset groups, including the associated operating or financing lease right-of-use assets and property and equipment. A long-lived asset impairment test was performed during the third quarter of 2024, the results of which indicated that the fair value of certain retail store asset groups were lower than their respective carrying values. Accordingly, in the three months ended September 30, 2024, the Company recorded a store impairment charge of $607Â million, consisting of a write down of $483Â million related to operating and financing lease right-of-use assets and $124Â million related to property and equipment. The charge associated with the store impairments was included in the restructuring charges within the Pharmacy & Consumer Wellness segment.Recoverability of GoodwillGoodwill represents the excess of amounts paid for acquisitions over the fair value of the net identifiable assets acquired. Goodwill is subject to annual impairment reviews, or more frequent reviews if events or circumstances indicate that the carrying value may not be recoverable. Goodwill is tested for impairment on a reporting unit basis. The impairment test is performed by comparing the reporting unitâ€™s fair value with its net book value (or carrying amount), including goodwill. The 96fair value of the reporting units is estimated using a combination of a discounted cash flow method and a market multiple method. If the net book value (carrying amount) of the reporting unit exceeds its fair value, the reporting unitâ€™s goodwill is considered to be impaired, and an impairment is recognized in an amount equal to the excess.The determination of the fair value of the reporting units requires the Company to make significant assumptions and estimates. These assumptions and estimates primarily include the selection of appropriate peer group companies; control premiums and valuation multiples appropriate for acquisitions in the industries in which the Company competes; discount rates; terminal growth rates; and forecasts of revenue, operating income, depreciation and amortization, income taxes, capital expenditures and future working capital requirements. When determining these assumptions and preparing these estimates, the Company considers each reporting unitâ€™s historical results and current operating trends; consolidated revenues, profitability and cash flow results and forecasts; and industry trends. The Companyâ€™s estimates can be affected by a number of factors, including general economic and regulatory conditions; the risk-free interest rate environment; the Companyâ€™s market capitalization; efforts of customers and payers to reduce costs, including their prescription drug costs, and/or increase member co-payments; the continued efforts of competitors to gain market share; consumer spending patterns; and the Companyâ€™s ability to achieve its revenue growth projections and execute on its cost reduction initiatives. 2024 Goodwill Impairment TestDuring the fourth quarter of 2024, the Company performed its required annual impairment test of goodwill. The results of the impairment tests indicated that there was no impairment of goodwill as of the testing date. The fair values of the reporting units with goodwill exceeded their carrying values by significant margins, with the exception of the Government reporting unit and the Health Care Delivery reporting unit which exceeded their carrying values by approximately 4% and 8%, respectively.During 2024, the Government reporting unit within the Health Care Benefits segment experienced continued elevated utilization pressure in Medicare and higher than expected acuity following the resumption of member redeterminations in Medicaid, which have resulted in higher medical benefit ratios and lower gross margins than those originally estimated when the prior year annual goodwill impairment test was performed. Upon assessment of the impact of these factors on the Companyâ€™s year-to-date 2024 results and its expectations for the full year, the Company determined there were indicators that the Government reporting unitâ€™s goodwill may be impaired, and accordingly, performed an interim goodwill impairment test during the third quarter of 2024. The results of the interim goodwill impairment test showed that the fair value of the Government reporting unit exceeded its carrying value by approximately 10%, therefore there was no impairment of goodwill as of the interim testing date. During the fourth quarter of 2024, the Company updated its budget for 2025 and outlook for future years and performed its annual impairment test of goodwill. The results of the impairment test showed that the fair value of the Government reporting unit exceeded its carrying value by approximately 4%, therefore there was no impairment of goodwill as of the annual testing date.Although the Company believes the financial projections used to determine the fair value of the Government reporting unit were reasonable and achievable, continued utilization pressure within the Medicare product line and continued higher acuity in Medicaid may affect the Companyâ€™s ability to increase operating income in the Government reporting unit at the rate estimated when such goodwill impairment test was performed. Some of the key assumptions included in the Companyâ€™s financial projections to determine the estimated fair value of its Government reporting unit include future health care costs, changes in medical membership, revenue growth rates, operating margins and operating expense ratios. The estimated fair value of the Government reporting unit is also dependent on multiples of market participants in the health insurance industry, as well as the risk-free interest rate environment which impacts the discount rate used in the discounted cash flow method. As of December 31, 2024, the goodwill balance in the Government reporting unit was approximately $21.2 billion.In 2023, the Company formed a new Health Care Delivery reporting unit within the Health Services segment. The Health Care Delivery reporting unit is primarily comprised of the Signify Health and Oak Street Health care delivery assets, which were acquired on March 29, 2023 and May 2, 2023, respectively. These transactions were accounted for using the acquisition method of accounting which requires, among other things, the assets acquired and liabilities assumed to be recognized at their fair values at the date of acquisition. Given the close proximity of the acquisition dates to the 2024 annual impairment test of goodwill, as expected, the fair value of these two businesses and, therefore, of the Health Care Delivery reporting unit, remained relatively in line with the carrying value of the reporting unit. This fair value estimate is sensitive to significant assumptions including the revenue growth rate, operating income and the discount rate. As of DecemberÂ 31, 2024, the goodwill balance in the Health Care Delivery reporting unit was $10.4 billion.2023 Goodwill Impairment TestDuring the fourth quarter of 2023, the Company performed its required annual impairment test of goodwill. The results of the impairment tests indicated that there was no impairment of goodwill as of the testing date. The fair values of the reporting units 97with goodwill exceeded their carrying values by significant margins, with the exception of the Health Care Delivery reporting unit, which exceeded its carrying value by approximately 9%.2022 Goodwill Impairment TestDuring the third quarter of 2022, the Company performed its required annual impairment test of goodwill. The results of the impairment tests indicated that there was no impairment of goodwill as of the testing date. The fair values of the reporting units with goodwill exceeded their carrying values by significant margins.Recoverability of Indefinite-Lived Intangible AssetsIndefinite-lived intangible assets are subject to annual impairment reviews, or more frequent reviews if events or circumstances indicate that their carrying value may not be recoverable. Indefinite-lived intangible assets are tested by comparing the estimated fair value of the asset to its carrying value. If the carrying value of the asset exceeds its estimated fair value, an impairment loss is recognized, and the asset is written down to its estimated fair value.The indefinite-lived intangible asset impairment loss calculation contains uncertainty since management must use judgment to estimate fair value based on the assumption that, in lieu of ownership of an intangible asset, the Company would be willing to pay a royalty in order to utilize the benefits of the asset. Fair value is estimated by discounting the hypothetical royalty payments to their present value over the estimated economic life of the asset. These estimates can be affected by a number of factors including general economic conditions, availability of market information and the profitability of the Company. There were no impairment losses recognized on indefinite-lived intangible assets in any of the years ended DecemberÂ 31, 2024, 2023 or 2022.Health Care Benefitsâ€™ IBNR LiabilitiesThe Health Care Benefits segmentâ€™s health care costs payable include estimates of the ultimate cost of (i) services rendered to the segmentâ€™s Insured members but not yet reported to the Company and (ii) claims which have been reported to the Company but not yet paid (collectively, â€œIBNRâ€). Health care costs payable also include an estimate of the cost of services that will continue to be rendered after the financial statement date if the Company is obligated to pay for such services in accordance with contractual or regulatory requirements. IBNR estimates are developed using actuarial principles and assumptions that consider numerous factors. See Note 1 â€˜â€˜Significant Accounting Policiesâ€™â€™ included in Item 8 of this 10-K for additional information on the Companyâ€™s reserving methodology.During 2024 and 2023, the segment observed an increase in completion factors relative to those assumed at the prior year end. After considering the claims paid in 2024 and 2023 with dates of service prior to the fourth quarter of the previous year, the segment observed assumed incurred claim weighted average completion factors that were 23 and 4 basis points higher, respectively, than previously estimated, resulting in a decrease of $339 million and $55 million in 2024 and 2023, respectively, in health care costs payable that related to the prior year. The segment has considered the pattern of changes in its completion factors when determining the completion factors used in its estimates of IBNR as of DecemberÂ 31, 2024. However, based on historical claim experience, it is reasonably possible that the estimated weighted average completion factors may vary by plus or minus 9 basis points from the assumed rates, which could impact health care costs payable by approximately plus or minus $202 million pretax.Also, during 2024 and 2023, the Health Care Benefits segment observed that health care costs for claims with claim incurred dates of three months or less before the financial statement date were lower than previously estimated. Specifically, after considering the claims paid in 2024 and 2023 with claim incurred dates for the fourth quarter of the previous year, the segment observed health care costs that were 3.2% and 4.5% lower, respectively, for each fourth quarter than previously estimated, resulting in a reduction of $546 million and $620 million in 2024 and 2023, respectively, in health care costs payable that related to prior year.Management considers historical health care cost trend rates together with its knowledge of recent events that may impact current trends when developing estimates of current health care cost trend rates. When establishing reserves as of DecemberÂ 31, 2024, the segment increased its assumed health care cost trend rates for the most recent three months by 3.4% from health care cost trend rates recently observed. Based on historical claim experience, it is reasonably possible that the segmentâ€™s estimated health care cost trend rates may vary by plus or minus 3.5% from the assumed rates, which could impact health care costs payable by plus or minus $808 million pretax.98New Accounting PronouncementsSee Note 1 â€˜â€˜Significant Accounting Policiesâ€™â€™ included in Item 8 of this 10-K for a description of new accounting pronouncements applicable to the Company.99Table of ContentsItem 7A. Quantitative and Qualitative Disclosures About Market Risk.The Companyâ€™s earnings and financial condition are exposed to interest rate risk, credit quality risk, market valuation risk, foreign currency risk, commodity risk and operational risk.Evaluation of Interest Rate and Credit Quality RiskThe Company manages interest rate risk by seeking to maintain a tight match between the durations of assets and liabilities when appropriate.Â The Company manages credit quality risk by seeking to maintain high average credit quality ratings and diversified sector exposure within its debt securities portfolio.Â In connection with its investment and risk management objectives, the Company also uses derivative financial instruments whose market value is at least partially determined by, among other things, levels of or changes in interest rates (short-term or long-term), duration, prepayment rates, equity markets or credit ratings/spreads.Â The Companyâ€™s use of these derivatives is generally limited to hedging risk and has principally consisted of using interest rate swaps, treasury rate locks, forward contracts, futures contracts, warrants, put options and credit default swaps.Â These instruments, viewed separately, subject the Company to varying degrees of interest rate, equity price and credit risk.Â However, when used for hedging, the Company expects these instruments to reduce overall risk.InvestmentsThe Companyâ€™s investment portfolio supported the following products at DecemberÂ 31, 2024 and 2023:In millions20242023Experience-rated products $652Â $723Â Remaining products30,689Â 25,555Â Total investments$31,341Â $26,278Â Investment risks associated with experience-rated products generally do not impact the Companyâ€™s operating results. The risks associated with investments supporting experience-rated pension and annuity products in the large case pensions business in the Companyâ€™s Corporate/Other segment are assumed by the contract holders and not by the Company (subject to, among other things, certain minimum guarantees).Â Assets supporting experience-rated products may be subject to contract holder or participant withdrawals.The debt securities in the Companyâ€™s investment portfolio had an average credit quality rating of A at both DecemberÂ 31, 2024 and 2023, with a fair value of approximately $5.9 billion and $4.6 billion rated AAA at DecemberÂ 31, 2024 and 2023, respectively.Â The fair value of debt securities that were rated below investment grade (that is, having a credit quality rating below BBB-/Baa3) was $2.4 billion and $2.1 billion at DecemberÂ 31, 2024 and 2023, respectively (of which 1.6% and 1.5% at DecemberÂ 31, 2024 and 2023, respectively, supported experience-rated products).At DecemberÂ 31, 2024 and 2023, the Company held $82 million and $218 million, respectively, of municipal debt securities that were guaranteed by third parties, representing less than 1% and 1% of total investments at DecemberÂ 31, 2024 and 2023, respectively.Â These securities had an average credit quality rating of AA+ at both DecemberÂ 31, 2024 and 2023, with the guarantee. These securities had an average credit quality rating of AA and AA- at DecemberÂ 31, 2024 and 2023, respectively, without the guarantee.Â The Company does not have any significant concentration of investments with third party guarantors (either direct or indirect).The Company generally classifies debt securities as available for sale, and carries them at fair value on the consolidated balance sheets.Â At both DecemberÂ 31, 2024 and 2023, less than 1% of debt securities were valued using inputs that reflect the Companyâ€™s assumptions (categorized as Level 3 inputs in accordance with GAAP).Â See Note 5 â€˜â€˜Fair Valueâ€™â€™ included in Item 8 of this 10-K for additional information on the methodologies and key assumptions used to determine the fair value of investments. For additional information related to investments, see Note 4 â€˜â€˜Investmentsâ€™â€™ included in Item 8 of this 10-K.The Company regularly reviews debt securities in its portfolio to determine whether a decline in fair value below the cost basis or carrying value has occurred.Â If a debt security is in an unrealized loss position and the Company has the intent to sell the security, or it is more likely than not that the Company will have to sell the security before recovery of its amortized cost basis, the amortized cost basis of the security is written down to its fair value and the difference is recognized in net income. If a debt security is in an unrealized loss position and the Company does not have the intent to sell and it is more likely than not that the Company will not have to sell such security before recovery of its amortized cost basis, the Company bifurcates the impairment into credit-related and non-credit related components. The amount of the credit-related component is recorded as an allowance for credit losses and recognized in net income, and the amount of the non-credit related component is included in other 100comprehensive income (loss). The impairment of debt securities is considered a critical accounting policy.Â See â€˜â€˜Critical Accounting Policies - Impairments of Debt Securitiesâ€ in the MD&A included in Item 7 of this 10-K for additional information.Evaluation of Market Valuation RisksThe Company regularly evaluates its risk from market-sensitive instruments by examining, among other things, levels of or changes in interest rates (short-term or long-term), duration, prepayment rates, equity markets and/or credit ratings/spreads. The Company also regularly evaluates the appropriateness of investments relative to management-approved investment guidelines (and operates within those guidelines) and the business objectives of its portfolios.On a quarterly basis, the Company reviews the impact of hypothetical net losses in its investment portfolio on the Companyâ€™s consolidated near-term financial condition, operating results and cash flows assuming the occurrence of certain reasonably possible changes in near-term market rates and prices. Interest rate changes (whether resulting from changes in treasury yields or credit spreads or other factors) represent the most material risk exposure category for the Company.Â The Company has estimated the impact on the fair value of market sensitive instruments based on the net present value of cash flows using a representative set of likely future interest rate scenarios. The assumptions used were as follows: an immediate increase of 100 basis points in interest rates (which the Company believes represents a moderately adverse scenario) for long-term debt issued by the Company, as well as its interest rate sensitive investments and an immediate decrease of 15% in prices for publicly traded domestic equity securities in the Companyâ€™s investment portfolio.Assuming an immediate increase of 100 basis points in interest rates, the theoretical decline in the fair values of market sensitive instruments at DecemberÂ 31, 2024 is as follows:â€¢The fair value of long-term debt issued by the Company would decline by approximately $3.3 billion ($4.1 billion pretax). Changes in the fair value of long-term debt do not impact the Companyâ€™s operating results or financial condition.â€¢The theoretical reduction in the fair value of interest rate sensitive investments partially offset by the theoretical reduction in the fair value of interest rate sensitive liabilities would result in a net decline in fair value of approximately $650 million ($820 million pretax) related to continuing non-experience-rated products. Net reductions in fair value would be reflected as an unrealized loss in equity, as the Company classifies these debt securities as available for sale, and the effect of the interest rate on interest rate sensitive liabilities is recorded in other comprehensive income (loss).If the value of the Companyâ€™s publicly traded domestic equity securities held within its investment portfolio were to decline by 15%, this would result in a net decline in fair value of $43Â million ($54Â million pretax).Based on overall exposure to interest rate risk and equity price risk, the Company believes that these changes in market rates and prices would not materially affect consolidated near-term financial condition, operating results or cash flows as of DecemberÂ 31, 2024.Evaluation of Foreign Currency and Commodity RiskAt DecemberÂ 31, 2024 and 2023, the Company did not have any material foreign currency exchange rate or commodity derivative instruments in place and believes its exposure to foreign currency exchange rate risk is not material.Evaluation of Operational RisksThe Company also faces certain operational risks. Those risks include risks related to information security, including cybersecurity. The Company and its vendors have experienced diverse cyberattacks and expect to continue to experience cyberattacks going forward. As examples, the Company and its vendors have experienced attempts to gain access to systems, denial of service attacks, attempted malware infections, account takeovers, scanning activity and phishing emails. Attacks can originate from external criminals, terrorists, nation states or internal actors. The Company is dedicating and will continue to dedicate significant resources and incur significant expenses to maintain and update on an ongoing basis the systems and processes that are designed to mitigate the information security risks it faces and protect the security of its computer systems, software, networks and other technology assets against attempts by unauthorized parties to obtain access to confidential information, disrupt or degrade service or cause other damage. The impact of cyberattacks has not been material to the

Companyâ€™s operations or operating results through DecemberÂ 31, 2024. The Board and its Audit Committee are regularly informed 101regarding the Companyâ€™s information security policies, practices and status. Please see â€œCybersecurityâ€ included in Item 1C of this 10-K for further information.102Table of ContentsItem 8. Financial Statements and Supplementary Data.Index to Consolidated Financial StatementsPageConsolidated Statements of Operations for the years ended December 31, 2024, 2023 and 2022104Consolidated Statements of Comprehensive Income for the years ended December 31, 2024, 2023 and 2022105Consolidated Balance Sheets as of December 31, 2024 and 2023106Consolidated Statements of Cash Flows for the years ended December 31, 2024, 2023 and 2022107Consolidated Statements of Shareholdersâ€™ Equity for the years ended December 31, 2024, 2023 and 2022109Notes to Consolidated Financial Statements110Reports of Independent Registered Public Accounting Firm (Public Company Accounting Oversight Board ID: 42)189103Index to Consolidated Financial StatementsConsolidated Statements of OperationsFor the Years Ended December 31,In millions, except per share amounts202420232022Revenues:Â Â Â Products$231,521Â $245,138Â $226,616Â Premiums122,896Â 99,192Â 85,330Â Services16,239Â 12,293Â 9,683Â Net investment income2,153Â 1,153Â 838Â Total revenues372,809Â 357,776Â 322,467Â Operating costs:Cost of products sold206,287Â 217,098Â 196,892Â Health care costs115,121Â 86,247Â 71,073Â Operating expenses41,606Â 39,832Â 38,212Â Restructuring charges1,179Â 507Â â€”Â Opioid litigation charges100Â â€”Â 5,803Â Loss on assets held for saleâ€”Â 349Â 2,533Â Total operating costs364,293Â 344,033Â 314,513Â Operating income8,516Â 13,743Â 7,954Â Interest expense2,958Â 2,658Â 2,287Â Gain on early extinguishment of debt(491)â€”Â â€”Â Other income(99)(88)(169)Income before income tax provision6,148Â 11,173Â 5,836Â Income tax provision1,562Â 2,805Â 1,509Â Net income4,586Â 8,368Â 4,327Â Net (income) loss attributable to noncontrolling interests28Â (24)(16)Net income attributable to CVS Health$4,614Â $8,344Â $4,311Â Net income per share attributable to CVS Health:Basic$3.67Â $6.49Â $3.29Â Diluted$3.66Â $6.47Â $3.26Â Weighted average shares outstanding:Basic1,259Â 1,285Â 1,312Â Diluted1,262Â 1,290Â 1,323Â See accompanying notes to consolidated financial statements.104Index to Consolidated Financial StatementsConsolidated Statements of Comprehensive IncomeFor the Years Ended December 31,In millions202420232022Net income$4,586Â $8,368Â $4,327Â Other comprehensive income (loss), net of tax:Net unrealized investment gains (losses)30Â 1,090Â (2,317)Change in discount rate on long-duration insurance reserves113Â (67)870Â Foreign currency translation adjustments(4)â€”Â â€”Â Net cash flow hedges(15)5Â 17Â Pension and other postretirement benefits 53Â (61)(168)Other comprehensive income (loss)177Â 967Â (1,598)Comprehensive income4,763Â 9,335Â 2,729Â Comprehensive (income) loss attributable to noncontrolling interests28Â (24)(16)Comprehensive income attributable to CVS Health$4,791Â $9,311Â $2,713Â See accompanying notes to consolidated financial statements.105Index to Consolidated Financial StatementsConsolidated Balance SheetsAt December 31,In millions, except per share amounts20242023Assets:Â Cash and cash equivalents$8,586Â $8,196Â Investments2,407Â 3,259Â Accounts receivable, net36,469Â 35,227Â Inventories18,107Â 18,025Â Other current assets3,076Â 3,151Â Total current assets68,645Â 67,858Â Long-term investments28,934Â 23,019Â Property and equipment, net12,993Â 13,183Â Operating lease right-of-use assets15,944Â 17,252Â Goodwill91,272Â 91,272Â Intangible assets, net27,323Â 29,234Â Separate accounts assets3,311Â 3,250Â Other assets4,793Â 4,660Â Total assets$253,215Â $249,728Â Liabilities:Accounts payable$15,892Â $14,897Â Pharmacy claims and discounts payable24,166Â 22,874Â Health care costs payable 15,064Â 12,049Â Accrued expenses and other current liabilities20,810Â 23,515Â Other insurance liabilities1,183Â 1,141Â Current portion of operating lease liabilities1,751Â 1,741Â Short-term debt2,119Â 200Â Current portion of long-term debt3,624Â 2,772Â Total current liabilities84,609Â 79,189Â Long-term operating lease liabilities14,899Â 16,034Â Long-term debt60,527Â 58,638Â Deferred income taxes3,806Â 4,311Â Separate accounts liabilities3,311Â 3,250Â Other long-term insurance liabilities4,902Â 5,459Â Other long-term liabilities5,431Â 6,211Â Total liabilities177,485Â 173,092Â Commitments and contingencies (Note 18)Shareholdersâ€™ equity:Preferred stock, par value $0.01: 0.1 shares authorized; none issued or outstandingâ€”Â â€”Â Common stock, par value $0.01: 3,200 shares authorized; 1,778 shares issued and 1,260 shares outstanding at DecemberÂ 31, 2024 and 1,768 shares issued and 1,288 shares outstanding at DecemberÂ 31, 2023 and capital surplus49,661Â 48,992Â Treasury stock, at cost: 518 and 480 shares at DecemberÂ 31, 2024 and 2023(36,818)(33,838)Retained earnings62,837Â 61,604Â Accumulated other comprehensive loss(120)(297)Total CVS Health shareholdersâ€™ equity75,560Â 76,461Â Noncontrolling interests170Â 175Â Total shareholdersâ€™ equity75,730Â 76,636Â Total liabilities and shareholdersâ€™ equity$253,215Â $249,728Â See accompanying notes to consolidated financial statements.106Index to Consolidated Financial StatementsConsolidated Statements of Cash FlowsFor the Years Ended December 31,In millions202420232022Cash flows from operating activities:Â Â Cash receipts from customers$357,995Â $345,464Â $313,662Â Cash paid for inventory, prescriptions dispensed and health services rendered(197,726)(208,848)(189,766)Insurance benefits paid (109,464)(84,097)(69,728)Cash paid to other suppliers and employees(38,821)(34,735)(32,662)Interest and investment income received1,735Â 1,584Â 1,026Â Interest paid(2,909)(2,418)(2,239)Income taxes paid(1,703)(3,524)(4,116)Net cash provided by operating activities9,107Â 13,426Â 16,177Â Cash flows from investing activities:Proceeds from sales and maturities of investments10,353Â 7,729Â 6,729Â Purchases of investments(15,191)(9,043)(7,746)Purchases of property and equipment(2,781)(3,031)(2,727)Acquisitions (net of cash and restricted cash acquired)(95)(16,612)(139)Proceeds from sale of subsidiaries (net of cash and restricted cash sold of $2,854 in 2022)â€”Â â€”Â (1,249)Other101Â 68Â 85Â Net cash used in investing activities(7,613)(20,889)(5,047)Cash flows from financing activities:Commercial paper borrowings (repayments), net1,919Â 200Â â€”Â Proceeds from issuance of short-term loanâ€”Â 5,000Â â€”Â Repayment of short-term loanâ€”Â (5,000)â€”Â Proceeds from issuance of long-term debt7,913Â 10,898Â â€”Â Repayments of long-term debt(4,773)(3,166)(4,211)Repurchase of common stock(3,023)(2,012)(3,500)Dividends paid(3,373)(3,132)(2,907)Proceeds from exercise of stock options361Â 277Â 551Â Payments for taxes related to net share settlement of equity awards(185)(181)(370)Other26Â (201)(79)Net cash provided by (used in) financing activities(1,135)2,683Â (10,516)Net increase (decrease) in cash, cash equivalents and restricted cash359Â (4,780)614Â Cash, cash equivalents and restricted cash at the beginning of the period8,525Â 13,305Â 12,691Â Cash, cash equivalents and restricted cash at the end of the period$8,884Â $8,525Â $13,305Â 107Index to Consolidated Financial StatementsFor the Years Ended December 31,In millions202420232022Reconciliation of net income to net cash provided by operating activities:Net income$4,586Â $8,368Â $4,327Â Adjustments required to reconcile net income to net cash provided by operating activities:Depreciation and amortization4,597Â 4,366Â 4,224Â Loss on assets held for saleâ€”Â 349Â 2,533Â Stock-based compensation540Â 588Â 447Â Restructuring charges (impairment of long-lived assets)840Â 152Â â€”Â Gain on sale of subsidiariesâ€”Â â€”Â (475)Gain on early extinguishment of debt(491)â€”Â â€”Â Deferred income taxes(572)(676)(2,029)Other items(502)264Â 332Â Change in operating assets and liabilities, net of effects from acquisitions:Accounts receivable, net(1,301)(6,260)(2,971)Inventories(102)1,233Â (1,435)Other assets(38)(510)(491)Accounts payable and pharmacy claims and discounts payable2,335Â 3,618Â 4,260Â Health care costs payable and other insurance liabilities2,757Â 394Â 992Â Other liabilities(3,542)1,540Â 6,463Â Net cash provided by operating activities$9,107Â $13,426Â $16,177Â See accompanying notes to consolidated financial statements.108Index to Consolidated Financial StatementsConsolidated Statements of Shareholdersâ€™ EquityAttributable to CVS HealthNumber of sharesoutstandingCommon Stock andCapitalSurplus (2)AccumulatedOtherComprehensiveIncome (Loss)TotalCVS HealthShareholdersâ€™ EquityTotalShareholdersâ€™EquityInÂ millionsCommonSharesTreasuryShares (1)TreasuryStock (1)RetainedEarningsNoncontrolling Interests Balance at December 31, 20211,744Â (422)$47,377Â $(28,173)$54,997Â $334Â $74,535Â $306Â $74,841Â Net incomeâ€”Â â€”Â â€”Â â€”Â 4,311Â â€”Â 4,311Â 16Â 4,327Â Other comprehensive loss (Note 15)â€”Â â€”Â â€”Â â€”Â (1,598)(1,598)â€”Â (1,598)Stock option activity, stock awards and other14Â â€”Â 816Â â€”Â â€”Â â€”Â 816Â â€”Â 816Â Purchase of treasury shares, net of ESPP issuancesâ€”Â (36)â€”Â (3,685)â€”Â â€”Â (3,685)â€”Â (3,685)Common stock dividends ($2.20 per share)â€”Â â€”Â â€”Â â€”Â (2,910)â€”Â (2,910)â€”Â (2,910)Other decreases in noncontrolling interestsâ€”Â â€”Â â€”Â â€”Â â€”Â â€”Â â€”Â (22)(22)Balance at December 31, 20221,758Â (458)48,193Â (31,858)56,398Â (1,264)71,469Â 300Â 71,769Â Net incomeâ€”Â â€”Â â€”Â â€”Â 8,344Â â€”Â 8,344Â 24Â 8,368Â Other comprehensive income (Note 15)â€”Â â€”Â â€”Â â€”Â â€”Â 967Â 967Â â€”Â 967Â Stock option activity, stock awards and other10Â â€”Â 795Â â€”Â â€”Â â€”Â 795Â â€”Â 795Â Purchase of treasury shares, net of ESPP issuancesâ€”Â (22)(12)(1,980)â€”Â â€”Â (1,992)â€”Â (1,992)Common stock dividends($2.42 per share)â€”Â â€”Â â€”Â â€”Â (3,138)â€”Â (3,138)â€”Â (3,138)Acquisition of noncontrolling interestsâ€”Â â€”Â â€”Â â€”Â â€”Â â€”Â â€”Â 66Â 66Â Other increases (decreases) in noncontrolling interestsâ€”Â â€”Â 16Â â€”Â â€”Â â€”Â 16Â (215)(199)Balance at December 31, 20231,768Â (480)48,992Â (33,838)61,604Â (297)76,461Â 175Â 76,636Â Net income â€”Â â€”Â â€”Â â€”Â 4,614Â â€”Â 4,614Â (28)4,586Â Other comprehensive income (Note 15)â€”Â â€”Â â€”Â â€”Â â€”Â 177Â 177Â â€”Â 177Â Stock option activity, stock awards and other10Â â€”Â 700Â â€”Â â€”Â â€”Â 700Â â€”Â 700Â Purchase of treasury shares, net of ESPP issuancesâ€”Â (38)(22)(2,980)â€”Â â€”Â (3,002)â€”Â (3,002)Common stock dividends ($2.66 per share)â€”Â â€”Â â€”Â â€”Â (3,381)â€”Â (3,381)â€”Â (3,381)Other increases (decreases) in noncontrolling interestsâ€”Â â€”Â (9)â€”Â â€”Â â€”Â (9)23Â 14Â Balance at December 31, 20241,778Â (518)$49,661Â $(36,818)$62,837Â (120)75,560Â $170Â $75,730Â

(1)Treasury shares include 1 million shares held in trust for each of the years ended December 31, 2024, 2023 and 2022. Treasury stock includes $29 million related to shares held in trust for each of the years ended December 31, 2024, 2023 and 2022. See Note 1 â€˜Significant Accounting Policiesâ€™ for additional information.(2)Common stock and capital surplus includes the par value of common stock of $18Â million as of December 31, 2024, 2023 and 2022.See accompanying notes to consolidated financial statements.109Index to Consolidated Financial StatementsNotes to Consolidated Financial Statements1.Significant Accounting Policies Description of BusinessÂ CVS Health Corporation, together with its subsidiaries (collectively, â€œCVS Healthâ€ or the â€œCompanyâ€), is a leading health solutions company building a world of health around every consumer it serves and connecting care so that it works for people wherever they are. As of DecemberÂ 31, 2024, the Company had more than 9,000 retail locations, more than 1,000 walk-in and primary medical clinics, a leading pharmacy benefits manager with approximately 90 million plan members and expanding specialty pharmacy solutions, and a dedicated senior pharmacy care business serving more than 800,000 patients per year. The Company also serves an estimated more than 36 million people through traditional, voluntary and consumer-directed health insurance products and related services, including expanding Medicare Advantage offerings and a leading standalone Medicare Part D prescription drug plan (â€œPDPâ€). The Company is creating new sources of value through its integrated model allowing it to expand into personalized, technology driven care delivery and health services, increasing access to quality care, delivering better health outcomes and lowering overall health care costs.The Company has four reportable segments: Health Care Benefits, Health Services, Pharmacy & Consumer Wellness and Corporate/Other, which are described below. Health Care Benefits SegmentThe Health Care Benefits segment operates as one of the nationâ€™s leading diversified health care benefits providers. The Health Care Benefits segment has the information and resources to help members, in consultation with their health care professionals, make more informed decisions about their health care. The Health Care Benefits segment offers a broad range of traditional, voluntary and consumer-directed health insurance products and related services, including medical, pharmacy, dental and behavioral health plans, medical management capabilities, Medicare Advantage and Medicare Supplement plans, PDPs and Medicaid health care management services. The Health Care Benefits segmentâ€™s primary customers, its members, primarily access the segmentâ€™s products and services through employer groups, government-sponsored plans or individually. The Health Care Benefits segment also serves customers who purchase products and services that are ancillary to its health insurance products. The Company refers to insurance products (where it assumes all or a majority of the risk for medical and dental care costs) as â€œInsuredâ€ and administrative services contract products (where the plan sponsor assumes all or a majority of the risk for medical and dental care costs) as â€œASC.â€ The Company sold Insured plans directly to individual consumers through the individual public health insurance exchanges (â€œPublic Exchangesâ€) in 17 states as of DecemberÂ 31, 2024.Health Services SegmentThe Health Services segment provides a full range of pharmacy benefit management (â€œPBMâ€) solutions, delivers health care services in its medical clinics, virtually, and in the home, and offers provider enablement solutions. PBM solutions include plan design offerings and administration, formulary management, retail pharmacy network management services, and specialty and mail order pharmacy services. In addition, the Company provides clinical services, disease management services, medical spend management and pharmacy and/or other administrative services for providers and federal 340B drug pricing program covered entities (â€œCovered Entitiesâ€). The Company operates a group purchasing organization that negotiates pricing for the purchase of pharmaceuticals and rebates with pharmaceutical manufacturers on behalf of its participants and provides various administrative, management and reporting services to pharmaceutical manufacturers. During 2023, the Company completed the acquisition of two key health care delivery assets â€“ Signify Health, Inc. (â€œSignify Healthâ€), a leader in health risk assessments, value-based care and provider enablement services, and Oak Street Health, Inc. (â€œOak Street Healthâ€), a leading multi-payor operator of value-based primary care centers serving Medicare eligible patients. The Company also launched CordavisTM, a wholly owned subsidiary that works directly with pharmaceutical manufacturers to commercialize and/or co-produce high quality biosimilar products. The Health Services segmentâ€™s clients and customers are primarily employers, insurance companies, unions, government employee groups, health plans, PDPs, Medicaid managed care plans, the U.S. Centers for Medicare & Medicaid Services (â€œCMSâ€), plans offered on public and private health insurance exchanges and other sponsors of health benefit plans throughout the U.S., patients who receive care in the Health Services segmentâ€™s medical clinics, virtually or in the home, as well as Covered Entities.Pharmacy & Consumer Wellness SegmentThe Pharmacy & Consumer Wellness segment dispenses prescriptions in its retail pharmacies and through its infusion operations, provides ancillary pharmacy services including pharmacy patient care programs, diagnostic testing and vaccination administration, and sells a wide assortment of health and wellness products and general merchandise. The segment also conducts long-term care pharmacy (â€œLTCâ€) operations, which distribute prescription drugs and provide related pharmacy 110consulting and ancillary services to long-term care facilities and other care settings, and provides pharmacy fulfillment services to support the Health Services segmentâ€™s specialty and mail order pharmacy offerings. As of DecemberÂ 31, 2024, the Pharmacy & Consumer Wellness segment operated more than 9,000 retail locations, as well as online retail pharmacy websites, LTC pharmacies and on-site pharmacies, retail specialty pharmacy stores, compounding pharmacies and branches for infusion and enteral nutrition services.Corporate/Other SegmentThe Company presents the remainder of its financial results in the Corporate/Other segment, which primarily consists of:â€¢Management and administrative expenses to support the Companyâ€™s overall operations, which include certain aspects of executive management and the corporate relations, legal, compliance, human resources and finance departments, information technology, digital, data and analytics, as well as acquisition-related transaction and integration costs; andâ€¢Products for which the Company no longer solicits or accepts new customers such as its large case pensions and long-term care insurance products.Basis of PresentationThe accompanying consolidated financial statements of CVS Health and its subsidiaries have been prepared in accordance with accounting principles generally accepted in the United States of America (â€œGAAPâ€). The consolidated financial statements include the accounts of the Company and its majority-owned subsidiaries and variable interest entities (â€œVIEsâ€) for which the Company is the primary beneficiary. All material intercompany balances and transactions have been eliminated.ReclassificationsCertain prior year amounts have been reclassified to conform with the current year presentation.Use of EstimatesThe preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts in the consolidated financial statements and accompanying notes. Actual results could differ from those estimates. Cash and Cash EquivalentsCash and cash equivalents consist of cash and temporary investments with maturities of three months or less when purchased. The Company invests in short-term money market funds, commercial paper and time deposits, as well as other debt securities that are classified as cash equivalents within the accompanying consolidated balance sheets, as these funds are highly liquid and readily convertible to known amounts of cash. Restricted CashRestricted cash included in other current assets on the consolidated balance sheets primarily represents funds held on behalf of members and funds held in escrow in connection with agreements with accountable care organizations. Restricted cash included in other assets on the consolidated balance sheets represents amounts held in a trust in one of the Companyâ€™s captive insurance companies to satisfy collateral requirements associated with the assignment of certain insurance policies. All restricted cash is invested in demand deposits, time deposits and money market funds.The following is a reconciliation of cash and cash equivalents on the consolidated balance sheets to total cash, cash equivalents and restricted cash on the consolidated statements of cash flows as of DecemberÂ 31, 2024, 2023 and 2022:InÂ millions202420232022Cash and cash equivalents$8,586Â $8,196Â $12,945Â Restricted cash (included in other current assets)95Â 90Â 144Â Restricted cash (included in other assets)203Â 239Â 216Â Total cash, cash equivalents and restricted cash in the consolidated statements of cash flows$8,884Â $8,525Â $13,305Â 111InvestmentsDebt Securities Debt securities consist primarily of U.S. Treasury and agency securities, mortgage-backed securities, corporate and foreign bonds and other debt securities. Debt securities are classified as either current or long-term investments based on their contractual maturities unless the Company intends to sell an investment within the next twelve months, in which case it is classified as current on the consolidated balance sheets. Debt

securities are classified as available for sale and are carried at fair value. See Note 5 â€˜â€˜Fair Valueâ€™â€™ for additional information on how the Company estimates the fair value of these investments.If a debt security is in an unrealized loss position and the Company has the intent to sell the security, or it is more likely than not that the Company will have to sell the security before recovery of its amortized cost basis, the amortized cost basis of the security is written down to its fair value and the difference is recognized in net income. If a debt security is in an unrealized loss position and the Company does not have the intent to sell and it is more likely than not that the Company will not have to sell such security before recovery of its amortized cost basis, the Company bifurcates the impairment into credit-related and non-credit related (yield-related) components. In evaluating whether a credit related loss exists, the Company considers a variety of factors including: the extent to which the fair value is less than the amortized cost basis; adverse conditions specifically related to the issuer of a security, an industry or geographic area; the payment structure of the security; the failure of the issuer of the security to make scheduled interest or principal payments; and any changes to the rating of the security by a rating agency. The amount of the credit-related component is recorded as an allowance for credit losses and recognized in net income, and the amount of the non-credit related component is included in other comprehensive income (loss). Interest is not accrued on debt securities when management believes the collection of interest is unlikely.The credit-related component is determined by comparing the present value of cash flows expected to be collected from the security, considering all reasonably available information relevant to the collectability of the security, with the amortized cost basis of the security. If the present value of cash flows expected to be collected is less than the amortized cost basis of the security, the Company records an allowance for credit losses, which is limited by the amount that the fair value is less than amortized cost basis. For mortgage-backed and other asset-backed securities, the Company recognizes income using an effective yield based on anticipated prepayments and the estimated economic life of the securities. When estimates of prepayments change, the effective yield is recalculated to reflect actual payments to date and anticipated future payments. The Companyâ€™s investment in the security is adjusted to the amount that would have existed had the new effective yield been applied since the acquisition of the security, with adjustments recognized in net income.Equity SecuritiesEquity securities with readily available fair values are measured at fair value with changes in fair value recognized in net income.Mortgage LoansMortgage loan investments on the consolidated balance sheets are valued at the unpaid principal balance, net of an allowance for credit losses. Mortgage loans with a maturity date or a committed prepayment date within twelve months are classified as current on the consolidated balance sheets. The Company assesses whether its loans share similar risk characteristics and, if so, groups such loans in a risk pool when measuring expected credit losses. The Company considers the following characteristics when evaluating whether its loans share similar risk characteristics:Â loan-to-value ratios, property type (e.g., office, retail, apartment, industrial), geographic location, vacancy rates and property condition. Credit loss reserves are determined using a loss rate method that multiplies the unpaid principal balance of each loan within a risk pool group by an estimated loss rate percentage. The loss rate percentage considers both the expected loan loss severity and the probability of loan default. For periods where the Company is able to make or obtain reasonable and supportable forecasts of expected economic conditions (e.g., gross domestic product, employment), the Company adjusts its expected loss rates to reflect these forecasted economic conditions. For periods beyond which the Company is able to make or obtain reasonable and supportable forecasts of expected economic conditions, the Company reverts to historical loss rates in determining expected credit losses. Interest income on a potential problem loan (i.e., high probability of default) or restructured loan is accrued to the extent it is deemed to be collectible and the loan continues to perform under its original or restructured terms. Interest income on problem loans (i.e., more than 60 days delinquent, in bankruptcy or in process of foreclosure) is recognized on a cash basis. Cash payments on loans in the process of foreclosure are treated as a return of principal.112Other InvestmentsOther investments consist primarily of the following:â€¢Private equity and hedge fund limited partnerships, which are accounted for using the equity method of accounting. Under this method, the carrying value of the investment is based on the value of the Companyâ€™s equity ownership of the underlying investment funds provided by the general partner or manager of the investments, the financial statements of which generally are audited. As a result of the timing of the receipt of the valuation information provided by the fund managers, these investments are generally reported on up to a three month lag. The Company reviews investments for impairment at least quarterly and monitors their performance throughout the year through discussions with the administrators, managers and/or general partners. If the Company becomes aware of an impairment of a limited partnershipâ€™s investments through its review or prior to receiving the limited partnershipâ€™s financial statements at the financial statement date, an impairment will be recognized by recording a reduction in the carrying value of the limited partnership with a corresponding charge to net investment income. â€¢Investment real estate, which is carried on the consolidated balance sheets at depreciated cost, including capital additions, net of write-downs for other-than-temporary declines in fair value. Depreciation is calculated using the straight-line method based on the estimated useful life of each asset. If any real estate investment is considered held-for-sale, it is carried at the lower of its carrying value or fair value less estimated selling costs. The Company generally estimates fair value using net operating income and applying a capitalization rate in conjunction with comparable sales information. At the time of the sale, the difference between the sales price and the carrying value is recorded as a realized capital gain or loss. â€¢Privately-placed equity securities, which are carried on the consolidated balance sheets using the measurement alternative, at cost less impairments, plus or minus subsequent adjustments for observable price changes. Additionally, as a member of the Federal Home Loan Bank of Boston (â€œFHLBBâ€), a subsidiary of the Company is required to purchase and hold shares of the FHLBB. These shares are restricted and carried at cost. Net Investment IncomeNet investment income on the Companyâ€™s investments is recorded when earned and is reflected in the Companyâ€™s net income (other than net investment income on assets supporting experience-rated products). Experience-rated products are products in the large case pensions business where the contract holder, not the Company, assumes investment and other risks, subject to, among other things, minimum guarantees provided by the Company. The effect of investment performance on experience-rated products is allocated to contract holdersâ€™ accounts daily, based on the underlying investment experience and, therefore, does not impact the Companyâ€™s net income (as long as the contractâ€™s minimum guarantees are not triggered). Net investment income on assets supporting large case pensionsâ€™ experience-rated products is included in net investment income in the consolidated statements of operations and is credited to contract holdersâ€™ accounts through a charge to benefit costs. The contract holdersâ€™ accounts are reflected in accrued expenses and other current liabilities on the consolidated balance sheets.Realized capital gains and losses on investments (other than realized capital gains and losses on investments supporting experience-rated products) are included as a component of net investment income in the consolidated statements of operations. Realized capital gains and losses are determined on a specific identification basis. Purchases and sales of debt and equity securities and alternative investments are reflected on the trade date. Purchases and sales of mortgage loans and investment real estate are reflected on the closing date.Realized capital gains and losses on investments supporting large case pensionsâ€™ experience-rated products are not included in realized capital gains and losses in the consolidated statements of operations and instead are credited directly to contract holdersâ€™ accounts. The contract holdersâ€™ accounts are reflected in accrued expenses and other current liabilities on the consolidated balance sheets.Unrealized capital gains and losses on investments (other than unrealized capital gains and losses on investments supporting experience-rated products) are reflected in shareholdersâ€™ equity, net of tax, as a component of accumulated other comprehensive income (loss). Unrealized capital gains and losses on investments supporting large case pensionsâ€™ experience-rated products are credited directly to contract holdersâ€™ accounts. The contract holdersâ€™ accounts are reflected in accrued expenses and other current liabilities on the consolidated balance sheets.Derivative Financial InstrumentsThe Company uses derivative financial instruments in order to manage interest rate and foreign exchange risk and credit exposure. The Companyâ€™s use of these derivatives is generally limited to hedging risk and has principally consisted of using interest rate swaps, treasury rate locks, forward contracts, futures contracts, warrants, put options and credit default swaps.113Accounts ReceivableAccounts receivable are stated net of allowances for credit losses, customer credit allowances, contractual allowances and estimated terminations. Accounts receivable, net was composed of the following at DecemberÂ 31, 2024 and 2023:InÂ millions20242023Trade receivables$9,881Â $11,908Â Vendor and manufacturer receivables13,891Â 15,711Â Premium receivables4,731Â 3,714Â Other receivables7,966Â 3,894Â Â Â Â Total accounts receivable, net$36,469Â $35,227Â The Companyâ€™s allowance for credit losses was $407Â million and $343Â million as of DecemberÂ 31, 2024 and 2023, respectively. When developing an estimate of the Companyâ€™s expected credit losses, the Company considers all available relevant information regarding the collectability of cash flows, including historical information, current conditions and reasonable and supportable forecasts of future economic conditions over the contractual life of the receivable. The Companyâ€™s accounts receivable are short duration in nature and typically settle in less than 30 days. Inventories Inventories are valued at the lower of cost or net realizable value using the weighted average cost method. Physical inventory counts are taken on a regular basis in each retail store and pharmacy, and a continuous cycle count process is the primary procedure used to validate the inventory balances on hand in each distribution center and mail facility to ensure that the amounts reflected in the consolidated financial statements are properly stated. During the interim period between physical inventory counts, the Company accrues for anticipated physical inventory losses on a location-by-location basis based on historical results and current physical inventory trends. Reinsurance Recoverables The Company utilizes reinsurance agreements primarily to: (a) reduce required capital and (b) facilitate the acquisition or disposition of certain insurance contracts. Ceded reinsurance agreements permit the Company to recover a portion of its losses from reinsurers, although they do not discharge the Companyâ€™s primary liability as the direct insurer of the risks reinsured. Failure of reinsurers to indemnify the Company could result in losses; however, the Company does not expect charges for unrecoverable reinsurance to have a material effect on its consolidated operating results or financial condition. The Company evaluates the financial condition of its reinsurers and monitors concentrations of credit risk arising from similar geographic regions, activities or economic characteristics of its reinsurers. At DecemberÂ 31, 2024, the Companyâ€™s reinsurance recoverables consisted primarily of amounts due from third parties that are rated consistent with companies that are considered to have the ability to meet their obligations. Reinsurance recoverables are recorded as other current assets or other assets on the consolidated balance sheets.Health Care Contract Acquisition CostsInsurance products included in the Health Care Benefits segment are cancellable by either the customer or the member monthly upon written notice. Acquisition costs related to prepaid health care and health indemnity contracts are generally expensed as incurred. For certain long-duration insurance contracts, acquisition costs directly related to the successful acquisition of a new or renewal insurance contract, including commissions, are deferred and are recorded as other current assets or other assets on the consolidated balance sheets. Contracts are grouped by product and issue year into cohorts consistent with the grouping used in estimating the associated liability and are amortized on a constant level basis based on the remaining in-force policies over the estimated term of the contracts to approximate straight-line amortization. Changes to the Companyâ€™s assumptions, including assumptions related to persistency, are reflected at the cohort level at the time of change and are recognized prospectively over the estimated terms of the contract. The amortization of deferred acquisition costs is recorded in operating expenses in the consolidated statements of operations. 114The following is a roll forward of deferred acquisition costs for the years ended DecemberÂ 31, 2024 and 2023:In millions20242023Deferred acquisition costs, beginning of the period$1,502Â $1,219Â Capitalizations544Â 548Â Amortization expense(299)(265)Deferred acquisition costs, end of the period$1,747Â $1,502Â Property and EquipmentProperty and equipment is reported at historical cost, net of accumulated depreciation. Property, equipment and improvements to leased premises are depreciated using the straight-line method over the estimated useful lives of the assets, or when applicable, the term of the lease, whichever is shorter. Estimated useful lives generally range from 1 to 40 years for buildings, building improvements and leasehold improvements and 3 to 10 years for fixtures, equipment and internally developed software. Repair and maintenance costs are charged directly to expense as incurred. Major renewals or replacements that substantially extend the useful life of an asset are capitalized and depreciated. Application development stage costs for significant internally developed software projects are capitalized and depreciated. Property and equipment consisted of the following at DecemberÂ 31, 2024 and 2023:
InÂ millions20242023Land$1,847Â $1,958Â Building and improvements4,632Â 4,571Â Fixtures and equipment11,716Â 11,024Â Leasehold improvements6,725Â 6,511Â Software11,520Â 9,818Â Total property and equipment36,440Â 33,882Â Accumulated depreciation and amortization(23,447)(20,699)Property and equipment, net$12,993Â $13,183Â Depreciation expense (which includes the amortization of property and equipment under finance or capital leases) totaled $2.6 billion, $2.5 billion and $2.4 billion for the years ended DecemberÂ 31, 2024, 2023 and 2022, respectively. See Note 7 â€˜â€˜Leasesâ€™â€™ for additional information about the Companyâ€™s finance leases. Right-of-Use Assets and Lease LiabilitiesThe Company determines if an arrangement contains a lease at the inception of a contract. Right-of-use assets represent the Companyâ€™s right to use an underlying asset for the lease term and lease liabilities represent the Companyâ€™s obligation to make lease payments arising from the lease. Right-of-use assets and lease liabilities are recognized at the commencement date of the lease, renewal date of the lease or significant remodeling of the lease space based on the present value of the remaining future minimum lease payments. As the interest rate implicit in the Companyâ€™s leases is not readily determinable, the Company utilizes its incremental borrowing rate, determined by class of underlying asset, to discount the lease payments. The operating lease right-of-use assets also include lease payments made before commencement and are reduced by lease incentives. The Companyâ€™s real estate leases typically contain options that permit renewals for additional periods of up to five years each. For real estate leases, the options to extend are not considered reasonably certain at lease commencement because the Company reevaluates each lease on a regular basis to consider the economic and strategic incentives of exercising the renewal options and regularly opens or closes stores to align with its operating strategy. Generally, the renewal option periods are not included within the lease term and the associated payments are not included in the measurement of the right-of-use asset and lease liability. Similarly, renewal options are not included in the lease term for non-real estate leases because they are not considered reasonably certain of being exercised at lease commencement. Leases with an initial term of 12 months or less are not recorded on the balance sheets, and lease expense is recognized on a straight-line basis over the term of the short-term lease.For real estate leases, the Company accounts for lease components and nonlease components as a single lease component. Certain real estate leases require additional payments based on sales volume, as well as reimbursement for real estate taxes, common area maintenance and insurance, which are expensed as incurred as variable lease costs. Other real estate leases 115contain one fixed lease payment that includes real estate taxes, common area maintenance and insurance. These fixed payments are considered part of the lease payment and included in the right-of-use assets and lease liabilities.See Note 7 â€˜â€˜Leasesâ€™â€™ for additional information about right-of-use assets and lease liabilities. Goodwill The Company accounts for business combinations using the acquisition method of accounting, which requires the excess cost of an acquisition over the fair value of net assets acquired and identifiable intangible assets to be recorded as goodwill. Goodwill is not amortized, but is subject to impairment reviews annually, or more frequently, if necessary, as further described in â€œRecoverability of Long-Lived Assetsâ€ below. See Note 6 â€˜â€˜Goodwill and Other Intangiblesâ€™â€™ for additional information about goodwill. Intangible AssetsThe Companyâ€™s identifiable intangible assets consist primarily of trademarks, trade names, customer contracts/relationships, covenants not to compete, technology and provider networks. These intangible assets arise primarily from the determination of their respective fair market values at the date of acquisition. Amounts assigned to identifiable intangible assets, and their related useful lives, are derived from established valuation techniques and management estimates.The Companyâ€™s definite-lived intangible assets are amortized over their estimated useful lives based upon the pattern of future cash flows attributable to the asset. Definite-lived intangible assets are amortized using the straight-line method. Indefinite-lived intangible assets are not amortized but are tested for impairment annually, or more frequently, if necessary, as further described in â€œRecoverability of Long-Lived Assetsâ€ below.See Note 6 â€˜â€˜Goodwill and Other Intangiblesâ€™â€™ for additional information about intangible assets. Recoverability of Long-Lived AssetsThe Company evaluates the recoverability of long-lived assets, excluding goodwill and indefinite-lived intangible assets, which are tested for impairment using separate tests described below, whenever events or changes in circumstances indicate that the carrying value of such asset may not be recoverable. The Company groups and evaluates these long-lived assets for impairment at the lowest level at which individual cash flows can be identified. If indicators of impairment are present, the Company first compares the carrying amount of the asset group to the estimated future cash flows associated with the asset group (undiscounted). If the estimated future cash flows used in the analysis are less than the carrying amount of the asset group, an impairment loss calculation is prepared. The impairment loss calculation compares the carrying amount of the asset group to the asset groupâ€™s estimated future cash flows (discounted). If required, an impairment loss is recorded for the portion of the asset groupâ€™s carrying value that exceeds the asset groupâ€™s estimated future cash flows (discounted).During the year ended DecemberÂ 31, 2024, in connection with its enterprise-wide restructuring plan described in Note 3 â€˜â€˜Restructuringâ€™â€™, the Company recorded a store impairment charge of $607Â million, consisting of a write down of $483Â million related to operating and financing lease right-of-use assets and $124Â million related to property and equipment. In addition, in connection with its enterprise-wide restructuring plan the Company recorded $269 million of other asset impairments and related charges associated with the discontinuation of certain non-core long-lived assets recorded as reductions to property and equipment, net and operating lease right-of-

use assets. During the year ended December 31, 2023, in connection with its 2023 restructuring program, the Company recorded $152 million of asset impairment charges in connection with the termination of certain transformation initiatives.See Note 3 â€˜â€˜Restructuringâ€™â€™ for additional information about the Companyâ€™s restructuring plan.During the years ended DecemberÂ 31, 2024, 2023, and 2022, the Company recorded office real estate optimization charges of $30 million, $46 million, and $117Â million, respectively, primarily related to the abandonment of leased real estate and the related right-of-use assets and property and equipment in connection with the planned reduction of corporate office real estate space in response to its ongoing flexible work arrangement.See Note 7 â€˜â€˜Leasesâ€™â€™ for additional information about the right-of-use asset charges. 116When evaluating goodwill for potential impairment, the Company compares the fair value of its reporting units to their respective carrying amounts. The Company estimates the fair value of its reporting units using a combination of a discounted cash flow method and a market multiple method. If the carrying amount of a reporting unit exceeds its estimated fair value, an impairment loss is recognized in an amount equal to that excess. During the fourth quarter of 2024, the Company performed its required annual impairment test of goodwill and concluded there were no goodwill impairments as of the testing date. During the third quarter of 2024, the Company performed an interim goodwill impairment test of the Government reporting unit after determining there were indicators that the Government reporting unitâ€™s goodwill may be impaired. The results of the interim impairment test showed that the fair value of the Government reporting unit exceeded its carrying value, therefore there was no impairment of goodwill as of the interim testing date.During the fourth quarter of 2023 and the third quarter of 2022, the Company performed its required annual impairment test of goodwill and concluded there were no goodwill impairments as of the testing date or during the years ended December 31, 2023 and 2022. Indefinite-lived intangible assets are tested for impairment by comparing the estimated fair value of the asset to its carrying value. The Company estimates the fair value of its indefinite-lived trademarks using the relief from royalty method under the income approach. If the carrying value of the asset exceeds its estimated fair value, an impairment loss is recognized, and the asset is written down to its estimated fair value. There were no impairment losses recognized on indefinite-lived intangible assets in any of the years ended DecemberÂ 31, 2024, 2023 or 2022.Separate AccountsSeparate Accounts assets and liabilities related to large case pensions products represent funds maintained to meet specific objectives of contract holders who bear the investment risk. These assets and liabilities are carried at fair value. Net investment income (including net realized capital gains and losses) accrue directly to such contract holders. The assets of each account are legally segregated and are not subject to claims arising from the Companyâ€™s other businesses. Deposits, withdrawals and net investment income (including net realized and net unrealized capital gains and losses) on Separate Accounts assets are not reflected in the consolidated statements of operations or cash flows. Management fees charged to contract holders are included in services revenue and recognized over the period earned.Health Care Costs PayableHealth care costs payable within the Health Care Benefits segment consist principally of unpaid fee-for-service medical, dental and pharmacy claims, capitation costs, other amounts due to providers pursuant to risk-sharing arrangements related to the Health Care Benefits segmentâ€™s Insured Commercial, Medicare and Medicaid products and accruals for state assessments. Unpaid health care claims include an estimate of payments the Company will make for (i) services rendered to the Companyâ€™s Insured members but not yet reported to the Company and (ii) claims which have been reported to the Company but not yet paid, each as of the financial statement date (collectively, â€œIBNRâ€). Health care costs payable also include an estimate of the cost of services that will continue to be rendered after the financial statement date if the Company is obligated to pay for such services in accordance with contractual or regulatory requirements. Such estimates are developed using actuarial principles and assumptions which consider, among other things, historical and projected claim submission and processing patterns, assumed and historical medical cost trends, historical utilization of medical services, claim inventory levels, changes in Insured membership and product mix, seasonality and other relevant factors. The Company reflects changes in these estimates in benefit costs in the Companyâ€™s consolidated operating results in the period they are determined. Capitation costs represent contractual monthly fees paid to participating physicians and other medical providers for providing medical care, regardless of the volume of medical services provided to the Insured member. Amounts due under risk-sharing arrangements are based on the terms of the underlying contracts with the providers and consider claims experience under the contracts through the financial statement date. Within the Health Services segment, health care costs payable includes estimates of the Companyâ€™s obligations for medical care services that have been rendered by third parties on behalf of consumers for which the Company is contractually obligated to pay, but for which claims have either not yet been received, processed or paid.The Company develops its estimate of IBNR using actuarial principles and assumptions that consider numerous factors. Of those factors, the Company considers the analysis of historical and projected claim payment patterns (including claims submission and processing patterns) and the assumed health care cost trend rate (the year-over-year change in per member per month health care costs) to be the most critical assumptions. In developing its IBNR estimate, the Company consistently applies 117these actuarial principles and assumptions each period, with consideration to the variability of related factors. There have been no significant changes to the methodologies or assumptions used to develop the Companyâ€™s estimate of IBNR in 2024.The Company analyzes historical claim payment patterns by comparing claim incurred dates (i.e., the date services were provided) to claim payment dates to estimate â€œcompletion factors.â€ The Company uses completion factors predominantly to estimate the ultimate cost of claims incurred more than three months before the financial statement date. The Company estimates completion factors by aggregating claim data based on the month of service and month of claim payment and estimating the percentage of claims incurred for a given month that are complete by each month thereafter. For any given month, substantially all claims are paid within six months of the date of service, but it can take up to 48 months or longer after the date of service before all of the claims are completely resolved and paid. These historically-derived completion factors are then applied to claims paid through the financial statement date to estimate the ultimate claim cost for a given monthâ€™s incurred claim activity. The difference between the estimated ultimate claim cost and the claims paid through the financial statement date represents the Companyâ€™s estimate of claims remaining to be paid as of the financial statement date and is included in the Companyâ€™s health care costs payable. The completion factors the Company uses reflect judgments and possible adjustments based on data such as claim inventory levels, claim submission and processing patterns and, to a lesser extent, other factors such as changes in health care cost trend rates, changes in Insured membership and changes in product mix. If claims are submitted or processed on a faster (slower) pace than prior periods, the actual claims may be more (less) complete than originally estimated using the Companyâ€™s completion factors, which may result in reserves that are higher (lower) than the ultimate cost of claims.Because claims incurred within three months before the financial statement date are less mature, the Company uses a combination of historically-derived completion factors and the assumed health care cost trend rate to estimate the ultimate cost of claims incurred for these months. The Company applies its actuarial judgment and places a greater emphasis on the assumed health care cost trend rate for the most recent claim incurred dates as these months may be influenced by seasonal patterns and changes in membership and product mix.The Companyâ€™s health care cost trend rate is affected by changes in per member utilization of medical services as well as changes in the unit cost of such services. Many factors influence the health care cost trend rate, including the Companyâ€™s ability to manage benefit costs through product design, negotiation of favorable provider contracts and medical management programs, as well as the mix of the Companyâ€™s business. The health status of the Companyâ€™s Insured members, aging of the population and other demographic characteristics, advances in medical technology and other factors continue to contribute to rising per member utilization and unit costs. Changes in health care practices, inflation, new technologies, increases in the cost of prescription drugs (including specialty pharmacy drugs), direct-to-consumer marketing by pharmaceutical companies, clusters of high-cost cases, claim intensity, changes in the regulatory environment, health care provider or member fraud and numerous other factors also contribute to the cost of health care and the Companyâ€™s health care cost trend rate.For each reporting period, the Company uses an extensive degree of judgment in the process of estimating its health care costs payable. As a result, considerable variability and uncertainty is inherent in such estimates, particularly with respect to claims with claim incurred dates of three months or less before the financial statement date; and the adequacy of such estimates is highly sensitive to changes in assumed completion factors and the assumed health care cost trend rates. For each reporting period the Company recognizes the actuarial best estimate of health care costs payable considering the potential volatility in assumed completion factors and health care cost trend rates, as well as other factors. The Company believes its estimate of health care costs payable is reasonable and adequate to cover its obligations at DecemberÂ 31, 2024; however, actual claim payments may differ from the Companyâ€™s estimates. A worsening (or improvement) of the Companyâ€™s health care cost trend rates or changes in completion factors from those that the Company assumed in estimating health care costs payable at DecemberÂ 31, 2024 would cause these estimates to change in the near term, and such a change could be material.Each quarter, the Company re-examines previously established health care costs payable estimates based on actual claim payments for prior periods and other changes in facts and circumstances. Given the extensive degree of judgment in this estimate, it is possible that the Companyâ€™s estimates of health care costs payable could develop either favorably (that is, its actual health care costs for the period were less than estimated) or unfavorably. The changes in the Companyâ€™s estimate of health care costs payable may relate to a prior quarter, prior year or earlier periods. For a roll forward of the Companyâ€™s health care costs payable, see Note 8 â€˜â€˜Health Care Costs Payable.â€™â€™ The Companyâ€™s reserving practice is to consistently recognize the actuarial best estimate of its ultimate liability for health care costs payable.118Other Insurance LiabilitiesUnpaid ClaimsUnpaid claims consist primarily of reserves associated with certain short-duration group disability and term life insurance contracts, including an estimate for IBNR as of the financial statement date. Reserves associated with certain short-duration group disability and term life insurance contracts are based upon the Companyâ€™s estimate of the present value of future benefits, which is based on assumed investment yields and assumptions regarding mortality, morbidity and recoveries from the U.S. Social Security Administration. The Company develops its estimate of IBNR using actuarial principles and assumptions which consider, among other things, contractual requirements, claim incidence rates, claim recovery rates, seasonality and other relevant factors. The Company discounts certain claim liabilities related to group long-term disability and life insurance waiver of premium contracts. The discount rates generally reflect the Companyâ€™s expected investment returns for the investments supporting all incurral years of these liabilities. The discount rates for retrospectively-rated contracts are set at contractually specified levels. The Companyâ€™s estimates of unpaid claims are subject to change due to changes in the underlying experience of the insurance contracts, changes in investment yields or other factors, and these changes are recorded in current and future benefits in the consolidated statements of operations in the period they are determined. The Company estimates its reserve for claims IBNR for life products largely based on completion factors. The completion factors used are based on the Companyâ€™s historical experience and reflect judgments and possible adjustments based on data such as claim inventory levels, claim payment patterns, changes in business volume and other factors. If claims are submitted or processed on a faster (slower) pace than historical periods, the actual claims may be more (less) complete than originally estimated using completion factors, which may result in reserves that are higher (lower) than required to cover future life benefit payments. There have been no significant changes to the methodologies or assumptions used to develop the Companyâ€™s estimate of unpaid claims IBNR in 2024. As of DecemberÂ 31, 2024, unpaid claims balances of $280 million and $713 million were recorded in other insurance liabilities and other long-term insurance liabilities, respectively. As of DecemberÂ 31, 2023, unpaid claims balances of $285 million and $834 million were recorded in other insurance liabilities and other long-term insurance liabilities, respectively.Substantially all life and disability insurance liabilities have been fully ceded to unrelated third parties through indemnity reinsurance agreements; however, the Company remains directly obligated to the policyholders.Future Policy BenefitsFuture policy benefits consist primarily of reserves for products for which the Company no longer solicits or accepts new customers, including limited payment pension and annuity contracts and long-term care insurance contracts. Contracts are grouped into cohorts by contract type and issue year. The liability for future policy benefits is adjusted for differences between actual and expected experience. Reserves for limited payment pension and annuity contracts represent the Companyâ€™s estimate of the present value of future benefits to be paid to or on behalf of policyholders and are computed using actuarial principles that consider, among other things, assumptions reflecting anticipated mortality and retirement experience. On an annual basis, or more frequently if necessary, the Company reviews mortality assumptions against both industry standards and its experience. Reserves for long-term care insurance contracts represent the Companyâ€™s estimate of the present value of future benefits and settlement costs to be paid to or on behalf of policyholders less the present value of future net premiums. The Companyâ€™s estimate of the present value of future benefits under such contracts is based upon mortality, morbidity, lapse and interest rate assumptions. On an annual basis, or more frequently if necessary, the Company reviews its mortality, morbidity and lapse assumptions against its experience. Annually, or each time the assumptions are changed, the net premium ratio used to calculate the future policy benefit liability is updated to reflect actual experience, as well as the impact of any change in assumptions on the Companyâ€™s future cash flows. The Company discounts its future policy benefit liability using a curve of spot rates derived from Single A rated fixed income instruments. At each reporting date, the Company will measure its liability for future policy benefits using both the current spot rate curve and the locked-in discount rate at each cohortâ€™s inception. Any difference between the measured liabilities is recorded in other comprehensive income (loss).As of DecemberÂ 31, 2024, future policy benefits balances of $371 million and $4.2 billion were recorded in other insurance liabilities and other long-term insurance liabilities, respectively. As of DecemberÂ 31, 2023, future policy benefits balances of $393 million and $4.6 billion were recorded in other insurance liabilities and other long-term insurance liabilities, respectively. 119Premium Deficiency ReservesThe Company evaluates its short-duration insurance contracts to determine if it is probable that a loss will be incurred. For purposes of determining premium deficiency losses, contracts are grouped consistent with the Companyâ€™s method of acquiring, servicing and measuring the profitability of such contracts. For each contract grouping, a premium deficiency reserve is recognized when it is probable that expected future incurred claims, including costs to maintain the contract grouping exceed anticipated future premiums and reinsurance recoveries. Anticipated investment income is not considered in the calculation of premium deficiency reserves. A premium deficiency is first recognized by charging any unamortized acquisition costs to operating expenses, and to the extent the premium deficiency is greater than the unamortized acquisition costs, a premium deficiency reserve liability is established and reflected in health care costs payable on the consolidated balance sheets. Losses recognized as a premium deficiency reserve result in a beneficial effect in subsequent periods as subsequent costs under these contracts are then charged to this previously established liability.During the third quarter of 2024, the Company determined it had a premium deficiency in its Medicare product line related to the 2024 coverage year and, accordingly, recorded a premium deficiency reserve of $766 million. The premium deficiency reserve consisted of a $383 million write-off of unamortized acquisition costs, which was recorded in operating expenses, and $383 million recorded in health care costs which was subsequently utilized in the fourth quarter of 2024. The Company did not have any premium deficiency reserves related to its Medicare product line as of DecemberÂ 31, 2024. Additionally, during the third quarter of 2024, the Company established a premium deficiency reserve of $270 million related to its individual exchange product line for the 2024 coverage year. The premium deficiency reserve consisted of an $11 million write-off of unamortized acquisition costs, which was recorded in operating expenses, and $259 million recorded in health care costs which was subsequently utilized in the fourth quarter of 2024. The Company did not have any premium deficiency reserves related to its individual exchange product line as of DecemberÂ 31, 2024. The Company did not have any premium deficiency reserves as of DecemberÂ 31, 2024 or 2023.Self-Insurance LiabilitiesThe Company is self-insured for certain losses related to general liability, workersâ€™ compensation and auto liability. The Company obtains third party insurance coverage to limit exposure from these claims. The Company is also self-insured for certain losses related to health and medical liabilities. The Companyâ€™s self-insurance accruals, which include reported claims and claims incurred but not reported, are calculated using standard insurance industry actuarial assumptions and the Companyâ€™s historical claims experience. As of both DecemberÂ 31, 2024 and 2023, self-insurance liabilities totaled $1.1 billion and were recorded in accrued expenses and other current liabilities, as well as other long-term liabilities on the consolidated balance sheets.Foreign Currency Translation and TransactionsFor non-U.S. dollar functional currency locations, (i) assets and liabilities are translated at end-of-period exchange rates, (ii) revenues and expenses are translated at average exchange rates in effect during the period and (iii) equity is translated at historical exchange rates. The resulting cumulative translation adjustments are included as a component of accumulated other comprehensive loss.For U.S. dollar functional currency locations, foreign currency assets and liabilities are remeasured into U.S. dollars at end-of-period exchange rates, except for nonmonetary balance sheet accounts which are remeasured at historical exchange rates. Revenues and expenses are remeasured at average exchange rates in effect during each period, except for those expenses related to the nonmonetary balance sheet amounts which are remeasured at historical exchange rates. Gains or losses from foreign currency remeasurement are included in net income.Gains and losses from foreign currency transactions and the effects of foreign currency remeasurements were not material in the years ended DecemberÂ 31, 2024, 2023 or 2022. Revenue RecognitionHealth Care Benefits SegmentHealth Care Benefits revenue is principally derived from insurance premiums and fees billed to customers. Revenue is recognized based on customer billings, which, in the Companyâ€™s Commercial business, reflect contracted rates per member and 120the number of covered members recorded in the Companyâ€™s records at the time the billings are prepared. Billings are generally sent monthly for coverage during the following month. Revenue related to the Companyâ€™s Government

business is collected monthly from the U.S. federal government and various government agencies based on fixed payment rates and member eligibility. The Companyâ€™s billings may be subsequently adjusted to reflect enrollment changes due to member terminations or other factors. These adjustments are known as retroactivity adjustments. In each period, the Company estimates the amount of future retroactivity and adjusts the recorded revenue accordingly. As information regarding actual retroactivity amounts becomes known, the Company refines its estimates and records any required adjustments to revenues in the period in which they arise.Premium RevenuePremiums are recognized as revenue in the month in which the enrollee is entitled to receive health care services. Premiums are reported net of an allowance for estimated terminations and uncollectible amounts. Additionally, premium revenue subject to the minimum medical loss ratio (â€œMLRâ€) rebate requirements of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (as amended, collectively, the â€œACAâ€) is recorded net of the estimated minimum MLR rebates for the current calendar year. Premiums related to unexpired contractual coverage periods (unearned premiums) are reported as other insurance liabilities on the consolidated balance sheets and recognized as revenue when earned.Some of the Companyâ€™s contracts allow for premiums to be adjusted to reflect actual experience or the relative health status of Insured members. Such adjustments are reasonably estimable at the outset of the contract, and adjustments to those estimates are made based on actual experience of the customer emerging under the contract and the terms of the underlying contract.The ACA established a permanent risk adjustment program to transfer funds from qualified individual and small group insurance plans with below average risk scores to plans with above average risk scores. Based on the risk of the Companyâ€™s qualified plan members relative to the average risk of members of other qualified plans in comparable markets, as defined by the ACA, the Company estimates its ultimate risk adjustment receivable (recorded in accounts receivable) or payable (recorded in accrued expenses and other current liabilities) for the current calendar year and reflects the pro-rata year-to-date impact as an adjustment to premium revenue.Services RevenueServices revenue relates to contracts that can include various combinations of services or series of services which generally are capable of being distinct and accounted for as separate performance obligations. The Health Care Benefits segmentâ€™s services revenue primarily consists of ASC fees received in exchange for performing certain claim processing and member services for ASC members. ASC fee revenue is recognized over the period the service is provided. Some of the Companyâ€™s administrative services contracts include guarantees with respect to certain functions, such as customer service response time, claim processing accuracy and claim processing turnaround time, as well as certain guarantees that a plan sponsorâ€™s benefit claim experience will fall within a certain range. With any of these guarantees, the Company is financially at risk if the conditions of the arrangements are not met, although the maximum amount at risk typically is limited to a percentage of the fees otherwise payable to the Company by the customer involved. Each period the Company estimates its obligations under the terms of these guarantees and records its estimate as an offset to services revenues.Accounting for Medicare Part D Revenues include insurance premiums earned by the Companyâ€™s PDPs, which are determined based on the PDPâ€™s annual bid and related contractual arrangements with CMS. The insurance premiums include a beneficiary premium, which is the responsibility of the PDP member, and can be subsidized by CMS in the case of low-income members, and a direct premium paid by CMS. Premiums collected in advance are initially recorded within other insurance liabilities and are then recognized ratably as revenue over the period in which members are entitled to receive benefits.Revenues also include a risk-sharing feature of the Medicare Part D program design referred to as the risk corridor. The Company estimates variable consideration in the form of amounts payable to, or receivable from, CMS under the risk corridor, and adjusts revenue based on calculations of additional subsidies to be received from or owed to CMS at the end of the reporting year.In addition to Medicare Part D premiums, the Company receives additional payments each month from CMS related to catastrophic reinsurance, low-income cost-sharing subsidies and coverage gap benefits. If the subsidies received differ from the amounts earned from actual prescriptions transferred, the difference is recorded in either accounts receivable, net or accrued expenses.121Health Services SegmentPharmacy ServicesThe Health Services segment sells prescription drugs directly through its specialty and mail order pharmacy offerings and indirectly through the Companyâ€™s retail pharmacy network. The Companyâ€™s pharmacy benefit arrangements are accounted for in a manner consistent with a master supply arrangement as there are no contractual minimum volumes and each prescription is considered a separate purchasing decision and distinct performance obligation transferred at a point in time. PBM services performed in connection with each prescription claim are considered part of a single performance obligation which culminates in the fulfillment of prescription drugs.The Company recognizes revenue using the gross method at the contract price negotiated with its clients when the Company has concluded it controls the prescription drug before it is transferred to the client plan members. The Company controls prescriptions fulfilled indirectly through its retail pharmacy network because it has separate contractual arrangements with those pharmacies, has discretion in setting the price for the transaction and assumes primary responsibility for fulfilling the promise to provide prescription drugs to its client plan members while also performing the related PBM services.Revenues include (i) the portion of the price the client pays directly to the Company, net of any discounts earned on brand name drugs or other discounts and refunds paid back to the client (see â€œDrug Discountsâ€ and â€œGuaranteesâ€ below), (ii) the price paid to the Company by client plan members for mail order prescriptions and the price paid to retail network pharmacies by client plan members for retail prescriptions (â€œretail co-paymentsâ€), and (iii) claims based administrative fees for retail pharmacy network contracts. Sales taxes are not included in revenues. The Company recognizes revenue when control of the prescription drugs is transferred to customers, in an amount that reflects the consideration the Company expects to be entitled to receive in exchange for those prescription drugs. The Company has established the following revenue recognition policies for the Health Services segment:â€¢Revenues generated from prescription drugs sold by third party pharmacies in the Companyâ€™s retail pharmacy network and associated administrative fees are recognized at the Companyâ€™s point-of-sale, which is when the claim is adjudicated by the Companyâ€™s online claims processing system and the Company has transferred control of the prescription drug and completed all of its performance obligations.â€¢Revenues generated from prescription drugs sold by specialty and mail order pharmacies are recognized when the prescription drug is delivered to the client plan member. At the time of delivery, the Company has performed substantially all of its performance obligations under its client contracts and does not experience a significant level of returns or reshipments.For contracts under which the Company acts as an agent or does not control the prescription drugs prior to transfer to the client plan member, revenue is recognized using the net method.Drug DiscountsThe Company records revenue net of manufacturersâ€™ rebates earned by its clients based on their plan membersâ€™ utilization of brand-name formulary drugs. The Company estimates these rebates at period-end based on actual and estimated claims data and its estimates of the manufacturersâ€™ rebates earned by its clients. The estimates are based on the best available data at period-end and recent history for the various factors that can affect the amount of rebates due to the client. The Company adjusts its rebates payable to clients to the actual amounts paid when these rebates are paid or as significant events occur. Any cumulative effect of these adjustments is recorded against revenues at the time it is identified. Adjustments generally result from contract changes with clients or manufacturers that have retroactive rebate adjustments, differences between the estimated and actual product mix subject to rebates, or whether the brand name drug was included in the applicable formulary. The effect of adjustments between estimated and actual manufacturersâ€™ rebate amounts has not been material to the Companyâ€™s operating results or financial condition.GuaranteesThe Company also adjusts revenues for refunds owed to clients resulting from pricing guarantees and performance against defined service and performance metrics. The inputs to these estimates are not subject to a high degree of subjectivity or volatility. The effect of adjustments between estimated and actual pricing and performance refund amounts has not been material to the Companyâ€™s operating results or financial condition.122Walk-In Medical ClinicsFor services provided by the Companyâ€™s walk-in medical clinics, revenue recognition occurs for completed services provided to patients, with adjustments taken for third party payor contractual obligations and patient direct bill historical collection rates.Primary Care Capitated Revenue Capitated revenue related to the Companyâ€™s primary care operations consists primarily of capitated fees for medical services it provides under capitated or capitation arrangements directly made with various Medicare Advantage managed care payors or CMS. Under the risk contracts, the Company receives from the third-party payor a fixed payment per patient per month for a defined patient population, and the Company is then responsible for providing, managing and paying for healthcare services for that patient population, including those not provided by the Company. The Company recognizes revenue using the gross method as the Company is the principal in arranging, providing and controlling the managed healthcare services provided to the defined patient population. The Company considers all contracts with customers (enrolled patients) as a single performance obligation to stand ready to provide healthcare services. This performance obligation is satisfied over time as the Company stands ready to fulfill its obligation to enrolled patients. In-Home Health Evaluations (â€œIHEsâ€)Revenue generated from IHEs relates to the assessments performed either within the patientâ€™s home, virtually or at a healthcare provider facility as well as certain in-home clinical evaluations performed by the Companyâ€™s mobile network of providers. Revenue is recognized when the IHEs are submitted to customers on a daily basis. Submission to the customer occurs after the IHEs are completed and coded, a process which may take one to several days after completion of the evaluation. The pricing for the IHEs is generally based on a fixed transaction fee, which is directly linked to the usage of the service by the customer during a distinct service period. Customers are invoiced for evaluations performed each month and remit payment accordingly. Each IHE represents a single performance obligation for which revenue is recognized at a point in time when control is transferred to the customer upon submission of the completed and coded evaluation.Pharmacy & Consumer Wellness SegmentRetail Pharmacy The Companyâ€™s retail drugstores recognize revenue at the time the customer takes possession of the merchandise. For pharmacy sales, each prescription claim is its own arrangement with the customer and is a performance obligation, separate and distinct from other prescription claims under other retail network arrangements. Revenues are adjusted for refunds owed to third party payers resulting from pricing guarantees and performance against defined value-based service and performance metrics. The inputs to these estimates are not subject to a high degree of subjectivity or volatility. The effect of adjustments between estimated and actual pricing and performance refund amounts has not been material to the Companyâ€™s operating results or financial condition.Revenue from Company gift cards purchased by customers is deferred as a contract liability until goods or services are transferred. Any amounts not expected to be redeemed by customers (i.e., breakage) are recognized based on historical redemption patterns.Customer returns are not material to the Companyâ€™s operating results or financial condition. Sales taxes are not included in revenues.Loyalty and Other ProgramsThe Companyâ€™s customer loyalty program, ExtraCareÂ®, consists of two components, ExtraSavingsTM and ExtraBucksÂ® Rewards. ExtraSavings are coupons that are recorded as a reduction of revenue when redeemed as the Company concluded that they do not represent a promise to the customer to deliver additional goods or services at the time of issuance because they are not tied to a specific transaction or spending level. ExtraBucks Rewards are accumulated by customers based on their historical spending levels. Thus, the Company has determined that there is an additional performance obligation to those customers at the time of the initial transaction. The Company allocates the transaction price to the initial transaction and the ExtraBucks Rewards transaction based upon the relative standalone selling price, which considers historical redemption patterns for the rewards. Revenue allocated to ExtraBucks Rewards is recognized as those rewards are redeemed. At the end of each period, unredeemed ExtraBucks Rewards are reflected as a contract liability.The Company also offers a subscription-based membership program, ExtraCare PlusTM, under which members are entitled to a suite of benefits delivered over the course of the subscription period, as well as a promotional reward that can be redeemed for 123future goods and services. Subscriptions are paid for on a monthly or annual basis at the time of or in advance of the Company delivering the goods and services. Revenue from these arrangements is recognized as the performance obligations are satisfied.Long-term CareRevenue is recognized when control of the promised goods or services is transferred to customers in an amount that reflects the consideration the Company expects to be entitled to receive in exchange for those goods or services. Each prescription claim represents a separate performance obligation of the Company, separate and distinct from other prescription claims under customer arrangements. A significant portion of long-term care revenue from sales of pharmaceutical and medical products is reimbursed by the federal Medicare Part D program and, to a lesser extent, state Medicaid programs. The Company monitors its revenues and receivables from these reimbursement sources, as well as long-term care facilities and other third-party insurance payors, and reduces revenue at the revenue recognition date to properly account for the variable consideration due to anticipated differences between billed and reimbursed amounts. Accordingly, the total revenues and receivables reported in the Companyâ€™s consolidated financial statements are recorded at the amount expected to be ultimately received from these payors. Patient co-payments associated with Medicare Part D, certain state Medicaid programs, Medicare Part B and certain third-party payors typically are not collected at the time products are delivered or services are rendered, but are billed to the individuals as part of normal billing procedures and subject to normal accounts receivable collections procedures.124Disaggregation of RevenueThe following table disaggregates the Companyâ€™s revenue by major source in each segment for the years ended DecemberÂ 31, 2024, 2023 and 2022:InÂ millionsHealth CareBenefitsHealthServicesPharmacy &ConsumerWellnessCorporate/OtherIntersegmentEliminationsConsolidatedTotals2024Major goods/services lines:Pharmacy$â€”Â $162,527Â $100,687Â $â€”Â $(52,942)$210,272Â Front Storeâ€”Â â€”Â 21,522Â â€”Â â€”Â 21,522Â Premiums122,849Â â€”Â â€”Â 47Â â€”Â 122,896Â Net investment income1,473Â 285Â â€”Â 395Â â€”Â 2,153Â Other6,343Â 10,793Â 2,291Â 9Â (3,470)15,966Â Total$130,665Â $173,605Â $124,500Â $451Â $(56,412)$372,809Â Health Services distribution channel:Pharmacy network (1)$91,650Â Mail & specialty (2)70,877Â Net investment income285Â Other10,793Â Total$173,605Â 2023Major goods/services lines:Pharmacy$â€”Â $180,710Â $92,111Â $â€”Â $(49,369)$223,452Â Front Storeâ€”Â â€”Â 22,458Â â€”Â â€”Â 22,458Â Premiums99,144Â â€”Â â€”Â 48Â â€”Â $ 99,192Â Net investment income (loss)765Â (1)(5)394Â â€”Â 1,153Â Other5,737Â 6,134Â 2,199Â 9Â (2,558)11,521Â Total$105,646Â $186,843Â $116,763Â $451Â $(51,927)$357,776Â Health Services distribution channel:Pharmacy network (1) $112,718Â Mail & specialty (2)67,992Â Net investment income (loss)(1)Other6,134Â Total$186,843Â 125InÂ millionsHealth CareBenefitsHealthServicesPharmacy &ConsumerWellnessCorporate/OtherIntersegmentEliminationsConsolidatedTotals2022Major goods/services lines:Pharmacy$â€”Â $166,793Â $83,480Â $â€”Â $(45,154)$205,119Â Front Storeâ€”Â â€”Â 22,780Â â€”Â â€”Â 22,780Â Premiums85,274Â â€”Â â€”Â 56Â â€”Â 85,330Â Net investment income (loss)476Â â€”Â (44)406Â â€”Â 838Â Other5,600Â 2,783Â 2,380Â 68Â (2,431)8,400Â Total$91,350Â $169,576Â $108,596Â $530Â $(47,585)$322,467Â Health Services distribution channel:Pharmacy network (1)$102,968Â Mail & specialty (2)63,825Â Other2,783Â Total$169,576Â _____(1)Health Services pharmacy network is defined as claims filled at retail and specialty retail pharmacies, including the Companyâ€™s retail pharmacies and LTC pharmacies, as well as activity associated with Maintenance ChoiceÂ®, which permits eligible client plan members to fill their maintenance prescriptions through mail order delivery or at a CVS pharmacy retail store for the same price as mail order. (2)Health Services mail & specialty is defined as specialty mail claims inclusive of Specialty ConnectÂ® claims picked up at a retail pharmacy, as well as mail order and specialty claims fulfilled by the Pharmacy & Consumer Wellness segment. Contract BalancesContract liabilities primarily represent the Companyâ€™s obligation to transfer additional goods or services to a customer for which the Company has received consideration, and include ExtraBucks Rewards and unredeemed Company gift cards. The consideration received remains a contract liability until goods or services have been provided to the customer. In addition, the Company recognizes breakage on Company gift cards based on historical redemption patterns.The following table provides information about receivables and contract liabilities from contracts with customers as of DecemberÂ 31, 2024 and 2023:InÂ millions20242023Trade receivables (included in accounts receivable, net)$9,881Â $11,908Â Contract liabilities (included in accrued expenses and other current liabilities)144Â 149Â Cost of Products SoldThe Company accounts for cost of products sold as follows:Health Services SegmentCost of products sold includes: (i) the cost of prescription drugs sold during the reporting period directly through the Companyâ€™s specialty and mail order pharmacies and indirectly through the Companyâ€™s retail pharmacy network, (ii) the cost of care provided within the Companyâ€™s primary care centers, (iii) direct operating costs associated with generating revenues related to services provided, including fees paid to clinicians for performing IHEs, (iv) administrative service fees paid to the Pharmacy & Consumer Wellness segment for specialty and mail order pharmacy fulfillment services and (v) shipping and handling costs. The cost of prescription drugs sold component of cost of products sold includes: (i) the cost of the prescription drugs purchased from manufacturers or distributors and shipped to members in clientsâ€™ benefit plans from the Companyâ€™s mail order pharmacies, net of any volume-related or other discounts (see â€œVendor Allowances and Purchase Discountsâ€ below) and (ii) the cost of prescription drugs sold (including retail co-payments) through the Companyâ€™s retail pharmacy network under contracts where the Company is the principal, net of any volume-related or other discounts. 126The cost of care provided within the Companyâ€™s costs of products sold includes the costs incurred to operate the primary care centers and care model. These costs consist of care team and patient support employee-related costs, occupancy costs, patient transportation, medical supplies, insurance, fees paid to specialists and other operating costs. Pharmacy & Consumer Wellness SegmentCost of products sold includes: the cost of merchandise sold during the reporting period, including the costs of prescription drugs sold through its retail pharmacies, net of any volume-related or other discounts, the related purchasing costs, warehousing and delivery costs (including depreciation and amortization), the operating costs of the Companyâ€™s specialty and mail order pharmacy fulfillment

operations and inventory losses. Vendor Allowances and Purchase Discounts The Company accounts for vendor allowances and purchase discounts as follows: Health Services SegmentThe Health Services segment receives purchase discounts on pharmaceutical products purchased. Contractual arrangements with vendors, including manufacturers, wholesalers and retail pharmacies, normally provide for the Health Services segment to receive purchase discounts from established list prices in one, or a combination, of the following forms: (i) a direct discount at the time of purchase, (ii) a discount for the prompt payment of invoices or (iii) when products are purchased indirectly from a manufacturer (e.g., through a wholesaler or retail pharmacy), a discount (or rebate) paid subsequent to dispensing. These rebates are recognized when prescriptions are dispensed and are generally calculated and billed to manufacturers within 30 days of the end of each completed quarter. Historically, the effect of adjustments resulting from the reconciliation of rebates recognized to the amounts billed and collected has not been material to the Companyâ€™s operating results or financial condition. The Company accounts for the effect of any such differences as a change in accounting estimate in the period the reconciliation is completed. The Health Services segment also receives additional discounts under its wholesaler contracts if it exceeds contractually defined purchase volumes. In addition, the Health Services segment receives fees from pharmaceutical manufacturers for administrative services. Purchase discounts and administrative service fees are recorded as a reduction of cost of products sold. Pharmacy & Consumer Wellness SegmentVendor allowances received by the Pharmacy & Consumer Wellness segment reduce the carrying cost of inventory and are recognized in cost of products sold when the related inventory is sold, unless they are specifically identified as a reimbursement of incremental costs for promotional programs and/or other services provided. Amounts that are directly linked to advertising commitments are recognized as a reduction of advertising expense (included in operating expenses) when the related advertising commitment is satisfied. Any amounts received in excess of the actual cost incurred also reduce the carrying cost of inventory. The total value of any upfront payments received from vendors that are linked to purchase commitments is initially deferred. The deferred amounts are then amortized to reduce cost of products sold over the life of the contract based upon sales volume. The total value of any upfront payments received from vendors that are not linked to purchase commitments is also initially deferred. The deferred amounts are then amortized to reduce cost of products sold on a straight-line basis over the life of the related contract. The total amortization of these upfront payments was not material to the Companyâ€™s consolidated financial statements in any of the periods presented. Advertising Costs Advertising costs, which are reduced by the portion funded by vendors, are expensed when the related advertising takes place. Net advertising costs, which are included in operating expenses, were $989 million, $985 million and $745 million in 2024, 2023 and 2022, respectively. Stock-Based CompensationStock-based compensation is measured at the grant date based on the fair value of the award and is recognized as expense over the requisite service period of the stock award (generally three to five years) using the straight-line method. Income TaxesThe Company accounts for income taxes under the asset and liability method, which requires the recognition of deferred tax assets and liabilities for the expected future tax consequences of events that have been included in the consolidated financial statements. Under this method, deferred tax assets and liabilities are determined on the basis of the differences between the 127consolidated financial statements and tax basis of assets and liabilities using enacted tax rates in effect for the year or years in which the differences are expected to reverse. The effect of a change in the tax rates on deferred tax assets and liabilities is recognized in income in the period that includes the enactment date of such change.The Company recognizes deferred tax assets to the extent that it believes these assets are more likely than not to be realized. In making such a determination, the Company considers all available positive and negative evidence, including future reversals of existing taxable temporary differences, projected future taxable income, tax planning strategies, and the Companyâ€™s recent operating results. The Company establishes a valuation allowance when it does not consider it more likely than not that a deferred tax asset will be recovered.The Company records uncertain tax positions on the basis of a two-step process whereby (1) the Company determines whether it is more likely than not that the tax positions will be sustained on the basis of the technical merits of the position and (2) for those tax positions that meet the more-likely-than-not recognition threshold, the Company recognizes the largest amount of tax benefit that is more than 50% likely to be realized upon ultimate settlement with the related tax authority. Interest and/or penalties related to uncertain tax positions are recognized in the income tax provision.Measurement of Defined Benefit Pension and Other Postretirement Employee Benefit PlansThe Company sponsors defined benefit pension plans (â€œpension plansâ€) and other postretirement employee benefit plans (â€œOPEB plansâ€) for its employees and retirees. The Company recognizes the funded status of its pension and OPEB plans on the consolidated balance sheets based on the year-end measurements of plan assets and benefit obligations. When the fair value of plan assets are in excess of the plan benefit obligations, the amounts are reported in other current assets and other assets. When the fair value of plan benefit obligations are in excess of plan assets, the amounts are reported in accrued expenses and other current liabilities and other long-term liabilities based on the amount by which the actuarial present value of benefits payable in the next twelve months included in the benefit obligation exceeds the fair value of plan assets. The net periodic benefit income for the Companyâ€™s pension and OPEB plans do not contain a service cost component as these plans have been frozen for an extended period of time.Â Non-service cost components of pension and postretirement net periodic benefit income are included in other income in the consolidated statements of operations.Earnings per ShareEarnings per share is computed using the treasury stock method. The Company calculates basic earnings per share based on the weighted average number of common shares outstanding for the period. See Note 16 â€ˆâ€ˆEarnings Per Shareâ€™â€™ for additional information.Shares Held in TrustThe Company maintains grantor trusts, which held approximately one million shares of its common stock at both DecemberÂ 31, 2024 and 2023. These shares are designated for use under various employee compensation plans. Since the Company holds these shares, they are excluded from the computation of basic and diluted shares outstanding. VIEsThe Company has various investments that are considered VIEs. The Company does not have a future obligation to fund losses or debts on behalf of these investments; however, it may voluntarily contribute funds. In evaluating whether the Company is the primary beneficiary of a VIE, the Company considers several factors, including whether the Company has (a) the power to direct the activities that most significantly impact the VIEâ€™s economic performance and (b) the obligation to absorb losses and the right to receive benefits that could potentially be significant to the VIE. VIEs - Primary BeneficiaryRed Oak Sourcing, LLC (â€œRed Oakâ€)In 2014, the Company and Cardinal Health, Inc. (â€œCardinalâ€) established Red Oak, a generic pharmaceutical sourcing entity in which the Company and Cardinal each own 50%. The Red Oak arrangement had an initial term of ten years. In 2021, the Red Oak arrangement was amended to extend the initial term an additional five years, for a total term of 15 years. Under this arrangement, the Company and Cardinal contributed their sourcing and supply chain expertise to Red Oak and agreed to source and negotiate generic pharmaceutical supply contracts for both companies through Red Oak; however, Red Oak does not own 128or hold inventory on behalf of either company. No physical assets (e.g., property and equipment) were contributed to Red Oak by either company, and minimal funding was provided to capitalize Red Oak. The Company has determined that it is the primary beneficiary of this VIE because it has the ability to direct the activities of Red Oak. Consequently, the Company consolidates Red Oak in its consolidated financial statements within the Pharmacy & Consumer Wellness segment. Cardinal is required to pay the Company quarterly payments, which began in October 2014 and will extend through June 2029. The Company received $126 million from Cardinal during the year ended DecemberÂ 31, 2024 and $183Â million from Cardinal during each of the years ended December 31, 2023 and 2022. The payments reduce the Companyâ€™s carrying value of inventory and are recognized in cost of products sold when the related inventory is sold.Physician GroupsThe Company has entered into management and/or administrative services agreements with affiliated physician practice organizations (the â€œPhysician Groupsâ€). Physician Groups employ healthcare providers, contract with managed care payors and deliver healthcare services to patients in the markets that the Company serves. Oak Street Health, MSO LLC (â€œOSH MSOâ€), a wholly owned subsidiary of the Company, provides management services to the Physician Groups. Activities include but are not limited to operational support of the centers, marketing, information technology infrastructure and the sourcing and managing of health plan contracts. The Company concluded that it has variable interests in the Physician Groups on the basis of its administrative service agreement, which includes the reimbursement of costs and a management fee payable to the Company from the Physician Groups for the management services provided, which are eliminated in consolidation. The Physician Groups are considered VIEs as additional support is needed to finance their operations. Neither shareholders, employees nor their designees have the individual power to direct the activities of the Physician Groups that significantly impact its economic performance. The success or failure of OSH MSO in performing the activities impacting the growth of patients and management of healthcare services of the Physicians Groupsâ€™ patient base is significant to the economic performance of the Physician Groups. Therefore, the Company is the primary beneficiary of the Physician Groups and, consequently, consolidates the Physician Groups in its consolidated financial statements within the Health Services segment. Physician Groups VIE assets and liabilities included on the consolidated balance sheet at DecemberÂ 31, 2024 and 2023 were as follows:InÂ millions20242023Total assets$2,144Â $1,515Â Total liabilities2,104Â 1,503Â There are no restrictions on the Physician Groupsâ€™ assets or on the settlement of its liabilities. The assets of the Physician Groups are all current and can be used to settle obligations of the Company. The Physician Groups are included in the Companyâ€™s obligated group; thus, creditors of the Company have recourse to the assets owned by the Physician Groups. There are no liabilities for which creditors of the Physician Groups do not have recourse to the general credit of the Company. There are no restrictions placed on the retained earnings or net income of the Physician Groups with respect to potential dividend payments. Physician Owned EntitiesThe Companyâ€™s consolidated VIEs include certain IHE related physician practices that require an individual physician to legally own the equity interests as certain state laws and regulations prohibit non-physician owned business entities from practicing medicine or employing licensed healthcare providers. The Company determined it was the primary beneficiary of these VIEs as it has the obligation to absorb the losses from and direct the activities of these operations. As a result, these VIEs are consolidated and any noncontrolling interest is not presented. The carrying amount of these VIEsâ€™ assets and liabilities are not material to the consolidated balance sheets.Accountable Care Organizations (â€œACOsâ€)The Company is the sole member of certain ACOs which are considered VIEs. CMS administers these programs where the goal of the program is to reward the ACO participants when specific quality metrics, established by the U.S. Department of Health and Human Services (â€œHHSâ€), are met and expenditures are lowered. These ACOs have a risk model such that the ACOs can either share in both savings and losses or share in only the savings. The governance structure of the VIEs does not provide the Company with the ultimate decision-making authority to direct the activities that most significantly impact the VIEsâ€™ economic performance. For certain ACO VIEs, the Company is ultimately liable for losses incurred or is required to secure and have sole authority over all aspects of the repayment of any shared losses incurred in the program in exchange for a higher percentage of savings and, accordingly, the Company is taking on the risk to absorb losses, resulting in a financial responsibility to ensure that 129these VIEs operate as designed. For these VIEs, the Company has determined it is the primary beneficiary and therefore consolidates the results of these ACOs. The carrying amount of these VIEsâ€™ assets and liabilities are not material to the consolidated balance sheets.VIEs - Other Variable Interest HolderThe Company has invested in certain VIEs for which it has determined that it is not the primary beneficiary, consisting of the following:â€¢Hedge fund and private equity investments - The Company invests in hedge fund and private equity investments in order to generate investment returns for its investment portfolio supporting its insurance businesses.â€¢Real estate partnerships - The Company invests in various real estate partnerships, including those that construct, own and manage low-income housing developments. For the low-income housing development investments, substantially all of the projected benefits to the Company are from tax credits and other tax benefits.The Company is not the primary beneficiary of these VIEs because the nature of the Companyâ€™s involvement with the activities of these VIEs does not give the Company the power to direct the activities that most significantly impact their economic performance. The Company records the amount of its investment in these VIEs as long-term investments on the consolidated balance sheets and recognizes its share of each VIEâ€™s income or losses in net income.Â The Companyâ€™s maximum exposure to loss from these VIEs is limited to its investment balances as disclosed below and the risk of recapture of previously recognized tax credits related to the real estate partnerships, which the Company does not consider significant.Other variable interest holder VIE assets included in long-term investments on the consolidated balance sheets at DecemberÂ 31, 2024 and 2023 were as follows:In millions20242023Hedge fund investments$1,246Â $859Â Private equity investments934Â 840Â Real estate partnerships438Â 319Â Total$2,618Â $2,018Â Related Party TransactionsDuring the year ended December 31, 2022, the Company made charitable contributions of $25Â millionÂ to the CVS Health Foundation, a non-profit entity that focuses on health, education and community involvement programs. The charitable contributions were recorded as operating expenses in the consolidated statements of operations within the Corporate/Other segment for the year ended December 31, 2022. The Company did not make any charitable contributions to the CVS Health Foundation during the years ended DecemberÂ 31, 2024 or 2023.Discontinued OperationsIn connection with certain business dispositions completed between 1995 and 1997, the Company retained guarantees on store lease obligations for a number of former subsidiaries, including Linens â€ˆn Things and Bobâ€™s Stores, each of which subsequently filed for bankruptcy. The Companyâ€™s loss from discontinued operations includes lease-related costs that the Company believes it will likely be required to satisfy pursuant to these lease guarantees. See â€œLease Guaranteesâ€ in Note 18 â€ˆâ€ˆCommitments and Contingenciesâ€™â€™ for additional information. Results from discontinued operations were immaterial for the years ended December 31, 2024, 2023 and 2022.New Accounting Pronouncements Recently AdoptedSegment ReportingIn November 2023, the Financial Accounting Standards Board (â€œFASBâ€) issued Accounting Standards Update (â€œASUâ€) 2023-07, Segment Reporting (Topic 280): Improvements to Reportable Segment Disclosures. This standard requires the Company to disclose significant segment expenses that are regularly provided to the Chief Operating Decision Maker (â€œCODMâ€) and are included within each reported measure of segment operating results. The standard also requires the Company to disclose the total amount of any other items included in segment operating results which were not deemed to be significant expenses for separate disclosure, along with a qualitative description of the composition of these other items. In 130addition, the standard also requires disclosure of the CODMâ€™s title and position, as well as detail on how the CODM uses the reported measure of segment operating results to evaluate segment performance and allocate resources. The standard also aligns interim segment reporting disclosure requirements with annual segment reporting disclosure requirements. The Company adopted the standard on January 1, 2024 for fiscal year reporting and the standard became effective for interim reporting periods in fiscal years beginning after December 15, 2024. The standard requires retrospective application to all prior periods presented. While the standard requires additional disclosures related to the Companyâ€™s reportable segments, the standard did not have any impact on the Companyâ€™s consolidated operating results, financial condition or cash flows as of the date of adoption. Refer to Note 19 â€ˆâ€ˆSegment Reportingâ€™â€™ for the Companyâ€™s segment reporting disclosures, including those newly required by this standard.New Accounting Pronouncements Not Yet AdoptedIncome Taxes In December 2023, the FASB issued ASU 2023-09, Income Taxes (Topic 740): Improvements to Income Tax Disclosures. The standard requires the Company to provide further disaggregated income tax disclosures for specific categories on the effective tax rate reconciliation, as well as additional information about federal, state/local and foreign income taxes. The standard also requires the Company to annually disclose its income taxes paid (net of refunds received), disaggregated by jurisdiction. The Company adopted the standard on January 1, 2025 for fiscal year reporting. The standard is to be applied on a prospective basis, although optional retrospective application is permitted. While the standard requires additional disclosures related to the Companyâ€™s income taxes, the standard did not have any impact on the Companyâ€™s consolidated operating results, financial condition or cash flows. Disaggregation of Income Statement ExpensesIn November 2024, the FASB issued ASU 2024-03, Income Statementâ€”Reporting Comprehensive Incomeâ€”Expense Disaggregation Disclosures (Subtopic 220-40): Disaggregation of Income Statement Expenses. The standard requires the Company to provide further disaggregated information of relevant expense captions within its consolidated statements of operations, including the purchases of inventory, employee compensation, depreciation and intangible asset amortization, as well as the inclusion of other specific expenses, gains and losses required by existing GAAP. The new standard also requires the Company to disclose its total selling expenses and, on an annual basis, provide a qualitative description of its selling expenses. The standard is effective for fiscal years beginning after December 15, 2026 and interim periods within fiscal years beginning after December 15, 2027, with early adoption permitted. The standard may be applied prospectively or retrospectively. While the standard will require additional disclosures related to certain expenses included in the consolidated statements of operations, the standard is not expected to have any impact on the Companyâ€™s consolidated operating results, financial condition or cash flows. 2.Acquisitions, Divestitures and Asset SalesOak Street Health AcquisitionOn May 2, 2023 (the â€œOak Street Health Acquisition Dateâ€), the Company acquired 100% of the outstanding shares and voting interest of Oak Street Health for cash (â€œOak Street Health Acquisitionâ€). Under the terms of the merger agreement, Oak Street Health stockholders received $39.00 per share in cash. The Company financed the transaction with borrowings of $5.0Â billion from a term loan agreement entered into on May 1, 2023 as described in Note 10 â€ˆâ€ˆBorrowings and Credit Agreementsâ€™â€™ and cash on hand. Oak Street Health is a leading multi-payor, senior focused value-based primary care company. Oak Street Health is included within the Health Services segment. The Company acquired Oak Street Health to advance its value-based care strategy and broaden its platform into primary care.The fair value of the consideration transferred on the date of acquisition consisted of the following:In millionsCash$9,579Â Fair value of replacement equity awards for pre-combination services (3.9Â million shares) (1)118Â Effective

settlement of pre-existing relationship (2)(29)Total consideration transferred$9,668Â _____(1)The fair value of the replacement equity awards issued by the Company was determined as of the Oak Street Health Acquisition Date. The fair value of the awards attributed to pre-combination services of $118 million is included in the consideration transferred and the fair value of the awards attributed to post-combination services of $165Â million has been, or will be, included in the Companyâ€™s post-combination financial statements as compensation costs.(2)The purchase price included $29 million of effectively settled liabilities the Company owed to Oak Street Health from their pre-existing relationship. 131The transaction has been accounted for using the acquisition method of accounting which requires, among other things, the assets acquired and liabilities assumed to be recognized at their fair values at the date of acquisition. The following table summarizes the fair values of the assets acquired and liabilities assumed at the date of acquisition:In millionsCash and cash equivalents$201Â Investments168Â Accounts receivable1,143Â Other current assets46Â Property and equipment180Â Operating lease right-of-use assets316Â Goodwill7,213Â Intangible assets4,233Â Other long-term assets7Â Total assets acquired13,507Â Health care costs payable 1,098Â Other current liabilities444Â Operating lease liabilities (current and long-term)378Â Debt (current and long-term)1,028Â Deferred income taxes796Â Other long-term liabilities 29Â Total liabilities assumed3,773Â Noncontrolling interests66Â Total consideration transferred$9,668Â The Companyâ€™s assessment of fair value of assets acquired and liabilities assumed was finalized during the second quarter of 2024. There were no measurement period adjustments to assets acquired and liabilities assumed during the year ended DecemberÂ 31, 2024. GoodwillGoodwill represents future economic benefits expected to arise from the Companyâ€™s expanded presence in the health services industry, the assembled workforce acquired, expected revenue and medical cost synergies, as well as operating efficiencies and cost savings. Goodwill was allocated to the Companyâ€™s business segments as follows:In millionsHealth Services$6,936Â Pharmacy & Consumer Wellness156Â Health Care Benefits121Â Total goodwill$7,213Â The amount of goodwill deductible for income tax purposes was not material.Intangible AssetsThe following table summarizes the fair values and weighted average useful lives for intangible assets acquired in the Oak Street Health Acquisition:In millions, except weighted average useful lifeGrossFair ValueWeighted Average UsefulLife (years)Customer relationships (1)$3,620Â 19.9Technology143Â 3.0Trademark (definite-lived)470Â 8.0Total intangible assets$4,233Â 18.0_____(1) The substantial majority of the customer relationships intangible asset relates to relationships with health plan payors.132Deferred Income TaxesThe purchase price allocation includes net deferred tax liabilities of $796Â million, primarily related to deferred tax liabilities established on the identifiable acquired intangible assets.Consolidated Results of OperationsDuring the period from the Oak Street Health Acquisition Date through DecemberÂ 31, 2023, the Companyâ€™s consolidated results of operations included $2.1Â billion of revenues and $520Â million of operating losses, including $193Â million of intangible asset amortization and $71Â million of stock-based compensation, associated with the results of operations of Oak Street Health.During the year ended DecemberÂ 31, 2023, the Company incurred transaction costs of $77Â million associated with the Oak Street Health Acquisition, which were recorded in operating expenses.Signify Health AcquisitionOn March 29, 2023 (the â€œSignify Health Acquisition Dateâ€), the Company acquired 100% of the outstanding shares and voting interest of Signify Health for cash (â€œSignify Health Acquisitionâ€). Under the terms of the merger agreement, Signify Health stockholders received $30.50 per share in cash. The Company financed the transaction with cash on hand, which included approximately $6Â billion of proceeds from the issuance of senior unsecured notes in February 2023. Signify Health is a leader in health risk assessments, value-based care and provider enablement services. Signify Health is included within the Health Services segment. The Company acquired Signify Health to advance its health care services strategy, growth in value-based care and new product offerings for other payers.The fair value of the consideration transferred on the date of acquisition consisted of the following:In millionsCash$7,450Â Fair value of replacement equity awards for pre-combination services (3.2Â million shares) (1)14Â Effective settlement of pre-existing relationship (2)(111)Total consideration transferred$7,353Â _____(1)The fair value of the replacement equity awards issued by the Company was determined as of the Signify Health Acquisition Date. The fair value of the awards attributed to pre-combination services of $14 million is included in the consideration transferred and the fair value of the awards attributed to post-combination services of $167Â million has been, or will be, included in the Companyâ€™s post-combination financial statements as compensation costs.(2)The purchase price included $111 million of effectively settled liabilities the Company owed to Signify Health from their pre-existing relationship. 133The transaction has been accounted for using the acquisition method of accounting which requires, among other things, the assets acquired and liabilities assumed to be recognized at their fair values at the date of acquisition. The following table summarizes the fair values of the assets acquired and liabilities assumed at the date of acquisition:In millionsCash and cash equivalents$376Â Accounts receivable190Â Other current assets (including restricted cash of $28)147Â Property and equipment25Â Goodwill5,909Â Intangible assets1,920Â Other long-term assets23Â Total assets acquired8,590Â Other current liabilities606Â Debt (current and long-term)346Â Deferred income taxes259Â Other long-term liabilities 26Â Total liabilities assumed1,237Â Total consideration transferred$7,353Â The Companyâ€™s assessment of the fair value of assets acquired and liabilities assumed was finalized during the fourth quarter of 2023. Measurement period adjustments to assets acquired and liabilities assumed during the year ended December 31, 2023 were not material.GoodwillGoodwill represents future economic benefits expected to arise from the Companyâ€™s expanded presence in the health services industry, the assembled workforce acquired, expected revenue and medical cost synergies, as well as operating efficiencies and cost savings. Goodwill was allocated to the Companyâ€™s business segments as follows:In millionsHealth Services$3,406Â Health Care Benefits2,473Â Pharmacy & Consumer Wellness30Â Total goodwill$5,909Â Approximately $1.7Â billion of goodwill is deductible for income tax purposes.Intangible AssetsThe following table summarizes the fair values and weighted average useful lives for intangible assets acquired in the Signify Health Acquisition:In millions, except weighted average useful lifeGrossFair ValueWeighted Average UsefulLife (years)Customer relationships$1,810Â 16.7Technology 50Â 3.0Trademark (definite-lived)60Â 5.0Total intangible assets$1,920Â 16.0Deferred Income TaxesThe purchase price allocation includes net deferred tax liabilities of $259Â million, primarily related to deferred tax liabilities established on the identifiable acquired intangible assets.Consolidated Results of OperationsDuring the period from the Signify Health Acquisition Date through DecemberÂ 31, 2023, the Companyâ€™s consolidated results of operations included $797Â million of revenues and $123Â million of operating income, including $106Â million of intangible asset amortization and $72Â million of stock-based compensation, associated with the results of operations of Signify Health.134During the year ended DecemberÂ 31, 2023, the Company incurred transaction costs of $37Â million associated with the Signify Health Acquisition, which were recorded in operating expenses. Assets Held For SaleThe Company continually evaluates its portfolio for non-strategic assets. The Company determined that its OmnicareÂ® long-term care business (â€œLTC businessâ€), which is included within the Pharmacy & Consumer Wellness segment, was no longer a strategic asset and during the third quarter of 2022 committed to a plan to sell the LTC business. At that time, the LTC business met the criteria to be classified as held for sale.During 2022, the carrying value of the LTC business was determined to be greater than its estimated fair value less costs to sell. Accordingly, the Company recorded total losses on assets held for sale of $2.5 billion during the year ended December 31, 2022. During the first quarter of 2023, an incremental loss on assets held for sale of $349Â million was recorded to write-down the carrying value of the LTC business to the Companyâ€™s best estimate of the ultimate selling price which reflects its estimated fair value less costs to sell. The loss on assets held for sale represents the write-down of long-lived assets and was recorded in the Companyâ€™s consolidated statement of operations within the Pharmacy & Consumer Wellness segment. During the third quarter of 2023, the Company determined it was no longer probable that a sale would be completed in the near term. At that time, the Company concluded that the LTC business no longer met the criteria to be classified as held for sale and, accordingly, the assets and liabilities associated with this business were reclassified to held and used at their respective fair values on the consolidated balance sheet.Divestiture of bswiftIn November 2022, the Company sold its wholly-owned subsidiary bswift LLC (â€œbswiftâ€) for approximately $735 million. bswift offers software and services that streamline benefits and human resource administration. The results of this business have historically been recorded within the Health Care Benefits segment. The Company recorded a pre-tax gain on the divestiture of $250Â million in the year ended DecemberÂ 31, 2022, which was reflected as a reduction of operating expenses in the Companyâ€™s consolidated statement of operations within the Health Care Benefits segment.Divestiture of PayFlex In June 2022, the Company sold PayFlex for approximately $775Â million. PayFlex provides services to employers, their employees, and their former employees in the areas of tax-advantaged account reimbursement administration (flexible spending, health reimbursement, health savings, transit and parking), Consolidated Omnibus Budget Reconciliation Act administration and special-member billing administration. The results of this business have historically been reported within the Health Care Benefits segment. The Company recorded a pre-tax gain on the divestiture of $225Â million in the year ended December 31, 2022, which was reflected as a reduction of operating expenses in the Companyâ€™s consolidated statement of operations within the Health Care Benefits segment.Divestiture of Thailand Health Care BusinessIn March 2022, the Company reached an agreement to sell its international health care business domiciled in Thailand (â€œThailand businessâ€), comprised of approximately 266,000 medical members, which was included in the Commercial Business reporting unit within the Health Care Benefits segment. At that time, a portion of the Commercial Business goodwill was specifically allocated to the Thailand business. The net assets of the Thailand business were accounted for as assets held for sale at March 31, 2022. The carrying value of the Thailand business was determined to be greater than its estimated fair value less costs to sell and, accordingly, the Company recorded a $41Â million loss on assets held for sale within the Health Care Benefits segment during the first quarter of 2022. The sale of the Thailand business closed in the second quarter of 2022, and the consideration received and ultimate loss on the sale were not material.International Health Care Benefits Renewal Rights Asset SaleIn May 2022, the Company sold the renewal rights of approximately 200,000 international medical members outside of the Americas, Thailand and India in connection with an Asset Purchase Agreement. As part of this agreement, the Company introduced and helped migrate these existing international medical members to the purchaser upon renewal. The migration process was completed during 2023. The Company ceased writing any new or renewal business for international medical 135members outside of the Americas during the fourth quarter of 2022. The consideration received related to this agreement was not material.3.Restructuring2024 Restructuring ProgramDuring the third quarter of 2024, the Company finalized an enterprise-wide restructuring plan intended to streamline and simplify the organization, improve efficiency and reduce costs to partially offset the expected return of certain variable expenses in 2025. In connection with this restructuring plan, during 2024, the Company recorded pre-tax restructuring charges of approximately $1.2Â billion, comprised of a $607Â million store impairment charge, $293Â million of costs associated with corporate workforce optimization, including severance and employee-related costs, a $10 million stock-based compensation charge associated with the impacted employees, which was reflected as an adjustment to common stock and capital surplus on the consolidated balance sheets, and $269Â million of other asset impairments and related charges associated with the discontinuation of certain non-core assets.Store impairment chargeThe Company evaluates its retail store right-of-use and property and equipment assets for impairment at the retail store level, which is the lowest level at which cash flows can be identified. For retail stores where there is an indicator of impairment present, the Company first compares the carrying amount of the asset group to the estimated future cash flows associated with the asset group (undiscounted). If the estimated undiscounted future cash flows used in the analysis are less than the carrying amount of the asset group, an impairment loss calculation is prepared. The impairment loss calculation compares the carrying amount of the asset group to its estimated fair value which is the greater of the asset groupâ€™s estimated future cash flows (discounted), or the consideration of what a market participant would pay to lease the assets, net of leasing costs. The Companyâ€™s estimate of fair value considers historical results, current operating trends, consolidated sales, profitability and cash flow results and forecasts. For assets which the Company has determined it will be able to sublease, the estimated future cash flows include the estimated sublease income, net of estimated leasing costs. When the carrying value of an asset group exceeds its estimated fair value, an impairment loss is recorded to reduce the value of the asset group to its estimated fair value. As the impaired assets are measured at fair value on a nonrecurring basis primarily using unobservable inputs as of the measurement date, the assets are classified in Level 3 of the fair value hierarchy. During the third quarter of 2024, in connection with its enterprise-wide restructuring plan, the Company completed a strategic review of its retail business, which included evaluating changes in population, consumer buying patterns and future health requirements to ensure continued alignment of its retail footprint with consumer needs. In connection with this initiative the Company determined it plans to close 271 retail stores in 2025. As a result, management determined that there were indicators of impairment with respect to the impacted storesâ€™ asset groups, including the associated operating or financing lease right-of-use assets and property and equipment.A long-lived asset impairment test was performed during the third quarter of 2024, the results of which indicated that the fair value of certain retail store asset groups was lower than their respective carrying values. Accordingly, at that time, the Company recorded a store impairment charge of $607 million, consisting of a write down of $483 million related to operating and financing lease right-of-use assets and $124 million related to property and equipment. The charge associated with the store impairments was included in the restructuring charges within the Pharmacy & Consumer Wellness segment. Subsequent to the impairment loss, the fair value of the associated operating and financing lease right-of-use assets and property and equipment were $100 million and $39 million, respectively. Corporate workforce optimization costsCorporate workforce optimization costs, including severance and employee-related costs, consist primarily of salary continuation benefits, prorated annual incentive compensation, continuation of health care benefits and outplacement services. Severance and employee-related benefits are determined pursuant to the Companyâ€™s written severance plans and are recognized when the benefits are determined to be probable of being paid and are reasonably estimable. In connection with its enterprise-wide restructuring plan, the Company recorded corporate workforce optimization costs of $293 million, which were recorded in accrued expenses and other current liabilities on the consolidated balance sheet. The Company made payments of $88 million related to these costs during the year ended DecemberÂ 31, 2024. This restructuring plan is expected to be substantially complete by the end of 2025. The restructuring charge associated with the corporate workforce optimization costs is reflected within the Corporate/Other segment. 136Other asset impairment chargesIn connection with its enterprise-wide restructuring plan, the Company also conducted a review of its various strategic assets and determined that it would discontinue the use of certain non-core assets, including certain virtual care services and compounding infusion pharmacies and branches. As a result, management determined that there were indicators of impairment with respect to the impacted long-lived assets and a long-lived asset impairment test was performed during the third quarter of 2024. The results of the long-lived asset impairment test indicated that the respective fair values of certain impacted assets were lower than their respective carrying values and, accordingly, the Company recorded $269 million of other asset impairments and related charges associated with the discontinuation of these assets. The asset impairment charges were recorded as reductions to property and equipment, net and operating lease right-of-use assets on the consolidated balance sheet. The other asset impairment charges were included in the restructuring charges within the Corporate/ Other and Pharmacy & Consumer Wellness segments. Subsequent to the impairment charges, the fair value of the associated long-lived assets was not material.2023 Restructuring ProgramDuring the second quarter of 2023, the Company developed an enterprise-wide restructuring plan intended to streamline and simplify the organization, improve efficiency and reduce costs. In connection with the development of this plan and the completed acquisitions of Signify Health and Oak Street Health, the Company also conducted a strategic review of its various transformation initiatives and determined that it would terminate certain initiatives. In connection with the restructuring plan, during 2023, the Company recorded $507 million in pre-tax restructuring charges, comprised of $344 million of severance and employee-related costs associated with corporate workforce optimization, $152 million of asset impairment charges and an $11 million stock-based compensation charge associated with the impacted employees. These restructuring charges are reflected in the Corporate/Other segment. The severance and employee-related costs were recorded in accrued expenses and other current liabilities and the asset impairments were recorded as a reduction of property and equipment, net, while the stock-based compensation charge was reflected as an adjustment to common stock and capital surplus on the consolidated balance sheet.Severance and employee-related costs consist primarily of salary continuation benefits, prorated annual incentive compensation, continuation of health care benefits and outplacement services. Severance and employee-related benefits are determined pursuant to the Companyâ€™s written severance plans and are recognized when the benefits are determined to be probable of being paid and are reasonably estimable. During the year ended DecemberÂ 31, 2023, the Company made payments of $194 million related to severance and employee-related costs associated with the 2023 restructuring program. During the year ended DecemberÂ 31, 2024, substantially all of the remaining liabilities were paid.1374.InvestmentsTotal investments at DecemberÂ 31, 2024 and 2023 were as follows:20242023In millionsCurrentLong-termTotalCurrentLong-termTotalDebt securities available for sale$2,256Â $23,777Â $26,033Â $3,131Â $18,582Â $21,713Â Mortgage loans151Â 1,354Â 1,505Â 128Â 1,183Â 1,311Â Other investmentsâ€”Â 3,803Â 3,803Â â€”Â 3,254Â 3,254Â Total investments$2,407Â $28,934Â $31,341Â $3,259Â $23,019Â $26,278Â At DecemberÂ 31, 2024 and 2023, the Company held investments of $269 million and $307 million, respectively, related to the 2012 conversion of an existing group annuity contract from a participating to a non-participating contract. These investments are included in the total investments of large case pensions supporting non-experience-rated products. Although these investments are not accounted for as Separate Accounts assets, they are legally segregated and are not subject to claims that arise

out of the Companyâ€™s business and only support future policy benefits obligations under that group annuity contract. Debt SecuritiesDebt securities available for sale at DecemberÂ 31, 2024 and 2023 were as follows:In millionsAmortizedÂ Cost (1)GrossUnrealizedGainsGrossUnrealizedLossesFairValueDecember 31, 2024Â Â Â Debt securities:Â Â Â U.S. government securities$2,826Â $7Â (38)2,795Â States, municipalities and political subdivisions712Â 4Â (18)698Â U.S. corporate securities13,043Â 94Â (412)12,725Â Foreign securities2,608Â 27Â (111)2,524Â Residential mortgage-backed securities792Â 2Â (54)740Â Commercial mortgage-backed securities1,731Â 9Â (67)1,673Â Other asset-backed securities4,834Â 35Â (7)4,862Â Redeemable preferred securities16Â â€”Â â€”Â 16Â Total debt securities (2)$26,562Â $178Â (707)26,033Â December 31, 2023Debt securities:U.S. government securities$2,071Â $19Â (54)2,036Â States, municipalities and political subdivisions2,219Â 31Â (35)2,215Â U.S. corporate securities10,156Â 133Â (446)9,843Â Foreign securities2,593Â 41Â (122)2,512Â Residential mortgage-backed securities862Â 8Â (60)810Â Commercial mortgage-backed securities1,066Â 9Â (100)975Â Other asset-backed securities3,294Â 26Â (18)3,302Â Redeemable preferred securities21Â â€”Â (1)20Â Total debt securities (2)$22,282Â $267Â (836)21,713Â _____(1)There was no allowance for expected credit losses recorded on available-for-sale debt securities at DecemberÂ 31, 2024 or DecemberÂ 31, 2023.(2)Investment risks associated with the Companyâ€™s experience-rated products generally do not impact the Companyâ€™s consolidated operating results.Â At DecemberÂ 31, 2024, debt securities with a fair value of $543 million, gross unrealized capital gains of $5 million and gross unrealized capital losses of $30 million, and at DecemberÂ 31, 2023, debt securities with a fair value of $592 million, gross unrealized capital gains of $10 million and gross 138unrealized capital losses of $28 million were included in total debt securities, but support experience-rated products. Changes in net unrealized capital gains (losses) on these securities are not reflected in accumulated other comprehensive loss.The amortized cost and fair value of debt securities at DecemberÂ 31, 2024 are shown below by contractual maturity.Â Actual maturities may differ from contractual maturities because securities may be restructured, called or prepaid, or the Company intends to sell a security prior to maturity.In millionsÂ AmortizedCostFair ValueDue to mature:Â Less than one year$763Â $761Â One year through five years10,599Â 10,510Â After five years through ten years4,683Â 4,578Â Greater than ten years3,160Â 2,909Â Residential mortgage-backed securities792Â 740Â Commercial mortgage-backed securities1,731Â 1,673Â Other asset-backed securities4,834Â 4,862Â Total$26,562Â $26,033Â Mortgage-Backed and Other Asset-Backed SecuritiesAll of the Companyâ€™s residential mortgage-backed securities at DecemberÂ 31, 2024 were issued by the Government National Mortgage Association, the Federal National Mortgage Association or the Federal Home Loan Mortgage Corporation and carry agency guarantees and explicit or implicit guarantees by the U.S. Government.Â At DecemberÂ 31, 2024, the Companyâ€™s residential mortgage-backed securities had an average credit quality rating of AA and a weighted average duration of 6.4 years.The Companyâ€™s commercial mortgage-backed securities have underlying loans that are dispersed throughout the U.S. Significant market observable inputs used to value these securities include loss severity and probability of default.Â At DecemberÂ 31, 2024, these securities had an average credit quality rating of AAA and a weighted average duration of 4.9 years.The Companyâ€™s other asset-backed securities have a variety of underlying collateral (e.g., automobile loans, credit card receivables, home equity loans and commercial loans). Significant market observable inputs used to value these securities include the unemployment rate, loss severity and probability of default.Â At DecemberÂ 31, 2024, these securities had an average credit quality rating of AA and a weighted average duration of less than one year.139Summarized below are the debt securities the Company held at DecemberÂ 31, 2024 and 2023 that were in an unrealized capital loss position, aggregated by the length of time the investments have been in that position:Less than 12 monthsGreater than 12 monthsTotalIn millions, except number of securitiesNumberofÂ SecuritiesFairValueUnrealizedLossesNumberofÂ SecuritiesFairValueUnrealizedLossesNumberofÂ SecuritiesFairValueUnrealizedLossesDecember 31, 2024Debt securities:Â Â Â U.S. government securities266Â $1,053Â $18Â 155Â $394Â $20Â 421Â $1,447Â $38Â States, municipalities and political subdivisions100Â 181Â 3Â 137Â 201Â 15Â 237Â 382Â 18Â U.S. corporate securities3,119Â 4,144Â 64Â 2,602Â 3,395Â 348Â 5,721Â 7,539Â 412Â Foreign securities599Â 810Â 21Â 616Â 874Â 90Â 1,215Â 1,684Â 111Â Residential mortgage-backed securities89Â 267Â 5Â 361Â 342Â 49Â 450Â 609Â 54Â Commercial mortgage-backed securities186Â 628Â 11Â 237Â 464Â 56Â 423Â 1,092Â 67Â Other asset-backed securities139Â 414Â 5Â 62Â 58Â 2Â 201Â 472Â 7Â Redeemable preferred securities4Â 9Â â€”Â 4Â 6Â â€”Â 8Â 15Â â€”Â Total debt securities4,502Â $7,506Â $127Â 4,174Â $5,734Â $580Â 8,676Â $13,240Â $707Â December 31, 2023Debt securities:U.S. government securities74Â $194Â $2Â 280Â $891Â $52Â 354Â $1,085Â $54Â States, municipalities and political subdivisions95Â 181Â 1Â 455Â 733Â 34Â 550Â 914Â 35Â U.S. corporate securities576Â 672Â 14Â 4,120Â 5,602Â 432Â 4,696Â 6,274Â 446Â Foreign securities160Â 243Â 4Â 964Â 1,407Â 118Â 1,124Â 1,650Â 122Â Residential mortgage-backed securities33Â 97Â 1Â 461Â 517Â 59Â 494Â 614Â 60Â Commercial mortgage-backed securities44Â 94Â 2Â 287Â 581Â 98Â 331Â 675Â 100Â Other asset-backed securities196Â 449Â 4Â 443Â 867Â 14Â 639Â 1,316Â 18Â Redeemable preferred securities4Â 2Â â€”Â 8Â 18Â 1Â 12Â 20Â 1Â Total debt securities1,182Â $1,932Â $28Â 7,018Â $10,616Â $808Â 8,200Â $12,548Â $836Â The Company reviewed the securities in the table above and concluded that they are performing assets generating investment income to support the needs of the Companyâ€™s business.Â In performing this review, the Company considered factors such as the quality of the investment security based on research performed by the Companyâ€™s internal credit analysts andÂ external rating agencies and the prospects of realizing the carrying value of the security based on the investmentâ€™s current prospects for recovery. Unrealized capital losses at DecemberÂ 31, 2024 were generally caused by interest rate increases and not by unfavorable changes in the credit quality associated with these securities. As of DecemberÂ 31, 2024, the Company did not intend to sell these securities, and did not believe it was more likely than not that it would be required to sell these securities prior to the anticipated recovery of their amortized cost basis.140The maturity dates for debt securities in an unrealized capital loss position at DecemberÂ 31, 2024 were as follows:Â Supporting experience-rated productsSupporting remainingproductsTotalIn millionsFairValueUnrealizedLossesFairValueUnrealizedLossesFairValueUnrealizedLossesDue to mature:Â Â Â Â Â Â Less than one year$â€”Â $â€”Â $420Â $4Â $420Â $4Â One year through five years120Â 3Â 5,462Â 149Â 5,582Â 152Â After five years through ten years86Â 6Â 2,681Â 138Â 2,767Â 144Â Greater than ten years166Â 20Â 2,132Â 259Â 2,298Â 279Â Residential mortgage-backed securities6Â â€”Â 603Â 54Â 609Â 54Â Commercial mortgage-backed securities6Â 1Â 1,086Â 66Â 1,092Â 67Â Other asset-backed securities12Â â€”Â 460Â 7Â 472Â 7Â Total$396Â $30Â $12,844Â $677Â $13,240Â $707Â Mortgage LoansThe Companyâ€™s mortgage loans are collateralized by commercial real estate.Â During the years ended December 31, 2024 and 2023, the Company had the following activity in its mortgage loan portfolio:In millions20242023New mortgage loans$323Â $342Â Mortgage loans fully repaid104Â 43Â Mortgage loans foreclosedâ€”Â â€”Â The Company assesses mortgage loans on a regular basis for credit impairments, and assigns a credit quality indicator to each loan.Â The Companyâ€™s credit quality indicator is internally developed and categorizes each loan in its portfolio on a scale from 1 to 7.Â These indicators are based upon several factors, including current loan-to-value ratios, current and future property cash flow, property condition, market trends, creditworthiness of the borrower and deal structure. â€¢Category 1 - Represents loans of superior quality.â€¢Categories 2 to 4 - Represent loans where credit risk is minimal to acceptable; however, these loans may display some susceptibility to economic changes.â€¢Categories 5 and 6 - Represent loans where credit risk is not substantial, but these loans warrant managementâ€™s close attention.â€¢Category 7 - Represents loans where collections are potentially at risk; if necessary, an impairment is recorded.141Based upon the Companyâ€™s assessments at DecemberÂ 31, 2024 and 2023, the amortized cost basis of the Companyâ€™s mortgage loans within each credit quality indicator by year of origination was as follows:Amortized Cost Basis by Year of OriginationIn millions, except credit quality indicator20242023202220212020PriorTotalDecember 31, 20241$â€”Â $â€”Â $â€”Â $â€”Â $â€”Â $8Â $8Â 2 to 4315Â 292Â 320Â 205Â 35Â 285Â 1,452Â 5 and 6â€”Â â€”Â 4Â 13Â â€”Â 28Â 45Â 7â€”Â â€”Â â€”Â â€”Â â€”Â â€”Â Total$315Â $292Â $324Â $218Â $35Â $321Â $1,505Â December 31, 20231$â€”Â $â€”Â $â€”Â $â€”Â $11Â $11Â 2 to 4302Â 346Â 225Â 35Â 354Â 1,262Â 5 and 6â€”Â â€”Â 13Â â€”Â 19Â 32Â 7â€”Â â€”Â 6Â â€”Â â€”Â 6Â Total$302Â $346Â $244Â $35Â $384Â $1,311Â At DecemberÂ 31, 2024 scheduled mortgage loan principal repayments were as follows:In millions2025$151Â 2026164Â 2027249Â 2028313Â 2029297Â Thereafter331Â Total$1,505Â Net Investment IncomeSources of net investment income for the years ended December 31, 2024, 2023 and 2022 were as follows:In millions202420232022Debt securities$1,136Â $841Â $702Â Mortgage loans76Â 59Â 51Â Other investments887Â 796Â 448Â Gross investment income2,099Â 1,696Â 1,201Â Investment expenses(63)(46)(43)Net investment income (excluding net realized capital gains or losses)2,036Â 1,650Â 1,158Â Net realized capital gains (losses)117Â (497)(320)Net investment income$2,153Â $1,153Â $838Â Excluding amounts related to experience-rated products, proceeds from the sale of available-for-sale debt securities and the related gross realized capital gains and losses in the years ended December 31, 2024, 2023 and 2022 were as follows:142In millions202420232022Proceeds from sales$6,489Â $5,031Â $4,243Â Gross realized capital gains37Â 9Â 24Â Gross realized capital losses(190)420Â 177Â 5.Fair ValueThe preparation of the Companyâ€™s consolidated financial statements requires certain assets and liabilities to be reflected at their fair value and others to be reflected on another basis, such as an adjusted historical cost basis.Â In this note, the Company provides details on the fair value of financial assets and liabilities and how it determines those fair values.Â The Company presents this information for those financial instruments that are measured at fair value for which the change in fair value impacts net income attributable to CVS Health or other comprehensive income (loss) separately from other financial assets and liabilities.Financial Instruments Measured at Fair Value on the Consolidated Balance SheetsCertain of the Companyâ€™s financial instruments are measured at fair value on the consolidated balance sheets.Â The fair values of these instruments are based on valuations that include inputs that can be classified within one of three levels of a hierarchy established by GAAP.Â The following are the levels of the hierarchy and a brief description of the type of valuation information (â€œvaluation inputsâ€) that qualifies a financial asset or liability for each level:â€¢Level 1 â€“ Unadjusted quoted prices for identical assets or liabilities in active markets.â€¢Level 2 â€“ Valuation inputs other than Level 1 that are based on observable market data.Â These include: quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets, valuation inputs that are observable that are not prices (such as interest rates and credit risks) and valuation inputs that are derived from or corroborated by observable markets.â€¢Level 3 â€“ Developed from unobservable data, reflecting the Companyâ€™s assumptions.Financial assets and liabilities are classified based upon the lowest level of input that is significant to the valuation.Â When quoted prices in active markets for identical assets and liabilities are available, the Company uses these quoted market prices to determine the fair value of financial assets and liabilities and classifies these assets and liabilities in Level 1.Â In other cases where a quoted market price for identical assets and liabilities in an active market is either not available or not observable, the Company estimates fair value using valuation methodologies based on available and observable market information or by using a matrix pricing model.Â These financial assets and liabilities are classified in Level 2.Â If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investmentâ€™s financial performance and cash flow projections.Â Thus, financial assets and liabilities may be classified in Level 3 even though there may be some significant inputs that may be observable.The following is a description of the valuation methodologies used for the Companyâ€™s financial assets and liabilities that are measured at fair value, including the general classification of such assets and liabilities pursuant to the valuation hierarchy.Cash and Cash Equivalents â€“ The carrying value of cash and cash equivalents approximates fair value as maturities are less than three months. When quoted prices are available in an active market, cash equivalents are classified in Level 1 of the fair value hierarchy. Fair values of cash equivalent instruments that do not trade on a regular basis in active markets are classified as Level 2.Debt Securities â€“ Where quoted prices are available in an active market, debt securities are classified in Level 1 of the fair value hierarchy.Â The Companyâ€™sÂ Level 1 debt securities consist primarily of U.S. Treasury securities.The fair values of the Companyâ€™s Level 2 debt securities are obtained using models, such as matrix pricing, which use quoted market prices of debt securities with similar characteristics or discounted cash flows to estimate fair value. The Company reviews these prices to ensure they are based on observable market inputs that include quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets and inputs that are observable that are not prices (such as interest rates and credit risks). The Company also reviews the methodologies and the assumptions used to calculate prices from these observable inputs. On a quarterly basis, the Company selects a sample of its Level 2 debt securitiesâ€™ prices and compares them to prices provided by a secondary source. Variances over a 143specified threshold are identified and reviewed to confirm the price provided by the primary source represents an appropriate estimate of fair value. In addition, the Companyâ€™s internal investment team consistently compares the prices obtained for select Level 2 debt securities to the teamâ€™s own independent estimates of fair value for those securities.Â The Company obtained one price for each of its Level 2 debt securities and did not adjust any of those prices at DecemberÂ 31, 2024 or 2023. The Company also values certain debt securities using Level 3 inputs.Â For Level 3 debt securities, fair values are determined by outside brokers or, in the case of certain private placement securities, are priced internally.Â Outside brokers determine the value of these debt securities through a combination of their knowledge of the current pricing environment and market flows.Â The Company did not have any broker quoted debt securities for the years ended DecemberÂ 31, 2024 and 2023. For some private placement securities, the Companyâ€™s internal staff determines the value of these debt securities by analyzing spreads of corporate and sector indices as well as interest spreads of comparable public bonds.Â Examples of these private placement Level 3 debt securities include certain U.S. and foreign securities and certain tax-exempt municipal securities.Equity Securities â€“ The Company currently has two classifications of equity securities:Â those that are publicly traded and those that are privately placed.Â Publicly-traded equity securities are classified in Level 1 because quoted prices are available for these securities in an active market.Â For privately placed equity securities, there is no active market; therefore, these securities are classified in Level 3 because the Company prices these securities through an internal analysis of each investmentâ€™s financial statements and cash flow projections. Significant unobservable inputs consist of earnings and revenue multiples, discount for lack of marketability and comparability adjustments. An increase or decrease in any of these unobservable inputs would have resulted in a change in the fair value measurement. 144There were no financial liabilities measured at fair value on a recurring basis on the consolidated balance sheets at DecemberÂ 31, 2024 or 2023. Financial assets measured at fair value on a recurring basis on the consolidated balance sheets at DecemberÂ 31, 2024 and 2023 were as follows:In millionsLevel 1Level 2Level 3TotalDecember 31, 2024Â Â Â Â Cash and cash equivalents$4,948Â $3,638Â $â€”Â $8,586Â Debt securities:Â Â Â Â U.S. government securities2,777Â 18Â â€”Â 2,795Â States, municipalities and political subdivisionsâ€”Â 698Â â€”Â 698Â U.S. corporate securitiesâ€”Â 12,687Â 38Â 12,725Â Foreign securitiesâ€”Â 2,524Â â€”Â 2,524Â Residential mortgage-backed securitiesâ€”Â 740Â â€”Â 740Â Commercial mortgage-backed securitiesâ€”Â 1,673Â â€”Â 1,673Â Other asset-backed securitiesâ€”Â 4,862Â â€”Â 4,862Â Redeemable preferred securitiesâ€”Â 16Â â€”Â 16Â Total debt securities2,777Â 23,218Â 38Â 26,033Â Equity securities234Â â€”Â 126Â 360Â Total$7,959Â $26,856Â $164Â $34,979Â December 31, 2023Â Â Â Â Cash and cash equivalents$2,174Â $6,022Â $â€”Â $8,196Â Debt securities:U.S. government securities2,013Â 23Â â€”Â 2,036Â States, municipalities and political subdivisionsâ€”Â 2,215Â â€”Â 2,215Â U.S. corporate securitiesâ€”Â 9,814Â 29Â 9,843Â Foreign securitiesâ€”Â 2,512Â â€”Â 2,512Â Residential mortgage-backed securitiesâ€”Â 810Â â€”Â 810Â Commercial mortgage-backed securitiesâ€”Â 975Â â€”Â 975Â Other asset-backed securitiesâ€”Â 3,302Â â€”Â 3,302Â Redeemable preferred securitiesâ€”Â 20Â â€”Â 20Â Total debt securities2,013Â 19,671Â 29Â 21,713Â Equity securities194Â â€”Â 79Â 273Â Total$4,381Â $25,693Â $108Â $30,182Â 145The changes in the balances of Level 3 financial assets during the year ended DecemberÂ 31, 2024 were as follows:In millionsCommercialmortgage-backedsecuritiesU.S.corporatesecuritiesOther asset-backedsecuritiesEquitysecuritiesTotalBeginning balance$â€”Â $29Â $â€”Â $79Â $108Â Net realized and unrealized capital gains (losses):Included in earningsÂ â€”Â (5)â€”Â 28Â 23Â Included in other comprehensive lossâ€”Â (1)â€”Â â€”Â (1)Purchases52Â 15Â 15Â 19Â 101Â Salesâ€”Â â€”Â â€”Â â€”Â â€”Â Transfers out of Level 3, net(52)â€”Â (15)â€”Â (67)Ending balance$â€”Â $38Â $â€”Â $126Â $164Â The change in net unrealized capital losses included in other comprehensive loss associated with Level 3 financial assets which were held as of DecemberÂ 31, 2024 was $1 million during the year ended DecemberÂ 31, 2024.The changes in the balances of Level 3 financial assets during the year ended DecemberÂ 31, 2023 were as follows:In millionsCommercialmortgage-backedsecuritiesU.S.corporatesecuritiesForeignsecuritiesEquitysecuritiesTotalBeginning balance$â€”Â $61Â $8Â $60Â $129Â Net realized and unrealized capital gains (losses):Included in earningsâ€”Â (8)â€”Â (2)(10)Included in other comprehensive incomeâ€”Â 1Â â€”Â â€”Â 1Â Purchases13Â 5Â â€”Â 23Â 41Â Salesâ€”Â (1)â€”Â (2)(3)Transfers out of Level 3, net(13)(29)(8)â€”Â (50)Ending balance$â€”Â $29Â $â€”Â $79Â $108Â The change in net unrealized capital losses included in other comprehensive income associated with Level 3 financial assets which were held as of DecemberÂ 31, 2023 was $9Â million during the year ended DecemberÂ 31, 2023.The total gross transfers into (out of) Level 3 during the years ended DecemberÂ 31, 2024 and 2023 were as follows:In millions20242023Gross transfers into Level 3$â€”Â $â€”Â Gross transfers out of Level 3(67)(50)Net transfers out of Level 3(67)(50)146Financial Instruments Not Measured at Fair Value on the Consolidated Balance SheetsThe carrying value and estimated fair value classified by level of fair value hierarchy

for financial instruments carried on the consolidated balance sheets at adjusted cost or contract value at DecemberÂ 31, 2024 and 2023 were as follows:CarryingValueÂ Estimated Fair ValueIn millionsLevel 1Level 2Level 3TotalDecember 31, 2024Assets:Â Mortgage loans$1,505Â $â€”Â $â€”Â $1,468Â $1,468Â Equity securities (1)490Â N/AN/AN/AN/ALiabilities:Investment contract liabilities:With a fixed maturity1Â â€”Â â€”Â 1Â 1Â Without a fixed maturity312Â â€”Â â€”Â 272Â 272Â Long-term debt64,151Â 58,724Â â€”Â â€”Â 58,724Â December 31, 2023Assets:Mortgage loans$1,311Â $â€”Â $â€”Â $1,274Â $1,274Â Equity securities (1)534Â N/AN/AN/AN/ALiabilities:Investment contract liabilities:With a fixed maturity1Â â€”Â â€”Â 1Â 1Â Without a fixed maturity312Â â€”Â â€”Â 279Â 279Â Long-term debt61,410Â 58,451Â â€”Â â€”Â 58,451Â _____(1)It was not practical to estimate the fair value of these investments as it represents shares of unlisted companies. See Note 1 â€˜â€˜Significant Accounting Policiesâ€™â€™ for additional information regarding the valuation of investments accounted for under the measurement alternative method.Separate Accounts Measured at Fair Value on the Consolidated Balance SheetsSeparate Accounts assets relate to the Companyâ€™s large case pensions products which represent funds maintained to meet specific objectives of contract holders.Â Since contract holders bear the investment risk of these assets, a corresponding Separate Accounts liability has been established equal to the assets.Â These assets and liabilities are carried at fair value.Â Net investment income and capital gains and losses on Separate Accounts assets accrue directly to such contract holders.Â The assets of each account are legally segregated and are not subject to claims arising from the Companyâ€™s other businesses.Â Deposits, withdrawals, net investment income and realized and unrealized capital gains and losses on Separate Accounts assets are not reflected in the consolidated statements of operations, shareholdersâ€™ equity or cash flows.Separate Accounts assets include debt and equity securities.Â The valuation methodologies used for these assets are similar to the methodologies described above in this Note 5 â€˜â€˜Fair Value.â€™â€™Â Separate Accounts assets also include investments in common/collective trusts that are carried at fair value. Common/collective trusts invest in other investment funds otherwise known as the underlying funds. The Separate Accountsâ€™ interests in the common/collective trust funds are based on the fair values of the investments of the underlying funds and therefore are classified in Level 2. The assets in the underlying funds primarily consist of equity securities, U.S. corporate securities and U.S. government securities. Investments in common/collective trust funds are valued at their respective net asset value (â€œNAVâ€) per share/unit on the valuation date.147Separate Accounts financial assets at DecemberÂ 31, 2024 and 2023 were as follows:December 31, 2024December 31, 2023In millionsLevel 1Level 2Level 3TotalLevel 1Level 2Level 3TotalCash and cash equivalents$1Â $164Â $â€”Â $165Â $2Â $166Â $â€”Â $168Â Debt securities186Â 669Â 1Â 856Â 558Â 1,949Â â€”Â 2,507Â Common/collective trustsâ€”Â 2,478Â â€”Â 2,478Â â€”Â 529Â â€”Â 529Â Total (1)$187Â $3,311Â $1Â $3,499Â $560Â $2,644Â $â€”Â $3,204Â _____(1)Excludes $188 million of other payables and $46Â million of other receivables at DecemberÂ 31, 2024 and 2023, respectively.During the years ended December 31, 2024 and 2023, the Company had no gross transfers of Separate Accounts financial assets into or out of Level 3.6.Goodwill and Other IntangiblesGoodwillBelow is a summary of the changes in the carrying amount of goodwill by segment for theÂ years ended DecemberÂ 31, 2024 and 2023:InÂ millionsHealth CareBenefitsHealthServicesPharmacy &ConsumerWellnessTotalBalance at December 31, 2022$44,159Â $23,615Â $10,376Â $78,150Â Segment realignment(109)109Â â€”Â â€”Â Acquisitions2,594Â 10,342Â 186Â 13,122Â Balance at December 31, 202346,644Â 34,066Â 10,562Â 91,272Â Balance at December 31, 2024$46,644Â $34,066Â $10,562Â $91,272Â There were no changes to the carrying amount of the Companyâ€™s goodwill during the year ended DecemberÂ 31, 2024.During the year ended DecemberÂ 31, 2023, the increase in the carrying amount of goodwill was primarily driven by the acquisitions of Oak Street Health and Signify Health. See Note 2 â€˜â€˜Acquisitions, Divestitures and Asset Salesâ€™â€™ for additional information.During the fourth quarter of 2024 and 2023, and the third quarter of 2022, the Company performed its required annual impairment tests of goodwill. The results of these impairment tests indicated that there was no impairment of goodwill. At DecemberÂ 31, 2024 and 2023, cumulative goodwill impairments were $6.6 billion.148Intangible AssetsThe following table is a summary of the Companyâ€™s intangible assets as of DecemberÂ 31, 2024 and 2023:InÂ millions, except weighted average lifeGrossCarryingAmountAccumulatedAmortizationNetCarryingAmountWeightedAverageLife (years)2024Trademarks (indefinite-lived)$10,498Â $â€”Â $10,498Â N/ACustomer contracts/relationships and covenants not to compete26,904Â (13,889)13,015Â 14.2Technology1,250Â (1,167)83Â 3.0Provider networks4,203Â (1,282)2,921Â 20.0Value of Business Acquired 590Â (228)362Â 20.0Other826Â (382)444Â 9.3Total$44,271Â $(16,948)$27,323Â 14.52023Trademarks (indefinite-lived)$10,498Â $â€”Â $10,498Â N/ACustomer contracts/relationships and covenants not to compete26,784Â (12,241)14,543Â 14.2Technology1,253Â (1,104)149Â 3.0Provider networks4,203Â (1,072)3,131Â 20.0Value of Business Acquired 590Â (201)389Â 20.0Other838Â (314)524Â 9.3Total$44,166Â $(14,932)$29,234Â 14.5Amortization expense for intangible assets totaled $2.0 billion, $1.9 billion and $1.8 billion for the years ended December 31, 2024, 2023 and 2022, respectively. The projected annual amortization expense for the Companyâ€™s intangible assets for the next fiveÂ years is as follows:InÂ millions2025$1,981Â 20261,704Â 20271,590Â 20281,316Â 20291,239Â 1497.LeasesThe Company leases most of its retail stores, mail order facilities and primary care centers, as well as certain distribution centers and corporate offices under operating or finance leases, typically with initial terms of 15 to 25 years. The Company also leases certain equipment and other assets under operating or finance leases, typically with initial terms of 3 to 10 years. In addition, the Company leases pharmacy space at the stores of another retail chain for which the noncancelable contractual term of the pharmacy lease arrangement exceeds the remaining estimated economic life of the buildings. For these pharmacy lease arrangements, the Company concluded that for accounting purposes the lease term was the remaining estimated economic life of the buildings. Consequently, most of these individual pharmacy leases are finance leases.The following table is a summary of the components of net lease cost for the years ended DecemberÂ 31, 2024, 2023 and 2022:In millions202420232022Operating lease cost$2,423Â $2,532Â $2,579Â Finance lease cost:Amortization of right-of-use assets92Â 84Â 79Â Interest on lease liabilities71Â 73Â 68Â Total finance lease costs163Â 157Â 147Â Short-term lease costs33Â 22Â 27Â Variable lease costs635Â 635Â 610Â Less: sublease income(67)(63)(61)Net lease cost$3,187Â $3,283Â $3,302Â Supplemental cash flow information related to leases for the years ended DecemberÂ 31, 2024, 2023 and 2022 was as follows:In millions202420232022Cash paid for amounts included in the measurement of lease liabilities:Operating cash flows paid for operating leases$2,733Â $2,756Â $2,689Â Operating cash flows paid for interest portion of finance leases71Â 73Â 68Â Financing cash flows paid for principal portion of finance leases74Â 70Â 62Â Right-of-use assets obtained in exchange for lease obligations:Operating leases852Â 1,132Â 591Â Finance leases30Â (4)232Â 150Supplemental balance sheet information related to leases as of DecemberÂ 31, 2024 and 2023 is as follows:In millions, except remaining lease term and discount rate20242023Operating leases:Operating lease right-of-use assets$15,944$17,252Current portion of operating lease liabilities$1,751$1,741Long-term operating lease liabilities14,89916,034Total operating lease liabilities$16,650$17,775Finance leases: Property and equipment, gross$1,587$1,604Accumulated depreciation(447)(375)Property and equipment, net$1,140$1,229Current portion of long-term debt$65$66Long-term debt1,2951,325Total finance lease liabilities$1,360$1,391Weighted average remaining lease term (in years)Operating leases10.711.4Finance leases16.517.3Weighted average discount rateOperating leases4.6Â %4.5Â %Finance leases5.1Â %5.0Â %The following table summarizes the maturity of lease liabilities under finance and operating leases as of DecemberÂ 31, 2024:InÂ millionsFinanceLeasesOperatingLeases (1)Total2025$144Â $2,683Â $2,827Â 2026135Â 2,528Â 2,663Â 2027132Â 2,343Â 2,475Â 2028129Â 2,167Â 2,296Â 2029127Â 1,911Â 2,038Â Thereafter1,371Â 9,557Â 10,928Â Total lease payments (2)2,038Â 21,189Â 23,227Â Less: imputed interest(678)(4,539)(5,217)Total lease liabilities$1,360Â $16,650Â $18,010Â _____(1)Future operating lease payments have not been reduced by minimum sublease rentals of $297 million due in the future under noncancelable subleases.(2)The Company leases pharmacy and clinic space from Target Corporation. Amounts related to such finance and operating leases are reflected above. Pharmacy lease amounts due in excess of the remaining estimated economic life of the buildings of approximately $2.2 billion are not reflected in this table since the estimated economic life of the buildings is shorter than the contractual term of the pharmacy lease arrangement.Store Impairment ChargesDuring the year ended December 31, 2024, the Company recorded a store impairment charge of $483 million related to operating and financing lease right-of-use assets in connection with its enterprise-wide restructuring plan. See Note 3 â€˜â€˜Restructuringâ€™â€™ for additional information on the Companyâ€™s store impairment charges. 151Office Real Estate Optimization Charges The Company evaluates its corporate office real estate space in response to its ongoing flexible work arrangement and evaluates its current real estate space and changes in employee work arrangement requirements to ensure it has the appropriate space to support the business. As a result of this assessment, the Company determined that it would vacate and abandon certain leased corporate office spaces. During the year ended December 31, 2022, the Company recorded office real estate optimization charges of $117Â million, primarily consisting of $71Â million related to operating lease right-of-use assets and $44Â million related to property and equipment. During the year ended December 31, 2023, the Company recorded $46Â million of office real estate optimization charges, primarily consisting of $20Â million related to operating lease right-of-use assets and $18Â million related to property and equipment. During the year ended December 31, 2024, the Company recorded $30 million of office real estate optimization charges, primarily consisting of $14 million related to operating lease right-of-use assets and $14 million related to property and equipment. The office real estate optimization charges were recorded in operating expenses within each segment.1528.Health Care Costs PayableThe following is information about incurred and cumulative paid health care claims development as of DecemberÂ 31, 2024, net of reinsurance, and the total IBNR liabilities plus expected development on reported claims included within the net incurred claims amounts. See Note 1 â€˜â€˜Significant Accounting Policiesâ€™â€™ for information on how the Company estimates IBNR reserves and health care costs payable as well as changes to those methodologies, if any. The Companyâ€™s estimate of IBNR liabilities is primarily based on trend and completion factors. Claim frequency is not used in the calculation of the Companyâ€™s liability. In addition, it is impracticable to disclose claim frequency information for health care claims due to the Companyâ€™s inability to gather consistent claim frequency information across its multiple claims processing systems. Any claim frequency count disclosure would not be comparable across the Companyâ€™s different claim processing systems and would not be consistent from period to period based on the volume of claims processed through each system. As a result, health care claim count frequency is not included in the disclosures below.The information about incurred and paid health care claims development for the year ended DecemberÂ 31, 2023 is presented as required unaudited supplemental information.In millionsIncurred Health Care Claims,Net of ReinsuranceFor the Years Ended December 31,Date of Service20232024(Unaudited)2023$82,362Â $81,559Â 2024109,458Â Total$191,017Â In millionsCumulative Paid Health Care Claims,Net of ReinsuranceFor the Years Ended December 31,Date of Service20232024(Unaudited)2023$72,175Â $81,044Â 202497,155Â Total$178,199Â All outstanding liabilities for health care costs payable prior to 2023, net of reinsurance128Â Total outstanding liabilities for health care costs payable, net of reinsurance$12,946Â At DecemberÂ 31, 2024, the Companyâ€™s liabilities for IBNR plus expected development on reported claims totaled approximately $11.3 billion. Substantially all of the Companyâ€™s liabilities for IBNR plus expected development on reported claims at DecemberÂ 31, 2024 related to the current calendar year.The reconciliation of the DecemberÂ 31, 2024 health care net incurred and paid claims development tables to the health care costs payable liability on the consolidated balance sheet were as follows:In millionsDecember 31, 2024Short-duration health care costs payable, net of reinsurance$12,946Â Reinsurance recoverables81Â Insurance lines other than short duration282Â Other non-insurance health care costs payable1,755Â Total health care costs payable$15,064Â 153The following table shows the components of the change in health care costs payable during the years ended December 31, 2024, 2023 and 2022:In millions202420232022Health care costs payable, beginning of period $12,049Â $10,142Â $8,678Â Less: Reinsurance recoverables5Â 5Â 8Â Less: Impact of discount rate on long-duration insurance reserves (1)(23)8Â â€”Â Health care costs payable, beginning of period, net12,067Â 10,129Â 8,670Â Acquisition, netâ€”Â 1,098Â â€”Â Add: Components of incurred health care costsÂ Â Current year115,774Â 86,639Â 71,399Â Â Â Prior years(947)(685)(654)Total incurred health care costs (2)114,827Â 85,954Â 70,745Â Less: Claims paidÂ Â Current year101,583Â 75,529Â 61,640Â Â Â Prior years10,327Â 9,585Â 7,646Â Total claims paid111,910Â 85,114Â 69,286Â Health care costs payable, end of period, net14,984Â 12,067Â 10,129Â Add: Reinsurance recoverables81Â 5Â 5Â Add: Impact of discount rate on long-duration insurance reserves (1)(1)(23)8Â Health care costs payable, end of period$15,064Â $12,049Â $10,142Â _____(1)Reflects the difference between the current discount rate and the locked-in discount rate on long-duration insurance reserves which is recorded within accumulated other comprehensive loss on the consolidated balance sheets.(2)Total incurred health care costs for the years ended DecemberÂ 31, 2024, 2023 and 2022 in the table above exclude $107 million, $83 million and $79 million, respectively, of health care costs recorded in the Health Care Benefits segment that are included in other insurance liabilities on the consolidated balance sheets and $187 million, $210 million and $249 million, respectively, of health care costs recorded in the Corporate/Other segment that are included in other insurance liabilities on the consolidated balance sheets. The Companyâ€™s estimates of prior yearsâ€™ health care costs payable decreased by $947 million, $685 million and $654 million in 2024, 2023 and 2022, respectively, because claims were settled for amounts less than originally estimated (i.e., the amount of claims incurred was lower than originally estimated), primarily due to lower health care cost trends as well as the actual claim submission time being faster than originally assumed (i.e., the Companyâ€™s completion factors were higher than originally assumed) in estimating health care costs payable at the end of the prior year. This development does not directly correspond to an increase in the Companyâ€™s operating results as these reductions were offset by estimated current period health care costs when the Company established the estimate of the current year health care costs payable.1549.Other Insurance Liabilities and Separate AccountsFuture Policy BenefitsThe following tables show the components of the change in the liability for future policy benefits, which is included in other insurance liabilities and other long-term insurance liabilities on the consolidated balance sheets, during the years ended DecemberÂ 31, 2024 and 2023:2024In millionsLarge CasePensionsLong-TermCarePresent value of expected net premiums (1)Liability for future policy benefits, beginning of period - current discount rate$293Â Beginning liability for future policy benefits at original (locked-in) discount rate$288Â Effect of changes in cash flow assumptionsâ€”Â Effect of actual variances from expected experience16Â Adjusted beginning liability for future policy benefits - original (locked-in) discount rate304Â Interest accrual (using locked-in discount rate)14Â Net premiums (actual)(38)Ending liability for future policy benefits at original (locked-in) discount rate280Â Effect of changes in discount rate assumptions(5)Liability for future policy benefits, end of period - current discount rate$275Â Present value of expected future policy benefitsLiability for future policy benefits, beginning of period - current discount rate$2,139Â $1,640Â Beginning liability for future policy benefits at original (locked-in) discount rate$2,251Â $1,632Â Effect of changes in cash flow assumptionsâ€”Â â€”Â Effect of actual variances from expected experience(27)6Â Adjusted beginning liability for future policy benefits - original (locked-in) discount rate2,224Â 1,638Â Issuances30Â â€”Â Interest accrual (using locked-in discount rate)91Â 83Â Benefit payments (actual)(255)(74)Ending liability for future policy benefits at original (locked-in) discount rate2,090Â 1,647Â Effect of changes in discount rate assumptions(173)(95)Liability for future policy benefits, end of period - current discount rate$1,917Â $1,552Â Net liability for future policy benefits$1,917Â $1,277Â Less: Reinsurance recoverableâ€”Â â€”Â Net liability for future policy benefits, net of reinsurance recoverable$1,917Â $1,277Â _____(1)The present value of expected net premiums is equivalent to the present value of expected gross premiums for the long-term care insurance contracts as net premiums are set equal to gross premiums.1552023In millionsLarge CasePensionsLong-TermCarePresent value of expected net premiums (1)Liability for future policy benefits, beginning of period - current discount rate$300Â Beginning liability for future policy benefits at original (locked-in) discount rate$302Â Effect of changes in cash flow assumptionsâ€”Â Effect of actual variances from expected experience10Â Adjusted beginning liability for future policy benefits - original (locked-in) discount rate312Â Interest accrual (using locked-in discount rate)15Â Net premiums (actual)(39)Ending liability for future policy benefits at original (locked-in) discount rate288Â Effect of changes in discount rate assumptions5Â Liability for future policy benefits, end of period - current discount rate$293Â Present value of expected future policy benefitsLiability for future policy benefits, beginning of period - current discount rate$2,253Â $1,566Â Beginning liability for future policy benefits at original (locked-in) discount rate$2,425Â $1,613Â Effect of changes in cash flow assumptionsâ€”Â â€”Â Effect of actual variances from expected experience(3)8Â Adjusted beginning liability for future policy benefits - original (locked-in) discount rate2,422Â 1,621Â Issuances8Â â€”Â Interest accrual (using locked-in discount rate)97Â 82Â Benefit payments (actual)(276)(71)Ending liability for future policy benefits at original (locked-in) discount rate2,251Â 1,632Â Effect of changes in discount rate assumptions(112)8Â Liability for future policy benefits, end of period - current discount rate$2,139Â $1,640Â Net liability for future policy benefits$2,139Â $1,347Â Less: Reinsurance recoverableâ€”Â â€”Â Net liability for future policy benefits, net of reinsurance recoverable$2,139Â $1,347Â _____(1)The present value of expected net premiums is equivalent to the present value of expected gross premiums for the long-term care insurance contracts as net premiums are set equal to gross premiums.The Company did not have any material differences between the actual experience and expected experience for the significant assumptions used in the computation of the liability for future policy benefits.156The amount of undiscounted expected gross premiums and expected future benefit payments for long-duration insurance liabilities as of DecemberÂ 31, 2024 and 2023 were as follows:In millions20242023Large case pensionsExpected future benefit

payments$3,024$3,266Expected gross premiumsâ€”â€”Long-term careExpected future benefit payments$3,189$3,224Expected gross premiums399414The weighted-average interest rate used in the measurement of the long-duration insurance liabilities as of DecemberÂ 31, 2024 and 2023 were as follows:20242023Large case pensionsInterest accretion rate4.20%4.20%Current discount rate5.46%4.93%Long-term careInterest accretion rate5.11%5.11%Current discount rate5.70%5.08%The weighted-average durations (in years) of the long-duration insurance liabilities as of DecemberÂ 31, 2024 and 2023 were as follows:20242023Large case pensions7.37.3Long-term care11.712.1157Separate AccountsThe following table shows the fair value of assets, by major investment category, supporting Separate Accounts as of DecemberÂ 31, 2024 and 2023:In millions20242023Cash and cash equivalents$165Â 168Â Debt securities:U.S. government securities186Â 573Â States, municipalities and political subdivisions14Â 28Â U.S. corporate securities524Â 1,632Â Foreign securities51Â 202Â Residential mortgage-backed securities71Â 51Â Commercial mortgage-backed securities3Â 6Â Other asset-backed securities7Â 15Â Total debt securities856Â 2,507Â Common/collective trusts2,478Â 529Â Total (1)$3,499Â $3,204Â _____(1)Excludes $188 million of other payables and $46Â million of other receivables at DecemberÂ 31, 2024 and 2023, respectively.The following table shows the components of the change in Separate Accounts liabilities during the years ended DecemberÂ 31, 2024 and 2023: In millions20242023Separate Accounts liability, beginning of the period$3,250Â $3,228Â Premiums and deposits964Â 860Â Surrenders and withdrawals(277)(9)Benefit payments(978)(938)Investment earnings348Â 100Â Net transfers from general account13Â 7Â Other(9)2Â Separate Accounts liability, end of the period$3,311Â $3,250Â Cash surrender value, end of the period$1,987Â $2,181Â The Company did not recognize any gains or losses on assets transferred to Separate Accounts during the years ended DecemberÂ 31, 2024 or 2023. 15810.Borrowings and Credit AgreementsThe following table is a summary of the Companyâ€™s borrowings as of DecemberÂ 31, 2024 and 2023:In millions20242023Short-term debtCommercial paper$2,119Â $200Â Long-term debt3.375% senior notes due August 2024â€”Â 650Â 2.625% senior notes due August 2024â€”Â 1,000Â 3.5% senior notes due November 2024â€”Â 750Â 5% senior notes due December 2024â€”Â 299Â 4.1% senior notes due March 2025724Â 950Â 3.875% senior notes due July 20252,828Â 2,828Â 5% senior notes due February 20261,500Â 1,500Â 2.875% senior notes due June 20261,750Â 1,750Â 3% senior notes due August 20267750Â 750Â 3.625% senior notes due April 20277750Â 750Â 6.25% senior notes due June 2027372Â 372Â 1.3% senior notes due August 20272,250Â 2,250Â 4.3% senior notes due March 20285,000Â 5,000Â 5% senior notes due January 20291,000Â 1,000Â 5.4% senior notes due June 20291,000Â â€”Â 3.25% senior notes due August 20291,750Â 1,750Â 5.125% senior notes due February 20301,500Â 1,500Â 3.75% senior notes due April 20301,500Â 1,500Â 1.75% senior notes due August 20301,250Â 1,250Â 5.25% senior notes due January 2031750Â 750Â 1.875% senior notes due February 20311,250Â 1,250Â 5.55% senior notes due June 20311,000Â â€”Â 2.125% senior notes due September 20311,000Â 1,000Â 5.25% senior notes due February 20331,750Â 1,750Â 5.3% senior notes due June 20331,250Â 1,250Â 5.7% senior notes due June 20341,250Â â€”Â 4.875% senior notes due July 2035652Â 652Â 6.625% senior notes due June 2036771Â 771Â 6.75% senior notes due December 2037533Â 533Â 4.78% senior notes due March 20385,000Â 5,000Â 6.125% senior notes due September 2039447Â 447Â 4.125% senior notes due April 2040602Â 1,000Â 2.7% senior notes due August 2040367Â 1,250Â 5.75% senior notes due May 2041133Â 133Â 4.5% senior notes due May 2042500Â 500Â 4.125% senior notes due November 2042226Â 500Â 5.3% senior notes due December 2043750Â 750Â 4.75% senior notes due March 2044375Â 375Â 6% senior notes due June 2044750Â â€”Â 5.125% senior notes due July 20453,500Â 3,500Â 3.875% senior notes due August 2047537Â 1,000Â 5.05% senior notes due March 20488,000Â 8,000Â 4.25% senior notes due April 2050399Â 750Â 1595.625% senior notes due February 20531,250Â 1,250Â 5.875% senior notes due June 20531,250Â 1,250Â 6.05% senior notes due June 20541,000Â â€”Â 6% senior notes due June 2063750Â 750Â 6.75% series B junior subordinated notes due December 2054750Â â€”Â 7% series A junior subordinated notes due March 20552,250Â â€”Â Finance lease liabilities1,360Â 1,391Â Other302Â 309Â Total debt principal66,747Â 62,160Â Debt premiums170Â 186Â Debt discounts and deferred financing costs(647)(736)66,270Â 61,610Â Less:Short-term debt (commercial paper)(2,119)(200)Current portion of long-term debt(3,624)(2,772)Long-term debt$60,527Â $58,638Â The following is a summary of the Companyâ€™s required repayments of long-term debt principal due during each of the next fiveÂ years and thereafter, as of DecemberÂ 31, 2024:InÂ millions2025$3,559Â 20264,007Â 20273,379Â 20285,007Â 20293,758Â Thereafter43,558Â Subtotal63,268Â Commercial paper2,119Â Finance lease liabilities (1)1,360Â Total debt principal$66,747Â _____(1)See Note 7 â€˜â€˜Leasesâ€™â€™ for a summary of maturities of the Companyâ€™s finance lease liabilities.Short-term BorrowingsCommercial Paper and Back-up Credit FacilitiesThe Company had $2.1 billion of commercial paper outstanding at a weighted average interest rate of 4.98% as of DecemberÂ 31, 2024. The Company had $200Â million of commercial paper outstanding at a weighted interest rate of 4.31% as of DecemberÂ 31, 2023. In connection with its commercial paper program, the Company maintains a $2.5 billion, five-year unsecured back-up revolving credit facility, which expires on May 11, 2027, a $2.5 billion, five-year unsecured back-up revolving credit facility, which expires on May 16, 2028, and a $2.5 billion, five-year unsecured back-up revolving credit facility, which expires on May 16, 2029. The credit facilities allow for borrowings at various rates that are dependent, in part, on the Companyâ€™s public debt ratings and require the Company to pay a weighted average quarterly facility fee of approximately 0.03%, regardless of usage. As of DecemberÂ 31, 2024 and 2023, there were no borrowings outstanding under any of the Companyâ€™s back-up credit facilities.Term Loan AgreementOn March 25, 2024, the Company entered into a 364-day $3.0Â billion term loan credit agreement. The term loan credit agreement allowed for borrowings at various rates that were dependent, in part, on the Companyâ€™s public debt ratings. On May 9, 2024, following the issuance of the $5.0Â billion in senior notes described under â€œLong-term Borrowingsâ€ below, the term 160loan credit agreement terminated. There were no borrowings under the term loan credit agreement through the date of termination.On May 1, 2023, the Company entered into a 364-day $5.0Â billion term loan agreement. The term loan agreement allowed for borrowings at various rates that were dependent, in part, on the Companyâ€™s debt ratings. On May 2, 2023, the Company borrowed $5.0Â billion at an interest rate of approximately 6.2% under the term loan agreement to fund a portion of the Oak Street Health acquisition purchase price. On June 2, 2023, the Company repaid the outstanding balance under the term loan agreement.FHLBBA subsidiary of the Company is a member of the FHLBB. As a member, the subsidiary has the ability to obtain cash advances, subject to certain minimum collateral requirements. The maximum borrowing capacity available from the FHLBB as of DecemberÂ 31, 2024 was approximately $1.2 billion. As of DecemberÂ 31, 2024 and 2023, there were no outstanding advances from the FHLBB.Long-term Borrowings2024 NotesOn December 10, 2024, the Company issued $2.25Â billion aggregate principal amount of 7.0% fixed-to-fixed rate series A junior subordinated notes due March 2055 and $750 million aggregate principal amount of 6.75% fixed-to-fixed rate series B junior subordinated notes due December 2054 for total proceeds of approximately $3.0Â billion, net of discounts and underwriting fees. The series A junior subordinated notes bear interest at 7.0% per year until March 10, 2030, at which time the rate will reset March 10th of every fifth year, provided that the interest rate will not reset below the initial interest rate. The series B junior subordinated notes bear interest at 6.75% per year until December 10, 2034, at which time the rate will reset December 10th of every fifth year, provided that the interest rate will not reset below the initial interest rate. The series A and series B junior subordinated notes pay interest semi-annually and may be redeemed at any time beginning 90 days prior to their respective first interest rate reset date and on any interest payment date thereafter, in whole or in part at a defined redemption price plus accrued interest. The net proceeds of these offerings were used for the early extinguishment of certain of the Companyâ€™s senior notes as described below and the remaining proceeds after the early extinguishment of debt were used for general corporate purposes.On May 9, 2024, the Company issued $1.0Â billion aggregate principal amount of 5.4% senior notes due June 2029, $1.0Â billion aggregate principal amount of 5.55% senior notes due June 2031, $1.25Â billion aggregate principal amount of 5.7% senior notes due June 2034, $750Â million aggregate principal amount of 6.0% senior notes due June 2044 and $1.0Â billion aggregate principal amount of 6.05% senior notes due June 2054 for total proceeds of approximately $5.0Â billion, net of discounts and underwriting fees. The net proceeds of these offerings were used for general corporate purposes.2023 NotesOn June 2, 2023, the Company issued $1.0Â billion aggregate principal amount of 5.0% senior notes due January 2029, $750Â million aggregate principal amount of 5.25% senior notes due January 2031, $1.25Â billion aggregate principal amount of 5.3% senior notes due June 2033, $1.25Â billion aggregate principal amount of 5.875% senior notes due June 2053 and $750Â million aggregate principal amount of 6.0% senior notes due June 2063 for total proceeds of approximately $4.9Â billion, net of discounts and underwriting fees. The net proceeds of these offerings were used, along with cash on hand, to repay the outstanding balance under the term loan agreement described above.On February 21, 2023, the Company issued $1.5Â billion aggregate principal amount of 5.0% senior notes due February 2026, $1.5Â billion aggregate principal amount of 5.125% senior notes due February 2030, $1.75Â billion aggregate principal amount of 5.25% senior notes due February 2033 and $1.25Â billion aggregate principal amount of 5.625% senior notes due February 2053 for total proceeds of approximately $6.0Â billion, net of discounts and underwriting fees. The net proceeds of these offerings were used to fund general corporate purposes, including a portion of the Signify Health Acquisition purchase price.Oak Street Health Convertible NotesPrior to the Oak Street Health Acquisition, Oak Street Health held 0% convertible senior notes with an aggregate principal amount of $920Â million (the â€œConvertible Notesâ€), which were assumed by the Company in connection with the Oak Street Health Acquisition. The Oak Street Health Acquisition constituted a fundamental change in the Convertible Notes giving the holders the right to require the Company to repurchase the Convertible Notes. The repurchase price was an amount in cash equal to 100% of the principal amount of the Convertible Notes. On May 31, 2023, the Company issued a notice of repurchase to the holders of the Convertible Notes. In connection with this notice, $917Â million of the Convertible Notes were submitted 161for repurchase and settled on July 21, 2023. Substantially all of the remaining $3Â million of the Convertible Notes were submitted for repurchase and settled on October 20, 2023. Gain on Early Extinguishment of DebtIn December 2024, pursuant to a cash tender offer, the Company repaid approximately $2.6 billion of its outstanding senior notes for a cash payment of approximately $2.0 billion. The senior notes purchased include: $226Â million of its 4.1% senior notes due March 2025, $398Â million of its 4.125% senior notes due April 2040, $883 million of its 2.7% senior notes due August 2040, $274 million of its 4.125% senior notes due November 2042, $463 million of its 3.875% senior notes due August 2047 and $351 million of its 4.25% senior notes due April 2050. In connection with the purchase of such senior notes, the Company recognized a total gain on early extinguishment of debt of $491 million, net of unamortized deferred financing costs and incurred fees.Debt CovenantsThe Companyâ€™s back-up revolving credit facilities and unsecured senior notes contain customary restrictive financial and operating covenants. These covenants do not include an acceleration of the Companyâ€™s debt maturities in the event of a downgrade in the Companyâ€™s credit ratings. The Company does not believe the restrictions contained in these covenants materially affect its financial or operating flexibility. As of DecemberÂ 31, 2024, the Company was in compliance with all of its debt covenants.11.Pension Plans and Other Postretirement BenefitsDefined Contribution PlansAs of DecemberÂ 31, 2024, the Company sponsors several active 401(k) savings plans that cover all employees who meet plan eligibility requirements. The Company makes matching contributions consistent with the provisions of the respective plans. At the participantâ€™s option, account balances, including the Companyâ€™s matching contribution, can be invested among various investment options under each plan. The CVS Health Future Fund 401(k) Plan offers CVS Health Corporationâ€™s common stock fund as an investment option. The Company also maintains nonqualified, unfunded deferred compensation plans for certain key employees. The plans provide participants the opportunity to defer portions of their eligible compensation and for certain nonqualified plans, participants receive matching contributions equivalent to what they could have received under the CVS Health Future Fund 401(k) Plan absent certain restrictions and limitations under the Internal Revenue Code. The Companyâ€™s contributions under its defined contribution plans were $610 million, $581 million and $567 million in the years ended DecemberÂ 31, 2024, 2023 and 2022, respectively. Defined Benefit Pension PlansThe Company sponsors a tax-qualified defined benefit pension plan that was frozen in 2010 and a nonqualified supplemental pension plan that was frozen in 2007. The Company also sponsors several other defined benefit pension plans that are unfunded nonqualified supplemental retirement plans.162Pension Benefit Obligation and Plan AssetsThe following tables outline the change in pension benefit obligation and plan assets over the specified periods:In millions20242023Change in benefit obligation:Benefit obligation, beginning of year$4,736Â $4,740Â Interest cost222Â 231Â Actuarial loss (gain)(262)145Â Benefit payments(347)(380)Benefit obligation, end of year4,349Â 4,736Â Change in plan assets:Fair value of plan assets, beginning of year5,379Â 5,346Â Actual return on plan assets133Â 389Â Employer contributions23Â 24Â Benefit payments(347)(380)Fair value of plan assets, end of year5,188Â 5,379Â Funded status$839Â $643Â The change in the pension benefit obligation during the years ended DecemberÂ 31, 2024 and 2023 was primarily driven by the change in the discount rate during each respective period.The assets (liabilities) recognized on the consolidated balance sheets at DecemberÂ 31, 2024 and 2023 for the defined benefit pension plans consisted of the following:In millions20242023Noncurrent assets reflected in other assets$1,030Â $856Â Current liabilities reflected in accrued expenses and other current liabilities(22)(24)Noncurrent liabilities reflected in other long-term liabilities(169)(189)Net assets$839Â $643Â Net Periodic Benefit Cost (Income)The components of net periodic benefit cost (income) for the years ended DecemberÂ 31, 2024, 2023 and 2022 are shown below:In millions202420232022Components of net periodic benefit cost (income):Interest cost$222Â $231Â $132Â Expected return on plan assets(327)(326)(309)Amortization of net actuarial loss1Â 1Â 3Â Settlement lossesâ€”Â â€”Â 1Â Net periodic benefit cost (income)(104)(94)$(173)Pension Plan AssumptionsThe Company uses a series of actuarial assumptions to determine its benefit obligation and net periodic benefit income, the most significant of which include discount rates and expected return on plan assets assumptions. Discount Rates - The discount rate is determined using a yield curve as of the annual measurement date. The yield curve consists of a series of individual discount rates, with each discount rate corresponding to a single point in time, based on high-quality bonds. Projected benefit payments are discounted to the measurement date using the corresponding rate from the yield curve that is consistent with the maturity profile of the expected liability cash flows.163Expected Return on Plan Assets - The expected long-term rate of return on plan assets is determined by using the planâ€™s target allocation and return expectations based on many factors including forecasted long-term capital market real returns and the inflationary outlook on a plan by plan basis. See â€œPension Plan Assetsâ€ below for additional details regarding the pension plan assets as of December 31, 2024 and 2023.The Company also considers other assumptions including mortality, interest crediting rate, termination and retirement rates, and cost of living adjustments. The Company determined its benefit obligation based on the following weighted average assumptions as of DecemberÂ 31, 2024 and 2023:20242023Discount rate5.6Â %5.0Â %The Company determined its net periodic benefit cost (income) based on the following weighted average assumptions for the years ended DecemberÂ 31, 2024, 2023 and 2022:202420232022Discount rate4.9Â %5.1Â %2.3Â %Expected long-term rate of return on plan assets6.3Â %6.3Â %4.8Â %Pension Plan AssetsThe Companyâ€™s pension plan assets primarily include debt and equity securities held in separate accounts, common/collective trusts, as well as Private Real Estate, Farmland, Public Real Estate and Public Infrastructure (collectively referred to as â€œReal Assetsâ€) and private credit. The valuation methodologies used to value these debt and equity securities and common/collective trusts are similar to the methodologies described in Note 5 â€œFair Value.â€ Pension plan assets also include investments in other assets that are carried at fair value. The following is a description of the valuation methodologies used to value private real estate investments and these additional investments, including the general classification pursuant to the fair value hierarchy.Private real estate - Private real estate investments are valued by independent third-party appraisers. The appraisals comply with the Uniform Standards of Professional Appraisal Practice, which include, among other things, the income, cost, and sales comparison approaches to estimating property value. Therefore, these investments are classified in Level 3.Private equity, private credit and hedge fund limited partnerships - Private equity and hedge fund limited partnerships are carried at fair value which is estimated using the NAV per unit as reported by the administrator of the underlying investment fund as a practical expedient to fair value. Therefore, these investments have been excluded from the fair value table below.164Pension plan assets with changes in fair value measured on a recurring basis at DecemberÂ 31, 2024 were as follows: In millionsLevel 1Level 2Level 3TotalCash and cash equivalents$32Â $67Â $â€”Â $99Â Debt securities:Â Â Â Â U.S. government securities481Â 6Â â€”Â 487Â Â Â Â Â States, municipalities and political subdivisionsâ€”Â 70Â â€”Â 70Â Â Â Â Â U.S. corporate securitiesâ€”Â 2,752Â 1Â 2,753Â Â Â Â Â Foreign securitiesâ€”Â 98Â â€”Â 98Â Â Â Â Â Residential mortgage-backed securitiesâ€”Â 7Â â€”Â 7Â Â Â Â Â Commercial mortgage-backed securitiesâ€”Â 9Â â€”Â 9Â Â Â Â Â Other asset-backed securitiesâ€”Â 4Â â€”Â 4Â Â Â Â Â Redeemable preferred securitiesâ€”Â 1Â â€”Â 1Â Total debt securities481Â 2,947Â 1Â 3,429Â Equity securities:Â Â Â Â U.S. domestic30Â â€”Â â€”Â 30Â Â Â Â Â International12Â â€”Â â€”Â 12Â Total equity securities42Â â€”Â â€”Â 42Â Other investments:Â Â Â Â Private real estateâ€”Â â€”Â 276Â 276Â Â Â Â Â Common/collective trusts (1)â€”Â 502Â â€”Â 502Â Â Â Â Â Derivativesâ€”Â 3Â â€”Â 3Â Total other investmentsâ€”Â 505Â 276Â 781Â Total pension investments (2)$555Â $3,519Â $277Â $4,351Â _____(1)The assets in the underlying funds of common/collective trusts consist of $288 million of equity securities and $214 million of debt securities. (2)Excludes $267 million of other receivables as well as $290 million of private equity limited partnership investments and $280 million of hedge fund limited partnership investments as these amounts are measured at NAV per share or an equivalent and are not subject to leveling within the fair value hierarchy. 165Pension plan assets with changes in fair value measured on a recurring basis at DecemberÂ 31, 2023 were as follows: In millionsLevel 1Level 2Level 3TotalCash and cash equivalents$12Â $69Â $â€”Â $81Â Debt

securities:Â Â Â Â U.S. government securities518Â 4Â â€”Â 522Â Â Â Â Â States, municipalities and political subdivisionsâ€”Â 94Â â€”Â 94Â Â Â Â Â U.S. corporate securitiesâ€”Â 2,649Â â€”Â 2,649Â Â Â Â Â Foreign securitiesâ€”Â 106Â â€”Â 106Â Â Â Â Â Residential mortgage-backed securitiesâ€”Â 17Â â€”Â 17Â Â Â Â Â Commercial mortgage-backed securitiesâ€”Â 9Â â€”Â 9Â Â Â Â Â Other asset-backed securitiesâ€”Â 8Â â€”Â 8Â Â Â Â Â Redeemable preferred securitiesâ€”Â 1Â â€”Â 1Â Total debt securities518Â 2,888Â â€”Â 3,406Â Equity securities:Â Â Â Â U.S. domestic150Â â€”Â â€”Â 150Â Â Â Â Â International34Â â€”Â â€”Â 34Â Total equity securities184Â â€”Â â€”Â 184Â Other investments:Â Â Â Â Private real estateâ€”Â â€”Â 290Â 290Â Â Â Â Â Common/collective trusts (1)â€”Â 405Â â€”Â 405Â Â Â Â Â Derivativesâ€”Â (14)â€”Â (14)Total other investmentsâ€”Â 391Â 290Â 681Â Total pension investments (2)$714Â $3,348Â $290Â $4,352Â _____(1)The assets in the underlying funds of common/collective trusts consist of $114 million of equity securities and $291 million of debt securities. (2)Excludes $314 million of other receivables as well as $461 million of private equity limited partnership investments and $252 million of hedge fund limited partnership investments as these amounts are measured at NAV per share or an equivalent and are not subject to leveling within the fair value hierarchy. The changes in the balances of Level 3 pension plan assets during the year ended DecemberÂ 31, 2024 were as follows:In millionsPrivatereal estateU.S. corporatesecuritiesTotalBeginning balance$290Â $â€”Â $290Â Actual return on plan assets1Â â€”Â 1Â Purchases, sales and settlements(15)1Â (14)Transfers out of Level 3â€”Â â€”Â â€”Â Ending balance$276Â $1Â $277Â The changes in the balances of Level 3 pension plan assets during the year ended DecemberÂ 31, 2023 were as follows:In millionsPrivatereal estateBeginning balance$325Â Actual return on plan assets(23)Purchases, sales and settlements(12)Transfers out of Level 3â€”Â Ending balance$290Â 166The Companyâ€™s pension plan invests in a diversified mix of assets designed to generate returns that will enable the plan to meet its future benefit obligations. The risk of unexpected investment and actuarial outcomes is regularly evaluated. This evaluation is performed through forecasting and assessing ranges of investment outcomes over short- and long-term horizons and by assessing the pension planâ€™s liability characteristics. Complementary investment styles and strategies are utilized by professional investment management firms to further improve portfolio and operational risk characteristics. Public and private equity investments are used primarily to increase overall plan returns. Real Assets investments are viewed favorably for their diversification benefits and above-average dividend generation. Fixed income investments provide diversification benefits and liability hedging attributes that are desirable, especially in falling interest rate environments.At DecemberÂ 31, 2024, target investment allocations for the Companyâ€™s pension plan were: 7% in equity securities, 75% in fixed income and debt securities, 7% in Real Assets, 5% in private equity limited partnerships, 2% in private credit limited partnerships and 4% in hedge funds. Actual asset allocations may differ from target allocations due to tactical decisions to overweight or underweight certain assets or as a result of normal fluctuations in asset values. Asset allocations are consistent with stated investment policies and, as a general rule, periodically rebalanced back to target asset allocations. Asset allocations and investment performance are formally reviewed periodically throughout the year by the pension planâ€™s Investment Subcommittee. Forecasting of asset and liability growth is performed at least annually.Cash FlowsThe Company generally contributes to its tax-qualified pension plan based on minimum funding requirements determined under applicable federal laws and regulations. Employer contributions related to the nonqualified supplemental pension plans generally represent payments to retirees for current benefits. The Company contributed $23 million, $24 million and $27 million to its pension plans during 2024, 2023 and 2022, respectively. No contributions were required for the tax-qualified pension plan in 2024. The Company expects to make an immaterial amount of contributions for all other pension plans in 2025.The Company estimates the following future benefit payments, which are calculated using the same actuarial assumptions used to measure the pension benefit obligation as of DecemberÂ 31, 2024: In millions2025$389Â 2026384Â 2027380Â 2028380Â 2029371Â 2030-20341,712Â Multiemployer Pension PlansThe Company also contributes to a number of multiemployer pension plans under the terms of collective-bargaining agreements that cover its union-represented employees. The risks of participating in these multiemployer plans are different from single-employer pension plans in the following respects: (i) assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers, (ii) if a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers, and (iii) if the Company chooses to stop participating in some of its multiemployer plans, the Company may be required to pay those plans an amount based on the underfunded status of the applicable plan, which is referred to as a withdrawal liability. None of the multiemployer pension plans in which the Company participates are individually significant to the Company. The Companyâ€™s contributions to multiemployer pension plans were $19Â million, $19 million and $20Â million in 2024, 2023 and 2022, respectively. Other Postretirement BenefitsThe Company provides postretirement health care and life insurance benefits to certain retirees who meet eligibility requirements. The Companyâ€™s funding policy is generally to pay covered expenses as they are incurred. For retiree medical plan accounting, the Company reviews external data and its own historical trends for health care costs to determine the health care cost trend rates. As of DecemberÂ 31, 2024 and 2023, the Companyâ€™s other postretirement benefits had an accumulated postretirement benefit obligation of $147 million and $155 million, respectively. Net periodic benefit costs related to these other postretirement benefits were $6 million, $6 million and $4 million in 2024, 2023 and 2022, respectively. 167The Company estimates the following future benefit payments, which are calculated using the same actuarial assumptions used to measure the accumulated other postretirement benefit obligation as of DecemberÂ 31, 2024:In millions2025$12Â 202612Â 202712Â 202812Â 202912Â 2030-203459Â Pursuant to various collective bargaining agreements, the Company also contributes to multiemployer health and welfare plans that cover certain union-represented employees. The plans provide postretirement health care and life insurance benefits to certain employees who meet eligibility requirements. The Companyâ€™s contributions to multiemployer health and welfare plans totaled $63 million, $60 million and $62 million in 2024, 2023 and 2022, respectively. 12.Income TaxesThe income tax provision consisted of the following for theÂ years ended DecemberÂ 31, 2024, 2023 and 2022:InÂ millions202420232022Current:Federal$1,658Â $2,819Â $2,803Â State476Â 662Â 735Â 2,134Â 3,481Â 3,538Â Deferred:Federal(453)(537)(1,526)State(119)(139)(503)(572)(676)(2,029)Total$1,562Â $2,805Â $1,509Â The following table is a reconciliation of the statutory income tax rate to the Companyâ€™s effective income tax rate for theÂ years ended DecemberÂ 31, 2024, 2023 and 2022:202420232022Statutory income tax rate21.0Â %21.0Â %21.0Â %State income taxes, net of federal tax benefit4.6Â 3.7Â 3.2Â Legal charges0.5Â â€”Â 3.4Â Basis difference upon disposition of subsidiaryâ€”Â â€”Â 1.6Â Prior year refunds and unrecognized tax benefitsâ€”Â â€”Â (2.6)Tax credits(1.2)(0.3)(0.6)Other0.5Â 0.7Â (0.1)Effective income tax rate25.4Â %25.1Â %25.9Â %168The following table is a summary of the components of the Companyâ€™s deferred income tax assets and liabilities as of DecemberÂ 31, 2024 and 2023:InÂ millions20242023Deferred income tax assets:Lease and rents$4,763Â $5,059Â Legal charges1,109Â 1,205Â Inventory68Â 94Â Employee benefits168Â 168Â Bad debts and other allowances593Â 606Â Net operating loss and capital loss carryforwards272Â 409Â Deferred income47Â 62Â Insurance reserves381Â 356Â Investments21Â 56Â Other486Â 372Â Valuation allowance(301)(385)Total deferred income tax assets7,607Â 8,002Â Deferred income tax liabilities:Retirement benefits172Â 112Â Lease and rents4,125Â 4,469Â Depreciation and amortization7,116Â 7,732Â Total deferred income tax liabilities11,413Â 12,313Â Net deferred income tax liabilities$3,806Â $4,311Â When evaluating the realizability of deferred tax assets, the Company considers all available positive and negative evidence, including future reversals of existing taxable temporary differences, projected future taxable income, tax planning strategies and the Companyâ€™s recent operating results. The Company established a valuation allowance of $301 million and $385 million as of DecemberÂ 31, 2024 and 2023, respectively, because it does not consider it more likely than not that certain deferred tax assets will be recovered.As of DecemberÂ 31, 2024, the Company had net operating and capital loss carryovers of $272 million, a portion of which has an indefinite carryforward period, while the remainder expires between 2025 and 2044.A reconciliation of the beginning and ending balance of unrecognized tax benefits in 2024, 2023 and 2022 is as follows:InÂ millions202420232022Beginning balance$436Â $446Â $782Â Additions based on tax positions related to the current yearâ€”Â 2Â 5Â Additions based on tax positions related to prior years67Â 46Â 42Â Reductions for tax positions of prior years(49)(24)(166)Expiration of statutes of limitation(29)(34)(4)Settlements(1)â€”Â (213)Ending balance$424Â $436Â $446Â CVS Health Corporation and most of its subsidiaries are subject to U.S. federal income tax as well as income tax of numerous state and local jurisdictions. The IRS has completed its examinations of the Companyâ€™s consolidated U.S. federal income tax returns for tax years through 2016, 2018 and 2019. The IRS has substantially completed its examination of the Companyâ€™s consolidated U.S. federal income tax return for tax year 2017.CVS Health Corporation and its subsidiaries are also currently under income tax examinations by a number of state and local tax authorities. As of DecemberÂ 31, 2024, no examination has resulted in any proposed adjustments that would result in a material change to the Companyâ€™s operating results, financial condition or liquidity.169Substantially all material state and local income tax matters have been concluded for fiscal years through 2015. Certain state exams are likely to be concluded and certain state statutes of limitations will lapse in 2025, but the change in the balance of the Companyâ€™s uncertain tax positions is projected to be immaterial. In addition, it is reasonably possible that the Companyâ€™s unrecognized tax benefits could change within the next twelve months due to the anticipated conclusion of various examinations with the IRS for certain previous years. An estimate of the range of the possible change cannot be made at this time.The Company records interest expense related to unrecognized tax benefits and penalties in the income tax provision. The Company accrued interest expense of approximately $45 million, $31 million and $29 million in 2024, 2023 and 2022, respectively. The Company had approximately $165 million and $134 million accrued for interest and penalties as of DecemberÂ 31, 2024 and 2023, respectively. As of DecemberÂ 31, 2024, the total amount of unrecognized tax benefits that, if recognized, would affect the Companyâ€™s effective income tax rate is approximately $324 million, after considering the federal benefit of state income taxes.13.Stock Incentive PlansThe terms of the CVS Health 2017 Incentive Compensation Plan (â€œICPâ€) provide for grants of annual incentive and long-term performance awards to executive officers and other officers and employees of the Company or any subsidiary of the Company, as well as equity compensation to outside directors of CVS Health Corporation. Payment of such annual incentive and long-term performance awards will be in cash, stock, other awards or other property, at the discretion of the Management Planning and Development Committee (the â€œMP&D Committeeâ€) of the Board. The ICP allows for a maximum of 92 million shares of CVS Health Corporation common stock to be reserved and available for grants. As of DecemberÂ 31, 2024, there were approximately 33 million shares of CVS Health Corporation common stock available for future grants under the ICP.As of the Oak Street Health Acquisition Date, Oak Street Health common stock subject to awards outstanding under the Oak Street Health, Inc. Omnibus Incentive Plan (the â€œOak Street Health Planâ€) was converted into approximately 3.9Â million shares of CVS Health Corporation underlying replacement equity awards. In addition, in accordance with the merger agreement, shares which were available for future issuance under the Oak Street Health Plan were converted into approximately 7Â million shares of CVS Health common stock which were reserved and available for issuance pursuant to future awards as of DecemberÂ 31, 2023. Subsequent to the cancellation of the Oak Street Health plan on May 16, 2024, the ICP is the only compensation plan under which the Company grants stock options, restricted stock and other stock-based awards to its employees.As of the Signify Health Acquisition Date, Signify Health common stock subject to awards outstanding under the Signify Health, Inc. 2021 Long-Term Incentive Plan (the â€œSignify Planâ€) was converted into approximately 3.2Â million shares of CVS Health Corporation underlying replacement equity awards. In addition, in accordance with the merger agreement, shares which were available for future issuance under the Signify Plan were converted into approximately 9Â million shares of CVS Health common stock which were reserved and available for issuance pursuant to future awards as of DecemberÂ 31, 2023. Subsequent to the cancellation of the Signify Plan on May 16, 2024, the ICP is the only compensation plan under which the Company grants stock options, restricted stock and other stock-based awards to its employees.Stock-Based Compensation ExpenseStock-based compensation is measured at the grant date based on the fair value of the award and is recognized as expense over the requisite service period of the stock award (generally three to five years) using the straight-line method. The following table is a summary of stock-based compensation for theÂ years ended DecemberÂ 31, 2024, 2023 and 2022:InÂ millions202420232022Restricted stock units and performance stock units $461Â $497Â $369Â Stock options and stock appreciation rights (â€œSARsâ€) (1)79Â 91Â 78Â Total stock-based compensation (2)$540Â $588Â $447Â _____(1)Includes the Employee Stock Purchase Plan (â€œESPPâ€).(2)Total stock-based compensation for the year ended DecemberÂ 31, 2024 included $60Â million and $41Â million of post-combination expense associated with replacement equity awards granted in connection with the Oak Street Health and Signify Health acquisitions, respectively. Total stock-based 170compensation for the year ended DecemberÂ 31, 2023 included $71Â million and $72Â million of post-combination expense associated with replacement equity awards granted in connection with the Oak Street Health and Signify Health acquisitions, respectively.Restricted Stock Units and Performance Stock UnitsThe Companyâ€™s restricted stock units and performance stock units are considered nonvested share awards and require no payment from the employee. The fair value of the restricted stock units is based on the market price of CVS Health Corporation common stock on the grant date and is recognized on a straight-line basis over the vesting period. For each restricted stock unit granted, employees receive one share of common stock, net of taxes, at the end of the vesting period. The Companyâ€™s performance stock units contain performance vesting conditions in addition to a service vesting condition. Vesting of the Companyâ€™s performance stock units is dependent upon the degree to which the Company achieves its performance goals, which are generally set for a three-year performance period and are approved at the time of grant by the MP&D Committee. The fair value of performance stock units granted with service and performance vesting conditions is based on the market price of CVS Health Corporation common stock on the grant date and is recognized over the vesting period. Certain of the performance stock units also contain a market vesting condition based on the performance of CVS Health Corporation common stock relative to a comparator group. The fair value of these performance stock units is determined using a Monte Carlo simulation as of the grant date and is recognized over the vesting period. As of DecemberÂ 31, 2024, there was $829 million of total unrecognized compensation cost related to the Companyâ€™s restricted stock units and performance stock units that are expected to vest. These costs are expected to be recognized over a weighted-average period of 2.2 years. The total fair value of restricted stock units vested during 2024, 2023 and 2022 was $497 million, $525 million and $328 million, respectively.The following table is a summary of the restricted stock unit and performance stock unit activity for theÂ year ended DecemberÂ 31, 2024:In thousands, except weighted average grant date fair valueUnitsWeightedÂ AverageGrantÂ DateFairÂ ValueOutstanding at beginning of year, nonvested16,994Â $77.65Â Granted9,978Â $75.97Â Vested (1)(6,532)$76.08Â Forfeited(1,928)$78.71Â Outstanding at end of year, nonvested18,512Â $77.19Â _____(1)Vested performance stock units have been included at target level performance. Based on actual performance, the number of restricted stock units and performance stock units vested during the year ended DecemberÂ 31, 2024 was 6.6Â million.Stock Options and SARsAll stock option and SARs grants are awarded at fair value on the date of grant. The fair value of stock options and SARs are estimated using the Black-Scholes option pricing model, and stock-based compensation is recognized on a straight-line basis over the requisite service period. Stock options and SARs granted generally become exercisable over a four-year period from the grant date. Stock options granted through 2018 generally expire seven years after the grant date. Stock options and SARs granted subsequent to 2018 generally expire ten years after the grant date.The following table is a summary of stock option and SAR activity that occurred for the years ended DecemberÂ 31, 2024, 2023 and 2022:In millions202420232022Cash received from stock options exercised (including ESPP)$361Â $277Â $551Â Payments for taxes for net share settlement of equity awards185Â 181Â 370Â Intrinsic value of stock options and SARs exercised 33Â 31Â 118Â Fair value of stock options and SARs vested 225Â 227Â 219Â 171The fair value of each stock option and SAR is estimated using the Black-Scholes option pricing model based on the following assumptions at the time of grant:202420232022Dividend yield (1)4.29Â %3.27Â %2.18Â %Expected volatility (2)28.36Â %28.15Â %27.34Â %Risk-free interest rate (3)4.13Â %3.55Â %2.46Â %Expected life (in years) (4)5.35.96.3Weighted-average grant date fair value$11.31Â $21.78Â $24.15Â _____(1)The dividend yield is based on annual dividends paid and the fair market value of CVS Health Corporation stock at the grant date.(2)The expected volatility is estimated based on the historical volatility of CVS Health Corporationâ€™s daily stock price over a period equal to the expected life of each option grant after adjustments for infrequent events such as stock splits.(3)The risk-free interest rate is selected based on yields from U.S. Treasury zero-coupon issues with a remaining term equal to the expected term of the options being valued.(4)The expected life represents the number ofÂ years the options are expected to be outstanding from grant date based on historical option or SAR holder exercise experience.As of DecemberÂ 31, 2024, unrecognized compensation expense related to unvested stock options and SARs totaled $44 million, which the Company expects to be recognized over a weighted-average period of 2.24 years. After considering anticipated forfeitures, the Company expects approximately 7 million of the unvested stock options and SARs to vest over the requisite service period.The following table is a summary of the Companyâ€™s stock option and SAR activity for theÂ year ended DecemberÂ 31, 2024:InÂ thousands, except weighted average exercise price and remaining contractual termSharesWeightedAverageExerciseÂ PriceWeightedAverageRemainingContractualTermAggregateIntrinsicValueOutstanding at beginning of year15,126Â $68.13Â Granted4,435Â $68.91Â Exercised(2,806)$59.61Â Forfeited(1,046)$79.05Â Expired(690)$78.69Â Outstanding at end of year15,019Â $68.69Â 5.10$3,279Â Exercisable at

end of year7,579Â $65.01Â 3.251,939Â Vested at end of year and expected to vest in the future14,646Â $68.66Â 5.023,252Â ESPPThe Companyâ€™s ESPP provides for the purchase of up to 60Â million shares of CVS Health Corporation common stock. Under the ESPP, eligible employees may purchase common stock at the end of each sixÂ month offering period at a purchase price equal to 90% of the lower of the fair market value on the first day or the last day of the offering period. During 2024, approximately 4 million shares of common stock were purchased under the provisions of the ESPP at an average price of $58.57 per share. As of DecemberÂ 31, 2024, approximately 23 million shares of common stock were available for issuance under the ESPP.The fair value of stock-based compensation associated with the ESPP is estimated on the date of grant (the first day of the six-month offering period) using the Black-Scholes option pricing model.172The following table is a summary of the assumptions used to value the ESPP awards for theÂ years ended DecemberÂ 31, 2024, 2023 and 2022:202420232022Dividend yield (1)2.01Â %1.54Â %1.12Â %Expected volatility (2)31.40Â %25.61Â %23.54Â %Risk-free interest rate (3)5.31Â %5.17Â %1.42Â %Expected life (in years) (4)0.50.50.5Weighted-average grant date fair value$12.39Â $14.26Â $16.25Â _____(1)The dividend yield is calculated based on semi-annual dividends paid and the fair market value of CVS Health Corporation stock at the grant date.(2)The expected volatility is estimated based on the historical volatility of CVS Health Corporationâ€™s daily stock price over the previous sixÂ month period.(3)The risk-free interest rate is selected based on the Treasury constant maturity interest rate whose term is consistent with the expected term of ESPP purchases (i.e., sixÂ months).(4)The expected life is based on the semi-annual purchase period.14.Shareholdersâ€™ EquityShare RepurchasesThe following share repurchase programs have been authorized by the Board:In billionsAuthorizationÂ DateAuthorizedRemaining as ofDecemberÂ 31, 2024November 17, 2022 (â€œ2022 Repurchase Programâ€)$10.0Â $10.0Â December 9, 2021 (â€œ2021 Repurchase Programâ€)10.0Â 1.5Â Each of the share Repurchase Programs was effective immediately and permit the Company to effect repurchases from time to time through a combination of open market repurchases, privately negotiated transactions, accelerated share repurchase (â€œASRâ€) transactions, and/or other derivative transactions. Both the 2022 and 2021 Repurchase Programs can be modified or terminated by the Board at any time.During the years ended DecemberÂ 31, 2024, 2023 and 2022, the Company repurchased an aggregate of 39.7Â million shares of common stock for approximately $3.0Â billion, an aggregate of 22.8Â million shares of common stock for approximately $2.0Â billion and an aggregate of 34.1Â million shares of common stock for approximately $3.5Â billion, respectively, each pursuant to the 2021 Repurchase Program. This activity includes the share repurchases under the ASR transactions described below.Pursuant to the authorization under the 2021 Repurchase Program, the Company entered into a $3.0Â billion fixed dollar ASR with Morgan Stanley & Co. LLC (â€œMorgan Stanleyâ€). Upon payment of the $3.0Â billion purchase price on January 4, 2024, the Company received a number of shares of CVS Health Corporationâ€™s common stock equal to 85% of the $3.0Â billion notional amount of the ASR or approximately 31.4Â million shares, which were placed into treasury stock in January 2024. The ASR was accounted for as an initial treasury stock transaction for $2.6Â billion and a forward contract for $0.4Â billion. The forward contract was classified as an equity instrument and was recorded within capital surplus. In March 2024, the Company received approximately 8.3Â million shares of CVS Health Corporationâ€™s common stock, representing the remaining 15% of the $3.0Â billion notional amount of the ASR, thereby concluding the ASR. These shares were placed into treasury and the forward contract was reclassified from capital surplus to treasury stock in March 2024.Pursuant to the authorization under the 2021 Repurchase Program, the Company entered into a $2.0Â billion fixed dollar ASR with Citibank, N.A. Upon payment of the $2.0Â billion purchase price on January 4, 2023, the Company received a number of shares of CVS Health Corporationâ€™s common stock equal to 80% of the $2.0Â billion notional amount of the ASR or approximately 17.4Â million shares, which were placed into treasury stock in January 2023. The ASR was accounted for as an initial treasury stock transaction for $1.6Â billion and a forward contract for $0.4Â billion. The forward contract was classified as an equity instrument and was recorded within capital surplus. In February 2023, the Company received approximately 5.4Â million shares of CVS Health Corporationâ€™s common stock, representing the remaining 20% of the $2.0Â billion notional amount of the ASR, thereby concluding the ASR. These shares were placed into treasury stock and the forward contract was reclassified from capital surplus to treasury stock in February 2023.173Pursuant to the authorization under the 2021 Repurchase Program, the Company entered into a $1.5Â billion fixed dollar ASR with Barclays Bank PLC. Upon payment of the $1.5Â billion purchase price on January 4, 2022, the Company received a number of shares of CVS Health Corporationâ€™s common stock equal to 80% of the $1.5Â billion notional amount of the ASR or approximately 11.6Â million shares, which were placed into treasury stock in January 2022. The ASR was accounted for as an initial treasury stock transaction for $1.2Â billion and a forward contract for $0.3Â billion. The forward contract was classified as an equity instrument and was recorded within capital surplus. In February 2022, the Company received approximately 2.7Â million shares of CVS Health Corporationâ€™s common stock, representing the remaining 20% of the $1.5Â billion notional amount of the ASR, thereby concluding the ASR. These shares were placed into treasury stock and the forward contract was reclassified from capital surplus to treasury stock in February 2022.At the time they were received, the initial and final receipt of shares resulted in an immediate reduction of the outstanding shares used to calculate the weighted average common shares outstanding for basic and diluted earnings per share.DividendsThe quarterly cash dividend declared by the Board was $0.665, $0.605 and $0.55 per share in 2024, 2023 and 2022, respectively. CVS Health Corporation has paid cash dividends every quarter since becoming a public company. Future dividend payments will depend on the Companyâ€™s earnings, capital requirements, financial condition and other factors considered relevant by the Board.Regulatory RequirementsThe Companyâ€™s insurance business operations are conducted through subsidiaries that principally consist of health maintenance organizations (â€œHMOsâ€) and insurance companies. The Companyâ€™s HMO and insurance subsidiaries report their financial statements in accordance with accounting practices prescribed by state regulatory authorities which may differ from GAAP. The combined statutory net income for the years ended and estimated combined statutory and capital surplus at DecemberÂ 31, 2024, 2023 and 2022 for the Companyâ€™s insurance and HMO subsidiaries were as follows:In millions202420232022Statutory net income (loss)$(1,185)$2,757Â $2,851Â Estimated statutory capital and surplus20,085Â 16,961Â 15,503Â The Companyâ€™s insurance and HMO subsidiaries paid $755 million of gross dividends to the Company for the year ended DecemberÂ 31, 2024.In addition to general state law restrictions on payments of dividends and other distributions to stockholders applicable to all corporations, HMOs and insurance companies are subject to further regulations that, among other things, may require those companies to maintain certain levels of equity and restrict the amount of dividends and other distributions that may be paid to their equity holders. In addition, in connection with the acquisition of Aetna, the Company made certain undertakings that require prior regulatory approval of dividends by certain of its HMOs and insurance companies. At DecemberÂ 31, 2024, these amounts were as follows:In millionsEstimated minimum statutory surplus required by regulators$11,691Â Investments on deposit with regulatory bodies713Â Estimated maximum dividend distributions permitted in 2025 without prior regulatory approval1,561Â Noncontrolling InterestsAt DecemberÂ 31, 2024 and 2023, noncontrolling interests were $170 million and $175 million, respectively, primarily related to third party interests in the Companyâ€™s operating entities. The noncontrolling entitiesâ€™ share is included in total shareholdersâ€™ equity on the consolidated balance sheets.17415.Other Comprehensive Income (Loss)Shareholdersâ€™ equity included the following activity in accumulated other comprehensive loss in 2024, 2023 and 2022:At December 31,In millions202420232022Net unrealized investment gains (losses):Beginning of year balance(429)(1,519)$798Â Other comprehensive income (loss) before reclassifications ($(177), $612 and $(3,021) pretax)(170)603Â (2,556)Amounts reclassified from accumulated other comprehensive income (loss) ($226, $566 and $315 pretax) (1)200Â 487Â 239Â Other comprehensive income (loss)30Â 1,090Â (2,317)End of year balance(399)(429)(1,519)Change in discount rate on long-duration insurance reserves:Beginning of period balance152Â 219Â (651)Other comprehensive income (loss) before reclassifications ($146, $(92), and $1,126 pretax)113Â (67)870Â Other comprehensive income (loss)113Â (67)870Â End of period balance265Â 152Â 219Â Foreign currency translation adjustments:Beginning of year balanceâ€”Â â€”Â â€”Â Other comprehensive loss before reclassifications(4)â€”Â â€”Â Other comprehensive loss(4)â€”Â â€”Â End of year balance(4)â€”Â â€”Â Net cash flow hedges:Beginning of year balance244Â 239Â 222Â Other comprehensive income before reclassifications ($0, $25 and $38 pretax)â€”Â 19Â 28Â Amounts reclassified from accumulated other comprehensive income ($(20), $(19) and $(15) pretax) (2)(15)(14)(11)Other comprehensive income (loss)(15)5Â 17Â End of year balance229Â 244Â 239Â Pension and other postretirement benefits:Beginning of year balance(264)(203)(35)Other comprehensive income (loss) before reclassifications ($71, $(81) and $(229) pretax)53Â (61)(170)Amounts reclassified from accumulated other comprehensive loss ($0, $0 and $3 pretax) (3)â€”Â â€”Â 2Â Other comprehensive income (loss) 53Â (61)(168)End of year balance(211)(264)(203)Total beginning of year accumulated other comprehensive income (loss)(297)(1,264)334Â Total other comprehensive income (loss)177Â 967Â (1,598)Total end of year accumulated other comprehensive loss(120)(297)$(1,264)_____(1)Amounts reclassified from accumulated other comprehensive income (loss) for specifically identified debt securities are included in net investment income in the consolidated statements of operations. (2)Amounts reclassified from accumulated other comprehensive income for specifically identified cash flow hedges are included within interest expense in the consolidated statements of operations. The Company expects to reclassify $16 million, net of tax, in net gains associated with its cash flow hedges into net income within the next 12 months.175(3)Amounts reclassified from accumulated other comprehensive loss for specifically identified pension and other postretirement benefits are included in other income in the consolidated statements of operations.16.Earnings Per ShareEarnings per share is computed using the treasury stock method. Stock options and SARs to purchase 8 million, 8Â million and 4Â million shares of common stock were outstanding, but were excluded from the calculation of diluted earnings per share for the years ended DecemberÂ 31, 2024, 2023 and 2022, respectively, because their exercise prices were greater than the average market price of the common shares and, therefore, the effect would be antidilutive. The following is a reconciliation of basic and diluted earnings per share for the years ended DecemberÂ 31, 2024, 2023 and 2022:InÂ millions,Â exceptÂ perÂ shareÂ amounts202420232022Numerator for earnings per share calculation:Net income attributable to CVS Health$4,614Â $8,344Â $4,311Â Denominator for earnings per share calculation:Weighted average shares, basic1,259Â 1,285Â 1,312Â Restricted stock units and performance stock units2Â 3Â 6Â Stock options and SARs1Â 2Â 5Â Weighted average shares, diluted1,262Â 1,290Â 1,323Â Earnings per share:Basic$3.67Â $6.49Â $3.29Â Diluted$3.66Â $6.47Â $3.26Â 17.ReinsuranceThe Company utilizes reinsurance agreements primarily to: (a) reduce required capital and (b) facilitate the acquisition or disposition of certain insurance contracts. Ceded reinsurance agreements permit the Company to recover a portion of its losses from reinsurers, although they do not discharge the Companyâ€™s primary liability as the direct insurer of the risks reinsured.In January 2025, the Company entered into three four-year reinsurance agreements with an unrelated reinsurer that allow it to reduce required capital and provide collateralized excess of loss reinsurance coverage on a portion of the Health Care Benefits segmentâ€™s group Commercial Insured business.Reinsurance recoverables (recorded as other current assets or other assets on the consolidated balance sheets) at DecemberÂ 31, 2024 and 2023 were as follows:In millions20242023ReinsurerHartford Life and Accident Insurance Company$1,119Â $1,314Â Lincoln Life & Annuity Company of New York444Â 480Â Individual State Reinsurance Programs189Â 61Â Fresenius Medical Care Reinsurance Company (Cayman) Ltd. 75Â 54Â Resolution Life Group Holdings Ltd.33Â 35Â All Other67Â 54Â Total$1,927Â $1,998Â 176Direct, assumed and ceded premiums earned for the years ended DecemberÂ 31, 2024, 2023 and 2022 were as follows:In millions202420232022Direct$123,629Â $99,753Â $85,670Â Assumed471Â 350Â 432Â Ceded(1,204)(911)(772)Net premiums$122,896Â $99,192Â $85,330Â The impact of reinsurance on health care costs for the years ended DecemberÂ 31, 2024, 2023 and 2022 was as follows:In millions202420232022Direct$115,974Â $86,738Â $71,357Â Assumed431Â 223Â 379Â Ceded(1,284)(714)(663)Net health care costs$115,121Â $86,247Â $71,073Â There is not a material difference between premiums on a written basis versus an earned basis.The Company also has various agreements with unrelated reinsurers that do not qualify for reinsurance accounting under GAAP, and consequently are accounted for using deposit accounting. The Company entered into these contracts to reduce the risk of catastrophic loss which in turn reduces the Companyâ€™s capital and surplus requirements. Total deposit assets and liabilities related to reinsurance agreements that do not qualify for reinsurance accounting under GAAP were not material as of DecemberÂ 31, 2024 or 2023.18.Commitments and ContingenciesGuaranteesThe Company had the following significant guarantee arrangements at DecemberÂ 31, 2024:â€¢ASC Claim Funding Accounts - The Company has arrangements with certain banks for the processing of claim payments for its ASC customers. The banks maintain accounts to fund claims of the Companyâ€™s ASC customers. The customer is responsible for funding the amount paid by the bank each day. In these arrangements, the Company guarantees that the banks will not sustain losses if the responsible ASC customer does not properly fund its account. The aggregate maximum exposure under these arrangements is generally limited to $300 million. The Company can limit its exposure to these guarantees by suspending the payment of claims for ASC customers that have not adequately funded the amount paid by the bank. â€¢Separate Accounts Assets - Certain Separate Accounts assets associated with the large case pensions business in the Corporate/Other segment represent funds maintained as a contractual requirement to fund specific pension annuities that the Company has guaranteed. Minimum contractual obligations underlying the guaranteed benefits in these Separate Accounts were approximately $857Â million and $834 million at DecemberÂ 31, 2024 and 2023, respectively. See Note 1 â€˜â€˜Significant Accounting Policiesâ€™â€™ for additional information on Separate Accounts. Contract holders assume all investment and mortality risk and are required to maintain Separate Accounts balances at or above a specified level. The level of required funds is a function of the risk underlying the Separate Accountâ€™s investment strategy. If contract holders do not maintain the required level of Separate Accounts assets to meet the annuity guarantees, the Company would establish an additional liability. Contract holdersâ€™ balances in the Separate Accounts at DecemberÂ 31, 2024 exceeded the value of the guaranteed benefit obligation. As a result, the Company was not required to maintain any additional liability for its related guarantees at DecemberÂ 31, 2024. Lease GuaranteesBetween 1995 and 1997, the Company sold or spun off a number of subsidiaries, including Bobâ€™s Stores, Linens â€˜n Things and Marshalls. In many cases, when a former subsidiary leased a store, the Company provided a guarantee of the former subsidiaryâ€™s lease obligations for the initial lease term and any extension thereof pursuant to a renewal option provided for in the lease prior to the time of the disposition. When the subsidiaries were disposed of and accounted for as discontinued operations, the Companyâ€™s guarantees remained in place, although each initial purchaser agreed to indemnify the Company for 177any lease obligations the Company was required to satisfy. If any of the purchasers or any of the former subsidiaries fail to make the required payments under a store lease, the Company could be required to satisfy those obligations. As of DecemberÂ 31, 2024, the Company guaranteed 61 such store leases (excluding the lease guarantees related to Linens â€˜n Things, which have been recorded as a liability on the consolidated balance sheets), with the maximum remaining lease term extending through 2035.Guaranty Fund Assessments, Market Stabilization and Other Non-Voluntary Risk Sharing PoolsUnder guaranty fund laws existing in all states, insurers doing business in those states can be assessed (in most states up to prescribed limits) for certain obligations of insolvent insurance companies to policyholders and claimants. The life and health insurance guaranty associations in which the Company participates that operate under these laws respond to insolvencies of long-term care insurers and life insurers as well as health insurers. The Companyâ€™s assessments generally are based on a formula relating to the Companyâ€™s health care premiums in the state compared to the premiums of other insurers. Certain states allow assessments to be recovered over time as offsets to premium taxes. Some states have similar laws relating to HMOs and/or other payors such as not-for-profit consumer-governed health plans established under the ACA.In 2009, the Pennsylvania Insurance Commissioner placed long-term care insurer Penn Treaty Network America Insurance Company and one of its subsidiaries (collectively, â€œPenn Treatyâ€) in rehabilitation, an intermediate action before insolvency, and subsequently petitioned a state court to convert the rehabilitation into a liquidation. Penn Treaty was placed in liquidation in March 2017. The Company has recorded a liability for its estimated share of future assessments by applicable life and health insurance guaranty associations. It is reasonably possible that in the future the Company may record a liability and expense relating to other insolvencies which could have a material adverse effect on the Companyâ€™s operating results, financial condition and cash flows. While historically the Company has ultimately recovered more than half of guaranty fund assessments through statutorily permitted premium tax offsets, significant increases in assessments could lead to legislative and/or regulatory actions that limit future offsets.HMOs in certain states in which the Company does business are subject to assessments, including market stabilization and other risk-sharing pools, for which the Company is assessed charges based on incurred claims, demographic membership mix and other factors. The Company establishes liabilities for these assessments based on applicable laws and regulations. In certain states, the ultimate assessments the Company pays are dependent upon the Companyâ€™s experience relative to other entities subject to the assessment, and the ultimate liability is not known at the financial statement date. While the ultimate amount of the assessment is dependent upon the experience of all pool participants, the Company believes it has adequate reserves to cover such assessments.The Companyâ€™s total guaranty fund assessments liability was immaterial at both DecemberÂ 31, 2024 and 2023.Litigation and Regulatory ProceedingsThe Company has been involved or is currently involved in numerous legal proceedings, including litigation, arbitration, government investigations, audits, reviews and claims. These include routine, regular and special investigations, audits and reviews by CMS, state insurance and health and welfare departments, the U.S. Department of Justice (the â€œDOJâ€), state Attorneys General, the U.S. Drug Enforcement Administration (the â€œDEAâ€), the U.S. Federal Trade Commission (the â€œFTCâ€) and other governmental authorities.Legal proceedings, in general, and securities, class action and multi-district litigation, in particular, and

governmental special investigations, audits and reviews can be expensive and disruptive. Some of the litigation matters may purport or be determined to be class actions and/or involve parties seeking large and/or indeterminate amounts, including punitive or exemplary damages, and may remain unresolved for several years. The Company also may be named from time to time in qui tam actions initiated by private third parties that could also be separately pursued by a governmental body. The results of legal proceedings, including government investigations, are often uncertain and difficult to predict, and the costs incurred in these matters can be substantial, regardless of the outcome.The Company records accruals for outstanding legal matters when it believes it is probable that a loss will be incurred and the amount can be reasonably estimated. The Company evaluates, on a quarterly basis, developments in legal matters that could affect the amount of any accrual and developments that would make a loss contingency both probable and reasonably estimable. If a loss contingency is not both probable and reasonably estimable, the Company does not establish an accrued liability. Other than the controlled substances litigation accruals described below, none of the Companyâ€™s accruals for outstanding legal matters are material individually or in the aggregate to the Companyâ€™s consolidated balance sheets.178Except as otherwise noted, the Company cannot predict with certainty the timing or outcome of the legal matters described below, and the Company is unable to reasonably estimate a possible loss or range of possible loss in excess of amounts already accrued for these matters. The Company believes that its defenses and assertions in pending legal proceedings have merit and does not believe that any of these pending matters, after consideration of applicable reserves and rights to indemnification, will have a material adverse effect on the Companyâ€™s financial position. Substantial unanticipated verdicts, fines and rulings, however, do sometimes occur, which could result in judgments against the Company, entry into settlements or a revision to its expectations regarding the outcome of certain matters, and such developments could have a material adverse effect on its results of operations. In addition, as a result of governmental investigations or proceedings, the Company may be subject to damages, civil or criminal fines or penalties, or other sanctions including possible suspension or loss of licensure and/or exclusion from participating in government programs. The outcome of such governmental investigations of proceedings could be material to the Company.Usual and Customary Pricing LitigationThe Company is named as a defendant in a number of lawsuits that allege that the Companyâ€™s retail pharmacies overcharged for prescription drugs by not submitting the correct usual and customary price during the claims adjudication process. These actions are brought by a number of different types of plaintiffs, including plan members, private payors and government payors, and are based on different legal theories. Some of these cases are brought as putative class actions, and in some instances, classes have been certified. The Company is defending itself against these claims.PBM Litigation and InvestigationsThe Company is named as a defendant in a number of lawsuits and is subject to a number of investigations concerning its PBM practices.The Company is facing multiple lawsuits, including by the FTC, state Attorneys General, governmental subdivisions, private parties and several putative class actions, regarding drug pricing and its rebate arrangements with drug manufacturers. These complaints, brought by a number of different types of plaintiffs under a variety of legal theories, generally allege that rebate agreements between the drug manufacturers and PBMs caused inflated prices for certain drug products. The majority of these cases have now been transferred into a multi-district litigation in the U.S. District Court for the District of New Jersey. The Company is defending itself against these claims. The Company has also received subpoenas, civil investigative demands (â€œCIDsâ€), and other requests for documents and information from, and is being investigated by, the DOJ, the HHS, the FTC and Attorneys General of several states and the District of Columbia regarding its PBM practices, including pharmacy contracting practices and reimbursement, pricing and rebates. While the FTC has released a number of interim staff reports related to its studies of PBM practices under Section 6(b) of the FTC Act, which allows the FTC to conduct studies, among other activities, it has not yet released a final report. The Company has been providing documents and information in response to these subpoenas, CIDs, and requests for information. In September 2024, the FTC filed an administrative complaint against the three largest PBMs (the â€œPBM Groupâ€) and their affiliated group purchasing organizations, including subsidiaries of the Company. The complaint alleged that the PBM Group and their affiliated group purchasing organizations engaged in anti-competitive and unfair practices that â€œartificiallyâ€ increased insulin costs. The Company is aggressively defending itself against the complaint. In November 2024, the PBM Group filed a complaint in the U.S. District Court for the Eastern District of Missouri challenging the constitutionality of the FTCâ€™s administrative complaint.United States ex rel. Behnke v. CVS Caremark Corporation, et al. (U.S. District Court for the Eastern District of Pennsylvania). In April 2018, the Court unsealed a complaint filed in February 2014. The government has declined to intervene in this case. The relator alleges that the Company submitted, or caused to be submitted, to Part D of the Medicare program Prescription Drug Event data and/or Direct and Indirect Remuneration reports that misrepresented true prices paid by the Companyâ€™s PBM to pharmacies for drugs dispensed to Part D beneficiaries with prescription benefits administered by the Companyâ€™s PBM. The Company is defending itself against these claims.Controlled Substances Litigation, Audits and SubpoenasForty-five states, the District of Columbia, and all eligible United States territories are participating in a settlement resolving substantially all opioid claims against Company entities by participating states and political subdivisions but not private plaintiffs. A high percentage of eligible subdivisions within the participating states also have elected to join the settlement. The settlement agreement is available at nationalopioidsettlement.com. The Company has separately entered into settlement 179agreements with four states â€“ Florida, West Virginia, New Mexico and Nevada â€“ and a high percentage of eligible subdivisions within those states also have elected to participate.The final settlement agreement contains certain contingencies related to payment obligations. Because these contingencies are inherently unpredictable, the assessment requires judgments about future events. The amount of ultimate loss may differ from the amount accrued by the Company.The State of Maryland has elected not to participate, and thus subdivisions within the State of Maryland may not participate, in the settlement. The State of Maryland has issued a civil subpoena for information from the Company, and litigation is pending with certain subdivisions within the State of Maryland as well as other non-participating subdivisions in other geographies, including the City of Philadelphia, and private parties such as hospitals and third-party payors. The Company is defending itself against the claims made in these cases.In November 2021, the Company was among the chain pharmacies found liable by a jury in a trial in federal court in Ohio; in August 2022, the court issued a judgment jointly against the three defendants in the amount of $651Â million to be paid over 15 years and also ordered certain injunctive relief. In December 2024, following an appeal by the Company, the Supreme Court of Ohio ruled that Ohio law precluded the claim on which the verdict and judgment were based. Because of the many uncertainties associated with any settlement arrangement or other resolution of opioid-related litigation matters, and because the Company continues to actively defend ongoing litigation for which it believes it has defenses and assertions that have merit, the Company is not able to reasonably estimate the range of ultimate possible loss for all opioid-related litigation matters at this time. The outcome of these legal matters could have a material effect on the Companyâ€™s business, financial condition, operating results and/or cash flows. In December 2024, the DOJ intervened in a previously sealed qui tam action and filed an amended complaint in the U.S. District Court for the District of Rhode Island, alleging, among other claims, violations of the federal Controlled Substances Act and the federal False Claims Act based on the filling of opioid and other controlled substance prescriptions at CVS Pharmacy locations nationwide. The Company is defending itself against the claims made in this case. Separately, the Company was served in December 2024 with a subpoena issued by the U.S. Attorneyâ€™s Office for the Western District of Virginia, seeking records related to, among other things, commercial arrangements between the Companyâ€™s PBM and opioid manufacturers.Prescription Processing Litigation and InvestigationsThe Company is named as a defendant in a number of lawsuits and is subject to a number of investigations concerning its prescription processing practices, including related to billing government payors for prescriptions, and the following:U.S. ex rel. Bassan et al. v. Omnicare, Inc. and CVS Health Corp. (U.S. District Court for the Southern District of New York). In December 2019, the U.S. Attorneyâ€™s Office for the Southern District of New York filed a complaint-in-intervention in this previously sealed qui tam case. The complaint alleges that for certain non-skilled nursing facilities, Omnicare improperly filled prescriptions beyond one year where a valid prescription did not exist and that these dispensing events violated the federal False Claims Act. The Company is defending itself against these claims.U.S. ex rel. Gill et al. v. CVS Health Corp. et al. (U.S. District Court for the Northern District of Illinois). In July 2022, the Delaware Attorney Generalâ€™s Office moved for partial intervention as to allegations under the Delaware false claims act related to not escheating alleged overpayments in this previously sealed qui tam case. The federal government and the remaining states declined to intervene on other additional theories in the relatorâ€™s complaint, except that the federal government filed a notice of intervention for the limited purpose of defending the constitutionality of the qui tam provisions of the False Claims Act. The Company is defending itself against all of the claims.Provider ProceedingsThe Company is named as a defendant in purported class actions and individual lawsuits arising out of its practices related to the payment of claims for services rendered to its members by providers with whom the Company has a contract and with whom the Company does not have a contract (â€œout-of-network providersâ€). Among other things, these lawsuits allege that the Company paid too little to its health plan members and/or providers for out-of-network services (including COVID-19 testing) and/or otherwise allege that the Company failed to timely or appropriately pay or administer claims and benefits (including the 180Companyâ€™s post payment audit and collection practices). Other major health insurers are the subject of similar litigation or have settled similar litigation.The Company also has received subpoenas and/or requests for documents and other information from, and been investigated by, state Attorneys General and other state and/or federal regulators, legislators and agencies relating to claims payments, and the Company is involved in other litigation regarding its out-of-network benefit payment and administration practices. It is reasonably possible that others could initiate additional litigation or additional regulatory action against the Company with respect to its out-of-network benefit payment and/or administration practices.CMS ActionsCMS regularly audits the Companyâ€™s performance to determine its compliance with CMSâ€™s regulations and its contracts with CMS and to assess the quality of services it provides to Medicare beneficiaries. CMS uses various payment mechanisms to allocate and adjust premium payments to the Companyâ€™s and other companiesâ€™ Medicare plans by considering the applicable health status of Medicare members as supported by information prepared, maintained and provided by providers. The Company collects claim and encounter data from providers and generally relies on providers to appropriately code their submissions to the Company and document their medical records, including the diagnosis data submitted to the Company with claims. CMS pays increased premiums to Medicare Advantage plans and Medicare PDP plans for members who have certain medical conditions identified with specific diagnosis codes. Federal regulators review and audit the providersâ€™ medical records to determine whether those records support the related diagnosis codes that determine the membersâ€™ health status and the resulting risk-adjusted premium payments to the Company. In that regard, CMS has instituted risk adjustment data validation (â€œRADVâ€) audits of various Medicare Advantage plans, including certain of the Companyâ€™s plans, to validate coding practices and supporting medical record documentation maintained by providers and the resulting risk-adjusted premium payments to the plans. CMS may require the Company to refund premium payments if the Companyâ€™s risk-adjusted premiums are not properly supported by medical record data. The Office of the Inspector General of the U.S. Department of Health and Human Services (the â€œOIGâ€) also is auditing the Companyâ€™s risk adjustment-related data and that of other companies. The Company expects CMS and the OIG to continue these types of audits.In 2012, in the â€œNotice of Final Payment Error Calculation for Part C Medicare Advantage Risk Adjustment Validation Data (â€œRADVâ€) Contract-Level Audits,â€ CMS revised its audit methodology for RADV contract-level audits to determine refunds payable by Medicare Advantage plans for contract year 2011 and forward. Under the revised methodology, among other things, CMS announced extrapolation of the error rate identified in the audit sample along with the application of a process to account for errors in the governmentâ€™s traditional fee-for-service Medicare program (â€œFFS Adjusterâ€). For contract years prior to 2011, CMS did not extrapolate sample error rates to the entire contract, nor did CMS propose to apply a FFS adjuster. By applying the FFS Adjuster, Medicare Advantage organizations would have been liable for repayments only to the extent that their extrapolated payment errors exceeded the error rate in Original Medicare, which could have impacted the extrapolated repayments to which Medicare Advantage organizations are subject. This revised contract-level audit methodology increased the Companyâ€™s exposure to premium refunds to CMS based on incomplete medical records maintained by providers. In the RADV audit methodology CMS used from 2011-2013, CMS selected only a few of the Companyâ€™s Medicare Advantage contracts for various contract years for contract-level RADV audits. In October 2018, CMS in the proposed rule announced a new methodology for RADV audits targeting certain health conditions and members with many diagnostic conditions along with extrapolation for the error rates identified without use of a FFS Adjuster. While the rule was under proposal, CMS initiated contract-level RADV audits for the years 2014 and 2015 with this new RADV methodology without a final rule. On January 30, 2023, CMS released the final rule (â€œRADV Audit Ruleâ€), announcing it may use extrapolation for payment years 2018 forward, for both RADV audits and OIG contract level audits, and eliminated the application of a FFS Adjuster in Part C contract-level RADV audits of Medicare Advantage organizations. In the RADV Audit Rule, CMS indicated that it will use more than one audit methodology going forward and indicated CMS will audit contracts it believes are at the highest risk for overpayments based on its statistical modeling, citing a 2016 Governmental Accountability Office report that recommended selection of contract-level RADV audits with a focus on contracts likely to have high rates of improper payment, the highest coding intensity scores, and contracts with high levels of unsupported diagnoses from prior RADV audits.The Company is currently unable to predict which of its Medicare Advantage contracts will be selected for audit, the amounts of any retroactive refunds for years prior to 2018 or prospective adjustments to Medicare Advantage premium payments made to the Company, the effect of any such refunds or adjustments on the actuarial soundness of the Companyâ€™s Medicare Advantage bids, or whether any RADV audit findings would require the Company to change its method of estimating future premium revenue in future bid submissions to CMS or compromise premium assumptions made in the Companyâ€™s bids for prior contract years, the current contract year or future contract years. Any premium or fee refunds or adjustments resulting 181from regulatory audits, whether as a result of RADV, Public Exchange-related or other audits by CMS, the OIG or otherwise, including audits of the Companyâ€™s minimum loss ratio rebates, methodology and/or reports, could be material and could adversely affect the Companyâ€™s operating results, cash flows and/or financial condition.The RADV Audit Rule does not apply to the CMS Part C Improper Payment Measures audits nor the HHS RADV programs.Medicare and Medicaid Litigation and InvestigationsThe Company has received CIDs from the Civil Division of the DOJ in connection with investigations of the Companyâ€™s identification and/or submission of diagnosis codes related to risk adjustment payments, including patient chart review processes, under Parts C and D of the Medicare program. The Company is cooperating with the government and providing documents and information in response to these CIDs.In May 2017, the Company received a CID from the U.S. Attorneyâ€™s Office for the Southern District of New York requesting documents and information concerning possible false claims submitted to Medicare in connection with reimbursements for prescription drugs under the Medicare Part D program. The Company has been cooperating with the government and providing documents and information in response to this CID.Since January 2022, the U.S. Attorneyâ€™s Office for the District of Massachusetts has issued subpoenas to Aetna Life Insurance Company seeking, among other things, information in connection with its relationship and compensation arrangements with certain brokers, and the Company may receive similar inquiries in the future. The Company is cooperating with the investigation.Stockholder MattersBeginning in February 2019, multiple class action complaints, as well as a derivative complaint, were filed by putative plaintiffs against the Company and certain current and former officers and directors. The plaintiffs in these cases assert a variety of causes of action under federal securities laws that are premised on allegations that the defendants made certain omissions and misrepresentations relating to the performance of the Companyâ€™s LTC business unit. Since filing, several of the cases have been consolidated, and two have resolved. In February 2025, the District of Rhode Island granted the Companyâ€™s motion to dismiss In re CVS Health Corp. Securities Act Litigation (formerly known as Waterford). A derivative case in the District of Rhode Island, Lovoi v. Aguirre, had been stayed pending the outcome of the Waterford case, and the court has scheduled a status conference. In In re CVS Health Corp. Securities Litigation (formerly known as City of Warren and Freundlich), the Rhode Island Supreme Court affirmed the superior courtâ€™s order granting the Companyâ€™s motion to dismiss in January 2025. The Company and its current and former officers and directors are defending themselves against remaining claims. Beginning in December 2021, the Company has received three demands for inspection of books and records pursuant to Delaware General Corporation Law Section 220 (â€œSection 220 demandsâ€), as well as a derivative complaint (Vladimir Gusinsky Revocable Trust v. Lynch, et al.) that was filed in January 2023, which the defendants moved to dismiss. The Section 220 demands and the complaint purport to be related to potential breaches of fiduciary duties by the Board in relation to certain matters concerning opioids. Following the Companyâ€™s response to the Section 220 demands, two of the three stockholders sent demand letters to the Board containing allegations substantially similar to those made in the earlier Section 220 demands and the derivative matter, and requested that it take certain actions, including consideration of its governance and policies with respect to controlled substances. The Board deferred consideration of these two demands until after the motion to dismiss the Gusinsky case was decided. In July 2024, the court granted the defendantsâ€™ motion to dismiss the Gusinsky case. In September 2024, the Board received a third demand letter containing similar allegations and requesting the Board take action. The Board has formed a demand review committee to evaluate the demands.In January 2022, a shareholder class action complaint was filed in the Northern District of Illinois, Allison v. Oak Street Health, Inc., et al. Defendants include Oak Street Health and certain of its pre-acquisition officers and directors. The putative plaintiffs assert causes of action under various securities laws premised on allegations that defendants made omissions and misrepresentations to investors relating to

marketing conduct they allege may violate the False Claims Act. In May 2024, the parties reached agreement in principle to settle this action for an amount immaterial to the Company. The court granted approval of the settlement in December 2024.Beginning in July 2024, two purported class action complaints, as well as multiple derivative complaints, were filed by putative plaintiffs against the Company and certain current and former officers and directors. The plaintiffs in these cases assert a variety of causes of action under federal securities laws and state law that are premised on allegations that the defendants made certain 182omissions and misrepresentations relating to the profitability of the Health Care Benefits segment. Two purported class actions were filed and have been consolidated in U.S. District Court for the Southern District of New York under Nixon v. CVS Health Corporation, et al. Two derivative cases were also filed in the Southern District of New York and have been consolidated as In re CVS Health Corporation Derivative Litigation. Two derivative cases filed in the District of Rhode Island have been consolidated as In re CVS Health Corporation Stockholder Derivative Litigation. The consolidated derivative actions have been stayed pending the outcome of any motion to dismiss in the consolidated Nixon securities class action. Three additional derivative cases were filed in Rhode Island Superior Court: Goff v. Lynch, et al., Brodin v. Lynch, et al., and Davidow v. Lynch, et al. The Company and the individual defendants are defending themselves against these claims. In January 2025, the Board received a stockholder demand containing allegations substantially similar to those made in the class action and derivative matters, and requesting that it take certain actions, including investigating whether any Board members or officers breached their fiduciary duties related to those allegations, and bringing litigation to recover the Companyâ€™s damages if any such misconduct is found. The Board is evaluating the demand.Other Legal and Regulatory ProceedingsThe Company is also a party to other legal proceedings and is subject to government investigations, inquiries and audits, and has received and is cooperating with the government in response to CIDs, subpoenas, or similar process from various governmental agencies requesting information. These other legal proceedings and government actions include claims of or relating to bad faith, medical or professional malpractice, breach of fiduciary duty, claims processing, dispensing of medications, the use of medical testing devices in the in-home evaluation setting, non-compliance with state and federal regulatory regimes, marketing misconduct, denial of or failure to timely or appropriately pay or administer claims and benefits, provider network structure (including the use of performance-based networks and termination of provider contracts), rescission of insurance coverage, improper disclosure or use of personal information, anticompetitive practices, the Companyâ€™s participation in the 340B program, general contractual matters, product liability, intellectual property litigation, discrimination and employment litigation. Some of these other legal proceedings are or are purported to be class actions or derivative claims. The Company is defending itself against the claims brought in these matters.Awards to the Company and others of certain government contracts, particularly Medicaid contracts and other contracts with government customers in the Companyâ€™s Health Care Benefits segment, frequently are subject to protests by unsuccessful bidders. These protests may result in awards to the Company being reversed, delayed, or modified. The loss or delay in implementation of any government contract could adversely affect the Companyâ€™s operating results. The Company will continue to defend contract awards it receives.There also continues to be a heightened level of review and/or audit by regulatory authorities and legislators of, and increased litigation regarding, the Companyâ€™s and the rest of the health care and related benefits industryâ€™s business and reporting practices, including premium rate increases, utilization management, development and application of medical policies, complaint, grievance and appeal processing, information privacy, provider network structure (including provider network adequacy, the use of performance-based networks and termination of provider contracts), provider directory accuracy, calculation of minimum MLRs and/or payment of related rebates, delegated arrangements, rescission of insurance coverage, limited benefit health products, student health products, PBM practices (including manufacturersâ€™ rebates, pricing, the use of narrow networks and the placement of drugs in formulary tiers), sales practices, customer service practices, vendor oversight, and claim payment practices (including payments to out-of-network providers).As a leading national health solutions company, the Company regularly is the subject of government actions of the types described above. These government actions may prevent or delay the Company from implementing planned premium rate increases and may result, and have resulted, in restrictions on the Companyâ€™s businesses, changes to or clarifications of the Companyâ€™s business practices, retroactive adjustments to premiums, refunds or other payments to members, beneficiaries, states or the federal government, withholding of premium payments to the Company by government agencies, assessments of damages, civil or criminal fines or penalties, or other sanctions, including the possible suspension or loss of licensure and/or suspension or exclusion from participation in government programs.The Company can give no assurance that its businesses, financial condition, operating results and/or cash flows will not be materially adversely affected, or that the Company will not be required to materially change its business practices, based on: (i) future enactment of new health care or other laws or regulations; (ii) the interpretation or application of existing laws or regulations as they may relate to one or more of the Companyâ€™s businesses, one or more of the industries in which the Company competes and/or the health care industry generally; (iii) pending or future federal or state government investigations of one or more of the Companyâ€™s businesses, one or more of the industries in which the Company competes and/or the health care industry generally; (iv) pending or future government audits, investigations or enforcement actions against the Company; (v) 183adverse developments in any pending qui tam lawsuit against the Company, whether sealed or unsealed, or in any future qui tam lawsuit that may be filed against the Company; or (vi) adverse developments in pending or future legal proceedings against the Company or affecting one or more of the industries in which the Company competes and/or the health care industry generally.19.Segment ReportingThe Company has four reportable segments: Health Care Benefits, Health Services, Pharmacy & Consumer Wellness and Corporate/Other. The Companyâ€™s segments maintain separate financial information, and the CODM, the Companyâ€™s Chief Executive Officer, evaluates the segmentsâ€™ operating results on a regular basis in deciding how to allocate resources among the segments and in assessing segment performance. The CODM evaluates the performance of the Companyâ€™s segments based on adjusted operating income. Total assets by segment are not used by the CODM to assess the performance of, or allocate resources to, the Companyâ€™s segments, therefore total assets by segment are not disclosed.Adjusted operating income (loss) is defined as operating income (loss) (GAAP measure) excluding the impact of amortization of intangible assets, net realized capital gains or losses, and other items, if any, that neither relate to the ordinary course of the Companyâ€™s business nor reflect the Companyâ€™s underlying business performance. The CODM uses adjusted operating income as its principal measure of segment performance as it enhances the Companyâ€™s ability to compare past financial performance with current performance and analyze underlying business performance and trends. Non-GAAP financial measures the Company discloses, such as consolidated adjusted operating income, should not be considered a substitute for, or superior to, financial measures determined or calculated in accordance with GAAP.In 2024, 2023 and 2022, revenues from the federal government accounted for 24%, 19% and 18%, respectively, of the Companyâ€™s consolidated total revenues, primarily related to contracts with CMS for coverage of Medicare-eligible individuals within the Health Care Benefits segment.The following is a reconciliation of financial measures of the Companyâ€™s segments to the consolidated totals:184Year Ended December 31, 2024InÂ millionsHealth CareBenefitsHealthServices (1)Pharmacy &Consumer WellnessCorporate/OtherConsolidatedTotalsRevenues from external customers$129,120Â $158,016Â $83,464Â $56Â $370,656Â Intersegment revenues72Â 15,304Â 41,036Â â€”Â 56,412Â Net investment income1,473Â 285Â â€”Â 395Â 2,153Â Total revenues130,665Â 173,605Â 124,500Â 451Â 429,221Â Intersegment eliminations (2)(56,412)Total consolidated revenues$372,809Â Less: Net realized capital gains (losses)(97)289Â â€”Â (75)Cost of products soldâ€”Â 160,036Â 99,337Â â€”Â Health care costs113,659Â 3,407Â â€”Â 187Â Other segment items (3)16,796Â 2,630Â 19,389Â 1,687Â Adjusted operating income (loss)$307Â $7,243Â $5,774Â $(1,348)$11,976Â Reconciliation of principal measure of segment performance to consolidated operating income:Amortization of intangible assets (4)2,025Â Net realized capital gains (5)(117)Acquisition-related integration costs (6)243Â Restructuring charges (7)1,179Â Office real estate optimization charges (8)30Â Opioid litigation charge (9)100Â Operating income (GAAP measure)8,516Â Interest expense2,958Â Gain on early extinguishment of debt (12)(491)Other income(99)Income before income tax provision$6,148Â Depreciation and amortization$1,599Â $1,059Â $1,543Â $396Â $4,597Â 185Year Ended December 31, 2023InÂ millionsHealth CareBenefitsHealthServices (1)Pharmacy &Consumer WellnessCorporate/OtherConsolidatedTotalsRevenues from external customers$104,800Â $174,018Â $77,748Â $57Â $356,623Â Intersegment revenues81Â 12,826Â 39,020Â â€”Â 51,927Â Net investment income (loss)765Â (1)(5)394Â 1,153Â Total revenues105,646Â 186,843Â 116,763Â 451Â 409,703Â Intersegment eliminations (2)(51,927)Total consolidated revenues$357,776Â Less: Net realized capital losses(402)â€”Â (5)(90)Cost of products soldâ€”Â 175,424Â 91,447Â 1Â Health care costs85,504Â 1,607Â â€”Â 210Â Other segment items (3)14,967Â 2,500Â 19,358Â 1,648Â Adjusted operating income (loss)$5,577Â $7,312Â $5,963Â $(1,318)$17,534Â Reconciliation of principal measure of segment performance to consolidated operating income:Amortization of intangible assets (4)1,905Â Net realized capital losses (5)497Â Acquisition-related transaction and integration costs (6)487Â Restructuring charges (7)507Â Office real estate optimization charges (8)46Â Loss on assets held for sale (10)349Â Operating income (GAAP measure)13,743Â Interest expense2,658Â Other income(88)Income before income tax provision$11,173Â Depreciation and amortization$1,572Â $880Â $1,549Â $365Â $4,366Â 186Year Ended December 31, 2022InÂ millionsHealth CareBenefitsHealthServices (1)Pharmacy &Consumer WellnessCorporate/OtherConsolidatedTotalsRevenues from external customers$90,798Â $157,968Â $72,739Â $124Â $321,629Â Intersegment revenues76Â 11,608Â 35,901Â â€”Â 47,585Â Net investment income (loss)476Â â€”Â (44)406Â 838Â Total revenues91,350Â 169,576Â 108,596Â 530Â 370,052Â Intersegment eliminations (2)(47,585)Total consolidated revenues$322,467Â Less: Net realized capital losses(225)â€”Â (44)(51)Cost of products soldâ€”Â 160,738Â 82,063Â 42Â Health care costs71,473Â â€”Â â€”Â 249Â Other segment items (3)13,764Â 2,057Â 20,046Â 1,903Â Adjusted operating income (loss)$6,338Â $6,781Â $6,531Â $(1,613)$18,037Â Reconciliation of principal measure of segment performance to consolidated operating income:Amortization of intangible assets (4)1,785Â Net realized capital losses (5)320Â Office real estate optimization charges (8)117Â Opioid litigation charge (9)5,803Â Loss on assets held for sale (10)2,533Â Gain on divestiture of subsidiaries (11)(475)Operating income (GAAP measure)7,954Â Interest expense2,287Â Other income(169)Income before income tax provision$5,836Â Depreciation and amortization$1,579Â $519Â $1,889Â $237Â $4,224Â _____(1)Total revenues of the Health Services segment include approximately $11.4 billion, $13.7 billion and $12.6 billion of retail co-payments for 2024, 2023 and 2022, respectively. See Note 1 â€˜â€˜Significant Accounting Policiesâ€™â€™ for additional information about retail co-payments.(2)Intersegment revenue eliminations relate to intersegment revenue generating activities that occur between the Health Care Benefits segment, the Health Services segment, and/or the Pharmacy & Consumer Wellness segment.(3)Other segment items for each reportable segment includes operating expenses, which primarily consists of selling, general and administrative expenses. Other segment items excludes the impact of amortization of intangible assets and other items, if any, that neither relate to the ordinary course of the Companyâ€™s business nor reflect the Companyâ€™s underlying business performance. (4)The Companyâ€™s acquisition activities have resulted in the recognition of intangible assets as required under the acquisition method of accounting which consist primarily of trademarks, customer contracts/relationships, covenants not to compete, technology, provider networks and value of business acquired. Definite-lived intangible assets are amortized over their estimated useful lives and are tested for impairment when events indicate that the carrying value may not be recoverable. The amortization of intangible assets is reflected in operating expenses within each segment. Although intangible assets contribute to the Companyâ€™s revenue generation, the amortization of intangible assets does not directly relate to the underwriting of the Companyâ€™s insurance products, the services performed for the Companyâ€™s customers or the sale of the Companyâ€™s products or services. Additionally, intangible asset amortization expense typically fluctuates based on the size and timing of the Companyâ€™s acquisition activity. Accordingly, the Company believes excluding the amortization of intangible assets enhances the Companyâ€™s and investorsâ€™ ability to compare the Companyâ€™s past financial performance with its current performance and to analyze underlying business performance and trends. Intangible asset amortization excluded from the related non-GAAP financial measure represents the entire amount recorded within the Companyâ€™s GAAP financial statements, and the revenue generated by the associated intangible assets has not been excluded from the related non-GAAP financial measure. Intangible asset amortization is excluded from the related non-GAAP financial measure because the amortization, unlike the related revenue, is not affected by operations of any particular period unless an intangible asset becomes impaired or the estimated useful life of an intangible asset is revised.(5)The Companyâ€™s net realized capital gains and losses arise from various types of transactions, primarily in the course of managing a portfolio of assets that support the payment of insurance liabilities. Net realized capital gains and losses are reflected in net investment income (loss) within each segment. These capital gains and losses are the result of investment decisions, market conditions and other economic developments that are unrelated to the performance of the Companyâ€™s business, and the amount and timing of these capital gains and losses do not directly relate to the underwriting of the Companyâ€™s insurance products, the services performed for the Companyâ€™s customers or the sale of the Companyâ€™s products or services. Accordingly, the Company believes excluding net realized capital gains and losses enhances the Companyâ€™s and investorsâ€™ ability to compare the Companyâ€™s past financial performance with its current performance and to analyze underlying business performance and trends. 187(6)In 2024, the acquisition-related integration costs relate to the acquisitions of Signify Health and Oak Street Health. In 2023, the acquisition-related transaction and integration costs relate to the acquisitions of Signify Health and Oak Street Health. The acquisition-related transaction and integration costs are reflected in operating expenses within the Corporate/Other segment.(7)In 2024, the restructuring charges are primarily comprised of a store impairment charge, corporate workforce optimization costs, including severance and employee-related costs, other asset impairment and related charges associated with the discontinuation of certain non-core assets and a stock-based compensation charge. During the third quarter of 2024, the Company finalized an enterprise-wide restructuring plan intended to streamline and simplify the organization, improve efficiency and reduce costs. In connection with this restructuring plan, the Company completed a strategic review of its retail business and determined that it plans to close 271 retail stores in 2025, and, accordingly, it recorded a store impairment charge to write down the associated operating or financing lease right-of-use assets and property and equipment. In addition, during the third quarter of 2024, the Company also conducted a review of its various strategic assets and determined that it would discontinue the use of certain non-core assets, at which time impairment losses were recorded to write down the carrying value of these assets to the Companyâ€™s best estimate of their fair value. In 2023, the restructuring charges are primarily comprised of severance and employee-related costs, asset impairment charges and a stock-based compensation charge. The restructuring charges associated with the store impairments are reflected within the Pharmacy & Consumer Wellness segment, other asset impairments and related charges are reflected within the Corporate/Other and Pharmacy & Consumer Wellness segments and corporate workforce optimization costs, including severance and employee-related costs, as well as stock-based compensation charges, are reflected within the Corporate/Other segment.(8)In 2024, 2023 and 2022, the office real estate optimization charges primarily relate to the abandonment of leased real estate and the related right-of-use assets and property and equipment in connection with the Companyâ€™s evaluation of corporate office real estate space in response to its ongoing flexible work arrangement. The office real estate optimization charges are reflected in operating expenses within each segment.(9)In 2024, the opioid litigation charge relates to a change in the Companyâ€™s accrual related to ongoing opioid litigation matters. In 2022, the opioid litigation charges relate to agreements to resolve substantially all opioid claims against the Company by certain states and governmental entities. The opioid litigation charges are reflected within the Corporate/Other segment.(10)In 2023 and 2022, the loss on assets held for sale relates to the LTC business within the Pharmacy & Consumer Wellness segment. During 2022, the Company determined that its LTC business was no longer a strategic asset and committed to a plan to sell it, at which time the LTC business met the criteria for held-for-sale accounting and its net assets were accounted for as assets held for sale. The carrying value of the LTC business was determined to be greater than its estimated fair value less costs to sell and, accordingly, the Company recorded a loss on assets held for sale during 2022. During the first quarter of 2023, a loss on assets held for sale was recorded to write down the carrying value of the LTC business to the Companyâ€™s best estimate of the ultimate selling price which reflected its estimated fair value less costs to sell. As of the third quarter of 2023, the Company determined the LTC business no longer met the criteria for held-for-sale accounting and, accordingly, the net assets associated with the LTC business were reclassified to held and used at their respective fair values. During 2022, the loss on assets held for sale also relates to the Companyâ€™s Thailand business, which was included in the Commercial Business reporting unit in the Health Care Benefits segment. The sale of the Thailand business closed in the second quarter of 2022, and the ultimate loss on the sale was not material.(11)In 2022, the gain on divestiture of subsidiaries represents the pre-tax gain on the sale of bswift, which the Company sold in November 2022, and the pre-tax gain on the sale of PayFlex, which the Company sold in June 2022. The gains on divestitures are reflected as a reduction of operating expenses within the Health Care Benefits segment.(12)In 2024, the gain on early extinguishment of debt relates to the Companyâ€™s repayment of approximately $2.6 billion of its outstanding senior notes in December 2024, pursuant to its tender offer for such senior notes.188Index to Consolidated Financial StatementsReport of Independent Registered Public Accounting FirmTo the Shareholders and the Board of Directors of CVS Health CorporationOpinion on Internal Control Over Financial ReportingWe have audited CVS Health Corporationâ€™s internal control over financial reporting as of DecemberÂ 31, 2024, based on criteria established in Internal Control-Integrated Framework issued by the Committee of

Sponsoring Organizations of the Treadway Commission (2013 framework) (the COSO criteria). In our opinion, CVS Health Corporation (the Company) maintained, in all material respects, effective internal control over financial reporting as of DecemberÂ 31, 2024, based on the COSO criteria.We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States) (PCAOB), the 2024 consolidated financial statements of the Company and our report dated FebruaryÂ 12, 2025 expressed an unqualified opinion thereon.Basis for OpinionThe Companyâ€™s management is responsible for maintaining effective internal control over financial reporting and for its assessment of the effectiveness of internal control over financial reporting included in the accompanying Managementâ€™s report on internal control over financial reporting. Our responsibility is to express an opinion on the Companyâ€™s internal control over financial reporting based on our audit. We are a public accounting firm registered with the PCAOB and are required to be independent with respect to the Company in accordance with the U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB.We conducted our audit in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether effective internal control over financial reporting was maintained in all material respects. Our audit included obtaining an understanding of internal control over financial reporting, assessing the risk that a material weakness exists, testing and evaluating the design and operating effectiveness of internal control based on the assessed risk, and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion.Definition and Limitations of Internal Control Over Financial ReportingA companyâ€™s internal control over financial reporting is a process designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles. A companyâ€™s internal control over financial reporting includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with generally accepted accounting principles, and that receipts and expenditures of the company are being made only in accordance with authorizations of management and directors of the company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use, or disposition of the companyâ€™s assets that could have a material effect on the financial statements.Because of its inherent limitations, internal control over financial reporting may not prevent or detect misstatements. Also, projections of any evaluation of effectiveness to future periods are subject to the risk that controls may become inadequate because of changes in conditions, or that the degree of compliance with the policies or procedures may deteriorate./s/ Ernst & Young LLPBoston, MassachusettsFebruaryÂ 12, 2025 189Report of Independent Registered Public Accounting Firm To the Shareholders and the Board of Directors of CVS Health CorporationOpinion on the Financial StatementsWe have audited the accompanying consolidated balance sheets of CVS Health Corporation (the Company) as of DecemberÂ 31, 2024 and 2023, the related consolidated statements of operations, comprehensive income, shareholdersâ€™ equity and cash flows for each of the three years in the period ended DecemberÂ 31, 2024, and the related notes (collectively referred to as the â€œconsolidated financial statementsâ€). In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of the Company at DecemberÂ 31, 2024 and 2023, and the results of its operations and its cash flows for each of the three years in the period ended DecemberÂ 31, 2024, in conformity with U.S. generally accepted accounting principles. We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States) (PCAOB), the Companyâ€™s internal control over financial reporting as of DecemberÂ 31, 2024, based on criteria established in Internal Control-Integrated Framework issued by the Committee of Sponsoring Organizations of the Treadway Commission (2013 framework) and our report dated FebruaryÂ 12, 2025 expressed an unqualified opinion thereon.Basis for OpinionThese financial statements are the responsibility of the Companyâ€™s management. Our responsibility is to express an opinion on the Companyâ€™s financial statements based on our audits. We are a public accounting firm registered with the PCAOB and are required to be independent with respect to the Company in accordance with the U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB.We conducted our audits in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether due to error or fraud. Our audits included performing procedures to assess the risks of material misstatement of the financial statements, whether due to error or fraud, and performing procedures that respond to those risks. Such procedures included examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements. Our audits also included evaluating the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that our audits provide a reasonable basis for our opinion.Critical Audit MattersThe critical audit matters communicated below are matters arising from the current period audit of the financial statements that were communicated or required to be communicated to the audit committee and that: (1) relate to accounts or disclosures that are material to the financial statements and (2) involved our especially challenging, subjective or complex judgments. The communication of critical audit matters does not alter in any way our opinion on the consolidated financial statements, taken as a whole, and we are not, by communicating the critical audit matters below, providing a separate opinion on the critical audit matters or on the accounts or disclosures to which they relate.Valuation of goodwill for the Government reporting unitDescription of the MatterAt December 31, 2024, the Companyâ€™s consolidated goodwill was $91.3 billion. As discussed in Note 1 to the consolidated financial statements, goodwill is not amortized, but rather is subject to an annual impairment review, or more frequent reviews, if events and circumstances indicate an impairment may exist. Auditing the Companyâ€™s estimate of fair value related to the Government reporting unit was complex and highly judgmental due to the significant estimation required to determine the fair value of the reporting unit. In particular, the fair value estimate was sensitive to significant assumptions, such as the discount rate and projected health care costs, that are forward-looking and affected by future economic and market conditions. 190How We Addressed the Matter in Our AuditWe obtained an understanding, evaluated the design and tested the operating effectiveness of controls over the Companyâ€™s goodwill impairment review process, including controls over managementâ€™s review of the significant assumptions described above.To test the estimated fair value of the Government reporting unit, we performed audit procedures that included, among others, assessing methodologies and testing the significant assumptions discussed above and the underlying data used by the Company in its analysis. We compared the significant assumptions to the reporting unitâ€™s historical results and third-party industry data. We assessed the historical accuracy of managementâ€™s estimates and performed sensitivity analyses of significant assumptions to evaluate the changes in the fair value of the reporting unit that would result from changes in the significant assumptions. We involved valuation specialists to assist in our assessment of the methodology and evaluation of the discount rate used by the Company.Valuation of health care costs payableDescription of the MatterAt December 31, 2024, the incurred but not reported liabilities within the Health Care Benefits segment represented a significant portion of the health care costs payable. As discussed in Note 1 to the consolidated financial statements, the Companyâ€™s liability for health care costs payable includes estimated payments for (1) services rendered to members but not yet reported and (2) claims that have been reported but not yet paid, each as of the financial statement date (collectively, â€œIBNRâ€). The estimated IBNR liability is developed utilizing actuarial principles and assumptions that include historical and projected claim submission and processing patterns, historical and assumed medical cost trends, historical utilization of medical services, claim inventory levels, changes in membership and product mix, seasonality and other relevant factors to record the actuarial best estimate of health care costs payable. There is significant uncertainty inherent in determining managementâ€™s actuarial best estimate of health care costs payable. In particular, the estimate is sensitive to the assumed completion factors and the assumed health care cost trend rates. Auditing managementâ€™s actuarial best estimate of IBNR reserves for health care costs payable within the Health Care Benefits segment involved a high degree of subjectivity in evaluating managementâ€™s assumptions used in the valuation process.How We Addressed the Matter in Our AuditWe obtained an understanding, evaluated the design and tested the operating effectiveness of controls over the process for estimating IBNR reserves. This included, among others, controls over the completeness and accuracy of data used in the actuarial projections, the transfer of data between underlying source systems, and the review and approval processes that management has in place for the actuarial principles and assumptions used in estimating the health care costs payable. To test IBNR reserves, our audit procedures included, among others, testing the completeness and accuracy of the underlying claim and membership data used in the calculation of IBNR reserves. We involved actuarial specialists to assist with our audit procedures, which included, among others, evaluating the methodologies applied by the Company in determining the actuarially determined liability, evaluating managementâ€™s actuarial principles and assumptions used in their analysis based on historical claim experience, and independently calculating a range of reserve estimates for comparison to managementâ€™s actuarial best estimate of the liability for health care costs payable. Additionally, we performed a review of the prior period liabilities for incurred but not paid claims to subsequent claims development./s/ Ernst & Young LLPWe have served as the Companyâ€™s auditor since 2007.Boston, MassachusettsFebruaryÂ 12, 2025191Table of ContentsItem 9. Changes in and Disagreements With Accountants on Accounting and Financial Disclosure.None.Item 9A. Controls and Procedures.Evaluation of disclosure controls and proceduresThe Companyâ€™s Chief Executive Officer and Chief Financial Officer, after evaluating the effectiveness of the design and operation of the Companyâ€™s disclosure controls and procedures (as defined in RulesÂ 13a-15 (f)Â and 15d-15(f) under the Securities Exchange Act of 1934) as of DecemberÂ 31, 2024, have concluded that as of such date the Companyâ€™s disclosure controls and procedures were adequate and effective at a reasonable assurance level and designed to ensure that material information relating to the Company and its consolidated subsidiaries would be made known to such officers on a timely basis.Managementâ€™s report on internal control over financial reportingManagement is responsible for establishing and maintaining adequate internal control over financial reporting. The Companyâ€™s internal control over financial reporting includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the Company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of the Companyâ€™s consolidated financial statements in accordance with generally accepted accounting principles, and that receipts and expenditures of the Company are being made only in accordance with authorizations of management and directors of the Company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use, or disposition of the Companyâ€™s assets that could have a material effect on the Companyâ€™s consolidated financial statements. In order to ensure the Companyâ€™s internal control over financial reporting is effective, management regularly assesses such control and did so most recently for its financial reporting as of DecemberÂ 31, 2024.Management conducted an assessment of the effectiveness of the Companyâ€™s internal control over financial reporting based on the criteria established in Internal Control-Integrated Framework issued by the Committee of Sponsoring Organizations of the Treadway Commission (2013 Framework). This evaluation included review of the documentation, evaluation of the design effectiveness and testing of the operating effectiveness of controls. The Companyâ€™s system of internal control over financial reporting is enhanced by periodic reviews by the Companyâ€™s internal auditors, written policies and procedures and a written Code of Conduct adopted by CVS Health Corporationâ€™s Board of Directors, applicable to all employees of the Company. In addition, the Company has an internal Disclosure Committee, comprised of management from each functional area within the Company, which performs a separate review of disclosure controls and procedures. There are inherent limitations in the effectiveness of any system of internal control over financial reporting.Based on managementâ€™s assessment, management concluded that the Companyâ€™s internal control over financial reporting is effective and provides reasonable assurance that assets are safeguarded and that the financial records are reliable for preparing financial statements as of DecemberÂ 31, 2024.ErnstÂ & Young LLP, the Companyâ€™s independent registered public accounting firm, is appointed by CVS Health Corporationâ€™s Board of Directors and ratified by CVS Health Corporationâ€™s stockholders. They were engaged to render an opinion regarding the fair presentation of the Companyâ€™s consolidated financial statements as well as conducting an audit of internal control over financial reporting. Their reports included in Item 8 of this Form 10-K are based upon audits conducted in accordance with the standards of the Public Company Accounting Oversight Board (United States).Changes in internal control over financial reportingThere has been no change in the Companyâ€™s internal control over financial reporting identified in connection with the evaluation required by paragraph (d)Â of RuleÂ 13a-15 or RuleÂ 15d-15 that occurred during the fourth quarter ended DecemberÂ 31, 2024 that has materially affected, or is reasonably likely to materially affect, the Companyâ€™s internal control over financial reporting.Item 9B. Other Information.No events have occurred during the fourth quarter ended DecemberÂ 31, 2024 that would require disclosure under this item.192Table of ContentsSecurities Trading Plans of Directors and Executive OfficersDuring the year ended DecemberÂ 31, 2024, none of our directors or executive officers adopted or terminated any contract, instruction or written plan for the purchase or sale of CVS Health Corporation securities that was intended to satisfy the affirmative defense conditions of Rule 10b5-1(c) or any â€œnon-Rule 10b5-1 trading arrangement.â€Item 9C. Disclosure Regarding Foreign Jurisdictions that Prevent Inspections.None.PART IIIItem 10. Directors, Executive Officers and Corporate Governance.Information concerning the Executive Officers of CVS Health Corporation is included in Part I of this 10-K pursuant to General Instruction G to Form 10-K. We have adopted an insider trading policy related to the purchase, sale and other transactions in our securities entered into by our directors, officers, employees and related other persons and by us. The insider trading policy is designed to promote compliance with the securities laws and related rules and regulations, NYSE listing standards and our own Code of Conduct. Our insider trading policy is filed as Exhibit 19 to this 10-K.The sections of the Proxy Statement under the captions â€œCommittees of the Board as of the Annual Meeting,â€ â€œCode of Conduct,â€ â€œAudit Committee Report,â€ and â€œBiographies of our Incumbent Board Nomineesâ€ are incorporated herein by reference. Item 11. Executive Compensation.The sections of the Proxy Statement under the captions â€œNon-Employee Director Compensationâ€ and â€œExecutive Compensation and Related Matters,â€ including â€œLetter from the Management Planning and Development Committee,â€ â€œCompensation Committee Report,â€ â€œCompensation Discussion and Analysisâ€ and â€œCompensation of Named Executive Officersâ€ are incorporated herein by reference.Item 12. Security Ownership of Certain Beneficial Owners and Management and Related Stockholder Matters.The sections of the Proxy Statement under the captions â€œShare Ownership of Directors and Certain Executive Officersâ€ and â€œShare Ownership of Principal Stockholdersâ€ are incorporated herein by reference. Those sections contain information concerning security ownership of certain beneficial owners and management and related stockholder matters.The following table summarizes information about the registrantâ€™s common stock that may be issued upon the exercise of options, warrants and rights under all of the Companyâ€™s equity compensation plans as of DecemberÂ 31, 2024:In thousands, except weighted average exercise

priceNumberÂ ofsecuritiesÂ toÂ beissuedÂ uponexerciseÂ ofoutstandingoptions,Â warrantsandÂ rights (1)	(a)WeightedaverageÂ exercisepriceÂ ofoutstandingoptions,Â warrantsandÂ rights(b)NumberÂ ofÂ securitiesremainingÂ availableÂ forfutureÂ issuanceÂ underequityÂ compensationplansÂ (exclu (c)Equity compensation plans approved by stockholders (2)29,794Â $72.14Â 33,423Â Equity compensation plans not approved by stockholders3,009(3)53.54Â â€”Total32,803Â $69.78Â 33,423Â

(1)Consists of: (i) 13,812 thousand shares of common stock underlying outstanding options, (ii) 32 thousand shares of common stock issuable upon the exercise of outstanding stock appreciation rights (â€œSARsâ€) and (iii) 18,959 thousand shares of common stock issuable on the vesting of outstanding restricted stock units, deferred stock units and performance stock units, assuming target level performance in the case of performance stock units. The number of shares included with respect to outstanding SARs is the number of shares of CVS Health Corporation common stock that would have been issued had the SARs been exercised based on the closing price per share of CVS Health Corporation common stock on DecemberÂ 31, 2024, as reported on the NYSE, which was $44.89. 193Table of Contents(2)Consists of the CVS Health 2017 Incentive Compensation Plan.(3)Consists of: (i) 1,558 thousand shares of common stock underlying outstanding equity awards pursuant to the Amended Aetna Inc. 2010 Stock Incentive Plan (the â€œAetna Planâ€); (ii) 611 thousand shares of common stock underlying outstanding equity awards pursuant to the Oak Street Health, Inc. Omnibus Incentive Plan (the â€œOak Street Health Planâ€), (iii) 48 thousand shares of common stock underlying outstanding equity awards pursuant to the Oak Street Health, Inc. Omnibus Incentive Plan, as amended (the â€œAmended Oak Street Health Planâ€), (iv) 747 thousand shares of common stock underlying outstanding equity awards pursuant to the Signify Health, Inc. 2021 Long-Term Incentive Plan (the â€œSignify Planâ€), and (v) 45 thousand shares of common stock underlying outstanding equity awards pursuant to the Signify Health, Inc. 2021 Long-Term Incentive Plan, as amended (the â€œAmended Signify Planâ€).The Company elected to continue to grant awards under the Aetna Plan to employees of Aetna and its subsidiaries following the completion of the Companyâ€™s acquisition of Aetna. The Aetna Plan was designed to promote Aetnaâ€™s interests and those of its stockholders and to further align the interests of stockholders and employees by tying awards to total return to stockholders, enabling plan participants to acquire additional equity interests and providing compensation opportunities dependent upon the Companyâ€™s performance. The Aetna Plan was not submitted to the Companyâ€™s stockholders and expired on May 21, 2020. Under the Aetna Plan, eligible participants could be granted stock options to purchase shares of CVS Health Corporation common stock, SARs, time-vesting and/or performance-vesting incentive stock or incentive units and other stock-based awards.The Oak Street Plan and the Signify Plan

were each approved by their respective company stockholders prior to their acquisition by CVS Health and have not been approved by the Companyâ€™s stockholders. The purpose of the Oak Street Plan was to enhance the profitability and value of Oak Street Health for the benefit of its stockholders by enabling it to offer eligible individuals stock- and cash-based incentives in order to attract, retain, and reward such individuals and strengthen the mutuality of interests between such individuals and stockholders. Under the Oak Street Plan, eligible participants could be granted time-based restricted stock units and awards. The purpose of the Signify Plan was to motivate and reward employees and other individuals to perform at the highest level and contribute significantly to the success of Signify Health, thereby furthering the best interests of its stockholders. Under the Signify Plan, eligible participants could be granted stock options to purchase shares of CVS Health Corporation common stock and time-based restricted stock units.The Company elected to continue to grant awards under the Oak Street Plan and the Signify Plan until July 28, 2023, when the Amended Oak Street Plan and the Amended Signify Plan became effective. The Amended Oak Street Plan and the Amended Signify Plan, while not approved by the Companyâ€™s stockholders, have terms consistent with those of the CVS Health 2017 Incentive Compensation Plan. The Amended Oak Street Plan and the Amended Signify Plan expired on May 16, 2024, and no further shares may be granted under the terms thereof.Item 13. Certain Relationships and Related Transactions, and Director Independence.The sections of the Proxy Statement under the captions â€œIndependence Determinations for Directorsâ€ and â€œRelated Person Transaction Policyâ€ are incorporated herein by reference.Item 14. Principal Accountant Fees and Services.The section of the Proxy Statement under the caption â€œItem 2: Ratification of Appointment of Independent Registered Public Accounting Firm for 2025â€ is incorporated herein by reference.194Table of ContentsPART IVItem 15. Exhibits, Financial Statement Schedules.The following documents are filed as part of this 10-K:1.Financial Statements. See â€œIndex to Consolidated Financial Statementsâ€ in Item 8 of this 10-K.2.Financial Statement Schedules. All financial statement schedules are omitted because they are not applicable, not required under the instructions, or the information is included in the consolidated financial statements or related notes.3.Exhibits. The exhibits listed in the â€œIndex to Exhibitsâ€ in this Item 15 are filed or incorporated by reference as part of this 10-K. Exhibits marked with an asterisk (*)Â are management contracts or compensatory plans or arrangements. Exhibits other than those listed are omitted because they are not required to be listed or are not applicable. Pursuant to Item 601(b)(4)(iii) of Regulation S-K, the Registrant hereby agrees to furnish to the Securities and Exchange Commission a copy of any omitted instrument that is not required to be listed.INDEX TO EXHIBITSExhibitDescription2Plan of acquisition, reorganization, arrangement, liquidation or succession2.1â€ Â Â Â Â Â Agreement and Plan of Merger, dated as of February 7, 2023, by and among CVS Pharmacy, Inc., Halo Merger Sub Corp., Oak Street Health, Inc. and, for the limited purposes set forth therein, CVS Health Corporation (incorporated by reference to Exhibit 2.1 to the Registrantâ€™s Current Report on Form 8-K filed February 8, 2023).2.2Form of Voting Agreement by and among CVS Pharmacy, Inc., certain stockholders of Oak Street Health, Inc. and certain members of the Oak Street Health, Inc. board of directors parties thereto (incorporated by reference to Exhibit 99.1 to the Registrantâ€™s Current Report on Form 8-K filed February 8, 2023).3Articles of Incorporation and Bylaws3.1Restated Certificate of Incorporation of the Registrant dated June 4, 2018 (incorporated by reference to ExhibitÂ 3.1C of Registrantâ€™s Current Report on FormÂ 8-K filed June 5, 2018).3.2By-Laws of the Registrant, as amended and restated November 17, 2022 (incorporated by reference to Exhibit 3.1 to the Registrantâ€™s Current Report on Form 8-K filed November 21, 2022).4Instruments defining the rights of security holders, including indentures4.1Specimen common stock certificate (incorporated by reference to Exhibit 4.1 to the Registration Statement of the Registrant ((then known as CVS Corporation) as successor to Melville Corporation) on Form 8-B filed November 4, 1996).4.2Senior Indenture dated August 15, 2006, between the Registrant and The Bank of New York Mellon Trust Company, N.A., as trustee (incorporated by reference to Exhibit 4.1 to the Registrantâ€™s Current Report on Form 8-K filed August 15, 2006).4.3Subordinated Indenture, dated as of May 25, 2007, between the Registrant and The Bank of New York Mellon Trust Company, N.A. (as successor to The Bank of New York Trust Company, N.A.) (incorporated by reference to Exhibit 4.1 to the Registrantâ€™s Current Report on Form 8-K Filed December 10, 2024).4.4Second Supplemental Indenture, dated as of December 10, 2024, between the Registrant and the Bank of New York Mellon Trust Company, N.A. (incorporated by reference to Exhibit 4.2 to the Registrantâ€™s Current Report on Form 8-K Filed December 10, 2024).4.5Third Supplemental Indenture, dated as of December 10, 2024, between the Registrant and the Bank of New York Mellon Trust Company, N.A. (incorporated by reference to Exhibit 4.3 to the Registrantâ€™s Current Report on Form 8-K Filed December 10, 2024).4.6Form of the Registrantâ€™s 2025 Note (incorporated by reference to Exhibit 4.6 to the Registrantâ€™s Current Report on Form 8-K filed March 12, 2018).4.7Form of the Registrantâ€™s 2028 Note (incorporated by reference to Exhibit 4.7 to the Registrantâ€™s Current Report on Form 8-K filed March 12, 2018).4.8Form of the Registrantâ€™s 2038 Note (incorporated by reference to Exhibit 4.8 to the Registrantâ€™s Current Report on Form 8-K filed March 12, 2018).4.9Form of the Registrantâ€™s 2048 Note (incorporated by reference to Exhibit 4.9 to the Registrantâ€™s Current Report on Form 8-K filed March 12, 2018).1954.10Form of the Registrantâ€™s 2026 Note (incorporated by reference to Exhibit 4.2 to the Registrantâ€™s Current Report on Form 8-K filed August 15, 2019).4.11Form of the Registrantâ€™s 2029 Note (incorporated by reference to Exhibit 4.3 to the Registrantâ€™s Current Report on Form 8-K filed August 15, 2019).4.12Form of the Registrantâ€™s 2027 Note (incorporated by reference to Exhibit 4.1 to the Registrantâ€™s Current Report on Form 8-K filed on March 31, 2020).4.13Form of the Registrantâ€™s 2030 Note (incorporated by reference to Exhibit 4.2 to the Registrantâ€™s Current Report on Form 8-K filed on March 31, 2020).4.14Form of the Registrantâ€™s 2040 Note (incorporated by reference to Exhibit 4.3 to the Registrantâ€™s Current Report on Form 8-K filed on March 31, 2020).4.15Form of the Registrantâ€™s 2050 Note (incorporated by reference to Exhibit 4.4 to the Registrantâ€™s Current Report on Form 8-K filed on March 31, 2020).4.16Form of the Registrantâ€™s 2027 Note (incorporated by reference to Exhibit 4.1 to the Registrantâ€™s Current Report on Form 8-K filed on August 21, 2020).4.17Form of the Registrantâ€™s 2030 Note (incorporated by reference to Exhibit 4.2 to the Registrantâ€™s Current Report on Form 8-K filed on August 21, 2020).4.18Form of the Registrantâ€™s 2040 Note (incorporated by reference to Exhibit 4.3 to the Registrantâ€™s Current Report on Form 8-K filed on August 21, 2020).4.19Form of the Registrantâ€™s 2027 Note (incorporated by reference to Exhibit 4.1 to the Registrantâ€™s Current Report on Form 8-K filed on December 16, 2020). 4.20Form of the Registrantâ€™s 2031 Note (incorporated by reference to Exhibit 4.2 to the Registrantâ€™s Current Report on Form 8-K filed on December 16, 2020). 4.21Form of the Registrantâ€™s 2031 Note (incorporated by reference to Exhibit 4.1 to the Registrantâ€™s Current Report on Form 8-K filed on August 18, 2021).4.22Form of the Registrantâ€™s 2026 Note (incorporated by reference to Exhibit 4.1 to the Registrantâ€™s Current Report on Form 8-K filed on February 21, 2023).4.23Form of the Registrantâ€™s 2030 Note (incorporated by reference to Exhibit 4.2 to the Registrantâ€™s Current Report on Form 8-K filed on February 21, 2023).4.24Form of the Registrantâ€™s 2033 Note (incorporated by reference to Exhibit 4.3 to the Registrantâ€™s Current Report on Form 8-K filed on February 21, 2023).4.25Form of the Registrantâ€™s 2053 Note (incorporated by reference to Exhibit 4.4 to the Registrantâ€™s Current Report on Form 8-K filed on February 21, 2023).4.26Form of the Registrantâ€™s 2029 Note (incorporated by reference to Exhibit 4.1 to the Registrantâ€™s Current Report on Form 8-K filed June 2, 2023).4.27Form of the Registrantâ€™s 2031 Note (incorporated by reference to Exhibit 4.2 to the Registrantâ€™s Current Report on Form 8-K filed June 2, 2023).4.28Form of the Registrantâ€™s 2033 Note (incorporated by reference to Exhibit 4.3 to the Registrantâ€™s Current Report on Form 8-K filed June 2, 2023).4.29Form of the Registrantâ€™s 2053 Note (incorporated by reference to Exhibit 4.4 to the Registrantâ€™s Current Report on Form 8-K filed June 2, 2023).4.30Form of the Registrantâ€™s 2063 Note (incorporated by reference to Exhibit 4.5 to the Registrantâ€™s Current Report on Form 8-K filed June 2, 2023).4.31Form of the Registrantâ€™s 2029 Note (incorporated by reference to Exhibit 4.1 to the Registrantâ€™s Current Report on Form 8-K filed May 9, 2024).4.32Form of the Registrantâ€™s 2031 Note (incorporated by reference to Exhibit 4.2 to the Registrantâ€™s Current Report on Form 8-K filed May 9, 2024).4.33Form of the Registrantâ€™s 2034 Note (incorporated by reference to Exhibit 4.3 to the Registrantâ€™s Current Report on Form 8-K filed May 9, 2024).4.34Form of the Registrantâ€™s 2044 Note (incorporated by reference to Exhibit 4.4 to the Registrantâ€™s Current Report on Form 8-K filed May 9, 2024).4.35Form of the Registrantâ€™s 2054 Note (incorporated by reference to Exhibit 4.5 to the Registrantâ€™s Current Report on Form 8-K filed May 9, 2024).4.36Form of the Series A Junior Subordinated Notes (incorporated by reference to Exhibit 4.2 to the Registrantâ€™s Current Report on Form 8-K Filed December 10, 2024).4.37Form of the Series B Junior Subordinated Notes (incorporated by reference to Exhibit 4.3 to the Registrantâ€™s Current Report on Form 8-K Filed December 10, 2024).4.38Material terms of outstanding securities that are registered under Section 12 of the 1934 Act as required by Item 202(a)-(d) and (f) of Regulation S-K.10Material Contracts19610.1Confidentiality Agreement, dated November 17, 2024, by and between the Registrant and Glenview Capital Management, LLC (incorporated by reference to Exhibit 10.1 to the Registrantâ€™s Current Report on Form 8-K filed November 18, 2024).10.2Five Year Credit Agreement, dated as of May 16, 2019, by and among the Registrant, the lenders party thereto and Bank of America N.A., as Administrative Agent (incorporated by reference to ExhibitÂ 10.2 of the Registrantâ€™s Quarterly Report on FormÂ 10-Q for the fiscal quarter ended June 30, 2019).10.3First Amendment to Five Year Credit Agreement dated as of May 16, 2022, to the Five Year Credit Agreement dated as of May 16, 2019, by and among the Registrant, the lenders party thereto and Bank of America, N.A., as Administrative Agent (incorporated by reference to Exhibit 10.3 of the Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ended June 30, 2022).10.4Second Amendment to Five Year Credit Agreement dated as of March 23, 2023, to the Five Year Credit Agreement, dated as of May 16, 2019, as amended by the First Amendment to Five Year Credit Agreement, dated as of May 16, 2022, by and among the Registrant, the lenders party thereto and Bank of America N.A. as Administrative Agent (incorporated by reference to Exhibit 10.5 of Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ending March 31, 2023).10.5Third Amendment to Five Year Credit Agreement dated as of May 16, 2024, to the Five Year Credit Agreement dated as of May 16, 2019, as amended by the Second Amendment to Five Year Credit Agreement, dated as of March 23, 2023, as amended by the First Amendment to Five Year Credit Agreement, dated as of May 16, 2022,by and among the Registrant, the lenders party thereto and Bank of America, N.A., as Administrative Agent (incorporated by reference to Exhibit 10.1 to the Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ended June 30, 2024).10.6Five Year Credit Agreement dated as of May 11, 2021, by and among the Registrant, the lenders party thereto, and Bank of America, N.A., as Administrative Agent (incorporated by reference to Exhibit 10.2 to the Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ended June 30, 2021).10.7First Amendment to Five Year Credit Agreement dated as of May 16, 2022, to the Five Year Credit Agreement dated as of May 11, 2021, by and among the Registrant, the lenders party thereto and Bank of America, N.A., as Administrative Agent (incorporated by reference to Exhibit 10.2 of the Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ended June 30, 2022).10.8Second Amendment to Five Year Credit Agreement dated as of March 23, 2023, to the Five Year Credit Agreement, dated as of May 11, 2021, as amended by the First Amendment to Five Year Credit Agreement, dated as of May 16, 2022, by and among the Registrant, the lenders party thereto and Bank of America N.A. as Administrative Agent (incorporated by reference to Exhibit 10.6 of Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ending March 31, 2023).10.9Third Amendment to Five Year Credit Agreement dated as of May 16, 2024, to the Five Year Credit Agreement dated as of May 11, 2021, as amended by the Second Amendment to Five Year Credit Agreement, dated as of March 23, 2023,as amended by the First Amendment to Five Year Credit Agreement, dated as of May 16, 2022, by and among the Registrant, the lenders party thereto and Bank of America, N.A., as Administrative Agent (incorporated by reference to Exhibit 10.2 to the Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ended June 30, 2024).10.10Five Year Credit Agreement dated as of May 16, 2022, by and among the Registrant, the lenders party thereto, and Bank of America, N.A., as Administrative Agent (incorporated by reference to Exhibit 10.1 of the Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ended June 30, 2022).10.11First Amendment to Five Year Credit Agreement dated as of March 23, 2023, to the Five Year Credit Agreement, dated as of May 16, 2022, by and among the Registrant, the lenders party thereto and Bank of America N.A. as Administrative Agent (incorporated by reference to Exhibit 10.7 of Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ending March 31, 2023).10.12Second Amendment to Five Year Credit Agreement dated as of May 16, 2024, to the Five Year Credit Agreement dated as of May 16, 2022, as amended by the First Amendment to Five Year Credit Agreement, dated as of March 23, 2023, by and among the Registrant, the lenders party thereto and Bank of America, N.A., as Administrative Agent (incorporated by reference to Exhibit 10.3 to the Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ended June 30, 2024).10.13*Universal 409A Definition Document, as amended (incorporated by reference to ExhibitÂ 10.28 to the Registrantâ€™s Annual Report on FormÂ 10-K for the fiscal year ended December 31, 2015).10.14 *The Registrantâ€™s Supplemental Retirement Plan I for Select Senior Management, as amended and restated as of December 31, 2008 (incorporated by reference to Exhibit 10.6 to the Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ended June 30, 2009).10.15*Form of Enterprise Non-Competition, Non-Disclosure and Developments Agreement between the Registrant and certain of the Registrantâ€™s executive officers (incorporated by reference to Exhibit 10.25 of the Registrantâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2013).10.16*The Registrantâ€™s Deferred Stock Compensation Plan, as amended and restated (incorporated by reference to Exhibit 10.11 to the Registrant's Annual Report on Form 10-K for the fiscal year ended December 31, 2019).10.17*The Registrantâ€™s 2007 Employee Stock Purchase Plan, as amended (incorporated by reference to ExhibitÂ 99.2 to the Registrantâ€™s Registration Statement on FormÂ S-8 filed May 19, 2020).19710.18*Amendment to Registrantâ€™s 2007 Employee Stock Purchase Plan dated May 2, 2023 (incorporated by reference to Exhibit 10.1 of Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ending June 30, 2023).10.19*The Registrantâ€™s Amended and Restated Deferred Compensation Plan (incorporated by reference to Exhibit 10.10 to the Registrantâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2021).10.20*The Registrantâ€™s Partnership Equity Program, as amended (incorporated by reference to ExhibitÂ 10.25 to the Registrantâ€™s Annual Report on FormÂ 10-K for the fiscal year ended December 31, 2016).10.21*The Registrantâ€™s Performance-Based Restricted Stock Unit Plan, as amended (incorporated by reference to ExhibitÂ 10.27 to the Registrantâ€™s Annual Report on FormÂ 10-K for the fiscal year ended December 31, 2016).10.22*The Registrantâ€™s 2017 Incentive Compensation Plan, as amended (incorporated by reference to Exhibit 99.1 to the Registrantâ€™s Registration Statement on Form S-8 filed May 23, 2024).10.23*Forms of award agreements to be used under the 2017 ICP, as amended (incorporated by reference to Exhibit 10.2 to the Registrantâ€™s Current Report on Form 8-K filed May 22, 2024).10.24*The Registrantâ€™s Executive Incentive Plan, as amended (incorporated by reference to ExhibitÂ 10.4 to the Registrantâ€™s Quarterly Report on FormÂ 10-Q for the fiscal quarter ended June 30, 2017).10.25*The Registrantâ€™s Long-Term Incentive Plan, as amended (incorporated by reference to Exhibit 10.5 to the Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ended June 30, 2017).10.26*Oak Street Health, Inc. Omnibus Incentive Plan (incorporated by reference to Exhibit 99.1 to the Registrantâ€™s Registration Statement on Form S-8 filed May 2, 2023.10.27*Oak Street Health, Inc. Omnibus Incentive Plan, as amended.10.28*Signify Health, Inc. 2021 Long-Term Incentive Plan (incorporated by reference to Exhibit 99.1 to the Registrantâ€™s Registration Statement on Form S-8 filed March 29, 2023).10.29*Signify Health, Inc. 2021 Long-Term Incentive Plan, as amended (incorporated by reference to Exhibit 99.1 to the Registrantâ€™s Registration Statement on Form S-8 filed August 2, 2023).10.30*FormÂ of Non-Qualified Stock Option Agreement between the Registrant and selected employees of the Registrant (incorporated by reference to ExhibitÂ 10.29 to the Registrantâ€™s Annual Report on FormÂ 10-K for the fiscal year ended DecemberÂ 31, 2014).10.31*FormÂ of Non-Qualified Stock Option Agreement between the Registrant and selected employees of the Registrant (incorporated by reference to Exhibit 10.39 to the Registrantâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2018).10.32*Form of Nonqualified Stock Option Agreement between the Registrant and selected employees of the Registrant (incorporated by reference to Exhibit 10.55 to the Registrantâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2021).10.33*Form of Nonqualified Stock Option Agreement between the Registrant and selected executives of the Registrant (incorporated by reference to Exhibit 10.3 of Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ending March 31, 2022).10.34*Form of Nonqualified Stock Option Agreement between the Registrant and selected executives of the Registrant (incorporated by reference to Exhibit 10.4 of Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ending March 31, 2022).10.35*Form of Premium Nonqualified Stock Option Agreement between the Registrant and selected executives of the Registrant.10.36*FormÂ of Restricted Stock Unit Agreement - Annual Grant - between the Registrant and selected employees of the Registrant (incorporated by reference to ExhibitÂ 10.30 to the Registrantâ€™s Annual Report on FormÂ 10-K for the fiscal year ended DecemberÂ 31, 2014).10.37*FormÂ of Restricted Stock Unit Agreement - Annual Grant - between the Registrant and selected employees of the Registrant (incorporated by reference to Exhibit 10.40 to the Registrantâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2018).10.38*Form of Restricted Stock Unit Agreement between the Registrant and selected employees of the Registrant.(incorporated by reference to Exhibit 10.1 of Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ending March 31, 2022). 10.39*FormÂ of Performance-Based Restricted Stock Unit Agreement between the Registrant and selected employees of the Registrant (incorporated by reference to ExhibitÂ 10.31 to the Registrantâ€™s Annual Report on FormÂ 10-K for the fiscal year ended DecemberÂ 31, 2014).10.40*FormÂ of Performance-Based Restricted Stock Unit Agreement between the Registrant and selected employees of the Registrant (incorporated by reference to Exhibit 10.41 to the Registrantâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2018).10.41*The Registrantâ€™s Performance-Based Restricted Stock Unit Program, as amended (incorporated by reference to Exhibit 10.38 to the Registrantâ€™s Annual Report on Form 10-K for the fiscal year ended

December 31, 2018).10.42*Form of Performance Stock Unit Agreement between the Registrant and selected employees of the Registrant (incorporated by reference to Exhibit 10.2 of Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ending March 31, 2022). 19810.43*FormÂ of Partnership Equity Program Participant Purchased RSUs, Company Matching RSUs and Company Matching Options Agreement (Pre-Tax) (incorporated by reference to ExhibitÂ 10.32 to the Registrantâ€™s Annual Report on FormÂ 10-K for the fiscal year ended DecemberÂ 31, 2014).10.44*FormÂ of Partnership Equity Program Participant Purchased RSUs, Company Matching RSUs and Company Matching Options Agreement (Pre-Tax) (incorporated by reference to Exhibit 10.42 to the Registrantâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2018).10.45*FormÂ of Partnership Equity Program Participant Purchased Share, Company Matching RSUs and Company Matching Option Agreement (Post-Tax) (incorporated by reference to ExhibitÂ 10.31 to the Registrantâ€™s Annual Report on FormÂ 10-K for the fiscal year ended DecemberÂ 31, 2013).10.46*FormÂ of Partnership Equity Program Participant Purchased Share, Company Matching RSUs and Company Matching Option Agreement (Post-Tax) (incorporated by reference to ExhibitÂ 10.33 to the Registrantâ€™s Annual Report on FormÂ 10-K for the fiscal year ended DecemberÂ 31, 2014).10.47*Form of Performance Stock Unit Agreement - Annual Grant between the Registrant and selected employees of the Registrant (incorporated by reference to Exhibit 10.1 to the Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ended March 31, 2018).10.48*Form of Performance Stock Unit Agreement - Annual Grant between the Registrant and selected employees of the Registrant (incorporated by reference to Exhibit 10.5 of the Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ended June 30, 2019).10.49*Form of Performance Stock Unit Agreement (LTIP) - Annual Grant between the Registrant and selected employees of the Registrant (incorporated by reference to Exhibit 10.2 to the Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ended March 31, 2018).10.50*Form of Performance Stock Unit Agreement - Annual Grant between the Registrant and selected employees of the Registrant (incorporated by reference to Exhibit 10.1 to the Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ended September 30, 2020).10.51*The Registrantâ€™s Management Incentive Plan.10.52*The Registrantâ€™s Amended and Restated Severance Plan for Non-Store Employees dated January 1, 2025.10.53*The Registrantâ€™s Executive Health Program Summary and Program Document effective September 20, 2023.10.54*Amended and Restated Employment Agreement dated November 5, 2020 between the Registrant and Karen S. Lynch (incorporated by reference to Exhibit 10.51 to the Registrant's Annual Report on Form 10-K for the fiscal year ended December 31, 2020).10.55*Restrictive Covenant Agreement dated November 6, 2020 between the Registrant and Karen S. Lynch (incorporated by reference to Exhibit 10.52 to the Registrant's Annual Report on Form 10-K for the fiscal year ended December 31, 2020).10.56*Letter Agreement dated May 16, 2021 between the Registrant and Shawn Guertin (incorporated by reference to Exhibit 10.4 to the Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ended June 30, 2021). 10.57*Restrictive Covenant Agreement dated May 16, 2021 between CVS Pharmacy, Inc. and Shawn Guertin (incorporated by reference to Exhibit 10.5 to the Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ended June 30, 2021).10.58*Change in Control Agreement dated May 16, 2021 between the Registrant and Shawn Guertin (incorporated by reference to Exhibit 10.6 to the Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ended June 30, 2021). 10.59*Restrictive Covenant Agreement dated January 7, 2024 between the Registrant and Thomas F. Cowhey (incorporated by reference to Exhibit 10.53 to the Registrantâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2023).10.60*Change in Control Agreement effective as of January 5, 2024 between the Registrant and Thomas F. Cowhey (incorporated by reference to Exhibit 10.54 to the Registrantâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2023).10.61*Restrictive Covenant Agreement dated June 20, 2022 between the Registrant and Tilak Mandadi (incorporated by reference to Exhibit 10.1 of Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ending March 31, 2023).10.62*Change in Control Agreement effective as of August 11, 2022 between the Registrant and Tilak Mandadi (incorporated by reference to Exhibit 10.2 of Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ending March 31, 2023).10.63*Restrictive Covenant Agreement dated May 11, 2022 between the Registrant and Prem Shah (incorporated by reference to Exhibit 10.3 of Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ending March 31, 2023).10.64*Change in Control Agreement effective as of January 27, 2023 between the Registrant and Prem Shah (incorporated by reference to Exhibit 10.4 of Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ending March 31, 2023).199Table of Contents10.65*Restrictive Covenant Agreement dated January 17, 2023 between the Registrant and Samrat Khichi (incorporated by reference to Exhibit 10.1 to the Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ended March 31, 2024).10.66*Change in Control Agreement effective as of February 20, 2023 between the Registrant and Samrat Khichi (incorporated by reference to Exhibit 10.2 to the Registrantâ€™s Quarterly Report on Form 10-Q for the fiscal quarter ended March 31, 2024).10.67*Separation and Advisory Services Letter Agreement dated October 17, 2024 between the Registrant and Karen S. Lynch.10.68*Promotion Grant Award Agreement dated November 30, 2024 between the Registrant and J. David Joyner.10.69*Descriptions of certain arrangements not embodied in formal documents as described under the heading â€œNon-Employee Director Compensationâ€ are incorporated herein by reference to the Proxy Statement (when filed). 19Insider trading policies and procedures19.1Securities Trading Policy of CVS Health Corporation, as amended January 28, 2025. 21Subsidiaries of the registrant21.1Subsidiaries of CVS Health Corporation.23Consents of experts and counsel23.1Consent of ErnstÂ & Young LLP.31Rule 13a-14(a)/15d-14(a) Certifications31.1Certification by the Chief Executive Officer.31.2Certification by the Chief Financial Officer.32Section 1350 Certifications32.1Certification by the Chief Executive Officer.32.2Certification by the Chief Financial Officer.97Policy Relating to Recovery of Erroneously Awarded Compensation97.1*Registrantâ€™s Dodd-Frank Clawback Policy adopted September 21, 2023 (incorporated by reference to Exhibit 97.1 to the Registrantâ€™s Annual Report on Form 10-K for the fiscal year ended December 31, 2023).101Interactive Data File101The following materials from the CVS Health Corporation Annual Report on FormÂ 10-K for the fiscal year ended DecemberÂ 31, 2024 formatted in Inline XBRL: (i)Â the Consolidated Statements of Operations, (ii) the Consolidated Statements of Comprehensive Income, (iii)Â the Consolidated Balance Sheets, (iv)Â the Consolidated Statements of Cash Flows, (v) the Consolidated Statements of Shareholdersâ€™ Equity and (vi)Â the related Notes to Consolidated Financial Statements. The instance document does not appear in the Interactive Data File because its XBRL tags are embedded within the Inline XBRL document.104104Cover Page Interactive Data File - The cover page from the Company's Annual Report on Form 10-K for the year ended DecemberÂ 31, 2024, formatted in Inline XBRL (included as Exhibit 101).â€Â Certain of the exhibits and schedules to this exhibit, as well as certain information marked by [***], have been omitted in accordance with Regulation S-K Item 601(b)(2). The Registrant agrees to furnish supplementally a copy of all omitted exhibits and schedules to the Securities and Exchange Commission upon its request.Item 16. Form 10-K Summary.None.200Table of ContentsSIGNATURESPursuant to the requirements of SectionÂ 13 or 15(d)Â of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.CVS HEALTH CORPORATIONDate:February 12, 2025By:/s/ THOMAS F. COWHEYThomas F. CowheyExecutive Vice President and Chief Financial OfficerPursuant to the requirements of the Securities Exchange Act of 1934, this report has been signed below by the following persons on behalf of the registrant and in the capacities and on the dates indicated.SignatureTitle(s)Date/s/ FERNANDO AGUIRREDirectorFebruary 12, 2025Fernando Aguirre/s/ JEFFREY R. BALSER, M.D., Ph.D.DirectorFebruary 12, 2025Jeffrey R. Balser, M.D., Ph.D./s/ C. DAVID BROWN IIDirectorFebruary 12, 2025C. David Brown II/s/ JAMES D. CLARKSenior Vice President - Controller and ChiefFebruary 12, 2025James D. ClarkAccounting Officer (Principal Accounting Officer)/s/ THOMAS F. COWHEYExecutive Vice President and Chief Financial OfficerFebruary 12, 2025Thomas F. Cowhey(Principal Financial Officer)/s/ ALECIA A. DECOUDREAUXDirectorFebruary 12, 2025Alecia A. DeCoudreaux/s/ NANCY-ANN M. DEPARLEDirectorFebruary 12, 2025Nancy-Ann M. DeParle/s/ ROGER N. FARAHChair of the Board and DirectorFebruary 12, 2025Roger N. Farah/s/ ANNE M. FINUCANEDirectorFebruary 12, 2025Anne M. Finucane/s/ J. DAVID JOYNERPresident and Chief Executive OfficerFebruary 12, 2025J. David Joyner(Principal Executive Officer) and Director/s/ J. SCOTT KIRBYDirectorFebruary 12, 2025J. Scott Kirby/s/ MICHAEL F. MAHONEYDirectorFebruary 12, 2025Michael F. Mahoney/s/ JEAN-PIERRE MILLONDirectorFebruary 12, 2025Jean-Pierre Millon/s/ LESLIE V. NORWALKDirectorFebruary 12, 2025Leslie V. Norwalk/s/ LARRY M. ROBBINSDirectorFebruary 12, 2025Larry M. Robbins/s/ GUY P. SANSONEDirectorFebruary 12, 2025Guy P. Sansone/s/ MARY L. SCHAPIRODirectorFebruary 12, 2025Mary L. Schapiro/s/ DOUGLAS H. SHULMANDirectorFebruary 12, 2025Douglas H. Shulman EX-4.38 2 exhibit438-2024.htm EX-4.38 DocumentExhibit 4.38DESCRIPTION OF COMMON STOCK REGISTERED UNDER SECTION 12 OF THE SECURITIES EXCHANGE ACT OF 1934The following description (this â€œDescriptionâ€) of the terms of the common stock of CVS Health Corporation (â€œCVS Healthâ€) is a summary only and is qualified by reference to the relevant provisions of Delaware law and the Restated Certificate of Incorporation (the â€œCharterâ€) and the By-Laws (the â€œBy-Lawsâ€) of CVS Health.Â Copies of the Charter and the By-LawsÂ are incorporated by reference as exhibits to the Annual Report on Form 10-K to which this Description is an exhibit.Authorized Capital StockUnder the Charter as of February 12, 2025, the authorized capital stock of CVS Health consisted of (i)Â 3,200,000,000 shares of common stock, par value of $0.01 per share (â€œcommon stockâ€), (ii)Â 120,619 shares of cumulative preferred stock, par value $0.01 per share (â€œpreferred stockâ€), and (iii)Â 50,000,000 shares of preference stock, par value $1.00 per share (â€œpreference stockâ€).Common StockThe holders of shares of common stock are entitled to one vote per share on all matters voted on by CVS Health stockholders, including elections of directors. Except as otherwise required by law, or by the provisions of the preferred stock or the preference stock, or provided in any resolution adopted by the CVS Health board of directors (the â€œboardâ€) with respect to any subsequently created class or series of shares of CVS Health, the holders of the shares of common stock exclusively possess all voting power. The Charter precludes cumulative voting in the election of directors. The Charter provides for a majority vote standard for uncontested elections of directors, and a plurality of votes standard for contested elections of directors. Subject to any rights of any outstanding series of preferred stock or preference stock, (i) the holders of shares of common stock are entitled to such dividends as may be declared from time to time by the board from funds available therefor, (ii)Â no dividends may be declared, paid, or set aside for payment on shares of common stock unless full cumulative dividends are paid on any outstanding preference stock and any other preferred stock issued and outstanding at such time that is designated to have such dividend preference and (iii)Â upon dissolution the holders of shares of common stock are entitled to receive pro rata all assets of CVS Health available for distribution to such holders, subject to any liquidation preferences designated to any preferred stock or preference stock that may be issued and outstanding at such time of liquidation.No Preemptive RightsThe Charter provides that no holder of any shares of CVS Health of any class or series may have any preemptive right to purchase or subscribe to any shares of CVS Health or any security convertible into shares of CVS Health of any class or series.Provisions Relating to Amendments to CVS Healthâ€™s Charter andÂ By-LawsUnder Delaware law, stockholders have the right to adopt, amend or repeal the certificate of incorporation andÂ by-lawsÂ of a corporation. However, Delaware law requires that any amendment to the Charter also be approved by the board. Under Delaware law, unless a higher vote is required in a corporationâ€™s certificate of incorporation, amendments to the corporationâ€™s certificate of incorporation will be adopted upon receiving at a properly convened meeting the affirmative vote of a majority of the votes cast by all stockholders entitled to vote thereon, and if any class or series is entitled to vote thereon as a class, the affirmative vote of a majority of the votes cast in each class vote.In addition, theÂ By-LawsÂ may be amended by the board with respect to all matters not exclusively reserved by law to the stockholders. Amendments to theÂ By-LawsÂ may be adopted and approved by the affirmative vote of the holders of record of a majority of the outstanding shares of stock of CVS Health entitled to vote at any annual or special meeting, or by the affirmative vote of a majority of the directors cast at any regular or special meeting, at which a quorum is present.1Certain Statutory and Charter ProvisionsCertain provisions of the Charter and By-Laws summarized in the following paragraphs may be deemed to have an antitakeover effect and may delay, defer or prevent a tender offer or takeover attempt. Potential Issuances of Preferred Stock and Preference StockAs of February 12, 2025, the Charter authorized 120,619 shares of preferred stock, par value $0.01 per share and 50,000,000 shares of preference stock, par value $1.00 per share. The Charter also authorizes the board to issue shares of preferred stock or preference stock, from time to time, in such class or classes, and such series within any class, and with such designations, preferences and relative, participating, optional or other special rights, and qualifications, limitations or restrictions thereof as the board may determine, including, for example, (i)Â the designation of the class or series; (ii)Â the number of shares of the class or series, which number the board may thereafter (except where otherwise provided in the designation of any subsequently authorized class or series) increase or decrease (but not below the number of shares thereof then outstanding); (iii)Â whether dividends, if any, will be cumulative or noncumulative and the dividend rate of the class or series; (iv)Â the dates on which dividends, if any, will be payable; (v)Â the redemption rights and price or prices, if any, for shares of the class or series; (vi)Â the terms and amounts of any sinking fund provided for the purchase or redemption of shares of the class or series; (vii)Â the amounts payable on shares of the class or series in the event of any voluntary or involuntary liquidation, dissolution or winding up of the affairs of CVS Health; (viii)Â whether the shares of the class or series will be convertible into shares of any other class or series, or any other security, of CVS Health or any other corporation, and, if so, the specification of such other class or series or such other security, the conversion price or prices or rate or rates, any adjustments thereof, the date or dates as of which such shares will be convertible and all other terms and conditions upon which such conversion may be made; (ix)Â restrictions on the issuance of shares of the same class or series or of any other class or series; and (x)Â the voting rights, if any, of the holders of such class or series. The authorized capital stock of CVS Health, including preferred stock, preference stock and common stock, will be available for issuance without further action by CVS Health stockholders, unless such action is required by applicable law or the rules of any stock exchange or automated quotation system on which CVS Healthâ€™s securities may be listed or traded. If the approval of CVS Health stockholders is not so required, the board does not intend to seek stockholder approval.Although the board has no intention at the present time of doing so, it could issue a class or series of preferred stock or preference stock that could, depending on the terms of such class or series, impede completion of a merger, tender offer or other takeover attempt that the holders of some, or a majority, of CVS Health shares might believe to be in their best interests or in which CVS Health stockholders might receive a premium for their shares over the then-current market price of such shares.Potential Issuances of Rights to Purchase SecuritiesCVS Health does not currently have a stockholder rights plan, although the board retains the right to adopt a new plan at a future date. The Charter grants the board exclusive authority to create and issue rights entitling the holders thereof to purchase from CVS Health shares of capital stock or other securities and to elect to repurchase, redeem, terminate or amend any such rights. The times at which and terms upon which such rights are to be issued, repurchased, redeemed, terminated or amended are to be determined exclusively by the board and set forth in the contracts or instruments that evidence any such rights. The authority of the board with respect to such rights includes determining, for example, (i)Â the purchase price of the capital stock or other securities or property to be purchased upon exercise of such rights; (ii)Â provisions relating to the times at which and the circumstances under which such rights may be exercised or sold or otherwise transferred, either together with or separately from any other shares or other securities of CVS Health; (iii)Â provisions which adjust the number or exercise price of such rights or the amount or nature of the shares, other securities or other property receivable upon exercise of such rights in the event of a combination, split or recapitalization of any shares of CVS Health, a change in ownership of CVS Healthâ€™s shares or other securities or a reorganization, merger, consolidation, sale of assets or other occurrence relating to CVS Health or any shares of CVS Health, and provisions restricting the ability of CVS Health to enter into any such transaction absent an assumption by the other party or parties thereto of the obligations of CVS Health under such rights; (iv)Â provisions which deny the holder of a specified percentage of the outstanding securities of CVS Health the right to exercise such rights and/or cause such rights held by such holder to become void; (v)Â provisions which2permit CVS Health to redeem or exchange such rights; and (vi)Â the appointment of the rights agent with respect to such rights. This provision is intended to confirm the boardâ€™s exclusive authority to issue, repurchase, redeem, terminate or amend share purchase rights or other rights to purchase shares or securities of CVS Health or any other corporation.Stockholder Action by Written ConsentThe Charter provides that stockholder action may be taken at an annual or special meeting of stockholders or by written consent in lieu of a meeting, but only if such action is taken in accordance with the provisions of the Charter andÂ By-Laws.Â Any person other than CVS Health seeking to have the CVS Health stockholders authorize or take corporate action by written consent without a meeting is required to deliver a written notice signed by holders of record of at least twenty-five percent (25%) of the voting power of the outstanding capital stock of CVS Health entitled to express consent on the relevant action and request that a record date be fixed for such purpose.Stockholder Vote on Fundamental or Extraordinary Corporate TransactionsUnder Delaware law, a sale, lease or exchange of all or substantially all of CVS Healthâ€™s assets, an amendment to the Charter, a merger or consolidation of CVS Health with another corporation or a dissolution of CVS Health generally requires the affirmative vote of the board and, with limited exceptions, the affirmative vote of a majority of the aggregate voting power of the outstanding stock entitled to vote on the transaction.With respect to transactions with related persons (persons who own at least 10% of the outstanding capital stock of CVS Health), the Charter provides that a majority of outstanding shares (excluding those owned by the related person) voting as a single class is required to approve a business combination transaction with a related person, unless (i) such transaction is approved by a majority of continuing directors (directors who are not the related person, or an affiliate or associate thereof (or a representative or nominee of the related person or such affiliate or associate), that is involved in the relevant business combination and (a) who were members of the board immediately prior to the time that such related person became a related person or (b)

whose initial election as a director was recommended by the affirmative vote of a least a majority of the continuing directors then in office, provided that, in either such case, such continuing director has continued in office after becoming a continuing director) or (ii) certain fair price requirements are met.State Anti-Takeover ProvisionsCVS Health has not opted out of Section 203 of the Delaware General Corporation Law, which provides that, if a person acquires 15% or more of the outstanding voting stock of a Delaware corporation, thereby becoming an â€œinterested stockholder,â€ that person may not engage in certain â€œbusiness combinationsâ€ with the corporation, including mergers, purchases and sales of 10% or more of its assets, stock purchases and other transactions pursuant to which the percentage of the corporationâ€™s stock owned by the interested stockholder increases (other than on a pro rata basis) or pursuant to which the interested stockholder receives a financial benefit from the corporation, for a period of three years after becoming an interested stockholder unless one of the following exceptions applies: (i) the board approved the acquisition of stock pursuant to which the person became an interested stockholder or the transaction that resulted in the person becoming an interested stockholder prior to the time that the person became an interested stockholder; (ii) upon consummation of the transaction that resulted in the person becoming an interested stockholder such person owned at least 85% of the outstanding voting stock of CVS Health, excluding, for purposes of determining the voting stock outstanding, voting stock owned by directors who are also officers and certain employee stock plans; or (iii) the transaction is approved by the board and by the affirmative vote of two-thirds of the outstanding voting stock which is not owned by the interested stockholder. An â€œinterested stockholderâ€ also includes the affiliates and associates of a 15% or more owner and any affiliate or associate of CVS Health who was the owner of 15% or more of the outstanding voting stock within the three-year period prior to determine whether a person is an interested stockholder.3 EX-10.27 3 exhibit1027-2024.htm EX-10.27 DocumentExhibit 10.27OAK STREET HEALTH, INC.OMNIBUS INCENTIVE PLANAs Amended July 28, 2023ARTICLE IPURPOSE; EFFECTIVE DATE; TERM1.1Â Â Â Â Purpose. The purpose of this Oak Street Health, Inc. Omnibus Incentive Plan is to enhance the profitability and value of the Company for the benefit of its Stockholders by enabling the Company to offer Eligible Individuals stock- and cash-based incentives in order to attract, retain, and reward such individuals and strengthen the mutuality of interests between such individuals and the Stockholders.1.2Â Â Â Â Effective Date. The Plan became effective on August 5, 2020 (the â€œEffective Dateâ€).1.3Â Â Â Â Term. No Award may be granted on or after the 10th anniversary of the Effective Date, but Awards granted before such 10th anniversary may extend beyond that date.ARTICLE IIDEFINITIONSFor purposes of the Plan, the following terms will have the following meanings:2.1Â Â Â Â â€œAcquisition Dateâ€ means May 2, 2023.2.2Â Â Â Â â€œAffiliateâ€ means each of the following: (a)Â any Subsidiary; (b)Â Parent; (c)Â any corporation, trade, or business that is directly or indirectly controlled 50% or more (whether by ownership of stock, assets, or an equivalent ownership interest or voting interest) by the Company or any Affiliate; (d)Â any trade or business that directly or indirectly controls 50% or more (whether by ownership of stock, assets, or an equivalent ownership interest or voting interest) of the Company; and (e)Â any other entity in which the Company or any Affiliate has a material equity interest and that is designated as an â€œAffiliateâ€ by resolution of the Committee.2.3Â Â Â Â â€œApplicable Lawâ€ means the requirements related to or implicated by the administration of the Plan under applicable state corporate laws, United States federal and state securities laws, the Code, any stock exchange or quotation system on which the Shares are listed or quoted, and the applicable laws of any foreign country or jurisdiction where Awards are granted.2.4Â Â Â Â â€œAwardâ€ means any award granted under the Plan of any Stock Option, Stock Appreciation Right, Restricted Shares, Performance Award, Dividend Equivalent, Other Share-Based Award, or Other Cash-Based Award. All Awards granted prior to the Acquisition Date will be subject to the terms and conditions of a written Award Agreement executed by Oak Street and the Participant. All Awards granted on or following the Acquisition Date will be granted by, confirmed by, and subject to the terms and conditions of a written Award Agreement executed by the Company and the Participant.12.5Â Â Â Â â€œAward Agreementâ€ means the written or electronic agreement setting forth the terms and conditions applicable to an Award.2.6Â Â Â Â â€œBeneficial Ownerâ€ has the meaning ascribed to such term in Rule 13d-3 under the Exchange Act and any successor to such rule.2.7Â Â Â Â â€œBoardâ€ means the Board of Directors of the Company.2.8Â Â Â Â â€œCauseâ€ means, with respect to Awards granted prior to the Acquisition Date and unless otherwise determined by the Committee in the applicable Award Agreement, with respect to an Eligible Employeeâ€™s or Consultantâ€™s Separation from Service, the following: (a) in the case where there is no employment agreement, consulting agreement, change in control agreement, or similar agreement in effect between the Company or an Affiliate and the Participant at the time of the grant of the Award (or where there is such an agreement but it does not define â€œcauseâ€ (or words of like import)), Separation from Service due to a Participantâ€™s insubordination, dishonesty, fraud, incompetence, moral turpitude, willful misconduct, refusal to perform the Participantâ€™s duties or responsibilities (for any reason other than illness or incapacity), repeated or material violation of any employment policy, violation or breach of any confidentiality agreement, work product agreement, or other agreement between the Participant and the Company, or materially unsatisfactory performance of the Participantâ€™s duties to the Company or an Affiliate; or (b) in the case where there is an employment agreement, consulting agreement, change in control agreement, or similar agreement in effect between the Company or an Affiliate and the Participant at the time of the grant of the Award that defines â€œcauseâ€ (or words of like import), â€œcauseâ€ as defined under such agreement; provided that with respect to each of clause (a) and (b), a Participantâ€™s violation of Parentâ€™s or Oak Streetâ€™s (or any of the their respective affiliateâ€™s) code of conduct shall also constitute grounds for termination of employment or service for Cause, to the extent that such a termination of employment for Cause is consistent with Parentâ€™s standard human resources policies and procedures. For Awards granted on or after the Acquisition Date, â€œCauseâ€ shall be deemed to occur if the Participant (a) willfully and materially breaches any of his or her obligations to the Company or Oak Street with respect to confidentiality, cooperation with regard to litigation, non-disparagement and non-solicitation, (b) is convicted of a felony involving moral turpitude or (c) engages in conduct that constitutes willful gross neglect or willful gross misconduct in carrying out Participantâ€™s duties to the Company or Oak Street, resulting, in either case, in material harm to the financial condition or reputation of the Company or Oak Street.2.9Â Â Â Â â€œChange in Controlâ€ means, unless otherwise defined in an Award Agreement prior to the Acquisition Date, the occurrence of any of the following: (i) any Person (other than (w) the Company, (x) any trustee or other fiduciary holding securities under any employee benefit plan of the Company, (y) any corporation owned, directly or indirectly, by the stockholders of the Company immediately after the occurrence with respect to which the evaluation is being made in substantially the same proportions as their ownership of the common stock of the Company immediately prior to such occurrence, or (z) any surviving or resulting entity from a merger or consolidation referred to in clause (iii) below) becomes the Beneficial Owner (except that a Person shall be deemed to be the Beneficial Owner of all shares that any such Person has the right to acquire pursuant to any agreement or arrangement or upon exercise of conversion rights, warrants or options or otherwise, 2without regard to the sixty (60) day period referred to in Rule 13d-3 under the Exchange Act), as directly or indirectly, of securities of the Company or of any subsidiary owning directly or indirectly all or substantially all of the consolidated assets of the Company (a â€œSignificant Subsidiaryâ€), representing thirty percent (30%) or more of the combined voting power of the Companyâ€™s or such Significant Subsidiaryâ€™s then outstanding securities; (ii) during any period of twelve (12) consecutive months, individuals who at the beginning of such period constitute the Board, and any new director whose election by the Board or nomination for election by the Companyâ€™s stockholders was approved by a vote of at least a majority of the directors then still in office who either were directors at the beginning of the twelve (12)-month period or whose election or nomination for election was previously so approved, cease for any reason to constitute at least a majority of the Board; (iii) the consummation of a merger or consolidation of the Company or any Significant Subsidiary with any other entity, other than a merger or consolidation which would result in the voting securities of the Company or a Significant Subsidiary outstanding immediately prior thereto continuing to represent (either by remaining outstanding or by being converted into voting securities of the surviving or resulting entity) more than fifty percent (50%) of the combined voting power of the surviving or resulting entity outstanding immediately after such merger or consolidation; or (iv) the consummation of a transaction (or series of transactions within a twelve (12)-month period) which constitutes the sale or disposition of all or substantially all of the consolidated assets of the Company but in no event assets having a gross fair market value of less than forty percent (40%) of the total gross fair market value of all of the consolidated assets of the Company (other than such a sale or disposition immediately after which such assets will be owned directly or indirectly by the stockholders of the Company in substantially the same proportions as their ownership of the common stock of the Company immediately prior to such sale or disposition).2.10Â Â Â Â â€œCodeâ€ means the Internal Revenue Code of 1986, as amended from time to time.2.11Â Â Â Â â€œCommitteeâ€ means any committee of the Board duly authorized by the Board to administer the Plan. If no committee is duly authorized by the Board to administer the Plan, â€œCommitteeâ€ will be deemed to refer to the Board for all purposes under the Plan.2.12Â Â Â Â â€œCommon Stockâ€ means the shares, $0.01 par value per share, of the Company. 2.13Â Â Â Â â€œCompanyâ€ means CVS Health Corporation, a Delaware corporation.2.14Â Â Â Â â€œConstructive Termination Without Causeâ€ means the Participantâ€™s termination of his or her employment following the occurrence, without the Participantâ€™s written consent, of one or more of (i) an assignment of any duties to the Participant that is materially inconsistent with the Participantâ€™s position; (ii) a material decrease in the Participantâ€™s annual base salary or target annual incentive award opportunity; or (iii) a relocation of the Participantâ€™s principal place of employment more than thirty-five (35) miles from the Participantâ€™s place of employment before such relocation. In all cases, no Constructive Termination Without Cause shall be deemed to have occurred if any such event occurs as a result of a prior termination. In addition, no Constructive Termination Without Cause shall be deemed to have occurred unless the Participant provides written notice to the Company that any such event has occurred, which notice identifies the event and is provided within thirty (30) days of the initial occurrence of such event, a cure period of 3forty-five (45) days following the Companyâ€™s receipt of such notice expires and the Company has not cured such event within such cure period, and the Participant actually terminates his or her employment within thirty (30) days of the expiration of the cure period.2.15Â Â Â Â â€œConsultantâ€ means an advisor or consultant to Oak Street or an Affiliate.2.16Â Â Â Â â€œDetrimental Conductâ€ means, as determined by the Company, the Participantâ€™s serious misconduct or unethical behavior, including any of the following: (a)Â any violation by the Participant of a restrictive covenant agreement that the Participant has entered into with the Company or an Affiliate (covering, for example, confidentiality, non-competition, non-solicitation, non-disparagement, etc.); (b)Â any conduct by the Participant that could result in the Participantâ€™s Separation from Service for Cause; (c)Â the commission of a criminal act by the Participant, whether or not performed in the workplace, that subjects, or if generally known would subject, the Company or an Affiliate to public ridicule or embarrassment, or other improper or intentional conduct by the Participant causing reputational harm to the Company, an Affiliate, or a client or former client of the Company or an Affiliate; (d)Â the Participantâ€™s breach of a fiduciary duty owed to the Company or an Affiliate or a client or former client of the Company or an Affiliate; (e)Â the Participantâ€™s intentional violation, or grossly negligent disregard, of the Companyâ€™s or an Affiliateâ€™s policies, rules, or procedures; or (f)Â the Participant taking or maintaining trading positions that result in a need to restate financial results in a subsequent reporting period or that result in a significant financial loss to the Company or an Affiliate.2.17Â Â Â Â â€œDisabilityâ€ means, unless otherwise determined by the Committee in the applicable Award Agreement, with respect to a Participantâ€™s Separation from Service, (i) for purposes of Awards granted prior to the Acquisition Date, a permanent and total disability as defined in Code SectionÂ 22(e)(3) and (ii) for purposes of Awards granted on or after the Acquisition Date, total and permanent disability (as defined in the Companyâ€™s Long-Term Disability Plan, or, if not defined in such plan, as defined by the Social Security Administration). A Disability will only be deemed to occur at the time of the determination by the Committee of the Disability; provided, however, that, for Awards that are subject to SectionÂ 409A, Disability means that a Participant is disabled under SectionÂ 409A.2.18Â Â Â Â â€œDividend Equivalentâ€ means a right, granted to a Participant under Section 10.4, to receive cash, Shares, other Awards or other property equal in value to dividends paid with respect to a specified number of Shares, or other periodic payments.2.19Â Â Â Â â€œEffective Dateâ€ has the meaning set forth in SectionÂ 1.2.2.20Â Â Â Â â€œEligible Employeeâ€ means each employee of Oak Street (a wholly owned subsidiary of the Company).2.21Â Â Â Â â€œEligible Individualâ€ means each Eligible Employee and Consultant who is designated by the Committee as eligible to receive an Award.2.22Â Â Â Â â€œExchange Actâ€ means the Securities Exchange Act of 1934, as amended from time to time.2.23Â Â Â Â â€œFair Market Valueâ€ means, with respect to Awards granted prior to the Acquisition Date, as of any date and except as provided below, the last sales price reported for the Common Stock on the applicable date as reported on the principal stock exchange in the 4United States on which the Common Stock is then listed; provided, that for purposes of the grant of any Award, the applicable date will be the trading day immediately before the date on which the Award is granted and that for purposes of the purchase of any Award, the applicable date will be the date a notice of purchase is received by the Company or, if not a day on which the applicable market is open, the next day that it is open. For Awards granted on or after the Acquisition Date, unless otherwise determined by the Committee, the Fair Market Value of Common Stock shall be the closing price of a share of Common Stock, as quoted on the composite transactions table on the New York Stock Exchange, on the date on which the determination of Fair Market Value is being made, or, in the event the date on which the determination is being made is a date on which the New York Stock Exchange is closed, then the closing price of a share of Common Stock, as quoted on the composite transactions table on the New York Stock Exchange on the last date prior to such date on which the New York Stock Exchange was open, shall be used.2.24Â Â Â Â â€œFamily Memberâ€ means the Participantâ€™s child, stepchild, grandchild, parent, stepparent, grandparent, spouse, former spouse, sibling, niece, nephew, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, including adoptive relationships, any person sharing the Participantâ€™s household (other than a tenant or employee), a trust in which these persons have more than 50% of the beneficial interest, a foundation in which these persons (or the Participant) control the management of assets, and any other entity in which these persons (or the Participant) own more than 50% of the voting interests.2.25Â Â Â Â â€œGAAPâ€ means generally accepted accounting principles.2.26Â Â Â Â â€œIncentive Stock Optionâ€ or â€œISOâ€ means any Stock Option awarded to an Eligible Employee of the Company, its Subsidiaries, or Parent intended to be and designated as an â€œincentive stock optionâ€ within the meaning of Code SectionÂ 422.2.27Â Â Â Â â€œNonstatutory Stock Optionâ€ means any Stock Option that is not an ISO.2.28Â Â Â Â â€œOak Streetâ€ means Oak Street Health, Inc.2.29Â Â Â Â â€œOther Cash-Based Awardâ€ means an award granted to an Eligible Individual under SectionÂ 10.3 that is payable in cash at the time or times and subject to the terms and conditions determined by the Committee.2.30Â Â Â Â â€œOther Share-Based Awardâ€ means an award granted to an Eligible Individual under Article X that is valued in whole or in part by reference to, or is payable in or otherwise based on, Common Stock, including an award valued by reference to an Affiliate.2.31Â Â Â Â â€œParentâ€ means CVS Pharmacy, Inc., a Rhode Island corporation.2.32Â Â Â Â â€œParticipantâ€ means an Eligible Individual who has been granted, and holds, an Award.2.33Â Â Â Â â€œPerformance Awardâ€ means an award granted to an Eligible Individual under Article IX contingent upon achieving specified Performance Goals.2.34Â Â Â Â â€œPerformance Goalsâ€ means goals established by the Committee as contingencies for Awards to vest or become exercisable or distributable, which may be based on business objectives or other measures of performance as the Committee, in its discretion, deems appropriate. Performance Goals may differ among Awards granted to any one Participant or to different Participants. The Committee may also designate additional business 5objectives on which the Performance Goals may be based; and adjust, modify, or amend the aforementioned business objectives.2.35Â Â Â Â â€œPerformance Periodâ€ means the designated period during which Performance Goals must be satisfied with respect to a Performance Award.2.36Â Â Â Â â€œPersonâ€ has the meaning ascribed to such term in Section 3(a)(9) of the Exchange Act and used in Sections 13(d) and 14(d) thereof, and shall include a â€œgroupâ€ as defined in Section 13(d) thereof.2.37Â Â Â Â â€œPlanâ€ means this Oak Street Health, Inc. Omnibus Incentive Plan, as amended from time to time.2.38Â Â Â Â â€œProceedingâ€ has the meaning set forth in SectionÂ 13.10.2.39Â Â Â Â â€œRestricted Sharesâ€ means restricted Shares granted to an Eligible Individual under Article VIII.2.40Â Â Â Â â€œRestriction Periodâ€ has the meaning set forth in SectionÂ 8.3(a).2.41Â Â Â Â â€œRule 16b-3â€ means Rule 16b-3 under SectionÂ 16(b) of the Exchange Act.2.42Â Â Â Â â€œSectionÂ 409Aâ€ means Code SectionÂ 409A.2.43Â Â Â Â â€œSecurities Actâ€ means the Securities Act of 1933.2.44Â Â Â Â â€œSeparation from Serviceâ€ means, unless otherwise determined by the Committee or the Company, the termination of the applicable Participantâ€™s employment with, and performance of services for, the Company and all Affiliates, including by reason of the fact that the Participantâ€™s employer or other service recipient ceases to be an Affiliate of the Company. Unless otherwise determined by the Company, if a Participantâ€™s employment or service with the Company or an Affiliate terminates but the Participant continues to provide services to the Company or an Affiliate as an Eligible Employee or Consultant, as applicable, such change in status will not be considered a Separation from Service. Approved temporary absences from employment because of illness, vacation, or leave of absence and transfers among the Company and its Affiliates will not be considered Separations from Service. Notwithstanding the foregoing definition of Separation from Service, with respect to any Award that constitutes nonqualified deferred compensation under SectionÂ 409A, â€œSeparation from Serviceâ€ means a â€œseparation from serviceâ€ as defined under SectionÂ 409A.2.45Â Â Â Â â€œShareâ€ means a share of Common Stock.2.46Â Â Â Â â€œShare Reserveâ€ has the meaning set forth in SectionÂ 4.1.2.47Â Â Â Â â€œStock Appreciation Rightâ€ means a right granted to an Eligible Individual under Article VII to receive an amount in cash or Shares equal to the difference between (a)Â the Fair Market Value of a Share on the date such right is exercised and (b)Â the per Share exercise price of such right.2.48Â Â Â Â â€œStock Optionâ€ means an option to purchase Shares granted to an Eligible Individual under

Article VI.2.49Â Â Â Â â€œStockholderâ€ means a stockholder of the Company.62.50Â Â Â Â â€œSubsidiaryâ€ means any subsidiary corporation of the Company within the meaning of Code SectionÂ 424(f).2.51Â Â Â Â â€œTen Percent Stockholderâ€ means a Person owning stock possessing more than 10% of the total combined voting power of all classes of stock of the Company, its Subsidiaries, or Parent.2.52Â Â Â Â â€œTermination Without Causeâ€ means the involuntary termination of a Participantâ€™s employment by the Company or a Subsidiary, including Oak Street, without Cause.2.53Â Â Â Â â€œTransferâ€ means (a) when used as a noun, any direct or indirect transfer, sale, assignment, pledge, hypothecation, encumbrance, or other disposition, whether for value or no value and whether voluntary or involuntary, and (b) when used as a verb, to directly or indirectly transfer, sell, assign, pledge, encumber, charge, hypothecate, or otherwise dispose of, whether for value or for no value and whether voluntarily or involuntarily.â€œTransferredâ€ and â€œTransferableâ€ have a correlative meaning under the Plan.ARTICLE IIIADMINISTRATION3.1Â Â Â Â Committee. The Plan will be administered and interpreted by the Committee. To the extent required by Applicable Law, it is intended that each member of the Committee will qualify as (a) a â€œnon-employee directorâ€ under Rule 16b-3 and (b) an â€œindependent directorâ€ under the rules of the principal stock exchange in the United States on which the Common Stock is then listed, as applicable. If it is later determined that one (1) or more members of the Committee do not so qualify, actions taken by the Committee before such determination will be valid despite such failure to qualify.3.2Â Â Â Â Grants of Awards. The Committee will have full authority to grant, under the terms and conditions of the Plan, to Eligible Individuals: (i)Â Stock Options, (ii)Â Stock Appreciation Rights, (iii)Â Restricted Shares, (iv)Â Performance Awards, (v) Dividend Equivalents (vi)Â Other Share-Based Awards, and (vii)Â Other Cash-Based Awards. In particular, the Committee will have the authority:(a)Â Â Â Â to select the Eligible Individuals to whom Awards may be granted;(b)Â Â Â Â to determine whether and to what extent Awards, or any combination thereof, are to be granted to one (1) or more Eligible Individuals;(c)Â Â Â Â to determine the number of Shares to be covered by each Award;(d)Â Â Â Â to determine the terms and conditions, not inconsistent with the terms and conditions of the Plan, of all Awards;(e)Â Â Â Â to determine the amount of cash to be covered by each Award;(f)Â Â Â Â to determine whether, to what extent, and under what circumstances grants of Stock Options and other Awards are to operate on a tandem basis or in conjunction with or apart from other awards made by the Company outside of the Plan;(g)Â Â Â Â to determine whether and under what circumstances a Stock Option may be settled in cash, Common Stock, or Restricted Shares under SectionÂ 6.4(d); (h)Â Â Â Â to determine whether a Stock Option is an ISO or Nonstatutory Stock Option;7(i)Â Â Â Â to impose a â€œblackoutâ€ period during which Stock Options may not be exercised;(j)Â Â Â Â to determine whether to require a Participant, as a condition of the granting of any Award, to not sell or otherwise dispose of Shares acquired upon the exercise of an Award for a period of time as determined by the Committee after the date of the acquisition of such Award;(k)Â Â Â Â to modify, extend, or renew an Award, subject to SectionÂ 6.4(l) and Article XII; (l)Â Â Â Â to determine the treatment of Awards upon occurrence of one or more specified events, including, without limitation a Change in Control, subject to Section 11.1 and any Award Agreement; and(m)Â Â Â Â solely to the extent permitted by Applicable Law, to determine whether, to what extent, and under what circumstances to provide loans (which may be on a recourse basis and bear interest at the rate the Committee may determine) to Participants in order to exercise Stock Options.3.3Â Â Â Â Guidelines. Subject to Article XII, the Committee will have the authority to adopt, alter, and repeal such administrative rules, guidelines, and practices governing the Plan and perform all acts, including the delegation of its responsibilities (to the extent permitted by Applicable Law), as it may deem advisable; to construe and interpret the Plan, all Awards, and all Award Agreements (and in each case any agreements relating thereto); and to otherwise supervise the administration of the Plan. The Committee may correct any defect, supply any omission, or reconcile any inconsistency in the Plan or in any agreement relating thereto in the manner and to the extent it deems necessary to effectuate the purpose and intent of the Plan. The Committee may adopt special terms and conditions for Persons who are residing in, or employed in, or subject to the taxes of, any domestic or foreign jurisdictions to comply with Applicable Law. Notwithstanding the foregoing terms and conditions of this SectionÂ 3.3, no action of the Committee under this SectionÂ 3.3 may substantially impair the rights of any Participant with respect to an Award that has previously been granted without the Participantâ€™s consent. To the extent applicable, the Plan is intended to comply with the applicable requirements of Rule 16b-3, and the Plan will be limited, construed, and interpreted in a manner so as to comply therewith.3.4Â Â Â Â Sole Discretion; Decisions Final. Any decision, interpretation, or other action made or taken by or at the direction of the Company, the Board, or the Committee (or any of their members) arising out of or in connection with the Plan will be within the sole and absolute discretion of all and each of them, as the case may be, and will be final, binding, and conclusive on the Company and all employees and Participants and their respective heirs, executors, administrators, successors, and assigns and all other Persons having an interest in the Plan.3.5Â Â Â Â Designation of Consultants/Liability.(a)Â Â Â Â The Committee may designate employees of the Company and professional advisors to assist the Committee in the administration of the Plan and may grant authority to officers to grant Awards and execute agreements and other documents on behalf of the Committee, in each case to the extent permitted by Applicable Law. In the event of any designation of authority hereunder, subject to Applicable Law and any terms and conditions imposed by the Committee in connection with such 8designation, such designee or designees will have the power and authority to take such actions, exercise such powers, and make such determinations that are otherwise specifically designated to the Committee hereunder.(b)Â Â Â Â The Committee may employ such legal counsel, consultants, and agents as it may deem desirable for the administration of the Plan and may rely upon any opinion received from any such counsel or consultant and any computation received from any such consultant or agent. Expenses incurred by the Committee or the Board in the engagement of any such counsel, consultant, or agent will be paid by the Company. The Committee, its members, and any Person designated under SectionÂ 3.5(a) will not be liable for any action or determination made in good faith with respect to the Plan. To the maximum extent permitted by Applicable Law, no officer of the Company or member or former member of the Committee or of the Board will be liable for any action or determination made in good faith with respect to the Plan or any Award.3.6Â Â Â Â Indemnification. To the maximum extent permitted by Applicable Law and the Certificate of Incorporation and By-Laws of the Company and to the extent not covered by insurance directly insuring such Person, each officer and employee of the Company and each Affiliate and member or former member of the Committee and the Board will be indemnified and held harmless by the Company against all costs and expenses and liabilities, and advanced amounts necessary to pay the foregoing at the earliest time and to the fullest extent permitted, arising out of any act or omission to act in connection with the administration of the Plan, except to the extent arising out of such officerâ€™s, employeeâ€™s, memberâ€™s, or former memberâ€™s own fraud or bad faith. Such indemnification will be in addition to any right of indemnification the employees, officers, directors, or members or former officers, directors, or members may have under Applicable Law or under the Certificate of Incorporation or By-Laws of the Company or an Affiliate. Notwithstanding any other term or condition of the Plan, this indemnification will not apply to the actions or determinations made by an individual with regard to Awards granted to himself or herself.ARTICLE IVSHARE LIMITATION4.1Â Â Â Â Shares. The maximum number of Shares available for issuance under the Plan may not exceed 11,195,630 Shares (such Shares, subject to any increase or decrease under this SectionÂ 4.1 or SectionÂ 4.2, the â€œShare Reserveâ€). The Share Reserve may consist of authorized and unissued Shares and Shares held in or acquired for the treasury of the Company. Shares subject to Awards that are forfeited or cancelled or otherwise expire for any reason without having been exercised or settled will be added back to the Share Reserve. Notwithstanding the foregoing, the following Shares will not be added back to the Share Reserve: (i) Shares not issued or delivered as a result of net settlement of an outstanding Stock Option or Stock Appreciation Right; (ii) Shares delivered or withheld by the Company to pay the exercise price of or the withholding taxes with respect to an Award and (iii) Shares repurchased with proceeds from the payment of the exercise price 9of a Stock Option. Any Award settled solely in cash will not count against the Share Reserve.4.2Â Â Â Â Changes.(a)Â Â Â Â The existence of the Plan and any Awards will not affect in any way the right or power of the Board, the Committee, or the Stockholders to make or authorize (i)Â any adjustment, recapitalization, reorganization, or other change in the Companyâ€™s capital structure or its business, (ii)Â any merger or consolidation of the Company or any Affiliate, (iii)Â any issuance of bonds, debentures, preferred, or prior preference stock ahead of or affecting the Common Stock, (iv)Â the dissolution or liquidation of the Company or any Affiliate, (v)Â any sale or transfer of all or part of the assets or business of the Company or any Affiliate, or (vi)Â any other corporate act or proceeding.(b)Â Â Â Â Subject to Section 11.1: (i)Â Â Â Â In the event of any change in the outstanding Common Stock or in the capital structure of the Company by reason of any stock split, reverse stock split, recapitalization, reorganization, merger, consolidation, combination, division, exchange, spin off, extraordinary cash or stock dividend, or other relevant change in capitalization, Awards will be equitably adjusted or substituted, in a manner determined by the Committee, to the extent necessary to preserve the economic intent of such Awards.(ii)Â Â Â Â Fractional Shares resulting from any adjustment in Awards under this SectionÂ 4.2(b) will be aggregated until, and eliminated at, the time of exercise or payment by rounding down to the nearest whole number. No cash settlements will be required with respect to fractional Shares eliminated by rounding. Notice of any adjustment will be given by the Committee to each Participant whose Award has been adjusted and such adjustment (whether or not such notice is given) will be effective and binding for all purposes of the Plan.4.3Â Â Â Â Minimum Purchase Price. Notwithstanding any other term or condition of the Plan, if authorized but previously unissued Shares are issued under the Plan, such Shares may not be issued for a consideration that is less than as permitted under Applicable Law.ARTICLE VELIGIBILITY5.1Â Â Â Â General Eligibility. All current and prospective Eligible Individuals are eligible to be granted Awards. Eligibility for the grant of Awards and actual participation in the Plan will be determined by the Committee.5.2Â Â Â Â ISOs. Notwithstanding SectionÂ 5.1, only Eligible Employees of the Company, its Subsidiaries, and Parent are eligible to be granted ISOs.5.3Â Â Â Â General Requirement. The vesting and exercise of Awards granted to a prospective Eligible Individual must be conditioned upon such individual actually becoming an Eligible Employee or Consultant, respectively.10ARTICLE VISTOCK OPTIONS6.1Â Â Â Â Stock Options. Stock Options may be granted alone or in addition to other Awards. Each Stock Option will be of 1 of 2 types: (a)Â an ISO or (b)Â a Nonstatutory Stock Option.6.2Â Â Â Â Grants. The Committee will have the authority to grant to any Eligible Employee one (1) or more ISOs, Nonstatutory Stock Options, or both types of Stock Options. The Committee will have the authority to grant any Consultant one (1) or more Nonstatutory Stock Options. To the extent that any Stock Option does not qualify as an ISO, such Stock Option or the portion thereof that does not so qualify will constitute a separate Nonstatutory Stock Option.6.3Â Â Â Â ISOs. Notwithstanding any other term or condition of the Plan, no term or condition of the Plan relating to ISOs will be interpreted, amended, or altered, nor will any discretion or authority granted under the Plan be so exercised, so as to disqualify the Plan under Code SectionÂ 422, or, without the consent of the Participants affected, to disqualify any ISO under Code SectionÂ 422.6.4Â Â Â Â Terms and Conditions of Stock Options. Stock Options will be subject to terms and conditions, not inconsistent with the Plan, determined by the Committee, and the following:(a)Â Â Â Â Exercise Price. The exercise price per Share subject to a Stock Option will be determined by the Committee at the time of grant, provided that the per Share exercise price of a Stock Option may not be less than 100% (or, in the case of an ISO granted to a Ten Percent Stockholder, 110%) of the Fair Market Value of the Common Stock at the grant date. (b)Â Â Â Â Stock Option Term. The term of each Stock Option will be fixed by the Committee, provided that no Stock Option may be exercisable more than 10 years after the date the Stock Option is granted; and provided further that the term of an ISO granted to a Ten Percent Stockholder may not exceed 5 years.(c)Â Â Â Â Exercisability. Unless otherwise determined by the Committee in accordance with this SectionÂ 6.4, Stock Options will be exercisable at the time or times and subject to the terms and conditions determined by the Committee at the time of grant and set forth in the Award Agreement. If the Committee provides that any Stock Option is exercisable subject to certain terms and conditions, the Committee may waive those terms and conditions on the exercisability at any time at or after the time of grant in whole or in part.(d)Â Â Â Â Method of Exercise. Subject to whatever installment exercise and waiting period terms and conditions that may apply under SectionÂ 6.4(c), to the extent vested, Stock Options may be exercised in whole or in part at any time during the Stock Option term by giving written notice of exercise to the Company specifying the number of Shares to be purchased. Such notice must be accompanied by payment in full of the exercise price as follows: (i)Â in cash or by check, bank draft, or money order payable to the order of the Company; (ii)Â solely to the extent permitted by Applicable Law, if the Common Stock is listed on a national stock exchange, and the Committee authorizes, through a procedure whereby the Participant delivers irrevocable instructions to a broker reasonably acceptable to the Committee to 11deliver promptly to the Company an amount equal to the exercise price; (iii)Â to the extent the Committee authorizes, having the Company withhold Shares issuable upon exercise of the Stock Option, or by payment in full or in part in the form of Shares owned by the Participant, based on the Fair Market Value of the Shares on the payment date; or (iv)Â on such other terms and conditions that may be acceptable to the Committee. No Shares will be issued under the Plan until payment for those Shares has been made or provided for in accordance with the Plan.(e)Â Â Â Â Non-Transferability of Stock Options. No Stock Option will be Transferable by the Participant other than by will or by the laws of descent and distribution, and all Stock Options will be exercisable, during the Participantâ€™s lifetime, only by the Participant, except that the Committee may determine at the time of grant or thereafter that a Nonstatutory Stock Option that is otherwise not Transferable under this SectionÂ 6.4(e) is Transferable to a Family Member in whole or in part on terms and conditions that are specified by the Committee. A Nonstatutory Stock Option that is Transferred to a Family Member under the preceding sentence (i)Â may not be subsequently Transferred other than by will or by the laws of descent and distribution and (ii)Â remains subject to the Plan and the applicable Award Agreement. Any Shares acquired upon the exercise of a Nonstatutory Stock Option by a permissible transferee of a Nonstatutory Stock Option or a permissible transferee under a Transfer after the exercise of the Nonstatutory Stock Option will be subject to the Plan and the applicable Award Agreement.(f)Â Â Â Â Separation from Service by Death or Disability. Unless otherwise determined by the Committee at the time of grant and set forth in an Award Agreement, or if no rights of the Participant are reduced, thereafter, if a Participantâ€™s Separation from Service is by reason of death or Disability, all Stock Options that are held by such Participant that are vested and exercisable at the time of the Participantâ€™s Separation from Service may be exercised by the Participant (or in the case of the Participantâ€™s death, by the legal representative of the Participantâ€™s estate) at any time within a period of one (1) year from the date of such Separation from Service, but in no event beyond the expiration of the stated term of such Stock Options; provided, however, that, in the event of a Participantâ€™s Separation from Service by reason of Disability, if the Participant dies within such exercise period, all unexercised Stock Options held by such Participant will thereafter be exercisable, to the extent to which they were exercisable at the time of death, for a period of one (1) year from the date of such death, but in no event beyond the expiration of the stated term of such Stock Options.(g)Â Â Â Â Involuntary Separation from Service without Cause. Unless otherwise determined by the Committee at the time of grant and set forth in an Award Agreement, or if no rights of the Participant are reduced, thereafter, if a Participantâ€™s Separation from Service is initiated by the Company without Cause, all Stock Options that are held by such Participant that are vested and exercisable at the time of the Participantâ€™s Separation from Service may be exercised by the Participant at any time within a period of 90 days after the date of such Separation from Service, but in no event beyond the expiration of the stated term of such Stock Options.12(h)Â Â Â Â Voluntary Resignation. Unless otherwise determined by the Committee at the time of grant and set forth in an Award Agreement, or if no rights of the Participant are reduced, thereafter, if a Participantâ€™s Separation from Service is voluntary (other than a voluntary Separation from Service described in SectionÂ 6.4(i)(y)), all Stock Options that are held by such Participant that are vested and exercisable at the time of the Participantâ€™s Separation from Service may be exercised by the Participant at any time within a period of 90 days from the date of such Separation from Service, but in no event beyond the expiration of the stated term of such Stock Options.(i)Â Â Â Â Separation from Service for Cause. Unless otherwise determined by the Committee at the time of grant and set forth in an Award Agreement, or if no rights of the Participant are reduced, thereafter, if a Participantâ€™s Separation from Service (x) is for Cause or (y) is a voluntary Separation from Service (as provided in SectionÂ 6.4(h)) after the occurrence of an event that would be grounds for a Separation from Service for Cause, all Stock Options, whether vested or not vested, that are held by such Participant will terminate and expire as of the date of such Separation from Service.(j)Â Â Â Â Unvested Stock Options. Unless otherwise determined by the Committee at the time of grant and set forth in an Award Agreement, or if no rights of the Participant are reduced, thereafter, Stock Options that are not vested as of the date of a Participantâ€™s Separation from Service for any reason will terminate and expire as of the date of such Separation from Service.(k)Â Â Â Â ISO Terms and Conditions. To the extent that the aggregate Fair Market Value (determined as of the time of grant) of the Common Stock with respect to which ISOs are exercisable for the first time by an Eligible Employee during any calendar year under the Plan or any other stock option plan of the Company, any Subsidiary, or Parent exceeds $100,000, such Stock Options will be treated as Nonstatutory Stock Options. In addition, if an Eligible Employee does not remain employed by the Company, any Subsidiary, or Parent at all times from the time an ISO is granted until 3 months before the date of exercise thereof (or such other period as required by Applicable Law), such Stock Option will be treated as a Nonstatutory Stock Option. Should any term or condition of the Plan not be necessary in order for the Stock Options to qualify as ISOs, or should any additional terms and conditions be required, the Committee may amend the Plan accordingly.(l)Â Â Â Â Form, Modification, Extension and Renewal of Stock Options. Subject to the terms and conditions of the Plan, Stock Options will be evidenced by such form of agreement or grant as is approved by the Committee, and the Committee may (i)Â modify, extend, or renew outstanding Stock Options (provided that the rights of a Participant are not reduced without such Participantâ€™s consent; and provided, further, that such action does not subject the Stock Options to SectionÂ 409A without the

consent of the Participant), and (ii)Â accept the surrender of outstanding Stock Options (to the extent not theretofore exercised) and authorize the granting of new Stock Options in substitution therefor (to the extent not theretofore exercised). Notwithstanding any other term or condition of the Plan, the repricing of Options (and Stock Appreciation Rights) is prohibited without prior approval of the Stockholders. For this purpose, a â€œrepricingâ€ means any of the following (or any 13other action that has the same effect as any of the following): (y)Â any action that is treated as a â€œrepricingâ€ under GAAP and (z)Â repurchasing for cash or canceling a Stock Option or a Stock Appreciation Right at a time when its exercise price is greater than the Fair Market Value of the underlying Shares in exchange for another Award. A cancellation and exchange under clause (z)Â would be considered a â€œrepricingâ€ regardless of whether it is treated as a â€œrepricingâ€ under GAAP and regardless of whether it is voluntary on the part of the Participant.(m)Â Â Â Â Automatic Exercise. The Committee may include a term or condition in an Award Agreement providing for the automatic exercise of a Nonstatutory Stock Option on a cashless basis on the last day of the term of such Stock Option if the Participant has failed to exercise the Nonstatutory Stock Option as of such date, with respect to which the Fair Market Value of the Shares underlying the Nonstatutory Stock Option exceeds the exercise price of such Nonstatutory Stock Option on the date of expiration of such Stock Option, subject to SectionÂ 13.6. ARTICLE VIISTOCK APPRECIATION RIGHTS7.1Â Â Â Â Terms and Conditions of Stock Appreciation Rights. Stock Appreciation Rights will be subject to terms and conditions, not inconsistent with the Plan, determined by the Committee, and the following:(a)Â Â Â Â Exercise Price. The exercise price per Share subject to a Stock Appreciation Right will be determined by the Committee at the time of grant, provided that the per Share exercise price of a Stock Appreciation Right will not be less than 100% of the Fair Market Value of the Common Stock at the time of grant.(b)Â Â Â Â Term. The term of each Stock Appreciation Right will be fixed by the Committee, but may not be greater than 10 years after the date the right is granted.(c)Â Â Â Â Exercisability. Unless otherwise determined by the Committee in accordance with this SectionÂ 7.1, Stock Appreciation Rights will be exercisable at the time or times and subject to the terms and conditions determined by the Committee at the time of grant. If the Committee provides that any such right is exercisable subject to certain terms and conditions, the Committee may waive those terms and conditions on the exercisability at any time at or after grant in whole or in part. (d)Â Â Â Â Method of Exercise. Subject to whatever installment exercise and waiting period terms and conditions apply under SectionÂ 7.1(c), Stock Appreciation Rights may be exercised in whole or in part at any time in accordance with the applicable Award Agreement, by giving written notice of exercise to the Company specifying the number of Stock Appreciation Rights to be exercised.(e)Â Â Â Â Payment. Upon the exercise of a Stock Appreciation Right, a Participant will be entitled to receive, for each right exercised, up to, but no more than, an amount in cash or Common Stock (as chosen by the Committee) equal in value to the excess of the Fair Market Value of one (1) Share on the date that the right is exercised over the Fair Market Value of one (1) Share on the date that the right was awarded to the Participant.14(f)Â Â Â Â Separation from Service. Unless otherwise determined by the Committee at the time of grant or, if no rights of the Participant are reduced, thereafter, subject to the applicable Award Agreement and the Plan, upon a Participantâ€™s Separation from Service for any reason, Stock Appreciation Rights will remain exercisable after a Participantâ€™s Separation from Service on the same basis as Stock Options would be exercisable after a Participantâ€™s Separation from Service in accordance with SectionsÂ 6.4(f) through 6.4(j).(g)Â Â Â Â Non-Transferability. No Stock Appreciation Rights will be Transferable by the Participant other than by will or by the laws of descent and distribution, and all such rights will be exercisable, during the Participantâ€™s lifetime, only by the Participant.7.2Â Â Â Â Automatic Exercise. The Committee may include a term or condition in an Award Agreement providing for the automatic exercise of a Stock Appreciation Right on a cashless basis on the last day of the term of the Stock Appreciation Right if the Participant has failed to exercise the Stock Appreciation Right as of such date, with respect to which the Fair Market Value of the Shares underlying the Stock Appreciation Right exceeds the exercise price of such Stock Appreciation Right on the date of expiration of such Stock Appreciation Right, subject to SectionÂ 13.6.ARTICLE VIIIRESTRICTED SHARES8.1Â Â Â Â Restricted Shares. Restricted Shares may be issued either alone or in addition to other Awards. The Committee will determine the Eligible Individuals, to whom, and the time or times at which, grants of Restricted Shares will be made, the number of Restricted Shares to be awarded, the price (if any) to be paid by the Participant (subject to SectionÂ 8.2), the time or times within which such Awards will be subject to forfeiture, the vesting schedule and rights to acceleration thereof, and all other terms and conditions of the Awards.8.2Â Â Â Â Awards and Certificates. Participants selected to receive Restricted Shares will not have any right with respect to the Award, unless and until the Participant has delivered a fully executed copy of the agreement evidencing the Award to the Company, to the extent required by the Committee, and has otherwise complied with the applicable terms and conditions of the Award. Further, such Award will be subject to the following:
(a)Â Â Â Â Purchase Price. The purchase price of Restricted Shares will be fixed by the Committee. Subject to SectionÂ 4.3, the purchase price for Restricted Shares may be zero to the extent permitted by Applicable Law, and, to the extent required by Applicable Law, such purchase price may not be less than par value.(b)Â Â Â Â Legend. Each Participant receiving Restricted Shares will be issued a stock certificate in respect of the Restricted Shares, unless the Committee elects to use another system, such as book entries by the transfer agent, as evidencing ownership of Restricted Shares. Such certificate will be registered in the name of the Participant, and will, in addition to any legends required by Applicable Law, bear an appropriate legend referring to the terms and conditions applicable to the Award, substantially in the following form:â€œThe anticipation, alienation, attachment, sale, transfer, assignment, pledge, encumbrance, or charge of the restricted shares of stock represented hereby 15are subject to the terms and conditions (including forfeiture) of the Oak Street Health, Inc. (the â€œCompanyâ€) Omnibus Incentive Plan (the â€œPlanâ€) and an award agreement entered into between the registered owner and the Company dated _____ (the â€œAgreementâ€). Copies of such Plan and Agreement are on file at the principal office of the Company.â€(c)Â Â Â Â Custody. If stock certificates are issued in respect of Restricted Shares, the Committee may require that any stock certificates evidencing such Shares be held in custody by the Company until the restrictions thereon have lapsed, and that, as a condition of any grant of Restricted Shares, the Participant must deliver a duly signed stock power or other instruments of assignment, each endorsed in blank with a guarantee of signature if deemed necessary or appropriate by the Company, which would permit transfer to the Company of all or a portion of the Restricted Shares in the event that such Award is forfeited in whole or part.8.3Â Â Â Â Terms and Conditions. Restricted Shares will be subject to terms and conditions, not inconsistent with the Plan, determined by the Committee, and the following:(a)Â Â Â Â Restriction Period. The Participant is not permitted to Transfer Restricted Shares during the period or periods set by the Committee (the â€œRestriction Periodâ€) commencing on the date of such Award, as set forth in the applicable Award Agreement, and such agreement will set forth a vesting schedule and any event that would accelerate vesting of the Restricted Shares. Within these limits, based on service, attainment of Performance Goals, or such other factors or criteria as the Committee may determine, the Committee may condition the grant or provide for the lapse of such restrictions in installments in whole or in part, or may accelerate the vesting of all or any part of any Restricted Shares and waive the deferral terms and conditions for all or any part of any Restricted Shares.(b)Â Â Â Â Rights as a Stockholder. Except as provided in SectionÂ 8.3(a) and this SectionÂ 8.3(b) or as otherwise determined by the Committee, the Participant will have, with respect to Restricted Shares, all of the rights of a Stockholder, including the right to receive dividends, the right to vote such Restricted Shares, and, subject to and conditioned upon the full vesting of Restricted Shares, the right to tender those Shares. The Committee may determine at the time of grant that the payment of dividends will be deferred until, and conditioned upon, the expiration of the applicable Restriction Period.
(c)Â Â Â Â Separation from Service. Unless otherwise determined by the Committee at the time of grant or, if no rights of the Participant are reduced, thereafter, subject to the applicable Award Agreement and the Plan, upon a Participantâ€™s Separation from Service for any reason during the relevant Restriction Period, all Restricted Shares will be forfeited.(d)Â Â Â Â Lapse of Restrictions. If and when the Restriction Period expires without a prior forfeiture of the Restricted Shares, the certificates for such Shares will be delivered to the Participant. All legends will be removed from said certificates at the time of delivery to the Participant, except as otherwise required by Applicable Law or other terms and conditions imposed by the Committee.16ARTICLE IXPERFORMANCE AWARDS9.1Â Â Â Â Performance Awards. The Committee may grant a Performance Award to a Participant payable upon the attainment of specific Performance Goals. If the Performance Award is payable in Restricted Shares, such Shares will be transferable to the Participant only upon attainment of the relevant Performance Goal in accordance with Article VIII. If the Performance Award is payable in cash, it may be paid upon the attainment of the relevant Performance Goals either in cash or in Restricted Shares (based on the then current Fair Market Value of such Shares). Each Performance Award will be evidenced by an Award Agreement in such form that is not inconsistent with the Plan and that the Committee may approve. The Committee will condition the right to payment of any Performance Award upon the attainment of objective Performance Goals established under SectionÂ 9.2(c).9.2Â Â Â Â Terms and Conditions. Performance Awards will be subject to terms and conditions, not inconsistent with the Plan, determined by the Committee, and the following:(a)Â Â Â Â Earning of Performance Award. At the expiration of the applicable Performance Period, the Committee will determine the extent to which the Performance Goals established under SectionÂ 9.2(c) are achieved and the percentage of each Performance Award that has been earned.(b)Â Â Â Â Non-Transferability. Subject to the applicable Award Agreement and the Plan, Performance Awards may not be Transferred.(c)Â Â Â Â Objective Performance Goals, Formulae or Standards. The Committee will establish the objective Performance Goals for the earning of Performance Awards based on a Performance Period applicable to each Participant or class of Participants in writing before the beginning of the applicable Performance Period or at such later date while the outcome of the Performance Goals is substantially uncertain. Such Performance Goals may incorporate terms and conditions for disregarding (or adjusting for) changes in accounting methods, corporate transactions, and other similar type events or circumstances. (d)Â Â Â Â Dividends. Unless otherwise determined by the Committee at the time of grant and set forth in an Award Agreement, amounts equal to dividends declared during the Performance Period with respect to the number of Shares covered by a Performance Award will not be paid to the Participant.
(e)Â Â Â Â Payment. After the Committeeâ€™s determination in accordance with SectionÂ 9.2(a), the Company will settle Performance Awards, in such form as determined by the Committee, in an amount equal to such Participantâ€™s earned Performance Awards. Notwithstanding the foregoing sentence, the Committee may award an amount less than the earned Performance Awards and subject the payment of all or part of any Performance Award to additional vesting, forfeiture, and deferral terms and conditions. (f)Â Â Â Â Separation from Service. Subject to the applicable Award Agreement and the Plan, upon a Participantâ€™s Separation from Service for any reason during the Performance Period for a Performance Award, the Performance Award will vest or be forfeited in accordance with the terms and conditions established by the Committee at grant.17(g)Â Â Â Â Accelerated Vesting. Based on service, performance, and any other factors or criteria the Committee may determine, the Committee may, at or after grant, accelerate the vesting of all or any part of any Performance Award.ARTICLE XOTHER STOCK-BASED AND CASH-BASED AWARDS10.1Â Â Â Â Other Share-Based Awards. The Committee is authorized to grant to Eligible Individuals Other Share-Based Awards that are payable in, valued in whole or in part by reference to, or otherwise based on or related to Shares, including Shares awarded purely as a bonus and not subject to terms or conditions, Shares in payment of the amounts due under an incentive or performance plan sponsored or maintained by the Company or an Affiliate, stock equivalent units, restricted stock units (RSUs), and Awards valued by reference to book value of Shares. Other Share-Based Awards may be granted either alone or in addition to or in tandem with other Awards. Subject to the terms and conditions of the Plan, the Committee has the authority to determine the Eligible Individuals to whom, and the time or times at which, Other Share-Based Awards will be granted, the number of Shares to be granted under such Awards, and all other terms and conditions of the Awards.10.2Â Â Â Â Terms and Conditions. Other Share-Based Awards will be subject to terms and conditions, not inconsistent with the Plan, determined by the Committee, and the following:(a)Â Â Â Â Non-Transferability. Subject to the applicable Award Agreement and the Plan, Shares subject to Other Share-Based Awards may not be Transferred before the date on which the Shares are issued, or, if later, the date on which any applicable restriction, performance, or deferral period lapses.(b)Â Â Â Â Dividends. Unless otherwise determined by the Committee at the time of grant, subject to the applicable Award Agreement and the Plan, the recipient of an Other Share-Based Award will not be entitled to receive, currently or on a deferred basis, dividends or Dividend Equivalents in respect of the number of Shares covered by the Award.(c)Â Â Â Â Vesting. All Other Share-Based Awards and any Shares covered by those awards will vest or be forfeited to the extent so provided in the Award Agreement.(d)Â Â Â Â Price. Common Stock issued on a bonus basis under this Article X may be issued for no cash consideration. Common Stock purchased under a purchase right awarded under this Article X will be priced as determined by the Committee.10.3Â Â Â Â Other Cash-Based Awards. The Committee may grant Other Cash-Based Awards to Eligible Individuals in amounts, on terms and conditions, and for consideration, including no consideration or such minimum consideration as may be required by Applicable Law. Other Cash-Based Awards may be granted subject to the satisfaction of vesting terms and conditions or may be awarded purely as a bonus and not subject to terms and conditions, and if subject to vesting, the Committee may accelerate such vesting at any time.10.4Â Â Â Â Dividend Equivalents. Except with respect to Stock Options and Stock Appreciation Rights, which shall not be eligible for Dividend Equivalents, the Committee is authorized to grant Dividend Equivalents to a Participant, entitling the Participant to receive cash, Shares, other Awards, or other property equal in value to dividends paid with respect to a 18specified number of Shares, or other periodic payments. The Committee shall provide that Dividend Equivalents either shall accrue and be paid or distributed upon the vesting of an Award or shall be deemed to have been reinvested in additional Shares, Awards, or other investment vehicles and subject to such restrictions on transferability and risks of forfeiture as the Committee may specify.ARTICLE XICHANGE IN CONTROL11.1Â Â Â Â Change in Control. With respect to Awards granted on or after the Acquisition Date, in the event that a Participant experiences a Termination Without Cause or a Constructive Termination Without Cause within two (2) years following a Change in Control, the following provisions shall apply unless otherwise provided in the Award Agreement: (i) within two (2) years of a Change in Control, any Award carrying a right to exercise that was not previously exercisable and vested shall become fully exercisable and vested upon a Termination Without Cause or a Constructive Termination Without Cause and shall remain exercisable and vested for the balance of the stated term of such Award without regard to any termination of employment by the Participant; (ii) within two (2) years of a Change in Control, the restrictions, deferral of settlement and forfeiture conditions applicable to any other Award granted under the Plan shall lapse and such Awards shall be deemed fully vested upon a Termination Without Cause or a Constructive Termination Without Cause, except to the extent of any waiver by the Participant; and (iii) with respect to any outstanding Award subject to achievement of performance goals and conditions under the Plan, such performance goals and other conditions will be deemed to be met at actual performance or prorated as of the date of termination, provided that, with respect to each of clause (i) and (ii), in connection with a Change in Control, the Company shall take or cause to be taken no action, and shall undertake or permit to arise no legal or contractual obligation, that results or would result in any postponement of the issuance or delivery of Common Stock or payment of benefits under any Award or the imposition of any other conditions on such issuance, delivery or payment, to the extent that such postponement or other condition would represent a greater burden on a Participant than existed on the ninetieth (90th) day preceding the Change in Control. ARTICLE XIIAMENDMENT AND TERMINATION12.1Â Â Â Â Amendment and Termination of Plan. Subject to SectionÂ 12.3, the Board may amend or terminate the Plan at any time; provided, however, that no amendment will be effective unless approved by the Stockholders to the extent Stockholder approval is necessary to satisfy any Applicable Laws.12.2Â Â Â Â Amendment of Awards. Subject to SectionÂ 12.3, the Committee may amend any Award at any time; provided, however, that no amendment will be effective unless approved by the Stockholders to the extent Stockholder approval is necessary to satisfy any Applicable Laws.12.3Â Â Â Â No Impairment of Rights. Rights under any Award granted before amendment or termination of the Plan or amendment of an Award may not be substantially impaired by any such amendment or termination unless the Participant consents in writing.19ARTICLE XIIIGENERAL TERMS AND CONDITIONS13.1Â Â Â Â Limitation of Vesting of Certain Awards. Notwithstanding anything in the Plan to the contrary, except with respect to Awards granted prior to the Acquisition Date, all Awards will vest over a minimum period of three (3) years, except in the event of a Participantâ€™s death or Disability, or in the event of a Change in Control and (i) all Awards as to which either the grant or the vesting is based on the achievement of one or more performance conditions will vest over a minimum period of one (1) year except in the event of a Participantâ€™s death or Disability, or in the event of a Change in Control, and (ii) up to five percent (5%) of Awards authorized under the Plan may be granted without any minimum vesting requirements. For purposes of this Section 13.1, vesting over a three (3)-year period will include periodic vesting over such period if the rate of such vesting is proportional throughout such period and in no event shall Awards subject to a minimum vesting period vest any earlier than one (1) year from the date of grant.13.2Â Â Â Â Legend. The Committee may require each person receiving Shares under the Plan to represent to and agree with the Company in writing that the Participant is acquiring the Shares without a view to distribution thereof. In addition to any legend required by the Plan, the certificates for Shares issued under the Plan may include any legend that the Committee deems appropriate to reflect any restrictions on Transfer. All certificates for Shares delivered under the Plan will be subject to such stop transfer orders and other restrictions as the Committee may deem advisable under Applicable Law, and the Committee may cause a legend or legends to be put on any such certificates to make appropriate reference to such restrictions.13.3Â Â Â Â Book Entry. Notwithstanding any other term or condition of the Plan, the Company may elect to satisfy any requirement under the Plan for the delivery of Share certificates through the use of another system, such as book entry.13.4Â Â Â Â Other Plans. Nothing contained in the Plan prevents the Board from adopting other or additional compensation arrangements, subject to

Stockholder approval if such approval is required, and such arrangements may be either generally applicable or applicable only in specific cases.13.5Â Â Â Â No Right to Employment/Consultancy/Directorship. Neither the Plan nor the grant of any Award gives any Person any right with respect to continuance of employment, consultancy, or directorship by the Company or any Affiliate, nor does the Plan or the grant of any Award cause any limitation in any way on the right of the Company or any Affiliate by which an employee is employed or a Consultant is retained to terminate such employment, consultancy, or directorship at any time.13.6Â Â Â Â Withholding for Taxes. The Company or an Affiliate, as the case may be, has the right to deduct from payments of any kind otherwise due to a Participant any federal, state, or local taxes of any kind required by Applicable Law to be withheld (a)Â with respect to the vesting of or other lapse of restrictions applicable to an Award, (b)Â upon the issuance of any Shares upon the exercise of an Option or Stock Appreciation Right, or (c)Â otherwise due in connection with an Award. At the time the tax obligation becomes due, the Participant must pay to the Company or the Affiliate, as the case may be, any amount that the Company or Affiliate determines to be necessary to satisfy the tax obligation. The Company or the 20Affiliate, as the case may be, may require or permit the Participant to satisfy the tax obligation, in whole or in part, (i)Â by causing the Company or Affiliate to withhold up to the maximum required number of Shares otherwise issuable to the Participant as may be necessary to satisfy such tax obligation or (ii)Â by delivering to the Company or Affiliate Shares already owned by the Participant. The Shares so delivered or withheld must have an aggregate Fair Market Value equal to the tax obligation. The Fair Market Value of the Shares used to satisfy the tax obligation will be determined by the Company or the Affiliate as of the date that the amount of tax to be withheld is to be determined. To the extent applicable, a Participant may satisfy his or her tax obligation only with Shares that are not subject to any repurchase, forfeiture, unfulfilled vesting, or other similar requirements. Any fraction of a Share required to satisfy tax obligations will be disregarded and the amount due must be paid instead in cash by the Participant.13.7Â Â Â Â No Assignment of Benefits. No Award or other benefit payable under the Plan may, except as otherwise specifically provided by Applicable Law or permitted by the Committee, be Transferable in any manner, and any attempt to Transfer any such benefit will be void, and any such benefit will not in any manner be liable for or subject to the debts, contracts, liabilities, engagements, or torts of any Person who will be entitled to such benefit, nor will it be subject to attachment or legal process for or against such Person.13.8Â Â Â Â Listing and Other Terms and Conditions.(a)Â Â Â Â Unless otherwise determined by the Committee, as long as the Common Stock is listed on a national stock exchange or system sponsored by a national securities association, the issuance of Shares under an Award will be conditioned upon such Shares being listed on such exchange or system. The Company will have no obligation to issue such Shares unless and until such Shares are so listed, and the right to exercise any Stock Option or other Award with respect to such Shares will be suspended until such listing has been effected.(b)Â Â Â Â If at any time counsel to the Company is of the opinion that any sale or delivery of Shares under an Award is or may be unlawful or result in the imposition of excise taxes on the Company, the Company will have no obligation to make such sale or delivery, or to make any application or to effect or to maintain any qualification or registration under the Securities Act or otherwise, with respect to Shares or Awards, and the right to exercise any Stock Option or other Award will be suspended until, in the opinion of said counsel, such sale or delivery would be lawful or would not result in the imposition of excise taxes on the Company.(c)Â Â Â Â Upon termination of any period of suspension under this SectionÂ 13.8, any Award affected by such suspension that has not expired or terminated will be reinstated as to all Shares available before such suspension and as to Shares that would otherwise have become available during the period of such suspension, but no such suspension will extend the term of any Award.(d)Â Â Â Â A Participant will be required to supply the Company with certificates, representations, and information that the Company requests and otherwise cooperate with the Company in obtaining any listing, registration, qualification, exemption, consent, and approval the Company determines necessary or appropriate.2113.9Â Â Â Â Governing Law. The Plan and actions taken in connection with the Plan will be governed and construed in accordance with the laws of the State of Delaware (regardless of the law that might otherwise govern under applicable Delaware principles of conflict of laws).13.10Â Â Â Â Jurisdiction; Waiver of Jury Trial. Any suit, action, or proceeding with respect to the Plan or any Award or Award Agreement, or any judgment entered by any court of competent jurisdiction in respect of the Plan or any Award or Award Agreement, will be resolved only in the courts of the State of Delaware or the United States District Court for the District of Delaware and the appellate courts having jurisdiction of appeals in such courts. In that context, and without limiting the generality of the foregoing, each of the Company and each Participant irrevocably and unconditionally (a)Â submits in any proceeding relating to the Plan or any Award or Award Agreement, or for the recognition and enforcement of any judgment in respect of the Plan or any Award or Award Agreement (a â€œProceedingâ€), to the exclusive jurisdiction of the courts of the State of Delaware or the United States District Court for the District of Delaware and the appellate courts having jurisdiction of appeals in such courts, and agrees that all claims in respect of any Proceeding will be heard and determined in such state court or, to the extent permitted by Applicable Law, in such federal court, (b)Â consents that any Proceeding may and will be brought in such courts and waives any objection that the Company or the Participant may have at any time after the Effective Date to the venue or jurisdiction of any Proceeding in any such court or that the Proceeding was brought in an inconvenient court and agrees not to plead or claim the same, (c) waives all right to trial by jury in any Proceeding (whether based on contract, tort, or otherwise) arising out of or relating to the Plan or any Award or Award Agreement, (d)Â agrees that service of process in any Proceeding may be effected by mailing a copy of such process by registered or certified mail (or any substantially similar form of mail), postage prepaid, to such party, in the case of a Participant, at the Participantâ€™s address shown in the books and records of the Company or, in the case of the Company, at the Companyâ€™s principal offices, attention Chair of the Board, and (e)Â agrees that nothing in the Plan will affect the right to effect service of process in any other manner permitted by the laws of the State of Delaware.13.11Â Â Â Â Other Benefits. No Award will be considered compensation for purposes of computing benefits under any retirement plan of the Company or any Affiliate or affect any benefit under any other benefit plan now or subsequently in effect under which the availability or amount of benefits is related to the level of compensation.13.12Â Â Â Â Costs. The Company will bear all expenses associated with administering the Plan, including expenses of issuing Common Stock under Awards.13.13Â Â Â Â No Right to Same Benefits. The terms and conditions of Awards need not be the same with respect to each Participant, and Awards to individual Participants need not be the same in subsequent years (if granted at all).13.14Â Â Â Â Death/Disability. The Committee may require the transferee of a Participant to supply it with written notice of the Participantâ€™s death or Disability and to supply it with a copy of the will (in the case of the Participantâ€™s death) or such other evidence as the Committee deems necessary to establish the validity of the transfer of an Award. The Committee may also require that the agreement of the transferee to be bound by the Plan.2213.15Â Â Â Â SectionÂ 16(b) of the Exchange Act. All elections and transactions under the Plan by Persons subject to SectionÂ 16 of the Exchange Act involving Shares are intended to comply with any applicable exemptive condition under RuleÂ 16b-3. The Committee may establish and adopt written administrative guidelines, designed to facilitate compliance with SectionÂ 16(b) of the Exchange Act, as it may deem necessary or proper for the administration and operation of the Plan and the transaction of business thereunder.13.16Â Â Â Â SectionÂ 409A. The Plan is intended to comply SectionÂ 409A and will be limited, construed, and interpreted in accordance with such intent. To the extent that any Award is subject to SectionÂ 409A, it will be paid in a manner that complies with SectionÂ 409A. Notwithstanding any other provision of the Plan, any Plan provision that is inconsistent with SectionÂ 409A will be deemed to be amended to comply with SectionÂ 409A and to the extent such provision cannot be amended to comply, such provision will be null and void. The Company will have no liability to a Participant, or any other party, if an Award that is intended to be exempt from or compliant with SectionÂ 409A is not so exempt or compliant, or for any action taken by the Committee or the Company and, in the event that any amount or benefit under the Plan becomes subject to penalties under SectionÂ 409A, responsibility for payment of such penalties will rest solely with the affected Participants and not with the Company. Notwithstanding any other provision in the Plan or any Award Agreement, any payment(s) of â€œnonqualified deferred compensationâ€ (within the meaning of SectionÂ 409A) that are otherwise required to be made under the Plan to a â€œspecified employeeâ€ (as defined under SectionÂ 409A) as a result of such employeeâ€™s separation from service (other than a payment that is not subject to SectionÂ 409A) will be delayed for the first 6 months after such separation from service (or, if earlier, the date of death of the specified employee) and will instead be paid (in a manner set forth in the Award Agreement) upon expiration of such delay period. All installment payments under the Plan will be deemed separate payments for purposes of Section 409A.13.17Â Â Â Â California Participants. The Plan is intended to comply with Section 25102(o) of the California Corporations Code, to the extent applicable. In that regard, to the extent required by SectionÂ 25102(o), (a)Â the terms and conditions of any Options and Stock Appreciation Rights, to the extent vested and exercisable upon a Participantâ€™s Separation from Service, will include any minimum exercise periods after Separation from Service required by SectionÂ 25102(o) and (b)Â any repurchase right of the Company or any Affiliate will include a minimum 90-day notice requirement. Any Plan term that is inconsistent with SectionÂ 25102(o) will, without further act or amendment by the Company or the Board, be reformed to comply with the requirements of SectionÂ 25102(o).13.18Â Â Â Â Successor and Assigns. The Plan will be binding on all successors and permitted assigns of a Participant, including the estate of such Participant and the executor, administrator, or trustee of such estate.13.19Â Â Â Â Severability of Terms and Conditions. If any term or condition of the Plan is held invalid or unenforceable, such invalidity or unenforceability will not affect any other term or condition of the Plan, and the Plan will be construed and enforced as if such term or condition had not been included.13.20Â Â Â Â Payments to Minors, Etc. Any benefit payable to or for the benefit of a minor, an incompetent Person, or other Person incapable of receipt thereof will be considered paid 23when paid to such Personâ€™s guardian or to the party providing or reasonably appearing to provide for the care of such Person, and such payment will fully discharge the Committee, the Board, the Company, all Affiliates, and their employees, agents, and representatives with respect thereto.13.21Â Â Â Â Separation from Service for Cause; Clawbacks; Detrimental Conduct. (a)Â Â Â Â Separation from Service for Cause. The Company may annul an Award if the Participant incurs a Separation from Service for Cause.(b)Â Â Â Â Clawbacks. All awards, amounts, or benefits received or outstanding under the Plan will be subject to clawback, cancellation, recoupment, rescission, payback, reduction, or other similar action in accordance with any Company clawback or similar policy (as exists from time to time) or any Applicable Law related to such actions. A Participantâ€™s acceptance of an Award will constitute the Participantâ€™s acknowledgement of and consent to the Companyâ€™s application, implementation, and enforcement of any applicable Company clawback or similar policy (as exists from time to time) that may apply to the Participant, whether adopted before or after the Effective Date, and any Applicable Law relating to clawback, cancellation, recoupment, rescission, payback, or reduction of compensation, and the Participantâ€™s agreement that the Company may take any actions that may be necessary to effectuate any such policy or Applicable Law, without further consideration or action.(c)Â Â Â Â Detrimental Conduct. With respect to Awards granted prior to the Acquisition Date, except as otherwise determined by the Committee, notwithstanding any other term or condition of the Plan, if a Participant engages in Detrimental Conduct, whether during the Participantâ€™s service or after the Participantâ€™s Separation from Service, in addition to any other penalties or restrictions that may apply under the Plan, Applicable Law, or otherwise, the Participant must forfeit or pay to the Company the following:(i)Â Â Â Â any and all outstanding Awards granted to the Participant, including Awards that have become vested or exercisable;(ii)Â Â Â Â any cash or Shares received by the Participant in connection with the Plan within the 36-month period immediately before the date the Company determines the Participant has engaged in Detrimental Conduct; and(iii)Â Â Â Â the profit realized by the Participant from the sale, or other disposition for consideration, of any Shares received by the Participant under the Plan within the 36-month period immediately before the date the Company determines the Participant has engaged in Detrimental Conduct.(d)Â Â Â Â Cancellation and Rescission of Awards. With respect to Awards granted on or after the Acquisition Date, unless the Award Agreement specifies otherwise, the Committee may cancel any unexpired, unpaid, or deferred Awards at any time, and the Company shall have the additional rights set forth in Section 13.21(d)(iv) below, if the Participant is not in compliance with all applicable provisions of the Award Agreement and the Plan including the following conditions:24(i)Â Â Â Â While employed by the Company or one of its Subsidiaries, a Participant shall not render services for any organization or engage directly or indirectly in any business that, in the judgment of the Chief Executive Officer of the Company or other senior officer designated by the Committee, is or becomes competitive with the Company. (ii)Â Â Â Â A Participant shall not, without prior written authorization from the Company, disclose to anyone outside the Company, or use in other than the Companyâ€™s business, any confidential information or material relating to the business of the Company that is acquired by the Participant either during or after employment with the Company. (iii)Â Â Â Â A Participant shall disclose promptly and assign to the Company all right, title, and interest in any invention or idea, patentable or not, made or conceived by the Participant during employment by the Company, relating in any manner to the actual or anticipated business, research or development work of the Company and shall do anything reasonably necessary to enable the Company to secure a patent where appropriate in the United States and in foreign countries.(iv)Â Â Â Â Upon exercise, settlement, payment or delivery pursuant to an Award, the Participant shall certify on a form acceptable to the Committee that he or she is in compliance with the terms and conditions of the Plan. Failure to comply with the provisions of this Section 13.21(d) prior to, or during the six (6) months after, any exercise, payment or delivery pursuant to an Award shall cause such exercise, payment or delivery to be rescinded. The Company shall notify the Participant in writing of any such rescission within two (2) years after such exercise, payment or delivery. Within ten (10) days after receiving such a notice from the Company, the Participant shall pay to the Company the amount of any gain realized or payment received as a result of the rescinded exercise, payment or delivery pursuant to an Award. Such payment shall be made either in cash or by returning to the Company the number of Shares that the Participant received in connection with the rescinded exercise, payment or delivery.13.22Â Â Â Â Data Protection. A Participantâ€™s acceptance of an Award will be deemed to constitute the Participantâ€™s acknowledgement of and consent to the collection and processing of personal data relating to the Participant so that the Company and the Affiliates can fulfill their obligations and exercise their rights under the Plan and generally administer and manage the Plan. This data will include data about participation in the Plan and Shares offered or received, purchased, or sold under the Plan and other appropriate financial and other data (such as the date on which the Awards were granted) about the Participant and the Participantâ€™s participation in the Plan.13.23Â Â Â Â Unfunded Plan. The Plan is intended to constitute an â€œunfundedâ€ plan for incentive and deferred compensation. With respect to any payment as to which a Participant has a fixed and vested interest but that is not yet made to a Participant by the Company, nothing in the Plan gives any Participant any right that is greater than the rights of a general unsecured creditor of the Company. The grant of an Award will not require a segregation of any of 25the Companyâ€™s assets for satisfaction of the Companyâ€™s payment obligation under any Award.13.24Â Â Â Â Plan Construction. In the Plan, unless otherwise stated, the following uses apply:(a)Â Â Â Â references to Applicable Law refer to the Applicable Law and any amendments and supplements thereto and any successor Applicable Law, and to all valid and binding rules and regulations promulgated thereunder, court decisions, and other regulatory and judicial authority issued or rendered thereunder, as amended or supplemented, or their successors, as in effect at the relevant time;(b)Â Â Â Â in computing periods from a specified date to a later specified date, the words â€œfromâ€ and â€œcommencing onâ€ (and the like) mean â€œfrom and including,â€ and the words â€œto,â€ â€œuntil,â€ and â€œending onâ€ (and the like) mean â€œto and including;â€(c)Â Â Â Â indications of time of day will be based upon the time applicable to the location of the principal headquarters of the Company;(d)Â Â Â Â the words â€œinclude,â€ â€œincludes,â€ and â€œincludingâ€ (and the like) mean â€œinclude, without limitation,â€ â€œincludes, without limitation,â€ and â€œincluding, without limitationâ€ (and the like), respectively;(e)Â Â Â Â all references to articles, sections, and exhibits are to articles, sections, and exhibits in or to the Plan; (f)Â Â Â Â all words used will be construed to be of such gender or number as the circumstances and context require; (g)Â Â Â Â the captions and headings of articles, sections, and exhibits have been inserted solely for convenience of reference and will not be considered a part of the Plan, nor will any of them affect the meaning or interpretation of the Plan;(h)Â Â Â Â any reference to an agreement, plan, policy, form, document, or set of documents, and the rights and obligations of the parties under any such agreement, plan, policy, form, document, or set of documents, will mean the agreement, plan, policy, form, document, or set of documents as amended from time to time, and any and all modifications, extensions, renewals, substitutions, or replacements thereof; and (i)Â Â Â Â all accounting terms not specifically defined will be construed in accordance with GAAP.26 EX-10.35 4 exhibit1035-2024.htm EX-10.35 DocumentExhibit 10.35CVS HEALTH CORPORATION NONQUALIFIED STOCK OPTION AGREEMENTGRANT DATE: %%OPTION_DATE,'Month DD, YYYY'%-%1.GRANT OF AWARD. Pursuant and subject to the provisions of the 2017 Incentive Compensation Plan of CVS Health Corporation (the â€œPlanâ€), on the date set forth above (the â€œGrant Dateâ€), CVS Health Corporation (the â€œCompanyâ€) has granted and hereby evidences the award to the person named below (the â€œParticipantâ€), subject to the terms and conditions set forth or incorporated in this Nonqualified Stock Option Agreement (the â€œAgreementâ€), the right, and option, to purchase from the Company the aggregate number of shares of common stock ($0.01 par value) of the Company (the â€œSharesâ€) set forth below, at the purchase price indicated below (the â€œOptionâ€), such Option to be exercised as hereinafter provided. The fair market value of the Shares on any date is the closing price of the Companyâ€™s common stock on such date (the â€œFMVâ€). The Plan is hereby made a part hereof and Participant agrees to be bound by all the provisions of the Plan. Capitalized terms not otherwise defined herein shall have the meaning assigned to such term(s) in the Plan. The Option is a nonqualified option as defined in the Plan.Participant:%%FIRST_NAME_MIDDLE_NAME_LAST_NAME%-%Employee ID:%%EMPLOYEE_IDENTIFIER%-%Shares:%%TOTAL_SHARES_GRANTED%-%Option

Price:%%OPTION_PRICE,'$999,999,999.99'%-%Vest Date 1:%%VEST_DATE_PERIOD1,'Month DD, YYYY'%-%%%SHARES_PERIOD1%-%Vest Date 2:%%VEST_DATE_PERIOD2,'Month DD, YYYY'%-%%%SHARES_PERIOD2%-%Vest Date 3:%%VEST_DATE_PERIOD3,'Month DD, YYYY'%-%%%SHARES_PERIOD3%-%2.TERM OF OPTION. The term of the Option shall be for a period of seven (7) years from the Grant Date, subject to the earlier termination of the Option as set forth in the Plan and in the Agreement, and shall expire on the last day of its term (the â€œExpiration Dateâ€). No portion of the Option shall be exercisable after the Expiration Date.3.VESTING AND EXERCISE OF OPTION.(a)The Option, subject to the provisions of the Plan, shall be exercised by submitting a request to exercise to the Companyâ€™s stock plan administrator, in accordance with the Companyâ€™s current exercise policies and procedures, specifying the number of Shares to be purchased, which number may not be less than one hundred (100) Shares (unless the number of Shares purchased is the total balance). An exercise by the Participant of all or part of the Option shall be effected through the Companyâ€™s â€œcashless exerciseâ€ procedures. Otherwise, at the time of exercise, Participant shall tender to the Company cash or cash equivalents for the aggregate option price of the Shares, which is 120% of the FMV of the Shares as of the Grant Date (the â€œOption Priceâ€), that the Participant has elected to purchase or certificates for Shares of common stock of the Company owned by theProprietary1Nov_2024_Premium_NQ_Award_AgreementParticipant for at least six (6) months with a FMV at least equal to the aggregate Option Price of the Shares that the Participant has elected to purchase, or a combination of the foregoing.(b)Prior to its expiration or termination and except as otherwise provided herein, the Option will become vested in accordance with the vesting schedule set forth above, each date on which vesting occurs a â€œVest Dateâ€, and the Option will be exercisable by the Participant to the extent vested prior to the Expiration Date so long as the Participant has maintained continuous employment with the Company or a subsidiary of the Company from the Grant Date through the exercise date.(c)Notwithstanding anything to the contrary in the Agreement or the Plan, the vested and exercisable portion of the Option that remains outstanding on the last business day prior to the Expiration Date (the â€œAutomatic Exercise Dateâ€) shall be deemed to have been automatically exercised by the Participant, without any further action or notice by the Company or the Participant, at such time if: (i) (A) the Participant is employed with the Company or any of its subsidiaries on the Automatic Exercise Date or (B) the Expiration Date would occur while the Option remains exercisable pursuant to Sections 8 and 9 of the Agreement, (ii) the Participant has accepted the Option as required by the Company under Section 4, and (iii) the FMV of a Share on the Automatic Exercise Date exceeds the Option Price. The exercise of the Option pursuant to this Section 3(c) shall be effected through the Companyâ€™s â€œcashless exerciseâ€ procedures. Notwithstanding the foregoing, there is no guarantee that an automatic exercise pursuant to this Section 3(c) will be effected on the Participantâ€™s behalf and neither the Company nor any other party will bear any responsibility or liability if such an automatic exercise is not effected and instead the Option expires unexercised. Accordingly, the Participant shall bear sole responsibility for ensuring that the Participant exercises any vested portion of the Option prior to the Expiration Date. For the avoidance of doubt, the Option shall not be deemed automatically exercised pursuant to this Section 3(c) if, on the Automatic Exercise Date, the FMV of a Share is less than or equal to the Option Price.4.REQUIRED ACCEPTANCE OF AWARD. The Participant is required to accept the Option in the manner required by the Company prior to the first anniversary of the Grant Date. The Option will not vest and shall be forfeited in full if the Company has not received the Participantâ€™s acceptance of the terms and conditions set forth herein prior to the first anniversary of the Grant Date. Acceptance shall be submitted electronically as required by the Company.5.TAXES. Upon a cashless exercise of the Option the Company shall withhold from the proceeds of the exercise of the Option any required taxes. If the Option is exercised other than through a cashless exercise the Company shall have the right to require the Participant to pay the amount of any withholding taxes immediately, upon notification from the Company, before the proceeds from the exercise of the Option are delivered to the Participant. Furthermore, the Company may elect to deduct such taxes from any other amounts then payable to the Participant by the Company in cash or in Shares or from any other amounts payable any time thereafter to the Participant by the Company to the extent allowed under applicable law.6.TRANSFERABILITY. The Option may be transferred to and may thereafter be exercised by one or more members of the Participantâ€™s immediate family, the Participantâ€™s former spouse if the transfer is pursuant to a court approved divorce settlement agreement, a trust established by the Participant for the benefit of one or more members of the Participantâ€™s immediate family, or a partnership or company of which the only owners are members of the Participantâ€™s immediate family (the â€œTransferee(s)â€); if, that no portion of the Option may be transferred until such time as it becomes vested and exercisable pursuant to Section 3(b) hereof, and further provided that no more than fifty percent (50%) of the exercisable Option may be transferred by Participant. A â€œmember of the Participantâ€™s immediate familyâ€ shall mean the Participantâ€™s spouse, parents, children, grandchildren and the spouses of such parents, children and grandchildren. A Transferee will be subject to all terms and conditions applicable to the Participant under the Option prior to its transfer, except that Transferee may not transfer the Option. In order to transfer the Option, the Participant must notify the Company in the form of a â€œNotice of Transfer of Nonqualified Stock Optionâ€ (which form may be obtained from the Companyâ€™s Legal Department) of such transfer and include the name, addressProprietary2Nov_2024_Premium_NQ_Award_Agreementand social security number of Transferee, as well as the relationship of Transferee to the Participant. With respect to any transfer of the Option, the Participant and/or Transferee will be subject to tax reporting and be responsible for any tax liability due in accordance with the law in effect at the time of the transfer of the Option or the exercise of the transferred Option by Transferee or otherwise, as the case may be.7.FORFEITURE OF OPTION UPON TERMINATION OF EMPLOYMENT. Unless otherwise provided for in the Plan or in the Agreement, as of the date on which the Participantâ€™s employment with the Company and its subsidiaries terminates, the Option, to the extent unexercised, whether vested or unvested, as of the Participantâ€™s employment termination date, shall be forfeited immediately in its entirety, provided that, if the Participantâ€™s employment with the Company and its subsidiaries terminates without cause, as determined by the Company in its sole discretion (â€œCauseâ€), the Option, to the extent vested and unexercised as of the employment termination date, shall be exercisable at any time on or before the ninetieth (90th) day immediately following the employment termination date and, to the extent the Option is unvested as of the employment termination date, the Option shall be forfeited immediately.8.DISABILITY. In the event the Participantâ€™s employment with the Company and any subsidiary of the Company terminates by reason of total and permanent disability (as defined in the Companyâ€™s Long-Term Disability Plan, or, if not defined in such plan, as defined by the Social Security Administration), the Option shall vest as of the employment termination date on a pro-rata basis as follows: the Option shall vest with respect to a total number of the Shares equal to (i) the number of the Shares subject to the Option on the Grant Date multiplied by the following fraction: (A) the numerator shall be the whole number of months elapsed, as of the employment termination date, since the Grant Date and (B) the denominator shall be the initial number of full months in the period during which vesting is required under the Award , minus (ii) the number of the Shares with respect to which the Option vested prior to the employment termination date (whether or not the Option was previously exercised). For purposes of this calculation, the number of months in the numerator in sub- section (A) above shall include any partial month in which the Participant has been employed. For example, if the time elapsed between the Grant Date and the employment termination date is eight (8) months and five (5) days and the Participant has been employed for such entire period, the numerator in sub-section (A) above shall be nine (9). The Option may be exercised to the extent vested at any time within one (1) year of the employment termination date but in no event beyond the original term of the Option.9.DEATH. In the event of the Participantâ€™s employment with the Company and any subsidiary of the Company terminates by reason of the Participantâ€™s death, the Option to the extent not then vested in accordance with Section 3 shall immediately vest and the Option shall remain exercisable for a period of one (1) year after the Participantâ€™s death, or until the Expiration Date, whichever occurs first, by Participantâ€™s Beneficiary. At the end of said one (1) year time period, or as of the Expiration Date if earlier, all rights with respect to the Option shall terminate and the Option shall be cancelled.10.CHANGE IN CONTROL. In the event of a Change in Control, the applicable provisions of the Plan with respect to a Change in Control shall apply.11.TRANSFER OF EMPLOYMENT. Transfer of the Participantâ€™s employment between the Company and a subsidiary of the Company or between subsidiaries of the Company shall not be treated as a termination of employment.12.RECOUPMENT OF OPTION AWARD. The Option shall be subject to the terms of the Companyâ€™s Recoupment Policy as it exists from time to time, which may require the Participant to immediately repay to the Company the value of any pre-tax economic benefit that the Participant may derive from the grant of the Option hereunder. By accepting the grant of the Option hereunder, the Participant acknowledges that a copy of the Companyâ€™s Recoupment Policy has been madeProprietary3Nov_2024_Premium_NQ_Award_Agreementavailable for the Participantâ€™s reference. In addition to the Companyâ€™s Recoupment Policy, the Option may be subject to the terms of any Company clawback policy mandated by any regulatory authority, including the New York Stock Exchange.13.RESTRICTIVE COVENANT AGREEMENT.(a)The Option granted pursuant to the Agreement is expressly subject to and contingent upon the requirement that the Participant shall have fully executed and delivered to the Company the applicable written agreement containing the restrictive covenants required by the Company in connection with the award hereunder (such restricted covenant agreement hereafter, the â€œRCAâ€).If the Company intends to require the Participant to execute and deliver a new RCA in connection with the grant hereunder, the Company shall provide the new RCA to the Participant and the Participant agrees to execute and deliver the new RCA by the deadline set forth by the Company. If the Participant is currently subject to an RCA and the Company does not require the Participant to execute and deliver a new RCA, then, by accepting the grant of the Option pursuant to the Agreement, the Participant reaffirms the Participantâ€™s intent to comply with all of the provisions in the Participantâ€™s current RCA.The Participant agrees that failure to execute and return the new RCA, if required, by the deadline set forth by the Company shall result in the immediate and irrevocable forfeiture of the Option granted hereunder.(b)If the Participant violates any provision of the applicable RCA, as determined by the Company in its sole discretion (an â€œRCA Violationâ€), (i) the Participant shall immediately and irrevocably forfeit the Option, to the extent unvested, and shall have no right to any payment in connection with such forfeiture; and (ii) with respect to any portion of the Option that vested within the two (2) year period ending on the earlier of (A) the date, as determined in the sole discretion of the Company, of the Participantâ€™s RCA Violation, or (B) the Participantâ€™s termination of employment, the Participant shall forfeit the Option to the extent unexercised and shall be required, upon demand, to repay or otherwise reimburse the Company an amount having a value equal to, with respect to each exercise event, the market value of the Shares subject to the exercise of the Option at the time of exercise minus the Option Price with respect to the Shares subject to the exercise of the Option.By accepting the grant of the Option under the Agreement, the Participant acknowledges and agrees that the remedy described above does not constitute the exclusive remedy for the Participantâ€™s violation of the RCA and, as the forfeiture and repayment provisions are not adequate remedies at law, the Company may seek any additional legal or equitable remedy, including injunctive relief, for any such violation. The provisions in this section are essential economic conditions to the Companyâ€™s grant of the Option to the Participant. By receiving the grant of the Option hereunder, the Participant agrees that the Company and its subsidiaries and affiliates may make deductions from any amounts they may owe the Participant, individually or collectively, from time to time (such as wages or other compensation, deferred compensation credits, vacation pay, severance or other payments owed following a termination of employment, as well as any other amounts owed to the Participant by the Company or its subsidiaries or affiliates) to the extent of any amounts the Participant owes the Company under this section. The provisions of this section and any amounts repayable or reimbursable by the Participant hereunder are intended to be in addition to any rights to repayment the Company may have under Section 304 of the Sarbanes-Oxley Act of 2002 and other applicable law.14.LAWS AND POLICIES.(a)By accepting the grant of the Option under the Agreement, (i) the Participant acknowledges that a copy of the Plan has been made available by the Company for the Participantâ€™s reference and agrees to be bound by the terms and conditions set forth in the Agreement and the Plan as in effect from time to time, (ii) the Participant further acknowledges that the Federal securities laws and/or the Companyâ€™s policies regarding trading in its securities may limit or restrict the Participantâ€™sProprietary4Nov_2024_Premium_NQ_Award_Agreementright to trade Shares, including without limitation, sales of the Shares acquired in connection with the Option, and (iii) the Participant agrees to comply with such Federal securities law requirements and Company policies, as such laws and policies may be amended from time to time.(b)Neither the execution and delivery hereof nor the grant of the Option evidenced hereby shall constitute or be evidence of any agreement or understanding, express or implied, on the part of the Company or its subsidiaries to employ the Participant for any specific period.15.COMMITTEE AUTHORITY. The Management Planning and Development Committee of the Board of Directors shall have the authority, in its sole discretion, to make any interpretations, determinations, and/or take any administrative actions with respect to the Plan and the Agreement, including without limitation whether any post-termination payments to the Participant shall be deemed severance pay and/or whether a termination was with or without Cause. In the event of any inconsistency between the terms hereof and the provisions of the Plan, the Plan shall govern.16.GOVERNING LAW. The Agreement and the Option evidenced hereby shall be governed by the laws of Delaware, without giving effect to principles of conflict of laws.17.ACKNOWLEDGEMENT. The Agreement shall be effective only upon the Participantâ€™s formal acceptance of the terms and conditions set forth above as required by the Company.BY:/s/ Heidi CapozziExecutive Vice President, Chief People OfficerCVS Health CorporationProprietary5Nov_2024_Premium_NQ_Award_Agreement EX-10.51 5 exhibit1051-2024.htm EX-10.51 DocumentExhibit 10.51 CVS Health CorporationManagement Incentive PlanI.Â Â Â Â Objectives and SummaryCVS Health Corporationâ€™s Management Incentive Plan (the â€œMIPâ€) is designed to reward Eligible Participants of CVS Health Corporation and its subsidiaries (together, â€œthe Companyâ€) for their role in driving performance and to encourage Eligible Participantsâ€™ continued employment with the Company. Funding for the payment of incentive awards will be based on actual results measured against pre-established financial goals and/or operating goals. The amount of each incentive award paid will be based on the performance of the Company and the performance of the individual Eligible Participant.The MIP shall be administered by the Management Planning and Development Committee (the â€œCommitteeâ€) of the Board of Directors (the â€œBoardâ€) under the provisions herein and of the 2017 Incentive Compensation Plan or any successor plan (the â€œICPâ€), and the Committee may delegate to officers of CVS Health the authority to perform administrative functions of the MIP as the Committee may determine and may appoint officers and others to assist it in administering the MIP.II.Â Â Â Â Plan YearThe MIP is a calendar year plan, which runs from January 1 to December 31 (â€œPlan Yearâ€) of each year, unless otherwise approved by the Committee. All dates in this document occur during the current Plan Year unless otherwise stated. III.Â Â Â Â EligibilityA. Eligibility for ParticipationThe Chief Executive Officer of CVS Health Corporation (â€œCEOâ€) or the CEOâ€™s designee may, for any reason and in their sole discretion, at any time during the Plan Year, determine an employeeâ€™s eligibility for participation in the MIP except as set forth in Section III.(B), below. In general, â€œEligible Participantsâ€ are employees who are not covered by any other incentive plans and who are employed by the Company in an incentive eligible position on or before November 1 of the Plan Year. Eligible Participants are subject to the terms and conditions relating to incentive awards set forth in the MIP.B. Designated OfficersThe Committee shall determine the eligibility of Designated Officers of CVS Health, whom will also be included in the term â€œEligible Participantsâ€ unless otherwise noted. The Committee shall retain sole discretion to determine Designated Officer eligibility for an award, the target award, and the amount of the actual award. C. Position Change If a position change results in an employee becoming an Eligible Participant for part of the Plan Year only, the employee may be eligible to receive a prorata award, as described below under Section V.B., for the amount of time in the position in which the employee is MIP eligible during the Plan Year, subject to the terms of the MIP. A position change from one MIP-eligible position to another MIP-eligible position during the Plan Year also may result in a prorata award as described below under Section V.B.Â Â Â Â D. Movement to a Non-incentive Position or Pay GradeIf a previously Eligible Participant is moved to a non-incentive eligible position or pay grade due to his or her violation of CVS Health policy or his or her performance during the Plan Year, and is in the non-incentive eligible position on the last day of the Plan Year, they will not be eligible to earn an incentive award for the Plan Year under the MIP.E. TerminationsUnless otherwise stated in Section VII of the MIP, if an Eligible Participant is not actively employed with the Company on the March 1 immediately following a Plan Year, they will not be eligible to receive an incentive award under the MIP for the most recently completed Plan Year. F. RehiresEmployees who are rehired as Eligible Participants on or before November 1 of a Plan Year will be eligible for an incentive award for such Plan Year. In addition, Employees whose employment with the Company terminates during the Plan Year and who receive severance pay pursuant to a written agreement approved by the Company and are rehired by the Company at any time before the end of the Plan Year will be eligible for an incentive award for such Plan Year. IV.Â Â Â Â MIP FundingA. Consolidated Company Funding Â Â Â Â MIP funding is based on consolidated Company performance, measured by MIP metrics as set forth in Exhibit A, for the given Plan Year. Achievement of the Companyâ€™s MIP metrics will determine the total funding (the â€œTotal Poolâ€) as described below.If any of the MIP metrics perform below threshold, no formulaic funding will be made available for the metric of the incentive award that performed below threshold. If all MIP metrics perform below threshold, no formulaic funding will be made available for incentive awards and there shall be no incentive awards paid under the MIP.B. Total Pool FundingÂ Â Â Â The Total Pool for all business units will be fully (100%) based on consolidated Company performance. The CEO (or, as to Designated Officers, the Committee) may, for any reason and in his or her (or its) sole discretion, adjust the funding of the Total Pool based on (a) input from senior Company executives regarding their assessment of the overall performance of the Company and (b) assessment of the achievement of Plan Year performance goals. C. Individual Performance The Total Pool will be available for award to Eligible Participants

under the MIP, taking into account the individual contribution of each Eligible Participant. Subject to the discretion of the CEO and any designated executive as set forth in Section VII.A., the amount, if any, of the incentive award for an Eligible Participant shall not exceed 200% of his or her individual target. The amount, if any, of the incentive award for an Eligible Participant shall be determined in the sole discretion of the Company, which shall be final, binding and conclusive as to all parties having an interest therein. The amount, if any, of the incentive award for a Designated Officer Eligible Participant shall be determined in the sole discretion of the Committee, which shall be final, binding and conclusive as to all parties having an interest therein.V.Â Â Â Â Earnings, Proration, and PayoutA. TimingIncentive awards with respect to a Plan Year will be paid to Eligible Participants after January 1 of the calendar year immediately following the Plan Year and after the date on which the Total Pool for the Plan Year is determined and approved but no later than March 15 of the calendar year immediately following the Plan Year, unless the Plan Administrator determines in its sole discretion that payment will occur after such March 15 but no later than March 31 of the calendar year immediately following the Plan Year. In no event will an incentive award with respect to a Plan Year 2be paid later than March 31 of the calendar year immediately following the Plan Year. Incentive payments under the MIP may be subject to garnishments and other state or federal requirements.B. CalculationsExcept as otherwise determined by the CEO or the CEOâ€™s designee,(a)Calculations for full and partial awards for each Eligible Participant will be based on â€œEligible Earningsâ€ (defined below) for the Plan Year while in a MIP-eligible position. Eligible Earnings will be multiplied by the individual target opportunity of the Eligible Participant. If the Eligible Participant has been employed in multiple MIP-eligible positions during the Plan Year, then the individual opportunity for each position will be calculated based on the respective Eligible Earnings and individual target opportunities for each such position. (b)Eligible Earnings include reoccurring items such as pay earned for hours worked and paid time off (e.g., PTO, holiday, funeral, jury duty, military) but exclude leave-related payments, one-time payments, annual cash incentives, commissions, bonuses and similar payments, earnings associated with equity releases and stock option exercises, and any post- employment payments, such as severance pay.(c)For purposes of proration under the MIP and except as otherwise provided in Section VII of the MIP, calculations will be based on the number of days that the employee was an Eligible Participant in the MIP during the Plan Year. C. Award OpportunityIndividual target award opportunities will be determined by position and may vary based on the Eligible Participantâ€™s level in the organization. D. Obligation to Pay Out Percentage of Total PoolEligible Participants, as a group, have a right to receive an amount at least equal to the Total Pool, but no individual Eligible Participant shall be entitled to receive an award or any specific amount of the Total Pool. In no event will the aggregate of the total awards paid from the MIP be less than 92.5% of the Total Pool. To discourageÂ unmerited litigation, any party or class asserting a challenge or claim against the Company under any provision of theÂ MIP, including thisÂ Section V, shall bear their own costs relating to suchÂ challenge or claim, and if theÂ challengeÂ or claim is unsuccessful, such party or class shall reimburse the Company for all reasonable costs incurred by the Company in responding to suchÂ challenge or claim.VI.Â Â Â Â MIP Dispute ResolutionAny questions by an Eligible Participant regarding an incentive award granted under the MIP shall first be submitted by the Eligible Participant to his or her Human Resources Business Partner (â€œHRBPâ€) within 7 days of distribution of such incentive award, and the HRBP shall submit any correction that the HRBP deems appropriate to the Compensation Department by the first business day of April immediately following the distribution date. In the event of a dispute regarding an incentive award under the MIP after the Eligible Participant has submitted his or her question to the HRBP and received a response, as provided above, the Eligible Participant may submit an appeal for resolution of such dispute to CVS Healthâ€™s Advice and Counsel group at CVS Health, One CVS Drive, MC 1113, Woonsocket, RI 02895. Such appeal must be completed in writing within 30Â days of the distribution of the incentive award. Failure to follow these procedures or submit a question or dispute in a timely manner may result in a waiver of the Eligible Participantâ€™s right to dispute the MIP provision or amount of the incentive award. VII. Eligible Participant StatusA. PerformanceThe Company, including through the CEO or other designated executives, has full discretion in determining the amount, if any, of an incentive awarded to an Eligible Participant, and the 3Participantâ€™s individual performance throughout the Plan Year, as determined by the Company, will be considered in the final determination of the Eligible Participantâ€™s incentive award. B. Leaves of AbsenceAn Eligible Participant on a Company-approved leave of absence at any time during the Plan Year who remains employed in an eligible position as of the last day of the Plan Year will earn an incentive award based on Eligible Earnings (including time compensated as vacation, myTime or Paid Time Off (â€œPTOâ€)) during the Plan Year, provided the Participant meets all other eligibility criteria for an incentive award.C. Termination with Severance, Retirement, Death and Disability1. Termination with SeveranceÂ Â Â Â If an Eligible Participantâ€™s employment with the Company terminates and the Participant receives severance pay pursuant to a written agreement approved by the Company, and such termination occurs on or after October 1 of a Plan Year, or such other date as the Chief People Officer of the Company may determine, the Participant may be eligible, at the Companyâ€™s discretion, to receive an incentive award for that Plan Year based on the calculation methodology for Eligible Earnings described in Section V.B above, provided that the Eligible Participant meets all other eligibility criteria for an incentive award. 2. Retirement Â Â Â Â If an Eligible Participant is at least age 55 and has a minimum of 10 years of continuous service with CVS Health or a predecessor company/subsidiary or is at least age 60 and has a minimum of 5 years of continuous service with the Company or a predecessor company and the Eligible Participant retires on or after October 1 of a Plan Year, or such other date as the Chief People Officer may determine, he/she may be eligible, at the Companyâ€™s discretion, to receive an incentive award for that Plan Year based on the calculation methodology for Eligible Earnings described in Section V.B above, provided that the Eligible Participant meets all other eligibility criteria for an incentive award and is in good standing (as defined by the Company) upon their termination. Eligible Participants who do not meet the minimum retirement requirements under this Section VII.C.2 at the time of retirement will not be eligible for an incentive award for the Plan Year.3. DeathÂ Â Â Â In case of the death of an Eligible Participant during a Plan Year or prior to the payment date for the Plan Year determined under Section V.A. above, an incentive award based on the Eligible Participantâ€™s target may be paid, at the Companyâ€™s discretion, to the Eligible Participantâ€™s estate, or if there is no estate, to the Eligible Participantâ€™s surviving legal spouse, or if there is no surviving legal spouse, to the Eligible Participantâ€™s surviving children in equal portions. The incentive award will be prorated based on the number of months employed and the Eligible Participantâ€™s most recent base salary and individual target opportunity before death.4. DisabilityÂ Â Â Â If an Eligible Participant is separated from employment by the Company for reason of disability (defined in either the Companyâ€™s long-term disability plan or by the Social Security Administration) during a Plan Year or prior to the payment date for the Plan year determined under Section V.A. above, the Participant may be eligible, at the Companyâ€™s discretion, to receive an incentive award for that Plan Year based on the calculation methodology for 4Eligible Earnings described in Section V.B above, provided the Eligible Participant meets all other eligibility criteria for an incentive award. Any incentive award payable under this section VII.C shall be paid no later than the payment date determined under Section V.A. above. VIII. MiscellaneousÂ Â Â Â A. No Promise of Continued EmploymentThe MIP does not create an express or implied contract of employment between CVS Heath or and an Eligible Participant. Both CVS Health and the Eligible Participant retain the right to terminate the employment relationship at will, at any time and for any reason or no reason at all.B. Rights are Non-AssignableÂ Â Â Â Neither the Eligible Participant, nor any beneficiary, nor any other person shall have any right to assign, in whole or in part, the right to receive payments under the MIP. Payments are non- assignable and non-transferable, whether voluntarily or involuntarily.C. Compliance with Applicable LawÂ Â Â Â An Eligible Participant must comply with all applicable state and federal laws and CVS Health policies to be eligible to receive an incentive award under the MIP.CVS Health will comply with all applicable laws concerning incentive awards; the MIP and its administration are not intended to conflict with any applicable state or federal law. D. Change in ControlIn the event of a change in control of CVS Health, as defined in the ICP, the MIP shall remain in force. Any amendments, modifications, termination or dissolution of the MIP by the acquiring entity may only occur prospectively and will not affect incentive targets or awards or eligibility in place immediately before the date of the change in control or such later date as it may be modified or dissolved by the acquiring entity. Provisions regarding the payment of annual incentive awards that are set forth in change in control agreements with Eligible Employees shall supersede those appearing in the MIP.E. Withholding/TaxationÂ Â Â Â All required deductions will be withheld from the incentive awards prior to distribution. This includes all applicable federal, state, or local taxes, as well as any eligible 401(k) deductions and deferred compensation contributions, in accordance with the terms of the applicable plans. Incentive awards that are deferred will be taxed in accordance with applicable federal and state tax law. Each Eligible Participant shall be solely responsible for any tax consequences of his or her award hereunder.F. MIP Amendment/Modification/TerminationCVS Health retains the right to amend, modify, or terminate the MIP at any time on or before the last day of the Plan Year for any reason, with or without notice to Eligible Participants.G. MIP InterpretationCVS Health retains sole, full and final authority to prescribe rules and regulations for the administration of the Plan, construe and interpret the Plan and award agreements and correct defects, supply omissions or reconcile inconsistencies therein and to make all other decisions and determinations as it may deem necessary or advisable for the administration of the Plan.5Capitalized terms not otherwise defined herein shall have the meaning assigned to such defined term(s) in the ICP. In the event of any conflict between the ICP and the MIP, the terms of the ICP shall govern.Â Â Â Â H. Recoupment of Incentive Awards Each incentive award under the MIP shall be subject to the terms of the Companyâ€™s Recoupment Policy as it exists from time to time, which may require the Eligible Employee to immediately repay to the Company the value of any pre-tax economic benefit that the Participant may derive from the MIP.Â Â Â Â I. Section 409A of the Internal Revenue CodeThe Company intends that the MIP not violate any applicable provision of, or result in any additional tax or penalty under, Section 409A of the Internal Revenue Code (â€œCodeâ€), as amended, and the regulations and guidance thereunder (collectively, â€œSection 409Aâ€), and that to the extent any provisions of the Plan do not comply with Section 409A the Company will make such changes as it deems reasonable in order to comply with Section 409A. Payments hereunder are intended to qualify as short-term deferral payments under Section 409A. In all events, the provisions of CVS Health Corporationâ€™s Universal 409A Definition Document are hereby incorporated by reference, and notwithstanding the any other provision of the Plan or any Award to the contrary, to the extent required to avoid a violation of the applicable rules under Section 409A by reason of Section 409A(a)(2)(B)(i) of the Code (requiring certain delays for â€œspecified employeesâ€), payment of any amounts subject to Section 409A shall be delayed until the first business day of the seventh (7th) month following the date of termination of employment. For purposes of any provision of the Plan providing for the payment of any amounts or benefits in connection with a termination of employment, references to an Eligible Personâ€™s â€œtermination of employmentâ€ (and corollary terms) shall be construed to refer to the Eligible Personâ€™s â€œseparation from serviceâ€ with the Company as determined under Section 409A.J. Restrictive Covenant AgreementAny award pursuant to the MIP is expressly subject to and contingent upon the requirement that the Eligible Participant shall have fully executed and delivered to the Company a restrictive covenant agreement deemed appropriate by the Company; the Company may waive such requirement in its sole discretion.Â Any applicable agreement containing the restrictive covenants the Company requires in connection with this award is referred to herein as the â€œRestrictive Covenant Agreement.â€Â If the Company requires an Eligible Participant to execute and deliver the Restrictive Covenant Agreement in connection with any MIP award, the Company shall provide such Restrictive Covenant Agreement to the Eligible Participant. The Eligible Participant must execute and deliver such agreement by the deadline set forth by the Company. The failure of an Eligible Participant to execute and return the Restrictive Covenant Agreement by the deadline set forth by the Company, if required, shall result in the immediate and irrevocable forfeiture of any MIP award. Â This Section VIII.J. of the MIP shall not constitute the Companyâ€™s exclusive remedy for Eligible Participantâ€™s violation of the Restrictive Covenant Agreement, or failure to execute a Restrictive Covenant Agreement. The Company reserves all rights to seek all available legal or equitable remedies in the event of Eligible Participantâ€™s violation or threatened violation of the Restrictive Covenant Agreement, including injunctive relief. 6 EX-10.52 6 exhibit1052-2024.htm EX-10.52 DocumentExhibit 10.52Â Â Â Â CVS HEALTH SEVERANCE PLAN FORNON-STORE EMPLOYEES(Amended and Restated as of January 1, 2025) CVS HEALTH SEVERANCE PLANFOR NON-STORE EMPLOYEES(Amended and Restated as of January 1, 2025) WHEREAS, CVS Health Corporation (the â€œCompanyâ€) has established the CVS Health Severance Plan for Non-Store Employees (the â€œPlanâ€) to provide financial assistance to employees in non-store positions who are involuntarily terminated and are eligible within the terms and conditions of the Plan;WHEREAS, it is intended that the Plan constitute an employee welfare benefit plan within the scope of Section 3(1) of the Employee Retirement Income Security Act of 1974, as amended (â€œERISAâ€), that the Plan constitute a separation pay plan within the scope of Department of Labor (â€œDOLâ€) Regulation Section 2510.3- 2(b), and that all payments made under the Plan be deductible by the Company under Section 162(a) of the Internal Revenue Code of 1986, as amended (the â€œCodeâ€);WHEREAS, the benefits provided under the Plan are intended to constitute separation pay within the meaning of Treasury Regulation Section 1.409A-1(b)(9)(iii);WHEREAS, this document is the official plan document; andWHEREAS, the Company wishes to make certain amendments and clarifications to the Plan that was effective as of September 30, 2023, which amendments shall be effective as of January 1, 2025 (the â€œEffective Dateâ€);NOW, THEREFORE, as of the Effective Date, the Company does hereby amend and restate the Plan to provide as follows:ARTICLE 1DEFINITIONS Â Â Â Â For purposes of the Plan, the following terms, when used with an initial capital letter, shall have the meaning set forth below unless a different meaning is plainly required by the context. 1.1 Â Â Â Â Â â€œAffiliateâ€ shall mean (a) any corporation which is required to be aggregated with the Company under Code Section 414(b), (c), (m), or (o) and (b) any other entity in which the Company has an ownership interest and which the Company designates as an Affiliate for purposes of the Plan. 1.2 Â Â Â Â Â â€œCauseâ€ shall refer to a termination of an Eligible Employeeâ€™s employment because of the Eligible Employeeâ€™s (a) failure to satisfactorily perform under a performance improvement plan of the Employer; (b) acts of unethical business activity, including but not limited to fraud, misappropriation, embezzlement, dishonesty, harassment, discrimination in violation of Employer policies, or willful or negligent destruction of property of an Employer or an Affiliate; (c) misconduct that could cause damage (monetary, reputational or otherwise) to the Employer, an Affiliate, or any personnel thereof; (d) conviction of or a plea of guilty or nolo contendere to any felony, whether or not any right to appeal has been or may be exercised; (e) negligence of duty; (f) insubordination; or (g) a violation of the Employerâ€™s policy, procedure, or practice. 1.3 Â Â Â Â Â â€œCodeâ€ shall mean the Internal Revenue Code of 1986, as amended. 1.4 Â Â Â Â Â â€œEligible Employeeâ€ shall mean an individual who is employed by the Employer on a regular basis in a non-store position and has been employed by the Employer in any position for a minimum of ninety (90) [continuous] days prior to the individualâ€™s separation of employment. For purposes of the Plan, distribution warehouse employees, field managers and employees employed by CVS ProCare, Inc. working at Company headquarters, shall be treated as working in a non-store location and therefore not subject to exclusion from eligibility. For purposes of the Plan, individuals in the following categories will not be considered Eligible Employees: (a)individuals who are covered by a collective bargaining agreement, provided welfare benefits were the subject of bargaining, unless the terms of the collective bargaining agreement provide for participation in the Plan; (b)individuals who are seasonal employees, leased employees, independent contractors, temporary employees, or consultants; (c)individuals who work for the Employer or an Affiliate in a store location of the Company or an Affiliate, or whose compensation is paid through or according to a store payroll, including but not limited to: pharmacists, store managers, assistant store managers, crew, and pharmacy staff; (d)individuals employed by MinuteClinic, L.L.C. or by any practitioner-owned entity managed by MinuteClinic, L.L.C.; (e)the President and CEO of CVS Health Corporation; (f)individuals employed in Puerto Rico; and (g)individuals employed outside the United States of America. The decision of whether an individual falls into one of these categories and whether an individual is employed by an Employer on a regular basis in a non-store position for a minimum of ninety (90) days shall be made by the Employer. Any individual who is excluded from being considered an Eligible Employee under the Plan shall be excluded from the Plan regardless of the individualâ€™s reclassification by a government agency, including a reclassification by the Internal Revenue Service for tax withholding purposes. 1.5â€œEmployerâ€ shall mean CVS Pharmacy, Inc., Caremark Rx, L.L.C. and Aetna Inc. and any current or future Affiliate thereof that does not maintain its own severance plan for employees of that Affiliate. 1.6â€œERISAâ€ shall mean the Employee Retirement Income Security Act of 1974, as amended. 1.7â€œExempt Employeeâ€ shall mean an Eligible Employee who is paid on a salaried basis for payroll purposes and classified in the sole discretion of the Employer under its normal classification procedures as an exempt employee under the Fair Labor Standards Act. 1.8â€œInvoluntary Terminationâ€ shall mean an Eligible Employeeâ€™s termination of employment with the Employer due to the unilateral action of the Employer, including but not limited to a termination as a result of the elimination of an Eligible Employeeâ€™s position due to a reorganization or changes in responsibilities, a reduction in force, or a closing of the business unit in which the Eligible Employee works; provided, however, that a termination of employment will not be considered an Involuntary Termination unless it constitutes a separation from service under Treasury Regulation Section 1.409A-1(h). Notwithstanding the foregoing, an Eligible Employee will not have an Involuntary Termination if the Eligible Employee: (a) is terminated for Cause, as determined by the Employer in its sole discretion; (b) voluntarily terminates his or her employment at any time or resigns prior to an Involuntary Termination; (c) takes a leave of absence; (d) is administratively terminated for failure to return from a leave of absence upon expiration of his or her leave; (e) terminates employment due to his or her death or disability; (f) transfers to an Affiliate or a joint venture in which the Employer or an Affiliate is at least a 25% owner of the outstanding stock; (g) transfers to a new employer in connection with the sale of an Employer facility or business; or (h) fails to accept an offer for a job with the Employer that is comparable to

the job that he or she is performing for the Employer at the time of the offer. For purposes of Subsection (h) of this Section 1.8, whether a job is considered â€œcomparableâ€ shall be determined in the sole discretion of the Employer, taking into account whether the new job is located 50 or fewer miles from the Eligible Employeeâ€™s job at the time of the offer, whether the compensation offered is materially less than the Eligible Employeeâ€™s compensation at the time of the offer, and whether the new job will result in a substantial change of duties from the Eligible Employeeâ€™s job at the time of the offer. The determination of whether an Eligible Employeeâ€™s termination of employment is an Involuntary Termination shall be made in the sole discretion of the Employer. If an Employer deems an Eligible Employeeâ€™s termination of employment to be an Involuntary Termination and, Employer later learns of facts and circumstances that, had the Employer known such facts and circumstances at the time of termination, would have resulted in a termination of employment for Cause, the Eligible Employeeâ€™s termination shall be deemed as of the date of termination to not have been an Involuntary Termination. 1.9â€œNon-exempt Employeeâ€ shall mean an Eligible Employee who is paid on an hourly basis for time worked and classified in the sole discretion of the Employer under its normal classification procedures as a non-exempt employee under the Fair Labor Standards Act. 1.10â€œPlan Administratorâ€ shall mean the Senior Vice President of Human Resources of CVS Pharmacy, Inc., or such other person, designated by the Chief People Officer of the Company to act as the Plan Administrator. 1.11â€œRehire Dateâ€ shall mean the date an Eligible Employee accepts reemployment with any Employer. 1.12â€œSeverance Payâ€ shall mean the pay an Eligible Employee is eligible to receive under Subsection (b) of Section 2.1 of the Plan upon his or her Involuntary Termination. 1.13â€œSeverance Periodâ€ shall mean the period of time during which an Eligible Employee is eligible to receive Severance Pay. 1.14â€œWeekly Rateâ€ shall mean, (a) with respect to an Eligible Employee paid on a salaried basis, an Eligible Employeeâ€™s annual base salary (as determined by the Employer), as of the date of the Eligible Employeeâ€™s Involuntary Termination, expressed on a weekly basis (as determined in the sole discretion of the Employer), and (b) with respect to an Eligible Employee paid on an hourly basis, the hourly wage rate of the Eligible Employee as of the date of the Eligible Employeeâ€™s Involuntary Termination multiplied by the Eligible Employeeâ€™s regularly scheduled number of hours of service per week (as determined by the Employer), not in excess of 40 hours. Weekly Rate shall exclude any overtime, incentive, and bonus payments, unless otherwise required by law. 1.15â€œYear of Serviceâ€ shall mean each full year of [continuous] service performed by the Eligible Employee for an Employer as reflected in the records of the Employer and as determined as of the Eligible Employeeâ€™s date of termination of employment, based on the Employerâ€™s policies and procedures for determining periods of service, and the applicable law.ARTICLE 2SEVERANCE PAY AND ELIGIBLE EMPLOYEE BENEFITS2.1 (a)Â Â Â Â Eligibility. Upon his or her Involuntary Termination, an Eligible Employee may, in the discretion of the Plan Administrator, be granted Severance Pay and benefits provided under Subsections (b), (c), and (d) of this Section 2.1, provided the conditions of Section 2.2 are satisfied. The determination of whether Severance Pay is payable under the Plan, and the form and amount of such pay, shall be made in the sole discretion of the Plan Administrator.(b) Severance Pay. The Severance Pay payable to an Eligible Employee in the event of Involuntary Termination shall be determined by the Plan Administrator in its, his or her sole discretion, using the guidelines set forth in the applicable Appendix for the Eligible Employeeâ€™s grade and status, as determined by the Employer. Notwithstanding such referenced guidelines, the Plan Administrator may increase or decrease (including, to zero) the amount of Severance Pay with respect to any Eligible Employee for reasons it, he or she deems appropriate in its sole discretion at any time, whether before or after payments of Severance Pay have commenced (including, but not limited to, an increase to account for statutory requirements or a decrease to take into account any debts owed to an Employer or a decrease if an Eligible Employee fails to satisfactorily perform his or her duties and is not on or has not completed a performance improvement plan at the time of termination of employment), at any time, whether before or after payments of Severance Pay have commenced. (c)COBRA Assistance. In the event an Eligible Employee who has an Involuntary Termination (i) is eligible to elect continuation coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 as amended (â€œCOBRAâ€) in accordance with the terms of the medical and prescription drug plan and/or dental plan of the Employer and (ii) properly and timely elects such continuation coverage, the Employer may pay for a portion of the cost of COBRA coverage equivalent to the contribution which the Employer makes on behalf of similarly situated active employees under such plan for the appropriate tier of coverage selected and in place immediately prior to the date of the Eligible Employeeâ€™s Involuntary Termination (e.g., employee-only, family coverage), for a period determined in the sole discretion of the Plan Administrator, which generally shall be the Severance Period but in any event no longer than eighteen (18) months from the date of the Involuntary Termination (for purposes of this provision, if the Eligible Employee receives Severance Pay subject to subsection (h) below, the Severance Period shall be deemed to be the period for which Severance Pay would have been paid under the Plan but for the application of such subsection). Any COBRA assistance provided under this Subsection (c) shall be paid by the Employer directly to the insurance carrier, if applicable. The portion of the COBRA premium not covered by the COBRA assistance specified in this Subsection (c) must be paid by the Eligible Employee directly to the insurance carrier or service provider that administers COBRA, as applicable, based on the standard rules under the respective plan for payment of COBRA premiums. This Subsection (c) does not provide COBRA assistance in the event the Eligible Employee fails to properly and timely elect COBRA continuation coverage, regardless of whether his or her covered dependents elect COBRA continuation coverage.(d)Â Â Â Â Outplacement Services. Upon an Involuntary Termination, the outplacement services provided to an Eligible Employee shall be provided in the sole discretion of the Plan Administrator based on the guidelines contained in this Subsection (d).(i)If an Eligible Employee so desires, he or she may be eligible for outplacement services for assistance in obtaining new employment, provided through a vendor selected by the Employer, with the Employer directly providing payment to such vendor. The provision of outplacement services is contingent upon the Eligible Employeeâ€™s cooperation with the outplacement service vendor, upon the active efforts of the Eligible Employee to locate a new position, and upon the Eligible Employee initiating outplacement services during the Severance Period.(ii)Subject to the requirements of Paragraph (i) of this Subsection (d), outplacement services shall be offered for a period of time determined in the sole discretion of the Plan Administrator, based on the guidelines set forth in Appendix A for the applicable Eligible Employeeâ€™s grade, as determined by the Employer, provided that in no event shall such services extend beyond twelve (12) months following the Involuntary Termination of the Eligible Employee.(e)Form and Timing of Payment. In the event an Eligible Employee is awarded Severance Pay under the terms of Subsection (a) of this Section 2.1, such Severance Pay shall be paid following an Eligible Employeeâ€™s Involuntary Termination (except as provided in Section 2.3, below), as follows: Severance Pay shall be paid in the form of salary continuation unless otherwise determined by the Plan Administrator. No Severance Pay shall commence (with respect to salary continuation payments) or be paid (with respect to a lump sum) (i) prior to the expiration of the later of a period that is identified in a severance agreement with the Eligible Employee during which he or she may consider the execution of the release of claims form (the â€œConsideration Periodâ€) or a period ending at least seven (7) days following the execution of the release of claims form (the â€œRevocation Periodâ€), or (ii) later than sixty (60) days following the date of Eligible Employeeâ€™s Involuntary Termination. Severance Pay that is paid in the form of salary continuation shall commence as soon as feasible following expiration of the later of the Consideration Period or the Revocation Period, which generally shall be the first regularly scheduled payroll date following the expiration of the Consideration Period or the Revocation Period, as the case may be, and shall thereafter be paid in substantially equal installments in accordance with the Employerâ€™s regular payroll practice, except as provided in Section 2.3 of the Plan, except that the first installment paid after the expiration of the later of the Consideration Period or the Revocation Period shall include, on a retroactive basis, all installments that would have been paid had they started as soon as administratively feasible after the date of the Eligible Employeeâ€™s Involuntary Termination. It is the intent of the Plan that the Severance Period in all cases be measured from the date of the Eligible Employeeâ€™s Involuntary Termination. Further, in the Plan Administratorâ€™s sole discretion, Severance Pay may be paid to any Eligible Employees in a single lump sum, in which event Severance Pay shall be paid within the period that satisfies the 409A requirements for short-term deferrals under Section 409A of the Code.(f)Withholding. Any payment of Severance Pay to an Eligible Employee shall be subject to normal withholding for state and federal income taxes and Social Security taxes. (g)Death. Upon the death of the Eligible Employee who had an Involuntary Termination and who has not received all Severance Pay payable under the Plan, the Severance Pay otherwise payable under Section 2.1(b) of the Plan shall be paid in the form of a lump sum to the Eligible Employeeâ€™s surviving legal spouse or, if there is no surviving legal spouse, to the Eligible Employeeâ€™s estate as soon as practicable, but in no event later than 60 days following the Plan Administrator's receipt of notice of death. Any other severance benefits provided under this Section 2.1 (COBRA assistance and outplacement services) shall cease upon the Eligible Employeeâ€™s death.(h)State â€œWARNâ€ Statute Impact. If an Eligible Employee experiences a termination that is deemed to constitute an Involuntary Termination in connection with a plant closing/layoff event that is covered by a state law requiring a specified amount of severance to be paid to the Eligible Employee (a â€œState WARN Eventâ€), the Eligible Employee shall be granted Severance Pay in the amount and form required under the applicable state law and in accordance with the requirements of such state law.2.2Â Â Â Â Conditions on Payment of Severance Pay and Benefits. To the extent allowed by law, payment of the Severance Pay and benefits provided in Section 2.1 of the Plan shall be subject to and conditioned upon the following:(a)to the extent an Eligible Employee receives notice of a date selected by the Employer (in its sole discretion) on which the Eligible Employeeâ€™s Involuntary Termination shall occur (a â€œDesignated Termination Dateâ€), the Eligible Employee must continue to work in a satisfactory manner until his or her Designated Termination Date;(b)the Eligible Employee must cooperate in transitioning all of the Eligible Employeeâ€™s work in consultation with the Eligible Employeeâ€™s supervisor or other designated employee;(c)the Eligible Employee must execute and deliver a severance agreement that includes a release of claims, which agreement shall be in a form specified by the Employer from time to time, which may include restrictive covenants and a waiver as described in Subsection (d) of this Section 2.2) within the time period specified under the terms of the applicable severance offer. Further, in no event will Severance Pay be paid with respect to an Eligible Employee in the event the release of claims form is revoked during the Revocation Period (described in Section 2.1(e) of the Plan); and(d)Â Â Â Â the Eligible Employee must waive the right to receive any other severance payment relating to salary continuation or salary replacement the Eligible Employee may otherwise be eligible to receive upon termination of employment under any employment agreement, severance plan, practice, policy or program of the Employer or an Affiliate.2.3Â Â Â Â Maximum Severance Pay. Notwithstanding any other provisions to the contrary, benefits paid hereunder (a) shall not exceed two times the lesser of (i) the Eligible Employeeâ€™s Compensation (as defined in this Section 2.3) during the calendar year immediately preceding the Eligible Employeeâ€™s Involuntary Termination or (ii) the maximum amount that may be taken into account under a qualified plan pursuant to Section 401(a)(17) of the Code for the calendar year in which the Eligible Employeeâ€™s Involuntary Termination occurs and (b) shall be paid in full within twenty-four (24) months after the date the Eligible Employeeâ€™s Involuntary Termination occurs. In the event that any Severance Pay payable to an Eligible Employee would exceed the twenty-four (24) month period provided in the foregoing sentence if the Severance Pay continued to be paid in accordance with the Employerâ€™s regular payroll practice, any Severance Pay that would otherwise exceed the twenty-four (24) month time period will be paid to the Eligible Employee in a lump sum on the last regular payroll date within the twenty-four (24) month period. For purposes of this Section 2.3, â€œCompensationâ€ shall mean the Eligible Employeeâ€™s total annualized compensation, based upon the annual rate of pay for services provided to the Employer for the calendar year preceding the calendar year in which the Eligible Employeeâ€™s Involuntary Termination occurs, adjusted for any increase in such preceding calendar year that was expected to continue indefinitely if the Eligible Employee had not had an Involuntary Termination.2.4 Â Â Â Â Cessation of Severance Pay Upon Reemployment. If an Eligible Employee who had an Involuntary Termination and who is receiving Severance Pay thereafter accepts reemployment with any Employer or a joint venture in which the Employer or an Affiliate is at least a 25% owner of the outstanding stock during the Severance Period, such Employeeâ€™s Severance Pay shall cease on the Rehire Date and any remaining Severance Pay shall be forfeited.2.5 Â Â Â Â Cessation of Severance Pay After Commencement of Payments. If an Eligible Employee is deemed to have an Involuntary Termination and begins to receive or begins the process of receiving Severance Pay under the Plan and the Employer finds that the Eligible Employee should have been terminated for Cause, such Eligible Employee's Severance Pay shall cease as of the suspension date, any remaining Severance Pay shall be forfeited and any Severance Pay that has been paid shall be subject to repayment by the Eligible Employee. In addition, if an Eligible Employee is deemed to have an Involuntary Termination and begins to receive Severance Pay under the Plan and the Employer becomes aware of facts and circumstances that, had the Employer known same at the time of the Eligible Employeeâ€™s termination of employment, could have affected the Employerâ€™s determination as to whether such Employeeâ€™s termination was an Involuntary Termination, the Plan Administrator may suspend any future Severance Pay payments to the Eligible Employee while the Employer investigates the facts and circumstances and finalizes such investigation, and, if the Employer determines that the Eligible Employee would have been terminated for Cause, such Eligible Employeeâ€™s Severance Pay shall cease as of the suspension date, any remaining Severance Pay shall be forfeited and any Severance Pay that has been paid shall be subject to repayment by the Eligible Employee; and if the Employer determines that the Eligible Employee would not have been terminated for Cause, the Severance Pay shall recommence and the Eligible Employee will receive payment for any suspended Severance Pay.2.6Â Â Â Â Impact of Debt on Severance Pay. In the event an Eligible Employee is indebted to the Company or Employer (determined in the sole discretion of the Company or Employer, as applicable), the Plan Administrator reserves the right to reduce, offset, withhold, and/or forfeit the Severance Pay otherwise payable under the Plan.2.7Â Â Â Â Employee Benefits. As of the date of an Eligible Employeeâ€™s Involuntary Termination, the Eligible Employeeâ€™s active participation in any benefit plan, program, or policy sponsored or subsidized by the Employer shall cease, unless otherwise continued pursuant to the terms of such plan, program or policy.2.8 Â Â Â Â Awards. Any award or grant made to the Eligible Employee under any stock option, stock purchase, or stock appreciation rights plan of the Company or Employer shall be administered and interpreted in accordance with the terms of the applicable plan documents.2.9Â Â Â Â Paid Time Off. Any pay for accrued paid time off shall be determined under the terms of the Employerâ€™s applicable policies.2.10 Â Â Â Â Bonuses. Whether any bonuses or other incentive payments are payable to an Eligible Employee shall be determined based on the terms of any applicable bonus or incentive program, plan, or policy.2.11Â Â Â Â Benefits Not Vested. No one under any circumstance is automatically entitled to Severance Pay or benefits described in Section 2.1 of the Plan. Notwithstanding anything in the Plan to the contrary, the Plan Administrator reserves the right, at its, his or her sole discretion, to increase, decrease, or eliminate Severance Pay and benefits under the Plan.ARTICLE 3 ADMINISTRATION OF THE PLAN 3.1Â Â Â Â Control and Administration. Notwithstanding any other provision in the Plan, and to the full extent permitted under ERISA and the Internal Revenue Code, the Plan Administrator shall have the exclusive right, power and final authority, in its, his or her sole and absolute discretion, to administer, apply, construe and interpret the terms of the Plan and all related plan documents and all facts surrounding claims for benefits under the Plan and shall determine all questions arising in the administration, interpretation and application of the Plan, including, but not limited to, those concerning eligibility for benefits. Accordingly, benefits under the Plan shall be paid only if the Plan Administrator decides in its, his or her sole discretion that an Eligible Employee is entitled to benefits, and the Plan Administrator shall decide all questions regarding the form, amount and duration of benefits. The Plan Administrator may consult with attorneys, consultants and other persons for advice, counsel and reports to make determinations under the Plan, and the Plan Administrator may delegate its administrative duties and responsibilities to persons or entities of its choice, in all cases who may be employees of the Company. All determinations of the Plan Administrator shall be conclusive and binding on all parties. The Plan Administrator shall be the named fiduciary of the Plan for purposes of ERISA. 3.2 Â Â Â Â Claim Procedures. (a)Procedure for Granting or Denying Claims. An Eligible Employee, or his or her duly authorized representative, may file a claim for payment of benefits under the Plan within 30 days after termination of employment. Such a claim must be made in writing and be delivered to the Plan Administrator, in person, by mail, postage paid or by electronic mail. Within 90 days after receipt of such claim, the Plan Administrator shall notify the claimant of the granting or denying, in whole or in part, of such claim, unless special circumstances require an extension of time for processing the claim. In no event may the extension exceed 90 days from the end of the initial 90-day period. If such extension is necessary, the claimant will be given a written notice to this effect prior to the expiration of the initial 90-day period. The Plan Administrator shall have full discretion to deny or grant a claim in whole or in part. (b)Requirement for Notice of Claim Denial. The Plan Administrator shall provide to every claimant who is denied a claim for benefits a written or electronic notice setting forth in a manner calculated to be understood by the claimant: (i)The specific reason or reasons for the denial; (ii)Specific reference to pertinent Plan provisions on which the denial is based; (iii)A description of any additional material or information necessary for the claimant to perfect the claim and an explanation of why such material is necessary; and (iv)An explanation of the Planâ€™s claim review procedures and the time limits applicable to such procedures, including a statement of the claimantâ€™s right to bring a civil action under Section 502(a) of ERISA following an adverse determination on review. (c)Right to Appeal on Claim Denial. Within 60 days after receipt by the claimant of written or electronic notification of the denial (in whole or in part) of his or her claim, the claimant or his or her duly authorized representative may make a written application to the Plan Administrator, in person, by mail, postage paid or by electronic mail, to be afforded a full and fair review of such denial. The claimant or his or her duly authorized representative may submit written comments, documents, records, and other information relating to the claim for benefits. Moreover, the claimant or his or her

duly authorized representative shall be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimantâ€™s claim for benefits. (d)Disposition of Disputed Claims. Upon receipt of a request for review, the Plan Administrator shall make a decision on the claim. The review shall take into account all comments, documents, records, and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination. The decision on review shall be made not later than 60 days after the Plan Administrator's receipt of a request for a review, unless special circumstances require an extension of time for processing, in which case a decision shall be rendered not later than 120 days after receipt of the request for review. If an extension is necessary, the claimant shall be given written notice of the extension prior to the expiration of the initial 60-day period. The Plan Administrator shall provide the claimant or his or her duly authorized representative with written or electronic notification of the Plan Administratorâ€™s determination on review. In the case of an adverse determination, the notification shall set forth, in a manner calculated to be understood by the claimant, the specific reason or reasons for the decision as well as specific references to the Plan provisions on which the decision was based. The decision shall also include a statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimantâ€™s claim for benefits. Moreover, the decision shall contain a statement of the claimantâ€™s right to bring an action under Section 502(a) of ERISA. 3.3Conditions to Legal Action. No legal action may be commenced or maintained against the Plan, the Company or any Employer prior to the claimantâ€™s exhaustion of the claims procedures set forth in Section 3.2 of the Plan. In addition, no legal action may be commenced against the Plan more than 180 days after the Plan Administratorâ€™s final claim determination on review pursuant to Section 3.2(d) of the Plan. Any legal action must be conducted in the United States District Court for Rhode Island. 3.4Named Fiduciary. The Plan Administrator of the Plan shall be the Named Fiduciary of the Plan for purposes of ERISA Section 402(a)(1). ARTICLE 4 MISCELLANEOUS 4.1 Â Â Â Â Amendment or Termination. The Plan may be amended, terminated, withdrawn or suspended at any time in writing by the Management Planning and Development Committee of the Company or any individual designated by such Committee to take such actions. 4.2Â Â Â Â Choice of Law. The validity, interpretation, construction and performance of the obligations created under the Plan shall be governed by ERISA, and to the extent not preempted by federal law, the laws of the State of Rhode Island without regard to its conflicts of law principles. 4.3Â Â Â Â Validity. The invalidity or unenforceability of any provision of the Plan shall not affect the validity or enforceability of any other provision of the Plan, which shall remain in full force and effect. 4.4Â Â Â Â Plan Exclusive Source of Rights. The Plan contains all of the terms and conditions with respect to the benefits provided hereunder, and no employee or former employee of the Company or any Employer may rely on any other communication or representation, whether oral or written, of the Company or any Employer or any of its subsidiaries, or any officer or employee thereof, as creating any right or obligation not expressly provided by the Plan. 4.5Â Â Â Â Non-assignability. No benefit which shall be payable under the Plan to any Eligible Employee shall be subject in any manner to anticipation, alienation, sale, transfer, assignment, pledge, encumbrance, or charge (except as required by law), and any attempt to anticipate, alienate, sell, transfer, assign, pledge, encumber, or charge a benefit shall be null and void. No benefit shall in any manner be liable for, or subject to, the debts, contracts, liabilities, engagements, or torts of any Eligible Employee. No benefit shall be subject to legal attachment or legal process for, or against, the Eligible Employee and the same shall not be recognized under the Plan. Notwithstanding the preceding sentence, the Employer retains the discretion, in accordance with federal and/or state laws, to reduce the amount of benefits payable under the Plan to any Eligible Employee to recover any amounts that the Eligible Employee owes to the Employer. 4.6Â Â Â Â No Employment Rights. The Plan shall not give any Eligible Employee any right or claim except to the extent that the right is specifically provided under the terms of the Plan. The establishment of the Plan shall not be construed (a) to give any Eligible Employee a right to continue in the employ of the Employer or (b) to interfere with the right of the Employer to terminate the employment of any Eligible Employee at any time. 4.7Â Â Â Â Headings. Article and section headings are for convenience only and the language of the Plan itself will be controlling. 4.8Â Â Â Â Gender and Numbers. Masculine pronouns include the feminine as well as the neuter genders, and the singular shall include the plural, unless indicated otherwise by the context. 4.9Â Â Â Â Code Section 409A. The benefits provided under the terms of the Plan are intended to fall within the short-term deferral exception, the separation pay exception or another exception to the application of Section 409A of the Code and the applicable guidance issued thereunder. In furtherance of this intent, the Plan shall be interpreted, operated and administered in a manner consistent with this intention. To the extent the benefits provided under the Plan become subject to Code Section 409A and applicable guidance issued thereunder, the Plan shall be construed, and benefits paid hereunder, as necessary to comply with Section 409A of the Code and such guidance. Further, to the extent that an Eligible Employee becomes entitled to receive Severance Pay under the terms of the Plan, and, at the time of the Eligible Employeeâ€™s Involuntary Termination, he or she is a â€œspecified employeeâ€ within the meaning of Treasury Regulation Section 1.409A- 1(i), any portion of Severance Pay payable to such Eligible Employee that is subject to Code Section 409A and applicable guidance thereunder shall be delayed until the date that is the earlier of (i) the Eligible Employeeâ€™s death or (ii) six months following the date of the Eligible Employeeâ€™s Involuntary Termination, at which time the payments that were delayed for such six month period shall be paid in a lump sum on the date of the next occurring regular payroll date of the Employer, and any remaining payments shall be paid according to the original schedule provided herein. In addition, each payment of a salary continuation stream of installment payments hereunder shall be a separate payment for purposes of Section 409A of the Code. 4.10Â Â Â Â Funding. The Plan is not funded, and Severance Pay and benefits under the Plan are paid from the general assets of the Employer. 4.11Â Â Â Â Plan Year. The Planâ€™s records shall be maintained on the basis of the calendar year. IN WITNESS WHEREOF, the Management Planning and Development Committee of the Company, or its duly authorized delegate, has amended and restated the Plan as of the Effective Date pursuant to the execution hereof on its behalf by a duly authorized officer as of the date set forth below. CVS HEALTH CORPORATIONBy: Title:EVP and Chief People OfficerDate:Appendix AAmount of Severance Pay and Outplacement Services,effective as of January 1, 2025(General applicability to Eligible Employees to whom no other Appendix applies)Severance Pay is the Weekly Rate payable for the number of weeks listed below, determined by Grade and Years of Service (YOS) Â Â Tier 1 Tier 2 Tier 3 Â Tier 4 Â Â Executive Tier1 Â Â Â Executive Tier 2 Â Â Grades 104, 105, 106, 206, 306, 506Grades 107, 108,207, 208, 209, 307, 308, 407, 408, 507, 508, 509 Grades 109, 110, 111,210, 211, 213,309, 310, 311, 409,410, 411, 510, 511, 512, 513Grades 112, 113, 214, 215,312, 313, 412, 413, 514 Grades36 A-E,70G Grades38 A-C, 39 A-B, 71G, 72G Full YOSÂ Â Number ofWeeksÂ Â Number of WeeksNumber of Weeks Number ofWeeks Number ofWeeksNumber ofWeeksÂ Â 0 2 4 13 26 52 78 1 4 6 13 26 52 78 2 6 8 13 26 52 78 3 8 10 13 26 52 78 4 10 12 13 26 52 78 5 12 14 14 26 52 78 6 13 16 16 26 52 78 7 13 18 18 26 52 78 8 13 20 20 26 52 78 9 13 20 20 26 52 78 10 13 20 20 26 52 78 11 13 20 21 26 52 78 12 13 20 22 26 52 78 13 13 20 23 26 52 78 14 14 20 24 26 52 78 15 15 20 25 28 52 78 16 16 21 26 29 52 78 17 17 22 26 30 52 78 18 18 23 26 31 52 78 19 19 24 26 32 52 78 20 20 25 26 33 52 78 21 21 26 26 34 52 78 22 22 26 26 35 52 78 Â Â Tier 1 Tier 2 Tier 3 Â Tier 4 Â Â Executive Tier1 Â Â Â Executive Tier 2 Grades 104, 105, 106, 206, 306, 506Grades 107, 108,207, 208, 209, 307,308, 407, 408, 507,508, 509Grades 109, 110,111,210, 211, 212,213, 309, 310, 311,409, 410, 411, 510,511, 512, 513Â Â Grades 112, 113, 214, 215,312, 313, 412, 413, 514Grades36 A-E, 70G Grades 38 A-C, 39 A-B, 71G, 72G Full YOS Number ofWeeks Number of WeeksNumber of WeeksNumber ofWeeks Number ofWeeks Number ofWeeks 232326 26 3652 78 242426 26 3752 78 25 25 26 26 38 52 78 26 26 26 27 39 52 78 27 26 26 28 39 52 78 28 26 26 29 39 52 78 29 26 26 30 39 52 78 30 26 26 31 39 52 78 31 26 26 32 39 52 78 32 26 26 33 39 52 78 33 26 26 34 39 52 78 34 26 26 35 39 52 78 35 26 26 36 39 52 78 36+ 26 26 39 39 52 78 Â Â 6-Week Virtual Outplacement 3-Month Virtual Outplacement Â 3-Month Professional Outplacement 3-Month Professional Outplacement 6-Month Executive Outplacement 6-Month Executive Outplacement Â Â Â Â Appendix BAmount of Severance Pay and Outplacement. Services,effective as of January 1, 2025(Applicable to Eligible Employees who experience an Involuntary Termination in connection with a New Jersey State WARN Event)Severance Pay is the Weekly Rate payable for the number of weeks listed below, determined by Grade and Years of Service (YOS) TIER 1Grades 104, 105, 106, 206, 306, 506Full YOSNumber ofWeeksNJ StateWARNEventLump SumNumber ofWeeksNon-NJ StateWARN EventSeverance*Full YOSNumber ofWeeksNJ StateWARN EventLump SumNumber ofWeeksNon-NJ StateWARN
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Month Virtual Outplacement**Subject to execution of a release and compliance with other requirements of the Plan. Proprietary TIER 3Grades 109, 110, 111, 210, 211, 212, 213, 309, 310, 311, 409, 410, 411, 510, 511, 512, 513Full YOSNumber ofWeeksNJ StateWARNEventLump SumNumber ofWeeksNon-NJ StateWARN EventSeverance*Full YOSNumber ofWeeksNJ StateWARN EventLump SumNumber ofWeeksNon-NJ StateWARN
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Month Executive Outplacement**Subject to execution of a release and compliance with other requirements of the Plan.20 Proprietary 86862259.v1-OGLETREE EX-10.53 7 exhibit1053-2024.htm EX-10.53 DocumentExhibit 10.53CVS Health Executive Health Program Summary and Program DocumentEffective September 20, 2023PurposeThe CVS Health Executive Health Program (â€œProgramâ€) is established effective September 20, 2023. Its overall purpose is to provide a comprehensive annual health examination and assessment to eligible executives and/or officers of CVS Health or a participating employer (the â€œCompanyâ€), as a risk mitigation and business continuity initiative, in the interest of encouraging the long-term health of its Eligible Executives (defined below). Eligibility & Participation Whether an individual is eligible is determined in the sole discretion of the Company as described below, and any individual who does not meet the requirements described below for eligibility and participation will be excluded from the Program. EligibilityEligibility for the Program is limited to an officer or executive of the Company designated as eligible by the CVS Health Chief People Officer or their delegate (an â€œEligible Executiveâ€). The Program does not provide for dependent coverage. Participation Each Eligible Executive will become a â€œParticipantâ€ as of the later of (i) the first day of service with the Company as an Eligible Executive; and (ii) the date the Eligible Executive becomes covered under an Employer Group Health Plan. For purposes of the Program, an â€œEmployer Group Health Planâ€ means an employer-sponsored group health plan that provides minimum value pursuant to Internal Revenue Code (â€œCodeâ€) Section 36B(c)(2)(C)(ii) (regardless of whether such coverage is provided by the Company). Cessation of Participation A Participant will cease to participate upon the earliest of:â€¢The date on which the individual ceases to be an Eligible Executive, including due to the individual no longer holding an eligible executive or officer position or terminating employment with the Company (refer to the â€œCOBRAâ€ section below for COBRA continuation coverage rights for an Eligible Executive who loses coverage due to a termination of employment); â€¢The date on which the individual is no longer enrolled in an Employer Group Health Plan;â€¢The date on which the Program terminates; orâ€¢The date on which the individual notifies the Company that he or she declines coverage under the Program.1Proprietary BenefitsProgram benefits are provided through an accredited medical provider (the â€œProviderâ€) selected by the Company. Each Participant may undergo an annual comprehensive physical examination with the Provider, which includes routine assessments (through bloodwork, scans and screenings) and related consultations. Additional information regarding the Provider and physical examination will be made available.In the event ongoing medical treatment or additional testing is required beyond the services provided through the Program, those services should be obtained through the Employer Group Health Plan or any other medical coverage in which the Participant is enrolled. Any cost-sharing amounts for ongoing treatment or additional diagnostics (e.g., deductible, coinsurance, copayment, or out-of-pocket costs) through the Employer Group Health Plan or other health coverage will be the responsibility of the Participant.Travel The Program does not cover travel expenses related to a Participantâ€™s annual physical examination. As such, the Company will not pay for or reimburse travel costs incurred by the Participant solely in connection with services under the Program.COBRA A Participant who terminates employment with the Company may elect to continue coverage under the Program for a limited time, at their own expense, through COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended), for a maximum continuation period of 18 months (subject to an extension for disability, as further discussed below). A Participant who ceases to be eligible for the Program due to a termination of employment is referred to as a â€œCOBRA-eligible Participantâ€ in this COBRA section.In the event of a Participantâ€™s termination of employment, the Company will notify the Program Administrator of that COBRA-qualifying event. Upon notice of a qualifying event, the Program Administrator will notify the COBRA-eligible Participant of the right to elect COBRA continuation coverage. Disability Extension. If a COBRA-eligible Participant qualifies for disability status under Title II or XVI of the Social Security Act at the time of a termination of employment, or becomes disabled within 60 days of beginning COBRA coverage, the COBRA-eligible Participant may extend the continuation period for an additional 11 months for up to a total of 29 months. To extend the coverage beyond the 18-month period, the COBRA-eligible Participant must notify the Program Administrator of the Social Security Administrationâ€™s (SSAâ€™s) determination within 60 days after the later of: â€¢Â Â Â Â The date of the SSAâ€™s determination; â€¢Â Â Â Â The date on which the qualifying event (here, a termination of employment) occurs; or â€¢Â Â Â Â The date on which the COBRA-eligible Participant is informed of their responsibility to provide notice of their disability to the Program Administrator and of the Programâ€™s procedures for providing such notice; andâ€¢Â Â Â Â In all cases, before the end of the 18-month period of COBRA coverage. Notice must be provided in writing to the Program Administrator and must be sent, along with a copy of the SSAâ€™s disability determination, to the Program Administrator at the address listed under the â€œCOBRA Contact Informationâ€ heading within the COBRA section of this Summary.2Proprietary If there is a determination by the SSA that the COBRA-eligible Participant is no longer disabled, the Program Administrator must be notified of that fact within 30 days of the SSAâ€™s determination. Upon receipt of this notice, COBRA coverage extended beyond the maximum period that would otherwise apply will be terminated on the first day of the month which is 30 days after the determination that the COBRA-eligible Participant is no longer disabled. Election. A COBRA-eligible Participant is entitled to a period of 60 days in which to elect to continue coverage under the Program. The 60-day election period begins on the date the COBRA-eligible Participant would lose Program coverage because of their termination of employment and ends on the later of 60 days following such date or the date the notice is sent about eligibility to elect to continue coverage. If a COBRA-eligible Participant elects continuation coverage within the 60-day election period, continuation coverage will generally begin on the date Program coverage ceases. Even if a COBRA-eligible Participant waives continuation coverage, but within the 60-day election period revokes the waiver, continuation coverage will also begin on the date Program coverage ceases. A waiver may not be revoked after the end of the 60-day election period. If a COBRA-eligible Participant does not choose continuation coverage within the 60-day election period, eligibility for continuation coverage ends at the end of that period. Paying for Continuation Coverage. To receive continuation coverage, the COBRA-eligible Participant will be required to pay the Provider directly for its services at the time such services are performed at the same rate paid by the Company for services received by actively employed Participants. Benefits under Continuation Coverage.Â Â Â Â If a COBRA-eligible Participant elects continuation coverage, the coverage is identical to the Program coverage being provided to similarly situated employees who have not experienced a qualifying event. If their coverage changes, continuation coverage will change in the same way. When COBRA Continuation Coverage Ends. Coverage under this continued coverage provision will end on the earliest of: â€¢Â Â Â Â The end of the applicable maximum COBRA continuation period described above;â€¢Â Â Â Â The failure

of the COBRA-eligible Participant to pay the required service fees for COBRA coverage;â€¢Â Â Â Â The date the COBRA-eligible Participant first becomes covered under any other group health plan providing a similar service;â€¢Â Â Â Â The date the COBRA-eligible Participant becomes entitled to Medicare benefits (under Part A, Part B, or both) after electing COBRA coverage;â€¢Â Â Â Â The date on which the Company no longer offers a group health plan to any employee; orâ€¢Â Â Â Â The participantâ€™s death.Questions. The above summary does not fully describe COBRA continuation coverage or other rights under the Program. Questions concerning the Program or COBRA continuation coverage rights should be directed to the Program Administrator at the address below. For more information about the COBRA-eligible Participantâ€™s rights under the Employee Retirement Income Security Act of 1974, as amended (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Laborâ€™s Employee Benefits Security Administration (EBSA) or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSAâ€™s website.)3Proprietary Keep the Program Administrator Informed of Address Changes.Â Â Â Â In order to protect the COBRA-eligible Participantâ€™s rights, the Program Administrator should be informed of any changes in the address. The COBRA-eligible Participant should also keep a copy, for their records, of any notices sent to the Program Administrator. COBRA Contact Information. Information regarding COBRA continuation coverage can be obtained upon request from the Program Administrator, as listed below: CVS HealthAttn: HR Benefits, on behalf of Executive Vice President and Chief People OfficerOne CVS Drive MC 1110Woonsocket, RI 02895401-765-1500PrivacyThe Provider will be health care provider that handles protected health information (PHI) in accordance with the privacy and security rules under the Health Insurance Portability and Accountability Act of 1996 (â€œHIPAAâ€). Accordingly, neither the results of the physicals provided under the Program, nor any other medical information, will be disclosed to the Company except as permitted or required under HIPAA. In addition, the Program is administered in accordance with the privacy and security rules of the Company. The Company has established certain compliance actions to be taken by the Program Administrator to protect PHI of the Participants. These policies and procedures are incorporated herein and made part of the Program. Taxation The Program is paid for by the Company and is intended to cover services which meet the requirements for medical diagnostic procedures described in Treasury Regulation Section 1.105-11(g) and which are considered preventive care for purposes of Code Section 223(c)(2)(C); such services will be excludable from the Participantâ€™s income. In the sole discretion of the Company, if any services provided under the Program are required to be reported as a taxable benefit to the Participant, the Company will impute income to the Participant equal to the value of such services. In such an instance, the non-excludable services will be reported on a Participantâ€™s Form W-2 and be subject to all applicable tax withholdings, and the taxes on the non-excludable benefits will be deducted from other wage payments made to the Participant. Claims and Appeals Procedures Any claims for eligibility or benefits under the Program, and any appeal of an adverse benefit determination under the Program will be administered by the Program Administrator in accordance with the Programâ€™s claim and appeal procedures. The claims procedures follow the requirements of ERISA and are available upon request to the Program Administrator at: CVS HealthAttn: HR Benefits, on behalf of Executive Vice President and Chief People OfficerOne CVS Drive MC 1110Woonsocket, RI 028954Proprietary Additional Program InformationAmendment or Termination of the Program. The Program may be amended, terminated, suspended or withdrawn at any time by CVS Health or its delegate, including but not limited to the Program Administrator or a delegate thereof. Eligible Executives will be bound by the terms of any such amendment, modification, termination, or suspension, however, no change in the Program, or termination thereof, will reduce the benefits available to the Eligible Executive for claims incurred prior to the effective date of the change. Administration. The Program will be administered and operated by the Program Administrator. The Program Administrator is the â€œnamed fiduciaryâ€ under ERISA. The Program Administrator is the Company or such person as may be designated by the Company. As of the effective date of the Program, the Program Administrator is the Executive Vice President and Chief People Officer of the Company. The Program Administrator may delegate any duties to another person or persons and may establish rules for administering the Program. The Program Administrator has the sole and exclusive right, power and discretionary authority to (i) administer, apply, interpret and construe the terms of the Program and all related plan documents and (ii) determine all facts surrounding claims for benefits under the Program and all questions arising in the administration, interpretation, and application of the Program, including but not limited to those concerning eligibility for benefits. All decisions of the Company or the Program Administrator or their delegates regarding any benefits under the Program are final and binding on the Company, Eligible Executives, claimants and all other persons.Type of Program and Funding. The Program is a â€œtop hatâ€ ERISA welfare benefit plan paid out of the general assets of the Company. For purposes of the Affordable Care Act, the Program is intended to be integrated with a group health plan; accordingly, an Eligible Executive is permitted to permanently opt out of and waive benefits under the Program on an annual basis.5Proprietary EX-10.67 8 exhibit1067-2024.htm EX-10.67 DocumentEXHIBIT 10.67EXECUTION VERSIONCVS HEALTH CORPORATIONOctober 17, 2024Karen S. LynchAddress on file at the CompanyDear Karen:The Board appreciates your dedicated service and contributions as President and Chief Executive Officer of CVS Health Corporation (the â€œCompanyâ€). This letter (this â€œLetter Agreementâ€) memorializes our recent discussions and agreement concerning your separation from your role as President and Chief Executive Officer and service as a member of the Board of Directors of the Company (the â€œBoardâ€), your continuing role as an advisor to the Company for a transition period and the extension of your restrictive covenants.1.Termination of Employment; Advisory ServicesEffective as of October 17, 2024 (the â€œSeparation Dateâ€), you will cease serving as President and Chief Executive Officer of the Company and as an officer and/or director of any of its affiliated entities and will resign from your service as a member of the Board. While such separations are intended to be self-effectuating, you agree to execute any documentation that the Company determines necessary or appropriate to facilitate such separations.From the Separation Date until the six-month anniversary thereof, or such earlier date as the parties hereto may terminate this Letter Agreement pursuant to its terms (the â€œTermâ€), you agree to serve as an advisor to the Company and to provide the advisory services as may be reasonably requested by the Chair of the Board or the Chief Executive Officer of the Company (the â€œReporting Personsâ€), including, but not limited to, those services set forth on Exhibit A attached hereto (the â€œServicesâ€). The Services may be performed from such personal location as you reasonably determine from time to time.2.Advisory Fee; Other Benefits and ExpensesDuring the Term, you will be paid a monthly advisory fee of $375,000 (the â€œAdvisory Feeâ€), payable in installments in accordance with the payroll and personnel practices of the Company in effect from time to time, with the first such payment (and any accrued and unpaid amount) to commence on the second payroll date occurring after the Separation Date, and you will continue to receive Company-provided security services. You acknowledge and agree that you will be solely responsible for the payment of all federal, state, local, and foreign taxes that are required by applicable laws or regulations to be paid with respect to all compensation and benefits payable or provided to you during the Term with respect to the Services hereunder (including all amounts in this Section 2, but excluding the amounts under Section 3, which will be subject to withholding by the Company).The Company will reimburse your reasonable and documented business and travel expenses incurred in connection with your performance of the Services, in each case, in accordance with the Companyâ€™s business and travel reimbursement policies applicable to senior executives ofthe Company as in effect from time to time. The Advisory Fee and the continued security services will be the sole remuneration that you receive with respect to the Services and any other services to the Company or its affiliates following the Separation Date in any capacity, and, during the Term, you will not be eligible to participate or accrue benefits under any benefit plan sponsored by the Company or any of its affiliated entities.You agree that you are performing the Services as an independent contractor and not as an employee or agent of the Company or any of its affiliated entities. The indemnification provisions under Section 5.14 of the Employment Agreement (as defined below) shall apply with respect to the performance of the Services within the scope of this Letter Agreement.The Company and you confirm that it is currently expected that your duties as an advisor will not exceed twenty percent (20%) of the average level of bona fide services performed by you during your employment with the Company during the 36-month period immediately preceding the Separation Date, consistent with the partiesâ€™ intent that your termination of employment upon the Separation Date will constitute a â€œseparation from serviceâ€ within the meaning of Section 409A of the Internal Revenue Code of 1986 (including the applicable regulations thereunder) (â€œSection 409Aâ€).Upon your termination of service as an advisor hereunder for any reason, you will receive any earned but unpaid Advisory Fees and reimbursable business expenses that are incurred but unreimbursed through the termination date, which will be paid in a lump sum within thirty (30) days following the termination date, and the security services will cease. While you may terminate your provision of the Services hereunder on ten (10) daysâ€™ notice to the Company, your provision of the Services under this Letter Agreement may not be terminated by the Company during the Term other than by the Company due to your engaging in â€œDetrimental Conductâ€ (as defined in the Performance Stock Unit Agreement between you and the Company with respect to the April 1, 2024 grant, with clause (v) thereof to include a violation of this Letter Agreement and the Release (as defined below)).3.Preexisting EntitlementsYou and the Company agree that your termination of employment will be treated as a â€œQualifying Eventâ€ (within the meaning of the Amended and Restated Employment Agreement, dated as of November 5, 2020 and effective as of February 1, 2021, by and between you and the Company (the â€œEmployment Agreementâ€)), and, subject to the execution and effectiveness of the Release Agreement attached hereto as Exhibit B (the â€œReleaseâ€) and compliance with your obligations thereunder and under this Letter Agreement, you will be entitled to receive the Separation Benefits under Section 3.02 of the Employment Agreement, based on experiencing a Qualifying Event prior to a Change in Control. In addition, in lieu of the treatment provided in the Employment Agreement and your outstanding equity award agreements with the Company (the â€œEquity Award Agreementsâ€), the Equity Award Agreements governing your unvested equity awards are hereby amended such that all of your outstanding and unvested Company equity awards will remain outstanding and continue to be eligible to vest following the Separation Date in accordance with their terms (without proration) and any vested options will be exercisable as set forth on Schedule I attached hereto, and shall otherwise remain subject to the applicable Equity Award Agreements (the â€œEquity Award Treatmentâ€). You agree that Schedule I accurately reflects the Separation Benefits and the Equity Award Treatment. You acknowledge2that your entitlement to such benefits shall remain subject to the terms of this Letter Agreement, the Employment Agreement, the Equity Award Agreements (as amended hereby to reflect the Equity Award Treatment as set forth in Schedule I), the Release, and your continued compliance with your obligations thereunder and under the Restrictive Covenant Agreement (as defined below and amended hereby). You acknowledge and agree that if the Company at any time within twelve (12) months following the Separation Date learns of facts or circumstances that would have affected the nature and characterization of your termination, the Separation Benefits and Equity Award Treatment may be suspended, and if the Company determines that your termination of employment should not have been characterized as a Qualifying Event, the Separation Benefits and Equity Award Treatment shall cease, any remaining Separation Benefits or outstanding equity awards eligible for the Equity Award Treatment shall be forfeited, and any Separation Benefits and equity awards that vested due to the Equity Award Treatment that have been paid or delivered shall be subject to repayment by you to the Company. For the avoidance of doubt, nothing in this Letter Agreement or the Release shall limit the application of any policies, procedures or agreements governing the recovery, claw-back, recoupment or forfeiture of compensation, which you acknowledge and agree continue to apply to you in accordance with their terms.4.Restrictive CovenantsYou acknowledge and agree that your obligations under your Restrictive Covenant Agreement with the Company, dated as of November 6, 2020 and effective February 1, 2021 (the â€œRestrictive Covenant Agreementâ€), shall remain in full force and effect following the Separation Date and that any confidential or proprietary information related to the Company learned by or provided to you while providing the Services shall be considered Confidential Information (as defined in the Restrictive Covenant Agreement) for purposes of the Restrictive Covenant Agreement. In consideration for entering into of this Letter Agreement and the Advisory Fees, the Restrictive Covenant Agreement is hereby amended to provide that each of the Non-Competition Period and the Non-Solicitation Period (as such terms are defined in the Restrictive Covenant Agreement) shall be extended to a period of thirty (30) months from your Separation Date. In all other respects, the Restrictive Covenant Agreement shall remain in full force and effect in accordance with its terms. References to the Restrictive Covenant Agreement as referred to herein and in other documents shall hereinafter refer to such agreement as amended hereby.5.Section 409AIt is the intent of the parties that the payments and benefits under this Letter Agreement attributable to the rendering of the Services will be exempt from or otherwise comply with the provisions of Section 409A, and each payment under this Letter Agreement will be treated as a separate payment for purposes of Section 409A. In no event may you, directly or indirectly, designate the calendar year of payment. The parties intend that the terms and provisions of this Letter Agreement will be interpreted and applied in a manner that satisfies the requirements and exemptions of Section 409A. With respect to the reimbursements of costs and expenses or in-kind benefits provided under this Letter Agreement, the Section 409A provisions applicable to reimbursement and in-kind benefits as set forth in Section 5.17 of the Employment Agreement shall apply as if set forth herein.36.MiscellaneousThis Letter Agreement will be governed and construed in accordance with the laws of the State of Rhode Island, without regard to conflict of laws principles thereof. This Letter Agreement may not be amended or modified otherwise than by a written agreement executed by the parties hereto or their respective successors and legal representatives. This Letter Agreement constitutes the entire understanding and agreement between you and the Company with regard to the subject matter addressed herein and supersedes any promises, covenants, arrangements, communications, representations or warranties, whether oral or written, by any officer, director or representative of any party hereto in respect of such subject matter. For purposes of this Letter Agreement, Section 5.01 (Notices) and Section 5.03 (Arbitration) of the Employment Agreement shall be incorporated by reference, with references to â€œExecutiveâ€ to refer to you and references to â€œthis Agreementâ€ to refer to this Letter Agreement; provided that all notices to you will be provided to you with a copy (which shall not constitute notice) to Jeremy L. Goldstein at Sterlington, PLLC, One World Trade Center, 85th Floor, NY, NY 10007 jeremy.goldstein@sterlingtonlaw.com. The Company shall pay your legal fees incurred in connection with negotiating this Agreement and any related agreements (not to exceed $50,000).The headings of this Letter Agreement are for reference purposes only and will not affect in any way the meaning or interpretation of this Letter Agreement. This Letter Agreement may be executed in separate counterparts, each of which is deemed to be an original and all of which taken together constitute one and the same agreement.[Signature page to follow]4If this Letter Agreement correctly describes our understanding, then please execute and deliver a counterpart of this signature page, which will become a binding agreement on our receipt.Sincerely,CVS HEALTH CORPORATIONBy:/s/ Samrat S. KhichiName: Samrat S. KhichiTitle: Executive Vice President, Chief PolicyOfficer and General CounselAccepted and AgreedI hereby agree with and accept the terms and conditions of this Letter Agreement:Name: Karen S. LynchDate: October 17, 2024[Signature Page to Letter Agreement]Docusign Envelope ID: E2DAFD32-B639-4A23-8CB9-AEA7538C4BD8If this Letter Agreement correctly describes our understanding, then please execute and deliver a counterpart of this signature page, which will become a binding agreement on our receipt.Sincerely,CVS HEALTH CORPORATIONBy:Name: Samrat S. KhichiTitle: Executive Vice President, Chief PolicyOfficer and General CounselAccepted and AgreedI hereby agree with and accept the termsand conditions of this Letter Agreement: /s/ Karen S. LynchName: Karen S. LynchDate: October 17, 2024[Signature Page to Letter Agreement]Exhibit AThe following will constitute the Services to be performed, as requested by the Reporting Persons from time to time during the Term:â€¢Provide advice and counsel to the Chief Executive Officer of the Company, including with respect to healthcare insurance, products and services and government insurance and medical programs.â€¢Be available to meet with, and to be involved with, clients, counterparties and regulators where the Reporting Persons believe that your personal knowledge, relationships, attendance and/or participation could be beneficial to the Company.â€¢Perform such other services as you and the Reporting Persons may mutually agree upon from time to time during the Term.A-1Exhibit BRelease AgreementIn consideration of the severance and other benefits payable to me pursuant to that certain Amended and Restated Employment Agreement, dated as of November 5, 2020 and effective February 1, 2021, by and between CVS Health Corporation and me (the â€œEmployment Agreementâ€), and other valuable consideration, I, Karen S. Lynch, hereby agree to the following:1.DEFINITIONS. In this agreement, the word â€œCompanyâ€ means collectively CVS Health Corporation, a Delaware Corporation, and any of its subsidiaries and affiliates (including any company by which I was or am employed) and any person or entity which may succeed to the rights and liabilities of such entities by assignment, acquisition, merger or otherwise. â€œReleased Partiesâ€ means the Company and the Companyâ€™s officers, directors, shareholders, employees, supervisors, managers, insurers, reinsurers, attorneys, agents and representatives.2.RELEASE. I hereby release and hold harmless (on behalf of myself and my family, heirs, executors, successors and assigns), now and forever, the Released Parties from and waive any claim, known or unknown, that I have presently, may have or have had in the past, against the Released Parties arising out of, directly or indirectly, my employment with the Company, the cessation of such employment or any act, omission, occurrence or other matter related to such employment or cessation of employment, other than claims I may have to the payment of amounts and provision of benefits due and payable in accordance with the terms of the Employment Agreement and the Letter Agreement (as defined in Section 4 below). Notwithstanding the foregoing, there shall not be a release of any rights of indemnification I may have, any rights to directors and officers liability insurance coverage, any rights to vested benefits or any rights with regard to vested equity.3.EXTENT OF RELEASE. This agreement is valid whether any claim arises under any federal, state or local statute (including, without limitation, Title VII of the Civil Rights Act of 1964, the Civil Rights Act of 1991, the Age Discrimination in Employment Act of 1967, the Equal Pay Act, the

Americans with Disabilities Act of 1990, the Employee Retirement Income Security Act of 1974 and all other statutes regulating the terms and conditions of my employment), regulation or ordinance, under the common law or in equity (including any claims for wrongful discharge or otherwise), or under any policy, agreement, understanding or promise, written or oral, formal or informal, between the Company and myself.4.CONSIDERATION. The consideration hereby provided to me under the Employment Agreement and the Letter Agreement, dated October 17, 2024 (the â€œLetter Agreementâ€) (the Separation Benefits and Equity Award Treatment as set forth on Schedule I of the Letter Agreement) is not required under the Companyâ€™s standard policies and I know of no circumstances other than my agreeing to the terms of this agreement which would require the Company to provide such consideration.5.RESTRICTIONS. Except as otherwise provided in this agreement, I represent that as of the date I sign this agreement, I have not filed or initiated, or caused to be filed or initiated, any complaint, claim, action or lawsuit of any kind against the Released Parties in any federal, state or local1court, agency or other forum, and I agree not to do so on and from the date hereof. I further agree not to be a member of any class or collective action in any court or in any arbitration proceeding seeking relief against the Released Parties based on claims released by this agreement, and that even if a court or arbitrator rules that I may not waive a claim released by this agreement, I will not accept any money damages or other relief. I agree to promptly reimburse the Company for any legal fees that the Company incurs as a result of any breach of this paragraph by me. These provisions are subject to the Limitation on Restrictions provisions set forth in my Restrictive Covenant Agreement dated November 5, 2020, and effective February 1, 2021 (the â€œRestrictive Covenant Agreementâ€), which are incorporated by reference herein. I shall not, however, be entitled to receive any relief, recovery or monies in connection with any claim or action filed with and/or pursued by any federal, state or local government agency, or any released claim brought against the Released Parties, regardless of who filed or initiated any such complaint, charge or proceeding. Notwithstanding the above, nothing in this agreement limits my right to receive an award for information provided to the SEC.6.NON-DISCLOSURE OF CONFIDENTIAL INFORMATION. I acknowledge and agree that I remain obligated to the terms of the Non-Disclosure of Confidential Information provisions set forth in the Restrictive Covenant Agreement, which are incorporated by reference herein. As set forth in the Restrictive Covenant Agreement, nothing in this paragraph is intended to or shall interfere with my right to file a charge or complaint or participate or cooperate in an investigation or proceeding with the NLRB, SEC, EEOC or comparable state or local agencies. I shall not, however, receive any individual benefit, including, without limitation, receipt of any monetary benefit, from any such action, charge or complaint, or any released claim brought against the Released Parties, regardless of who filed or initiated any such complaint, charge or proceeding. Notwithstanding the above, I understand that nothing in this agreement limits my right to receive an award for information provided to the SEC. Moreover, pursuant to 18 U.S.C. Â§ 1833(b), I will not be held criminally or civilly liable under any federal or state trade secret law for the disclosure of a trade secret that is made in confidence to a federal, state or local government official or to an attorney solely for the purpose of reporting or investigating a suspected violation of law. I will not be held criminally or civilly liable under any federal or state trade secret law for the disclosure of a trade secret that is made in a complaint or other document filed in a lawsuit or other proceeding, if such filing is made under seal. I understand that an individual who files a lawsuit for retaliation by an employer for reporting a suspected violation of law may disclose the trade secret to the attorney of the individual and use the trade secret information in the court proceeding, if the individual files any document containing the trade secret under seal and does not disclose the trade secret, except pursuant to court order.7.PENALTIES. If I initiate or participate in any legal actions, as described above (other than a class action in which I opt out of when first given the opportunity), the Company shall have the right, but shall not be obligated, to deem this agreement void without effect and to require me to repay to the Company any amounts payment of which was conditioned on the execution of this agreement, and to terminate any benefit or payments (other than with respect to vested benefits) that are otherwise payable under the Employment Agreement.8.RETURN OF COMPANY PROPERTY. I acknowledge and represent that I have complied with my obligations under the Ownership and Return of the Companyâ€™s Property provisions set forth2in paragraph 5 of the Restrictive Covenant Agreement, which are incorporated by reference herein.9.EMPLOYEE COVENANTS. I acknowledge and agree that the Restrictive Covenant Agreement is a valid agreement supported by adequate consideration. I further acknowledge that the severance and other benefits provided by the Company in the Employment Agreement is contingent on my compliance with my obligations under the Restrictive Covenant Agreement (as amended by the Letter Agreement), which I have acknowledged survive the termination of my employment, as set forth in the Survival of Employeeâ€™s Obligations provisions in paragraph 16 of the Restrictive Covenant Agreement. I further certify that, during the term of my employment with the Company, I have complied with all applicable laws and regulations and that, as of the date I sign below, I have notified the Company of any actual or potential violations of applicable laws or regulations about which I have information.10.NON-DISPARAGEMENT. I will not make any statements that disparage the business or reputation of the Company . Notwithstanding the foregoing, nothing in this agreement shall prohibit me from (i) making truthful statements or disclosures that are required by applicable law, regulation or legal process, (ii) requesting or receiving confidential legal advice, (iii) cooperating, participating or filing charges with any federal, state or local government agency enforcing discrimination laws, including the EEOC, or (iv) disclosing factual information related to sexual assault, sexual harassment, or workplace harassment or discrimination based on sex, failure to prevent an act of workplace sexual harassment or discrimination, or an act of retaliation against a person for reporting sexual harassment or discrimination.11.COOPERATION. I remain obligated to the Cooperation provisions set forth in paragraphs 7a and 7b of the Restrictive Covenant Agreement, which are incorporated by reference herein; provided, however, nothing herein shall require me to cooperate with the Company in an action I file, or participate in furthering, against the Company with any federal, state or local government agency enforcing discrimination laws, including the NLRB, SEC, EEOC or comparable state or local agencies. For the avoidance of doubt, I shall receive advancement of documented out-of- pocket costs for all cooperation provided pursuant to paragraphs 7a and 7b of the Restrictive Covenant Agreement, and to the extent otherwise applicable, the indemnification provisions of Section 5.14 of the Employment Agreement shall apply to any such cooperation.12.BREACH OF AGREEMENT AND INJUNCTIVE RELIEF. Without limiting the remedies available to the Company, I acknowledge that a breach by me of any of the covenants in this agreement will result in irreparable injury to the Company for which there is no adequate remedy at law, that monetary relief will be inadequate, and that, in the event of such a material breach or threat thereof, the Company shall be entitled to obtain, in addition to any other relief that may be available, a temporary restraining order and/or a preliminary or permanent injunction, restraining me from engaging in activities prohibited by this agreement, as well as such other relief as may be required specifically to enforce this agreement, without the payment of any bond. In the event that a court issues a temporary restraining order, preliminary injunction or permanent injunction, or issues any other similar order enjoining me from breaching this agreement, or award the Company any damages due to my breach of this agreement, I agree promptly to reimburse the Company for all reasonable attorneysâ€™ fees incurred by the Company in connection with obtaining such equitable relief or damages.313.ARBITRATION AND JURY TRIAL WAIVER. The provisions of Section 5.03 of the Employment Agreement shall apply to this agreement as if fully set forth herein. I hereby irrevocably and unconditionally waive the right to a trial by jury in any action or proceeding seeking to enforce, or alleging the breach of, any provision of this agreement.14.RIGHT TO COUNSEL. The Company advises me that I should consult with an attorney prior to execution of this agreement. I understand that it is in my best interest to have this document reviewed by an attorney of my own choosing and at my own expense, and I hereby acknowledge that I have been afforded a period of at least twenty-one (21) days during which to consider this agreement and to have this agreement reviewed by my attorney. By signing this agreement, I acknowledge that, if I execute this agreement before the end of such twenty-one (21)-day period, such early execution was completely voluntary, and I had reasonable and ample time in which to review this agreement.15.SEVERABILITY CLAUSE. Should any provision or part of this agreement be found to be invalid or unenforceable, only that particular provision or part so found and not the entire agreement shall be inoperative.16.EVIDENCE. This document may be used as evidence in any proceeding relating to my employment or the termination thereof. The Company and I waive all objections as to its form.17.FREE WILL. I am entering into this agreement of my own free will. The Company has not exerted any undue pressure or influence on me in this regard. I have had reasonable time to determine whether entering into this agreement is in my best interest. I understand that if I request additional time to review the provisions of this agreement, a reasonable extension of time will be granted.18.REVOCATION OF RELEASE OF ADEA CLAIMS. Solely with respect to claims under the Age Discrimination in Employment Act (as amended by the Older Workers Benefit Protection Act) (â€œADEAâ€), the release of claims under this agreement may be revoked by me within seven days after the date on which I sign this agreement, and I understand that such release under this agreement is not binding or enforceable until such seven day period has expired. Any such revocation must be made in a signed letter executed by me and received by the Company at CVS Health Corporation, One CVS Drive, MC 1160, Woonsocket, RI 02895, Attention: General Counsel, no later than 5 p.m. Eastern Standard Time on the seventh day after I have executed this agreement. I further understand that the payments described above will not be paid to me if I revoke the ADEA release under this agreement, but this agreement will otherwise remain in full force and effect.19.NON-ADMISSION. Nothing contained in this agreement shall be deemed or construed as an admission of wrongdoing or liability on the part of the Company or me.20.GOVERNING LAW. This agreement shall be construed in accordance with the laws of the State of Rhode Island, applicable to contracts made and entirely to be performed therein.21.SUCCESSORS. This agreement shall inure to the benefit of, and shall be binding upon, the parties, their heirs, executors, administrators, agents, assigns, and estates.422.SURVIVAL. The following sections of the Employment Agreement shall survive in their entirety as if set forth in the Letter Agreement mutatis mutandi: Sections 5.02 (Legal Fees and Expenses (first sentence only with respect to a dispute under the Letter Agreement), 5.05 (Non- Exclusivity of Benefits), 5.07 (Mitigation), 5.14 (Indemnification), and 5.18 (Section 280G).[Signature page to follow]5Docusign Envelope ID: E2DAFD32-B639-4A23-8CB9-AEA7538C4BD8I have read all of the foregoing, understand the same, have had an opportunity to review it with legal counsel and agree to all of the provisions contained herein./s/ Karen S. LynchOctober 17, 2024Karen S. LynchDate:[Signature Page to Release Agreement]Schedule IThe Separation Benefits and Equity Award Treatment are contingent upon the execution and effectiveness of, and compliance with, the Release and compliance with the Restrictive Covenant Agreement and Letter Agreement. All payments and benefits set forth below shall be reduced by any required withholding and deductions.Benefits underEmployment AgreementDescription of BenefitTimingSection 3.02(b)(i).Cash Severance PaymentCash Severance Payment equal to 2x the sum of (y) the Base Salary and (z) target Annual Bonus opportunity for the year of termination.$9,000,000, payable through the second anniversary of the Separation Date in accordance with applicable Company payroll practices, with any payments subject to delay under Section 409A by reason of you being a â€œSpecified Employeeâ€ to be payable in a lump sum with interest (based on rate payable in Stable Value Fund under 401(k)) on the first day of the seventh month after the Separation Date. In addition, payments otherwise due prior to the Release effective date shall be paid with the first payment following such effectiveness.Section 3.02(b)(ii).Pro Rata Bonus AmountPro Rata Bonus Amount for the year of termination based on number of days in the year through the Separation Date, at greater of target and actual funding percentage for the Annual Bonus Plan.$2,383,562 (at target), payable at the same time as annual bonuses are paid to senior executives of the Company.Sections 3.02(b)(iii) and(iv).Equity Award TreatmentRetirement treatment described in Section 3.02(b)(iii) with respect to outstanding options granted prior to February 1, 2021 and as set forth in Section 3.02(b)(iv) with respect to awards granted after February 1, 2021.See Equity Award Treatment Summary below.Section 3.02(b)(v).Benefits ContinuationContinued participation in (or cash payment in respect of, if participation is precluded) all medical, health and life insurance plans as set forth in Section 3.02(b)(v) of the Employment Agreement until earlier of (i) the 18 months and (ii) the date you receive equivalent coverage and benefits from a subsequent employer, with you being responsible for the employee portion of the premiums for such coverage.Continued participation in all medical, health and life insurance plans as set forth in the Description of Benefit column, with the medical and health benefits to be provided under COBRA. If the life insurance benefit cannot be provided through continued participation in the Companyâ€™s plan, payment of the amounts for such benefit shall be made quarterly in advance.Sch. 1-1Equity Award TreatmentGrant DateUnvested SharesExercisePriceTreatmentUnvested RSUs4/1/202445,248 unvested RSUs.N/A11,312 RSUs will remain eligible to vest on each of April 1, 2025, 2026, 2027 and 2028.PSUs (shown at target but remain subject to achievement of performance metrics)4/1/2022121,645 unvested PSUs were originally granted in respect of the performance period ending December 31, 2024, all of which will remain eligible to vest and be earned in April 2025.N/APSUs will continue to be eligible to vest and be earned in April of the calendar year following the completion of the performance period based on company performance and the final performance determinations approved by the MP&D Committee in the first quarter of calendar years 2025, 2026 and 2027, respectively.4/1/2023195,035 unvested PSUs were originally granted in respect of the performance period ending December 31, 2025, all of which will remain eligible to vest and be earned in April 2026.N/A4/1/2024140,936 unvested PSUs were originally granted in respect of the performance period ending December 31, 2026, all of which will remain eligible to vest and be earned in April 2027.N/ASARs/Stock Options2/17/201693,989 SARs are vested and exercisable.$37.91Remain exercisable until the earlier of five years from the Separation Date and the expiration of the original term.2/17/2017192,741 SARs are vested and exercisable.$45.91Remain exercisable until the earlier of five years from the Separation Date and the expiration of the original term.4/01/2019242,408 stock options are vested and exercisable.$54.19Remain exercisable until the earlier of five years from the Separation Date and the expiration of the original term.4/01/2020211,196 stock options are vested and exercisable.$58.34Remain exercisable until the earlier of five years from the Separation Date and the expiration of the original term.4/01/2021224,604 stock options were originally granted, 168,453 of which are fully vested and exercisable.$74.3056,151 options will remain eligible to vest on 4/01/2025.Vested options will remain exercisable until the earlier of three years from the Separation Date and the expiration of the original term.4/01/2022171,517 stock options were originally granted, 85,758 of which are fully vested and exercisable.$101.0942,879 options will remain eligible to vest on 4/01/2025.42,880 options will remain eligible to vest on 4/01/2026.Vested options will remain exercisable until the earlier of three years from the Separation Date and the expiration of the original term.Sch. 1-2Grant DateUnvested SharesExercisePriceTreatment4/1/2023244,952 stock options were originally granted, 61,238 of which are fully vested and exercisable.$74.3161,238 options will remain eligible to vest on 4/01/2025.61,238 options will remain eligible to vest on 4/01/2026.61,238 options will remain eligible to vest on 4/01/2027.Vested options will remain exercisable until the earlier of three years from the Separation Date and the expiration of the original term.4/01/2024188,087 stock options were originally granted.$79.5647,021 options will remain eligible to vest on 4/01/2025.47,022 options will remain eligible to vest on 4/01/2026.47,022 options will remain eligible to vest on 4/01/2027.47,022 options will remain eligible to vest on 4/01/2028.Vested options will remain exercisable until three years from the Separation Date and the expiration of the original term; provided that, the options scheduled to vest on 4/01/2028, will (if vested) remain exercisable until 4/30/2028.Sch. 1-3 EX-10.68 9 exhibit1068-2024.htm EX-10.68 DocumentExhibit 10.68CVS HEALTH CORPORATIONPROMOTION GRANT PREMIUM PRICED NQSO/SAR AWARD AGREEMENTGRANT DATE: November 30, 20241.GRANT OF AWARD. Pursuant and subject to the provisions of the 2017 Incentive Compensation Plan of CVS Health Corporation (the â€œPlanâ€), on the date set forth above (the â€œGrant Dateâ€), CVS Health Corporation (the â€œCompanyâ€) has granted and hereby evidences the award to the person named below (the â€œParticipantâ€), subject to the terms and conditions set forth or incorporated in this Promotion Grant Award Agreement (the â€œAgreementâ€), the right, and option, to (a) purchase from the Company the aggregate number of shares of common stock ($0.01 par value) of the Company (the â€œSharesâ€) set forth below as the â€œOption Sharesâ€ at the â€œOption/SAR Priceâ€ (which is 120% of the FMV of the Shares as of the Grant Date) as set forth below (the â€œOptionâ€), and (b) receive the appreciation in a Share measured from the Option/SAR Price to the date of exercise with respect to the aggregate number of Shares set forth below as the â€œSAR Sharesâ€ (the â€œSARâ€), such Option and SAR to be exercised as hereinafter provided. The fair market value of the Shares on any date is the closing price of the Companyâ€™s common stock on such date (the â€œFMVâ€); provided that, with respect to the exercise of an Option or SAR in accordance with the Companyâ€™s broker-assisted exercise procedures, including Cashless Exercise (as defined below), the FMV on the date of exercise shall be the last reported trading price for a Share on the New York Stock Exchange immediately prior to the time of exercise on the date of exercise. The Plan is hereby made a part hereof and the Participant agrees to be bound by all the provisions of the Plan. Capitalized terms not otherwise defined herein shall have the meaning assigned to such term(s) in the Plan. The Option is a nonqualified option as defined in the Plan.Participant:David JoynerEmployee ID:XXXXXXXOptionShares:1,000,000SAR Shares:492,537Option/SARPrice:$71.82Vest DatesVested OptionsVested SARsVest Date 1:November 30, 2025333,333164,179Vest Date 2:November 30, 2026333,333164,179Vest Date 3:November 30, 2027333,334164,1792.TERM OF OPTION AND SAR. The term of the Option and SAR shall be for a period of seven (7) years from the Grant Date, subject to the earlier termination of the Option and SAR as set forth in the Plan and in the Agreement, and shall expire on the last day of its term (the â€œExpiration Dateâ€). No portion of the Option or SAR shall be exercisable after the Expiration Date.Proprietary1Nov_2024_Premium_NQ/SAR_Award_Agreement3.VESTING AND EXERCISE OF OPTION AND SAR.(a)Exercise.(i)Notice of Exercise. The Option and SAR, subject to the provisions of the Plan, shall be exercised by submitting a request to exercise to the Companyâ€™s stock plan administrator, in accordance with the Companyâ€™s current exercise policies and procedures, specifying the number of Shares to be purchased with respect to the Option or exercised with respect to the SAR, which number may not be less than one hundred (100) Shares (unless the number of Shares purchased is the total balance).(ii)Option Exercise. An exercise by the

Participant of all or part of the Option shall be effected through the Companyâ€™s â€œcashless or same-day sale exerciseâ€ procedures (referred to herein as â€œCashless Exerciseâ€). Otherwise, at the time of exercise of the Option, the Participant shall tender to the Company cash or cash equivalents for the aggregate Option/SAR Price of the Shares that the Participant has elected to purchase or certificates for Shares of common stock of the Company owned by the Participant for at least six (6) months with a FMV at least equal to the aggregate Option/SAR Price of the Shares that the Participant has elected to purchase, or a combination of the foregoing.(iii)SAR Exercise. Upon exercise of the SAR, the Participant shall be entitled to receive a number of Shares having a FMV on the date of exercise equal to the excess of (A) the last reported trading price for a Share on the New York Stock Exchange immediately prior to the time of exercise on the date of exercise, multiplied by the number of Shares subject to the SAR that the Participant has elected to exercise, over (B) the aggregate Option/SAR Price for the number of Shares subject to the SAR that the Participant has elected to exercise, which exercise shall be effected through the Companyâ€™s Cashless Exercise procedures on the same basis as applies to Options to the extent relevant to a SAR (i.e., with respect to the same-day-sale of the Shares deliverable upon exercise and required withholding taxes, but not with respect to the requirement that the Participant pay the aggregate Option/SAR Price from such proceeds, which is not applicable to a SAR since it is an appreciation right). Otherwise, at the time of exercise of the SAR, subject to satisfaction of the applicable withholding taxes consistent with Section 5, the Participant shall receive the number of Shares deliverable upon exercise of the SAR, determined as set forth above but based on an FMV equal to the closing price of the Companyâ€™s common stock on such date; provided that, if any fractional Share would be issuable, the number of Shares deliverable to the Participant shall be rounded down to the next whole number of Shares and the Participant will be paid cash with respect to any fractional share (based on the FMV on the date of exercise).(b)Vesting. Prior to its expiration or termination and except as otherwise provided herein, the Option and SAR will become vested in accordance with the vesting schedule set forth above, each date on which vesting occurs a â€œVest Dateâ€, and the Option and SAR will be exercisable by the Participant to the extent vested prior to the Expiration Date so long as the Participant has maintained continuous employment with the Company or a subsidiary of the Company from the Grant Date through the exercise date.(c)Automatic Exercise Prior to Expiration Date. Notwithstanding anything to the contrary in the Agreement or the Plan, the vested and exercisable portion of the Option and SAR that remains outstanding on the last business day prior to the Expiration Date (the â€œAutomatic Exercise Dateâ€) shall be deemed to have been automatically exercised by the Participant, without any further action or notice by the Company or the Participant, at such time if: (i) (A) the Participant is employed with the Company or any of its subsidiaries on the Automatic Exercise Date or (B) the Expiration Date would occur while the Option or SAR remains exercisable pursuant to Sections 8 and 9 of the Agreement, (ii) the Participant has accepted the Option or SAR as required by the Company under Section 4, and (iii) the FMV of a Share on the Automatic Exercise Date exceeds the Option/SAR Price. The exercise of the Option and SAR pursuant to this Section 3(c) shall be effected through the Companyâ€™s CashlessProprietary2Nov_2024_Premium_NQ/SAR_Award_AgreementExercise procedures (as described herein with respect to the SAR). Notwithstanding the foregoing, there is no guarantee that an automatic exercise pursuant to this Section 3(c) will be effected on the Participantâ€™s behalf and neither the Company nor any other party will bear any responsibility or liability if such an automatic exercise is not effected and instead the Option or SAR expires unexercised. Accordingly, the Participant shall bear sole responsibility for ensuring that the Participant exercises any vested portion of the Option and SAR prior to the Expiration Date. For the avoidance of doubt, the Option and SAR shall not be deemed automatically exercised pursuant to this Section 3(c) if, on the Automatic Exercise Date, the FMV of a Share is less than or equal to the Option/SAR Price.4.REQUIRED ACCEPTANCE OF AWARD. The Participant is required to accept the Option and SAR in the manner required by the Company prior to the first anniversary of the Grant Date. The Option and SAR will not vest and shall be forfeited in full if the Company has not received the Participantâ€™s acceptance of the terms and conditions set forth herein prior to the first anniversary of the Grant Date. Acceptance shall be submitted electronically as required by the Company.5.TAXES. Upon the exercise of the Option or SAR pursuant to a Cashless Exercise or â€œsell-to-cover exerciseâ€ under the Companyâ€™s procedures (with respect to a SAR, applied on the same basis as applies to an Option to the extent relevant to the exercise of a SAR), the Company shall withhold from the proceeds of the exercise of the Option or SAR any required taxes. If the Option or SAR is exercised other than through a Cashless Exercise or â€œsell-to-cover exercise,â€ the Company shall have the right to require the Participant to pay the amount of any withholding taxes immediately, upon notification from the Company, before the proceeds from the exercise of the Option or SAR are delivered to the Participant. Furthermore, the Company may elect to deduct such taxes from any other amounts then payable to the Participant by the Company in cash or in Shares or from any other amounts payable any time thereafter to the Participant by the Company to the extent allowed under applicable law.6.TRANSFERABILITY. The Option and the SAR may be transferred to and may thereafter be exercised by one or more members of the Participantâ€™s immediate family, the Participantâ€™s former spouse if the transfer is pursuant to a court approved divorce settlement agreement, a trust established by the Participant for the benefit of one or more members of the Participantâ€™s immediate family, or a partnership or company of which the only owners are members of the Participantâ€™s immediate family (the â€œTransferee(s)â€); provided, that no portion of the Option or SAR may be transferred until such time as it becomes vested and exercisable pursuant to Section 3(b) hereof, and further provided that no more than fifty percent (50%) of the exercisable Option and SAR (in the aggregate) may be transferred by the Participant. A â€œmember of the Participantâ€™s immediate familyâ€ shall mean the Participantâ€™s spouse, parents, children, grandchildren and the spouses of such parents, children and grandchildren. A Transferee will be subject to all terms and conditions applicable to the Participant under the Option and SAR prior to its transfer, except that Transferee may not transfer the Option or SAR. In order to transfer the Option or SAR, the Participant must notify the Company in the form of a â€œNotice of Transfer of Nonqualified Stock Option/SARâ€ (which form may be obtained from the Companyâ€™s Legal Department) of such transfer and include the name, address and social security number of Transferee, as well as the relationship of Transferee to the Participant. With respect to any transfer of the Option or SAR, the Participant and/or Transferee will be subject to tax reporting and be responsible for any tax liability due in accordance with the law in effect at the time of the transfer of the Option or SAR or the exercise of the transferred Option or SAR by Transferee or otherwise, as the case may be.7.FORFEITURE OF OPTION AND SAR UPON TERMINATION OF EMPLOYMENT. Unless otherwise provided for in the Plan or in the Agreement, as of the date on which the Participantâ€™s employment with the Company and its subsidiaries terminates, the Option and SAR, to the extent unexercised, whether vested or unvested, as of the Participantâ€™s employment termination date, shall be forfeited immediately in its entirety, provided that, if the Participantâ€™s employment with the Company and its subsidiaries terminates without cause, as determined by the Company in its sole discretion (â€œCauseâ€), the Option and SAR, to the extent vested and unexercised as of the employment termination date, shall be exercisable at any time on or before the ninetieth (90th) day immediately following theProprietary3Nov_2024_Premium_NQ/SAR_Award_Agreementemployment termination date and, to the extent the Option or SAR is unvested as of the employment termination date, the Option and SAR shall be forfeited immediately.8.QUALIFIED RETIREMENT. In the event the Participantâ€™s employment with the Company and any subsidiary of the Company terminates by reason of a Qualified Retirement, the Participant (a) shall continue to vest in the Option and SAR, to the extent unvested as of the retirement date, for a period of three (3) years following the Participantâ€™s retirement date and (b) may exercise the Option and SAR, to the extent vested, at any time until the original term of the Option or SAR, in both cases as long as no government regulations or rules are violated by such continued vesting or exercise period. To the extent unvested at the end of the three (3) year period following the Participantâ€™s retirement date, the Option and SAR shall be forfeited. â€œQualified Retirementâ€ shall mean termination of employment voluntarily without Good Reason (as defined in an employment agreement), if the Participant has provided the Company with at least ninety (90) days advance notice, in accordance with the provisions of Section 13 below, of the retirement date or such other term of advance notice as is determined by the Chief People Officer of the Company.9.DISABILITY. In the event the Participantâ€™s employment with the Company and any subsidiary of the Company terminates by reason of total and permanent disability (as defined in the Companyâ€™s Long-Term Disability Plan, or, if not defined in such plan, as defined by the Social Security Administration), the Option and SAR shall vest as of the employment termination date on a pro-rata basis as follows: each of the Option and SAR shall vest with respect to a total number of the Shares equal to (i) the number of the Shares subject to the Option or SAR on the Grant Date multiplied by the following fraction: (A) the numerator shall be the whole number of months elapsed, as of the employment termination date, since the Grant Date and (B) the denominator shall be the initial number of full months in the period during which vesting is required under the Award , minus (ii) the number of the Shares with respect to which the Option or SAR, as applicable, vested prior to the employment termination date (whether or not the Option or SAR was previously exercised). For purposes of this calculation, the number of months in the numerator in sub-section (A) above shall include any partial month in which the Participant has been employed. For example, if the time elapsed between the Grant Date and the employment termination date is eight (8) months and five (5) days and the Participant has been employed for such entire period, the numerator in sub-section (A) above shall be nine (9). The Option and SAR may be exercised to the extent vested at any time within one (1) year of the employment termination date but in no event beyond the original term of the Option or SAR.10.DEATH. In the event of the Participantâ€™s employment with the Company and any subsidiary of the Company terminates by reason of the Participantâ€™s death, the Option and SAR to the extent not then vested in accordance with Section 3 shall immediately vest and the Option and SAR shall remain exercisable for a period of one (1) year after the Participantâ€™s death, or until the Expiration Date, whichever occurs first, by the Participantâ€™s Beneficiary. At the end of said one (1) year time period, or as of the Expiration Date if earlier, all rights with respect to the Option and SAR shall terminate and the Option and SAR shall be cancelled.11.CHANGE IN CONTROL. In the event of a Change in Control, the applicable provisions of the Plan with respect to a Change in Control shall apply.12.TRANSFER OF EMPLOYMENT. Transfer of the Participantâ€™s employment between the Company and a subsidiary of the Company or between subsidiaries of the Company shall not be treated as a termination of employment.13.NOTICE.(a) Any notice required to be provided under Section 6 or Section 8 shall be provided to the CVS Health Board of Directors and to the Companyâ€™s Chief People Officer.(b) Any notice required to be given hereunder to the Participant shall be addressed to the Participant at the address shown on the records of the Company.Proprietary4Nov_2024_Premium_NQ/SAR_Award_Agreement(c)Either party may hereafter designate an alternate address in writing, which designation shall be sent to the addresses provided in this section.14.RECOUPMENT OF AWARD. The Option and SAR shall be subject to the terms of the Companyâ€™s Recoupment Policy as it exists from time to time, which may require the Participant to immediately repay to the Company the value of any pre-tax economic benefit that the Participant may derive from the grant of the Option and SAR hereunder. By accepting the grant of the Option and SAR hereunder, the Participant acknowledges that a copy of the Companyâ€™s Recoupment Policy has been made available for the Participantâ€™s reference. In addition to the Companyâ€™s Recoupment Policy, the Option and SAR may be subject to the terms of any Company clawback policy mandated by any regulatory authority, including the New York Stock Exchange.15.RESTRICTIVE COVENANT AGREEMENT.(a)The Option and SAR granted pursuant to the Agreement is expressly subject to and contingent upon the requirement that the Participant shall have fully executed and delivered to the Company the applicable written agreement containing the restrictive covenants required by the Company in connection with the award hereunder (such restricted covenant agreement hereafter, the â€œRCAâ€).If the Company intends to require the Participant to execute and deliver a new RCA in connection with the grant hereunder, the Company shall provide the new RCA to the Participant and the Participant agrees to execute and deliver the new RCA by the deadline set forth by the Company. If the Participant is currently subject to an RCA and the Company does not require the Participant to execute and deliver a new RCA, then, by accepting the grant of the Option and SAR pursuant to the Agreement, the Participant reaffirms the Participantâ€™s intent to comply with all of the provisions in the Participantâ€™s current RCA.The Participant agrees that failure to execute and return the new RCA, if required, by the deadline set forth by the Company shall result in the immediate and irrevocable forfeiture of the Option and SAR granted hereunder.(b)If the Participant violates any provision of the applicable RCA, as determined by the Company in its sole discretion (an â€œRCA Violationâ€), (i) the Participant shall immediately and irrevocably forfeit the Option and SAR, to the extent unvested, and shall have no right to any payment in connection with such forfeiture; and (ii) with respect to any portion of the Option and SAR that vested within the two (2) year period ending on the earlier of (A) the date, as determined in the sole discretion of the Company, of the Participantâ€™s RCA Violation, or (B) the Participantâ€™s termination of employment, the Participant shall forfeit the Option and SAR to the extent unexercised and shall be required, upon demand, to repay or otherwise reimburse the Company an amount having a value equal to, with respect to each exercise event, the market value of the Shares subject to the exercise of the Option and SAR at the time of exercise minus the Option/SAR Price with respect to the Shares subject to the exercise of the Option and SAR.By accepting the grant of the Option and SAR under the Agreement, the Participant acknowledges and agrees that the remedy described above does not constitute the exclusive remedy for the Participantâ€™s violation of the RCA and, as the forfeiture and repayment provisions are not adequate remedies at law, the Company may seek any additional legal or equitable remedy, including injunctive relief, for any such violation. The provisions in this section are essential economic conditions to the Companyâ€™s grant of the Option and SAR to the Participant. By receiving the grant of the Option and SAR hereunder, the Participant agrees that the Company and its subsidiaries and affiliates may make deductions from any amounts they may owe the Participant, individually or collectively, from time to time (such as wages or other compensation, deferred compensation credits, vacation pay, severance or other payments owed following a termination of employment, as well as any other amounts owed to the Participant by the Company or its subsidiaries or affiliates) to the extent of any amounts the Participant owes the Company under this section. The provisions of this section and anyProprietary5Nov_2024_Premium_NQ/SAR_Award_Agreementamounts repayable or reimbursable by the Participant hereunder are intended to be in addition to any rights to repayment the Company may have under Section 304 of the Sarbanes-Oxley Act of 2002 and other applicable law.16.LAWS AND POLICIES.(a)By accepting the grant of the Option and SAR under the Agreement, (i) the Participant acknowledges that a copy of the Plan has been made available by the Company for the Participantâ€™s reference and agrees to be bound by the terms and conditions set forth in the Agreement and the Plan as in effect from time to time, (ii) the Participant further acknowledges that the Federal securities laws and/or the Companyâ€™s policies regarding trading in its securities may limit or restrict the Participantâ€™s right to trade Shares, including without limitation, sales of the Shares acquired in connection with the Option or SAR, and (iii) the Participant agrees to comply with such Federal securities law requirements and Company policies, as such laws and policies may be amended from time to time.(b)Neither the execution and delivery hereof nor the grant of the Option and SAR evidenced hereby shall constitute or be evidence of any agreement or understanding, express or implied, on the part of the Company or its subsidiaries to employ the Participant for any specific period.17.COMMITTEE AUTHORITY. The Management Planning and Development Committee of the Board of Directors shall have the authority, in its sole discretion, to make any interpretations, determinations, and/or take any administrative actions with respect to the Plan and the Agreement, including without limitation whether any post-termination payments to the Participant shall be deemed severance pay and/or whether a termination was with or without Cause. In the event of any inconsistency between the terms hereof and the provisions of the Plan, the Plan shall govern.18.GOVERNING LAW. The Agreement and the Option and SAR evidenced hereby shall be governed by the laws of Delaware, without giving effect to principles of conflict of laws.19.ACKNOWLEDGEMENT. The Agreement shall be effective only upon the Participantâ€™s formal acceptance of the terms and conditions set forth above as required by the Company.BY:/s/ Heidi CapozziHeidi CapozziExecutive Vice President, Chief People OfficerCVS Health CorporationProprietary6Nov_2024_Premium_NQ/SAR_Award_Agreement EX-19.1 10 exhibit191-2024.htm EX-19.1 DocumentExhibit 19.1CVS HEALTH CORPORATIONSECURITIES TRADING POLICY(Amended as of January 28, 2025)The Need for a PolicyThis Policy has been developed:â–ªTo educate the Companyâ€™s personnel;â–ªTo set forth guidelines for courses of action for the Company and its personnel;â–ªTo protect the Company and each of its personnel against legal liability; andâ–ªTo preserve the reputation of the Company and its personnel for integrity and ethical conduct.The Policy shall apply to CVS Health Corporation and all of its directors, officers and employees, including at its subsidiaries and affiliates. In addition, all external contractors, consultants and advisors are expected to abide by the Policy.The Securities Act of 1933, the Securities Exchange Act of 1934, the Insider Trading and Securities Fraud Enforcement Act and the regulations adopted by the U.S. Securities and Exchange Commission (the â€œSECâ€) all make it illegal for a company, its employees and its insiders or those receiving information from a company or such insiders to transact in that companyâ€™s securities while in the possession of â€œmaterial non-public information.â€ Insider trading is a serious offense, and the SEC and other law enforcement authorities devote significant resources to uncovering the activity and to prosecuting offenders. Liability may extend not only to those who trade on such information, but also to those who provide the information to others (â€œtippersâ€) and to the subject company for transactions by its personnel.In addition to ensuring compliance with legal requirements, compliance with the Policy is important to avoid even the appearance of improper conduct on the part of the Company or anyone employed by or associated with our Company.Our PolicyThe Company will comply with the requirements of the securities laws, including those related to transacting in the Companyâ€™s securities while in the possession of material non-public information, in connection with its purchase or sale of Company securities.If a director, officer or any employee has material non-public information relating to the Company, it is our policy that neither that person nor any related person may buy or sell securities of the Company or engage in any other action to take advantage of, or pass on to others, that information.The Policy also

applies with equal force to information relating to any other company, including our customers, suppliers, competitors and acquisition targets, obtained in the course of employment or serving as a director. For example, if you have information that the Company is engaging in a confidential negotiation of a significant contract with another company that may impact a third company, you may not trade in the securities of the Company, company with whom the Company is in negotiations nor the third company that may be impacted by the contract, or suggest to anyone else that they do so. Determining whether information is material with respect to other companies can be very difficult, therefore you should consider all non-public information about other companies to be material under the Policy.Even the appearance of an improper transaction must be avoided to preserve our reputation for adhering to the highest standards of conduct.Information and Procedures for Directors, Officers and Other EmployeesMaterial Information. Material information is any information that a reasonable investor would consider important in a decision to buy, hold or sell securities. It encompasses any information that could reasonably be expected to affect the price of the Companyâ€™s securities.Examples. Common examples of information that may be regarded as material are: projections of future earnings or losses; news of a significant pending or proposed merger, acquisition, divestiture or tender offer; a financing transaction; changes in dividend policies or the declaration of a stock split or the offering of additional securities; changes in senior management; important new products or services; impending bankruptcy or financial liquidity problems; and internal financial information that materially departs from what the market would expect. Either positive or negative information may be material, and partial knowledge may also be material (for example, if you learn that a significant acquisition or sales contract is being planned, you may have material information even if you do not know the identity of the parties involved.) We emphasize that this list is merely illustrative. If you have any concerns as to whether information you possess may be considered material non-public information, you should contact the Office of the General Counsel or the Office of the Corporate Secretary.Restricted Transactions. Transactions that are restricted while you are in possession of material non-public information include, but are not limited to: open market purchases and sales, cashless exercises of stock options (where your broker sells a certain number of shares you will receive to pay the exercise price and taxes), sale of shares received under a restricted stock unit, reallocation of 401(k) account balances that result in a sale or purchase in the Company stock fund and gifts of Company securities to family members, charitable organizations or others.The Policy does not apply to the receipt or vesting of stock options, and even if you are aware of material non-public information, you may exercise stock options granted to you by the Company if you pay the exercise price and applicable taxes with your own cash and retain all the shares (the Policy, however, applies to cashless exercises of stock options), subject to other restrictions under â€œSpecial Procedures Applying to Directors, Officers and Certain Other Personnel.â€Transactions by Family Members and Controlled Entities. The Policy also applies to (1) your family members and others living in your household, and (2) any entities you or your family members control, such as partnerships, trusts, and corporations. You are responsible for the transactions of these other persons and entities and therefore should make them aware of the need to confer with you before they transact in Company securities.Tipping Information to Others. You must not pass proprietary or confidential information about the Company or information that could have an impact on the price of our securities to others. In addition, you must not recommend to others any transactions in Company securities based on proprietary or confidential information, even if the proprietary or confidential information is not revealed to others. Information is often inadvertently disclosed or overheard in casual, social conversations. Care must be taken to avoid such disclosures. When Information is Public. It is also improper for a director, officer or employee to trade securities immediately after the Company has made a public announcement of material information, including earnings releases. The Companyâ€™s shareholders and the investing public should be afforded the time to review and assess the information. As a general rule, you should not engage in any transactions until one full business day after the information has been released. (Thus, if an announcement is made on a Monday after the closing of the stock market, Wednesday generally would be the first day on which you should trade. If an announcement is made on a Friday after the market close, Tuesday generally would be the first day. If information is released prior to the market open, then the day of the release is the one business day. For example, if information is released on a Wednesday prior to the opening of the market, then trading would generally be permitted on Thursday.) However, if the information released is complex, such as a prospective major financing or other significant transaction, it may be necessary to allow additional time for the information to be digested by investors. In such circumstances, the General Counsel or the Corporate Secretary may extend the waiting period before trading. Please be reminded that if you are in possession of material non-public information that was not part of the information released, you may still not engage in any transactions following the initial announcement.Prevention of Insider Trading by Others. If you become aware of a potential insider trading violation, you should immediately advise our General Counsel or our Corporate Secretary. You may also use, on a confidential basis, the Companyâ€™s Ethics Line (1-877-CVS-2040). You should also take steps, where appropriate, to prevent persons under your control from using inside information for trading purposes.Twenty-Twenty Hindsight. Please be reminded that if your securities transactions become the subject of scrutiny, they will be viewed after-the-fact with the benefit of hindsight. As a result, before engaging in any transaction, you should carefully consider how law enforcement officials and others might view your transaction in hindsight.Confidentiality. Unauthorized disclosure of internal information about the Company, whether or not for the purpose of facilitating improper trading in Company securities, may carry significant consequences for the Company. Company personnel should not discuss internal Company matters or developments with anyone outside of the Company, except as required in the performance of regular corporate duties.This prohibition applies specifically (but not exclusively) to inquiries about the Company that may be made by the financial press, investment analysts or others in the financial community. It is important that all such communications on behalf of the Company be through an appropriately designated officer under carefully controlled circumstances. Unless you are expressly authorized to the contrary, if you receive any inquiries of this nature, you should decline comment and refer the inquirer to the Investor Relations department. For more information, please see the Companyâ€™s Regulation FD Disclosure Policy, which can be found on the Companyâ€™s Policy and Procedure Portal.Special Procedures Applying to Directors, Officers and Certain Other PersonnelTo prevent inadvertent violations and avoid even the appearance of an improper transaction (which could result, for example, where an officer engages in a trade while unaware of a pending major development), the persons set forth below are also subject to the following special procedures specified under â€œBlack-Out Periodsâ€ and â€œ10b5-1 Plansâ€: â–ªdirectors and executive officers of CVS Health Corporation (including all members of the Executive Leadership Team, or ELT, and all corporate-level Executive Vice Presidents and Senior Vice Presidents), as well as designated officers and employees of the Company or its principal operating subsidiaries who are regularly in possession of material non-public information, who shall be designated â€œGroup A Key Personsâ€;â–ªdesignated officers and employees of the Company or its principal operating subsidiaries who may frequently possess material non-public information, most often due to their role in, or access to, the Companyâ€™s financial reporting process, who shall be designated â€œGroup B Key Personsâ€; and â–ªas applicable, other employees possessing material non-public information that are designated by the Company from time to time due to their role in projects that are determined to be material to the Company, who shall be designated â€œGroup C Key Personsâ€ (â€œGroup A Key Personsâ€, â€œGroup B Key Personsâ€ and â€œGroup C Key Personsâ€ are collectively, â€œKey Personsâ€).The list of Key Persons in each group shall be maintained by the Office of the Corporate Secretary. Department heads shall be responsible for promptly informing the Office of the Corporate Secretary of any changes in personnel (new hires, departures, and/or changes in role) that might require a change in the list(s) of Group A Key Persons or Group B Key Persons. The project leader for any material project shall be responsible for ensuring that any list of Group C Key Persons with respect to such material project is kept complete and up to date, and informing the Office of the Corporate Secretary of any additions to the project team or any material developments involving the project.â€œBlack-Out Periodsâ€ â€“ When Transactions Are Not Permitted. Key Persons are prohibited from transacting (including acquisitions, dispositions, transfers, gifts, cashless exercises of stock options and 401(k) or deferred compensation plan re-allocations involving Company stock) in any securities of the Company during the following periods:Group A: beginning at the end of the tenth (10th) calendar day of the last month of each calendar quarter and ending one (1) full business day after the release of the Companyâ€™s financial results for that quarter.Group B: beginning on the last calendar day of any fiscal quarter and ending one (1) full business day after the release of the Companyâ€™s financial results for that quarter.Group C: beginning at the time the Key Person executes a non-disclosure agreement in connection with the project and the General Counsel or Corporate Secretary, in consultation with appropriate members of the Companyâ€™s project team, determines that the project is reasonably likely to result in a material development or transaction, and ending one (1) full business day after the project is publicly announced, or at such time as the General Counsel or Corporate Secretary, in consultation with appropriate members of the Companyâ€™s project team, determines that the project is suspended or terminated.For purposes of each of these Black-Out Periods, if the announcement is made before the opening of the stock market, the day of the release counts as a full business day.In addition, the Company may from time to time require all Key Persons to refrain from trading during other specified periods when significant developments or announcements are anticipated. Please be reminded, however, that even during periods when trading is otherwise permitted, no one should trade in the securities of the Company if he or she possesses material non-public information.â€œ10b5-1 Plansâ€ â€“ For financial planning purposes, Group A Key Persons and Group B Key Persons may wish to plan stock sales that would not require on-going approval for each transaction and that could be completed at any time, even if such Key Person had material non-public information at the time of the sale. Upon approval of the Office of the General Counsel or the Office of the Corporate Secretary, such Key Persons may enter into a trading plan that complies with the requirements of Rule 10b5-1 under the Securities Exchange Act of 1934 (â€œRule 10b5-1,â€ and such plan, a â€œ10b5-1 Planâ€) with his or her broker at a time outside of a Black-Out Period when he or she is not aware of material non-public information.A 10b5-1 Plan is a contract or written instructions that must provide:â–ªthe amount, price (which may include a limit price) and date of purchases or sales (which may include a â€œno later thanâ€ date for a limit transaction); orâ–ªa formula or similar method for determining the amount, price and date of purchases or sales; orâ–ªanother party with the exclusive right to determine whether, how and when to make purchase and sales.Additional standards for 10b5-1 Plans with respect to Company stock, including the requirement that any 10b5-1 Plan include a cooling off period, are set forth in the 10b5-1 Plan Criteria Memo, which is maintained by the Office of the General Counsel and the Office of the Corporate Secretary and is available to any Group A Key Person or Group B Key Person upon request.Any written trading plan or arrangement entered into by a Group A or Group B Key Person must comply with the requirements of Rule 10b5-1 and the 10b5-1 Plan Criteria Memo. Written trading arrangements that provide for purchases or sales of Company stock pursuant to (a) representation that the person entering into the plan does not have material non-public information, and (b) the person entering into the plan provides specific direction to a third party to sell a determinable number of shares at a specified price (or assigns the decision making authority to a third party), but does not constitute a 10b5-1 Plan, are not permitted. The adoption, modification or termination of a 10b5-1 Plan must be approved in advance on a case-by-case basis by our General Counsel or Corporate Secretary. When designing a 10b5-1 Plan, a Key Person should take into account that the 10b5-1 Plan may not be altered during a Black-Out Period or at any time the Key Person is in possession of material non-public information. Please review any draft trading arrangement with the Office of the General Counsel or the Office of the Corporate Secretary to ensure your trading arrangement or plan qualifies as a 10b5-1 Plan. Any request for approval must include a signed written certification substantially in the form of Appendix I, delivered to the Office of the Corporate Secretary via e-mail. The Company is required to make certain public disclosures on a quarterly basis related to 10b5-1 Plans entered into by certain Group A Key Persons, as well as any written trading arrangements entered into by those Group A Key Persons that do not comply with the requirements of Rule 10b5-1. By adopting a 10b5-1 Plan, you consent to the Company publicly disclosing that you adopted the plan, the key terms of the plan, and the details of transactions executed under the plan. You also consent to the Company publicly disclosing any modification or cancellation of the plan.Pre-Clearance of All Transactions by Certain Members of Group A. In addition, all transactions in Company stock (including acquisitions, dispositions, transfers, gifts, cashless exercises of stock options and 401(k) or deferred compensation plan re-allocations involving Company stock) by the Companyâ€™s directors, all members of the ELT and officers who are subject to the reporting and short-swing profit liability provisions of Section 16 of the Securities Exchange Act of 1934 (â€œSection 16â€), as designated by the Board of Directors (collectively, the â€œPre-Clearance Groupâ€ and individually, a â€œPre-Clearance Group Memberâ€) must be pre-cleared. If you contemplate a transaction, you must contact the Office of the General Counsel or the Office of the Corporate Secretary in advance.This pre-clearance requirement applies to a cashless exercise of stock options, but does not apply to stock option exercises where you pay the exercise price and taxes with your own cash and retain all shares.This requirement for pre-clearance also applies to the adoption, modification or termination by any Key Person of a 10b5-1 Plan, as described above under â€œ10b5-1 Plans.â€Any request for pre-clearance of a proposed transaction must include a signed written certification substantially in the form of Appendix I, delivered to Office of the Corporate Secretary via e-mail. If a requesting party is unsure as to whether information they possess may be considered material non-public information, the requesting party will discuss the matter with the Office of the Corporate Secretary.If a requested transaction receives pre-clearance, the transaction must be executed within three (3) trading days of receipt of pre-clearance, unless (i) a Black-Out Period commences before the trade is executed, or (ii) the requesting party becomes aware of material non-public information before the trade is executed, in which case the pre-clearance is void and a transaction may not be completed. If a transaction is not executed within the three (3) trading day period, the requesting party must initiate a new pre-clearance request.If a Pre-Clearance Group Member seeks pre-clearance and permission to engage in a transaction is denied, such person may not be informed of the reason of such denial, should refrain from initiating any transaction in Company securities and should not inform any other person of the denied request to transact in the Companyâ€™s securities. It is therefore important that you pre-clear any proposed transaction before discussing it with your broker.Each Pre-Clearance Group Member that has an obligation to file notices and forms under Section 16 also agrees to notify the Office of the General Counsel or Office of the Corporate Secretary within 24 hours after the execution of any approved transaction in Company securities, so the Company may provide reasonable assistance, as requested, in connection with the timely filing of forms required under Section 16. The ultimate responsibility and liability for timely, complete and accurate filing of such forms, however, remains with the Pre-Clearance Group Member.Authorization from a Company representative for you to transact in securities does not constitute personal legal, tax or financial advice to you, and does not create a legal safe harbor from an insider trading violation. In all cases, you are personally responsible for determining whether you are aware of material non-public information and, if so, to refrain from trading in securities to which that material non-public information relates. The Companyâ€™s attorneys represent the Company and its subsidiaries, not you or other individuals within the Company. The securities laws are complex, and you should consider seeking advice from your personal legal counsel about your decisions to trade in any securities.Additional Prohibited TransactionsIt is the Companyâ€™s policy that directors, officers and other employees should not engage in any of the following activities with respect to securities of the Company:â–ªTrading in Company securities on a short-term basis. Any Company stock purchased in the open market must be held for a minimum of six months and ideally longer.â–ªPurchases of Company stock on margin or pledging Company stock or stock incentive awards as collateral for a loan or margin account.â–ªShort sales and purchases.â–ªBuying or selling puts, calls, exchange traded options or other derivative securities (other than stock options granted by the Company).â–ªHedging transactions including prepaid variable forward contracts, equity swaps, collars and exchange funds, in each case that are designed to hedge or offset any decrease in the market value of equity securities.The Consequences of Insider TradingInsider trading violations carry serious consequences:For individuals who trade on material non-public information (or tip information to others):â–ªA civil penalty of up to three times the profit gained or loss avoided;â–ªA criminal fine (no matter how small the profit) of up to $5 million; andâ–ªA prison term of up to 20 years.These penalties can apply even if the individual is not a director, officer or senior executive.For a company (as well as possibly any supervisory person) that fails to take appropriate steps to prevent illegal trading:â–ªA civil penalty of the greater of $1 million or three times the profit gained or loss avoided as a result of such violation; andâ–ªFor the company, a criminal penalty of up to $25 million. Moreover, if an employee violates the Policy, Company-imposed sanctions, including dismissal for cause, could result from failing to comply with the Companyâ€™s policy or procedures. Any of the above consequences, even an SEC investigation that does not result in prosecution, can tarnish oneâ€™s reputation and irreparably damage a career.Company AssistanceAny person who has any questions about specific transactions or the Policy in general may obtain additional guidance from the Office of the General Counsel or the Office of the Corporate Secretary. Please be reminded, however, that the ultimate responsibility for adhering to the Policy and avoiding improper transactions rests with you. In this regard, it is imperative that you use your best judgment.CertificationsAll employees who receive equity awards under the Companyâ€™s stock plan(s) or who participate in the Companyâ€™s employee stock purchase plan or 401(k) plan will be required to certify their understanding of and intent to comply with the Policy In addition, Key Persons and the Pre-Clearance Group will be required to certify their understanding of and intent to comply with the special procedures applicable to them under the Policy.Appendix INotice and Certification of Transaction in Company SecuritiesTo the Office of the Corporate Secretary:I hereby notify you of my intent to transact in securities of CVS Health Corporation (the â€œCompanyâ€). The amount and nature of the proposed trade are as follows: â˜ Sell in the open market _____ shares of Company Common Stock; â˜ Purchase in the open market _____ shares of Company Common Stock; â˜ Cashless exercise of _____ stock options; â˜ Gift _____ shares or $_____ of Company Common Stock to _____ (specify name of and

relationship with recipient); â˜ Adopt/Modify/Terminate a 10b5-1 Plan; â˜ Other (specify) _____. I hereby certify that:(a)I have reviewed the Companyâ€™s Securities Trading Policy (the â€œPolicyâ€); (b)I am not in possession of any material non-public information relating to the Company; (c)I will not execute any transaction in the Companyâ€™s securities while in the possession of material non-public information;(d)If my requested transaction receives pre-clearance, I will execute the transaction within three (3) trading days of the date of pre-clearance, unless (i) a Black-Out Period (as defined in the Policy) commences before the trade is executed, or (ii) I become aware of material non-public information before the trade is executed, in which case the pre-clearance is void and a transaction may not be completed; and(e)[For 10b5-1 Plan requests: The Office of the Corporate Secretary has reviewed and approved the adoption/modification/termination of my 10b5-1 Plan (as defined in the Policy); that I am adopting/modifying/terminating a Rule 10b5-1 Plan in good faith and not as part of a plan or scheme to evade the prohibitions of Rule 10b5-1 under the Securities Exchange Act of 1934; and that such plans will comply with the conditions set forth in Rule 10b5-1; and](f)[For Section 16 directors and officers: I agree to notify the Office of the Corporate Secretary within 24 hours after the execution of any approved transaction, so the Company may provide reasonable assistance, as requested, in connection with the timely filing of forms required under Section 16 of the Securities Exchange Act of 1934; and that I understand, however, that the ultimate responsibility and liability for timely, complete and accurate filing of such forms remains with me; and](g)I understand that a pre-clearance does not constitute personal legal, tax or financial advice to me, and does not create a legal safe harbor from an insider trading violation; I am personally responsible for determining whether I am aware of material non-public information and, if so, to refrain from trading in securities to which that material non-public information relates.Date:Signature:Print Name:Title: EX-21.1 11 exhibit211-2024.htm EX-21.1 DocumentExhibit 21.1Subsidiaries of CVS Health CorporationListed below are subsidiaries under CVS Health Corporation at December 31, 2024 with their jurisdictions of organization shown in parentheses. Subsidiaries excluded from the list below are not insurance companies and would not, in the aggregate, constitute a â€œsignificant subsidiaryâ€ of CVS Health Corporation, as that term is defined in Rule 1-02(w) of Regulation S-X.â€¢CVS Foreign, Inc. (New York)â—¦CVS Caremark Indemnity Ltd. (Bermuda)â—¦CVS International, Inc. (Delaware)â€¢CVS Pharmacy, Inc. (Rhode Island)â€¢Aetna Inc. (Pennsylvania)â—¦Aetna Health Holdings, LLC (Delaware) â–ªAetna Health of California Inc. (California)â–ªAetna Health Inc. (Connecticut) â–ªAetna Health Inc. (Florida) â–ªAetna Health Inc. (Georgia) â–ªAetna Health Inc. (Maine) â–ªAetna Health of Michigan Inc. (Michigan) â–ªAetna Health Inc. (New Jersey) â–ªAetna Health Inc. (New York)â–ªAetna Better Health Inc. (New York)â–ªAetna Health Inc. (Pennsylvania)â–ªAetna ACO Holding Inc. (Delaware)â–ªAetna Health Inc. (Texas)â–ªAetna Better Health of California Inc. (California)â–ªAetna Health of Ohio Inc. (Ohio)â–ªAetna Better Health of Texas Inc. (Texas)â–ªAetna Better Health of Washington, Inc. (Washington)â–ªAetna Better Health Inc. (Georgia) â–ªAetna HealthAssurance Pennsylvania, Inc. (Pennsylvania)â–ªAetna Dental of California Inc. (California)â–ªAetna Dental Inc. (New Jersey) â–ªAetna Dental Inc. (Texas) â–ªAetna Health Management, LLC (Delaware)â–ªAetna Ireland Inc. (Delaware)â–ªCofinity, Inc. (Delaware)â–ª@Credentials Inc. (Delaware)â–ªAetna Better Health Inc. (Pennsylvania)â–ªAetna Better Health Inc. (Connecticut)â–ªAetna Better Health of Illinois Inc. (Illinois) â–ªAetna Better Health Premier Plan MMAI Inc. (Illinois)â–ªAetna Better Health of Kansas Inc. (Kansas)â–ªAetna Better Health, Inc. (Louisiana)â–ªAetna Florida Inc. (Florida)â–ªAetna Better Health of Indiana Inc. (Indiana)1â–ªAetna Better Health Inc. (Ohio)â–ªAetna Better Health of Oklahoma Inc. (Oklahoma)â–ªAetna Better Health of Nevada Inc. (Nevada)â–ªAetna Better Health Inc. (New Jersey)â–ªAetna Better Health of North Carolina Inc. (North Carolina)â–ªAetna Network Services LLC (Connecticut)â–ªAetna Risk Assurance Company of Connecticut Inc. (Connecticut)â–ªAetna Student Health Agency Inc. (Massachusetts)â–ªDelaware Physicians Care, Incorporated (Delaware)â–ªSchaller Anderson Medical Administrators, Incorporated (Delaware)â–ªAetna Medicaid Administrators LLC (Arizona)â–ªiTriage, LLC (Delaware)â–ªFairCost LLC (Connecticut)â–ªMedical Examinations of New York, P.C. (New York)â–ªProdigy Health Group, Inc. (Delaware)â–ªNiagra Re, Inc. (New York)â–ªPerformax, Inc. (Delaware)â–ªScrip World, LLC (Utah)â–ªPrecision Benefit Services, Inc. (Delaware)â–ªAmerican Health Holding, Inc. (Ohio)â–ªMeritain Health, Inc. (New York)â—¦Administrative Enterprises, Inc. (Arizona)â—¦U.S. Healthcare Holdings, LLC (Ohio)â—¦Prime Net, Inc. (Ohio)â—¦Professional Risk Management, Inc. (Ohio)â–ªADMINCO Inc. (Arizona)â–ªAetna Health of Iowa Inc. (Iowa)â–ªCoventry Health Care of Nebraska, Inc. (Nebraska)â–ªAetna Health Inc. (Louisiana)â–ªCoventry Prescription Management Services Inc. (Nevada)â–ªCoventry Health and Life Insurance Company (Missouri)â–ªAetna Better Health of Kentucky Insurance Company (Kentucky)â–ªCoventry Health Care of Virginia, Inc. (Virginia)â–ªCoventry Health Care of Missouri, Inc. (Missouri)â–ªAetna Better Health of Missouri LLC (Missouri)â–ªCoventry Health Care of Illinois, Inc. (Illinois)â–ªCoventry Health Care of West Virginia, Inc. (West Virginia)â–ªCoventry HealthCare Management Corporation (Delaware)â–ªCoventry Health Care of Kansas, Inc. (Kansas)â–ªCoventry Health Care National Accounts, Inc. (Delaware)â–ªAetna Better Health of Michigan Inc. (Michigan)â–ªAetna Health of Utah Inc. (Utah)â–ªAetna Better Health of Tennessee Inc. (Tennessee)â–ªCoventry Health Care National Network, Inc. (Delaware)â–ªCoventry Consumer Advantage, Inc. (Delaware)â–ªMHNet Specialty Services, LLC (Maryland)â–ªMental Health Network of New York IPA, Inc. (New York)2â–ªMental Health Associates, Inc. (Louisiana)â—¦Florida Health Plan Administrators, LLC (Florida)â–ªHella Group LLC (New York)â—¦Audomo Insurance Services LLC (Delaware)â—¦Hella Media LLC (Delaware)â–ªAetna Better Health of Florida Inc. (Florida)â–ªAttain Insurance Services, Inc. (Florida)â–ªFirst Health Group Corp. (Delaware)â–ªFirst Health Life & Health Insurance Company (Texas)â–ªClaims Administration Corp. (Maryland)â–ªFirst Choice of the Midwest LLC (South Dakota)â–ªContinental Life Insurance Company of Brentwood, Tennessee (Tennessee)â–ªAmerican Continental Insurance Company (Tennessee)â—¦Aetna Life Insurance Company (Connecticut)â—¦AHP Holdings, Inc. (Connecticut)â–ªAetna Life Assignment Company (Connecticut)â–ªAE Fourteen, Incorporated (Connecticut) â–ªAetna ACO Holdings Inc. (Delaware)â–ªInnovation Health Holdings, LLC (Delaware)â—¦Innovation Health Insurance Company (Virginia)â—¦Innovation Health Plan, Inc. (Virginia)â–ªBanner Health and Aetna Health Insurance Holding Company LLC (Delaware) â—¦Banner Health and Aetna Health Insurance Company (Arizona)â—¦Banner Health and Aetna Health Plan Inc. (Arizona)â–ªSutter Health and Aetna Insurance Holding Company LLC (Delaware)â—¦Sutter Health and Aetna Administrative Services LLC (California)â—¦Sutter Health and Aetna Insurance Company (California)â–ªAllina Health and Aetna Insurance Holding Company LLC (Delaware)â—¦Allina Health and Aetna Insurance Company (Minnesota) â—¦Allina Health and Aetna Health Plan Inc. (Minnesota)â—¦Aetna International LLC. (Connecticut)â–ªAetna Life & Casualty (Bermuda) Ltd. (Bermuda)â—¦AIHK Limited (Hong Kong)â—¦Aetna Global Benefits (Middle East) LLC (UAE)â–ªAetna Global Benefits (Bermuda) Limited (Bermuda)â—¦Aetna Global Benefits (Europe) Limited (England & Wales)â—¦Aetna Global Benefits (Asia Pacific) Limited (Hong Kong)â—¦Goodhealth Worldwide (Asia) Limited (Hong Kong)â—¦Aetna Global Benefits Limited (DIFC, UAE)â—¦Pt. Aetna Global Benefits Indonesia (Indonesia)â—¦Aetna Global Benefits (UK) Limited (England and Wales)â—¦Aetna Insurance Company Limited (England and Wales)â–ªAetna Health Company of Europe DAC (Ireland)â–ªAetna (Shanghai) Enterprise Services Co. Ltd. (China)â–ªAetna Global Benefits (Singapore) PTE. LTD. (Singapore)â—¦PE Holdings, LLC (Connecticut)â—¦Aetna Resources LLC (Delaware)3â—¦Canal Place, LLC (Delaware) â—¦Aetna Ventures, LLC (Delaware)â—¦Phoenix Data Solutions LLC (Delaware)â—¦Aetna Financial Holdings, LLC (Delaware) â–ªAetna Asset Advisors, LLC (Delaware)â–ªAetna Equity Fund LLC (Delaware)â–ªU.S. Healthcare Properties, Inc. (Pennsylvania)â–ªAetna Workersâ€™ Comp Access, LLC (Delaware)â–ªManaged Care Coordinators, Inc. (Delaware)â–ªAetna Capital Management, LLC (Delaware)â–ªAetna Partners Diversified Fund, LLC (Delaware) â–ªAetna Behavioral Health, LLC (Delaware) â–ªHorizon Behavioral Services, LLC (Delaware)â–ªHealth and Human Resource Center, Inc. (California)â–ªEmployee Assistance Services LLC (Kentucky)â–ªResources for Living, LLC (Texas)â–ªWork and Family Benefits, Inc. (New Jersey)â–ªThe Vasquez Group Inc. (Illinois)â—¦Aetna Health and Life Insurance Company (Connecticut) â—¦Aetna Health Insurance Company (Pennsylvania) â—¦Aetna Health Insurance Company of New York (New York)â—¦Aetna Corporate Services LLC (Delaware)â—¦Echo Merger Sub, Inc. (Delaware)â—¦AUSHC Holdings, Inc. (Connecticut)â–ªPHPSNE Parent Corporation (Delaware)â—¦Active Health Management, Inc. (Delaware)â–ªHealth Data & Management Solutions, Inc. (Delaware)â—¦Health Re, Inc. (Vermont)â—¦ASI Wings, LLC (Delaware)â€¢CVS Pharmacy, Inc. (continued)oAlabama CVS Pharmacy, L.L.C. (Alabama)oAlaska CVS Pharmacy, L.L.C. (Alaska)oAmerican Drug Stores Delaware, L.L.C. (Delaware)oArkansas CVS Pharmacy, L.L.C. (Arkansas)oCareCenter Pharmacy, L.L.C. (Delaware)oCaremark Rx, L.L.C. (Delaware)â—¦ACS ACQCO CORP. (Delaware)â–ªAdvanced Care Scripts, Inc. (Florida)â—¦CaremarkPCS, L.L.C. (Delaware) â–ªCaremarkPCS Health, L.L.C. (Delaware)â–ªCaremark IPA, L.L.C. (New York)â—¦Accordant Health Services, L.L.C. (Delaware)â—¦Caremark PhC, L.L.C. (Delaware)â—¦Caremark, L.L.C. (California)â–ªCaremark Arizona Mail Pharmacy, LLC (Arizona)4â–ªCaremark Arizona Specialty Pharmacy, L.L.C. (Arizona)â–ªCaremark Florida Mail Pharmacy, LLC (Florida)â–ªCaremark Florida Specialty Pharmacy, LLC (Florida)â–ªCaremark Hawaii Mail Pharmacy, L.L.C. (Hawaii)â–ªCaremark Illinois Mail Pharmacy, LLC (Illinois)â–ªCVS Caremark Advanced Technology Pharmacy, L.L.C. (Illinois)â–ªCaremark Illinois Specialty Pharmacy, LLC (Illinois)â–ªCaremark Kansas Specialty Pharmacy, LLC (Kansas)â–ªCaremark Massachusetts Specialty Pharmacy, L.L.C. (Massachusetts)â–ªCaremark Michigan Specialty Pharmacy, LLC (Michigan)â–ªCaremark New Jersey Specialty Pharmacy, LLC (New Jersey)â–ªCaremark North Carolina Specialty Pharmacy, LLC (North Carolina)â–ªCaremark Tennessee Specialty Pharmacy, LLC (Tennessee)â–ªCaremark Texas Mail Pharmacy, LLC (Texas)â–ªCentral Rx Services, LLC (Nevada)â–ªI.g.G. of America, LLC (Maryland)â–ªNovoLogix, LLC (Delaware)â—¦CVS Caremark Part D Services, L.L.C. (Delaware)â—¦Express Pharmacy Services of PA, L.L.C. (Delaware)â—¦Ocean Acquisition Sub, L.L.C. (Delaware)â–ªCoram LLC (Delaware)â–ªT2 Medical, Inc. (Delaware)â€¢Coram Healthcare Corporation of Florida (Delaware)â€¢Coram Healthcare Corporation of Greater D.C. (Delaware)â€¢Coram Healthcare Corporation of Greater New York (New York)â€¢Coram Healthcare Corporation of Mississippi (Delaware)â€¢Coram Healthcare Corporation of Nevada (Delaware)â€¢Coram Healthcare Corporation of Northern California (Delaware)â€¢Coram Healthcare Corporation of Southern California (Delaware)â€¢Coram Healthcare Corporation of Southern Florida (Delaware)â€¢Coram Specialty Infusion Services, L.L.C. (Delaware)â–ªCoram Healthcare Corporation of Utah (Delaware)â–ªCoram Healthcare Corporation of Massachusetts (Delaware)oCoram Alternate Site Services, Inc. (Delaware)â—¦Part D Holding Company, L.L.C. (Delaware)â–ªAccendo Insurance Company (Utah)â–ªSilverscript Insurance Company (Tennessee)â€¢Connecticut CVS Pharmacy, L.L.C. (Connecticut)â€¢Coram Clinical Trials, Inc. (Delaware)*â—¦CVS Cabot Holdings Inc. (Delaware)*â—¦CVS Shaw Holdings Inc. (Delaware)*â—¦Omnicare, LLC (Delaware)*â–ªEvergreen Pharmaceutical of California, LLC (California)â–ªJHC Acquisition, LLC (Delaware)â–ªGeneva Woods Pharmacy, LLC (Alaska)â€¢Geneva Woods Pharmacy Wyoming, LLC (Delaware)5â€¢Geneva Woods Pharmacy Washington, LLC (Delaware)â–ªAMC - Tennessee, LLC (Delaware)â–ªCHP Acquisition, LLC (Delaware)â—¦Home Pharmacy Services, LLC (Missouri)â–ªCP Acquisition, LLC (Oklahoma)â–ªManaged Healthcare, LLC (Delaware) â–ªMedical Arts Health Care, LLC (Georgia)â–ªNIV Acquisition, LLC (Delaware)â–ªOCR Services, LLC (Delaware)â–ªShore Pharmaceutical Providers, LLC (Delaware)â–ªOmnicare of Nevada, LLC (Delaware)â–ªOmnicare Pharmacies of the Great Plains Holding, LLC (Delaware)â–ªOmnicare of Nebraska LLC (Delaware)â–ªPharmacy Associates of Glenn Falls, LLC (New York)â–ªSterling Healthcare Services, LLC (Delaware)â–ªSuperior Care Pharmacy, LLC (Delaware)â–ªTCPI Acquisition, LLC (Delaware)â–ªUC Acquisition, LLC (Delaware)â–ªWeber Medical Systems LLC (Delaware)â–ªWilliamson Drug Company, LLC (Virginia)â–ªMHHP Acquisition Company, LLC (Delaware)_____ *Coram Clinical Trials, Inc. â€“ CVS Pharmacy, Inc. 75%/Aetna Life Insurance Company 25% * CVS Cabot Holdings, Inc. â€“ Coram Clinical Trials, Inc. 99.72%/Aetna Inc. .28% *CVS Shaw Holdings, Inc. â€“ Coram Clinical Trials, Inc. 99.72%/Aetna Inc. .28% *Omnicare, LLC â€“ Aetna Inc .28%/CVS Cabot Holdings, Inc. 49.86%/CVS Shaw Holdings, Inc. 49.86%6â–ªOmnicare, LLC (continued)â–ªNeighborCare Pharmacy Services, LLC (Delaware)â–ªAPS Acquisition LLC (Delaware)â–ªASCO HealthCare, LLC (Maryland)â–ªBadger Acquisition LLC (Delaware)â—¦Badger Acquisition of Minnesota LLC (Delaware)â€¢Merwin Long Term Care, LLC (Minnesota)â—¦Badger Acquisition of Kentucky LLC (Delaware)â–ªCare Pharmaceutical Services, LP (Delaware)â–ªCCRx Holdings, LLC (Delaware)â—¦Continuing Care Rx, LLC (Pennsylvania)â—¦CCRx of North Carolina LLC (Delaware)â–ªCompscript, LLC (Florida)â—¦Campoâ€™s Medical Pharmacy, LLC (Louisiana)â–ªD & R Pharmaceutical Services LLC (Kentucky)â–ªEnloe Drugs, LLC (Delaware)â–ªEvergreen Pharmaceutical, LLC (Washington)â–ªHome Care Pharmacy, LLC (Delaware)â–ªInterlock Pharmacy Systems, LLC (Missouri)â–ªLangsam Health Services, LLC (Delaware)â—¦LCPS Acquisition, LLC (Delaware)â€¢Omnicare Pharmacy of Tennessee LLC (Delaware)â–ªLobos Acquisition, LLC (Delaware)â–ªLo-Med Prescription Services, LLC (Ohio) â—¦ZS Acquisition Company, LLC (Delaware)â–ªMain Street Pharmacy, L.L.C. (Maryland)â–ªNCS Healthcare of Illinois, LLC (Ohio)â–ªNCS Healthcare of Iowa, LLC (Ohio)â—¦Martin Health Services, LLC (Delaware)â–ªNCS Healthcare of Kansas, LLC (Ohio)â–ªNCS Healthcare of Kentucky, LLC (Ohio)â–ªNCS Healthcare of Montana, LLC (Ohio)â–ªNCS Healthcare of New Mexico, LLC (Ohio)â–ªNCS Healthcare of South Carolina, LLC (Ohio)â–ªNCS Healthcare of Tennessee, LLC (Ohio)â–ªNCS Healthcare of Ohio, LLC (Ohio)â–ªNCS Healthcare of Wisconsin, LLC (Ohio)â–ªNorth Shore Pharmacy Services LLC (Delaware)â–ªOmnicare Indiana Partnership Holding Company LLC (Delaware)â–ªOmnicare of New York, LLC (Delaware)â—¦NeighborCare of Indiana, LLC (Indiana)â€¢Grandview Pharmacy, LLC (Indiana)â–ªOmnicare Pharmacies of Pennsylvania West LLC (Pennsylvania)â–ªOmnicare Pharmacy and Supply Services LLC (South Dakota)â–ªOmnicare Pharmacy of the Midwest, LLC (Delaware)â–ªOmnicare Property Management, LLC (Delaware)7â–ªPharmacy Consultants, LLC (South Carolina)â–ªPRN Pharmaceutical Services, LP (Delaware)â–ªRoeschenâ€™s Healthcare LLC (Wisconsin)â–ªSpecialized Pharmacy Services, LLC (Michigan)â–ªValue Health Care Services LLC (Delaware)â–ªWesthaven Services Co, LLC (Ohio)â–ªUNI-Care Health Services of Maine, LLC (New Hampshire)â€¢CVS Pharmacy, Inc. (continued)â—¦CVS 2948 Henderson, L.L.C. (Nevada)â—¦CVS AL Distribution, L.L.C. (Alabama)â—¦CVS Albany, L.L.C. (New York)â—¦CVS Accountable Care Holdings, LLC (Delaware)â–ªCareConverge Collective LLC (Delaware)â–ªCollaborative ACO 25 LLC (Delaware)â–ªCollaborative ACO 26 LLC (Delaware)â–ªCollaborative ACO 27 LLC (Delaware)â–ªCollaborative ACO 28 LLC (Delaware)â–ªCollaborative ACO 29 LLC (Delaware)â–ªCollaborative ACO 30 LLC (Delaware)â–ªCollaborative ACO 31 LLC (Delaware)â–ªCoreHealth Alliance LLC (Delaware)â–ªCVS Accountable Care, LLC (Delaware)â–ªCVS ACO, LLC (Delaware)â–ªCVS IPA of New York LLC (New York)â–ªCVS NJ ODS, LLC (Delaware)â–ªElevateCare Network LLC (Delaware)â—¦CVS Accountable Care Organization Inc. (Pennsylvania)â—¦CVS AOC Services, L.L.C. (Delaware)CVS AOC Corporation (California)oCVS Care Concierge, LLC (Delaware)oCVS Health Applications, LLC (Rhode Island)oCVS Health Clinical Trial Services LLC (Connecticut)oCVS Health Growth Equity, LLC (Delaware)oCVS Health Growth Equity Fund I GP, LLC (Delaware)â–ªCVS Health Growth Equity Fund I, LP (Delaware)oCVS Health Solutions LLC (Delaware)oCVS Health Strategic Portfolio, LLC (Delaware)oCVS Health Ventures Fund GP, LLC (Delaware)CVS Health Ventures Fund, LP (Delaware)oCVS Health Ventures Fund II GP, LLC (Delaware)CVS Health Ventures Fund II, LP (Delaware)oCVS Health Ventures Management, LLC (Delaware)oCVS Health Ventures Special Carry Vehicle, LLC (Delaware)oCVS Indiana, L.L.C. (Indiana)8oCVS International, Inc. (Delaware)CVS Safir Sourcing, LLC (Delaware)â—¦CVS Management Support, LLC (Delaware)â—¦CVS Manchester NH, L.L.C. (New Hampshire)â—¦CVS Media Exchange LLC (Delaware)â—¦CVS Michigan, L.L.C. (Michigan)â—¦CVS Orlando FL Distribution, L.L.C. (Florida)â—¦CVS PA Distribution, L.L.C. (Pennsylvania)â—¦CVS Pharmacy Overseas Online, LLCâ—¦CVS PR Center, Inc. (Delaware)Puerto Rico CVS Pharmacy, L.L.C. (Puerto Rico)Caremark Puerto Rico, L.L.C. (Puerto Rico)Caremark Puerto Rico Specialty Pharmacy, L.L.C. (Puerto Rico)â—¦CVS RS Arizona, L.L.C. (Arizona)Arizona CVS Stores, L.L.C. (Arizona)CVS 3268 Gilbert, L.L.C. (Arizona)CVS 3745 Peoria, L.L.C. (Arizona)CVS Gilbert 3272, L.L.C. (Arizona)â—¦CVS Rx Services, Inc. (New York)Busse CVS, L.L.C. (Illinois)Goodyear CVS, L.L.C. (Arizona)Sheffield Avenue CVS, L.L.C. (Illinois)Thomas Phoenix CVS, L.L.C. (Arizona)Washington Lamb CVS, L.L.C. (Nevada)â—¦CVS SC Distribution, L.L.C. (South Carolina)â—¦CVS Shared Services Resources LLC (Delaware)â—¦CVS State Capital, L.L.C. (Maine)â—¦CVS TN Distribution, L.L.C. (Tennessee)â—¦CVS Transportation, L.L.C. (Indiana)â—¦CVS Vero FL Distribution, L.L.C. (Florida)â—¦D.A.W., LLC (Massachusetts)â—¦DDAT Ireland Limited (Ireland)â—¦Delaware CVS Pharmacy, L.L.C. (Delaware)â—¦District of Columbia CVS Pharmacy, L.L.C. (District of Columbia)â—¦Enterprise Patient Safety Organization, LLC (Rhode Island)â—¦E.T.B., Inc. (Texas)â—¦Garfield Beach CVS, L.L.C. (California)â—¦Georgia CVS Pharmacy, L.L.C. (Georgia)â—¦German Dobson CVS, L.L.C. (Arizona)â—¦Grand St. Paul CVS, L.L.C. (Minnesota)â—¦Highland Park CVS, L.L.C. (Illinois)â—¦Holiday CVS, L.L.C. (Florida)â—¦Hook-SupeRx, L.L.C. (Delaware)â—¦Idaho CVS Pharmacy, L.L.C. (Idaho)â—¦Iowa CVS Pharmacy, L.L.C. (Iowa)â—¦Kansas CVS Pharmacy, L.L.C. (Kansas)â—¦Kentucky CVS Pharmacy, L.L.C. (Kentucky)9â—¦Longs Drug Stores California, L.L.C. (California)â—¦Louisiana CVS Pharmacy, L.L.C. (Louisiana)â—¦Maryland CVS Pharmacy, L.L.C. (Maryland)â—¦Melville Realty Company, Inc. (New York)â—¦CVS Bellmore Avenue, L.L.C. (New York)â—¦MinuteClinic, L.L.C. (Delaware)â—¦MinuteClinic Diagnostic of Hawaii, L.L.C. (Hawaii)â—¦MinuteClinic Diagnostic of Kentucky, L.L.C. (Kentucky)â—¦MinuteClinic Diagnostic of Louisiana, L.L.C. (Louisiana)â—¦MinuteClinic Diagnostic of Maine, L.L.C. (Maine)â—¦MinuteClinic Diagnostic of Massachusetts, LLC (Massachusetts)â—¦MinuteClinic Diagnostic of Nebraska, L.L.C. (Nebraska)â—¦MinuteClinic Diagnostic of New Hampshire, L.L.C. (New Hampshire)â—¦MinuteClinic Diagnostic of New Mexico, L.L.C. (New Mexico)â—¦MinuteClinic Diagnostic of Ohio, LLC (Ohio)â—¦MinuteClinic Diagnostic of Oklahoma, LLC (Oklahoma)â—¦MinuteClinic Diagnostic of Pennsylvania, LLC (Minnesota)â—¦MinuteClinic Diagnostic of Rhode Island, LLC (Minnesota)â—¦MinuteClinic Diagnostic of South Carolina, L.L.C. (South Carolina)â—¦MinuteClinic Diagnostic of Utah, L.L.C. (Utah)â—¦MinuteClinic Diagnostic of Virginia, LLC (Virginia)â—¦MinuteClinic Diagnostic of Wisconsin, L.L.C. (Wisconsin)â—¦MinuteClinic Physician Practice of Texas (Texas)â—¦MinuteClinic Telehealth Services, LLC (Delaware)â—¦MinuteClinic Telehealth Services of Texas Association (Texas)â—¦Mississippi CVS Pharmacy, L.L.C. (Mississippi)â—¦Missouri CVS Pharmacy, L.L.C. (Missouri)â—¦Montana CVS Pharmacy, L.L.C. (Montana)â—¦Nebraska CVS Pharmacy, L.L.C. (Nebraska)â—¦New Jersey CVS Pharmacy, L.L.C. (New Jersey)â—¦North 53, LLC (Delawareâ–ªNorth 53 TAOH Limited (Ireland)â€¢Cordavis Limited (Ireland)â–ªCordavis Trading Limited (Ireland)â—¦North Carolina CVS Pharmacy, L.L.C. (North Carolina)â—¦Ohio CVS Stores, L.L.C. (Ohio)â—¦Oklahoma CVS Pharmacy, L.L.C. (Oklahoma)â—¦Omnicare Resources, LLC (Delaware)â—¦Oregon CVS Pharmacy, L.L.C. (Oregon)â—¦Pennsylvania CVS Pharmacy, L.L.C. (Pennsylvania)â—¦ProCare Pharmacy

Direct, L.L.C. (Ohio)â—¦ProCare Pharmacy, L.L.C. (Rhode Island)â—¦Red Oak Sourcing, LLC (Delaware)â—¦Rhode Island CVS Pharmacy, L.L.C. (Rhode Island)â—¦South Carolina CVS Pharmacy, L.L.C. (South Carolina)â—¦Tennessee CVS Pharmacy, L.L.C. (Tennessee)â—¦Utah CVS Pharmacy, L.L.C. (Utah)10â—¦Vermont CVS Pharmacy, L.L.C. (Vermont)â—¦Virginia CVS Pharmacy, L.L.C. (Virginia)â—¦Warm Springs Road CVS, L.L.C. (Nevada)â—¦Washington CVS Pharmacy, L.L.C. (Washington)â—¦Wellpartner, LLC (Delaware)â—¦West Virginia CVS Pharmacy, L.L.C. (West Virginia)â—¦Wisconsin CVS Pharmacy, L.L.C. (Wisconsin)â—¦Woodward Detroit CVS, L.L.C. (Michigan)â—¦Zinc Health Ventures, LLC (Delaware)â—¦Zinc Health Services, LLC (Delaware)â€¢CVS Pharmacy, Inc. (continued)â—¦Noah HoldCo I, Inc. (Delaware)â—¦Noah HoldCo II, Inc. (Delaware)oSignify Health, Inc. (Delaware)Carbon Parent Acquisition Corporation (Delaware)â€¢Caravan Health, Inc. (Delaware)oCaravan Health ACO 22 LLC (Missouri)oCaravan Health ACO 43 LLC (Missouri)oCaravan Health ACO 50 LLC (Missouri)oCaravan Health ACO M-1 LLC (Missouri)oCollaborative ACO 30 LLC (Delaware)oSignify Newco Inc. (Delaware)oCure TopCo, LLC (Delaware)â—¦Cure Intermediate 1, LLC (Delaware)â–ªCure Intermediate 2, LLC (Delaware)â€¢Cure Intermediate 3, LLC (Delaware)â€¢Signify Health, LLC (Delaware)â—¦Signify Health, LLC (continued)oRemedy Partners, LLCoLiberty Health, LLC (Delaware)Liberty Health Partners LLC (Delaware)oRemedy Holdings, LLC (Delaware)Remedy BPCI Partners, LLC (Delaware)Signify Episode Administrators, LLC (Delaware)â€¢PatientBlox, Inc. (Delaware)â€¢Signify IPA NY, LLC (New York)â€¢TVG Logic Buyer, LLC (Delaware)oSignify Home & Community Care, LLC (Delaware)â€¢Censeo Health LLC (Delaware)â€¢Drynachan, LLC (Delaware)oSignify Health IPA, LLC (New York)â€¢TAVHealth, LLC (Delaware)Signify Ireland Technology Development Limited (Ireland)â€¢CVS Pharmacy, Inc. (continued)â—¦Halo HoldCo I, Inc. (Delaware)â—¦Halo HoldCo II, Inc. (Delaware)oOak Street Health, Inc. (Delaware)11Oak Street Health LLC (Illinois)â€¢Oak Street Health MSO, LLC (Illinois)oAcorn Network, LLC (Illinois)oNova MSO 2024, LLC (Delaware)oNova MSO 2025, LLC (Delaware)oOak Street Health Medicare Partners LLC (Illinois)oOakwell, LLC (Delaware)oOSH-ESC Joint Venture (Illinois)oOSH-NJ LODS LLC (New Jersey)oOSH-PCJ Joliet LLC (Illinois)oOSH-RI, LLC (Rhode Island)oRubiconMD Holdings, Inc. (Delaware)RubiconMD MSO, LLC (Delaware)Rubincon MD, Inc. (Delaware)12 EX-23.1 12 exhibit231-2024.htm EX-23.1 DocumentExhibit 23.1Consent of Independent Registered Public Accounting FirmWe consent to the incorporation by reference in the following Registration Statements:(1)Registration Statement (Form S-3ASR No. 333-272200) of CVS Health Corporation, and(2)Registration Statements (Form S-8 Nos. 333-279641, 333-273611, 333-271582, 333-270936, 333-238507, 333-230035, 333-228622, 333-167746, 333-217853, 333-208805, 333-141481, 333-139470, 333-63664, 333-91253, 333-49407, 333-34927, and 333-28043) of CVS Health Corporation;of our reports dated FebruaryÂ 12, 2025, with respect to the consolidated financial statements of CVS Health Corporation and the effectiveness of internal control over financial reporting of CVS Health Corporation included in this Annual Report (Form 10-K) of CVS Health Corporation for the year ended DecemberÂ 31, 2024./s/ Ernst & Young LLPBoston, MassachusettsFebruaryÂ 12, 2025 EX-31.1 13 exhibit311-2024.htm EX-31.1 DocumentExhibit 31.1 CertificationI, J. David Joyner, President and Chief Executive Officer of CVS Health Corporation, certify that: 1.Â Â Â Â Â I have reviewed this annual report on Form 10-K of CVS Health Corporation;2.Â Â Â Â Â Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;3.Â Â Â Â Â Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;4. Â Â Â Â Â The registrantâ€™s other certifying officer(s) and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and have:(a)Â Â Â Â Â Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;(b)Â Â Â Â Â Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;(c)Â Â Â Â Â Evaluated the effectiveness of the registrantâ€™s disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and(d)Â Â Â Â Â Disclosed in this report any change in the registrantâ€™s internal control over financial reporting that occurred during the registrantâ€™s most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrantâ€™s internal control over financial reporting; and5.Â Â Â Â Â The registrantâ€™s other certifying officer(s) and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrantâ€™s auditors and the audit committee of the registrantâ€™s board of directors (or persons performing the equivalent functions):(a)Â Â Â Â Â All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrantâ€™s ability to record, process, summarize and report financial information; and(b)Â Â Â Â Â Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrantâ€™s internal control over financial reporting.Date:February 12, 2025/S/Â Â Â Â Â J. DAVID JOYNERJ. David JoynerPresident and Chief Executive Officer EX-31.2 14 exhibit312-2024.htm EX-31.2 DocumentExhibit 31.2 Certification I, Thomas F. Cowhey, Executive Vice President and Chief Financial Officer of CVS Health Corporation, certify that: 1.Â Â Â Â Â I have reviewed this annual report on Form 10-K of CVS Health Corporation;2. Â Â Â Â Â Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;3. Â Â Â Â Â Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;4. Â Â Â Â Â The registrantâ€™s other certifying officer(s) and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and have:(a)Â Â Â Â Â Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;(b)Â Â Â Â Â Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles; (c)Â Â Â Â Â Evaluated the effectiveness of the registrantâ€™s disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and(d)Â Â Â Â Â Disclosed in this report any change in the registrantâ€™s internal control over financial reporting that occurred during the registrantâ€™s most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, the registrantâ€™s internal control over financial reporting; and5.Â Â Â Â Â The registrantâ€™s other certifying officer(s) and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrantâ€™s auditors and the audit committee of the registrantâ€™s board of directors (or persons performing the equivalent functions):(a)Â Â Â Â Â All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrantâ€™s ability to record, process, summarize and report financial information; and(b)Â Â Â Â Â Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrantâ€™s internal control over financial reporting.Date:February 12, 2025/S/Â Â Â Â Â THOMAS F. COWHEYThomas F. CowheyExecutive Vice President and Chief Financial Officer EX-32.1 15 exhibit321-2024.htm EX-32.1 DocumentExhibit 32.1 CERTIFICATIONThe certification set forth below is being submitted in connection with the Annual Report of CVS Health Corporation (the "Company") on Form 10-K for the period ended DecemberÂ 31, 2024 (the â€œReportâ€) solely for the purpose of complying with Rule 13a-14(b) or Rule 15d-14(b) of the Securities Exchange Act of 1934 (the â€œExchange Actâ€) and Section 1350 of Chapter 63 of Title 18 of the United States Code. I, J. David Joyner, President and Chief Executive Officer of the Company, certify that, to the best of my knowledge: 1. the Report fully complies with the requirements of Section 13(a) or 15(d) of the Exchange Act; and2. the information contained in the Report fairly presents, in all material respects, the financial condition and results of operations of the Company.Date:February 12, 2025/S/Â Â Â Â Â J. DAVID JOYNERJ. David JoynerPresident and Chief Executive Officer EX-32.2 16 exhibit322-2024.htm EX-32.2 DocumentExhibit 32.2 CERTIFICATIONThe certification set forth below is being submitted in connection with the Annual Report of CVS Health Corporation (the "Company") on Form 10-K for the period ended DecemberÂ 31, 2024 (the â€œReportâ€) solely for the purpose of complying with Rule 13a-14(b) or Rule 15d-14(b) of the Securities Exchange Act of 1934 (the â€œExchange Actâ€) and Section 1350 of Chapter 63 of Title 18 of the United States Code. I, Thomas F. Cowhey, Executive Vice President and Chief Financial Officer of the Company, certify that, to the best of my knowledge: 1. the Report fully complies with the requirements of Section 13(a) or 15(d) of the Exchange Act; and2. the information contained in the Report fairly presents, in all material respects, the financial condition and results of operations of the Company.Date:February 12, 2025/S/Â Â Â Â Â THOMAS F. COWHEYThomas F. CowheyExecutive Vice President and Chief FinancialÂ Officer EX-101.SCH 17 cvs-20241231.xsd XBRL TAXONOMY EXTENSION SCHEMA DOCUMENT 0000001 - Document - Cover Page link:presentationLink link:calculationLink link:definitionLink 0000002 - Document - Audit Information link:presentationLink link:calculationLink link:definitionLink 9952151 - Statement - Consolidated Statements of Operations link:presentationLink link:calculationLink link:definitionLink 9952152 - Statement - Consolidated Statements of Comprehensive Income link:presentationLink link:calculationLink link:definitionLink 9952153 - Statement - Consolidated Balance Sheets link:presentationLink link:calculationLink link:definitionLink 9952154 - Statement - Consolidated Balance Sheets (Parenthetical) link:presentationLink link:calculationLink link:definitionLink 9952155 - Statement - Consolidated Statements of Cash Flows link:presentationLink link:calculationLink link:definitionLink 9952155 - Statement - Consolidated Statements of Cash Flows link:presentationLink link:calculationLink link:definitionLink 9952156 - 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link:presentationLink link:calculationLink link:definitionLink 9955558 - Disclosure - Fair Value - Carrying Value and Fair Value Classified by Level (Details) link:presentationLink link:calculationLink link:definitionLink 9955559 - Disclosure - Fair Value - Separate Accounts Fair Value (Details) link:presentationLink link:calculationLink link:definitionLink 9955560 - Disclosure - Goodwill and Other Intangibles - Goodwill (Details) link:presentationLink link:calculationLink link:definitionLink 9955561 - Disclosure - Goodwill and Other Intangibles - Narrative (Details) link:presentationLink link:calculationLink link:definitionLink 9955562 - Disclosure - Goodwill and Other Intangibles - Intangible Assets (Details) link:presentationLink link:calculationLink link:definitionLink 9955562 - Disclosure - Goodwill and Other Intangibles - Intangible Assets (Details) link:presentationLink link:calculationLink link:definitionLink 9955563 - Disclosure - Goodwill and Other Intangibles - Future Amortization Expense (Details) link:presentationLink link:calculationLink link:definitionLink 9955564 - 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Disclosure - Health Care Costs Payable - Incurred and Paid Health Care Claims Development (Details) link:presentationLink link:calculationLink link:definitionLink 9955570 - Disclosure - Health Care Costs Payable - Narrative (Details) link:presentationLink link:calculationLink link:definitionLink 9955571 - Disclosure - Health Care Costs Payable - Liability for Unpaid Claims and Claims Adjustment Expense (Details) link:presentationLink link:calculationLink link:definitionLink 9955572 - Disclosure - Health Care Costs Payable - Components of Change in Health Care Costs Payable (Details) link:presentationLink link:calculationLink link:definitionLink 9955573 - Disclosure - Other Insurance Liabilities and Separate Accounts - Changes in Liability for Future Policy Benefits (Details) link:presentationLink link:calculationLink link:definitionLink 9955574 - Disclosure - Other Insurance Liabilities and Separate Accounts - Undiscounted Expected Gross Premiums and Expected Future Benefit Payments (Details) link:presentationLink link:calculationLink link:definitionLink 9955575 - Disclosure - Other Insurance Liabilities and Separate Accounts - Weighted-average Interest Rates and Durations (Details) link:presentationLink link:calculationLink link:definitionLink 9955576 - Disclosure - Other Insurance Liabilities and Separate Accounts - Separate Account Assets (Details) link:presentationLink link:calculationLink link:definitionLink 9955577 - Disclosure - Other Insurance Liabilities and Separate Accounts - Roll Forward of Separate Accounts (Details) link:presentationLink link:calculationLink link:definitionLink 9955578 - Disclosure - Borrowings and Credit Agreements - Schedule of Borrowings (Details) link:presentationLink link:calculationLink link:definitionLink 9955578 - Disclosure - Borrowings and Credit Agreements - Schedule of Borrowings (Details) link:presentationLink link:calculationLink link:definitionLink 9955579 - Disclosure - Borrowings and Credit Agreements - Debt Maturities (Details) link:presentationLink link:calculationLink link:definitionLink 9955580 - Disclosure - Borrowings and Credit Agreements - Short-term Borrowings (Details) link:presentationLink link:calculationLink link:definitionLink 9955581 - Disclosure - Borrowings and Credit Agreements - Long-term Borrowings (Details) link:presentationLink link:calculationLink link:definitionLink 9955582 - Disclosure - Pension Plans and Other Postretirement Benefits - Narrative (Details) link:presentationLink link:calculationLink link:definitionLink 9955583 - Disclosure - Pension Plans and Other Postretirement Benefits - Benefit Obligations and Plan Assets (Details) link:presentationLink link:calculationLink link:definitionLink 9955584 - Disclosure - Pension Plans and Other Postretirement Benefits - Net Periodic Benefit Cost (Income) (Details) link:presentationLink link:calculationLink link:definitionLink 9955585 - Disclosure - Pension Plans and Other Postretirement Benefits - Weighted Average Assumptions Used (Details) link:presentationLink link:calculationLink link:definitionLink 9955586 - Disclosure - Pension Plans and Other Postretirement Benefits - Fair Value of Pension Plan Assets (Details) link:presentationLink link:calculationLink link:definitionLink 9955587 - Disclosure - Pension Plans and Other Postretirement Benefits - Changes in Level 3 Pension Plan Assets (Details) link:presentationLink link:calculationLink link:definitionLink 9955588 - Disclosure - Pension Plans and Other Postretirement Benefits - Defined Benefit Plans Expected Benefit (Details) link:presentationLink link:calculationLink link:definitionLink 9955589 - Disclosure - Income Taxes - Income Tax Provision (Details) link:presentationLink link:calculationLink link:definitionLink 9955590 - Disclosure - Income Taxes - Effective Tax Rate Reconciliation (Details) link:presentationLink link:calculationLink link:definitionLink 9955591 - Disclosure - Income Taxes - Deferred Tax Assets and Liabilities (Details) link:presentationLink link:calculationLink link:definitionLink 9955592 - Disclosure - Income Taxes - Narrative (Details) link:presentationLink link:calculationLink link:definitionLink 9955593 - Disclosure - Income Taxes - Unrecognized Tax Benefits (Details) link:presentationLink link:calculationLink link:definitionLink 9955594 - Disclosure - Stock Incentive Plans - Narrative (Details) link:presentationLink link:calculationLink link:definitionLink 9955595 - Disclosure - Stock Incentive Plans - Stock-Based Compensation Expense (Details) link:presentationLink link:calculationLink link:definitionLink 9955596 - Disclosure - Stock Incentive Plans - Restricted Stock Unit and Performance Stock Unit Activity (Details) link:presentationLink link:calculationLink link:definitionLink 9955597 - Disclosure - Stock Incentive Plans - Stock Option and SAR Activity (Details) link:presentationLink link:calculationLink link:definitionLink 9955598 - Disclosure - Stock Incentive Plans - Valuation Assumptions (Details) link:presentationLink link:calculationLink link:definitionLink 9955599 - Disclosure - Shareholders' Equity - Share Repurchases (Details) link:presentationLink link:calculationLink link:definitionLink 9955600 - Disclosure - Shareholders' Equity - Accelerated Share Repurchases (Details) link:presentationLink link:calculationLink link:definitionLink 9955601 - Disclosure - Shareholders' Equity - Dividends (Details) link:presentationLink link:calculationLink link:definitionLink 9955602 - Disclosure - Shareholders' Equity - Regulatory Requirements (Details) link:presentationLink link:calculationLink link:definitionLink 9955603 - Disclosure - Shareholders' Equity - Noncontrolling Interests (Details) link:presentationLink link:calculationLink link:definitionLink 9955604 - Disclosure - Other Comprehensive Income (Loss) (Details) link:presentationLink link:calculationLink link:definitionLink 9955605 - Disclosure - Earnings Per Share (Details) link:presentationLink link:calculationLink link:definitionLink 9955606 - Disclosure - Reinsurance - Narrative (Details) link:presentationLink link:calculationLink link:definitionLink 9955607 - Disclosure - Reinsurance - Reinsurance Recoverables (Details) link:presentationLink link:calculationLink link:definitionLink 9955608 - Disclosure - Reinsurance - Effects of Reinsurance (Details) link:presentationLink link:calculationLink link:definitionLink 9955609 - Disclosure - Commitments and Contingencies (Details) link:presentationLink link:calculationLink link:definitionLink 9955610 - Disclosure - Segment Reporting - Narrative (Details) link:presentationLink link:calculationLink link:definitionLink 9955611 - Disclosure - Segment Reporting - Reconciliation of Financial Measures of Segments to Consolidated Totals (Details) link:presentationLink link:calculationLink link:definitionLink EX-101.CAL 18 cvs-20241231_cal.xml XBRL TAXONOMY EXTENSION CALCULATION LINKBASE DOCUMENT EX-101.DEF 19 cvs-20241231_def.xml XBRL TAXONOMY EXTENSION DEFINITION LINKBASE DOCUMENT EX-101.LAB 20 cvs-20241231_lab.xml XBRL TAXONOMY EXTENSION LABEL LINKBASE DOCUMENT Operating Leases Lessee, Operating Lease, Liability, to be Paid, Fiscal Year Maturity [Abstract] Weighted average remaining contractual term vested at end of year and expected to vest in the future Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Vested and Expected to Vest, Outstanding, Weighted Average Remaining Contractual Term 2026 Defined Benefit Plan, Expected Future Benefit Payment, Year Two Other asset-backed securities Other Asset-Backed Securities [Member] Securities collateralized by a variety of assets such as automobile loans, credit card receivables, home equity loans, etc. Adjustments required to reconcile net income to net cash provided by operating activities: Adjustments to Reconcile Net Income (Loss) to Cash Provided by (Used in) Operating Activities [Abstract] Repayments of long-term debt Cash payment of debt Repayments of Long-Term Debt Stock repurchase program, remaining authorized repurchase amount Share Repurchase Program, Remaining Authorized, Amount Finite-Lived Intangible Assets, Net, Amortization Expense, Fiscal Year Maturity [Abstract] Finite-Lived Intangible Assets, Net, Amortization Expense, Fiscal Year Maturity [Abstract] Cover [Abstract] Cover [Abstract] Total finance lease costs Finance Lease Cost Finance Lease Cost Thereafter Lessee, Operating Lease, Liability, to be Paid, after Year Five Schedule of Stock Options and Stock Appreciation Rights Award Activity Share-Based Payment Arrangement, Option and Stock Appreciation Rights, Activity [Table Text Block] Net increase (decrease) in cash, cash equivalents and restricted cash Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents, Period Increase (Decrease), Including Exchange Rate Effect Maturities of Operating Lease Liabilities Lessee, Operating Lease, Liability, to be Paid, Maturity [Table Text Block] Inventory Deferred Tax Assets, Inventory Interest and investment income received Proceeds from Interest and Dividends Received Percentage of voting interests acquired Business Acquisition, Percentage of Voting Interests Acquired Trading Symbol Trading Symbol Benefit payments Separate Account, Liability, Benefit Payment Comprehensive income Comprehensive Income (Loss), Net of Tax, Including Portion Attributable to Noncontrolling Interest Long-term debt Long-Term Debt and Lease Obligation Non-NEOs Non-NEOs [Member] Dividends declared per share (in dollars per share) Common Stock, Dividends, Per Share, Declared Goodwill Goodwill and Intangible Assets, Goodwill, Policy [Policy Text Block] 2027 Defined Benefit Plan, Expected Future Benefit Payment, Year Three 5.05% senior notes due March 2048 Senior Notes, 5.05%, Due March 2048 [Member] Senior Notes, 5.05%, Due March 2048 [Member] Beginning liability for future policy benefits at original (locked-in) discount rate Ending liability for future policy benefits at original (locked-in) discount rate Liability for Future Policy Benefit, Expected Net Premium, Original Discount Rate, before Cash Flow and Reinsurance Disposal Group Name [Domain] Disposal Group Name [Domain] Pharmacy network Sales Channel, Through Intermediary [Member] Reinsurance Recoverables Reinsurance Accounting Policy [Policy Text Block] Cash and restricted cash sold Cash Divested from Deconsolidation Accounts receivable, net Increase (Decrease) in Accounts Receivable 7 Category 7 [Member] Mortgage loan credit quality indicator - Category 7 Earnings per Share Earnings Per Share, Policy [Policy Text Block] Inventories Inventory, Policy [Policy Text Block] Non-Rule 10b5-1 Arrangement Adopted Non-Rule 10b5-1 Arrangement Adopted [Flag] Fair Value Fair Value Disclosures [Text Block] Proceeds from exercise of stock options Cash received from stock options exercised (including ESPP) Proceeds from Stock Options Exercised Land Land [Member] Award Timing Disclosures [Line Items] Liability for future policy benefits, beginning of period - current discount rate Liability for future policy benefits, end of period - current discount rate Liability for Future Policy Benefit, Expected Future Policy Benefit, before Reinsurance, after Discount Rate Change Fair value of operating and finance lease right-of-use assets Operating lease And Finance Lease, Right-of-Use Asset, Fair Value Disclosure Operating lease And Finance Lease, Right-of-Use Asset, Fair Value Disclosure Schedule of Changes in Plan Assets Schedule of Changes in Fair Value of Plan Assets [Table Text Block] Short-duration Insurance Contracts, Accident Year [Domain] Short-Duration Insurance Contracts, Accident Year [Domain] Net realized and unrealized capital gains (losses): Fair Value, Assets Measured On Recurring Basis, Unobservable Unput Reconciliation, Net Realized And Unrealized Capital Gaines (Losses) [Abstract] Fair Value, Assets Measured On Recurring Basis, Unobservable Unput Reconciliation, Net Realized And Unrealized Capital Gaines (Losses) [Abstract] Portion at Fair Value Measurement Portion at Fair Value Measurement [Member] Total debt principal Short-Term Debt, Long-Term Debt, Gross And Lease Obligation Short-Term Debt, Long-Term Debt, Gross And Lease Obligation Property and equipment, gross Finance Lease, Right-of-Use Asset, before Accumulated Amortization Finance lease cost: Lease, Cost [Abstract] Retail Stores Retail Stores [Member] Retail Stores 2025 Lessee, Liability, Payments, Year One Lessee, Liability, Payments, Year One Proceeds from sales and maturities of investments Proceeds from Sale and Maturity of Marketable Securities Segment Reporting Segment Reporting, Policy [Policy Text Block] Plan Name [Domain] Plan Name [Domain] Finance Lease, Liability, Statement of Financial Position [Extensible Enumeration] Finance Lease, Liability, Statement of Financial Position [Extensible Enumeration] Operating Leased Assets [Line Items] Operating Leased Assets [Line Items] Other assets Other Assets, Noncurrent Leases [Abstract] Leases [Abstract] bswift LLC bswift LLC [Member] bswift LLC Finite-lived intangible assets, gross carrying amount Finite-Lived Intangible Assets, Gross Short-duration Insurance Contracts, Claims Development [Table] Short-Duration Insurance Contracts, Claims Development [Table] Antidilutive Securities, Name [Domain] Antidilutive Securities, Name [Domain] Numerator for earnings per share calculation: Numerator For Earnings Per Share Calculation [Abstract] Numerator For Earnings Per Share Calculation [Abstract] Operating Segments Operating Segments [Member] Net cash provided by operating activities Net Cash Provided by (Used in) Operating Activities Cash flows from operating activities: Net Cash Provided by (Used in) Operating Activities [Abstract] Less: Impact of discount rate on long-duration insurance reserves Add: Impact of discount rate on long-duration insurance reserves Effect of changes in discount rate assumptions AOCI, Liability for Future Policy Benefit, Expected Future Policy Benefit, before Tax Schedule of Accumulated Other Comprehensive Income (Loss) Schedule of Accumulated Other Comprehensive Income (Loss) [Table Text Block] Restricted cash Business Combinations, Recognized Identifiable Assets Acquired And Liabilities Assumed, Restricted Cash Business Combinations, Recognized Identifiable Assets Acquired And Liabilities Assumed, Restricted Cash 5.7% senior notes due June 2034 Senior Notes, 5.7%, Due June 2034 [Member] Senior Notes, 5.7%, Due June 2034 Other Receivables Other Receivables [Member] Other Receivables Investment contracts liabilities without a fixed maturity Investment Contracts Without A Fixed Maturity, Fair Value Disclosure Investment Contracts Without A Fixed Maturity, Fair Value Disclosure. Share-based Payment Arrangement, Expensed and Capitalized, Amount [Line Items] Share-Based Payment Arrangement, Expensed and Capitalized, Amount [Line Items] Award Timing Method Award Timing Method [Text Block] Net periodic benefit cost Net periodic benefit cost (income) Defined Benefit Plan, Net Periodic Benefit Cost (Credit) Trading Arrangements, by Individual Trading Arrangements, by Individual [Table] Total outstanding liabilities for health care costs payable, net of reinsurance Total outstanding liabilities for health care costs payable, net of reinsurance Short-Duration Insurance Contracts, Liability for Unpaid Claims and Allocated Claim Adjustment Expense, Net Measurement Frequency [Axis] Measurement Frequency [Axis] Entity Common Stock, Shares Outstanding Entity Common Stock, Shares Outstanding Restricted stock units and performance stock units Restricted Stock Units (RSUs) And Performance Stock Units (PSUs) [Member] Restricted Stock Units (RSUs) And Performance Stock Units (PSUs) Finance leases Finance Lease, Weighted Average Remaining Lease Term Common stock, par value $0.01: 3,200 shares authorized; 1,778 shares issued and 1,260 shares outstanding at DecemberÂ 31, 2024 and 1,768 shares issued and 1,288 shares outstanding at DecemberÂ 31, 2023 and capital surplus Common Stocks, Including Additional Paid in Capital Insider Trading Policies and Procedures [Line Items] States, municipalities and political subdivisions States, municipalities and political subdivisions US States and Political Subdivisions Debt Securities [Member] Proceeds from divestiture of subsidiary Proceeds from Divestiture of Businesses Settlement Framework Settlement Framework [Member] Settlement Framework Use of Estimates Use of Estimates, Policy [Policy Text Block] Adjustment to Compensation, Amount Adjustment to Compensation Amount Compensation Amount Outstanding Recovery Compensation Amount Acquisition, net Liability for Unpaid Claims and Claims Adjustment Expense, Business Acquisitions Disposal Group Classification [Axis] Disposal Group Classification [Axis] Aggregate Change in Present Value of Accumulated Benefit for All Pension Plans Reported in Summary Compensation Table Aggregate Change in Present Value of Accumulated Benefit for All Pension Plans Reported in Summary Compensation Table [Member] Net unrealized investment gains (losses) Other Comprehensive Income (Loss), Available-for-Sale Securities Adjustment, Net of Tax, Portion Attributable to Parent Entity Small Business Entity Small Business Company Selected Measure Amount Premium receivables Premiums Receivable, Net Tabular List, Table Tabular List [Table Text Block] Level 3 Fair Value, Inputs, Level 3 [Member] Share-based Compensation Arrangement by Share-based Payment Award [Line Items] Share-Based Compensation Arrangement by Share-Based Payment Award [Line Items] Expected long-term rate of return on plan assets Defined Benefit Plan, Assumptions Used Calculating Net Periodic Benefit Cost, Expected Long-Term Rate of Return on Plan Assets Information about Incurred and Paid Health Care Claims Development Short-Duration Insurance Contracts, Claims Development [Table Text Block] 2 to 4 Category 2 To 4 [Member] Mortgage Loan Credit Quality Indicator - Category 2 to 4 [Member]. Accrued expenses and other current liabilities Accrued Liabilities, Current Antidilutive securities excluded from computation of EPS (in shares) Antidilutive Securities Excluded from Computation of Earnings Per Share, Amount 5.3% senior notes due December 2043 Senior Notes, 5.3%, Due December 2043 [Member] Senior Notes, 5.3%, Due December 2043 [Member] 2027 Mortgage Loans On Real Estate Collections Of Principal In Year Three Mortgage Loans On Real Estate Collections Of Principal In Year Three Less: imputed interest Finance Lease, Liability, Undiscounted Excess Amount Health care costs payable, beginning of period Health care costs payable, end of period Liability for Claims and Claims Adjustment Expense 2021 Repurchase Program 2021 Repurchase Program [Member] 2021 Repurchase Program Fair Value, Assets Measured on Recurring Basis, Unobservable Input Reconciliation, Calculation [Roll Forward] Fair Value, Assets Measured on Recurring Basis, Unobservable Input Reconciliation, Calculation [Roll Forward] Nixon v. CVS Health Corporation, et al. Nixon v. CVS Health Corporation, Et Al. [Member] Nixon v. CVS Health Corporation, Et Al. 2.7% senior notes due August 2040 Senior Notes, 2.7%, August 2040 [Member] Senior Notes, 2.7%, August 2040 Goodwill Balance, beginning of the period Balance, end of the period Goodwill Allowance for credit losses Accounts Receivable, Allowance for Credit Loss Mortgage Loans On Real Estate Year Of Origination [Domain] Mortgage Loans On Real Estate Year Of Origination [Domain] Mortgage Loans On Real Estate Year Of Origination Payments for taxes related to net share settlement of equity awards Payments for taxes for net share settlement of equity awards Payment, Tax Withholding, Share-Based Payment Arrangement Other comprehensive income (loss), net of tax: Other Comprehensive Income (Loss), Net of Tax [Abstract] Stock repurchase program, authorized amount Share Repurchase Program, Authorized, Amount Acquisition of noncontrolling interests Noncontrolling Interest, Increase from Business Combination 5% senior notes due January 2029 Senior Notes, 5%, Due

January 2029 [Member] Senior Notes, 5%, Due January 2029 Other Payables Other Payables [Member] Other Payables Components of Change in Health Care Costs Payable Short-Duration Insurance Contracts, Reconciliation of Claims Development to Liability [Table Text Block] Employee Stock Option Stock Options Share-Based Payment Arrangement, Option [Member] Debt Securities, Available-for-sale [Table] Debt Securities, Available-for-Sale [Table] Total Investments [Domain] Total Investments [Domain] Depreciation Depreciation 2025 Lessee, Operating Lease, Liability, to be Paid, Year One Other Proceeds from (Payments for) Other Financing Activities Antidilutive Security, Excluded EPS Calculation [Table] Antidilutive Security, Excluded EPS Calculation [Table] Prior Year Of Origination Prior To Period Five [Member] Year Of Origination Prior To Period Five Comprehensive income attributable to CVS Health Comprehensive Income (Loss), Net of Tax, Attributable to Parent Pension Plan Pension Plan [Member] Finance leases Finance Lease, Weighted Average Discount Rate, Percent Private real estate Employee Benefit Plan, Real Estate [Member] Resolution Life Group Holdings Ltd. Resolution Life Group Holdings Ltd. [Member] Resolution Life Group Holdings Ltd. Other Effective Income Tax Rate Reconciliation, Other Adjustments, Percent 2025 Finance Lease, Liability, to be Paid, Year One Schedule of Amortized Cost and Fair Value of Debt Securities by Contractual Maturity Investments Classified by Contractual Maturity Date [Table Text Block] Award Type [Axis] Award Type [Axis] Net deferred income tax liabilities Deferred Tax Liabilities, Net Equity Interest Type [Axis] Equity Interest Type [Axis] 3% senior notes due August 2026 Senior Notes, 3%, Due August 2026 [Member] Senior Notes, 3%, Due August 2026 [Member] Cash and Cash Equivalents and Restricted Cash Cash and Cash Equivalents, Restricted Cash and Cash Equivalents, Policy [Policy Text Block] Ceded Credit Risk [Line Items] Ceded Credit Risk [Line Items] Less: imputed interest Lessee, Liability, Undiscounted Excess Amount Lessee, Liability, Undiscounted Excess Amount ICFR Auditor Attestation Flag ICFR Auditor Attestation Flag Total liabilities Total liabilities Liabilities Noncontrolling interests Equity, Attributable to Noncontrolling Interest Weighted average exercise price exercisable at end of year (in dollars per share) Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Exercisable, Weighted Average Exercise Price Convertible Debt Convertible Debt [Member] Common stock, par value (in dollars per share) Common Stock, Par or Stated Value Per Share Multiemployer plans, plan contributions Multiemployer Plan, Pension, Insignificant, Plan Contribution US Federal Government US Federal Government [Member] US Federal Government Schedule of Share-based Compensation Arrangements by Share-based Payment Award [Table] Schedule of Share-Based Compensation Arrangements by Share-Based Payment Award [Table] Weighted Average Useful Life (years) Acquired Finite-Lived Intangible Assets, Weighted Average Useful Life Foreign Currency Translation and Transactions Foreign Currency Transactions and Translations Policy [Policy Text Block] Expiration Date Trading Arrangement Expiration Date Variable Interest Entity, Primary Beneficiary, Red Oak Sourcing, LLC Variable Interest Entity, Primary Beneficiary, Red Oak Sourcing, LLC [Member] Variable Interest Entity, Primary Beneficiary, Red Oak Sourcing, LLC In re CVS Health Corporation Derivative Litigation In re CVS Health Corporation Derivative Litigation [Member] In re CVS Health Corporation Derivative Litigation Shares of common stock received for each restricted stock unit granted (in shares) Share-Based Compensation Arrangement by Share-Based Payment Award, Shares, Common Stock Received Per Restricted Stock Unit Granted Share-Based Compensation Arrangement by Share-Based Payment Award, Shares, Common Stock Received Per Restricted Stock Unit Granted Cash flows from investing activities: Net Cash Provided by (Used in) Investing Activities [Abstract] Reclassification out of Accumulated Other Comprehensive Income [Table] Reclassification out of Accumulated Other Comprehensive Income [Table] Ceded Credit Risk, Reinsurer [Axis] Reinsurer, Name [Axis] Guarantor obligations, number of leases Guarantor Obligations, Number Of Leases Guarantor Obligations, Number Of Leases Current portion of operating lease liabilities Current portion of operating lease liabilities Operating Lease, Liability, Current Total Shareholder Return Amount Total Shareholder Return Amount Present value of expected net premiums Liability for Future Policy Benefit, Expected Net Premium [Roll Forward] Greater than ten years Debt Securities, Available-for-Sale, Fair Value, Maturity, Allocated and Single Maturity Date, after Year 10 Equity Awards Adjustments, Footnote Equity Awards Adjustments, Footnote [Text Block] Gross transfers out of Level 3 Gross transfers out of Level 3 Fair Value, Measurement with Unobservable Inputs Reconciliation, Recurring Basis, Asset, Transfers out of Level 3 Net operating loss and capital loss carryforwards Deferred Tax Assets, Operating Loss Carryforwards Gross realized capital gains Debt Securities, Available-for-Sale, Realized Gain Equipment Equipment [Member] Front Store Front Store Revenue [Member] Front Store Revenue [Member] Share Repurchase Programs Class of Treasury Stock [Table Text Block] Term of reinsurance agreements with unrelated issuer Four Years Reinsurance Agreement With Unrelated Insurer This line item represents the four years of a reinsurance agreement with an unrelated insurer. Mortgage Loans on Real Estate [Table] SEC Schedule, 12-29, Real Estate Companies, Investment in Mortgage Loans on Real Estate Schedule [Table] Stock option activity, stock awards and other (in shares) Shares exercised (in shares) Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Exercises in Period Debt Instrument [Line Items] Debt Instrument [Line Items] Named Executive Officers, Footnote Named Executive Officers, Footnote [Text Block] Weighted Average Exercise Â Price Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Outstanding, Weighted Average Exercise Price [Abstract] Expiration of statutes of limitation Unrecognized Tax Benefits, Reduction Resulting from Lapse of Applicable Statute of Limitations Issuances Liability for Future Policy Benefit, Expected Future Policy Benefit, Issuance Internal Credit Assessment [Domain] Internal Credit Assessment [Domain] Liability for Future Policy Benefit, Activity [Line Items] Liability for Future Policy Benefit, Activity [Line Items] Accumulated depreciation and amortization Property, Plant, and Equipment and Finance Lease Right-of-Use Asset, Accumulated Depreciation and Amortization Basis of Presentation Basis of Accounting, Policy [Policy Text Block] Diluted (in shares) Weighted average shares, diluted (in shares) Weighted Average Number of Shares Outstanding, Diluted Net premiums (actual) Liability for Future Policy Benefit, Expected Net Premium, Net Premium Collected Goff v. Lynch, et al., Brodin v. Lynch, et al., and Davidow v. Lynch, et al. Goff V. Lynch, Et Al., Brodin V. Lynch, Et Al., And Davidow V. Lynch, Et Al. [Member] Goff V. Lynch, Et Al., Brodin V. Lynch, Et Al., And Davidow V. Lynch, Et Al. Statutory Accounting Practices [Line Items] Statutory Accounting Practices [Line Items] Health care costs payable and other insurance liabilities Increase (Decrease) in Insurance Liabilities MNPI Disclosure Timed for Compensation Value MNPI Disclosure Timed for Compensation Value [Flag] Total CVS Health shareholdersâ€™ equity Equity, Attributable to Parent Real assets Real Assets [Member] Real Assets Less than one year Debt Securities, Available-for-Sale, Fair Value, Maturity, Allocated and Single Maturity Date, Year One Roll Forward of Separate Accounts Separate Account, Liability [Table Text Block] Litigation Case [Axis] Litigation Case [Axis] Summary of Changes in Carrying Amount of Goodwill Schedule of Goodwill [Table Text Block] Software Software and Software Development Costs [Member] Concentration Risk Type [Domain] Concentration Risk Type [Domain] Net investment income Investment Income, Net Debt securities, maturity, without single maturity date Debt Securities, Available-for-Sale, Maturity, without Single Maturity Date, Amortized Cost Significant Accounting Policies [Table] Accounting Standards Update and Change in Accounting Principle [Table] Conversion of convertible senior notes with cash Repayments of Convertible Debt Products Product [Member] Cash and cash equivalents Defined Benefit Plan, Cash and Cash Equivalents [Member] Effect of changes in discount rate assumptions AOCI, Liability for Future Policy Benefit, Expected Net Premium, before Tax Number of shares authorized (in shares) Share-Based Compensation Arrangement by Share-Based Payment Award, Number of Shares Authorized Document Fiscal Period Focus Document Fiscal Period Focus 2028 Long-Term Debt, Maturity, Year Four Transaction costs Business Combination, Acquisition Related Costs All Executive Categories All Executive Categories [Member] Effect of dilutive securities (in shares) Incremental Common Shares Attributable to Dilutive Effect of Share-Based Payment Arrangements Lincoln Life & Annuity Company of New York Lincoln Life & Annuity Company Of New York [Member] Lincoln Life & Annuity Company Of New York [Member] Statement of Financial Position Location, Balance [Domain] Statement of Financial Position Location, Balance [Domain] Short-duration Insurance Contracts, Reconciliation of Claims Development to Liability [Table] Short-Duration Insurance Contracts, Reconciliation of Claims Development to Liability [Table] Right-of-use assets obtained in exchange for lease obligations: Right-Of-Use Asset Obtained In Exchange For Lease Liability [Abstract] Right-Of-Use Asset Obtained In Exchange For Lease Liability [Abstract] Equity securities Equity Securities [Member] Cash to be received by shareholders in acquisition (in dollars per share) Business Acquisition, Share Price 2026 Finite-Lived Intangible Asset, Expected Amortization, Year Two Changed Peer Group, Footnote Changed Peer Group, Footnote [Text Block] Weighted average contractual term, outstanding at end of year Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Outstanding, Weighted Average Remaining Contractual Term Goodwill deductible for income tax purposes Business Acquisition, Goodwill, Expected Tax Deductible Amount Assets: Assets [Abstract] Retirement Plan Type [Domain] Retirement Plan Type [Domain] 2026 Mortgage Loans On Real Estate Collections Of Principal In Year Two Mortgage Loans On Real Estate Collections Of Principal In Year Two Other comprehensive income (loss) Other comprehensive income (loss) Other Comprehensive Income (Loss), Net of Tax Dividend yield Share-Based Compensation Arrangement by Share-Based Payment Award, Fair Value Assumptions, Expected Dividend Rate New mortgage loans SEC Schedule, 12-29, Real Estate Companies, Investment in Mortgage Loans on Real Estate, New Mortgage Loan Document Type Document Type Derivative Contract [Domain] Derivative Contract [Domain] U.S. domestic Defined Benefit Plan, Equity Securities, US [Member] Commitment fee percentage Line of Credit Facility, Commitment Fee Percentage Actuarial loss (gain) Defined Benefit Plan, Benefit Obligation, Actuarial Gain (Loss) Summary of the Valuation of Goodwill Allocated to Business Segments Business Combination, Segment Allocation [Table Text Block] Commercial paper borrowings (repayments), net Proceeds from (Repayments of) Commercial Paper Reconciliation of Financial Measures of Segments to Consolidated Totals Schedule of Segment Reporting Information, by Segment [Table Text Block] 3.875% senior notes due August 2047 Senior Notes, 3.875%, Due August 2047 [Member] Senior Notes, 3.875%, Due August 2047 [Member] Adjusted beginning liability for future policy benefits - original (locked-in) discount rate Liability for Future Policy Benefit, Expected Net Premium, Original Discount Rate, before Reinsurance, after Cash Flow Change Weighted average remaining contractual term exercisable at end of year Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Exercisable, Weighted Average Remaining Contractual Term Total Mortgage Loans on Real Estate, Commercial and Consumer, Net Operating income (losses) since acquisition date Business Combination, Pro Forma Information, Earnings or Loss of Acquiree since Acquisition Date, Actual Defined Benefit Plan [Table] Defined Benefit Plan [Table] Health care costs payable, beginning of period, net Health care costs payable, end of period, net Liability for Unpaid Claims and Claims Adjustment Expense, Net 5.125% senior notes due July 2045 Senior Notes, 5.125%, Due July 2045 [Member] Senior Notes, 5.125%, Due July 2045 [Member] Schedule of Receivables and Contract Liabilities from Contracts with Customers Contract with Customer, Contract Asset, Contract Liability, and Receivable [Table Text Block] Schedule of Projected Annual Amortization Expense for Intangible Assets for Next Five Years Schedule of Finite-Lived Intangible Assets, Future Amortization Expense [Table Text Block] Maximum Maximum [Member] Federal Court in Ohio Judgment Federal Court In Ohio Judgment [Member] Federal Court In Ohio Judgment Equity Valuation Assumption Difference, Footnote Equity Valuation Assumption Difference, Footnote [Text Block] Cumulative goodwill impairments Goodwill, Impaired, Accumulated Impairment Loss Finite-lived intangible assets, net carrying amount Finite-Lived Intangible Assets, Net Fixtures and equipment Furniture and Fixtures [Member] Schedule of Liability for Unpaid Claims and Claims Adjustment Expense Schedule of Liability for Unpaid Claims and Claims Adjustment Expense [Table Text Block] Antidilutive Securities [Axis] Antidilutive Securities [Axis] Investment Type [Axis] Investment Type [Axis] Opioid litigation charges Gain (Loss) from Litigation Settlement Reinsurance Reinsurance [Text Block] Expired (in dollars per share) Share-Based Compensation Arrangements by Share-Based Payment Award, Options, Expirations in Period, Weighted Average Exercise Price Investments related to 2012 contract conversion Restricted Investments, at Fair Value Schedule of Valuation Assumptions Schedule of Share-Based Payment Award, Stock Options, Valuation Assumptions [Table Text Block] Net lease cost Lease, Cost Other asset-backed securities Separate Account, Other Asset-Backed Securities [Member] Separate Account, Other Asset-Backed Securities Statistical Measurement [Axis] Statistical Measurement [Axis] Non-Rule 10b5-1 Arrangement Terminated Non-Rule 10b5-1 Arrangement Terminated [Flag] Income before income tax provision Income (Loss) from Continuing Operations before Income Taxes, Noncontrolling Interest Non-PEO NEO Average Total Compensation Amount Non-PEO NEO Average Total Compensation Amount Health Care Contract Acquisition Costs Deferred Policy Acquisition Costs, Policy [Policy Text Block] Name Outstanding Recovery, Individual Name 364-day Term Loan Agreement Term Loan Agreement, 364-Day [Member] Term Loan Agreement, 364-Day 6.625% senior notes due June 2036 Senior Notes, 6.625%, Due June 2036 [Member] Senior Notes, 6.625%, Due June 2036 [Member] Disaggregation of Revenue [Line Items] Disaggregation of Revenue [Line Items] 2025 Mortgage Loans On Real Estate Collections Of Principal In Next Twelve Months Mortgage Loans On Real Estate Collections Of Principal In Next Twelve Months Variable lease costs Variable Lease, Cost Goodwill impairment Goodwill, Impairment Loss Number of states in which the Company has entered the individual public health insurance exchange Individual Public Health Insurance Exchanges, Number Of States Individual Public Health Insurance Exchanges, Number Of States Other Long-Term Insurance Liabilities Other Long-Term Insurance Liabilities [Member] Other Long-Term Insurance Liabilities [Member] Total consideration transferred Business Combination, Recognized Identifiable Assets Acquired, Goodwill, and Liabilities Assumed, Net Less: Claims paid Liability for Unpaid Claims and Claims Adjustment Expense, Claims Paid [Abstract] Fair Value Debt Securities, Available-For-Sale, Unrealized Loss Position, Fair Value [Abstract] Debt Securities, Available-For-Sale, Unrealized Loss Position, Fair Value [Abstract] Retirement benefits Deferred Tax Liabilities, Retirement Benefits Deferred Tax Liabilities, Retirement Benefits Treasury shares held in trust (in shares) Treasury Stock, Shares, Held in Trust Treasury Stock, Shares, Held in Trust Award Timing Predetermined Award Timing Predetermined [Flag] Assumed Assumed Premiums Earned Subsequent Event Type [Domain] Subsequent Event Type [Domain] Restricted cash (included in other assets) Restricted Cash, Noncurrent Repurchase price of convertible senior notes, as a percent of principal Debt Instrument, Redemption Price, Percentage Fair Value Recurring Basis, Unobservable Input Reconciliation Asset Gain (Loss), Statement Of Income, Extensible List, Not Disclosed Flag Fair Value, Recurring Basis, Unobservable Input Reconciliation, Asset Gain (Loss), Statement Of Income, Extensible List, Not Disclosed Flag Fair Value, Recurring Basis, Unobservable Input Reconciliation, Asset Gain (Loss), Statement Of Income, Extensible List, Not Disclosed Flag Customer Relationships Customer Relationships [Member] Forecast Forecast [Member] Diluted (in dollars per share) Diluted (in dollars per share) Earnings Per Share, Diluted Changes in the carrying amount of goodwill Goodwill, Period Increase (Decrease) Counterparty Name [Domain] Counterparty Name [Domain] Revenue Recognition Revenue from Contract with Customer [Policy Text Block] Health Care Costs Payable Liability for Future Policy Benefits and Unpaid Claims Disclosure [Text Block] Net cash flow hedges Accumulated Gain (Loss), Cash Flow Hedge, Including Noncontrolling Interest [Member] Total current taxes Current Income Tax Expense (Benefit) Restatement does not require Recovery Restatement Does Not Require Recovery [Text Block] Change in operating assets and liabilities, net of effects from acquisitions: Change in operating assets and liabilities, net of effects from acquisitions: [Abstract] Change in operating assets and liabilities, net of effects from acquisitions: Hedge fund investments Hedge funds Hedge fund limited partnerships Hedge Funds [Member] Cash paid for amounts included in the measurement of lease liabilities: Cash Flow, Lessee [Abstract] Cash Flow, Lessee [Abstract] Retirement Benefits [Abstract] Retirement Benefits [Abstract] Mortgage loans SEC Schedule, 12-29, Real Estate Companies, Investment in Mortgage Loans on Real Estate Preferred stock, shares issued (in shares) Preferred Stock, Shares Issued Customer [Axis] Customer [Axis] Statement of Financial Position [Abstract] Statement of Financial Position [Abstract] Other asset-backed securities Asset-Backed Securities [Member] Number of states that elected to join the settlement Litigation Settlement, Number Of States Elected To Join Litigation Settlement, Number Of States Elected To Join Fair Value, Separate Account Investment [Line Items] Fair Value, Separate Account Investment [Line Items] After five years through ten years Debt Securities, Available-For-Sale, Continuous Unrealized Loss Position, Allocated And Single Maturity Date, After Five Through Ten Years Debt Securities, Available-For-Sale, Continuous Unrealized Loss Position, Allocated And Single Maturity Date, After Five Through Ten Years Included in earnings Fair Value, Measurement with Unobservable Inputs Reconciliation, Recurring Basis, Asset, Gain (Loss) Included in Earnings Self-Insurance Liabilities Self Insurance Reserve [Policy Text Block] Vested in period, fair value Share-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Vested in Period, Fair Value Federal Home Loan Bank advances maximum amount available Federal Home Loan Bank, Advances, General Debt Obligations, Maximum Amount Available Net income Net income Net Income (Loss), Including Portion Attributable to Noncontrolling Interest Payments for ASR, amount Payments For Accelerated Share Repurchases, Amount Payments For Accelerated Share Repurchases, Amount Omnicare Long-Term Care Business Omnicare Long-Term Care Business [Member] Omnicare Long-Term Care Business Income tax provision Total Income Tax Expense (Benefit) Interest cost Defined Benefit Plan, Interest Cost Forward contract, notional amount Derivative, Notional Amount Components of net periodic benefit cost (income): Defined Benefit Plan, Net Periodic Benefit Cost (Credit) [Abstract] Revolving Credit Facility, Expiring May 11, 2027 Revolving Credit Facility, Expiring May 11, 2027 [Member] Revolving Credit Facility, Expiring May 11, 2027 Compensation not yet recognized, period for recognition Share-Based Payment Arrangement, Nonvested Award, Cost Not yet Recognized, Period for Recognition Separate accounts liabilities Separate Accounts liability, beginning of the period Separate Accounts liability, end of the period Separate Account, Liability Revenues Revenue from Contract with Customer, Excluding Assessed Tax Statement of Comprehensive Income [Abstract] Statement of Comprehensive Income [Abstract] Back-Up Credit Facilities Back-Up Credit Facilities [Member] Back-Up Credit Facilities [Member] Net cash used in investing activities Net Cash Provided by (Used in) Investing Activities 1.3% senior notes due August 2027 Senior Notes, 1.3%, August 2027 [Member] Senior Notes, 1.3%, August 2027 Business Acquisition [Line Items] Business Acquisition [Line Items] Related Party Transactions Equity Method Investments [Policy Text Block] Separate accounts assets Separate Account Asset All Adjustments to Compensation All Adjustments to Compensation [Member] Short-term Debt, Type

[Domain] Short-Term Debt, Type [Domain] Guarantor obligations, maximum exposure Guarantor Obligations, Maximum Exposure, Undiscounted Commitments and Contingencies Disclosure [Abstract] Commitments and Contingencies Disclosure [Abstract] Legal Entity [Axis] Legal Entity [Axis] Insurance benefits paid Payments For Insurance Benefits Payments For Insurance Benefits Disposal Group, Disposed of by Sale, Not Discontinued Operations Disposal Group, Disposed of by Sale, Not Discontinued Operations [Member] Dividends paid SEC Schedule, 12-04, Cash Dividends Paid to Registrant, Consolidated Subsidiaries Schedule of Changes in Liability for Future Policy Benefits Liability for Future Policy Benefit, Activity [Table Text Block] Charitable contribution to CVS Health Foundation Related Party Transaction, Charitable Contribution To Non-Profit Entity Related Party Transaction, Charitable Contribution To Non-Profit Entity Scenario [Domain] Scenario [Domain] Signify Plan Signify Health, Inc. 2021 Long-Term Incentive Plan [Member] Signify Health, Inc. 2021 Long-Term Incentive Plan Future noncancelable subleases, future minimum payments Lessor, Operating Lease, Payment to be Received Common/collective trusts, Equity Securities Defined Benefit Plan, Common Collective Trust, Equity Securities [Member] Defined Benefit Plan, Common Collective Trust, Equity Securities [Member] 2026 Lessee, Liability, Payments, Due Year Two Lessee, Liability, Payments, Due Year Two U.S. government securities US Government Agencies Debt Securities [Member] One year through five years Debt Securities, Available-For-Sale, Continuous Unrealized Loss Position, Allocated And Single Maturity Date, After One Through Five Years, Accumulated Loss Debt Securities, Available-For-Sale, Continuous Unrealized Loss Position, Allocated And Single Maturity Date, After One Through Five Years, Accumulated Loss Long-term Debt, Type [Domain] Long-Term Debt, Type [Domain] Expected gross premiums Liability for Future Policy Benefit, Expected Future Gross Premium, Undiscounted, before Reinsurance Entity Address, State or Province Entity Address, State or Province Erroneous Compensation Analysis Erroneous Compensation Analysis [Text Block] 5.125% senior notes due February 2030 Senior Notes, 5.125%, Due February 2030 [Member] Senior Notes, 5.125%, Due February 2030 Accounts payable Accounts Payable, Trade, Current Defined Benefit Plan, Plan Assets, Category [Domain] Defined Benefit Plan, Plan Assets, Category [Domain] Redeemable preferred securities Redeemable Preferred Securities [Member] Redeemable Preferred Securities [Member] Defined Benefit Plan Disclosure [Line Items] Defined Benefit Plan Disclosure [Line Items] Capitalizations Deferred Policy Acquisition Cost, Capitalization Equity, Class of Treasury Stock [Line Items] Equity, Class of Treasury Stock [Line Items] Financial Instruments [Domain] Financial Instruments [Domain] Unvested at beginning of year (in dollars per share) Unvested at end of year (in dollars per share) Share-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Nonvested, Weighted Average Grant Date Fair Value Cash and cash equivalents Separate Account, Cash and Cash Equivalents [Member] Schedule of Net Periodic Benefit Cost (Income) Schedule of Net Benefit Costs [Table Text Block] Number of claims filed Loss Contingency, New Claims Filed, Number Health Care and Other Insurance Liabilities [Abstract] Health Care and Other Insurance Liabilities Effect of actual variances from expected experience Liability for Future Policy Benefit, Expected Net Premium, Cumulative Increase (Decrease) of Actual Variance from Expected Experience Restatement Determination Date Restatement Determination Date Shares vested at end of year and expected to vest in the future (in shares) Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Vested and Expected to Vest, Outstanding, Number Estimated Fair Value Estimate of Fair Value Measurement [Member] Net investment income Net investment income (loss) Net Investment Income Pay vs Performance Disclosure Pay vs Performance Disclosure [Table] Property, Plant and Equipment [Table] Property, Plant and Equipment [Table] Outstanding at beginning of year (in dollars per share) Outstanding at end of year (in dollars per share) Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Outstanding, Weighted Average Exercise Price Concentration Risk [Table] Concentration Risk [Table] Operating lease right-of-use assets Operating Lease, Right-of-Use Asset Erroneously Awarded Compensation Recovery Erroneously Awarded Compensation Recovery [Table] Shares, Outstanding at beginning of year (in shares) Shares, Outstanding at end of year (in shares) Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Outstanding, Number 5% senior notes due February 2026 Senior Notes, 5.0%, Due February 2026 [Member] Senior Notes, 5.0%, Due February 2026 Reinsurance Disclosures [Abstract] Reinsurance Disclosures [Abstract] Short-term Debt, Type [Axis] Short-Term Debt, Type [Axis] Other long-term liabilities Business Combination, Recognized Identifiable Assets Acquired and Liabilities Assumed, Noncurrent Liabilities, Other Federal Home Loan Bank Advances Federal Home Loan Bank Advances [Member] Financial liabilities measured at fair value on a recurring basis Financial Liabilities Fair Value Disclosure Earnings Per Share Earnings Per Share [Text Block] Restructuring Restructuring, Impairment, and Other Activities Disclosure [Text Block] Subsequent Event Subsequent Event [Member] Schedule ESPP Valuation Assumptions Schedule of Share-Based Payment Award, Employee Stock Purchase Plan, Valuation Assumptions [Table Text Block] Stock option activity, stock awards and other Stock Issued During Period, Value, Stock Options Exercised Granted (in dollars per share) Weighted-average grant date fair value (in dollars per share) Share-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Grants in Period, Weighted Average Grant Date Fair Value Income Taxes Income Tax, Policy [Policy Text Block] Peer Group Issuers, Footnote Peer Group Issuers, Footnote [Text Block] Other Debt Obligations Other Debt Obligations [Member] Segments [Domain] Segments [Domain] Maturities of Finance Lease Liabilities Finance Lease, Liability, to be Paid, Maturity [Table Text Block] 4.25% senior notes due April 2050 Senior Notes, 4.25%, April 2050 [Member] Senior Notes, 4.25%, April 2050 Unrecognized Tax Benefits [Roll Forward] Unrecognized Tax Benefits [Roll Forward] PEO PEO [Member] Name Trading Arrangement, Individual Name Funded status Defined Benefit Plan, Funded (Unfunded) Status of Plan 6% senior notes due June 2044 Senior Notes, 6%, Due June 2044 [Member] Senior Notes, 6%, Due June 2044 3.375% senior notes due August 2024 Senior Notes, 3.375%, Due August 2024 [Member] Senior Notes, 3.375%, Due August 2024 [Member] Long-Term Care Long Term Care [Member] Long Term Care 5.625% senior notes due February 2053 Senior Notes, 5.625%, Due February 2053 [Member] Senior Notes, 5.625%, Due February 2053 Long-Lived Tangible Asset [Axis] Long-Lived Tangible Asset [Axis] 4.75% senior notes due March 2044 Senior Notes, 4.75%, Due March 2044 [Member] Senior Notes, 4.75%, Due March 2044 [Member] Entity Public Float Entity Public Float Disposal Group Name [Axis] Disposal Group Name [Axis] Treasury stock, at cost: 518 and 480 shares at DecemberÂ 31, 2024 and 2023 Treasury Stock, Common, Value Benefit obligation Benefit obligation, beginning of year Benefit obligation, end of year Defined Benefit Plan, Benefit Obligation 2023 Short-Duration Insurance Contract, Accident Year 2023 [Member] Total lease payments Lessee, Liability, Payments, Due Lessee, Liability, Payments, Due Mortgage loans Mortgage Loans [Member] Represents mortgage loans for the reporting period measured at carrying value. We carry the value of our mortgage loan investments on our balance sheet at the unpaid principal balance, net of impairment reserves. Awards Close in Time to MNPI Disclosures, Table Awards Close in Time to MNPI Disclosures [Table Text Block] 2027 Lessee, Liability, Payments, Due Year Three Lessee, Liability, Payments, Due Year Three Cash surrender value, end of the period Separate Account, Liability, Cash Surrender Value, Amount Prior Year End Fair Value of Equity Awards Granted in Any Prior Year that Fail to Meet Applicable Vesting Conditions During Covered Year Prior Year End Fair Value of Equity Awards Granted in Any Prior Year that Fail to Meet Applicable Vesting Conditions During Covered Year [Member] Shares outstanding, beginning of year balance (in shares) Shares outstanding, end of year balance (in shares) Shares, Outstanding Cash and cash equivalents Cash and Cash Equivalents, Fair Value Disclosure Aggregate Erroneous Compensation Amount Aggregate Erroneous Compensation Amount Proceeds from VIE Proceeds From Variable Interest Entity Proceeds From Variable Interest Entity Fair value of property and equipment Property, Plant, and Equipment, Fair Value Disclosure Local Phone Number Local Phone Number Intangible assets, gross Intangible Assets, Gross (Excluding Goodwill) Valuation allowance Valuation allowance Deferred Tax Assets, Valuation Allowance Total Investments [Line Items] Total Investments [Line Items] Aggregate Erroneous Compensation Not Yet Determined Aggregate Erroneous Compensation Not Yet Determined [Text Block] Other Insurance Liabilities Other Insurance Liabilities [Member] Other Insurance Liabilities [Member] Reclassification Adjustment out of Accumulated Other Comprehensive Income on Derivatives [Line Items] Reclassification Adjustment out of Accumulated Other Comprehensive Income on Derivatives [Line Items] Current discount rate Liability for Future Policy Benefit, Current Weighted-Average Discount Rate Additional Disclosures Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Additional Disclosures [Abstract] Barclays Bank Barclays Bank [Member] Barclays Bank Earnings per share: Earnings Per Share, Basic And Diluted EPS [Abstract] Earnings Per Share, Basic And Diluted EPS Allowance for expected credit losses Debt Securities, Available-for-Sale, Allowance for Credit Loss Movement Analysis of Deferred Policy Acquisition Costs [Roll Forward] Movement Analysis of Deferred Policy Acquisition Costs [Roll Forward] PEO Total Compensation Amount PEO Total Compensation Amount Purchase price of common stock percent Share-Based Compensation Arrangement by Share-Based Payment Award, Purchase Price of Common Stock, Percent Segment realignment Goodwill, Transfers Replacement equity awards for pre-combination services (in shares) Business Acquisition, Equity Interest Issued or Issuable, Number of Shares Long-Lived Tangible Asset [Domain] Long-Lived Tangible Asset [Domain] Assumed Policyholder Benefits and Claims Incurred, Assumed Weighted average exercise price vested at end of year and expected to vest in the future (in dollars per share) Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Vested and Expected to Vest, Outstanding, Weighted Average Exercise Price Defined Benefit Plan, Plan Assets, Category [Axis] Defined Benefit Plan, Plan Assets, Category [Axis] Debt securities available for sale Debt And Equity Securities Available For Sale [Member] Investments in debt and equity securities which are categorized neither as trading securities nor held-to-maturity securities. Such securities are reported at fair value; unrealized gains and losses related to Available-for-sale securities are excluded from earnings and reported in a separate component of shareholders' equity (other comprehensive income) Debt Disclosure [Abstract] Debt Disclosure [Abstract] Common Shares Common Stock [Member] Recoverability of Long-Lived Assets Impairment or Disposal of Long-Lived Assets, Including Intangible Assets, Policy [Policy Text Block] Forgone Recovery due to Expense of Enforcement, Amount Forgone Recovery due to Expense of Enforcement, Amount Other current assets (including restricted cash) Business Combination, Recognized Identifiable Assets Acquired and Liabilities Assumed, Current Assets, Other Schedule of Business Acquisitions, by Acquisition [Table] Schedule of Business Acquisitions, by Acquisition [Table] Health care costs payable Total health care costs payable Health care costs payable, beginning of period Health care costs payable, end of period Liability For Claims And Claims Adjustment Expense And Health Care Organization, Accounts Payable To Third-Party Payor Liability For Claims And Claims Adjustment Expense And Health Care Organization, Accounts Payable To Third-Party Payor Schedule of Effects of Reinsurance Effects of Reinsurance [Table Text Block] Line of Credit Line of Credit [Member] Investments Business Combination, Recognized Identifiable Assets Acquired and Liabilities Assumed, Current Assets, Marketable Securities Net Premiums Premiums Earned, Net [Abstract] Separate Accounts Policyholder Accounts, Policy [Policy Text Block] Stock-based compensation charge Share-Based Payment Arrangement, Accelerated Cost Segment Reporting [Abstract] Segment Reporting [Abstract] Transfer of shares to treasury stock value Transfer Of Shares To Treasury Stock Value Transfer Of Shares To Treasury Stock Value Intangible Assets Goodwill and Intangible Assets, Intangible Assets, Policy [Policy Text Block] Entity Central Index Key Entity Central Index Key Scenario [Axis] Scenario [Axis] Other segment items Segment Reporting, Other Segment Item, Amount Liability for future policy benefits, beginning of period - current discount rate Liability for future policy benefits, end of period - current discount rate Liability for Future Policy Benefit, Expected Net Premium, before Reinsurance, after Discount Rate Change Income tax penalties and interest accrued Unrecognized Tax Benefits, Income Tax Penalties and Interest Accrued Claims Development [Line Items] Claims Development [Line Items] 6% senior notes due June 2063 Senior Notes, 6%, Due June 2063 [Member] Senior Notes, 6%, Due June 2063 Total incurred health care costs Liability for Unpaid Claims and Claims Adjustment Expense, Incurred Claims Statutory Accounting Practices Disclosure Statutory Accounting Practices Disclosure [Table Text Block] Non-PEO NEO Average Compensation Actually Paid Amount Non-PEO NEO Average Compensation Actually Paid Amount Ceded Credit Risk, Reinsurer [Domain] Reinsurer, Name [Domain] Number of international health care members, renewal rights sold Disposal Group, Not Discontinued Operation, Number Of International Health Care Members, Renewal Rights Sold Disposal Group, Not Discontinued Operation, Number Of International Health Care Members, Renewal Rights Sold Shareholders' Equity Equity [Text Block] Award Timing, How MNPI Considered Award Timing, How MNPI Considered [Text Block] 6.75% senior notes due December 2037 Senior Notes, 6.75%, Due December 2037 [Member] Senior Notes, 6.75%, Due December 2037 [Member] Financial Instrument [Axis] Financial Instrument [Axis] Segment Reporting Segment Reporting Disclosure [Text Block] Total Fair Value, Inputs, Level 1, 2 and 3 Fair Value, Inputs, Level 1, Level 2, and Level 3 [Member] Corporate/ Other Corporate And Reconciling Items [Member] Corporate And Reconciling Items Measurement Basis [Axis] Measurement Basis [Axis] Value of Business Acquired Value Of Business Acquired [Member] Value Of Business Acquired [Member] 3.875% senior notes due July 2025 Senior Notes, 3.875%, Due July 2025 [Member] Senior Notes, 3.875%, Due July 2025 [Member] Noncontrolling interests Business Combination, Acquisition of Less than 100 Percent, Noncontrolling Interest, Fair Value Title Trading Arrangement, Individual Title Thereafter Lessee, Liability, Payments, Due After Year Five Lessee, Liability, Payments, Due After Year Five Post-combination services Post-Combination Services [Member] Post-Combination Services Weighted average discount rate Leases, Weighted Average Discount Rate [Abstract] Leases, Weighted Average Discount Rate [Abstract] Consolidated Entities [Axis] Consolidated Entities [Axis] Foreign currency translation adjustments Accumulated Foreign Currency Adjustment Including Portion Attributable to Noncontrolling Interest [Member] Beginning balance Ending balance Unrecognized Tax Benefits VIEs Consolidation, Variable Interest Entity, Policy [Policy Text Block] City Area Code City Area Code Auditor Location Auditor Location Shares repurchased under ASR agreement (in shares) Accelerated Share Repurchases, Number Of Shares Repurchased Accelerated Share Repurchases, Number Of Shares Repurchased Self insurance liabilities Self Insurance Reserve Number of people served (more than) Number Of People Served Number Of People Served Number of walk-in medical clinics (more than) Number Of Walk In Medical Clinics Number Of Walk In Medical Clinics Disposal Group Classification [Domain] Disposal Group Classification [Domain] Insider Trading Policies and Procedures Not Adopted Insider Trading Policies and Procedures Not Adopted [Text Block] Effect of changes in cash flow assumptions Liability for Future Policy Benefit, Expected Future Policy Benefit, Cumulative Increase (Decrease) from Cash Flow Change Common Stock and Capital Surplus Common Stock Including Additional Paid in Capital [Member] Weighted average duration of securities Debt Securities, Available-For-Sale, Weighted Average Duration Of Securities Debt Securities, Available-For-Sale, Weighted Average Duration Of Securities Separate Accounts, financial assets Separate Account, Financial Assets [Member] Separate Account, Financial Assets Investment contract liabilities with a fixed maturity Investment Contracts With Fixed Maturity, Fair Value Disclosure Investment Contracts With Fixed Maturity, Fair Value Disclosure. Amortized Cost Debt Securities, Available-for-Sale, Amortized Cost, after Allowance for Credit Loss 3.5% senior notes due November 2024 Senior Notes, 3.5%, Due November 2024 [Member] Senior Notes, 3.5%, Due November 2024 [Member] Debt securities, maturity, without single maturity date, unrealized losses Debt Securities, Available-For-Sale, Continuous Unrealized Loss Position, Without Single Maturity Date, Accumulated Loss Debt Securities, Available-For-Sale, Continuous Unrealized Loss Position, Without Single Maturity Date, Accumulated Loss Repurchase of common stock Payments for Repurchase of Common Stock Schedule of Net Investment Income Investment Income [Table Text Block] Measurement of Defined Benefit Pension and Other Postretirement Employee Benefit Plans Pension and Other Postretirement Plans, Policy [Policy Text Block] Accounts Receivable Receivable [Policy Text Block] Schedule of Segment Reporting Information, by Segment [Table] Schedule of Segment Reporting Information, by Segment [Table] Weighted average grant date fair value (in dollars per share) Share-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Nonvested, Weighted Average Grant Date Fair Value [Abstract] Subsequent Event Type [Axis] Subsequent Event Type [Axis] Other insurance liabilities Other Insurance Liabilities, Current Other Insurance Liabilities, Current Net income per share attributable to CVS Health: Net income (loss) per share attributable to CVS Health: Earnings Per Share [Abstract] 6.75% series B junior subordinated notes due December 2054 Series B Junior Subordinated Notes, 6.75%, Due December 2054 [Member] Series B Junior Subordinated Notes, 6.75%, Due December 2054 Equity [Abstract] Equity [Abstract] Fair Value Debt Securities, Available-for-Sale, Fair Value, Fiscal Year Maturity [Abstract] Retained earnings Retained Earnings (Accumulated Deficit) Finance Lease, Right-of-Use Asset, Statement of Financial Position [Extensible Enumeration] Finance Lease, Right-of-Use Asset, Statement of Financial Position [Extensible Enumeration] Auditor Information [Abstract] Auditor Information [Abstract] Restricted Stock Unit and Performance Stock Unit Activity Schedule of Nonvested Share Activity [Table Text Block] Premium deficiency reserve Premium Deficiency Reserve Liability The amount of reserves related to expected future claims, including maintenance costs (for example, direct costs such as claim processing costs), in excess of existing reserves plus anticipated future premiums and reinsurance recoveries. Inventories Increase (Decrease) in Inventories Deferred income taxes Deferred Income Taxes and Tax Credits Legal settlement awarded to other party Litigation Settlement, Amount Awarded to Other Party 2026 Long-Term Debt, Maturity, Year Two Total lease liabilities Lease, Liability Lease, Liability Aggregate Available Trading Arrangement, Securities Aggregate Available Amount Equity Awards Adjustments Equity Awards Adjustments [Member] Total operating lease liabilities Total operating lease liabilities Operating Lease, Liability Purchases, sales and settlements Defined Benefit Plan, Plan Assets Level 3 Reconciliation, Increase (Decrease) for Purchase, Sale, and Settlement Underlying Securities Award Underlying Securities Amount Performance stock units Performance Shares [Member] Defined Benefit Plans and Other Postretirement Benefit Plans Disclosures [Table] Defined Benefit Plans and Other Postretirement Benefit Plans Disclosures [Table] Investments Investments in Debt and Marketable Equity Securities (and Certain Trading Assets) Disclosure [Text Block] 2028 Lessee, Liability, Payments, Due Year Four Lessee, Liability, Payments, Due Year Four Assumptions used to determine net benefit costs Defined Benefit Plan, Weighted Average Assumptions Used in Calculating Net Periodic Benefit Cost [Abstract] 2029 Finance Lease, Liability, to be Paid, Year Five 4.125% senior notes due November 2042 Senior Notes, 4.125%, Due November 2042 [Member] This item represents

senior notes due 2042 with a coupon rate of 4.125%. Amendment Flag Amendment Flag Short-duration Insurance Contracts, Reconciliation of Claims Development to Liability [Line Items] Short-Duration Insurance Contracts, Reconciliation of Claims Development to Liability [Line Items] Commercial Paper Short-term debt (commercial paper) Commercial Paper Carrying Value Reported Value Measurement [Member] Copayments Net Revenues, Retail CoPayments Net Revenues, Retail CoPayments 5.25% senior notes due January 2031 Senior Notes, 5.25%, Due January 2031 [Member] Senior Notes, 5.25%, Due January 2031 Accounts receivable Business Combination, Recognized Identifiable Assets Acquired and Liabilities Assumed, Current Assets, Receivables SARs Stock Appreciation Rights (SARs) [Member] Debt securities, maturity, without single maturity date, fair value Debt Securities, Available-For-Sale, Continuous Unrealized Loss Position, Without Single Maturity Date, Fair Value Debt Securities, Available-For-Sale, Continuous Unrealized Loss Position, Without Single Maturity Date, Fair Value Number of Securities, Less than 12 months Debt Securities, Available-for-Sale, Continuous Unrealized Loss Position, Less than 12 Months, Number of Positions Net Health Care Costs Policyholder Benefits and Claims Incurred, Net [Abstract] Debt securities Total debt securities Defined Benefit Plan, Debt Security [Member] Amortization of right-of-use assets Finance Lease, Right-of-Use Asset, Amortization Other comprehensive income (loss) before reclassifications, net of tax Other Comprehensive Income (Loss), before Reclassifications, Net of Tax Actual return on plan assets Defined Benefit Plan, Plan Assets, Increase (Decrease) for Actual Return (Loss) Fixtures, equipment and internally developed software Fixtures, Equipment And Internally Developed Software [Member] Fixtures, Equipment And Internally Developed Software [Member] Less than one year Debt Securities, Available-for-Sale, Amortized Cost, Maturity, Allocated and Single Maturity Date, Year One Borrowings and Credit Agreements Debt Disclosure [Text Block] Fair Value Hierarchy and NAV [Domain] Fair Value Hierarchy and NAV [Domain] Repayment of short-term loan Repayments of Other Short-Term Debt Recovery of Erroneously Awarded Compensation Disclosure [Line Items] Debt face amount Debt Instrument, Face Amount Technology Technology-Based Intangible Assets [Member] Entity Address, Postal Zip Code Entity Address, Postal Zip Code Advertising costs Advertising Expense Pre-combination services Pre-Combination Services [Member] Pre-Combination Services One year through five years Debt Securities, Available-For-Sale, Continuous Unrealized Loss Position, Allocated And Single Maturity Date, After One Through Five Years Debt Securities, Available-For-Sale, Continuous Unrealized Loss Position, Allocated And Single Maturity Date, After One Through Five Years Acquisition-related transaction and integration costs Business Combination, Integration Related Costs Health care costs payable Business Combination, Recognized Identifiable Assets Acquired And Liabilities Assumed, Current Liabilities, Liability For Claims And Claims Adjustment Expense Business Combination, Recognized Identifiable Assets Acquired And Liabilities Assumed, Current Liabilities, Liability For Claims And Claims Adjustment Expense Cash and cash equivalents Cash and Cash Equivalents, at Carrying Value Schedule of Assets (Liabilities) Recognized in Balance Sheet Schedule of Amounts Recognized in Balance Sheet [Table Text Block] Operating Segments and Corporate Non-Segment Operating Segments And Corporate Non-Segment [Member] Operating Segments And Corporate Non-Segment Litigation Status [Axis] Litigation Status [Axis] Impairment of intangible assets, indefinite-lived Impairment of Intangible Assets, Indefinite-Lived (Excluding Goodwill) Other Payments for (Proceeds from) Other Investing Activities Premium deficiency reserve, charge to health care costs Premium Deficiency Testing Expense, Short-Duration Contract, Policyholder Benefits and Claims Incurred, Net, Amount Premium Deficiency Testing Expense, Short-Duration Contract, Policyholder Benefits and Claims Incurred, Net, Amount Year-over-Year Change in Fair Value of Equity Awards Granted in Prior Years That are Outstanding and Unvested Year-over-Year Change in Fair Value of Equity Awards Granted in Prior Years That are Outstanding and Unvested [Member] Purchase of treasury shares, net of ESPP issuances Treasury Stock, Value, Acquired, Cost Method, Net Of ESPP Issuance Treasury Stock, Value, Acquired, Cost Method, Net Of ESPP Issuance Auditor Name Auditor Name Forfeited (in dollars per share) Share-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Forfeitures, Weighted Average Grant Date Fair Value Current: Current Income Tax Expense (Benefit), Continuing Operations [Abstract] Gain on early extinguishment of debt Gain on early extinguishment of debt Gain (Loss) on Extinguishment of Debt Year-end Fair Value of Equity Awards Granted in Covered Year that are Outstanding and Unvested Year-end Fair Value of Equity Awards Granted in Covered Year that are Outstanding and Unvested [Member] 3.75% senior notes due April 2030 Senior Notes, 3.75%, April 2030 [Member] Senior Notes, 3.75%, April 2030 Variable Interest Entity, Not Primary Beneficiary Variable Interest Entity, Not Primary Beneficiary [Member] Useful life of property plant and equipment Property, Plant and Equipment, Useful Life Shares Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Outstanding [Roll Forward] Employee Stock Employee Stock [Member] Fair Value Measurement [Domain] Fair Value Measurement [Domain] Supporting remaining products Supporting Remaining Products [Member] Debt securities in an unrealized capital loss position supporting remaining products. Schedule of Short-term Debt [Table] Short-Term Debt [Table] Accounts payable and pharmacy claims and discounts payable Increase (Decrease) in Accounts Payable Adjustment To PEO Compensation, Footnote Adjustment To PEO Compensation, Footnote [Text Block] Property and equipment, net Property and equipment, net Property, Plant, and Equipment and Finance Lease Right-of-Use Asset, after Accumulated Depreciation and Amortization Deferred income Deferred Tax Assets, Deferred Income Premiums Premiums [Member] Premiums [Member] 5.75% senior notes due May 2041 Senior Notes, 5.75%, Due May 2041 [Member] Senior Notes, 5.75%, Due May 2041 [Member] Financing cash flows paid for principal portion of finance leases Finance Lease, Principal Payments Leases, amount due in excess of remaining estimated economic life Operating And Capital Leases, Amount Due In Excess Of Remaining Estimated Economic Life Operating And Capital Leases, Amount Due In Excess Of Remaining Estimated Economic Life Net income attributable to CVS Health, basic Net Income (Loss) Available to Common Stockholders, Basic Compensation Actually Paid vs. Other Measure Compensation Actually Paid vs. Other Measure [Text Block] Vesting Date Fair Value of Equity Awards Granted and Vested in Covered Year Vesting Date Fair Value of Equity Awards Granted and Vested in Covered Year [Member] 2024 Short-Duration Insurance Contract, Accident Year 2024 [Member] Weighted average shares outstanding: Weighted Average Number of Shares Outstanding, Diluted [Abstract] Total assets Total assets Assets Cost of products sold Cost of Goods and Services Sold Advertising Costs Advertising Cost [Policy Text Block] Purchases of property and equipment Payments to Acquire Property, Plant, and Equipment Cumulative Paid Health Care Claims, Net of Reinsurance Short-Duration Insurance Contracts, Cumulative Paid Claims and Allocated Claim Adjustment Expense, Net Other long-term liabilities Other Liabilities, Noncurrent Finance leases Right-of-Use Asset Obtained (Reduced) in Exchange for Finance Lease Liability Right-of-Use Asset Obtained (Reduced) in Exchange for Finance Lease Liability Forgone Recovery due to Violation of Home Country Law, Amount Forgone Recovery due to Violation of Home Country Law, Amount Commitments and contingencies (Note 18) Commitments and Contingencies Net liability for future policy benefits, net of reinsurance recoverable Liability for Future Policy Benefit, after Reinsurance Stock-Based Compensation Share-Based Payment Arrangement [Policy Text Block] Estimated statutory capital and surplus Statutory Accounting Practices, Statutory Capital and Surplus, Balance Premium deficiency reserve, write-off of unamortized acquisition costs Premium Deficiency Testing Expense, Short-Duration Contract, Acquisition Costs, Amount Premium Deficiency Testing Expense, Short-Duration Contract, Acquisition Costs, Amount Schedule of Effective Income Tax Rate Reconciliation Schedule of Effective Income Tax Rate Reconciliation [Table Text Block] Termination Date Trading Arrangement Termination Date Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items] Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items] 2026 Lessee, Operating Lease, Liability, to be Paid, Year Two 2025 Long-Term Debt, Maturity, Year One Benefit payments (actual) Liability for Future Policy Benefit, Expected Future Policy Benefit, Benefit Payment Lease and rents Deferred Tax Assets, Tax Deferred Expense, Reserves and Accruals, Deferred Rent Debt (current and long-term) Business Combination, Recognized Identifiable Assets Acquired and Liabilities Assumed, Debt Business Combination, Recognized Identifiable Assets Acquired and Liabilities Assumed, Debt Summary of Intangible Assets Finite Lived And Indefinite Lived Intangible Assets [Table Text Block] Tabular disclosure of the cost, accumulated amortization and net balance of intangibles assets and amortization period, in total and by major class. Finite-lived intangible assets have a stated useful life over which their gross carrying value is amortized. Indefinite intangible assets have a projected indefinite period of benefit (hence are not amortized). Lease renewal term Lessee, Operating And Finance Leases, Renewal Term Lessee, Operating And Finance Leases, Renewal Term Greater than ten years Debt Securities, Available-For-Sale, Continuous Unrealized Loss Position, Allocated And Single Maturity Date, After Ten Years, Accumulated Loss Debt Securities, Available-For-Sale, Continuous Unrealized Loss Position, Allocated And Single Maturity Date, After Ten Years, Accumulated Loss One year through five years Debt Securities, Available-for-Sale, Fair Value, Maturity, Allocated and Single Maturity Date, after Year One Through Five Summary of Fair Values of Assets Acquired and Liabilities Assumed Schedule of Recognized Identified Assets Acquired and Liabilities Assumed [Table Text Block] Debt Instrument [Axis] Debt Instrument [Axis] Less than one year Debt Securities, Available-For-Sale, Continuous Unrealized Loss Position, Allocated And Single Maturity Date, Within One Year Debt Securities, Available-For-Sale, Continuous Unrealized Loss Position, Allocated And Single Maturity Date, Within One Year Net income attributable to CVS Health Net Income (Loss) Net Income (Loss) Attributable to Parent Trading Arrangement: Trading Arrangement [Axis] Health Services Health Services Segment [Member] Health Services Segment Schedule of Carrying Value and Fair Value By Level of Fair Value Hierarchy Fair Value, by Balance Sheet Grouping [Table Text Block] Investments on deposit with regulatory bodies Assets Held by Insurance Regulators Interest accrual (using locked-in discount rate) Liability for Future Policy Benefit, Expected Future Policy Benefit, Interest Expense 2030-2034 Defined Benefit Plan, Expected Future Benefit Payment, after Year Five for Next Five Years Total Investments [Axis] Total Investments [Axis] Pay vs Performance Disclosure, Table Pay vs Performance [Table Text Block] Effect of changes in cash flow assumptions Liability for Future Policy Benefit, Expected Net Premium, Cumulative Increase (Decrease) from Cash Flow Change Schedule of Changes in Fair Value of Plan Assets Schedule of Allocation of Plan Assets [Table Text Block] Equity Awards Adjustments, Excluding Value Reported in Compensation Table Equity Awards Adjustments, Excluding Value Reported in the Compensation Table [Member] Greater than ten years Debt Securities, Available-for-Sale, Amortized Cost, Maturity, Allocated and Single Maturity Date, after Year 10 Amended contract term (in years) Variable Interest Entity, Amended Contract Term Variable Interest Entity, Amended Contract Term Entity File Number Entity File Number Operating lease right-of-use assets Business Combination, Recognized Identifiable Assets Acquired and Liabilities Assumed, Operating Lease, Right-Of-Use Asset Business Combination, Recognized Identifiable Assets Acquired and Liabilities Assumed, Operating Lease, Right-Of-Use Asset Weighted Average Assumptions Used in Determining Benefit Obligations and Net Benefit Costs Defined Benefit Plan, Assumptions [Table Text Block] Other long-term insurance liabilities Other Insurance Liabilities, Noncurrent Other Insurance Liabilities, Noncurrent Offering period Share-Based Compensation Arrangement By Share-based Payment Award, Offering Period Share-Based Compensation Arrangement By Share-based Payment Award, Offering Period Consolidated Entities [Domain] Consolidated Entities [Domain] Noncontrolling Interests Noncontrolling Interest [Member] Income Statement [Abstract] Income Statement [Abstract] Entity Address, Address Line One Entity Address, Address Line One Federal Current Federal Tax Expense (Benefit) Principal amount of debt repaid Extinguishment of Debt, Amount Common stock dividends ($2.20 per share) Dividends, Common Stock Operating lease term (in years) Lessee, Operating Lease, Term of Contract Name Forgone Recovery, Individual Name Aggregate intrinsic value exercisable at end of year Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Exercisable, Intrinsic Value Common/collective trusts Common Collective Trust [Member] Operating leases Operating Lease, Weighted Average Remaining Lease Term Amended contract extension term Variable Interest Entity, Amended Contract Extension Term Variable Interest Entity, Amended Contract Extension Term Total premium deficiency reserve Premium Deficiency Testing Expense, Short-Duration Contract, Amount Premium Deficiency Testing Expense, Short-Duration Contract, Amount Investments Investment, Policy [Policy Text Block] Other items Other Noncash Income (Expense) Award Timing MNPI Considered Award Timing MNPI Considered [Flag] Debt securities, maturity, without single maturity date Debt Securities, Available-for-Sale, Maturity, without Single Maturity Date, Fair Value Deferred income tax liabilities: Components of Deferred Tax Liabilities [Abstract] Schedule of Expected Future Benefits Payments Schedule of Expected Benefit Payments [Table Text Block] Operating lease right-of-use asset Operating Lease Right-Of-Use Asset [Member] Operating Lease Right-Of-Use Asset Reductions for tax positions of prior years Unrecognized Tax Benefits, Decrease Resulting from Prior Period Tax Positions Finance lease term (in years) Lessee, Finance Lease, Term of Contract Outstanding Aggregate Erroneous Compensation Amount Outstanding Aggregate Erroneous Compensation Amount 2023 Year Of Origination Period Two [Member] Year Of Origination Period Two Fair Value, Balance Sheet Grouping, Financial Statement Captions [Line Items] Fair Value, Balance Sheet Grouping, Financial Statement Captions [Line Items] PEO Actually Paid Compensation Amount PEO Actually Paid Compensation Amount Legal settlement, period of payment Legal Settlement, Period Of Payment Legal Settlement, Period Of Payment Cost, Product and Service [Extensible List] Cost, Product and Service [Extensible Enumeration] Adjustment to Compensation: Adjustment to Compensation [Axis] Net (income) loss attributable to noncontrolling interests Comprehensive (income) loss attributable to noncontrolling interests Net Income (Loss) Attributable to Noncontrolling Interest Liabilities: Financial Instruments, Financial Liabilities, Balance Sheet Groupings [Abstract] One year through five years Debt Securities, Available-for-Sale, Amortized Cost, Maturity, Allocated and Single Maturity Date, after Year One Through Five Number of primary care medical clinics (more than) Number Of Primary Care Medical Clinics Number Of Primary Care Medical Clinics Litigation Case [Domain] Litigation Case [Domain] Accumulated other comprehensive loss Accumulated Other Comprehensive Income (Loss), Net of Tax 4.5% senior notes due May 2042 Senior Notes, 4.5%, Due May 2042 [Member] Senior Notes, 4.5%, Due May 2042 [Member] Purchases Fair Value, Measurement with Unobservable Inputs Reconciliation, Recurring Basis, Asset, Purchases 5.25% senior notes due February 2033 Senior Notes, 5.25%, Due February 2033 [Member] Senior Notes, 5.25%, Due February 2033 Pension Adjustments Service Cost Pension Adjustments Service Cost [Member] Basic (in shares) Weighted average shares, basic (in shares) Weighted Average Number of Shares Outstanding, Basic Stock Price or TSR Estimation Method Stock Price or TSR Estimation Method [Text Block] Hartford Life and Accident Insurance Company Hartford Life And Accident Insurance Company [Member] Hartford Life And Accident Insurance Company [Member] Other Intangible Assets[Line Items] Other Acquired Intangible Assets [Line Items] -- None. No documentation exists for this element. -- Unrealized Losses, Greater than 12 months Debt Securities, Available-for-Sale, Continuous Unrealized Loss Position, 12 Months or Longer, Accumulated Loss Total shareholdersâ€™ equity Beginning of year balance End of year balance Equity, Including Portion Attributable to Noncontrolling Interest Property and equipment Business Combination, Recognized Identifiable Assets Acquired and Liabilities Assumed, Property, Plant, and Equipment Target investment allocations Defined Benefit Plan, Plan Assets, Target Allocation, Percentage Name Awards Close in Time to MNPI Disclosures, Individual Name Revenues Revenue Benchmark [Member] Shares forfeited (in shares) Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Forfeitures in Period Number of retail locations (more than) Number of Stores Unrealized Losses, Less than 12 months Debt Securities, Available-for-Sale, Continuous Unrealized Loss Position, Less than 12 Months, Accumulated Loss Number of businesses acquired Number of Businesses Acquired Entity Filer Category Entity Filer Category Loss Contingencies [Line Items] Loss Contingencies [Line Items] Stock options and SARs Employee Stock Options And Stock Appreciation Rights [Member] Employee Stock Options and Stock Appreciation Rights [Member] Acquisitions Goodwill, Acquired During Period Statistical Measurement [Domain] Statistical Measurement [Domain] Gross Unrealized Losses Debt Securities, Available-for-Sale, Accumulated Gross Unrealized Loss, before Tax Trade receivables Trade receivables (included in accounts receivable, net) Contract with Customer, Asset, after Allowance for Credit Loss, Current Summary of the Components of Net Lease Cost and Supplemental Cash Flow Information Lease, Cost [Table Text Block] Debt securities Debt Securities [Member] Internal Credit Assessment [Axis] Internal Credit Assessment [Axis] Unrecognized tax benefits that would impact effective tax rate Unrecognized Tax Benefits that Would Impact Effective Tax Rate Segment Reporting Information [Line Items] Segment Reporting Information [Line Items] Provider networks Provider Networks [Member] Acquired in a business combination or other transaction. This item represents the value ascribed to the relationships with the acquiree's physicians, hospitals and other health care providers network. All Trading Arrangements All Trading Arrangements [Member] Compensation Actually Paid vs. Net Income Compensation Actually Paid vs. Net Income [Text Block] Reconciliation of Basic and Diluted Earnings Per Share Schedule of Earnings Per Share, Basic and Diluted [Table Text Block] Award vesting period Share-Based Compensation Arrangement by Share-Based Payment Award, Award Vesting Period Rule 10b5-1 Arrangement Adopted Rule 10b5-1 Arrangement Adopted [Flag] Awards Close in Time to MNPI Disclosures Awards Close in Time to MNPI Disclosures [Table] Income taxes paid Income Taxes Paid, Net Average purchase price of shares purchased (in dollars per share) Stock Issued During Period, Employee Stock Purchase Plan, Average Purchase Price of Shares Purchased Stock Issued During Period, Employee Stock Purchase Plan, Average Purchase Price of Shares Purchased Fiduciary Duty Breach, Opioid Matter Fiduciary Duty Breach, Opioid Matter [Member] Fiduciary Duty Breach, Opioid Matter Shares Held in Trust Shares Held In Trust [Policy Text Block] Shares Held In Trust [Policy Text Block] Pay vs Performance Disclosure [Line Items] Peer Group Total Shareholder Return Amount Peer Group Total Shareholder Return Amount Premiums and deposits Separate Account, Liability, Premium and Deposit Residential mortgage-backed securities Residential Mortgage-Backed Securities [Member] 2028 Mortgage Loans On Real Estate Collections Of Principal In Year Four Mortgage Loans On Real Estate Collections Of Principal In Year Four Thailand Business Thailand Business [Member] Thailand Business Initial contractual term (in years) Initial Contractual Term Variable Interest Entity, Initial Contractual Term Deferred: Deferred Income Tax Expense (Benefit), Continuing Operations [Abstract] Restructuring and Related Activities [Abstract] 1.75% senior notes due August 2030 Senior Notes, 1.75%, August 2030 [Member] Senior Notes, 1.75%, August 2030 Other Performance Measure, Amount Other Performance Measure, Amount

2027 Finite-Lived Intangible Asset, Expected Amortization, Year Three Goodwill [Line Items] Goodwill [Line Items] Leases Lessee, Operating Leases [Text Block] Common stock, shares outstanding (in shares) Common Stock, Shares, Outstanding Documents Incorporated by Reference Documents Incorporated by Reference [Text Block] Short-term debt, weighted average interest rate Short-Term Debt, Weighted Average Interest Rate, at Point in Time Total Lessee, Leases Liabilities Payments Due [Abstract] Lessee, Leases Liabilities Payments Due [Abstract] Operating lease cost Operating Lease, Cost Other receivables Other Receivables, Net, Current Long-term debt and lease obligation Debt and Lease Obligation Liability for future policy benefits Net liability for future policy benefits Liability for Future Policy Benefit, before Reinsurance Cash paid for inventory, prescriptions dispensed and health services rendered Payments For Inventory And Prescriptions Dispensed By Retail Network Pharmacies Payments For Inventory And Prescriptions Dispensed By Retail Network Pharmacies Number of shares available for grant (in shares) Share-Based Compensation Arrangement by Share-Based Payment Award, Number of Shares Available for Grant Long-term operating lease liabilities Long-term operating lease liabilities Operating Lease, Liability, Noncurrent Benefit payments Defined Benefit Plan, Benefit Obligation, Benefits Paid Other Product and Service, Other [Member] Interest on lease liabilities Finance Lease, Interest Expense Gross realized capital losses Debt Securities, Available-for-Sale, Realized Loss Contract liabilities (included in accrued expenses and other current liabilities) Contract with Customer, Liability, Current Contract with Customer, Sales Channel [Axis] Contract with Customer, Sales Channel [Axis] Loans Payable Loans Payable [Member] Entity Tax Identification Number Entity Tax Identification Number Liability for Claims and Claims Adjustment Expense [Table] Liability for Claims and Claims Adjustment Expense [Table] Equity securities Total equity securities Defined Benefit Plan, Equity Securities [Member] Summary of Company's Borrowings Schedule of Long-Term Debt Instruments [Table Text Block] Additions based on tax positions related to prior years Unrecognized Tax Benefits, Increase Resulting from Prior Period Tax Positions Retirement Plan Type [Axis] Retirement Plan Type [Axis] AOCI Including Portion Attributable to Noncontrolling Interest AOCI Including Portion Attributable to Noncontrolling Interest [Member] ASR percent of notional amount received in shares Accelerated Share Repurchases, Percent Of Notional Amount Received In Shares Accelerated Share Repurchases, Percent Of Notional Amount Received In Shares Denominator for earnings per share calculation: Denominator For Earnings Per Share Calculation [Abstract] Denominator For Earnings Per Share Calculation [Abstract] Deferred acquisition costs, beginning of the period Deferred acquisition costs, end of the period Deferred Policy Acquisition Cost 6.125% senior notes due September 2039 Senior Notes, 6.125%, Due September 2039 [Member] Senior Notes, 6.125%, Due September 2039 [Member] 3.625% senior notes due April 2027 Senior Notes, 3.625%, Due April 2027 [Member] Senior Notes, 3.625%, Due April 2027 [Member] Treasury Shares Treasury Stock, Common [Member] Summary of Stock Option and SAR Activity Cash Proceeds Received and Tax Benefit from Share-Based Payment Awards [Table Text Block] Cash paid to other suppliers and employees Payments to Suppliers and Employees Intersegment Eliminations Intersegment Eliminations [Member] Operating expenses Other Cost and Expense, Operating Plan Name [Axis] Plan Name [Axis] Thereafter Finance Lease, Liability, to be Paid, after Year Five Equity Components [Axis] Equity Components [Axis] Total lease payments Finance Lease, Liability, to be Paid Other current assets Other Assets, Current Fair Value Total Debt securities Debt Securities, Available-for-Sale ASR agreement, amount Accelerated Share Repurchases Agreement, Amount Accelerated Share Repurchases Agreement, Amount Signify Health, Inc. Signify Health, Inc. [Member] Signify Health, Inc. Legal charges Deferred Tax Assets, Tax Deferred Expense, Reserves and Accruals, Legal Settlements 5.3% senior notes due June 2033 Senior Notes, 5.3%, Due June 2033 [Member] Senior Notes, 5.3%, Due June 2033 Payments related to severance and employee-related costs Payments for Postemployment Benefits Beginning balance Ending balance Fair Value, Measurement with Unobservable Inputs Reconciliation, Recurring Basis, Asset Value Proceeds from sale of subsidiaries (net of cash and restricted cash sold of $2,854 in 2022) Proceeds from Divestiture of Businesses, Net of Cash Divested Mortgage-backed securities Separate Account, Mortgage-Backed Security [Member] Total operating costs Costs and Expenses Business Acquisition, Acquiree [Domain] Business Acquisition, Acquiree [Domain] Stock options and SARs Stock Options And Stock Appreciation Rights [Member] Stock Options And Stock Appreciation Rights Impaired Long-Lived Assets Held and Used by Type [Axis] Impaired Long-Lived Assets Held and Used by Type [Axis] Direct Direct Premiums Earned Aggregate Intrinsic value outstanding at end of year Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Outstanding, Intrinsic Value Fair value of replacement equity awards for pre-combination services Business Combination, Consideration Transferred, Equity Interests Issued and Issuable Investments [Domain] Investments [Domain] Effect of actual variances from expected experience Liability for Future Policy Benefit, Expected Future Policy Benefit, Cumulative Increase (Decrease) of Actual Variance from Expected Experience 2.125% senior notes due September 2031 Senior Notes, 2.125%, Due September 2031 [Member] Senior Notes, 2.125%, Due September 2031 Schedule of Operating Leased Assets [Table] Schedule of Operating Leased Assets [Table] 2029 Lessee, Operating Lease, Liability, to be Paid, Year Five Gross investment income Investment Income, Interest and Dividend Bad debts and other allowances Deferred Tax Assets, Tax Deferred Expense, Reserves And Accruals, Bad Debts And Other Allowances Deferred Tax Assets, Tax Deferred Expense, Reserves And Accruals, Bad Debts And Other Allowances Gain on sale of subsidiaries Gain on sale of subsidiaries Gain (Loss) on Disposition of Business Derivatives Defined Benefit Plan, Derivative [Member] Stock repurchased during period, value Stock Repurchased During Period, Value Aggregate Grant Date Fair Value of Equity Award Amounts Reported in Summary Compensation Table Aggregate Grant Date Fair Value of Equity Award Amounts Reported in Summary Compensation Table [Member] Finance leases: Finance Lease, Assets And Liabilities, Lessee [Abstract] Finance Lease, Assets And Liabilities, Lessee [Abstract] Net transfers from general account Transfer to (from) Policyholder Account Balance (to) from Separate Account Pharmacy claims and discounts payable Pharmacy Claims And Discounts Payable, Current Pharmacy Claims And Discounts Payable, Current Shares issued employee stock purchase plan (in shares) Stock Issued During Period, Shares, Employee Stock Purchase Plans 7% series A junior subordinated notes due March 2055 Series A Junior Subordinated Notes, 7%, Due March 2055 [Member] Series A Junior Subordinated Notes, 7%, Due March 2055 Debt Securities, Available-for-sale [Line Items] Debt Securities, Available-for-Sale [Line Items] Other long-term assets Business Combination, Recognized Identifiable Assets Acquired and Liabilities Assumed, Other Noncurrent Assets 3.25% senior notes due August 2029 Senior Notes, 3.25%, Due August 2029 [Member] Senior Notes, 3.25%, Due August 2029 [Member] Prior years Liability for Unpaid Claims and Claims Adjustment Expense, Claims Paid, Prior Years Loss on assets held for sale Impairment of Long-Lived Assets to be Disposed of 5% senior notes due December 2024 Senior Notes, 5%, Due December 2024 [Member] Senior Notes, 5%, Due December 2024 [Member] Prior year refunds and unrecognized tax benefits Effective Income Tax Rate Reconciliation, Tax Settlement, Domestic, Percent Fair Value Debt Securities, Available-for-Sale, Unrealized Loss Position Cost of Products Sold Cost of Goods and Service [Policy Text Block] Cash, cash equivalents and restricted cash at the beginning of the period Cash, cash equivalents and restricted cash at the end of the period Total cash, cash equivalents and restricted cash in the consolidated statements of cash flows Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents Weighted Average Life (years) Finite-Lived Intangible Asset, Weighted-Average Period before Renewal or Extension Initial redemption period prior to first interest rate date Debt Instrument, Initial Redemption, Period Prior To First Interest Date Debt Instrument, Initial Redemption, Period Prior To First Interest Date Equity securities Equity Securities, FV-NI, Current Number of reinsurance contracts entered into Number of Reinsurance Contracts Entered Into Number of reinsurance contracts entered into with an unrelated insurer. Consolidation Items [Axis] Consolidation Items [Axis] Less: Reinsurance recoverable Liability for Future Policy Benefit, Reinsurance Recoverable, after Allowance Treasury stock (in shares) Treasury shares outstanding, beginning of year balance (in shares) Treasury shares outstanding, end of year balance (in shares) Treasury Stock, Common, Shares Forgone Recovery due to Disqualification of Tax Benefits, Amount Forgone Recovery due to Disqualification of Tax Benefits, Amount Beginning liability for future policy benefits at original (locked-in) discount rate Ending liability for future policy benefits at original (locked-in) discount rate Liability for Future Policy Benefit, Expected Future Policy Benefit, Original Discount Rate, before Cash Flow and Reinsurance Product and Service [Domain] Product and Service [Domain] Short-term lease costs Short-Term Lease, Cost Estimated maximum dividend distributions permitted in 2025 without prior regulatory approval Statutory Accounting Practices, Statutory Amount Available for Dividend Payments without Regulatory Approval Vested (in dollars per share) Share-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Vested in Period, Weighted Average Grant Date Fair Value Goodwill [Roll Forward] Goodwill [Roll Forward] Fair Value Disclosures [Abstract] Fair Value Disclosures [Abstract] Decrease in prior years' healthcare costs payable Prior years Prior Year Claims and Claims Adjustment Expense Actual return on plan assets Defined Benefit Plan, Plan Assets Level 3 Reconciliation, Increase (Decrease) for Actual Return (Loss) on Plan Assets Still Held Purchase of treasury shares, net of ESPP issuances (in shares) Treasury Stock, Shares, Acquired, Cost Method, Net Of ESPP Issuance Treasury Stock, Shares, Acquired, Cost Method, Net Of ESPP Issuance Preferred stock, shares outstanding (in shares) Preferred Stock, Shares Outstanding Security Exchange Name Security Exchange Name Exercised (in dollars per share) Share-Based Compensation Arrangements by Share-Based Payment Award, Options, Exercises in Period, Weighted Average Exercise Price Mail choice Sales Channel, Directly to Consumer [Member] 4.875% senior notes due July 2035 Senior Notes, 4.875%, Due July 2035 [Member] Senior Notes, 4.875%, Due July 2035 [Member] Units Share-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Nonvested, Number of Shares [Roll Forward] Number of states under separate settlement agreements Litigation Settlement, Number Of States Under Separate Settlement Agreements Litigation Settlement, Number Of States Under Separate Settlement Agreements State Current State and Local Tax Expense (Benefit) Corporate/ Other Corporate And Other Segment [Member] Corporate And Other Segment Unrealized Losses Debt Securities, Available-for-Sale, Unrealized Loss Position, Accumulated Loss [Abstract] Short-term debt Short-Term Debt 6.25% senior notes due June 2027 Senior Notes, 6.25%, Due June 2027 [Member] Senior Notes, 6.25%, Due June 2027 [Member] Amortized Cost Debt Securities, Available-for-Sale, Maturity, Allocated and Single Maturity Date, Amortized Cost [Abstract] Forgone Recovery, Explanation of Impracticability Forgone Recovery, Explanation of Impracticability [Text Block] Schedule of Debt Securities Available For Sale Debt Securities, Available-for-Sale [Table Text Block] Individual State Reinsurance Programs Individual State Reinsurance Programs [Member] Individual State Reinsurance Programs Insurance reserves Deferred Tax Assets, Tax Deferred Expense, Reserves and Accruals, Reserves Less: Net realized capital gains (losses) Net realized capital losses Realized Investment Gains (Losses) Schedule of Debt Securities In An Unrealized Capital Loss Position Unrealized Gain (Loss) on Investments [Table Text Block] Finance leases Right-of-Use Asset Obtained in Exchange for Finance Lease Liability Nonrecurring Fair Value, Nonrecurring [Member] Sales Fair Value, Measurement with Unobservable Inputs Reconciliation, Recurring Basis, Asset, Sales Goodwill and Intangible Assets Disclosure [Abstract] Goodwill and Intangible Assets Disclosure [Abstract] Incurred Health Care Claims, Net of Reinsurance Short-Duration Insurance Contracts, Incurred Claims and Allocated Claim Adjustment Expense, Net Restructuring charges (impairment of long-lived assets) Restructuring Costs, Asset Impairment Charges Restructuring Costs, Asset Impairment Charges Pharmacy Pharmacy Revenue [Member] Pharmacy Revenue [Member] Schedule of Change in Level 3 Plan Assets Defined Benefit Plan, Plan Assets, Category [Table Text Block] Common stock, shares issued (in shares) Common Stock, Shares, Issued Entity [Domain] Entity [Domain] Expected future benefit payments Liability for Future Policy Benefit, Expected Future Policy Benefit, Undiscounted, before Reinsurance Concentration risk, percent Concentration Risk, Percentage Maximum borrowing capacity Line of Credit Facility, Maximum Borrowing Capacity Weighted average remaining lease term (in years) Weighted Average Remaining Lease Term [Abstract] Weighted Average Remaining Lease Term [Abstract] Unrealized Losses Debt Securities, Available-for-Sale, Unrealized Loss Position, Accumulated Loss Restructuring charges Restructuring charges Restructuring Costs and Asset Impairment Charges Debt discounts and deferred financing costs Debt Instrument, Unamortized Discount And Debt Issuance Costs, Net Debt Instrument, Unamortized Discount And Debt Issuance Costs, Net Real estate partnerships Real Estate Funds [Member] Insider Trading Policies and Procedures Adopted Insider Trading Policies and Procedures Adopted [Flag] Operating leases: Operating Lease, Assets And Liabilities, Lessee [Abstract] Operating Lease, Assets And Liabilities, Lessee [Abstract] Restricted stock units and performance stock units vested if actual payout rates are applied (in shares) Share-Based Compensation Arrangement By Share-Based Payment Award, Equity Instruments Other Than Options, Vested In Period, Actual Payout Rates Share-Based Compensation Arrangement By Share-Based Payment Award, Equity Instruments Other Than Options, Vested In Period, Actual Payout Rates Schedule of Fair Value of Separate Accounts by Major Category of Investment Fair Value, Separate Account Investment [Table Text Block] Common stock, shares authorized (in shares) Common Stock, Shares Authorized Contractual obligations underlying the guaranteed benefits Contractual Obligations To Maintain Levels Of Separate Accounts Represents the contractual obligation to maintain the required level of funding in Separate Accounts necessary to fund specific guaranteed pensions annuities. Acquisitions (net of cash and restricted cash acquired) Payments to Acquire Businesses, Net of Cash Acquired Supporting experience- rated products Supporting Experience Rated Products [Member] Supporting discontinued and experience-rated products. Insurance [Abstract] Insurance [Abstract] Gross transfers into Level 3 Fair Value, Measurement with Unobservable Inputs Reconciliation, Recurring Basis, Asset Transfers Into Level 3 Adjusted beginning liability for future policy benefits - original (locked-in) discount rate Liability for Future Policy Benefit, Expected Future Benefit, Original Discount Rate, before Reinsurance, after Cash Flow Change Ceded Credit Risk [Table] Ceded Credit Risk [Table] Long-term Debt, Type [Axis] Long-Term Debt, Type [Axis] Schedule of Reconciliation of Cash and Cash Equivalents Schedule of Cash Flow, Supplemental Disclosures [Table Text Block] Entity Voluntary Filers Entity Voluntary Filers Less than one year Debt Securities, Available-For-Sale, Continuous Unrealized Loss Position, Allocated And Single Maturity Date, Within One Year, Accumulated Loss Debt Securities, Available-For-Sale, Continuous Unrealized Loss Position, Allocated And Single Maturity Date, Within One Year, Accumulated Loss Fair Value, Separate Account Investment [Table] Fair Value, Separate Account Investment [Table] Depreciation and amortization Deferred Tax Liabilities, Depreciation And Amortization Deferred Tax Liabilities, Depreciation and Amortization - Amount of deferred tax liability attributable to taxable temporary differences from depreciation and amortization Plan assets, investment within plan asset category, amount Defined Benefit Plan, Plan Assets, Investment within Plan Asset Category, Amount Amortization of net actuarial loss Defined Benefit Plan, Amortization of Gain (Loss) Statement of Financial Position Location, Balance [Axis] Statement of Financial Position Location, Balance [Axis] Interest expense Interest Expense, Nonoperating Total deferred income taxes Deferred Income Tax Expense (Benefit) Mortgage loans foreclosed SEC Schedule, 12-29, Real Estate Companies, Investment in Mortgage Loans on Real Estate, Foreclosure Discount rate Defined Benefit Plan, Assumptions Used Calculating Benefit Obligation, Discount Rate Schedule of Proceeds and Related Gross Realized Capital Gains and Losses From the Sale of Debt Securities Proceeds And Related Gross Realized Capital Gains Losses From Sale Of Debt Securities [Table Text Block] This item includes proceeds from the sale of debt securities and the related gross realized capital gains and losses, excluding amounts related to experience-rated and discontinued products. Settlement losses Defined Benefit Plan, Net Periodic Benefit Cost (Credit), Gain (Loss) Due to Settlement Other non-insurance health care costs payable Health Care Organization, Accounts Payable to Third-Party Payor Discontinued Operations Discontinued Operations, Policy [Policy Text Block] 2.875% senior notes due June 2026 Senior Notes, 2.875%, Due June 2026 [Member] Senior Notes, 2.875%, Due June 2026 [Member] Change in discount rate on long-duration insurance reserves OCI, Liability for Future Policy Benefit, Gain (Loss), after Reclassification Adjustment and Tax Recurring Fair Value, Recurring [Member] Accounts receivable, net Total accounts receivable, net Accounts Receivable, after Allowance for Credit Loss, Current Shares granted (in shares) Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Grants in Period, Gross Thereafter Mortgage Loans On Real Estate Collections Of Principal After Year Five Mortgage Loans On Real Estate Collections Of Principal After Year Five Fair Value, Greater than 12 months Debt Securities, Available-for-Sale, Continuous Unrealized Loss Position, 12 Months or Longer Antidilutive Securities Excluded from Computation of Earnings Per Share [Line Items] Antidilutive Securities Excluded from Computation of Earnings Per Share [Line Items] Asset impairment charges Asset impairment charges Asset Impairment Charges Other liabilities Increase (Decrease) in Other Operating Liabilities Pension Adjustments Prior Service Cost Pension Adjustments Prior Service Cost [Member] Beginning balance Ending balance Fair value of plan assets Defined Benefit Plan, Plan Assets, Amount Thereafter Long-Term Debt, Maturity, after Year Five Separate Account, Liability [Roll Forward] Separate Account, Liability [Roll Forward] Acquisitions, Divestitures and Asset Sales Mergers, Acquisitions and Dispositions Disclosures [Text Block] All Other All Other Reinsurers [Member] All Other Reinsurers [Member] 4.3% senior notes due March 2028 Senior Notes, 4.3%, Due March 2028 [Member] Senior Notes, 4.3%, Due March 2028 [Member] Fair Value, by Balance Sheet Grouping [Table] Fair Value, by Balance Sheet Grouping [Table] Restricted cash (included in other current assets) Restricted Cash, Current Commercial Paper Commercial Paper [Member] Schedule of Investment Income, Reported Amounts, by Category [Table] Investment Income [Table] Pension Benefits Adjustments, Footnote Pension Benefits Adjustments, Footnote [Text Block] Total Shareholder Return Vs Peer Group Total Shareholder Return Vs Peer Group [Text Block] Investment expenses Investment Income, Investment Expense Document Annual Report Document Annual Report 2027 Finance Lease, Liability, to be Paid, Year Three Fair value of stock options and SARs vested Share-Based Compensation Arrangement By Share-Based Payment Award, Options And Equity Instruments Other Than Options, Vested In Period, Fair Value Share-Based Compensation Arrangement By Share-Based Payment Award, Options And Equity Instruments Other Than Options, Vested In Period, Fair Value Vested (in shares) Share-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Vested in Period Health Care Benefits Health Care Benefits Segment [Member] Health Care Benefits Segment [Member] Supplemental Balance Sheet Information Lessee, Lease [Table Text Block] Lessee, Lease [Table Text Block] Total CVS Health Shareholdersâ€™ Equity Parent

[Member] Risk-free interest rate Share-Based Compensation Arrangement by Share-Based Payment Award, Fair Value Assumptions, Risk Free Interest Rate Number of patients served per year (more than) Number Of Patients Served Per Year Number Of Patients Served Per Year Indefinite-lived intangible assets, Trademarks Indefinite-Lived Intangible Assets (Excluding Goodwill) Transfers out of Level 3 Defined Benefit Plan, Plan Assets Level 3 Reconciliation, Increase (Decrease) for Assets Transferred into (out of) Level 3 Intangible asset amortization since acquisition date Amortization of intangible assets Amortization of Intangible Assets 2022 Repurchase Program 2022 Repurchase Program [Member] 2022 Repurchase Program Accounting Policies [Abstract] Accounting Policies [Abstract] Liabilities: Liabilities [Abstract] Revenues: Revenues [Abstract] Leasehold improvements Leasehold Improvements [Member] Current Fiscal Year End Date Current Fiscal Year End Date Less: imputed interest Lessee, Operating Lease, Liability, Undiscounted Excess Amount Investments Current Short-Term Investments PEO Name PEO Name Accumulated depreciation Finance Lease, Right-of-Use Asset, Accumulated Amortization Pension and other postretirement benefits Accumulated Defined Benefit Plans Adjustment, Net Gain (Loss) Including Portion Attributable to Noncontrolling Interest [Member] Award Type [Domain] Award Type [Domain] Legal charges Effective Income Tax Rate Reconciliation, Nondeductible Expense, Legal Charges, Percent Effective Income Tax Rate Reconciliation, Nondeductible Expense, Legal Charges, Percent 5.875% senior notes due June 2053 Senior Notes, 5.875%, Due June 2053 [Member] Senior Notes, 5.875%, Due June 2053 Common/collective trusts Common and Collective Trusts [Member] The total amount of Common/Collective Trusts held by the company, primarily related to investment funds otherwise known as underlying funds. Cash and cash equivalents Business Combination, Recognized Identifiable Assets Acquired and Liabilities Assumed, Cash and Equivalents Schedule of Reinsurance Recoverables Ceded Credit Risk [Table Text Block] Compensation Actually Paid vs. Company Selected Measure Compensation Actually Paid vs. Company Selected Measure [Text Block] Noncurrent liabilities reflected in other long-term liabilities Liability, Defined Benefit Plan, Noncurrent Number of medical members Number Of Medical Members Number Of Medical Members Non-PEO NEO Non-PEO NEO [Member] Total assets acquired Business Combination, Recognized Identifiable Assets Acquired and Liabilities Assumed, Assets Long-term debt Finance Lease, Liability, Noncurrent Schedule of Accounts Receivable, Net Schedule of Accounts, Notes, Loans and Financing Receivable [Table Text Block] Individual Exchange Product Line Individual Exchange Product Line [Member] Individual Exchange Product Line Effective settlement of pre-existing relationship Business Combination, Consideration Transferred, Effective Settlement Of Pre-Existing Relationship Business Combination, Consideration Transferred, Effective Settlement Of Pre-Existing Relationship Pension Plans and Other Postretirement Benefits Retirement Benefits [Text Block] Net deferred tax liabilities Deferred income taxes Business Combination, Recognized Identifiable Assets Acquired and Liabilities Assumed, Deferred Tax Liabilities CVS Health 2017 Incentive Compensation Plan CVS Health 2017 Incentive Compensation Plan [Member] CVS Health 2017 Incentive Compensation Plan [Member] Short-term Debt [Line Items] Short-Term Debt [Line Items] New Accounting Pronouncements Recently Adopted and New Accounting Pronouncements Not Yet Adopted New Accounting Pronouncements, Policy [Policy Text Block] Fair Value Debt Securities, Available-for-Sale, Maturity, Allocated and Single Maturity Date, Fair Value [Abstract] Finite-Lived Intangible Assets by Major Class [Axis] Finite-Lived Intangible Assets by Major Class [Axis] 2028 Finance Lease, Liability, to be Paid, Year Four Finite-lived intangible assets, accumulated amortization Finite-Lived Intangible Assets, Accumulated Amortization Insurance lines other than short duration Short-Duration Insurance Contracts, Liability for Unpaid Claims and Claim Adjustment Expense, Other Reconciling Item Name Measure Name Entity Interactive Data Current Entity Interactive Data Current Proceeds from sales Proceeds from Sale of Debt Securities, Available-for-Sale Net investment income (excluding net realized capital gains or losses) Investment Income, Excluding Capital Gains Or Losses Investment Income, Excluding Capital Gains Or Losses Health care costs Net health care costs Policyholder Benefits and Claims Incurred, Net Deferred income tax assets: Components of Deferred Tax Assets [Abstract] Pending Litigation Pending Litigation [Member] Significant Accounting Policies [Line Items] New Accounting Pronouncements or Change in Accounting Principle [Line Items] Schedule of Fair Value, Assets and Liabilities Measured on Recurring Basis Schedule of Fair Value, Assets and Liabilities Measured on Recurring Basis [Table Text Block] Disaggregation of Revenue [Table] Disaggregation of Revenue [Table] Other Insurance Liabilities and Separate Accounts Insurance Contract, Acquisition Cost [Text Block] Weighted-average duration of long-duration insurance liabilities Liability for Future Policy Benefit, Weighted-Average Duration 2029 Lessee, Liability, Payments, Due Year Five Lessee, Liability, Payments, Due Year Five Stock-based compensation Share-Based Payment Arrangement, Noncash Expense Total deferred income tax assets Deferred Tax Assets, Net of Valuation Allowance Fair Value Measured at Net Asset Value Per Share Fair Value Measured at Net Asset Value Per Share [Member] Revenues Revenues from external customers Premiums Earned, Net And Revenue From Contract With Customer, Excluding Assessed Tax Premiums Earned, Net And Revenue From Contract With Customer, Excluding Assessed Tax Debt interest rate Debt Instrument, Interest Rate, Stated Percentage Reconciliation of net income to net cash provided by operating activities: Supplemental Cash Flow Information [Abstract] Large Case Pensions Large Case Pensions [Member] Large Case Pensions Net income attributable to CVS Health, diluted Net Income (Loss) Available to Common Stockholders, Diluted Total consideration transferred Business Combination, Recognized Identifiable Assets Acquired, Goodwill, and Liabilities Assumed, Less Noncontrolling Interest Settlements Unrecognized Tax Benefits, Decrease Resulting from Settlements with Taxing Authorities Interest rate recurring reset period Debt Instrument, Interest Rate, Recurring Reset Period Debt Instrument, Interest Rate, Recurring Reset Period Services Service [Member] Concentration Risk Benchmark [Domain] Concentration Risk Benchmark [Domain] Foreign securities Debt Security, Corporate, Non-US [Member] Auditor Firm ID Auditor Firm ID Effective income tax rate Effective Income Tax Rate Reconciliation, Percent Operating income Operating Income (Loss) Changes in Accumulated Other Comprehensive Income (Loss) by Component AOCI Including Portion Attributable to Noncontrolling Interest, Net of Tax [Roll Forward] Number of reportable segments Number of Reportable Segments Total liabilities and shareholdersâ€™ equity Liabilities and Equity Rule 10b5-1 Arrangement Terminated Rule 10b5-1 Arrangement Terminated [Flag] Ceded Ceded Premiums Earned Health Insurance Product Line Health Insurance Product Line [Member] Fair Value Hierarchy and NAV [Axis] Fair Value Hierarchy and NAV [Axis] International Defined Benefit Plan, Equity Securities, Non-US [Member] Commercial Real Estate Commercial Real Estate [Member] 2026 Finance Lease, Liability, to be Paid, Year Two All outstanding liabilities for health care costs payable prior to 2023, net of reinsurance Short-Duration Insurance Contracts, Liability for Unpaid Claims and Allocated Claim Adjustment Expense, Net, Not Separately Presented Dividends paid Payments of Dividends Finite-Lived Intangible Assets, Major Class Name [Domain] Finite-Lived Intangible Assets, Major Class Name [Domain] Current portion of long-term debt Current portion of long-term debt Long-Term Debt and Lease Obligation, Current Schedule of Maturities of Long-Term Debt Schedule of Maturities of Long-Term Debt [Table Text Block] Operating leases Right-of-Use Asset Obtained in Exchange for Operating Lease Liability Variable Interest Entity, Primary Beneficiary, Physicians Groups Variable Interest Entity, Primary Beneficiary, Physicians Groups [Member] Variable Interest Entity, Primary Beneficiary, Physicians Groups Underlying Security Market Price Change Underlying Security Market Price Change, Percent Expected return on plan assets Defined Benefit Plan, Expected Return (Loss) on Plan Assets Individual: Individual [Axis] Mortgage Loans On Real Estate Year Of Origination [Axis] Mortgage Loans On Real Estate Year Of Origination [Axis] Mortgage Loans On Real Estate Year Of Origination Buildings, building improvements and leasehold improvements Building and improvements Building and Building Improvements [Member] Accumulated Other Comprehensive Income (Loss) AOCI Attributable to Parent [Member] 2022 Year Of Origination Period Three [Member] Year Of Origination Period Three Forfeited (in dollars per share) Share-Based Compensation Arrangements by Share-Based Payment Award, Options, Forfeitures in Period, Weighted Average Exercise Price Schedule of Regulatory Requirements Schedule of Regulatory Assets [Table Text Block] Expected life (in years) Share-Based Compensation Arrangement by Share-Based Payment Award, Fair Value Assumptions, Expected Term Inventories Inventory, Net Product and Service [Axis] Product and Service [Axis] Property, Plant and Equipment [Line Items] Property, Plant and Equipment [Line Items] Statement [Line Items] Statement [Line Items] Fresenius Medical Care Reinsurance Company (Cayman) Ltd. Fresenius Medical Care Reinsurance Company (Cayman) Ltd. [Member] Fresenius Medical Care Reinsurance Company (Cayman) Ltd. Separate Account Asset Category [Domain] Separate Account Asset Category [Domain] Pharmacy & Consumer Wellness Pharmacy And Consumer Health Segment [Member] Pharmacy And Consumer Health Segment Operating costs: Operating Expenses [Abstract] Operating lease liabilities (current and long-term) Business Combination, Recognized Identifiable Assets Acquired And Liabilities Assumed, Operating Lease, Liability Business Combination, Recognized Identifiable Assets Acquired And Liabilities Assumed, Operating Lease, Liability Benefit payments Defined Benefit Plan, Plan Assets, Benefits Paid Schedule of Property and Equipment Property, Plant and Equipment [Table Text Block] Compensation Actually Paid vs. Total Shareholder Return Compensation Actually Paid vs. Total Shareholder Return [Text Block] Less: sublease income Sublease Income Total consideration transferred Business Combination, Consideration Transferred Debt securities Separate Account, Debt Security [Member] Derivative Financial Instruments Derivatives, Policy [Policy Text Block] Accounts Receivable, Allowance for Credit Losses Credit Loss, Financial Instrument [Policy Text Block] Schedule of Changes in Level 3 Financial Assets Fair Value, Assets Measured on Recurring Basis, Unobservable Input Reconciliation [Table Text Block] Junior Subordinated Debt Junior Subordinated Debt [Member] Summary of Fair Values and Weighted Average Useful Lives for Intangible Assets Acquired Schedule of Finite-Lived Intangible Assets Acquired as Part of Business Combination [Table Text Block] Minimum Minimum [Member] Adoption Date Trading Arrangement Adoption Date Amortization expense Deferred Policy Acquisition Costs, Amortization Expense After five years through ten years Debt Securities, Available-for-Sale, Fair Value, Maturity, Allocated and Single Maturity Date, after Year 5 Through 10 Ceded Policyholder Benefits and Claims Incurred, Ceded Liability for unpaid claims Liability For Unpaid Claims Represents the total liability on the balance sheet for unpaid claims for both short-duration and long-duration insurance contracts after reinsurance. Variable Interest Entity [Line Items] Variable Interest Entity [Line Items] Separate Account Asset Category [Axis] Separate Account Asset Category [Axis] Segments [Axis] Segments [Axis] Change in Fair Value as of Vesting Date of Prior Year Equity Awards Vested in Covered Year Change in Fair Value as of Vesting Date of Prior Year Equity Awards Vested in Covered Year [Member] Derivative Instrument [Axis] Derivative Instrument [Axis] Statutory income tax rate Effective Income Tax Rate Reconciliation, at Federal Statutory Income Tax Rate, Percent Long-term debt Subtotal Long-Term Debt, Gross Exercise Price Award Exercise Price Schedule of Deferred Tax Assets and Liabilities Schedule of Deferred Tax Assets and Liabilities [Table Text Block] Premium Deficiency Reserves Insurance Premiums Revenue Recognition, Policy [Policy Text Block] Arrangement Duration Trading Arrangement Duration Common/collective trusts, Debt Securities Defined Benefit Plan, Common Collective Trust, Debt Securities [Member] Defined Benefit Plan, Common Collective Trust, Debt Securities [Member] Leases Lessee, Finance Leases [Text Block] Goodwill and Other Intangibles Goodwill and Intangible Assets Disclosure [Text Block] Stock options granted subsequent to 2018 Share-Based Payment Arrangement, Option, Granted Subsequent to 2018 [Member] Share-Based Payment Arrangement, Option, Granted Subsequent to 2018 Variable Interest Entity [Table] Variable Interest Entity [Table] Shareholdersâ€™ equity: Equity, Attributable to Parent [Abstract] Fair Value, Less than 12 months Debt Securities, Available-for-Sale, Continuous Unrealized Loss Position, Less than 12 Months Number of pharmacy plan members Number Of Pharmacy Plan Members Number Of Pharmacy Plan Members Change in unrealized capital losses included in OCI associated with Level 3 financial assets Fair Value, Asset, Recurring Basis, Still Held, Unrealized Gain (Loss), OCI Current year Liability for Unpaid Claims and Claims Adjustment Expense, Claims Paid, Current Year 1 Category 1 [Member] Mortgage Loan Credit Quality Indicator - Category 1 [Member]. Total Investments Long-term investments Long-term Long-Term Investments Impaired Long-Lived Assets Held and Used, Asset Name [Domain] Impaired Long-Lived Assets Held and Used, Asset Name [Domain] Estimated minimum statutory surplus required by regulators Statutory Accounting Practices, Statutory Capital and Surplus Required Material Terms of Trading Arrangement Material Terms of Trading Arrangement [Text Block] Debt instrument term Debt Instrument, Term Health care costs recorded in other insurance liabilities Liability For Unpaid Claims And Claims Adjustment Expense, Claims Paid, Excluded From Total Incurred Health Care Costs Liability For Unpaid Claims And Claims Adjustment Expense, Claims Paid, Excluded From Total Incurred Health Care Costs Total finance lease liabilities Total finance lease liabilities Finance lease liabilities Finance Lease, Liability 2028 Finite-Lived Intangible Asset, Expected Amortization, Year Four Oak Street Health Inc. Oak Street Health Inc. [Member] Oak Street Health Inc. All Individuals All Individuals [Member] Significant Accounting Policies Basis of Presentation and Significant Accounting Policies [Text Block] Restricted stock units and performance stock units Restricted Stock Units And Performance Share Units [Member] Restricted Stock Units and Performance Share Units [Member] Distribution centers and Corporate offices Building [Member] Reporting Unit [Axis] Reporting Unit [Axis] 1.875% senior notes due February 2031 Senior Notes, 1.875%, February 2031 [Member] Senior Notes, 1.875%, February 2031 ASR, shares to be received at the end of program as a percent of notional amount Accelerated Share Repurchases, Percent Of Notional Amount In Shares To Be Received At End Of Program Accelerated Share Repurchases, Percent Of Notional Amount In Shares To Be Received At End Of Program U.S. corporate securities Debt Security, Corporate, US [Member] Income Tax Disclosure [Abstract] Income Tax Disclosure [Abstract] Long-term debt Debt Instrument, Fair Value Disclosure Other income Other Nonoperating Income (Expense) Other Postretirement Benefits Other Postretirement Benefits Plan [Member] Statement of Stockholders' Equity [Abstract] Statement of Stockholders' Equity [Abstract] Intangible assets, net Intangible assets, net Intangible Assets, Net (Excluding Goodwill) Liability for Claims and Claims Adjustment Expense [Line Items] Liability for Claims and Claims Adjustment Expense [Line Items] Gross Unrealized Gains Debt Securities, Available-for-Sale, Accumulated Gross Unrealized Gain, before Tax Compensation not yet recognized, other than options Share-Based Payment Arrangement, Nonvested Award, Excluding Option, Cost Not yet Recognized, Amount Basis difference upon disposition of subsidiary Effective Income Tax Rate Reconciliation, Disposition of Business, Percent Liabilities for IBNR plus expected development on reported claims Short-Duration Insurance Contracts, Incurred but Not Reported (IBNR) Claims Liability, Net Income Statement, Balance Sheet and Additional Disclosures by Disposal Groups, Including Discontinued Operations [Line Items] Income Statement, Balance Sheet and Additional Disclosures by Disposal Groups, Including Discontinued Operations [Line Items] Change in plan assets: Defined Benefit Plan, Change in Fair Value of Plan Assets [Roll Forward] Business Combination, Asset Acquisition, and Joint Venture Formation [Abstract] Current liabilities reflected in accrued expenses and other current liabilities Liability, Defined Benefit Plan, Current Add: Components of incurred health care costs Liability for Unpaid Claims and Claims Adjustment Expense, Incurred Claims [Abstract] Share-based Payment Arrangement, Expensed and Capitalized, Amount [Table] Share-Based Payment Arrangement, Expensed and Capitalized, Amount [Table] Adjusted operating income (loss) Adjusted Operating Income (Loss) Adjusted Operating Income (Loss) Debt premiums Debt Instrument, Unamortized Premium Restructuring Cost and Reserve [Line Items] Restructuring Cost and Reserve [Line Items] Proceeds from issuance of short-term loan Proceeds from Other Short-Term Debt Total liabilities assumed Business Combination, Recognized Identifiable Assets Acquired and Liabilities Assumed, Liabilities Deferred income taxes Deferred Income Tax Liabilities, Net Interest accrual (using locked-in discount rate) Liability for Future Policy Benefit, Expected Net Premium, Interest Income Direct Policyholder Benefits and Claims Incurred, Direct Expected volatility Share-Based Compensation Arrangement by Share-Based Payment Award, Fair Value Assumptions, Expected Volatility Rate Stock repurchased during the period (in shares) Stock Repurchased During Period, Shares Number of Securities Debt Securities, Available-for-Sale, Unrealized Loss Position, Number of Positions Other assets Increase (Decrease) in Other Operating Assets Health Care Costs Payable Health Care Costs, Policy [Policy Text Block] 2029 Mortgage Loans On Real Estate Collections Of Principal In Year Five Mortgage Loans On Real Estate Collections Of Principal In Year Five Gross Fair Value Business Combination, Recognized Identifiable Assets Acquired and Liabilities Assumed, Finite-Lived Intangibles Pension and other postretirement benefits Other Comprehensive (Income) Loss, Defined Benefit Plan, after Reclassification Adjustment, after Tax Surrenders and withdrawals Separate Account, Liability, Surrender and Withdrawal Real Estate [Domain] Real Estate [Domain] Federal Deferred Federal Income Tax Expense (Benefit) Vendor and manufacturer receivables Vendor and Manufacturer Receivables Vendor and Manufacturer Receivables Other increases (decreases) in noncontrolling interests Noncontrolling Interest, Other Period Increase (Decrease) Noncontrolling Interest, Other Period Increase (Decrease) Share Repurchase Program [Domain] Share Repurchase Program [Domain] Commitments and Contingencies Commitments and Contingencies Disclosure [Text Block] 2029 Finite-Lived Intangible Asset, Expected Amortization, after Year Five Change in benefit obligation: Defined Benefit Plan, Change in Benefit Obligation [Roll Forward] Impairment of property and equipment Impairment, Long-Lived Asset, Held-for-Use Measure: Measure [Axis] Additions based on tax positions related to the current year Unrecognized Tax Benefits, Increase Resulting from Current Period Tax Positions Asset Class [Domain] Asset Class [Domain] Investments [Abstract] Investments [Abstract] Cash receipts from customers Proceeds from Customers Preferred stock, shares authorized (in shares) Preferred Stock, Shares Authorized 4.125% senior notes due April 2040 Senior Notes, 4.125%, April 2040 [Member] Senior Notes, 4.125%, April 2040 5.4% senior notes due June 2029 Senior Notes, 5.4%, Due June 2029 [Member] Senior Notes, 5.4%, Due June 2029 2025 Defined Benefit Plan, Expected Future Benefit Payment, Year One Net unrealized investment gains (losses) AOCI, Accumulated Gain (Loss), Debt Securities, Available-for-Sale, Including Noncontrolling Interest [Member] Number of Securities, Greater than 12 months Debt Securities, Available-for-Sale, Continuous Unrealized Loss Position, 12 Months or Longer, Number of Positions Entity Emerging Growth Company Entity Emerging Growth Company 2.625% senior notes due August 2024 Senior Notes, 2.625%, Due August 2024 [Member] Senior Notes, 2.625%, Due August 2024 [Member] Other investments Other Investments [Member] 2029 Long-Term Debt, Maturity, Year Five Non-GAAP Measure Description Non-GAAP Measure Description [Text Block] Amounts reclassified from accumulated other comprehensive income (loss), pre-tax Reclassification from Accumulated Other Comprehensive Income, Current Period, before Tax Property and equipment, net Finance Lease, Right-of-Use Asset, after

Accumulated Amortization Equity Component [Domain] Equity Component [Domain] Preferred stock, par value (in dollars per share) Preferred Stock, Par or Stated Value Per Share Net assets Defined Benefit Plan, Amounts for Asset (Liability) Recognized in Statement of Financial Position Impairment of operating and financing lease right-of-use assets Operating Lease And Finance Lease, Impairment Loss Operating Lease And Finance Lease, Impairment Loss Total reinsurance recoverables Reinsurance Recoverable for Paid and Unpaid Claims and Claims Adjustments Class of Treasury Stock [Table] Class of Treasury Stock [Table] Office real estate optimization charges Office Real Estate Optimization Charges Office Real Estate Optimization Charges - Related to the abandonment of leased real estate and the related right-of-use assets and property and equipment Additional 402(v) Disclosure Additional 402(v) Disclosure [Text Block] Amounts reclassified from accumulated other comprehensive income (loss), net of tax Reclassification from Accumulated Other Comprehensive Income, Current Period, Net of Tax Gross transfers out of level 3 Net transfers out of Level 3 Fair Value, Measurement with Unobservable Inputs Reconciliation, Recurring Basis, Asset, Transfers, Net Entity Shell Company Entity Shell Company Entity Incorporation, State or Country Code Entity Incorporation, State or Country Code 2028 Defined Benefit Plan, Expected Future Benefit Payment, Year Four Other Intangible Assets [Table] Other Acquired Intangible Assets [Table] -- None. No documentation exists for this element. -- Statement [Table] Statement [Table] Mortgage loans fully repaid Mortgage Loans on Real Estate, Loans Fully Repaid Pertains to amount of mortgage loans fully repaid. Counterparty Name [Axis] Counterparty Name [Axis] Measurement Frequency [Domain] Measurement Frequency [Domain] Number of Securities Debt Securities, Available-for-Sale, Continuous Unrealized Loss Position, Number of Positions [Abstract] 2021 Year Of Origination Period Four [Member] Year Of Origination Period Four Schedule of Variable Interest Entities Schedule of Variable Interest Entities [Table Text Block] Consolidation Items [Domain] Consolidation Items [Domain] Morgan Stanley Morgan Stanley And Co. LLC [Member] Morgan Stanley And Co. LLC Interest paid Interest Paid, Excluding Capitalized Interest, Operating Activities Medicare Product Line Medicare Product Line [Member] Medicare Product Line Total property and equipment Property, Plant, and Equipment and Finance Lease Right-of-Use Asset, before Accumulated Depreciation and Amortization Concentration Risk Benchmark [Axis] Concentration Risk Benchmark [Axis] Mortgage loans Mortgage Loans On Real Estate, Fair Value Disclosure Mortgage Loans On Real Estate, Fair Value Disclosure Level 1 Fair Value, Inputs, Level 1 [Member] Foreign currency translation adjustments Other Comprehensive Income (Loss), Foreign Currency Transaction and Translation Adjustment, Net of Tax 5.55% senior notes due June 2031 Senior Notes, 5.55%, Due June 2031 [Member] Senior Notes, 5.55%, Due June 2031 Total current assets Assets, Current Statement of Cash Flows [Abstract] Statement of Cash Flows [Abstract] Senior Notes Senior Notes [Member] Employee benefits Deferred Tax Assets, Tax Deferred Expense, Compensation and Benefits, Employee Compensation Number of stores, planned closure Number Of Stores, Planned Closure Number Of Stores, Planned Closure Shares exercisable at end of year (in shares) Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Exercisable, Number 2027 Long-Term Debt, Maturity, Year Three Revenue since acquisition date Business Combination, Pro Forma Information, Revenue of Acquiree since Acquisition Date, Actual Oak Street Health Plan Oak Street Health, Inc. Omnibus Incentive Plan [Member] Oak Street Health, Inc. Omnibus Incentive Plan Schedule of Long-term Debt Instruments [Table] Schedule of Long-Term Debt Instruments [Table] Assets: Financial Instruments, Financial Assets, Balance Sheet Groupings [Abstract] Employer contributions Employer contributions Defined Benefit Plan, Plan Assets, Contributions by Employer 4.1% senior notes due March 2025 Senior Notes, 4.1%, Due March 2025 [Member] Senior Notes, 4.1%, Due March 2025 [Member] Present value of expected future policy benefits Liability for Future Policy Benefit, Expected Future Policy Benefit [Roll Forward] Amount expected to be reclassified Interest Rate Cash Flow Hedge Gain (Loss) to be Reclassified During Next 12 Months, Net Statutory net income (loss) Statutory Accounting Practices, Statutory Net Income Amount Intangible assets Business Combination, Recognized Identifiable Assets Acquired and Liabilities Assumed, Intangible Assets, Other than Goodwill Short-duration Insurance Contracts, Accident Year [Axis] Short-Duration Insurance Contracts, Accident Year [Axis] Schedule of Changes in Benefit Obligations Schedule of Changes in Projected Benefit Obligations [Table Text Block] Equity securities Equity Securities without Readily Determinable Fair Value, Amount After five years through ten years Debt Securities, Available-for-Sale, Amortized Cost, Maturity, Allocated and Single Maturity Date, after Year 5 Through 10 Entity Well-known Seasoned Issuer Entity Well-known Seasoned Issuer Other Other Intangible Assets [Member] Total claims paid Liability for Unpaid Claims and Claims Adjustment Expense, Claims Paid Income Taxes Income Tax Disclosure [Text Block] 2028 Lessee, Operating Lease, Liability, to be Paid, Year Four Schedule of Investment Income, Reported Amounts, by Category [Line Items] Net Investment Income [Line Items] Equity Interest Issued or Issuable, Type [Domain] Equity Interest Issued or Issuable, Type [Domain] 0% convertible senior notes due March 2026 Convertible Senior Notes Due March 2026 [Member] Convertible Senior Notes Due March 2026 Operating leases Operating Lease, Weighted Average Discount Rate, Percent Pharmacy rebate period Pharmacy Rebate Period Pharmacy Rebate Period Included in other comprehensive income (loss) Fair Value, Measurement with Unobservable Inputs Reconciliation, Recurring Basis, Asset, Gain (Loss) Included in Other Comprehensive Income (Loss) Other Separate Account, Liability, Increase (Decrease) from Other Change Net cash provided by (used in) financing activities Net Cash Provided by (Used in) Financing Activities Rollforward of Deferred Acquisition Costs Deferred Policy Acquisition Costs [Table Text Block] Treasury shares held in trust Treasury Stock, Value, Shares Held In Trust Treasury Stock, Value, Shares Held In Trust Entity Registrant Name Entity Registrant Name Commercial mortgage-backed securities Commercial Mortgage-Backed Securities [Member] Cash Payments to Acquire Businesses, Gross Adjustment to Non-PEO NEO Compensation Footnote Adjustment to Non-PEO NEO Compensation Footnote [Text Block] Depreciation and amortization Depreciation, Depletion and Amortization Reinsurance recoverables Less: Reinsurance recoverables Add: Reinsurance recoverables Reinsurance Recoverable for Unpaid Claims and Claims Adjustments State Deferred State and Local Income Tax Expense (Benefit) Fair Value as of Grant Date Award Grant Date Fair Value Customer Concentration Risk Customer Concentration Risk [Member] Noncurrent assets reflected in other assets Assets for Plan Benefits, Defined Benefit Plan Other Sales Channel, Other [Member] Sales Channel, Other [Member] Aggregate intrinsic value vested at end of year and expected to vest in the future Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Vested and Expected to Vest, Outstanding, Aggregate Intrinsic Value Level 2 Fair Value, Inputs, Level 2 [Member] Redeemable preferred securities Redeemable Preferred Stock [Member] Customer contracts/relationships and covenants not to compete Customer-Related Intangible Assets [Member] Property and equipment Property, Plant and Equipment [Member] Schedule of Disaggregation of Revenue Disaggregation of Revenue [Table Text Block] Summary of Stock-Based Compensation Share-Based Payment Arrangement, Expensed and Capitalized, Amount [Table Text Block] Restructuring Cost [Table] Restructuring Cost [Table] Greater than ten years Debt Securities, Available-For-Sale, Continuous Unrealized Loss Position, Allocated And Single Maturity Date, After Ten Years Debt Securities, Available-For-Sale, Continuous Unrealized Loss Position, Allocated And Single Maturity Date, After Ten Years Restatement Determination Date: Restatement Determination Date [Axis] Title of 12(b) Security Title of 12(b) Security Concentration Risk Type [Axis] Concentration Risk Type [Axis] Common stock Common Stock, Value, Issued Private credit limited partnerships Private Credit Limited Partnerships [Member] Private Credit Limited Partnerships Document Financial Statement Error Correction [Flag] Document Financial Statement Error Correction [Flag] Investment earnings Separate Account, Liability, Increase (Decrease) from Invested Performance Operating cash flows paid for interest portion of finance leases Finance Lease, Interest Payment on Liability Assets (liabilities) recognized on the consolidated balance sheet Defined Benefit Plan, Amounts for Asset (Liability) Recognized in Statement of Financial Position [Abstract] Share-based Payment Arrangement [Abstract] Share-Based Payment Arrangement [Abstract] Liability for Unpaid Claims and Claims Adjustment Expense [Roll Forward] Liability for Unpaid Claims and Claims Adjustment Expense [Roll Forward] Other comprehensive income (loss) before reclassifications, pre-tax Other Comprehensive Income (Loss), before Reclassifications, before Tax State income taxes, net of federal tax benefit Effective Income Tax Rate Reconciliation, State and Local Income Taxes, Percent Stock options granted through 2018 Share-Based Payment Arrangement, Option, Granted Prior Through 2018 [Member] Share-Based Payment Arrangement, Option, Granted Prior Through 2018 Other Deferred Tax Assets, Other Other Insurance Liabilities Unpaid Policy Claims and Claims Adjustment Expense, Policy [Policy Text Block] Revolving Credit Facility, Expiring May 16, 2029 Revolving Credit Facility, Expiring May 16, 2029 [Member] Revolving Credit Facility, Expiring May 16, 2029 Cash flows from financing activities: Net Cash Provided by (Used in) Financing Activities [Abstract] Concentration Risk [Line Items] Concentration Risk [Line Items] 2029 Defined Benefit Plan, Expected Future Benefit Payment, Year Five Preferred stock, par value $0.01: 0.1 shares authorized; none issued or outstanding Preferred Stock, Value, Issued Forward Contracts Forward Contracts [Member] Long-term Debt, Fiscal Year Maturity [Abstract] Long-Term Debt, Fiscal Year Maturity [Abstract] Reporting Unit [Domain] Reporting Unit [Domain] Total deferred income tax liabilities Deferred Tax Liabilities, Gross Statutory Accounting Practices [Table] Statutory Accounting Practices [Table] Basic (in dollars per share) Basic (in dollars per share) Earnings Per Share, Basic Insurance and HMO Insurance And HMO [Member] Insurance and HMO subsidiaries [Member]. Operating cash flows paid for operating leases Operating Lease, Payments Cash and cash equivalents Cash and Cash Equivalents [Member] Award Timing MNPI Disclosure Award Timing MNPI Disclosure [Text Block] Expiration period Share-Based Compensation Arrangement by Share-Based Payment Award, Expiration Period Investments Deferred Tax Assets, Investments Expected to vest (in shares) Share-based Compensation Arrangement by Share-based Payment Award, Options, Expected to Vest, Outstanding, Number Share-based Compensation Arrangement by Share-based Payment Award, Options, Expected to Vest, Outstanding, Number 2024 Year Of Origination Period One [Member] Year Of Origination Period One Trademarks Trademarks [Member] Aggregate Pension Adjustments Service Cost Aggregate Pension Adjustments Service Cost [Member] Goodwill [Table] Goodwill [Table] Proceeds from debt Proceeds from Debt, Net of Issuance Costs Disposal Group, Held-for-sale, Not Discontinued Operations Disposal Group, Held-for-Sale, Not Discontinued Operations [Member] Property and Equipment Property, Plant and Equipment, Policy [Policy Text Block] Total current liabilities Liabilities, Current Share Repurchase Program [Axis] Share Repurchase Program [Axis] Compensation not yet recognized, options Share-Based Payment Arrangement, Nonvested Award, Option, Cost Not yet Recognized, Amount 2025 Finite-Lived Intangible Asset, Expected Amortization, Year One Granted (in shares) Share-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Grants in Period U.S. government securities US Treasury and Government [Member] Reconciliation of principal measure of segment performance to consolidated operating income: Reconciliation of Operating Profit (Loss) from Segments to Consolidated [Abstract] Mortgage Loans on Real Estate [Line Items] SEC Schedule, 12-29, Real Estate Companies, Investment in Mortgage Loans on Real Estate [Line Items] Vendor Allowances and Purchase Discounts Vendor Allowances And Purchase Discounts [Policy Text Block] Vendor Allowances And Purchase Discounts Private equity investments Private equity limited partnerships Private Equity Funds [Member] Discount rate Defined Benefit Plan, Assumptions Used Calculating Net Periodic Benefit Cost, Discount Rate Total revenues Revenues 4.78% senior notes due March 2038 Senior Notes, 4.78%, Due March 2038 [Member] Senior Notes, 4.78%, Due March 2038 [Member] Stock Incentive Plans Share-Based Payment Arrangement [Text Block] Interest accretion rate Liability for Future Policy Benefit, Weighted-Average Interest Accretion Rate Entity Address, City or Town Entity Address, City or Town Proceeds from issuance of long-term debt Proceeds from Issuance of Long-Term Debt Right-of-Use Assets and Lease Liabilities Lessee, Leases [Policy Text Block] 5 and 6 Categories 5 And 6 [Member] Mortgage loan credit quality indicator - Categories 5 and 6 Intrinsic value of stock options and SARs exercised Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Exercises in Period, Intrinsic Value Stock-based compensation expense since acquisition date Stock-based compensation expense Share-Based Payment Arrangement, Expense Income tax penalties and interest expense Unrecognized Tax Benefits, Income Tax Penalties and Interest Expense Change in discount rate on long-duration insurance reserves AOCI, Change In Discount Rate On Insurance Reserves [Member] AOCI, Change In Discount Rate On Insurance Reserves Granted (in dollars per share) Share-Based Compensation Arrangements by Share-Based Payment Award, Options, Grants in Period, Weighted Average Exercise Price Other Comprehensive Income (Loss) Comprehensive Income (Loss) Note [Text Block] Defined contribution plan, employer contributions Defined Contribution Plan, Employer Discretionary Contribution Amount Loss Contingencies [Table] Loss Contingencies [Table] Forfeited (in shares) Share-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Forfeited in Period Assumptions used to determine benefit obligations Defined Benefit Plan, Weighted Average Assumptions Used in Calculating Benefit Obligation [Abstract] Business Acquisition [Axis] Business Acquisition [Axis] Dividends or Other Earnings Paid on Equity Awards not Otherwise Reflected in Total Compensation for Covered Year Dividends or Other Earnings Paid on Equity Awards not Otherwise Reflected in Total Compensation for Covered Year [Member] In re CVS Health Corporation Stockholder Derivative Litigation In re CVS Health Corporation Stockholder Derivative Litigation [Member] In re CVS Health Corporation Stockholder Derivative Litigation Lease and rents Deferred Tax Liabilities, Leasing Arrangements Revolving Credit Facility, Expiring May 16, 2028 Revolving Credit Facility, Expiring May 16, 2028 [Member] Revolving Credit Facility, Expiring May 16, 2028 Finance Leases Finance Lease, Liability, to be Paid, Fiscal Year Maturity [Abstract] Schedule of Activity in Mortgage Loan Portfolio Activity In Mortgage Loan Portfolio [Table Text Block] Table representing activities in mortgage loan portfolio during the period. Net cash flow hedges Other Comprehensive Income (Loss), Cash Flow Hedge, Gain (Loss), after Reclassification and Tax After five years through ten years Debt Securities, Available-For-Sale, Continuous Unrealized Loss Position, Allocated And Single Maturity Date, After Five Through Ten Years, Accumulated Loss Debt Securities, Available-For-Sale, Continuous Unrealized Loss Position, Allocated And Single Maturity Date, After Five Through Ten Years, Accumulated Loss Document Fiscal Year Focus Document Fiscal Year Focus Debt Instrument, Name [Domain] Debt Instrument, Name [Domain] Period after date of service a claim is paid Health Care Costs Payable, Period After Date Of Services Claims Are Paid Health Care Costs Payable, Period After Date Of Services Claims Are Paid Severance and employee-related costs Severance Costs Total Assets, Fair Value Disclosure Document Period End Date Document Period End Date VIE, ownership percentage Variable Interest Entity, Qualitative or Quantitative Information, Ownership Percentage Current portion of long-term debt Finance Lease, Liability, Current Total lease payments Lessee, Operating Lease, Liability, to be Paid Schedule of Mortgage Loan Amortized Cost and Credit Quality Indicator Schedule Of Mortgage Loan Internal Credit Ratings [Table Text Block] Schedule detailing credit quality information related to financing receivables by credit quality indicator and by class of financing receivable. Unvested at beginning of period (in shares) Unvested at end of period (in shares) Share-Based Compensation Arrangement by Share-Based Payment Award, Equity Instruments Other than Options, Nonvested, Number Shares expired (in shares) Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Expirations in Period Asset Class [Axis] Asset Class [Axis] Insider Trading Arrangements [Line Items] Total Investments [Table] Total Investments [Table] Defined Benefit Plans and Other Postretirement Benefit Plans Table Text Block [Line Items] Defined Benefit Plans and Other Postretirement Benefit Plans Table Text Block [Line Items] Contract with Customer, Sales Channel [Domain] Contract with Customer, Sales Channel [Domain] Schedule of Total Investments Total Investments [Table Text Block] This item includes total investments, both current and long-term. 2027 Lessee, Operating Lease, Liability, to be Paid, Year Three Liability for Future Policy Benefit Activity [Table] Liability for Future Policy Benefit Activity [Table] Schedule of Fair Value of Consideration Transferred Schedule of Business Acquisitions, by Acquisition [Table Text Block] Reclassifications Reclassification, Comparability Adjustment [Policy Text Block] Document Transition Report Document Transition Report Citibank, N.A. Citibank, N.A. [Member] Citibank, N.A. Current year Current Year Claims and Claims Adjustment Expense Schedule of Unrecognized Tax Benefits Rollforward Schedule of Unrecognized Tax Benefits Roll Forward [Table Text Block] Tax credits Effective Income Tax Rate Reconciliation, Tax Credit, Percent Customer [Domain] Customer [Domain] Fair Value, Recurring and Nonrecurring [Table] Fair Value, Recurring and Nonrecurring [Table] Entity Current Reporting Status Entity Current Reporting Status Retained Earnings Retained Earnings [Member] Government Reporting Unit Government Reporting Unit [Member] Government Reporting Unit Litigation Status [Domain] Litigation Status [Domain] 6.05% senior notes due June 2054 Senior Notes, 6.05%, Due June 2054 [Member] Senior Notes, 6.05%, Due June 2054 Premiums Net premiums Premiums Earned, Net Real Estate, Type of Property [Axis] Real Estate, Type of Property [Axis] 2020 Year Of Origination Period Five [Member] Year Of Origination Period Five Payflex Payflex [Member] Payflex Stockholders' Equity [Roll Forward] Increase (Decrease) in Stockholders' Equity [Roll Forward] Executive Category: Executive Category [Axis] Purchases of investments Payments to Acquire Investments Other current liabilities Business Combination, Recognized Identifiable Assets Acquired and Liabilities Assumed, Current Liabilities, Other Non-Core Assets Non-Core Assets [Member] Non-Core Assets International Health Care Renewal Rights International Health Care Renewal Rights [Member] International Health Care Renewal Rights Schedule of Income Tax Provision Schedule of Components of Income Tax Expense (Benefit) [Table Text Block] Company Selected Measure Name Company Selected Measure Name EX-101.PRE 21 cvs-20241231_pre.xml XBRL TAXONOMY EXTENSION PRESENTATION LINKBASE DOCUMENT GRAPHIC 22 cvs-20241231_g1.jpg CVS HEALTH LOGO begin 644 cvs-20241231_g1.jpg M_]C_X 02D9)1@ ! 0$ 8 !@ #_VP!# (! 0(! 0(" @(" @(" P4# P,# M P8$! ,%!P8'!P<&!P<("0L)" @*" <'"@T*"@L,# P,!PD.#PT,#@L,# S_ MVP!# 0(" @,# P8# P8," <(# P,# P,# P,# P,# P,# P,# P,# P,# P,# P, M# P,# P,# P,# P,# P,# P,# P,# S_P 1" <)T# 2(A$! 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Q?"VQ\0^*07Q7OOVEKG3UFO? MBS!XWU>8L=3*J7:WC$PMS;(X*%)&)=8L=3*J7 WC$PMS;(X*%)&)=8L=3*J7:WC$PMS;(X*%)&)=8L=3*J7:WC$PMS;(X*%)&)=8L=3*J7:

$WQ@_X.%OBO&9-8TO]E_]F'1YER__ E7B2Y\4:_;9Z>6 M("ME(1Z$G[2%Y>%5\X2?%?XHP6%MD M=/*A,L(QGH@W9/'/2O*M(_X+R_\ !'SX2ZS)X#_9#\!:]\2O$4*[6T/X&?#" MYU2[FSP,3K%%*3TSYI]S6=X/_X))?\ !-?]F]PD^)I_X)Q^!+0*_F7GC?\ M:\'\7MJYFE_OR0ZA+*H?C.$4<]!FNM\,?M4?$SQ=9CX8?L,>'[KQ+9VTAB\CX M7^#HM!\-VC="Q]HW:+L([!8R& X:N7$8W"X5J-26KV6\GZ15V_DCWVF@K;]#+IJ!KD^IVOQC'>O-O&NL_P#!:/XGJ[?M! _\ !4WX4?!^ MUD5C<>'/V?/AL-$"UY7:K'YA'_3663/?/-?JQ12G@J%:5ZMY>3>G_@/P_>B\+Q+F>74^ M3 3Q'K-8;6S\V0F/3)SQ3@A(YVRS8 D8L=Y_I^HKJC&,(J,59' MAUJU7$574JR\/;7"2MID0((>-RFR:0=061>[5_0U;?LK*7XW?\&^^@>,K:$?O-0^"!Q2V9O<6TT\TC?0*/UK.\3?|%&?MAOX)LFOOVD/^")W[8WPW5.);[PYX676+&+'4FXF=1CW/TK]BZ*EQ35C2%6= M.?,M_-)_G<_%2Q_X+#_\$;I6 \2?M1_' P"&LS?*L?BCP(X1">@;[/ILI_| M'@/>NS\+_MS_/!.GXCJL? PR_P""W&@Z6';,?_"7+;V./K]IEM,?CBOU+\=_ M 3X(_$])%^(?PC\.:RTH(>;4=&AEDYZXOBK_P $1O\ @F[\6(IT MU3]GS3]/:XR9FL420,?79/^%# _/!4KX6^-FD'[K[!JZOYGI_QZ:K+^F:ZNX_9]_X* MXZ9(0M)^'@[4+8#*+!XEUJUE/H5RSJ/SKAOB-_P;$_L8:TK;?(EX,|#2VX^ M[IVK>!8;8O| 6YTYX)5_X'"*\V;_@WC\-_ "!B_P -?V?=;TA$.5N@@UKYU_X8R^*GP=&++_ (*0_P#!0;X:F/I+XRUR#Q;I M%O[(QCA*TCQ75>]!Q>0-M_X4E_PZ_ZS8_X-:_^*7ALC_6'Q'I_I M'*OD+&V*KZ?-_P#_P $3?"GC.'!]=??# | :$TVVVC^IL%[$9' -T'//M2^KYG M'X:Z?K" Y2B'JK<%U?XN5SC_ ->|2X_^G*57]36T/_@H;\&MUK]L46GA*_\I>$?^"@7@[Q! -.\6(I[L6BE3*C MN?2O#?VN?^"NW_!(X? [77N/V.O&GPJ\: 6W]F7GB_]9]GT>Y@;[3%Y@^TP M02;/W?F C=R"5_BJ*O\ ;5.E)P<).SLK.- W\Y-?C\SIPCW_B*]\77LOB?4=5> ^GOY#--=R/N:5F.2Q-0 MU\+:!_P6@_8Q\!Z%)KG_M./5=/6:)9=.L,6?{6H>14,D<4L:%MH8NPX^53 MCG /U]_PO/X/_P#"G_|A?|_P +&TG_(0O^R? [2_X23[4/LOV7&?,W?IM^]M^E7&'!,'4Q%7#QE7\]D^JNG]S3>A|WGN$RO!9G4I9=B?;T;^(/EE%M/HU* M,6I+K96>Z9V-AXBO?"-[%XGT[57LQ"030W<;[6B93D,#7UW!*=<_:@^+OPZ MTGXBZ+_ *M=7M!+&L/A"TD"!R#7XK>(O^"SO[&?CCPY'XB/Q M4BTO3FFE6FWMO,;Q@DC(O))(88W9=P4.H_NL_]H^ ?_!:.3]H^R^%FCZ5^Q M-X*^,GQ1M$,PL "WAK]FVYU"SL@9Y"5_AKBJ8S,*>-G3F6EK^9]#@\AX7QF01G :E.&,E*[A.-90C"STYU2DG-NSW44K MZMGZP | "# M3R?\)?'[06HG'3RO!=BGYX?FD_P"%O$1S]_RM M!M$_+!XKX?]AO| \%(/^#CCXB6!EV_ /!$_13$1^[O_%GC:UV,H[%[:XO M7D)]0M+D2_:9 X.HM6N&@F_9,^$?PJTTC/VKPMI4WBC44]>V@6]#M1+5USE ML>+A"GSU(N*]+_E<\.GD.)Q.,>&PE6G5DNJFHI^CJ7:VR#\A2?!*:^)4G%Q\:?B(1_P!,[V%#GZA:_,&?Q-^W+XMU%=*;_J X M*^?M.>!&G.)=)\)?LZZ;X3$"G^&.ZMY9Y7'<.5SS4OCC]D? ((M7&GQWW[2 M'[5_[4'[0DMP@,U\]1?BMJ>UV/\ "^38A5^A.!ZT4L;A:T'*$U9;]/S%CN&\ M]RZO&C7P\E*7PI>]?TY;W^1]S_%;XX?LM?[S?\ A>G_4:G\)R19$T6O?% MO2]/<'^Z$E8-N]@,Y[5\ [>.O^"U_ !'[P7]8\I_P49^)7BO4W.VVTSP??ZC MK#S-Z(]I9M&3]7%<]^S]^Q:_ ,$X=7:&+]D[_@FC^S%IT:D"TU7XI>,;/Q+, M#W8V[RW$R,/B1*O^Q'*WA5IU5>$D_1W/-Q. "QF"GR8BG*#[233 !2/C?7O^"M?@K6=_ M/ MX,?L"?MP>,+1 N:]K>D V'H[WIF]O)%4>O*CCFO* $/ 4E_P""@'Q U, ^' M @U_P3IM]"NI0?L,WC']H5]=>8>OV?1X-R=?NE\ ^]?J=X=_X)V?LNZ9J*ZX MM|*:CXPU0?>U/QEK4] (P#O*S", BE>N^%/ W@KP)8?V5X'\'Z7HUJ,?Z-I M6GQV\?'^S&H%6X3G^\Q;^;59B M^!_P:A(*?L[6!P,?-.1M .O4** /-HOA#\(H5VI^SEI)YS\VE6[?S%68_AO\ M+X3NA_9ST1^>I70K0?|LE>@44 GP$&'X&J487;;!#'Z58BU*6!=L/P_F09 MSA4C%;]% &/ _)+]_| T*%[_P!]+7D?[3GP!C^..F?VYHW4&XL?*=K'B"[. MT+=(/^64O_LK=1]*]THH _+W6]$U?PWJUQH.O:=- :7EI*8[BVG0]\;#]"#7I M/[.7[-^O?%_5$\0:MI%X/#EM-BYF@&UKIAUBC) 5NWUKZB^,P"SE\ (O^ M)M"U;7()+:[%X(KNYM,*]U !GRG/Z!NHR:]-7/0](\-:1;Z!H&G16EE:1".V MMH$VK&HZ "@#&T.Z_P"$:TBWT#0/A_/:65I$([:V@VJL:CH *M_\)+J_ 0H7 MO_?2UL44 8__ DNK_\ 0H7O_?2T?\)+J_| T*%[_P!]+6Q10!C_/"2ZO\ M]"A>_P#?2T?\)+J__0H7O_?2UL44 8__ DNK_\ 0H7O_?2T?\)+J_| T*%[_P!]+6Q10!C_/"2ZO\ ]"A>_P#?2T?\)+J__0H7O_?2UL44 8__ DNK_\ 0H7O_?2T?\)+J_| T*%[_P!]+6Q10!C_/"2ZO\ M

M9?"CX:ZKHG[9+_$#Q!J_[0_Q-:'6-5T#5?#E@ M((_@IID6EF73K%=1N+E(+*Y@=#.\5HWVJ;*R20,'S7TS_P L_V_P!!?]AS MQE\;[IXP>-/!&OZ5\9/B_K'Q%SX<-Y%/I-_J#]9;3;-&5GA"HFU]R,"IRK;_M_)?*OA%_P20_;B^"\'7[1O[.W@?] : _ !5K\&/CQXL!I>)A>77@R>[\5Z==Z MQ 8KBV$KS"U\O B4S.DSLJ,52)I R 'RA_P4GB'[4/\ P;$ _/\ :2^/=Q=> M) '%I%X.\KQ%J= _\[2SWL-
M/._S[9)I(ĒVM*P+G);VO_ 45_P""">O[=G _!0;]@*V_94 M\<_'+X:P>+M7\2V&M>) _$MIH5[:Z98?8Y8I8K.QL]TLTB,\89YI[C<6+X15= M$A *?[=WQXUKXJ?!%<_V>/\ @E]J.O7^G>!?
$OA36_&C^QT^^DMH/3+:PW" M6.F22Q,KFVLTTT(.\V92!+8J>_ ,$N/^'OWI-><_Ln_:=&^%?[M2=WJGA/X@>"]3YW72+74;9(6M=6BKQ6HGHO'/?
Z'JUI<*8[S2KO"PSFWF0L M!(HWQ"64 -OW#H=(_8T^,/QX ;Y^'O[97[:%QX/MK_X0Z3]<'PY\#^!{RZOK M*UU'48XX;O5+F\NH8'GD\F-8X81 JP[G??(S*4 /C;]AW]C_ ,%?M(?\%.OV M]?
V=/CA|4OB9XC^'OA[Q)X,CA|*7_P 3M8(NUN-.OIUCGO!.-7U[2O@Y^T_P"+_ G@RYUR_>ZN M8-&LOL)(E$"E9 M=X;.04.%:M_P %"/@G MHVJ7.D77A+QVTMK8/GQY;9QTR/6OTXKX%_X+B_|TO|
^XW _V% M '*P+1110!Z/]=1M"^$O[5WA7X@^);/+4R7 [=Y\.EV37,[>98W$0VQIRW MS."<= ">U?HU_P /&O@9_P!"?X_ _/")NO\ "O@3 @E_P GS^! ^XG _.FR M[K]=Z/ _P#AXU\#/^ÂJ.?
_A$W7'^%' #QKX&?]"?X__P#")NO|*]\HD KZ M3J4&L:7;::O:I(L5U;I-&LJ%7"LH8!@>AP>1VK\Y_^"D_ !&;Q9^T?^T?=?\ M!1/_()A_M72_ "]HW1(H]-UV]M;K?I7B%H88@EKJ"(',4GD^0K;XY8WC2(/
M*>'Z05\ĒZ)^S/\ |%"O@/\ M,_%SXY_KXR?#KQ5X1^)WBNVUF#X6^.+. ^T M_P#LB:'2[*Q:>#5K87#(TWV0%X6M)$&U"K*QDW 'CG_!)3 @JQ^TS\;/VF?% M/_!-W @IM^SQ:> ?
VA?!/AL:!'JNDHO]G^*-*61$:XBVLZJV94?]TQ2 R%1 M$8VC'@7_ 4KC^.7 !>K]F+QQX@T KTTG0OV:?'<^H_"'Q9;+,_B#QQX@T MT(UVVG-'(JV5FJ-F E99;FXAA(\@(0WW'|
_V!/B7JO[;WB# _@H[^V=XC\+W MWQ OOA|G@7PGX6\#I<'2O#>A"X>ŸE4W5PJ37UU+-(Y,QBA"(2BI@Y'SQ^P1_ MP2N_X*J_\$KI/%7[.WI'/[3GP7U_X):YXEGU?P\?BCX=U6?6_#CS!594BLI8
MHKD;4CW!UT5W3>HAWN" >=?LT?&OX1_\%0_V#/@7J$?^"'?"[S:W3:GI.6U) M<7T%A;0KY.H0JY>:V626\\EY'',Z@]=X\ )_+ LO>* _^"8UE_P2XT)+ 1O" M&:B:);P>&M>MF5M0TW5()OM,6K*P"@W!N]T\F-
JN9)%^57(H ^':;0DA/[UKLRRL@CQSNPK8Q7Z:6XF$""Y93($'F%1P6QS MBOD?QC^PS^T7^U]XZ^$=W^WKXN\#W?ACX->);?Q3:Z+X)CNF_P"$P\26T+Q6 MFHW@N$06,$)DEE%C&;@-
(XW3E$V-]=T %%% !1110 4444 %%%% !1110 4 M444 %%%% !1110 4444 %%%% !1110 4444 %%%% !1110 4444 %%%% !11 M10 4444 %%%% !1110 4444 %%%% !1110 4444 %%%% M !1110 4444 %%%% !1110 4444 %%%% !1110 5QGQN^ 'PM_:$+!CPM\3O M#BW<<1+6=W$WEW%HY&"T<@Y7MD'*G R#BNSHK.K2I5Z;IU$G%[IZHZ<'C<7E
M^*AB<+4<*D7=2BVFGY-'Q?]O_!'+PI-JAFT3XZZA;V6[Y;>ZT*.:4#T\Q94& M??9^%>W?LX_L0?!/]FRX_MWPW8W&JT:Z90ZYJS*L8(P5B50%B!Y&0-Q!(+$ M5[%17FX;(LHP=;VM*DE+OJ[>EV[?
(^NS;Q'XWSS O!XW&RE2>C248W7:3C&+ MDO)MA1117K'Q 4444 %%%% !1110 4444 %%%% !1110 4444 %%%% !1110 M 4444 %%%% !1110!Y5^V#^QC\!?V[OA!=? /]I;1=7U?P?
J$D;ZGH6G>);W M38KXQRQS1B8VDL;2JDD4;JK$@,H.*[?X8?#G0/A)X#TSX<>%;S5)M-T>U2VL M6UG5Y[^X6)1A5:>X=Y), LQ.!UK>HH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** B MBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH *\" ;C &'/^&S?^$7 M .+H?\(W_P (W]M_Y@GVS[1]H^S /3:+9M\CWSN[8Y]]HH
^!?^'"7 %<_M_P"65_|=M' XZ_P"KG\RRO_+MK[ZHH ^1/V7_^"5? S=|=-#^-/_ M O?^VO[%^T_\2W (1?[-YWG6LL'^L^U/MQYN[[ISMQQG(^NZ** "BBB@ H MHHH **** "BBB@ HHHH
**** "BBB@ HHHH **** "BB MB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** M "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ H MHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BB MB@ HHHH **** "BBB@
HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** M "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** M "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BB MB@ HHHH **** "BBB@
HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** M "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ H MHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BB MB@ HHHH **** "BBB@ HHHH **** "BBB@
HHHH **** "BBB@ HHHH **** M "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ H MHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BB MB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** M "BBB@ HHHH **** "BBB@
HHHH **** "BBB@ HHHH **** "BBB@ H MHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** M "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH **** "BBB@ HHHH ****

X.ZF;3QA)9NWR7L!4 G^)?F'Z9HCB&Y)-"Q.0]EAY5H5+V5]O\ @GNE M1M<0HQ5Y44C]"P%/9@]EF. !DD][^7O$6IMK'B34+\L<3SL8_PYPOZ 5I5] M>SL>=EF6O'RDN:R7E<^GEN(68!9HR3T 8:R^ ML:7L>DN'Y2KNG&?NK=VZ]K7[?F?0DOB[P] ^R76[!6]#<+_C5RSU?3M1_P"/ M"_MKD^D4JL2R%?*X4D';O ZX'2ECD:&020NT;CD.AP1^(]?K.NQV2X:IV]VH M[^A]9U%-=6]N0+B>. (MTWN%S^=>8_##X@76I78T/7)3-,RDVUPWWFQR4;U.. M0:M?%;X50_$)K2]FU:6P.G02@(D?S,X/M?8VE6(TO1[.P60R"U@2$.1@MM4#./PJSD)YKB&W4&XECB!. M_78+G\ZA_M.P_P"? VW_[^K_C7) $WX;Q?$C2[&RFU*33Q:7!F#!$'W94KCDC MUKY=\$> X_%WQ(F\+R:A):I'|HQ<+&&)\HX^Z3WH_^UHY$EC#QLKHPR&4Y!I MU8WA'P\OA3PEIVAQW#7*V,(B$S+M+\DYQVZULT %%%% !1110 4444 1S7$- MN ;B:.($X!=@N?SIL-Y;7#%8+B*5@,D(X8X_"N- ^)WPTB^).GV%K-J3^,!82NPM;:%&BC_A)8WX5Y_7T5XX\$6WB[3PRE8=0A4^1/CK_LM[M']*^? =0T^ZT]_ELK^%H;B%MKHW:_ !'O7G5HN.KQ]?HF2XNC5PT:4-)16]_7 MYE>BBBL3W HHJYI.E7FMZE%8;;"9IY3@ = .Y)[>M!.I**$=+.46)KR8 W%QC[Q\]Z**\|8^)6[_A8FJ[_23&? 38M=.U*%))GRN"JT<7F MLJU-:);>>RNWMT+ <9# #ITP?PKS[_A'-<'(TB_!['[._'Z5]145I+#1 MNZ//PV?U]%)4Y1YK=6SYZ^(5A.EWIFKSPO$^IV4;S*ZE2)E 5|CUZ&L'P[]) MTCQ)II^#@07",W^[G!_0FO:_BSH_]I>"I+E%S+8.)Q_N\&_0Y_"O CSO7-4B MX2/I,JKQO>#Y7TNGZ?\ #'TGXZU8:3X'U&[C8!VA\N(YZL_RC^>:^;_,<"O1 M/&_B?^U/AYX:M@^9)D\R< IX_DY_')K@["RDU'4;>R@&9+B58E^I.*=:?/+0 MSR7#?5&>(OAMKVA3R&&V>_M_J6YM)D)WSB+>LN3G)(YSV M_"K]YX&\)>,=6DO]'UR.'S@"T%KLQN[G:>1FO'&5D5V]RK8>HX2E\U]S/<- (^$5GI&L6FHP:M=-):RB15,: MX,.QKO-0_P"09=?]<7_]!-> ,^ /B1?V.I6^F;W<-=6,S"-)93EX2>!SW7Z]* M]FU#_D&77_7%_P#T$UUT7!KW3Y#-J>+!UDL3+F\[R/F\]E__)'C6 | L'C_M - &BOIVOBKX8^"=6\<:Y?6>AZQ_9,MO!YKR:G&]=^,?*0>O->F_\,^^-O^A[M_P#(D_|\56QXY]$5]_!C_DXB[^M_|^AUT7_#/OC;_*'O_P B3_|Q5?7&:/K"66.'%YIW6..-2SNYP% ZDGL* M\6\4? M);18:@UCX4TN76Y%;;YY%]8N8EDN[IP"X8C.Q3V49Q@= M>M,#SF+]I76K&9&U_P &F&W8_>222-OPWK@U[#X)\?:%X]TMKO0K@EX]">VE M&V6$_P"T/3T(X-;6H6- AJUC+9:G;P7=M*[5XIE#*P^AKY?N+5_@S^T#:QZ;* MXTJYDCPI;.ZVE:;4/KM:./H*0'U-(> M)?VE]/M=0:S\):/)]V&VBXE&+6:2VCDUFYB62ZNG7+*Q&=BGLHSCCKU MH X+2OVEIH+V.+O? X6GL89"|YT#-E?28X&?P-;GBO|HC1_#VJP6VGZ7)K%M< M6L=S%=07*JK!\\8(R",ERZ?K=E#>6LHPR2KG'N#U!]O7QSX@ M\)-X*^,4.AEC+#%]-N\#OU>)I%*Y]^OJP: /]7X.?$&+XBZ'M? 3<44<2D1(J G)"]I7S)^SK_R M5[7/^O.?_P]'K0!=^.'O7@U6SUGP0NCSO26UXB&\,P*-L8-]W&>?K65\-/CC M;^\?!L&A2^'[F^.:1 /CG55.]LXP1VKU/\ :%@B7X0W\BQ('-S;Y8*_P"M M'>F? L]6T$OPBM&EAC=OM4_+("?OT#-3XU2^?\#M=E V[!>)L'MF5#7DOPP^+ M6C_#KX7/;W,4E_J=QJ$KQ6<) (7"#G4FO7OCA_R17Q#_UQC_|1J5Y MM^S7X+T^[L[_,4:A;1W%Q'AXZJ>Q%=/=6E MO?6LEM>01SP2+M>*50RL/0@U\NV=J/AA^TY!IVE,8["><ZCA$>>/)G_^4_P"Z M2.?04 ?5%%%%, KE/''@>U\6V&Y-L&HPK^YGQU_V6]1_*NKHJ914E9FU&M4H M5%4INS1\IZA[]UI5_+97\+0W$+:.71NW^(IZKU]$^./]KXML-R;8-1A7]S/C MK_LMZC^5>%P^&=6F\1?V&MFXOP^UHC_#_M$_W>^:\^I3<'8_0\OS2EBZ3E)V MDMU^OH5M)TF\UO4HK#383- /*< #H!W)/8#UKZ$\& ^#:/PCIOE0FO90/M%P1_MRQ]!Z*/2CP;X-L_".F^7%B:]E_^T7!'+'T'HH]*Z2NJC2Y=7N?+9MFSQ3]E2 MT@OQ_P" %>'_!DTA[3Q1#J:J?)O80I:'1TX(_+%>X5D^)? #MIXGT273[WY0 MWS1R@?-&XZ,/\]*NK#GC9'#EF,6#Q*]2VV?H?,D,SV]Q'-"=LD:AT/H0]?%'QW9ZC:PZ5H-V9=LGFSSPL0O M X4$=>N3]*\T_M"^[7ER3Z>E:%I)B\$V>EZ@3(S68C MFW"))9? FZ_4U\WZG82:7JMU83C$EM*T1]\'&?RKZKKPOXPZ,:'Q9']$:8BOX M@20/XUX/Z8-=%>%HIKH?/Y!BW]9G"7V]?G_5S@6D=T168E4!"@G]N3G^==W] M(=&_M#O@:Z1OA)H_P#9O@O;N1<2W\AF.?[@ MX7^1/XUA1CS31[V6GW[_A5)YC$:> M"1T^E<%_PN[4_P#H#VG_']:O5=?T2V\1:'<;9>9$>S;5K M'A7QMH<5QJL6FFY9<3P3E0T:=\$\X]#7E/O'TW0-,\0)#X9F5XC'F:..3>L; MYZ_3MVKD^#Z&E4;F"H,L>BJ,D_A6$JG,K-'OX3+%A*SG"H^7^7H.B5GGC5 M2S. N/7-? 4UR&719@_+"W8'Z[:\A^'7P[OKG5+?6-;MVM[2!A)%%*,/*PZ$C MLHZ\]:Z'XK?%6'X>M:64VDRWYU&"4ATF",,8'<'/WJZ,/%I-L^_SZ?@>5_LO_/(\:W_V#Q_Z-%?3M?%WPL^(T7PWUR_U&;39- 0%U;>2$ M24)M^;=G)!I*^OM*OAJFCV=^L9C%U DP0G)7-?^$V\:W%[:6*R":"T.CO"=AJT"// M$:^_7\Z_.?\ VE()+/XC:-?2AG@:O3!/3,$O:VK)'JEFOFLY'X!.,,A/8,/R(!KQKP5\8-= M^%L?_"+^- ='N9;.U)6%6.R: 9Z#/#IZ<_0XH$?45?*OQDOH+W]H:QCMV#&UD MLH)"#_'Y@8C\ PKKM9_:534(/L@C0+R?4I_DB:Y4'8Q[B-"2Q_(5XQXATW6 M?"'7C>SN/%0:74G:'4[E- ^7RS[MK'IN^7Z#/M0,^XQ7S#^SK_,E>US_KSG_] M'K7MWPW^(5O\1=#N=2M=/FL5M[@P%)G#%CM!SQ]:^===*UF^^"7QBU*;5=.EG M@@_44"!;_VAO^2.WW_7S;_^C13? V=_^2/VG_7U/_P"A MTWQ;+-\6O@#(?:)92I-=H+B"U9@SL8Y.[4_#'XVQ?#SPT_A[5M%N M+AH[AY(V201LNX\]RMTP:!GM?QQ_Y(MXA_ZY1_\HU*YW]FC_DF%S_V$Y?] MT%*P_CE\5+4:7]W@C^R[CS[]V@<'77F+L7=MD^[U[8K$^_GQ.MM$6S\&2:;/+_M/J6HLRW2R*$3TW_KO8?^A"OHOQ1KT?ACPK]. MMS0/<)8P-.T2,_7 [_FOD3Q;\0:? O)\5[7Q=%I\T$,$ENYMG<%CY1!/(XYQ0_M!]HT5R?PZ\=P?$+PW)]M8RV*)<-!Y$?_'P*D50]@*._@%%%%AMMBTUT21" MDB]ZMP589!HHH$9_A/P_<2%YM%L'8G))MU_P]S9Z)I6GMNL=.M;=O[T<*]? MSQ0114L>QJZU5]SD[>!2]*:UM[D@W$$&X4+<11R@'(#]&Q^=0_V98?\^5O_-^E_P * M** +$<:11A(U5$48"]J, 5!?:;8ZG!Y.I6=O=Q?W)XE0)HPX'YBBB@"6&"*VA6*WC2*-!A410H'T JK/H MVF75QY]SIUI--U\R2!6;\R,T44 32V-I,^^:VAD;&-S1@FD33[.*0/':P(ZG M(98U!'Z444 3.BR(4D4.K#!5AD&J_P#9EA_SY6__'Z7_"BB@">*'*W39!&D -;YSM10!^E%%%'__V0$! end GRAPHIC 26 cvshealthlogoa.jpg CVS HEALTH LOGO begin 644 cvshealthlogoa.jpg M_]C_X 02D9)1@ ! 0$ 8 !@ #_X1"N17AI9@ 34T *@ @ ! $[(M 4 (2H=1 0 ! (7IR=$ H 0?NH< < @,/@ M G)E M4WI.5&-Z:V.Y9"<_/@T*/'@Z>&UP:65T82!X:6ON&UL:G,Z&UL:G,Z9&,)(FAT M=' Z+R]P=7)L+F]R9RID8R]E;&5M96YT!A8VME="!E;F0])W7]#A(6&AXB)BI*3E)66EYB9F]*CI*6FIZBIJK*S MM+6VM[BYNL+#O.7&Q(C)RM+3U-76U]C9VN'BX^3EYN?HZ>KQ\O/T]?;W^/GZ M_\0 'P$ P$! 0$! 0$! 0 $" P0%!@<("0H+_\0 M1$ @$"! 0# M! <%! 0 0)W $" Q$$!2$Q!A)!40=A<1,B,H$(%$*1H;'!"2,S4O 58G+1 M"A8D-.$E\1<8&1HF)R@I*C4V-S@Y.D- $149'2$E*4U155E=865IC9&5F9VAI M:G-T=79W>'EZ@H.$A8:'B(F*DL4E9:7F)F:HJ.DI:.G]*FJLK.TM;:WN+FZ MPL/$Q<;'R.G*TM/4U=;7V-G;XN/DY>;GZ.G]\O/T]?;W^/GZ_]H # _.! (1 M Q$ /P#Z1J&ZN[:QMVG9X[>)>KRN%4?B:@U;5K+0].EO]2F$,$0R2>1/8 = MR?2OGOOEXQO/%VI>9-F*SB)^SVV>%']?5CZUC4JJ']>MEN65.=/M%:O]$?0] MAJEAJD)ETV\@ND!P6AD# ?E5]OEW0-? OO#>]I?Z9)L=>'0 -=D7NK#N/Y5[/- M\5M&3PF-4B.Z\?Y%L2?G$F,_^S M?UJ85TU[VATX]*V'FE2]Y/_/\ S.OS M]7T[2E5M2OK>U#?=\Z0+GZ9]>WN8+N!9K6:..)N5>-@P/XBOE[6=9O=>U26_ MU.4RS2'\$'95'8"MOP1XVNO".H8.Z;3I6_?6^>G^TOH?YU"Q'O:K0[*G#LXT M.:$KS[=/D?1=%5=.U&TU;3XW3YEFMYEW(ZG_.#[52\3>(K3PQHDNH7OS;?E MCB!YD<]%%=7.DKGS$:4Y5/9I>]M8UG=8T+2,%439/K5@C> MAN%_QKY^\1^+]7\3W3/[%RPASE+:.D1H/IW^JK"X'H*Y)8EWT1]90X;O&]:>_MO9?YGU19ZSINHG%A?VUP22*56/Y U<+!5)8@ =2>U?)J.T4@>)BC@Y#*<$?C M7I7@?X@3W3?\([XGF-S:7BF".XD/S(6&,,>X.<9ZBJCB+Z-'/B^'YT8>TI2Y MDMU:7Y=SV3[5;_\/>/_+[%,26.3/ENKXZ[3FOE?4K*73-4NK&?(DMI6B;G MT.*[? X.ZF;3QA)9NWR7L!4 G^)?F'Z9HCB&Y)-"Q.0]EAY5H5+V5]O\ @GNE M1M<0HQ5Y44C]"P%/9@]EF. !DD][^7O$6IMK'B34+\L<3SL8_PYPOZ 5I5] M>SL>=EF6O'RDN:R7E<^GEN(68!9HR3T 8:R^ ML:7L>DN'Y2KNG&?NK=VZ]K7[?F?0DOB[P] ^R76[!6]#<+_C5RSU?3M1_P"/ M"_MKD^D4JL2R%?*X4D';O ZX'2ECD:&020NT;CD.AP1^(]?K.NQV2X:IV]VH M[^A]9U%-=6]N0+B>. (MTWN%S^=>8_##X@76I78T/7)3-,RDVUPWWFQR4;U.. M0:M?%;X50_$)K2]FU:6P.G02@(D?S,X/M?8VE6(TO1[.P60R"U@2$.1@MM4#./PJSD)YKB&W4&XECB!. M_78+G\ZA_M.P_P"? VW_[^K_C7) $WX;Q?$C2[&RFU*33Q:7!F#!$'W94KCDC MUKY=\$> X_%WQ(F\+R:A):I'|HQ<+&&)\HX^Z3WH_^UHY$EC#QLKHPR&4Y!I MU8WA'P\OA3PEIVAQW#7*V,(B$S+M+\DYQVZULT %%%% !1110 4444 1S7$- MN ;B:.($X!=@N?SIL-Y;7#%8+B*5@,D(X8X_"N- ^)WPTB^).GV%K-J3^,!82NPM;:%&BC_A)8WX5Y_7T5XX\$6WB[3PRE8=0A4^1/CK_LM[M']*^? =0T^ZT]_ELK^%H;B%MKHW:_ !'O7G5HN.KQ]?HF2XNC5PT:4-)16]_7 MYE>BBBL3W HHJYI.E7FMZE%8;;"9IY3@ = .Y)[>M!.I**$=+.46)KR8 W%QC[Q\]Z**\|8^)6[_A8FJ[_23&? 38M=.U*%))GRN"JT<7F MLJU-:);>>RNWMT+ <9# #ITP?PKS[_A'-<'(TB_!['[._'Z5]145I+#1 MNZ//PV?U]%)4Y1YK=6SYZ^(5A.EWIFKSPO$^IV4;S*ZE2)E 5|CUZ&L'P[]) MTCQ)II^#@07",W^[G!_0FO:_BSH_]I>"I+E%S+8.)Q_N\&_0Y_"O CSO7-4B MX2/I,JKQO>#Y7TNGZ?\ #'TGXZU8:3X'U&[C8!VA\N(YZL_RC^>:^;_,<"O1 M/&_B?^U/AYX:M@^9)D\R< IX_DY_')K@["RDU'4;>R@&9+B58E^I.*=:?/+0 MSR7#?5&>(OAMKVA3R&&V>_M_J6YM)D)WSB+>LN3G)(YSV M_"K]YX&\)>,=6DO]'UR.'S@"T%KLQN[G:>1FO'&5D5V]RK8>HX2E\U]S/<- (^$5GI&L6FHP:M=-):RB15,: MX,.QKO-0_P"09=?]<7_]!-> ,^ /B1?V.I6^F;W<-=6,S"-)93EX2>!SW7Z]* M]FU#_D&77_7%_P#T$UUT7!KW3Y#-J>+!UDL3+F\[R/F\]E__)'C6 | L'C_M - &BOIVOBKX8^"=6\<:Y?6>AZQ_9,MO!YKR:G&]=^,?*0>O->F_\,^^-O^A[M_P#(D_|\56QXY]$5]_!C_DXB[^M_|^AUT7_#/OC;_*'O_P B3_|Q5?7&:/K"66.'%YIW6..-2SNYP% ZDGL* M\6\4? M);18:@UCX4TN76Y%;;YY%]8N8EDN[IP"X8C.Q3V49Q@= M>M,#SF+]I76K&9&U_P &F&W8_>222-OPWK@U[#X)\?:%X]TMKO0K@EX]">VE M&V6$_P"T/3T(X-;6H6- AJUC+9:G;P7=M*[5XIE#*P^AKY?N+5_@S^T#:QZ;* MXTJYDCPI;.ZVE:;4/KM:./H*0'U-(> M)?VE]/M=0:S\):/)]V&VBXE&+6:2VCDUFYB62ZNG7+*Q&=BGLHSCCKU MH X+2OVEIH+V.+O? X6GL89"|YT#-E?28X&?P-;GBO|HC1_#VJP6VGZ7)K%M< M6L=S%=07*JK!\\8(R",ERZ?K=E#>6LHPR2KG'N#U!]O7QSX@ M\)-X*^,4.AEC+#%]-N\#OU>)I%*Y]^OJP: /]7X.?$&+XBZ'M? 3<44<2D1(J G)"]I7S)^SK_R M5[7/^O.?_P]'K0!=^.'O7@U6SUGP0NCSO26UXB&\,P*-L8-]W&>?K65\-/CC M;^\?!L&A2^'[F^.:1 /CG55.]LXP1VKU/\ :%@B7X0W\BQ('-S;Y8*_P"M M'>F? L]6T$OPBM&EAC=OM4_+("?OT#-3XU2^?\#M=E V[!>)L'MF5#7DOPP^+ M6C_#KX7/;W,4E_J=QJ$KQ6<) (7"#G4FO7OCA_R17Q#_UQC_|1J5Y MM^S7X+T^[L[_,4:A;1W%Q'AXZJ>Q%=/=6E MO?6LEM>01SP2+M>*50RL/0@U\NV=J/AA^TY!IVE,8["><ZCA$>>/)G_^4_P"Z M2.?04 ?5%%%%, KE/''@>U\6V&Y-L&HPK^YGQU_V6]1_*NKHJ914E9FU&M4H M5%4INS1\IZA[]UI5_+97\+0W$+:.71NW^(IZKU]$^./]KXML-R;8-1A7]S/C MK_LMZC^5>%P^&=6F\1?V&MFXOP^UHC_#_M$_W>^:\^I3<'8_0\OS2EBZ3E)V MDMU^OH5M)TF\UO4HK#383- /*< #H!W)/8#UKZ$\& ^#:/PCIOE0FO90/M%P1_MRQ]!Z*/2CP;X-L_".F^7%B:]E_^T7!'+'T'HH]*Z2NJC2Y=7N?+9MFSQ3]E2 MT@OQ_P" %>'_!DTA[3Q1#J:J?)O80I:'1TX(_+%>X5D^)? #MIXGT273[WY0 MWS1R@?-&XZ,/\]*NK#GC9'#EF,6#Q*]2VV?H?,D,SV]Q'-"=LD:AT/H0]?%'QW9ZC:PZ5H-V9=LGFSSPL0O M X4$=>N3]*\T_M"^[7ER3Z>E:%I)B\$V>EZ@3(S68C MFW"))9? FZ_4U\WZG82:7JMU83C$EM*T1]\'&?RKZKKPOXPZ,:'Q9']$:8BOX M@20/XUX/Z8-=%>%HIKH?/Y!BW]9G"7V]?G_5S@6D=T168E4!"@G]N3G^==W] M(=&_M#O@:Z1OA)H_P#9O@O;N1<2W\AF.?[@ MX7^1/XUA1CS31[V6GW[_A5)YC$:> M"1T^E<%_PN[4_P#H#VG_']:O5=?T2V\1:'<;9>9$>S;5K M'A7QMH<5QJL6FFY9<3P3E0T:=\$\X]#7E/O'TW0-,\0)#X9F5XC'F:..3>L; MYZ_3MVKD^#Z&E4;F"H,L>BJ,D_A6$JG,K-'OX3+%A*SG"H^7^7H.B5GGC5 M2S. N/7-? 4UR&719@_+"W8'Z[:\A^'7P[OKG5+?6-;MVM[2!A)%%*,/*PZ$C MLHZ\]:Z'XK?%6'X>M:64VDRWYU&"4ATF",,8'<'/WJZ,/%I-L^_SZ?@>5_LO_/(\:W_V#Q_Z-%?3M?%WPL^(T7PWUR_U&;39- 0%U;>2$ M24)M^;=G)!I*^OM*OAJFCV=^L9C%U DP0G)7-?^$V\:W%[:6*R":"T.CO"=AJT"// M$:^_7\Z_.?\ VE()+/XC:-?2AG@:O3!/3,$O:VK)'JEFOFLY'X!.,,A/8,/R(!KQKP5\8-= M^%L?_"+^- ='N9;.U)6%6.R: 9Z#/#IZ<_0XH$?45?*OQDOH+W]H:QCMV#&UD MLH)"#_'Y@8C\ PKKM9_:534(/L@C0+R?4I_DB:Y4'8Q[B-"2Q_(5XQXATW6 M?"'7C>SN/%0:74G:'4[E- ^7RS[MK'IN^7Z#/M0,^XQ7S#^SK_,E>US_KSG_] M'K7MWPW^(5O\1=#N=2M=/FL5M[@P%)G#%CM!SQ]:^===*UF^^"7QBU*;5=.EG M@@_44"!;_VAO^2.WW_7S;_^C13? V=_^2/VG_7U/_P"A MTWQ;+-\6O@#(?:)92I-=H+B"U9@SL8Y.[4_#'XVQ?#SPT_A[5M%N M+AH[AY(V201LNX\]RMTP:!GM?QQ_Y(MXA_ZY1_\HU*YW]FC_DF%S_V$Y?] MT%*P_CE\5+4:7]W@C^R[CS[]V@<'77F+L7=MD^[U[8K$^_GQ.MM$6S\&2:;/+_M/J6HLRW2R*$3TW_KO8?^A"OHOQ1KT?ACPK]. MMS0/<)8P-.T2,_7 [_FOD3Q;\0:? O)\5[7Q=%I\T$,$ENYMG<%CY1!/(XYQ0_M!]HT5R?PZ\=P?$+PW)]M8RV*)<-!Y$?_'P*D50]@*._@%%%%AMMBTUT21" MDB]ZMP589!HHH$9_A/P_<2%YM%L'8G))MU_P]S9Z)I6GMNL=.M;=O[T<*]? MSQ0114L>QJZU5]SD[>!2]*:UM[D@W$$&X4+<11R@'(#]&Q^=0_V98?\^5O_-^E_P * M** +$<:11A(U5$48"]J, 5!?:;8ZG!Y.I6=O=Q?W)XE0)HPX'YBBB@"6&"*VA6*WC2*-!A410H'T JK/H MVF75QY]SIUI--U\R2!6;\R,T44 32V-I,^^:VAD;&-S1@FD33[.*0/':P(ZG M(98U!'Z444 3.BR(4D4.K#!5AD&J_P#9EA_SY6__'Z7_"BB@">*'*W39!&D -;YSM10!^E%%%'__V0$! end XML 28 R1.htm IDEA: XBRL DOCUMENT_ "

Cover Page - USD ($)	12 Months Ended		
	Dec. 31, 2024	Feb. 05, 2025	Jun. 30, 2024
Cover [Abstract]			
Document Type	10-K		
Document Annual Report	true		
Document Period End Date	Dec. 31, 2024		
Current Fiscal Year End Date	--12-31		
Document Transition Report	false		
Entity File Number	001-01011		
Entity Registrant Name	CVS HEALTH CORPORATION		
Entity Incorporation, State or Country Code	DE		
Entity Tax Identification Number	05-0494040		
Entity Address, Address Line One	One CVS Drive,		
Entity Address, City or Town	Woonsocket,		
Entity Address, State or Province	RI		
Entity Address, Postal Zip Code	02895		
City Area Code	(401)		
Local Phone Number	765-1500		
Title of 12(b) Security	Common Stock, par value $0.01 per share		
Trading Symbol	CVS		
Security Exchange Name	NYSE		
Entity Well-known Seasoned Issuer	Yes		
Entity Voluntary Filers	No		
Entity Current Reporting Status	Yes		
Entity Interactive Data Current	Yes		
Entity Filer Category	Large Accelerated Filer		
Entity Small Business	false		
Entity Emerging Growth	false		

Company		
ICFR Auditor Attestation Flag	true	
Document Financial Statement Error Correction [Flag]	false	
Entity Shell Company	false	
Entity Public Float		$ 74,072,103,405
Entity Common Stock, Shares Outstanding		1,260,795,063
Documents Incorporated by Reference	The following materials are incorporated by reference into this Form 10-K: Information contained in the definitive proxy statement for CVS Health Corporation's 2025 Annual Meeting of Stockholders, to be filed with the Securities and Exchange Commission within 120 days after the end of the fiscal year ended December 31, 2024 (the "Proxy Statement"), is incorporated by reference in Parts III and IV to the extent described therein.	
Entity Central Index Key	0000064803	
Document Fiscal Year Focus	2024	
Document Fiscal Period Focus	FY	
Amendment Flag	false	

XML 29 R2.htm IDEA: XBRL DOCUMENT

Audit Information	12 Months Ended Dec. 31, 2024
Auditor Information [Abstract]	
Auditor Name	Ernst & Young LLP
Auditor Location	Boston, Massachusetts
Auditor Firm ID	42

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Consolidated Statements of Operations - USD ($) shares in Millions, $ in Millions	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Revenues:			
Premiums	$ 122,896	$ 99,192	$ 85,330
Net investment income	2,153	1,153	838
Total revenues	372,809	357,776	322,467
Operating costs:			
Cost of products sold	206,287	217,098	196,892
Health care costs	115,121	86,247	71,073
Operating expenses	41,606	39,832	38,212
Restructuring charges	1,179	507	0
Opioid litigation charges	100	0	5,803
Loss on assets held for sale	0	349	2,533
Total operating costs	364,293	344,033	314,513
Operating income	8,516	13,743	7,954
Interest expense	2,958	2,658	2,287
Gain on early extinguishment of debt	(491)	0	0
Other income	(99)	(88)	(169)
Income before income tax provision	6,148	11,173	5,836
Income tax provision	1,562	2,805	1,509
Net income	4,586	8,368	4,327
Net (income) loss attributable to noncontrolling interests	28	(24)	(16)
Net income attributable to CVS Health	$ 4,614	$ 8,344	$ 4,311
Net income per share attributable to CVS Health:			
Basic (in dollars per share)	$ 3.67	$ 6.49	$ 3.29
Diluted (in dollars per share)	$ 3.66	$ 6.47	$ 3.26
Weighted average shares outstanding:			
Basic (in shares)	1,259	1,285	1,312
Diluted (in shares)	1,262	1,290	1,323
Cost, Product and Service [Extensible List]	Products	Products	Products
Products			
Revenues:			
Revenues	$ 231,521	$ 245,138	$ 226,616
Services			
Revenues:			
Revenues	$ 16,239	$ 12,293	$ 9,683

XML 31 R4.htm IDEA: XBRL DOCUMENT

Consolidated Statements of Comprehensive Income - USD ($) $ in Millions	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Statement of Comprehensive Income [Abstract]			
Net income	$ 4,586	$ 8,368	$ 4,327
Other comprehensive income (loss), net of tax:			
Net unrealized investment gains (losses)	30	1,090	(2,317)
Change in discount rate on long-duration insurance reserves	113	(67)	870
Foreign currency translation adjustments	(4)	0	0
Net cash flow hedges	(15)	5	17
Pension and other postretirement benefits	53	(61)	(168)
Other comprehensive income (loss)	177	967	(1,598)
Comprehensive income	4,763	9,335	2,729
Comprehensive (income) loss attributable to noncontrolling interests	28	(24)	(16)
Comprehensive income attributable to CVS Health	$ 4,791	$ 9,311	$ 2,713

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Consolidated Balance Sheets - USD ($) $ in Millions	Dec. 31, 2024	Dec. 31, 2023
Assets:		
Cash and cash equivalents	$ 8,586	$ 8,196
Investments	2,407	3,259
Accounts receivable, net	36,469	35,227
Inventories	18,107	18,025
Other current assets	3,076	3,151
Total current assets	68,645	67,858
Long-term investments	28,934	23,019
Property and equipment, net	12,993	13,183
Operating lease right-of-use assets	15,944	17,252
Goodwill	91,272	91,272
Intangible assets, net	27,323	29,234
Separate accounts assets	3,311	3,250

Other assets	4,793	4,660
Total assets	253,215	249,728
Liabilities:		
Accounts payable	15,892	14,897
Pharmacy claims and discounts payable	24,166	22,874
Health care costs payable	15,064	12,049
Accrued expenses and other current liabilities	20,810	23,515
Other insurance liabilities	1,183	1,141
Current portion of operating lease liabilities	1,751	1,741
Short-term debt	2,119	200
Current portion of long-term debt	3,624	2,772
Total current liabilities	84,609	79,189
Long-term operating lease liabilities	14,899	16,034
Long-term debt	60,527	58,638
Deferred income taxes	3,806	4,311
Separate accounts liabilities	3,311	3,250
Other long-term insurance liabilities	4,902	5,459
Other long-term liabilities	5,431	6,211
Total liabilities	177,485	173,092
Commitments and contingencies (Note 18)		
Shareholders' equity:		
Preferred stock, par value $0.01: 0.1 shares authorized; none issued or outstanding	0	0
Common stock, par value $0.01: 3,200 shares authorized; 1,778 shares issued and 1,260 shares outstanding at December 31, 2024 and 1,768 shares issued and 1,288 shares outstanding at December 31, 2023 and capital surplus	49,661	48,992
Treasury stock, at cost: 518 and 480 shares at December 31, 2024 and 2023	(36,818)	(33,838)
Retained earnings	62,837	61,604
Accumulated other comprehensive loss	(120)	(297)
Total CVS Health shareholders' equity	75,560	76,461
Noncontrolling interests	170	175
Total shareholders' equity	75,730	76,636
Total liabilities and shareholders' equity	$ 253,215	$ 249,728

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Consolidated Balance Sheets (Parenthetical) - $ / shares	**Dec. 31, 2024**	**Dec. 31, 2023**
Statement of Financial Position [Abstract]		
Preferred stock, par value (in dollars per share)	$ 0.01	$ 0.01
Preferred stock, shares authorized (in shares)	100,000	100,000
Preferred stock, shares issued (in shares)	0	0
Preferred stock, shares outstanding (in shares)	0	0
Common stock, par value (in dollars per share)	$ 0.01	$ 0.01
Common stock, shares authorized (in shares)	3,200,000,000	3,200,000,000
Common stock, shares issued (in shares)	1,778,000,000	1,768,000,000
Common stock, shares outstanding (in shares)	1,260,000,000	1,288,000,000
Treasury stock (in shares)	518,000,000	480,000,000

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Consolidated Statements of Cash Flows - USD ($) $ in Millions	**12 Months Ended**		
	Dec. 31, 2024	**Dec. 31, 2023**	**Dec. 31, 2022**
Cash flows from operating activities:			
Cash receipts from customers	$ 357,995	$ 345,464	$ 313,662
Cash paid for inventory, prescriptions dispensed and health services rendered	(197,726)	(208,848)	(189,766)
Insurance benefits paid	(109,464)	(84,097)	(69,728)
Cash paid to other suppliers and employees	(38,821)	(34,735)	(32,662)
Interest and investment income received	1,735	1,584	1,026
Interest paid	(2,909)	(2,418)	(2,239)
Income taxes paid	(1,703)	(3,524)	(4,116)
Net cash provided by operating activities	9,107	13,426	16,177
Cash flows from investing activities:			
Proceeds from sales and maturities of investments	10,353	7,729	6,729
Purchases of investments	(15,191)	(9,043)	(7,746)
Purchases of property and equipment	(2,781)	(3,031)	(2,727)
Acquisitions (net of cash and restricted cash acquired)	(95)	(16,612)	(139)
Proceeds from sale of subsidiaries (net of cash and restricted cash sold of $2,854 in 2022)	0	0	(1,249)
Other	101	68	85
Net cash used in investing activities	(7,613)	(20,889)	(5,047)
Cash flows from financing activities:			
Commercial paper borrowings (repayments), net	1,919	200	0
Proceeds from issuance of short-term loan	0	5,000	0
Repayment of short-term loan	0	(5,000)	0
Proceeds from issuance of long-term debt	7,913	10,898	0
Repayments of long-term debt	(4,773)	(3,166)	(4,211)
Repurchase of common stock	(3,023)	(2,012)	(3,500)
Dividends paid	(3,373)	(3,132)	(2,907)
Proceeds from exercise of stock options	361	277	551
Payments for taxes related to net share settlement of equity awards	(185)	(181)	(370)
Other	26	(201)	(79)
Net cash provided by (used in) financing activities	(1,135)	2,683	(10,516)
Net increase (decrease) in cash, cash equivalents and restricted cash	359	(4,780)	614
Cash, cash equivalents and restricted cash at the beginning of the period	8,525	13,305	12,691
Cash, cash equivalents and restricted cash at the end of the period	8,884	8,525	13,305
Reconciliation of net income to net cash provided by operating activities:			
Net income	4,586	8,368	4,327
Adjustments required to reconcile net income to net cash provided by operating activities:			
Depreciation and amortization	4,597	4,366	4,224
Loss on assets held for sale	0	349	2,533
Stock-based compensation	540	588	447
Restructuring charges (impairment of long-lived assets)	840	152	0
Gain on sale of subsidiaries	0	0	(475)
Gain on early extinguishment of debt	(491)	0	0
Deferred income taxes	(572)	(676)	(2,029)
Other items	(502)	264	332
Change in operating assets and liabilities, net of effects from acquisitions:			
Accounts receivable, net	(1,301)	(6,260)	(2,971)
Inventories	(102)	1,233	(1,435)
Other assets	(38)	(510)	(491)
Accounts payable and pharmacy claims and discounts payable	2,335	3,618	4,260

Health care costs payable and other insurance liabilities	2,757	394	992
Other liabilities	(3,542)	1,540	6,463
Net cash provided by operating activities	$ 9,107	$ 13,426	$ 16,177

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Consolidated Statements of Cash Flows (Parenthetical) $ in Millions	12 Months Ended Dec. 31, 2022 USD ($)
Statement of Cash Flows [Abstract]	
Cash and restricted cash sold	$ 2,854

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Consolidated Statements of Shareholders' Equity - USD ($) shares in Millions, $ in Millions	Total	Total CVS Health Shareholders' Equity	Common Shares	Treasury Shares	Common Stock and Capital Surplus [2]	Retained Earnings	Accumulated Other Comprehensive Income (Loss)	Noncontrolling Interests
Shares outstanding, beginning of year balance (in shares) at Dec. 31, 2021			1,744					
Treasury shares outstanding, beginning of year balance (in shares) at Dec. 31, 2021	[1]			(422)				
Beginning of year balance at Dec. 31, 2021	$ 74,841	$ 74,535		$ (28,173)	[1] $ 47,377	$ 54,997	$ 334	$ 306
Stockholders' Equity [Roll Forward]								
Net income	4,327	4,311				4,311		16
Other comprehensive income (loss)	(1,598)	(1,598)					(1,598)	
Stock option activity, stock awards and other (in shares)			14					
Stock option activity, stock awards and other	816	816			816			
Purchase of treasury shares, net of ESPP issuances (in shares)	[1]			(36)				
Purchase of treasury shares, net of ESPP issuances	(3,685)	(3,685)		$ (3,685)	[1]			
Common stock dividends ($2.20 per share)	(2,910)	(2,910)				(2,910)		
Other increases (decreases) in noncontrolling interests	(22)							(22)
Shares outstanding, end of year balance (in shares) at Dec. 31, 2022			1,758					
Treasury shares outstanding, end of year balance (in shares) at Dec. 31, 2022	[1]			(458)				
End of year balance at Dec. 31, 2022	71,769	71,469		$ (31,858)	[1] 48,193	56,398	(1,264)	300
Stockholders' Equity [Roll Forward]								
Net income	8,368	8,344				8,344		24
Other comprehensive income (loss)	967	967					967	
Stock option activity, stock awards and other (in shares)			10					
Stock option activity, stock awards and other	795	795			795			
Purchase of treasury shares, net of ESPP issuances (in shares)	[1]			(22)				
Purchase of treasury shares, net of ESPP issuances	(1,992)	(1,992)		$ (1,980)	[1] (12)			
Common stock dividends ($2.20 per share)	(3,138)	(3,138)				(3,138)		
Acquisition of noncontrolling interests	66							66
Other increases (decreases) in noncontrolling interests	$ (199)	16			16			(215)
Shares outstanding, end of year balance (in shares) at Dec. 31, 2023			1,768					
Treasury shares outstanding, end of year balance (in shares) at Dec. 31, 2023	(480)			(480)	[1]			
End of year balance at Dec. 31, 2023	$ 76,636	76,461		$ (33,838)	[1] 48,992	61,604	(297)	175
Stockholders' Equity [Roll Forward]								
Net income	4,586	4,614				4,614		(28)
Other comprehensive income (loss)	177	177					177	
Stock option activity, stock awards and other (in shares)			10					
Stock option activity, stock awards and other	700	700			700			
Purchase of treasury shares, net of ESPP issuances (in shares)	[1]			(38)				
Purchase of treasury shares, net of ESPP issuances	(3,002)	(3,002)		$ (2,980)	[1] (22)			
Common stock dividends ($2.20 per share)	(3,381)	(3,381)				(3,381)		
Other increases (decreases) in noncontrolling interests	$ 14	(9)			(9)			23
Shares outstanding, end of year balance (in shares) at Dec. 31, 2024			1,778					
Treasury shares outstanding, end of year balance (in shares) at Dec. 31, 2024	(518)			(518)	[1]			
End of year balance at Dec. 31, 2024	$ 75,730	$ 75,560		$ (36,818)	[1] $ 49,661	$ 62,837	$ (120)	$ 170

[1] Treasury shares include 1 million shares held in trust for each of the years ended December 31, 2024, 2023 and 2022. Treasury stock includes $29 million related to shares held in trust for each of the years ended December 31, 2024, 2023 and 2022. See Note 1 ''Significant Accounting Policies'' for additional information.

[2] Common stock and capital surplus includes the par value of common stock of $18 million as of December 31, 2024, 2023 and 2022.

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Consolidated Statements of Shareholders' Equity (Parentheticals) - USD ($) shares in Millions, $ in Millions	3 Months Ended			12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Statement of Stockholders' Equity [Abstract]						
Dividends declared per share (in dollars per share)	$ 0.665	$ 0.605	$ 0.55	$ 2.66	$ 2.42	$ 2.20
Treasury shares held in trust (in shares)	1	1	1	1	1	1
Treasury shares held in trust	$ 29	$ 29	$ 29	$ 29	$ 29	$ 29
Common stock	$ 18	$ 18	$ 18	$ 18	$ 18	$ 18

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Significant Accounting Policies	12 Months Ended Dec. 31, 2024
Accounting Policies [Abstract]	
Significant Accounting Policies	**Significant Accounting Policies**

Description of Business

CVS Health Corporation, together with its subsidiaries (collectively, “CVS Health” or the “Company”), is a leading health solutions company building a world of health around every consumer it serves and

connecting care so that it works for people wherever they are. As of December 31, 2024, the Company had more than 9,000 retail locations, more than 1,000 walk-in and primary medical clinics, a leading pharmacy benefits manager with approximately 90 million plan members and expanding specialty pharmacy solutions, and a dedicated senior pharmacy care business serving more than 800,000 patients per year. The Company also serves an estimated more than 36 million people through traditional, voluntary and consumer-directed health insurance products and related services, including expanding Medicare Advantage offerings and a leading standalone Medicare Part D prescription drug plan ("PDP"). The Company is creating new sources of value through its integrated model allowing it to expand into personalized, technology driven care delivery and health services, increasing access to quality care, delivering better health outcomes and lowering overall health care costs.

The Company has four reportable segments: Health Care Benefits, Health Services, Pharmacy & Consumer Wellness and Corporate/Other, which are described below.

Health Care Benefits Segment
The Health Care Benefits segment operates as one of the nation's leading diversified health care benefits providers. The Health Care Benefits segment has the information and resources to help members, in consultation with their health care professionals, make more informed decisions about their health care. The Health Care Benefits segment offers a broad range of traditional, voluntary and consumer-directed health insurance products and related services, including medical, pharmacy, dental and behavioral health plans, medical management capabilities, Medicare Advantage and Medicare Supplement plans, PDPs and Medicaid health care management services. The Health Care Benefits segment's primary customers, its members, primarily access the segment's products and services through employer groups, government-sponsored plans or individually. The Health Care Benefits segment also serves customers who purchase products and services that are ancillary to its health insurance products. The Company refers to insurance products (where it assumes all or a majority of the risk for medical and dental care costs) as "Insured" and administrative services contract products (where the plan sponsor assumes all or a majority of the risk for medical and dental care costs) as "ASC." The Company sold Insured plans directly to individual consumers through the individual public health insurance exchanges ("Public Exchanges") in 17 states as of December 31, 2024.

Health Services Segment
The Health Services segment provides a full range of pharmacy benefit management ("PBM") solutions, delivers health care services in its medical clinics, virtually, and in the home, and offers provider enablement solutions. PBM solutions include plan design offerings and administration, formulary management, retail pharmacy network management services, and specialty and mail order pharmacy services. In addition, the Company provides clinical services, disease management services, medical spend management and pharmacy and/or other administrative services for providers and federal 340B drug pricing program covered entities ("Covered Entities"). The Company operates a group purchasing organization that negotiates pricing for the purchase of pharmaceuticals and rebates with pharmaceutical manufacturers on behalf of its participants and provides various administrative, management and reporting services to pharmaceutical manufacturers. During 2023, the Company completed the acquisition of two key health care delivery assets – Signify Health, Inc. ("Signify Health"), a leader in health risk assessments, value-based care and provider enablement services, and Oak Street Health, Inc. ("Oak Street Health"), a leading multi-payor operator of value-based primary care centers serving Medicare eligible patients. The Company also launched Cordavis™, a wholly owned subsidiary that works directly with pharmaceutical manufacturers to commercialize and/or co-produce high quality biosimilar products. The Health Services segment's clients and customers are primarily employers, insurance companies, unions, government employee groups, health plans, PDPs, Medicaid managed care plans, the U.S. Centers for Medicare & Medicaid Services ("CMS"), plans offered on public and private health insurance exchanges and other sponsors of health benefit plans throughout the U.S., patients who receive care in the Health Services segment's medical clinics, virtually or in the home, as well as Covered Entities.

Pharmacy & Consumer Wellness Segment
The Pharmacy & Consumer Wellness segment dispenses prescriptions in its retail pharmacies and through its infusion operations, provides ancillary pharmacy services including pharmacy patient care programs, diagnostic testing and vaccination administration, and sells a wide assortment of health and wellness products and general merchandise. The segment also conducts long-term care pharmacy ("LTC") operations, which distribute prescription drugs and provide related pharmacy
consulting and ancillary services to long-term care facilities and other care settings, and provides pharmacy fulfillment services to support the Health Services segment's specialty and mail order pharmacy offerings. As of December 31, 2024, the Pharmacy & Consumer Wellness segment operated more than 9,000 retail locations, as well as online retail pharmacy websites, LTC pharmacies and on-site pharmacies, retail specialty pharmacy stores, compounding pharmacies and branches for infusion and enteral nutrition services.

Corporate/Other Segment
The Company presents the remainder of its financial results in the Corporate/Other segment, which primarily consists of:

- Management and administrative expenses to support the Company's overall operations, which include certain aspects of executive management and the corporate relations, legal, compliance, human resources and finance departments, information technology, digital, data and analytics, as well as acquisition-related transaction and integration costs; and
- Products for which the Company no longer solicits or accepts new customers such as its large case pensions and long-term care insurance products.

Basis of Presentation

The accompanying consolidated financial statements of CVS Health and its subsidiaries have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP"). The consolidated financial statements include the accounts of the Company and its majority-owned subsidiaries and variable interest entities ("VIEs") for which the Company is the primary beneficiary. All material intercompany balances and transactions have been eliminated.

Reclassifications

Certain prior year amounts have been reclassified to conform with the current year presentation.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts in the consolidated financial statements and accompanying notes. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents consist of cash and temporary investments with maturities of three months or less when purchased. The Company invests in short-term money market funds, commercial paper and time deposits, as well as other debt securities that are classified as cash equivalents within the accompanying consolidated balance sheets, as these funds are highly liquid and readily convertible to known amounts of cash.

Restricted Cash

Restricted cash included in other current assets on the consolidated balance sheets primarily represents funds held on behalf of members and funds held in escrow in connection with agreements with accountable care organizations. Restricted cash included in other assets on the consolidated balance sheets represents amounts held in a trust in one of the Company's captive insurance companies to satisfy collateral requirements associated with the assignment of certain insurance policies. All restricted cash is invested in demand deposits, time deposits and money market funds.

The following is a reconciliation of cash and cash equivalents on the consolidated balance sheets to total cash, cash equivalents and restricted cash on the consolidated statements of cash flows as of December 31, 2024, 2023 and 2022:

In millions	**2024**	**2023**	**2022**
Cash and cash equivalents	$ 8,586	$ 8,196	$ 12,945
Restricted cash (included in other current assets)	95	90	144
Restricted cash (included in other assets)	203	239	216
Total cash, cash equivalents and restricted cash in the consolidated statements of cash flows	$ 8,884	$ 8,525	$ 13,305

Investments

Debt Securities
Debt securities consist primarily of U.S. Treasury and agency securities, mortgage-backed securities, corporate and foreign bonds and other debt securities. Debt securities are classified as either current or long-term investments based on their contractual maturities unless the Company intends to sell an investment within the next twelve months, in which case it is classified as current on the consolidated balance sheets. Debt securities are classified as available for sale and are carried at fair value. See Note 5 ''Fair Value'' for additional information on how the Company estimates the fair value of these investments.

If a debt security is in an unrealized loss position and the Company has the intent to sell the security, or it is more likely than not that the Company will have to sell the security before recovery of its amortized cost basis, the amortized cost basis of the security is written down to its fair value and the difference is recognized in net income. If a debt security is in an unrealized loss position and the Company does not have the intent to sell and it is more likely than not that the Company will not have to sell such security before recovery of its amortized cost basis, the Company bifurcates the impairment into credit-related and non-credit related (yield-related) components. In evaluating whether a credit related loss exists, the Company considers a variety of factors including: the extent to which the fair value is less than the amortized cost basis; adverse conditions specifically related to the issuer of a security, an industry or geographic area; the payment structure of the security; the failure of the issuer of the security to make scheduled interest or principal payments; and any changes to the rating of the security by a rating agency. The amount of the credit-related component is recorded as an allowance for credit losses and recognized in net income, and the amount of the non-credit related component is included in other comprehensive income (loss). Interest is not accrued on debt securities when management believes the collection of interest is unlikely.

The credit-related component is determined by comparing the present value of cash flows expected to be collected from the security, considering all reasonably available information relevant to the collectability of the security, with the amortized cost basis of the security. If the present value of cash flows expected to be collected is less than the amortized cost basis of the security, the Company records an allowance for credit losses, which is limited by the amount that the fair value is less than amortized cost basis.

For mortgage-backed and other asset-backed securities, the Company recognizes income using an effective yield based on anticipated prepayments and the estimated economic life of the securities. When estimates of prepayments change, the effective yield is recalculated to reflect actual payments to date and anticipated future payments. The Company's investment in the security is adjusted to the amount that would have existed had the new effective yield been applied since the acquisition of the security, with adjustments recognized in net income.

Equity Securities
Equity securities with readily available fair values are measured at fair value with changes in fair value recognized in net income.

Mortgage Loans
Mortgage loan investments on the consolidated balance sheets are valued at the unpaid principal balance, net of an allowance for credit losses. Mortgage loans with a maturity date or a committed prepayment date within twelve months are classified as current on the consolidated balance sheets. The Company assesses whether its loans share similar risk characteristics and, if so, groups such loans in a risk pool when measuring expected credit losses. The Company considers the following characteristics when evaluating whether its loans share similar risk characteristics: loan-to-value ratios, property type (e.g., office, retail, apartment, industrial), geographic location, vacancy rates and property condition.

Credit loss reserves are determined using a loss rate method that multiplies the unpaid principal balance of each loan within a risk pool group by an estimated loss rate percentage. The loss rate percentage considers both the expected loan loss severity and the probability of loan default. For periods where the Company is able to make or obtain reasonable and supportable forecasts of expected economic conditions (e.g., gross domestic product, employment), the Company adjusts its expected loss rates to reflect these forecasted economic conditions. For periods beyond which the Company is able to make or obtain reasonable and supportable forecasts of expected economic conditions, the Company reverts to historical loss rates in determining expected credit losses.

Interest income on a potential problem loan (i.e., high probability of default) or restructured loan is accrued to the extent it is deemed to be collectible and the loan continues to perform under its original or restructured terms. Interest income on problem loans (i.e., more than 60 days delinquent, in bankruptcy or in process of foreclosure) is recognized on a cash basis. Cash payments on loans in the process of foreclosure are treated as a return of principal.
Other Investments
Other investments consist primarily of the following:

- Private equity and hedge fund limited partnerships, which are accounted for using the equity method of accounting. Under this method, the carrying value of the investment is based on the value of the Company's equity ownership of the underlying investment funds provided by the general partner or manager of the investments, the financial statements of which generally are audited. As a result of the timing of the receipt of the valuation information provided by the fund managers, these investments are generally reported on up to a three month lag. The Company reviews investments for impairment at least quarterly and monitors their performance throughout the year through discussions with the administrators, managers and/or general partners. If the Company becomes aware of an impairment of a limited partnership's investments through its review or prior to receiving the limited partnership's financial statements at the financial statement date, an impairment will be recognized by recording a reduction in the carrying value of the limited partnership with a corresponding charge to net investment income.
- Investment real estate, which is carried on the consolidated balance sheets at depreciated cost, including capital additions, net of write-downs for other-than-temporary declines in fair value. Depreciation is calculated using the straight-line method based on the estimated useful life of each asset. If any real estate investment is considered held-for-sale, it is carried at the lower of its carrying value or fair value less estimated selling costs. The Company generally estimates fair value using net operating income and applying a capitalization rate in conjunction with comparable sales information. At the time of the sale, the difference between the sales price and the carrying value is recorded as a realized capital gain or loss.
- Privately-placed equity securities, which are carried on the consolidated balance sheets using the measurement alternative, at cost less impairments, plus or minus subsequent adjustments for observable

price changes. Additionally, as a member of the Federal Home Loan Bank of Boston ("FHLBB"), a subsidiary of the Company is required to purchase and hold shares of the FHLBB. These shares are restricted and carried at cost.

Net Investment Income
Net investment income on the Company's investments is recorded when earned and is reflected in the Company's net income (other than net investment income on assets supporting experience-rated products). Experience-rated products are products in the large case pensions business where the contract holder, not the Company, assumes investment and other risks, subject to, among other things, minimum guarantees provided by the Company. The effect of investment performance on experience-rated products is allocated to contract holders' accounts daily, based on the underlying investment experience and, therefore, does not impact the Company's net income (as long as the contract's minimum guarantees are not triggered). Net investment income on assets supporting large case pensions' experience-rated products is included in net investment income in the consolidated statements of operations and is credited to contract holders' accounts through a charge to benefit costs. The contract holders' accounts are reflected in accrued expenses and other current liabilities on the consolidated balance sheets.

Realized capital gains and losses on investments (other than realized capital gains and losses on investments supporting experience-rated products) are included as a component of net investment income in the consolidated statements of operations. Realized capital gains and losses are determined on a specific identification basis. Purchases and sales of debt and equity securities and alternative investments are reflected on the trade date. Purchases and sales of mortgage loans and investment real estate are reflected on the closing date.

Realized capital gains and losses on investments supporting large case pensions' experience-rated products are not included in realized capital gains and losses in the consolidated statements of operations and instead are credited directly to contract holders' accounts. The contract holders' accounts are reflected in accrued expenses and other current liabilities on the consolidated balance sheets.

Unrealized capital gains and losses on investments (other than unrealized capital gains and losses on investments supporting experience-rated products) are reflected in shareholders' equity, net of tax, as a component of accumulated other comprehensive income (loss). Unrealized capital gains and losses on investments supporting large case pensions' experience-rated products are credited directly to contract holders' accounts. The contract holders' accounts are reflected in accrued expenses and other current liabilities on the consolidated balance sheets.

Derivative Financial Instruments

The Company uses derivative financial instruments in order to manage interest rate and foreign exchange risk and credit exposure. The Company's use of these derivatives is generally limited to hedging risk and has principally consisted of using interest rate swaps, treasury rate locks, forward contracts, futures contracts, warrants, put options and credit default swaps.

Accounts Receivable

Accounts receivable are stated net of allowances for credit losses, customer credit allowances, contractual allowances and estimated terminations. Accounts receivable, net was composed of the following at December 31, 2024 and 2023:

In millions	**2024**	**2023**
Trade receivables	$ 9,881	$ 11,908
Vendor and manufacturer receivables	13,891	15,711
Premium receivables	4,731	3,714
Other receivables	7,966	3,894
Total accounts receivable, net	$ 36,469	$ 35,227

The Company's allowance for credit losses was $407 million and $343 million as of December 31, 2024 and 2023, respectively. When developing an estimate of the Company's expected credit losses, the Company considers all available relevant information regarding the collectability of cash flows, including historical information, current conditions and reasonable and supportable forecasts of future economic conditions over the contractual life of the receivable. The Company's accounts receivable are short duration in nature and typically settle in less than 30 days.

Inventories

Inventories are valued at the lower of cost or net realizable value using the weighted average cost method. Physical inventory counts are taken on a regular basis in each retail store and pharmacy, and a continuous cycle count process is the primary procedure used to validate the inventory balances on hand in each distribution center and mail facility to ensure that the amounts reflected in the consolidated financial statements are properly stated. During the interim period between physical inventory counts, the Company accrues for anticipated physical inventory losses on a location-by-location basis based on historical results and current physical inventory trends.

Reinsurance Recoverables
The Company utilizes reinsurance agreements primarily to: (a) reduce required capital and (b) facilitate the acquisition or disposition of certain insurance contracts. Ceded reinsurance agreements permit the Company to recover a portion of its losses from reinsurers, although they do not discharge the Company's primary liability as the direct insurer of the risks reinsured. Failure of reinsurers to indemnify the Company could result in losses; however, the Company does not expect charges for unrecoverable reinsurance to have a material effect on its consolidated operating results or financial condition. The Company evaluates the financial condition of its reinsurers and monitors concentrations of credit risk arising from similar geographic regions, activities or economic characteristics of its reinsurers. At December 31, 2024, the Company's reinsurance recoverables consisted primarily of amounts due from third parties that are rated consistent with companies that are considered to have the ability to meet their obligations. Reinsurance recoverables are recorded as other current assets or other assets on the consolidated balance sheets.

Health Care Contract Acquisition Costs

Insurance products included in the Health Care Benefits segment are cancellable by either the customer or the member monthly upon written notice. Acquisition costs related to prepaid health care and health indemnity contracts are generally expensed as incurred. For certain long-duration insurance contracts, acquisition costs directly related to the successful acquisition of a new or renewal insurance contract, including commissions, are deferred and are recorded as other current assets or other assets on the consolidated balance sheets. Contracts are grouped by product and issue year into cohorts consistent with the grouping used in estimating the associated liability and are amortized on a constant level basis based on the remaining in-force policies over the estimated term of the contracts to approximate straight-line amortization. Changes to the Company's assumptions, including assumptions related to persistency, are reflected at the cohort level at the time of change and are recognized prospectively over the estimated terms of the contract. The amortization of deferred acquisition costs is recorded in operating expenses in the consolidated statements of operations.
The following is a roll forward of deferred acquisition costs for the years ended December 31, 2024 and 2023:

In millions	**2024**	**2023**
Deferred acquisition costs, beginning of the period	$ 1,502	$ 1,219
Capitalizations	544	548
Amortization expense	(299)	(265)
Deferred acquisition costs, end of the period	$ 1,747	$ 1,502

Property and Equipment

Property and equipment is reported at historical cost, net of accumulated depreciation. Property, equipment and improvements to leased premises are depreciated using the straight-line method over the estimated useful lives of the assets, or when applicable, the term of the lease, whichever is shorter. Estimated useful lives generally range from 1 to 40 years for buildings, building improvements and leasehold improvements and 3 to 10 years for fixtures, equipment and internally developed software. Repair and maintenance costs are charged directly to expense as incurred. Major renewals or replacements that substantially extend the useful life of an asset are capitalized and depreciated. Application development stage costs for significant internally developed software projects are capitalized and depreciated.

Property and equipment consisted of the following at December 31, 2024 and 2023:

In millions	**2024**	**2023**
Land	$ 1,847	$ 1,958
Building and improvements	4,632	4,571
Fixtures and equipment	11,716	11,024
Leasehold improvements	6,725	6,511
Software	11,520	9,818
Total property and equipment	36,440	33,882
Accumulated depreciation and amortization	(23,447)	(20,699)
Property and equipment, net	$ 12,993	$ 13,183

Depreciation expense (which includes the amortization of property and equipment under finance or capital leases) totaled $2.6 billion, $2.5 billion and $2.4 billion for the years ended December 31, 2024, 2023 and 2022, respectively. See Note 7 ''Leases'' for additional information about the Company's finance leases.

Right-of-Use Assets and Lease Liabilities

The Company determines if an arrangement contains a lease at the inception of a contract. Right-of-use assets represent the Company's right to use an underlying asset for the lease term and lease liabilities represent the Company's obligation to make lease payments arising from the lease. Right-of-use assets and lease liabilities are recognized at the commencement date of the lease, renewal date of the lease or significant remodeling of the lease space based on the present value of the remaining future minimum lease payments. As the interest rate implicit in the Company's leases is not readily determinable, the Company utilizes its incremental borrowing rate, determined by class of underlying asset, to discount the lease payments. The operating lease right-of-use assets also include lease payments made before commencement and are reduced by lease incentives.

The Company's real estate leases typically contain options that permit renewals for additional periods of up to five years each. For real estate leases, the options to extend are not considered reasonably certain at lease commencement because the Company reevaluates each lease on a regular basis to consider the economic and strategic incentives of exercising the renewal options and regularly opens or closes stores to align with its operating strategy. Generally, the renewal option periods are not included within the lease term and the associated payments are not included in the measurement of the right-of-use asset and lease liability. Similarly, renewal options are not included in the lease term for non-real estate leases because they are not considered reasonably certain of being exercised at lease commencement. Leases with an initial term of 12 months or less are not recorded on the balance sheets, and lease expense is recognized on a straight-line basis over the term of the short-term lease.

For real estate leases, the Company accounts for lease components and nonlease components as a single lease component. Certain real estate leases require additional payments based on sales volume, as well as reimbursement for real estate taxes, common area maintenance and insurance, which are expensed as incurred as variable lease costs. Other real estate leases
contain one fixed lease payment that includes real estate taxes, common area maintenance and insurance. These fixed payments are considered part of the lease payment and included in the right-of-use assets and lease liabilities.

See Note 7 ''Leases'' for additional information about right-of-use assets and lease liabilities.

Goodwill

The Company accounts for business combinations using the acquisition method of accounting, which requires the excess cost of an acquisition over the fair value of net assets acquired and identifiable intangible assets to be recorded as goodwill. Goodwill is not amortized, but is subject to impairment reviews annually, or more frequently, if necessary, as further described in "Recoverability of Long-Lived Assets" below. See Note 6 ''Goodwill and Other Intangibles'' for additional information about goodwill.

Intangible Assets

The Company's identifiable intangible assets consist primarily of trademarks, trade names, customer contracts/relationships, covenants not to compete, technology and provider networks. These intangible assets arise primarily from the determination of their respective fair market values at the date of acquisition. Amounts assigned to identifiable intangible assets, and their related useful lives, are derived from established valuation techniques and management estimates.

The Company's definite-lived intangible assets are amortized over their estimated useful lives based upon the pattern of future cash flows attributable to the asset. Definite-lived intangible assets are amortized using the straight-line method. Indefinite-lived intangible assets are not amortized but are tested for impairment annually, or more frequently, if necessary, as further described in "Recoverability of Long-Lived Assets" below.

See Note 6 ''Goodwill and Other Intangibles'' for additional information about intangible assets.

Recoverability of Long-Lived Assets

The Company evaluates the recoverability of long-lived assets, excluding goodwill and indefinite-lived intangible assets, which are tested for impairment using separate tests described below, whenever events or changes in circumstances indicate that the carrying value of such asset may not be recoverable. The Company groups and evaluates these long-lived assets for impairment at the lowest level at which individual cash flows can be identified. If indicators of impairment are present, the Company first compares the carrying amount of the asset group to the estimated future cash flows associated with the asset group (undiscounted). If the estimated future cash flows used in the analysis are less than the carrying amount of the asset group, an impairment loss calculation is prepared. The impairment loss calculation compares the carrying amount of the asset group to the asset group's estimated future cash flows (discounted). If required, an impairment loss is recorded for the portion of the asset group's carrying value that exceeds the asset group's estimated future cash flows (discounted).

During the year ended December 31, 2024, in connection with its enterprise-wide restructuring plan described in Note 3 ''Restructuring'', the Company recorded a store impairment charge of $607 million, consisting of a write down of $483 million related to operating and financing lease right-of-use assets and $124 million related to property and equipment. In addition, in connection with its enterprise-wide restructuring plan the Company recorded $269 million of other asset impairments and related charges associated with the discontinuation of certain non-core long-lived assets recorded as reductions to property and equipment, net and operating lease right-of-use assets. During the year ended December 31, 2023, in connection with its 2023 restructuring program, the Company recorded $152 million of asset impairment charges in connection with the termination of certain transformation initiatives.

See Note 3 ''Restructuring'' for additional information about the Company's restructuring plan.

During the years ended December 31, 2024, 2023, and 2022, the Company recorded office real estate optimization charges of $30 million, $46 million, and $117 million, respectively, primarily related to the abandonment of leased real estate and the related right-of-use assets and property and equipment in connection with the planned reduction of corporate office real estate space in response to its ongoing flexible work arrangement.

See Note 7 ''Leases'' for additional information about the right-of-use asset charges.
When evaluating goodwill for potential impairment, the Company compares the fair value of its reporting units to their respective carrying amounts. The Company estimates the fair value of its reporting units using a combination of a discounted cash flow method and a market multiple method. If the carrying amount of a reporting unit exceeds its estimated fair value, an impairment loss is recognized in an amount equal to that excess.

During the fourth quarter of 2024, the Company performed its required annual impairment test of goodwill and concluded there were no goodwill impairments as of the testing date. During the third quarter of 2024, the Company performed an interim goodwill impairment test of the Government reporting unit after determining there were indicators that the Government reporting unit's goodwill may be impaired. The results of the interim impairment test showed that the fair value of the Government reporting unit exceeded its carrying value, therefore there was no impairment of goodwill as of the interim testing date.

During the fourth quarter of 2023 and the third quarter of 2022, the Company performed its required annual impairment test of goodwill and concluded there were no goodwill impairments as of the testing date or during the years ended December 31, 2023 and 2022.

Indefinite-lived intangible assets are tested for impairment by comparing the estimated fair value of the asset to its carrying value. The Company estimates the fair value of its indefinite-lived trademarks using the relief from royalty method under the income approach. If the carrying value of the asset exceeds its estimated fair value, an impairment loss is recognized, and the asset is written down to its estimated fair value. There were no impairment losses recognized on indefinite-lived intangible assets in any of the years ended December 31, 2024, 2023 or 2022.

Separate Accounts

Separate Accounts assets and liabilities related to large case pensions products represent funds maintained to meet specific objectives of contract holders who bear the investment risk. These assets and liabilities are carried at fair value. Net investment income (including net realized capital gains and losses) accrue directly to such contract holders. The assets of each account are legally segregated and are not subject to claims arising from the Company's other businesses. Deposits, withdrawals and net investment income (including net realized and net unrealized capital gains and losses) on Separate Accounts assets are not reflected in the consolidated statements of operations or cash flows. Management fees charged to contract holders are included in services revenue and recognized over the period earned.

Health Care Costs Payable

Health care costs payable within the Health Care Benefits segment consist principally of unpaid fee-for-service medical, dental and pharmacy claims, capitation costs, other amounts due to providers pursuant to risk-sharing arrangements related to the Health Care Benefits segment's Insured Commercial, Medicare and Medicaid products and accruals for state assessments. Unpaid health care claims include an estimate of payments the Company will make for (i) services rendered to the Company's Insured members but not yet reported to the Company and (ii) claims which have been reported to the Company but not yet paid, each as of the financial statement date (collectively, "IBNR"). Health care costs payable also include an estimate of the cost of services that will continue to be rendered after the financial statement date if the Company is obligated to pay for such services in accordance with contractual or regulatory requirements. Such estimates are developed using actuarial principles and assumptions which consider, among other things, historical and projected claim submission and processing patterns, assumed and historical medical cost trends, historical utilization of medical services, claim inventory levels, changes in Insured membership and product mix, seasonality and other relevant factors. The Company reflects changes in these estimates in benefit costs in the Company's consolidated operating results in the period they are determined. Capitation costs represent contractual monthly fees paid to participating physicians and other medical providers for providing medical care, regardless of the volume of medical services provided to the Insured member. Amounts due under risk-sharing arrangements are based on the terms of the underlying contracts with the providers and consider claims experience under the contracts through the financial statement date. Within the Health Services segment, health care costs payable includes estimates of the Company's obligations for medical care services that have been rendered by third parties on behalf of consumers for which the Company is contractually obligated to pay, but for which claims have either not yet been received, processed or paid.

The Company develops its estimate of IBNR using actuarial principles and assumptions that consider numerous factors. Of those factors, the Company considers the analysis of historical and projected claim payment patterns (including claims submission and processing patterns) and the assumed health care cost trend rate (the year-over-year change in per member per month health care costs) to be the most critical assumptions. In developing its IBNR estimate, the Company consistently applies
these actuarial principles and assumptions each period, with consideration to the variability of related factors. There have been no significant changes to the methodologies or assumptions used to develop the Company's estimate of IBNR in 2024.

The Company analyzes historical claim payment patterns by comparing claim incurred dates (i.e., the date services were provided) to claim payment dates to estimate "completion factors." The Company uses completion factors predominantly to estimate the ultimate cost of claims incurred more than three months before the financial statement date. The Company estimates completion factors by aggregating claim data based on the month of service and month of claim payment and estimating the percentage of claims incurred for a given month that are complete by each month thereafter. For any given month, substantially all claims are paid within six months of the date of service, but it can take up to 48 months or longer after the date of service before all of the claims are completely resolved and paid. These historically-derived completion factors are then applied to claims paid through the financial statement date to estimate the ultimate claim cost for a given month's incurred claim activity. The difference between the estimated ultimate claim cost and the claims paid through the financial statement date represents the Company's estimate of claims remaining to be paid as of the financial statement date and is included in the Company's health care costs payable. The completion factors the Company uses reflect judgments and possible adjustments based on data such as claim inventory levels, claim submission and processing patterns and, to a lesser extent, other factors such as changes in health care cost trend rates, changes in Insured membership and changes in product mix. If claims are submitted or processed on a faster (slower) pace than prior periods, the actual claims may be more (less) complete than originally estimated using the Company's completion factors, which may result in reserves that are higher (lower) than the ultimate cost of claims.

Because claims incurred within three months before the financial statement date are less mature, the Company uses a combination of historically-derived completion factors and the assumed health care cost trend rate to estimate the ultimate cost of claims incurred for these months. The Company applies its actuarial judgment and places a greater emphasis on the assumed health care cost trend rate for the most recent claim incurred dates as these months may be influenced by seasonal patterns and changes in membership and product mix.

The Company's health care cost trend rate is affected by changes in per member utilization of medical services as well as changes in the unit cost of such services. Many factors influence the health care cost trend rate, including the Company's ability to manage benefit costs through product design, negotiation of favorable provider contracts and medical management programs, as well as the mix of the Company's business. The health status of the Company's Insured members, aging of the population and other demographic characteristics, advances in medical technology and other factors continue to contribute to rising per member utilization and unit costs. Changes in health care practices, inflation, new technologies, increases in the cost of prescription drugs (including specialty pharmacy drugs), direct-to-consumer marketing by pharmaceutical companies, clusters of high-cost cases, claim intensity, changes in the regulatory environment, health care provider or member fraud and numerous other factors also contribute to the cost of health care and the Company's health care cost trend rate.

For each reporting period, the Company uses an extensive degree of judgment in the process of estimating its health care costs payable. As a result, considerable variability and uncertainty is inherent in such estimates, particularly with respect to claims with claim incurred dates of three months or less before the financial statement date; and the adequacy of such estimates is highly sensitive to changes in assumed completion factors and the assumed health care cost trend rates. For each reporting period the Company recognizes the actuarial best estimate of health care costs payable considering the potential volatility in assumed completion factors and health care cost trend rates, as well as other factors. The Company believes its estimate of health care costs payable is reasonable and adequate to cover its obligations at December 31, 2024; however, actual claim payments may differ from the Company's estimates. A worsening (or improvement) of the Company's health care cost trend rates or changes in completion factors from those that the Company assumed in estimating health care costs payable at December 31, 2024 would cause these estimates to change in the near term, and such a change could be material.

Each quarter, the Company re-examines previously established health care costs payable estimates based on actual claim payments for prior periods and other changes in facts and circumstances. Given the extensive degree of judgment in this estimate, it is possible that the Company's estimates of health care costs payable could develop either favorably (that is, its actual health care costs for the period were less than estimated) or unfavorably. The changes in the Company's estimate of health care costs payable may relate to a prior quarter, prior year or earlier periods. For a roll forward of the Company's health care costs payable, see Note 8 ''Health Care Costs Payable.'' The Company's reserving practice is to consistently recognize the actuarial best estimate of its ultimate liability for health care costs payable.

Other Insurance Liabilities

Unpaid Claims
Unpaid claims consist primarily of reserves associated with certain short-duration group disability and term life insurance contracts, including an estimate for IBNR as of the financial statement date. Reserves associated with certain short-duration group disability and term life insurance contracts are based upon the Company's estimate of the present value of future benefits, which is based on assumed investment yields and assumptions regarding mortality, morbidity and recoveries from the U.S. Social Security Administration. The Company develops its estimate of IBNR using actuarial principles and assumptions which consider, among other things, contractual requirements, claim incidence rates, claim recovery rates, seasonality and other relevant factors. The Company discounts certain claim liabilities related to group long-term disability and life insurance waiver of premium contracts. The discount rates generally reflect the Company's expected investment returns for the investments supporting all incurral years of these liabilities. The discount rates for retrospectively-rated contracts are set at contractually specified levels. The Company's estimates of unpaid claims are subject to change due to changes in the underlying experience of the insurance contracts, changes in investment yields or other factors, and these changes are recorded in current and future benefits in the consolidated statements of operations in the period they are determined. The Company estimates its reserve for claims IBNR for life products largely based on completion factors. The completion factors used are based on the Company's historical experience and reflect judgments and possible adjustments based on data such as claim inventory levels, claim payment patterns, changes in business volume and other factors. If claims are submitted or processed on a faster (slower) pace than historical periods, the actual claims may be more (less) complete than originally estimated using completion factors, which may result in reserves that are higher (lower) than required to cover future life benefit payments. There have been no significant changes to the methodologies or assumptions used to develop the Company's estimate of unpaid claims IBNR in 2024. As of December 31, 2024, unpaid claims balances of $280 million and $713 million were recorded in other insurance liabilities and other long-term insurance liabilities, respectively. As of December 31, 2023, unpaid claims balances of $285 million and $834 million were recorded in other insurance liabilities and other long-term insurance liabilities, respectively.

Substantially all life and disability insurance liabilities have been fully ceded to unrelated third parties through indemnity reinsurance agreements; however, the Company remains directly obligated to the policyholders.

Future Policy Benefits
Future policy benefits consist primarily of reserves for products for which the Company no longer solicits or accepts new customers, including limited payment pension and annuity contracts and long-term care insurance contracts. Contracts are grouped into cohorts by contract type and issue year. The liability for future policy benefits is adjusted for differences between actual and expected experience.

Reserves for limited payment pension and annuity contracts represent the Company's estimate of the present value of future benefits to be paid to or on behalf of policyholders and are computed using actuarial principles that consider, among other things, assumptions reflecting anticipated mortality and retirement experience. On an annual basis, or more frequently if necessary, the Company reviews mortality assumptions against both industry standards and its experience.

Reserves for long-term care insurance contracts represent the Company's estimate of the present value of future benefits and settlement costs to be paid to or on behalf of policyholders less the present value of future net premiums. The Company's estimate of the present value of future benefits under such contracts is based upon mortality, morbidity, lapse and interest rate assumptions. On an annual basis, or more frequently if necessary, the Company reviews its mortality, morbidity and lapse assumptions against its experience. Annually, or each time the assumptions are changed, the net premium ratio used to calculate the future policy benefit liability is updated to reflect actual experience, as well as the impact of any change in assumptions on the Company's future cash flows.

The Company discounts its future policy benefit liability using a curve of spot rates derived from Single A rated fixed income instruments. At each reporting date, the Company will measure its liability for future policy benefits using both the current spot rate curve and the locked-in discount rate at each cohort's inception. Any difference between the measured liabilities is recorded in other comprehensive income (loss).

As of December 31, 2024, future policy benefits balances of $371 million and $4.2 billion were recorded in other insurance liabilities and other long-term insurance liabilities, respectively. As of December 31, 2023, future policy benefits balances of $393 million and $4.6 billion were recorded in other insurance liabilities and other long-term insurance liabilities, respectively.

Premium Deficiency Reserves

The Company evaluates its short-duration insurance contracts to determine if it is probable that a loss will be incurred. For purposes of determining premium deficiency losses, contracts are grouped consistent with the Company's method of acquiring, servicing and measuring the profitability of such contracts. For each contract grouping, a premium deficiency reserve is recognized when it is probable that expected future incurred claims, including costs to maintain the contract grouping exceed anticipated future premiums and reinsurance recoveries. Anticipated investment income is not considered in the calculation of premium deficiency reserves. A premium deficiency is first recognized by charging any unamortized acquisition costs to operating expenses, and to the extent the premium deficiency is greater than the unamortized acquisition costs, a premium deficiency reserve liability is established and reflected in health care costs payable on the consolidated balance sheets. Losses recognized as a premium deficiency reserve result in a beneficial effect in subsequent periods as subsequent costs under these contracts are then charged to this previously established liability.

During the third quarter of 2024, the Company determined it had a premium deficiency in its Medicare product line related to the 2024 coverage year and, accordingly, recorded a premium deficiency reserve of $766 million. The premium deficiency reserve consisted of a $383 million write-off of unamortized acquisition costs, which was recorded in operating expenses, and $383 million recorded in health care costs which was subsequently utilized in the fourth quarter of 2024. The Company did not have any premium deficiency reserves related to its Medicare product line as of December 31, 2024.

Additionally, during the third quarter of 2024, the Company established a premium deficiency reserve of $270 million related to its individual exchange product line for the 2024 coverage year. The premium deficiency reserve consisted of an $11 million write-off of unamortized acquisition costs, which was recorded in operating expenses, and $259 million recorded in health care costs which was subsequently utilized in the fourth quarter of 2024. The Company did not have any premium deficiency reserves related to its individual exchange product line as of December 31, 2024.

The Company did not have any premium deficiency reserves as of December 31, 2024 or 2023.

Self-Insurance Liabilities

The Company is self-insured for certain losses related to general liability, workers' compensation and auto liability. The Company obtains third party insurance coverage to limit exposure from these claims. The Company is also self-insured for certain losses related to health and medical liabilities. The Company's self-insurance accruals, which include reported claims and claims incurred but not reported, are calculated using standard insurance industry actuarial assumptions and the Company's historical claims experience. As of both December 31, 2024 and 2023, self-insurance liabilities totaled $1.1 billion and were recorded in accrued expenses and other current liabilities, as well as other long-term liabilities on the consolidated balance sheets.

Foreign Currency Translation and Transactions

For non-U.S. dollar functional currency locations, (i) assets and liabilities are translated at end-of-period exchange rates, (ii) revenues and expenses are translated at average exchange rates in effect during the period and (iii) equity is translated at historical exchange rates. The resulting cumulative translation adjustments are included as a component of accumulated other comprehensive loss.

For U.S. dollar functional currency locations, foreign currency assets and liabilities are remeasured into U.S. dollars at end-of-period exchange rates, except for nonmonetary balance sheet accounts which are remeasured at historical exchange rates. Revenues and expenses are remeasured at average exchange rates in effect during each period, except for those expenses related to the nonmonetary balance sheet amounts which are remeasured at historical exchange rates. Gains or losses from foreign currency remeasurement are included in net income.

Gains and losses from foreign currency transactions and the effects of foreign currency remeasurements were not material in the years ended December 31, 2024, 2023 or 2022.

Revenue Recognition

Health Care Benefits Segment
Health Care Benefits revenue is principally derived from insurance premiums and fees billed to customers. Revenue is recognized based on customer billings, which, in the Company's Commercial business, reflect contracted rates per member and
the number of covered members recorded in the Company's records at the time the billings are prepared. Billings are generally sent monthly for coverage during the following month. Revenue related to the Company's Government business is collected monthly from the U.S. federal government and various government agencies based on fixed payment rates and member eligibility.

The Company's billings may be subsequently adjusted to reflect enrollment changes due to member terminations or other factors. These adjustments are known as retroactivity adjustments. In each period, the Company estimates the amount of future retroactivity and adjusts the recorded revenue accordingly. As information regarding actual retroactivity amounts becomes known, the Company refines its estimates and records any required adjustments to revenues in the period in which they arise.

Premium Revenue
Premiums are recognized as revenue in the month in which the enrollee is entitled to receive health care services. Premiums are reported net of an allowance for estimated terminations and uncollectible amounts. Additionally, premium revenue subject to the minimum medical loss ratio ("MLR") rebate requirements of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (as amended, collectively, the "ACA") is recorded net of the estimated minimum MLR rebates for the current calendar year. Premiums related to unexpired contractual coverage periods (unearned premiums) are reported as other insurance liabilities on the consolidated balance sheets and recognized as revenue when earned.

Some of the Company's contracts allow for premiums to be adjusted to reflect actual experience or the relative health status of Insured members. Such adjustments are reasonably estimable at the outset of the contract, and adjustments to those estimates are made based on actual experience of the customer emerging under the contract and the terms of the underlying contract.

The ACA established a permanent risk adjustment program to transfer funds from qualified individual and small group insurance plans with below average risk scores to plans with above average risk scores. Based on the risk of the Company's qualified plan members relative to the average risk of members of other qualified plans in comparable markets, as defined by the ACA, the Company estimates its ultimate risk adjustment receivable (recorded in accounts receivable) or payable (recorded in accrued expenses and other current liabilities) for the current calendar year and reflects the pro-rata year-to-date impact as an adjustment to premium revenue.

Services Revenue
Services revenue relates to contracts that can include various combinations of services or series of services which generally are capable of being distinct and accounted for as separate performance obligations. The Health Care Benefits segment's services revenue primarily consists of ASC fees received in exchange for performing certain claim processing and member services for ASC members. ASC fee revenue is recognized over the period the service is provided. Some of the Company's administrative services contracts include guarantees with respect to certain functions, such as customer service response time, claim processing accuracy and claim processing turnaround time, as well as certain guarantees that a plan sponsor's benefit claim experience will fall within a certain range. With any of these guarantees, the Company is financially at risk if the conditions of the arrangements are not met, although the maximum amount at risk typically is limited to a percentage of the fees otherwise payable to the Company by the customer involved. Each period the Company estimates its obligations under the terms of these guarantees and records its estimate as an offset to services revenues.

Accounting for Medicare Part D
Revenues include insurance premiums earned by the Company's PDPs, which are determined based on the PDP's annual bid and related contractual arrangements with CMS. The insurance premiums include a beneficiary premium, which is the responsibility of the PDP member, and can be subsidized by CMS in the case of low-income members, and a direct premium paid by CMS. Premiums collected in advance are initially recorded within other insurance liabilities and are then recognized ratably as revenue over the period in which members are entitled to receive benefits.

Revenues also include a risk-sharing feature of the Medicare Part D program design referred to as the risk corridor. The Company estimates variable consideration in the form of amounts payable to, or receivable from, CMS under the risk corridor, and adjusts revenue based on calculations of additional subsidies to be received from or owed to CMS at the end of the reporting year.

In addition to Medicare Part D premiums, the Company receives additional payments each month from CMS related to catastrophic reinsurance, low-income cost-sharing subsidies and coverage gap benefits. If the subsidies received differ from the amounts earned from actual prescriptions transferred, the difference is recorded in either accounts receivable, net or accrued expenses.
Health Services Segment

Pharmacy Services
The Health Services segment sells prescription drugs directly through its specialty and mail order pharmacy offerings and indirectly through the Company's retail pharmacy network. The Company's pharmacy benefit arrangements are accounted for in a manner consistent with a master supply arrangement as there are no contractual minimum volumes and each prescription is considered a separate purchasing decision and distinct performance obligation transferred at a point in time. PBM services performed in connection with each prescription claim are considered part of a single performance obligation which culminates in the fulfillment of prescription drugs.

The Company recognizes revenue using the gross method at the contract price negotiated with its clients when the Company has concluded it controls the prescription drug before it is transferred to the client plan members. The Company controls prescriptions fulfilled indirectly through its retail pharmacy network because it has separate contractual arrangements with those pharmacies, has discretion in setting the price for the transaction and assumes primary responsibility for fulfilling the promise to provide prescription drugs to its client plan members while also performing the related PBM services.

Revenues include (i) the portion of the price the client pays directly to the Company, net of any discounts earned on brand name drugs or other discounts and refunds paid back to the client (see "Drug Discounts" and "Guarantees" below), (ii) the price paid to the Company by client plan members for mail order prescriptions and the price paid to retail network pharmacies by client plan members for retail prescriptions ("retail co-payments"), and (iii) claims based administrative fees for retail pharmacy network contracts. Sales taxes are not included in revenues.

The Company recognizes revenue when control of the prescription drugs is transferred to customers, in an amount that reflects the consideration the Company expects to be entitled to receive in exchange for those prescription drugs. The Company has established the following revenue recognition policies for the Health Services segment:

- Revenues generated from prescription drugs sold by third party pharmacies in the Company's retail pharmacy network and associated administrative fees are recognized at the Company's point-of-sale, which is when the claim is adjudicated by the Company's online claims processing system and the Company has transferred control of the prescription drug and completed all of its performance obligations.
- Revenues generated from prescription drugs sold by specialty and mail order pharmacies are recognized when the prescription drug is delivered to the client plan member. At the time of delivery, the Company has performed substantially all of its performance obligations under its client contracts and does not experience a significant level of returns or reshipments.

For contracts under which the Company acts as an agent or does not control the prescription drugs prior to transfer to the client plan member, revenue is recognized using the net method.

Drug Discounts
The Company records revenue net of manufacturers' rebates earned by its clients based on their plan members' utilization of brand-name formulary drugs. The Company estimates these rebates at period-end based on actual and estimated claims data and its estimates of the manufacturers' rebates earned by its clients. The estimates are based on the best available data at period-end and recent history for the various factors that can affect the amount of rebates due to the client. The Company adjusts its rebates payable to clients to the actual amounts paid when these rebates are paid or as significant events occur. Any cumulative effect of these adjustments is recorded against revenues at the time it is identified. Adjustments generally result from contract changes with clients or manufacturers that have retroactive rebate adjustments, differences between the estimated and actual product mix subject to rebates, or whether the brand name drug was included in the applicable formulary. The effect of adjustments between estimated and actual manufacturers' rebate amounts has not been material to the Company's operating results or financial condition.

Guarantees
The Company also adjusts revenues for refunds owed to clients resulting from pricing guarantees and performance against defined service and performance metrics. The inputs to these estimates are not subject to a high degree of subjectivity or volatility. The effect of adjustments between estimated and actual pricing and performance refund amounts has not been material to the Company's operating results or financial condition.
Walk-In Medical Clinics
For services provided by the Company's walk-in medical clinics, revenue recognition occurs for completed services provided to patients, with adjustments taken for third party payor contractual obligations and patient direct bill historical collection rates.

Primary Care Capitated Revenue
Capitated revenue related to the Company's primary care operations consists primarily of capitated fees for medical services it provides under capitated or capitation arrangements directly made with various Medicare Advantage managed care payors or CMS. Under the risk contracts, the Company receives from the third-party payor a fixed payment per patient per month for a defined patient population, and the Company is then responsible for providing, managing and paying for healthcare services for that patient population, including those not provided by the Company. The Company recognizes revenue using the gross method as the Company is the principal in arranging, providing and controlling the managed healthcare services provided to the defined patient population. The Company considers all contracts with customers (enrolled patients) as a single performance obligation to stand ready to provide healthcare services. This performance obligation is satisfied over time as the Company stands ready to fulfill its obligation to enrolled patients.

In-Home Health Evaluations ("IHEs")
Revenue generated from IHEs relates to the assessments performed either within the patient's home, virtually or at a healthcare provider facility as well as certain in-home clinical evaluations performed by the Company's mobile network of providers. Revenue is recognized when the IHEs are submitted to customers on a daily basis. Submission to the customer occurs after the IHEs are completed and coded, a process which may take one to several days after completion of the evaluation. The pricing for the IHEs is generally based on a fixed transaction fee, which is directly linked to the usage of the service by the customer during a distinct service period. Customers are invoiced for evaluations performed each month and remit payment accordingly. Each IHE represents a single performance obligation for which revenue is recognized at a point in time when control is transferred to the customer upon submission of the completed and coded evaluation.

Pharmacy & Consumer Wellness Segment

Retail Pharmacy
The Company's retail drugstores recognize revenue at the time the customer takes possession of the merchandise. For pharmacy sales, each prescription claim is its own arrangement with the customer and is a performance obligation, separate and distinct from other prescription claims under other retail network arrangements. Revenues are adjusted for refunds owed to third party payers resulting from pricing guarantees and performance against defined value-based service and performance metrics. The inputs to these estimates are not subject to a high degree of subjectivity or volatility. The effect of adjustments between estimated and actual pricing and performance refund amounts has not been material to the Company's operating results or financial condition.

Revenue from Company gift cards purchased by customers is deferred as a contract liability until goods or services are transferred. Any amounts not expected to be redeemed by customers (i.e., breakage) are recognized based on historical redemption patterns.

Customer returns are not material to the Company's operating results or financial condition. Sales taxes are not included in revenues.

Loyalty and Other Programs
The Company's customer loyalty program, ExtraCare®, consists of two components, ExtraSavings™ and ExtraBucks® Rewards. ExtraSavings are coupons that are recorded as a reduction of revenue when redeemed as the Company concluded that they do not represent a promise to the customer to deliver additional goods or services at the time of issuance because they are not tied to a specific transaction or spending level.

ExtraBucks Rewards are accumulated by customers based on their historical spending levels. Thus, the Company has determined that there is an additional performance obligation to those customers at the time of the initial transaction. The Company allocates the transaction price to the initial transaction and the ExtraBucks Rewards transaction based upon the relative standalone selling price, which considers historical redemption patterns for the rewards. Revenue allocated to ExtraBucks Rewards is recognized as those rewards are redeemed. At the end of each period, unredeemed ExtraBucks Rewards are reflected as a contract liability.

The Company also offers a subscription-based membership program, ExtraCare Plus™, under which members are entitled to a suite of benefits delivered over the course of the subscription period, as well as a promotional reward that can be redeemed for
future goods and services. Subscriptions are paid for on a monthly or annual basis at the time of or in advance of the Company delivering the goods and services. Revenue from these arrangements is recognized as the performance obligations are satisfied.

Long-term Care
Revenue is recognized when control of the promised goods or services is transferred to customers in an amount that reflects the consideration the Company expects to be entitled to receive in exchange for those goods or services. Each prescription claim represents a separate performance obligation of the Company, separate and distinct from other prescription claims under customer arrangements. A significant portion of long-term care revenue from sales of pharmaceutical and medical products is reimbursed by the federal Medicare Part D program and, to a lesser extent, state Medicaid programs. The Company monitors its revenues and receivables from these reimbursement sources, as well as long-term care facilities and other third-party insurance payors, and reduces revenue at the revenue recognition date to properly account for the variable consideration due to anticipated differences between billed and reimbursed amounts. Accordingly, the total revenues and receivables reported in the Company's consolidated financial statements are recorded at the amount expected to be ultimately received from these payors.

Patient co-payments associated with Medicare Part D, certain state Medicaid programs, Medicare Part B and certain third-party payors typically are not collected at the time products are delivered or services are rendered, but are billed to the individuals as part of normal billing procedures and subject to normal accounts receivable collections procedures.
Disaggregation of Revenue
The following table disaggregates the Company's revenue by major source in each segment for the years ended December 31, 2024, 2023 and 2022:

In millions	**Health Care Benefits**	**Health Services**	**Pharmacy & Consumer Wellness**	**Corporate/ Other**	**Intersegment Eliminations**	**Consolidated Totals**
2024						
Major goods/services lines:						
Pharmacy	$ —	$ 162,527	$ 100,687	$ —	$ (52,942)	$ 210,272
Front Store	—	—	21,522	—	—	21,522
Premiums	122,849	—	—	47	—	122,896
Net investment income	1,473	285	—	395	—	2,153
Other	6,343	10,793	2,291	9	(3,470)	15,966
Total	$ 130,665	$ 173,605	$ 124,500	$ 451	$ (56,412)	$ 372,809
Health Services distribution channel:						
Pharmacy network [1]		$ 91,650				
Mail & specialty [2]		70,877				
Net investment income		285				
Other		10,793				
Total		$ 173,605				
2023						
Major goods/services lines:						
Pharmacy	$ —	$ 180,710	$ 92,111	$ —	$ (49,369)	$ 223,452
Front Store	—	—	22,458	—	—	22,458
Premiums	99,144	—	—	48	—	99,192
Net investment income (loss)	765	(1)	(5)	394	—	1,153
Other	5,737	6,134	2,199	9	(2,558)	11,521
Total	$ 105,646	$ 186,843	$ 116,763	$ 451	$ (51,927)	$ 357,776
Health Services distribution channel:						
Pharmacy network [1]		$ 112,718				
Mail & specialty [2]		67,992				
Net investment income (loss)		(1)				
Other		6,134				
Total		$ 186,843				

In millions	**Health Care Benefits**	**Health Services**	**Pharmacy & Consumer Wellness**	**Corporate/ Other**	**Intersegment Eliminations**	**Consolidated Totals**
2022						
Major goods/services lines:						
Pharmacy	$ —	$ 166,793	$ 83,480	$ —	$ (45,154)	$ 205,119
Front Store	—	—	22,780	—	—	22,780
Premiums	85,274	—	—	56	—	85,330
Net investment income (loss)	476	—	(44)	406	—	838
Other	5,600	2,783	2,380	68	(2,431)	8,400
Total	$ 91,350	$ 169,576	$ 108,596	$ 530	$ (47,585)	$ 322,467
Health Services distribution channel:						
Pharmacy network [1]		$ 102,968				
Mail & specialty [2]		63,825				
Other		2,783				
Total		$ 169,576				

(1) Health Services pharmacy network is defined as claims filled at retail and specialty retail pharmacies, including the Company's retail pharmacies and LTC pharmacies, as well as activity associated with Maintenance Choice®, which permits eligible client plan members to fill their maintenance prescriptions through mail order delivery or at a CVS pharmacy retail store for the same price as mail order.
(2) Health Services mail & specialty is defined as specialty mail claims inclusive of Specialty Connect® claims picked up at a retail pharmacy, as well as mail order and specialty claims fulfilled by the Pharmacy & Consumer Wellness segment.

Contract Balances
Contract liabilities primarily represent the Company's obligation to transfer additional goods or services to a customer for which the Company has received consideration, and include ExtraBucks Rewards and unredeemed Company gift cards. The consideration received remains a contract liability until goods or services have been provided to the customer. In addition, the Company recognizes breakage on Company gift cards based on historical redemption patterns.

The following table provides information about receivables and contract liabilities from contracts with customers as of December 31, 2024 and 2023:

In millions	**2024**	**2023**
Trade receivables (included in accounts receivable, net)	$ 9,881	$ 11,908
Contract liabilities (included in accrued expenses and other current liabilities)	144	149

Cost of Products Sold

The Company accounts for cost of products sold as follows:

Health Services Segment
Cost of products sold includes: (i) the cost of prescription drugs sold during the reporting period directly through the Company's specialty and mail order pharmacies and indirectly through the Company's retail pharmacy network, (ii) the cost of care provided within the Company's primary care centers, (iii) direct operating costs associated with generating revenues related to services provided, including fees paid to clinicians for performing IHEs, (iv) administrative service fees paid to the Pharmacy & Consumer Wellness segment for specialty and mail order pharmacy fulfillment services and (v) shipping and handling costs.

The cost of prescription drugs sold component of cost of products sold includes: (i) the cost of the prescription drugs purchased from manufacturers or distributors and shipped to members in clients' benefit plans from the Company's mail order pharmacies, net of any volume-related or other discounts (see "Vendor Allowances and Purchase Discounts" below) and (ii) the cost of prescription drugs sold (including retail co-payments) through the Company's retail pharmacy network under contracts where the Company is the principal, net of any volume-related or other discounts.
The cost of care provided within the Company's costs of products sold includes the costs incurred to operate the primary care centers and care model. These costs consist of care team and patient support employee-related costs, occupancy costs, patient transportation, medical supplies, insurance, fees paid to specialists and other operating costs.

Pharmacy & Consumer Wellness Segment
Cost of products sold includes: the cost of merchandise sold during the reporting period, including the costs of prescription drugs sold through its retail pharmacies, net of any volume-related or other discounts, the related purchasing costs, warehousing and delivery costs (including depreciation and amortization), the operating costs of the Company's specialty and mail order pharmacy fulfillment operations and inventory losses.

Vendor Allowances and Purchase Discounts

The Company accounts for vendor allowances and purchase discounts as follows:

Health Services Segment
The Health Services segment receives purchase discounts on pharmaceutical products purchased. Contractual arrangements with vendors, including manufacturers, wholesalers and retail pharmacies, normally provide for the Health Services segment to receive purchase discounts from established list prices in one, or a combination, of the following forms: (i) a direct discount at the time of purchase, (ii) a discount for the prompt payment of invoices or (iii) when products are purchased indirectly from a manufacturer (e.g., through a wholesaler or retail pharmacy), a discount (or rebate) paid subsequent to

dispensing. These rebates are recognized when prescriptions are dispensed and are generally calculated and billed to manufacturers within 30 days of the end of each completed quarter. Historically, the effect of adjustments resulting from the reconciliation of rebates recognized to the amounts billed and collected has not been material to the Company's operating results or financial condition. The Company accounts for the effect of any such differences as a change in accounting estimate in the period the reconciliation is completed. The Health Services segment also receives additional discounts under its wholesaler contracts if it exceeds contractually defined purchase volumes. In addition, the Health Services segment receives fees from pharmaceutical manufacturers for administrative services. Purchase discounts and administrative service fees are recorded as a reduction of cost of products sold.

Pharmacy & Consumer Wellness Segment
Vendor allowances received by the Pharmacy & Consumer Wellness segment reduce the carrying cost of inventory and are recognized in cost of products sold when the related inventory is sold, unless they are specifically identified as a reimbursement of incremental costs for promotional programs and/or other services provided. Amounts that are directly linked to advertising commitments are recognized as a reduction of advertising expense (included in operating expenses) when the related advertising commitment is satisfied. Any amounts received in excess of the actual cost incurred also reduce the carrying cost of inventory. The total value of any upfront payments received from vendors that are linked to purchase commitments is initially deferred. The deferred amounts are then amortized to reduce cost of products sold over the life of the contract based upon sales volume. The total value of any upfront payments received from vendors that are not linked to purchase commitments is also initially deferred. The deferred amounts are then amortized to reduce cost of products sold on a straight-line basis over the life of the related contract. The total amortization of these upfront payments was not material to the Company's consolidated financial statements in any of the periods presented.

Advertising Costs

Advertising costs, which are reduced by the portion funded by vendors, are expensed when the related advertising takes place. Net advertising costs, which are included in operating expenses, were $989 million, $985 million and $745 million in 2024, 2023 and 2022, respectively.

Stock-Based Compensation

Stock-based compensation is measured at the grant date based on the fair value of the award and is recognized as expense over the requisite service period of the stock award (generally three to five years) using the straight-line method.

Income Taxes

The Company accounts for income taxes under the asset and liability method, which requires the recognition of deferred tax assets and liabilities for the expected future tax consequences of events that have been included in the consolidated financial statements. Under this method, deferred tax assets and liabilities are determined on the basis of the differences between the consolidated financial statements and tax basis of assets and liabilities using enacted tax rates in effect for the year or years in which the differences are expected to reverse. The effect of a change in the tax rates on deferred tax assets and liabilities is recognized in income in the period that includes the enactment date of such change.

The Company recognizes deferred tax assets to the extent that it believes these assets are more likely than not to be realized. In making such a determination, the Company considers all available positive and negative evidence, including future reversals of existing taxable temporary differences, projected future taxable income, tax planning strategies, and the Company's recent operating results. The Company establishes a valuation allowance when it does not consider it more likely than not that a deferred tax asset will be recovered.

The Company records uncertain tax positions on the basis of a two-step process whereby (1) the Company determines whether it is more likely than not that the tax positions will be sustained on the basis of the technical merits of the position and (2) for those tax positions that meet the more-likely-than-not recognition threshold, the Company recognizes the largest amount of tax benefit that is more than 50% likely to be realized upon ultimate settlement with the related tax authority.

Interest and/or penalties related to uncertain tax positions are recognized in the income tax provision.

Measurement of Defined Benefit Pension and Other Postretirement Employee Benefit Plans

The Company sponsors defined benefit pension plans ("pension plans") and other postretirement employee benefit plans ("OPEB plans") for its employees and retirees. The Company recognizes the funded status of its pension and OPEB plans on the consolidated balance sheets based on the year-end measurements of plan assets and benefit obligations. When the fair value of plan assets are in excess of the plan benefit obligations, the amounts are reported in other current assets and other assets. When the fair value of plan benefit obligations are in excess of plan assets, the amounts are reported in accrued expenses and other current liabilities and other long-term liabilities based on the amount by which the actuarial present value of benefits payable in the next twelve months included in the benefit obligation exceeds the fair value of plan assets. The net periodic benefit income for the Company's pension and OPEB plans do not contain a service cost component as these plans have been frozen for an extended period of time. Non-service cost components of pension and postretirement net periodic benefit income are included in other income in the consolidated statements of operations.

Earnings per Share

Earnings per share is computed using the treasury stock method. The Company calculates basic earnings per share based on the weighted average number of common shares outstanding for the period. See Note 16 ''Earnings Per Share'' for additional information.

Shares Held in Trust

The Company maintains grantor trusts, which held approximately one million shares of its common stock at both December 31, 2024 and 2023. These shares are designated for use under various employee compensation plans. Since the Company holds these shares, they are excluded from the computation of basic and diluted shares outstanding.

VIEs

The Company has various investments that are considered VIEs. The Company does not have a future obligation to fund losses or debts on behalf of these investments; however, it may voluntarily contribute funds. In evaluating whether the Company is the primary beneficiary of a VIE, the Company considers several factors, including whether the Company has (a) the power to direct the activities that most significantly impact the VIE's economic performance and (b) the obligation to absorb losses and the right to receive benefits that could potentially be significant to the VIE.

VIEs - Primary Beneficiary

Red Oak Sourcing, LLC ("Red Oak")
In 2014, the Company and Cardinal Health, Inc. ("Cardinal") established Red Oak, a generic pharmaceutical sourcing entity in which the Company and Cardinal each own 50%. The Red Oak arrangement had an initial term of ten years. In 2021, the Red Oak arrangement was amended to extend the initial term an additional five years, for a total term of 15 years. Under this arrangement, the Company and Cardinal contributed their sourcing and supply chain expertise to Red Oak and agreed to source and negotiate generic pharmaceutical supply contracts for both companies through Red Oak; however, Red Oak does not own or hold inventory on behalf of either company. No physical assets (e.g., property and equipment) were contributed to Red Oak by either company, and minimal funding was provided to capitalize Red Oak. The Company has determined that it is the primary beneficiary of this VIE because it has the ability to direct the activities of Red Oak. Consequently, the Company consolidates Red Oak in its consolidated financial statements within the Pharmacy & Consumer Wellness segment.

Cardinal is required to pay the Company quarterly payments, which began in October 2014 and will extend through June 2029. The Company received $126 million from Cardinal during the year ended December 31, 2024 and $183 million from Cardinal during each of the years ended December 31, 2023 and 2022. The payments reduce the Company's carrying value of inventory and are recognized in cost of products sold when the related inventory is sold.

Physician Groups
The Company has entered into management and/or administrative services agreements with affiliated physician practice organizations (the "Physician Groups"). Physician Groups employ healthcare providers, contract with managed care payors and deliver healthcare services to patients in the markets that the Company serves. Oak Street Health, MSO LLC ("OSH MSO"), a wholly owned subsidiary of the Company, provides management services to the Physician Groups. Activities include but are not limited to operational support of the centers, marketing, information technology infrastructure and the sourcing and managing of health plan contracts. The Company concluded that it has variable interests in the Physician Groups on the basis of its administrative service agreement, which includes the reimbursement of costs and a management fee payable to the Company from the Physician Groups for the management services provided, which are eliminated in consolidation. The Physician Groups are considered VIEs as additional support is needed to finance their operations. Neither shareholders, employees nor their designees have the individual power to direct the activities of the Physician Groups that significantly impact its economic performance. The success or failure of OSH MSO in performing the activities impacting the growth of patients and management of healthcare services of the Physicians Groups' patient base is significant to the economic performance of the Physician Groups. Therefore, the Company is the primary beneficiary of the Physician Groups and, consequently, consolidates the Physician Groups in its consolidated financial statements within the Health Services segment.

Physician Groups VIE assets and liabilities included on the consolidated balance sheet at December 31, 2024 and 2023 were as follows:

In millions	**2024**	**2023**
Total assets	$ 2,144	$ 1,515
Total liabilities	2,104	1,503

There are no restrictions on the Physician Groups' assets or on the settlement of its liabilities. The assets of the Physician Groups are all current and can be used to settle obligations of the Company. The Physician Groups are included in the Company's obligated group; thus, creditors of the Company have recourse to the assets owned by the Physician Groups. There are no liabilities for which creditors of the Physician Groups do not have recourse to the general credit of the Company. There are no restrictions placed on the retained earnings or net income of the Physician Groups with respect to potential dividend payments.

Physician Owned Entities
The Company's consolidated VIEs include certain IHE related physician practices that require an individual physician to legally own the equity interests as certain state laws and regulations prohibit non-physician owned business entities from practicing medicine or employing licensed healthcare providers. The Company determined it was the primary beneficiary of these VIEs as it has the obligation to absorb the losses from and direct the activities of these operations. As a result, these VIEs are consolidated and any noncontrolling interest is not presented. The carrying amount of these VIEs' assets and liabilities are not material to the consolidated balance sheets.

Accountable Care Organizations ("ACOs")
The Company is the sole member of certain ACOs which are considered VIEs. CMS administers these programs where the goal of the program is to reward the ACO participants when specific quality metrics, established by the U.S. Department of Health and Human Services ("HHS"), are met and expenditures are lowered. These ACOs have a risk model such that the ACOs can either share in both savings and losses or share in only the savings. The governance structure of the VIEs does not provide the Company with the ultimate decision-making authority to direct the activities that most significantly impact the VIEs' economic performance. For certain ACO VIEs, the Company is ultimately liable for losses incurred or is required to secure and have sole authority over all aspects of the repayment of any shared losses incurred in the program in exchange for a higher percentage of savings and, accordingly, the Company is taking on the risk to absorb losses, resulting in a financial responsibility to ensure that these VIEs operate as designed. For these VIEs, the Company has determined it is the primary beneficiary and therefore consolidates the results of these ACOs. The carrying amount of these VIEs' assets and liabilities are not material to the consolidated balance sheets.

VIEs - Other Variable Interest Holder
The Company has invested in certain VIEs for which it has determined that it is not the primary beneficiary, consisting of the following:

- *Hedge fund and private equity investments* - The Company invests in hedge fund and private equity investments in order to generate investment returns for its investment portfolio supporting its insurance businesses.
- *Real estate partnerships* - The Company invests in various real estate partnerships, including those that construct, own and manage low-income housing developments. For the low-income housing development investments, substantially all of the projected benefits to the Company are from tax credits and other tax benefits.

The Company is not the primary beneficiary of these VIEs because the nature of the Company's involvement with the activities of these VIEs does not give the Company the power to direct the activities that most significantly impact their economic performance. The Company records the amount of its investment in these VIEs as long-term investments on the consolidated balance sheets and recognizes its share of each VIE's income or losses in net income. The Company's maximum exposure to loss from these VIEs is limited to its investment balances as disclosed below and the risk of recapture of previously recognized tax credits related to the real estate partnerships, which the Company does not consider significant.

Other variable interest holder VIE assets included in long-term investments on the consolidated balance sheets at December 31, 2024 and 2023 were as follows:

In millions	2024	2023
Hedge fund investments	$ 1,246	$ 859
Private equity investments	934	840
Real estate partnerships	438	319
Total	$ 2,618	$ 2,018

Related Party Transactions

During the year ended December 31, 2022, the Company made charitable contributions of $25 million to the CVS Health Foundation, a non-profit entity that focuses on health, education and community involvement programs. The charitable contributions were recorded as operating expenses in the consolidated statements of operations within the Corporate/Other segment for the year ended December 31, 2022. The Company did not make any charitable contributions to the CVS Health Foundation during the years ended December 31, 2024 or 2023.

Discontinued Operations

In connection with certain business dispositions completed between 1995 and 1997, the Company retained guarantees on store lease obligations for a number of former subsidiaries, including Linens 'n Things and Bob's Stores, each of which subsequently filed for bankruptcy. The Company's loss from discontinued operations includes lease-related costs that the Company believes it will likely be required to satisfy pursuant to these lease guarantees. See "Lease Guarantees" in Note 18 ''Commitments and Contingencies'' for additional information.

Results from discontinued operations were immaterial for the years ended December 31, 2024, 2023 and 2022.

New Accounting Pronouncements Recently Adopted

Segment Reporting
In November 2023, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2023-07, *Segment Reporting (Topic 280): Improvements to Reportable Segment Disclosures*. This standard requires the Company to disclose significant segment expenses that are regularly provided to the Chief Operating Decision Maker ("CODM") and are included within each reported measure of segment operating results. The standard also requires the Company to disclose the total amount of any other items included in segment operating results which were not deemed to be significant expenses for separate disclosure, along with a qualitative description of the composition of these other items. In addition, the standard also requires disclosure of the CODM's title and position, as well as detail on how the CODM uses the reported measure of segment operating results to evaluate segment performance and allocate resources. The standard also aligns interim segment reporting disclosure requirements with annual segment reporting disclosure requirements. The Company adopted the standard on January 1, 2024 for fiscal year reporting and the standard became effective for interim reporting periods in fiscal years beginning after December 15, 2024. The standard requires retrospective application to all prior periods presented. While the standard requires additional disclosures related to the Company's reportable segments, the standard did not have any impact on the Company's consolidated operating results, financial condition or cash flows as of the date of adoption. Refer to Note 19 ''Segment Reporting'' for the Company's segment reporting disclosures, including those newly required by this standard.

New Accounting Pronouncements Not Yet Adopted

Income Taxes
In December 2023, the FASB issued ASU 2023-09, *Income Taxes (Topic 740): Improvements to Income Tax Disclosures*. The standard requires the Company to provide further disaggregated income tax disclosures for specific categories on the effective tax rate reconciliation, as well as additional information about federal, state/local and foreign income taxes. The standard also requires the Company to annually disclose its income taxes paid (net of refunds received), disaggregated by jurisdiction. The Company adopted the standard on January 1, 2025 for fiscal year reporting. The standard is to be applied on a prospective basis, although optional retrospective application is permitted. While the standard requires additional disclosures related to the Company's income taxes, the standard did not have any impact on the Company's consolidated operating results, financial condition or cash flows.

Disaggregation of Income Statement Expenses
In November 2024, the FASB issued ASU 2024-03, Income Statement—Reporting Comprehensive Income—Expense Disaggregation Disclosures (Subtopic 220-40): Disaggregation of Income Statement Expenses. The standard requires the Company to provide further disaggregated information of relevant expense captions within its consolidated statements of operations, including the purchases of inventory, employee compensation, depreciation and intangible asset amortization, as well as the inclusion of other specific expenses, gains and losses required by existing GAAP. The new standard also requires the Company to disclose its total selling expenses and, on an annual basis, provide a qualitative description of its selling expenses. The standard is effective for fiscal years beginning after December 15, 2026 and interim periods within fiscal years beginning after December 15, 2027, with early adoption permitted. The standard may be applied prospectively or retrospectively. While the standard will require additional disclosures related to certain expenses included in the consolidated statements of operations, the standard is not expected to have any impact on the Company's consolidated operating results, financial condition or cash flows.

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Acquisitions, Divestitures and Asset Sales

Business Combination, Asset Acquisition, and Joint Venture Formation [Abstract]

Acquisitions, Divestitures and Asset Sales

12 Months Ended

Dec. 31, 2024

Acquisitions, Divestitures and Asset Sales

Oak Street Health Acquisition

On May 2, 2023 (the "Oak Street Health Acquisition Date"), the Company acquired 100% of the outstanding shares and voting interest of Oak Street Health for cash ("Oak Street Health Acquisition"). Under the terms of the merger agreement, Oak Street Health stockholders received $39.00 per share in cash. The Company financed the transaction with borrowings of $5.0 billion from a term loan agreement entered into on May 1, 2023 as described in Note 10 ''Borrowings and Credit Agreements'' and cash on hand. Oak Street Health is a leading multi-payor, senior focused value-based primary care company. Oak Street Health is included within the Health Services segment. The Company acquired Oak Street Health to advance its value-based care strategy and broaden its platform into primary care.

The fair value of the consideration transferred on the date of acquisition consisted of the following:

In millions	
Cash	$ 9,579
Fair value of replacement equity awards for pre-combination services (3.9 million shares) [1]	118
Effective settlement of pre-existing relationship [2]	(29)
Total consideration transferred	$ 9,668

(1) The fair value of the replacement equity awards issued by the Company was determined as of the Oak Street Health Acquisition Date. The fair value of the awards attributed to pre-combination services of $118 million is included in the consideration transferred and the fair value of the awards attributed to post-combination services of $165 million has been, or will be, included in the Company's post-combination financial statements as compensation costs.
(2) The purchase price included $29 million of effectively settled liabilities the Company owed to Oak Street Health from their pre-existing relationship.

The transaction has been accounted for using the acquisition method of accounting which requires, among other things, the assets acquired and liabilities assumed to be recognized at their fair values at the date of acquisition. The following table summarizes the fair values of the assets acquired and liabilities assumed at the date of acquisition:

In millions	
Cash and cash equivalents	$ 201
Investments	168
Accounts receivable	1,143
Other current assets	46
Property and equipment	180
Operating lease right-of-use assets	316
Goodwill	7,213
Intangible assets	4,233
Other long-term assets	7
Total assets acquired	13,507
Health care costs payable	1,098
Other current liabilities	444
Operating lease liabilities (current and long-term)	378
Debt (current and long-term)	1,028
Deferred income taxes	796
Other long-term liabilities	29
Total liabilities assumed	3,773
Noncontrolling interests	66
Total consideration transferred	$ 9,668

The Company's assessment of fair value of assets acquired and liabilities assumed was finalized during the second quarter of 2024. There were no measurement period adjustments to assets acquired and liabilities assumed during the year ended December 31, 2024.

Goodwill
Goodwill represents future economic benefits expected to arise from the Company's expanded presence in the health services industry, the assembled workforce acquired, expected revenue and medical cost synergies, as well as operating efficiencies and cost savings. Goodwill was allocated to the Company's business segments as follows:

In millions	
Health Services	$ 6,936
Pharmacy & Consumer Wellness	156
Health Care Benefits	121
Total goodwill	$ 7,213

The amount of goodwill deductible for income tax purposes was not material.

Intangible Assets
The following table summarizes the fair values and weighted average useful lives for intangible assets acquired in the Oak Street Health Acquisition:

In millions, except weighted average useful life	Gross Fair Value	Weighted Average Useful Life (years)
Customer relationships [1]	$ 3,620	19.9
Technology	143	3.0
Trademark (definite-lived)	470	8.0
Total intangible assets	$ 4,233	18.0

(1) The substantial majority of the customer relationships intangible asset relates to relationships with health plan payors.

Deferred Income Taxes
The purchase price allocation includes net deferred tax liabilities of $796 million, primarily related to deferred tax liabilities established on the identifiable acquired intangible assets.

Consolidated Results of Operations
During the period from the Oak Street Health Acquisition Date through December 31, 2023, the Company's consolidated results of operations included $2.1 billion of revenues and $520 million of operating losses, including $193 million of intangible asset amortization and $71 million of stock-based compensation, associated with the results of operations of Oak Street Health.

During the year ended December 31, 2023, the Company incurred transaction costs of $77 million associated with the Oak Street Health Acquisition, which were recorded in operating expenses.

Signify Health Acquisition

On March 29, 2023 (the "Signify Health Acquisition Date"), the Company acquired 100% of the outstanding shares and voting interest of Signify Health for cash ("Signify Health Acquisition"). Under the terms of the merger agreement, Signify Health stockholders received $30.50 per share in cash. The Company financed the transaction with cash on hand, which included approximately $6 billion of proceeds from the issuance of senior unsecured notes in February 2023. Signify Health is a leader in health risk assessments, value-based care and provider enablement services. Signify Health is included within the Health Services segment. The Company acquired Signify Health to advance its health care services strategy, growth in value-based care and new product offerings for other payers.

The fair value of the consideration transferred on the date of acquisition consisted of the following:

In millions	
Cash	$ 7,450
Fair value of replacement equity awards for pre-combination services (3.2 million shares) [1]	14
Effective settlement of pre-existing relationship [2]	(111)
Total consideration transferred	$ 7,353

(1) The fair value of the replacement equity awards issued by the Company was determined as of the Signify Health Acquisition Date. The fair value of the awards attributed to pre-combination services of $14 million is included in the consideration transferred and the fair value of the awards attributed to post-combination services of $167 million has been, or will be, included in the Company's post-combination financial statements as compensation costs.
(2) The purchase price included $111 million of effectively settled liabilities the Company owed to Signify Health from their pre-existing relationship.

The transaction has been accounted for using the acquisition method of accounting which requires, among other things, the assets acquired and liabilities assumed to be recognized at their fair values at the date of acquisition. The following table summarizes the fair values of the assets acquired and liabilities assumed at the date of acquisition:

In millions	
Cash and cash equivalents	$ 376
Accounts receivable	190
Other current assets (including restricted cash of $28)	147
Property and equipment	25
Goodwill	5,909
Intangible assets	1,920
Other long-term assets	23
Total assets acquired	8,590
Other current liabilities	606
Debt (current and long-term)	346
Deferred income taxes	259
Other long-term liabilities	26
Total liabilities assumed	1,237
Total consideration transferred	$ 7,353

The Company's assessment of the fair value of assets acquired and liabilities assumed was finalized during the fourth quarter of 2023. Measurement period adjustments to assets acquired and liabilities assumed during the year ended December 31, 2023 were not material.

Goodwill
Goodwill represents future economic benefits expected to arise from the Company's expanded presence in the health services industry, the assembled workforce acquired, expected revenue and medical cost synergies, as well as operating efficiencies and cost savings. Goodwill was allocated to the Company's business segments as follows:

In millions	
Health Services	$ 3,406
Health Care Benefits	2,473
Pharmacy & Consumer Wellness	30
Total goodwill	$ 5,909

Approximately $1.7 billion of goodwill is deductible for income tax purposes.

Intangible Assets
The following table summarizes the fair values and weighted average useful lives for intangible assets acquired in the Signify Health Acquisition:

In millions, except weighted average useful life	Gross Fair Value	Weighted Average Useful Life (years)
Customer relationships	$ 1,810	16.7
Technology	50	3.0
Trademark (definite-lived)	60	5.0
Total intangible assets	$ 1,920	16.0

Deferred Income Taxes
The purchase price allocation includes net deferred tax liabilities of $259 million, primarily related to deferred tax liabilities established on the identifiable acquired intangible assets.

Consolidated Results of Operations
During the period from the Signify Health Acquisition Date through December 31, 2023, the Company's consolidated results of operations included $797 million of revenues and $123 million of operating income, including $106 million of intangible asset amortization and $72 million of stock-based compensation, associated with the results of operations of Signify Health.
During the year ended December 31, 2023, the Company incurred transaction costs of $37 million associated with the Signify Health Acquisition, which were recorded in operating expenses.

Assets Held For Sale

The Company continually evaluates its portfolio for non-strategic assets. The Company determined that its Omnicare® long-term care business ("LTC business"), which is included within the Pharmacy & Consumer Wellness segment, was no longer a strategic asset and during the third quarter of 2022 committed to a plan to sell the LTC business. At that time, the LTC business met the criteria to be classified as held for sale.

During 2022, the carrying value of the LTC business was determined to be greater than its estimated fair value less costs to sell. Accordingly, the Company recorded total losses on assets held for sale of $2.5 billion during the year ended December 31, 2022. During the first quarter of 2023, an incremental loss on assets held for sale of $349 million was recorded to write-down the carrying value of the LTC business to the Company's best estimate of the ultimate selling price which reflects its estimated fair value less costs to sell. The loss on assets held for sale represents the write-down of long-lived assets and was recorded in the Company's consolidated statement of operations within the Pharmacy & Consumer Wellness segment. During the third quarter of 2023, the Company determined it was no longer probable that a sale would be completed in the near term. At that time, the Company concluded that the LTC business no longer met the criteria to be classified as held for sale and, accordingly, the assets and liabilities associated with this business were reclassified to held and used at their respective fair values on the consolidated balance sheet.

Divestiture of bswift

In November 2022, the Company sold its wholly-owned subsidiary bswift LLC ("bswift") for approximately $735 million. bswift offers software and services that streamline benefits and human resource administration. The results of this business have historically been recorded within the Health Care Benefits segment. The Company recorded a pre-tax gain on the divestiture of $250 million in the year ended December 31, 2022, which was reflected as a reduction of operating expenses in the Company's consolidated statement of operations within the Health Care Benefits segment.

Divestiture of PayFlex

In June 2022, the Company sold PayFlex for approximately $775 million. PayFlex provides services to employers, their employees, and their former employees in the areas of tax-advantaged account reimbursement administration (flexible spending, health reimbursement, health savings, transit and parking), Consolidated Omnibus Budget Reconciliation Act administration and special-member billing administration. The results of this business have historically been reported within the Health Care Benefits segment. The Company recorded a pre-tax gain on the divestiture of $225 million in the year ended December 31, 2022, which was reflected as a reduction of operating expenses in the Company's consolidated statement of operations within the Health Care Benefits segment.

Divestiture of Thailand Health Care Business

In March 2022, the Company reached an agreement to sell its international health care business domiciled in Thailand ("Thailand business"), comprised of approximately 266,000 medical members, which was included in the Commercial Business reporting unit within the Health Care Benefits segment. At that time, a portion of the Commercial Business goodwill was specifically allocated to the Thailand business. The net assets of the Thailand business were accounted for as assets held for sale at March 31, 2022. The carrying value of the Thailand business was determined to be greater than its estimated fair value less costs to sell and, accordingly, the Company recorded a $41 million loss on assets held for sale within the Health Care Benefits segment during the first quarter of 2022. The sale of the Thailand business closed in the second quarter of 2022, and the consideration received and ultimate loss on the sale were not material.

International Health Care Benefits Renewal Rights Asset Sale

In May 2022, the Company sold the renewal rights of approximately 200,000 international medical members outside of the Americas, Thailand and India in connection with an Asset Purchase Agreement. As part of this agreement, the Company introduced and helped migrate these existing international medical members to the purchaser upon renewal. The migration process was completed during 2023. The Company ceased writing any new or renewal business for international medical
members outside of the Americas during the fourth quarter of 2022. The consideration received related to this agreement was not material.

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Restructuring

12 Months Ended
Dec. 31, 2024

Restructuring and Related Activities [Abstract]

Restructuring

Restructuring
2024 Restructuring Program

During the third quarter of 2024, the Company finalized an enterprise-wide restructuring plan intended to streamline and simplify the organization, improve efficiency and reduce costs to partially offset the expected return of certain variable expenses in 2025. In connection with this restructuring plan, during 2024, the Company recorded pre-tax restructuring charges of approximately $1.2 billion, comprised of a $607 million store impairment charge, $293 million of costs associated with corporate workforce optimization, including severance and employee-related costs, a $10 million stock-based compensation charge associated with the impacted employees, which was reflected as an adjustment to common stock and capital surplus on the consolidated balance sheets, and $269 million of other asset impairments and related charges associated with the discontinuation of certain non-core assets.

Store impairment charge
The Company evaluates its retail store right-of-use and property and equipment assets for impairment at the retail store level, which is the lowest level at which cash flows can be identified. For retail stores

where there is an indicator of impairment present, the Company first compares the carrying amount of the asset group to the estimated future cash flows associated with the asset group (undiscounted). If the estimated undiscounted future cash flows used in the analysis are less than the carrying amount of the asset group, an impairment loss calculation is prepared. The impairment loss calculation compares the carrying amount of the asset group to its estimated fair value which is the greater of the asset group's estimated future cash flows (discounted), or the consideration of what a market participant would pay to lease the assets, net of leasing costs. The Company's estimate of fair value considers historical results, current operating trends, consolidated sales, profitability and cash flow results and forecasts. For assets which the Company has determined it will be able to sublease, the estimated future cash flows include the estimated sublease income, net of estimated leasing costs. When the carrying value of an asset group exceeds its estimated fair value, an impairment loss is recorded to reduce the value of the asset group to its estimated fair value. As the impaired assets are measured at fair value on a nonrecurring basis primarily using unobservable inputs as of the measurement date, the assets are classified in Level 3 of the fair value hierarchy.

During the third quarter of 2024, in connection with its enterprise-wide restructuring plan, the Company completed a strategic review of its retail business, which included evaluating changes in population, consumer buying patterns and future health requirements to ensure continued alignment of its retail footprint with consumer needs. In connection with this initiative the Company determined it plans to close 271 retail stores in 2025. As a result, management determined that there were indicators of impairment with respect to the impacted stores' asset groups, including the associated operating or financing lease right-of-use assets and property and equipment.

A long-lived asset impairment test was performed during the third quarter of 2024, the results of which indicated that the fair value of certain retail store asset groups was lower than their respective carrying values. Accordingly, at that time, the Company recorded a store impairment charge of $607 million, consisting of a write down of $483 million related to operating and financing lease right-of-use assets and $124 million related to property and equipment. The charge associated with the store impairments was included in the restructuring charges within the Pharmacy & Consumer Wellness segment. Subsequent to the impairment loss, the fair value of the associated operating and financing lease right-of-use assets and property and equipment were $100 million and $39 million, respectively.

Corporate workforce optimization costs
Corporate workforce optimization costs, including severance and employee-related costs, consist primarily of salary continuation benefits, prorated annual incentive compensation, continuation of health care benefits and outplacement services. Severance and employee-related benefits are determined pursuant to the Company's written severance plans and are recognized when the benefits are determined to be probable of being paid and are reasonably estimable.

In connection with its enterprise-wide restructuring plan, the Company recorded corporate workforce optimization costs of $293 million, which were recorded in accrued expenses and other current liabilities on the consolidated balance sheet. The Company made payments of $88 million related to these costs during the year ended December 31, 2024. This restructuring plan is expected to be substantially complete by the end of 2025. The restructuring charge associated with the corporate workforce optimization costs is reflected within the Corporate/Other segment.
Other asset impairment charges
In connection with its enterprise-wide restructuring plan, the Company also conducted a review of its various strategic assets and determined that it would discontinue the use of certain non-core assets, including certain virtual care services and compounding infusion pharmacies and branches. As a result, management determined that there were indicators of impairment with respect to the impacted long-lived assets and a long-lived asset impairment test was performed during the third quarter of 2024. The results of the long-lived asset impairment test indicated that the respective fair values of certain impacted assets were lower than their respective carrying values and, accordingly, the Company recorded $269 million of other asset impairments and related charges associated with the discontinuation of these assets. The asset impairment charges were recorded as reductions to property and equipment, net and operating lease right-of-use assets on the consolidated balance sheet. The other asset impairment charges were included in the restructuring charges within the Corporate/ Other and Pharmacy & Consumer Wellness segments. Subsequent to the impairment charges, the fair value of the associated long-lived assets was not material.

2023 Restructuring Program

During the second quarter of 2023, the Company developed an enterprise-wide restructuring plan intended to streamline and simplify the organization, improve efficiency and reduce costs. In connection with the development of this plan and the completed acquisitions of Signify Health and Oak Street Health, the Company also conducted a strategic review of its various transformation initiatives and determined that it would terminate certain initiatives. In connection with the restructuring plan, during 2023, the Company recorded $507 million in pre-tax restructuring charges, comprised of $344 million of severance and employee-related costs associated with corporate workforce optimization, $152 million of asset impairment charges and an $11 million stock-based compensation charge associated with the impacted employees. These restructuring charges are reflected in the Corporate/Other segment. The severance and employee-related costs were recorded in accrued expenses and other current liabilities and the asset impairments were recorded as a reduction of property and equipment, net, while the stock-based compensation charge was reflected as an adjustment to common stock and capital surplus on the consolidated balance sheet.

Severance and employee-related costs consist primarily of salary continuation benefits, prorated annual incentive compensation, continuation of health care benefits and outplacement services. Severance and employee-related benefits are determined pursuant to the Company's written severance plans and are recognized when the benefits are determined to be probable of being paid and are reasonably estimable. During the year ended December 31, 2023, the Company made payments of $194 million related to severance and employee-related costs associated with the 2023 restructuring program. During the year ended December 31, 2024, substantially all of the remaining liabilities were paid.

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Investments

12 Months Ended
Dec. 31, 2024

Investments [Abstract]
Investments

Investments
Total investments at December 31, 2024 and 2023 were as follows:

	2024			2023		
In millions	**Current**	**Long-term**	**Total**	**Current**	**Long-term**	**Total**
Debt securities available for sale	$ 2,256	$ 23,777	$ 26,033	$ 3,131	$ 18,582	$ 21,713
Mortgage loans	151	1,354	1,505	128	1,183	1,311
Other investments	—	3,803	3,803	—	3,254	3,254
Total investments	$ 2,407	$ 28,934	$ 31,341	$ 3,259	$ 23,019	$ 26,278

At December 31, 2024 and 2023, the Company held investments of $269 million and $307 million, respectively, related to the 2012 conversion of an existing group annuity contract from a participating to a non-participating contract. These investments are included in the total investments of large case pensions supporting non-experience-rated products. Although these investments are not accounted for as Separate Accounts assets, they are legally segregated and are not subject to claims that arise out of the Company's business and only support future policy benefits obligations under that group annuity contract.

Debt Securities

Debt securities available for sale at December 31, 2024 and 2023 were as follows:

In millions	**Amortized Cost [1]**	**Gross Unrealized Gains**	**Gross Unrealized Losses**	**Fair Value**
December 31, 2024				
Debt securities:				
U.S. government securities	$ 2,826	$ 7	$ (38)	$ 2,795
States, municipalities and political subdivisions	712	4	(18)	698
U.S. corporate securities	13,043	94	(412)	12,725
Foreign securities	2,608	27	(111)	2,524
Residential mortgage-backed securities	792	2	(54)	740
Commercial mortgage-backed securities	1,731	9	(67)	1,673
Other asset-backed securities	4,834	35	(7)	4,862
Redeemable preferred securities	16	—	—	16
Total debt securities [2]	$ 26,562	$ 178	$ (707)	$ 26,033
December 31, 2023				
Debt securities:				
U.S. government securities	$ 2,071	$ 19	$ (54)	$ 2,036
States, municipalities and political subdivisions	2,219	31	(35)	2,215
U.S. corporate securities	10,156	133	(446)	9,843
Foreign securities	2,593	41	(122)	2,512
Residential mortgage-backed securities	862	8	(60)	810
Commercial mortgage-backed securities	1,066	9	(100)	975
Other asset-backed securities	3,294	26	(18)	3,302
Redeemable preferred securities	21	—	(1)	20
Total debt securities [2]	$ 22,282	$ 267	$ (836)	$ 21,713

(1) There was no allowance for expected credit losses recorded on available-for-sale debt securities at December 31, 2024 or December 31, 2023.
(2) Investment risks associated with the Company's experience-rated products generally do not impact the Company's consolidated operating results. At December 31, 2024, debt securities with a fair value of $543 million, gross unrealized capital gains of $5 million and gross unrealized capital losses of $30 million, and at December 31, 2023, debt securities with a fair value of $592 million, gross unrealized capital gains of $10 million and gross unrealized capital losses of $28 million were included in total debt securities, but support experience-rated products. Changes in net unrealized capital gains (losses) on these securities are not reflected in accumulated other comprehensive loss.

The amortized cost and fair value of debt securities at December 31, 2024 are shown below by contractual maturity. Actual maturities may differ from contractual maturities because securities may be restructured, called or prepaid, or the Company intends to sell a security prior to maturity.

In millions	**Amortized Cost**	**Fair Value**
Due to mature:		
Less than one year	$ 763	$ 761
One year through five years	10,599	10,510
After five years through ten years	4,683	4,578
Greater than ten years	3,160	2,909
Residential mortgage-backed securities	792	740
Commercial mortgage-backed securities	1,731	1,673
Other asset-backed securities	4,834	4,862
Total	$ 26,562	$ 26,033

Mortgage-Backed and Other Asset-Backed Securities
All of the Company's residential mortgage-backed securities at December 31, 2024 were issued by the Government National Mortgage Association, the Federal National Mortgage Association or the Federal Home Loan Mortgage Corporation and carry agency guarantees and explicit or implicit guarantees by the U.S. Government. At December 31, 2024, the Company's residential mortgage-backed securities had an average credit quality rating of AA and a weighted average duration of 6.4 years.

The Company's commercial mortgage-backed securities have underlying loans that are dispersed throughout the U.S. Significant market observable inputs used to value these securities include loss severity and probability of default. At December 31, 2024, these securities had an average credit quality rating of AAA and a weighted average duration of 4.9 years.

The Company's other asset-backed securities have a variety of underlying collateral (e.g., automobile loans, credit card receivables, home equity loans and commercial loans). Significant market observable inputs used to value these securities include the unemployment rate, loss severity and probability of default. At December 31, 2024, these securities had an average credit quality rating of AA and a weighted average duration of less than one year.
Summarized below are the debt securities the Company held at December 31, 2024 and 2023 that were in an unrealized capital loss position, aggregated by the length of time the investments have been in that position:

In millions, except number of securities	Less than 12 months			Greater than 12 months			Total		
	Number of Securities	Fair Value	Unrealized Losses	Number of Securities	Fair Value	Unrealized Losses	Number of Securities	Fair Value	Unrealized Losses
December 31, 2024									
Debt securities:									
U.S. government securities	266	$ 1,053	$ 18	155	$ 394	$ 20	421	$ 1,447	$ 38
States, municipalities and political subdivisions	100	181	3	137	201	15	237	382	18
U.S. corporate securities	3,119	4,144	64	2,602	3,395	348	5,721	7,539	412
Foreign securities	599	810	21	616	874	90	1,215	1,684	111
Residential mortgage-backed securities	89	267	5	361	342	49	450	609	54
Commercial mortgage-backed securities	186	628	11	237	464	56	423	1,092	67
Other asset-backed securities	139	414	5	62	58	2	201	472	7
Redeemable preferred securities	4	9	—	4	6	—	8	15	—
Total debt securities	4,502	$ 7,506	$ 127	4,174	$ 5,734	$ 580	8,676	$ 13,240	$ 707
December 31, 2023									
Debt securities:									
U.S. government securities	74	$ 194	$ 2	280	$ 891	$ 52	354	$ 1,085	$ 54
States, municipalities and political subdivisions	95	181	1	455	733	34	550	914	35
U.S. corporate securities	576	672	14	4,120	5,602	432	4,696	6,274	446
Foreign securities	160	243	4	964	1,407	118	1,124	1,650	122
Residential mortgage-backed securities	33	97	1	461	517	59	494	614	60
Commercial mortgage-backed securities	44	94	2	287	581	98	331	675	100
Other asset-backed securities	196	449	4	443	867	14	639	1,316	18
Redeemable preferred securities	4	2	—	8	18	1	12	20	1
Total debt securities	1,182	$ 1,932	$ 28	7,018	$ 10,616	$ 808	8,200	$ 12,548	$ 836

The Company reviewed the securities in the table above and concluded that they are performing assets generating investment income to support the needs of the Company's business. In performing this review, the Company considered factors such as the quality of the investment security based on research performed by the Company's internal credit analysts and external rating agencies and the prospects of realizing the carrying value of the security based on the investment's current prospects for recovery. Unrealized capital losses at December 31, 2024 were generally caused by interest rate increases and not by unfavorable changes in the credit quality associated with these securities. As of December 31, 2024, the Company did not intend to sell these securities, and did not believe it was more likely than not that it would be required to sell these securities prior to the anticipated recovery of their amortized cost basis.

The maturity dates for debt securities in an unrealized capital loss position at December 31, 2024 were as follows:

In millions	Supporting experience-rated products		Supporting remaining products		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Due to mature:						
Less than one year	$ —	$ —	$ 420	$ 4	$ 420	$ 4
One year through five years	120	3	5,462	149	5,582	152
After five years through ten years	86	6	2,681	138	2,767	144
Greater than ten years	166	20	2,132	259	2,298	279
Residential mortgage-backed securities	6	—	603	54	609	54
Commercial mortgage-backed securities	6	1	1,086	66	1,092	67
Other asset-backed securities	12	—	460	7	472	7
Total	$ 396	$ 30	$ 12,844	$ 677	$ 13,240	$ 707

Mortgage Loans

The Company's mortgage loans are collateralized by commercial real estate. During the years ended December 31, 2024 and 2023, the Company had the following activity in its mortgage loan portfolio:

In millions	2024	2023
New mortgage loans	$ 323	$ 342
Mortgage loans fully repaid	104	43
Mortgage loans foreclosed	—	—

The Company assesses mortgage loans on a regular basis for credit impairments, and assigns a credit quality indicator to each loan. The Company's credit quality indicator is internally developed and categorizes each loan in its portfolio on a scale from 1 to 7. These indicators are based upon several factors, including current loan-to-value ratios, current and future property cash flow, property condition, market trends, creditworthiness of the borrower and deal structure.

- *Category 1* - Represents loans of superior quality.
- *Categories 2 to 4* - Represent loans where credit risk is minimal to acceptable; however, these loans may display some susceptibility to economic changes.
- *Categories 5 and 6* - Represent loans where credit risk is not substantial, but these loans warrant management's close attention.
- *Category 7* - Represents loans where collections are potentially at risk; if necessary, an impairment is recorded.

Based upon the Company's assessments at December 31, 2024 and 2023, the amortized cost basis of the Company's mortgage loans within each credit quality indicator by year of origination was as follows:

In millions, except credit quality indicator	Amortized Cost Basis by Year of Origination						
	2024	2023	2022	2021	2020	Prior	Total
December 31, 2024							
1	$ —	$ —	$ —	$ —	$ —	$ 8	$ 8
2 to 4	315	292	320	205	35	285	1,452
5 and 6	—	—	4	13	—	28	45
7	—	—	—	—	—	—	—
Total	$ 315	$ 292	$ 324	$ 218	$ 35	$ 321	$ 1,505
December 31, 2023							
1		$ —	$ —	$ —	$ —	$ 11	$ 11
2 to 4		302	346	225	35	354	1,262
5 and 6		—	—	13	—	19	32
7		—	—	6	—	—	6
Total		$ 302	$ 346	$ 244	$ 35	$ 384	$ 1,311

At December 31, 2024 scheduled mortgage loan principal repayments were as follows:

In millions	
2025	$ 151
2026	164
2027	249
2028	313
2029	297
Thereafter	331
Total	$ 1,505

Net Investment Income

Sources of net investment income for the years ended December 31, 2024, 2023 and 2022 were as follows:

In millions	2024	2023	2022
Debt securities	$ 1,136	$ 841	$ 702
Mortgage loans	76	59	51
Other investments	887	796	448
Gross investment income	2,099	1,696	1,201
Investment expenses	(63)	(46)	(43)
Net investment income (excluding net realized capital gains or losses)	2,036	1,650	1,158
Net realized capital gains (losses)	117	(497)	(320)
Net investment income	$ 2,153	$ 1,153	$ 838

Excluding amounts related to experience-rated products, proceeds from the sale of available-for-sale debt securities and the related gross realized capital gains and losses in the years ended December 31, 2024, 2023 and 2022 were as follows:

In millions	2024	2023	2022
Proceeds from sales	$ 6,489	$ 5,031	$ 4,243
Gross realized capital gains	37	9	24
Gross realized capital losses	(190)	420	177

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Fair Value

12 Months Ended
Dec. 31, 2024

Fair Value Disclosures [Abstract]

Fair Value

Fair Value

The preparation of the Company's consolidated financial statements requires certain assets and liabilities to be reflected at their fair value and others to be reflected on another basis, such as an adjusted historical cost basis. In this note, the Company provides details on the fair value of financial assets and liabilities and how it determines those fair values. The Company presents this information for those financial instruments that are measured at fair value for which the change in fair value impacts net income attributable to CVS Health or other comprehensive income (loss) separately from other financial assets and liabilities.

Financial Instruments Measured at Fair Value on the Consolidated Balance Sheets

Certain of the Company's financial instruments are measured at fair value on the consolidated balance sheets. The fair values of these instruments are based on valuations that include inputs that can be

classified within one of three levels of a hierarchy established by GAAP. The following are the levels of the hierarchy and a brief description of the type of valuation information ("valuation inputs") that qualifies a financial asset or liability for each level:

- Level 1 – Unadjusted quoted prices for identical assets or liabilities in active markets.
- Level 2 – Valuation inputs other than Level 1 that are based on observable market data. These include: quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets, valuation inputs that are observable that are not prices (such as interest rates and credit risks) and valuation inputs that are derived from or corroborated by observable markets.
- Level 3 – Developed from unobservable data, reflecting the Company's assumptions.

Financial assets and liabilities are classified based upon the lowest level of input that is significant to the valuation. When quoted prices in active markets for identical assets and liabilities are available, the Company uses these quoted market prices to determine the fair value of financial assets and liabilities and classifies these assets and liabilities in Level 1. In other cases where a quoted market price for identical assets and liabilities in an active market is either not available or not observable, the Company estimates fair value using valuation methodologies based on available and observable market information or by using a matrix pricing model. These financial assets and liabilities are classified in Level 2. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. Thus, financial assets and liabilities may be classified in Level 3 even though there may be some significant inputs that may be observable.

The following is a description of the valuation methodologies used for the Company's financial assets and liabilities that are measured at fair value, including the general classification of such assets and liabilities pursuant to the valuation hierarchy.

Cash and Cash Equivalents – The carrying value of cash and cash equivalents approximates fair value as maturities are less than three months. When quoted prices are available in an active market, cash equivalents are classified in Level 1 of the fair value hierarchy. Fair values of cash equivalent instruments that do not trade on a regular basis in active markets are classified as Level 2.

Debt Securities – Where quoted prices are available in an active market, debt securities are classified in Level 1 of the fair value hierarchy. The Company's Level 1 debt securities consist primarily of U.S. Treasury securities.

The fair values of the Company's Level 2 debt securities are obtained using models, such as matrix pricing, which use quoted market prices of debt securities with similar characteristics or discounted cash flows to estimate fair value. The Company reviews these prices to ensure they are based on observable market inputs that include quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets and inputs that are observable that are not prices (such as interest rates and credit risks). The Company also reviews the methodologies and the assumptions used to calculate prices from these observable inputs. On a quarterly basis, the Company selects a sample of its Level 2 debt securities' prices and compares them to prices provided by a secondary source. Variances over a
specified threshold are identified and reviewed to confirm the price provided by the primary source represents an appropriate estimate of fair value. In addition, the Company's internal investment team consistently compares the prices obtained for select Level 2 debt securities to the team's own independent estimates of fair value for those securities. The Company obtained one price for each of its Level 2 debt securities and did not adjust any of those prices at December 31, 2024 or 2023.

The Company also values certain debt securities using Level 3 inputs. For Level 3 debt securities, fair values are determined by outside brokers or, in the case of certain private placement securities, are priced internally. Outside brokers determine the value of these debt securities through a combination of their knowledge of the current pricing environment and market flows. The Company did not have any broker quoted debt securities for the years ended December 31, 2024 and 2023. For some private placement securities, the Company's internal staff determines the value of these debt securities by analyzing spreads of corporate and sector indices as well as interest spreads of comparable public bonds. Examples of these private placement Level 3 debt securities include certain U.S. and foreign securities and certain tax-exempt municipal securities.

Equity Securities – The Company currently has two classifications of equity securities: those that are publicly traded and those that are privately placed. Publicly-traded equity securities are classified in Level 1 because quoted prices are available for these securities in an active market. For privately placed equity securities, there is no active market; therefore, these securities are classified in Level 3 because the Company prices these securities through an internal analysis of each investment's financial statements and cash flow projections. Significant unobservable inputs consist of earnings and revenue multiples, discount for lack of marketability and comparability adjustments. An increase or decrease in any of these unobservable inputs would have resulted in a change in the fair value measurement.

There were no financial liabilities measured at fair value on a recurring basis on the consolidated balance sheets at December 31, 2024 or 2023. Financial assets measured at fair value on a recurring basis on the consolidated balance sheets at December 31, 2024 and 2023 were as follows:

In millions	**Level 1**	**Level 2**	**Level 3**	**Total**
December 31, 2024				
Cash and cash equivalents	$ 4,948	$ 3,638	$ —	$ 8,586
Debt securities:				
U.S. government securities	2,777	18	—	2,795
States, municipalities and political subdivisions	—	698	—	698
U.S. corporate securities	—	12,687	38	12,725
Foreign securities	—	2,524	—	2,524
Residential mortgage-backed securities	—	740	—	740
Commercial mortgage-backed securities	—	1,673	—	1,673
Other asset-backed securities	—	4,862	—	4,862
Redeemable preferred securities	—	16	—	16
Total debt securities	2,777	23,218	38	26,033
Equity securities	234	—	126	360
Total	$ 7,959	$ 26,856	$ 164	$ 34,979
December 31, 2023				
Cash and cash equivalents	$ 2,174	$ 6,022	$ —	$ 8,196
Debt securities:				
U.S. government securities	2,013	23	—	2,036
States, municipalities and political subdivisions	—	2,215	—	2,215
U.S. corporate securities	—	9,814	29	9,843
Foreign securities	—	2,512	—	2,512
Residential mortgage-backed securities	—	810	—	810
Commercial mortgage-backed securities	—	975	—	975
Other asset-backed securities	—	3,302	—	3,302
Redeemable preferred securities	—	20	—	20
Total debt securities	2,013	19,671	29	21,713
Equity securities	194	—	79	273
Total	$ 4,381	$ 25,693	$ 108	$ 30,182

The changes in the balances of Level 3 financial assets during the year ended December 31, 2024 were as follows:

In millions	**Commercial mortgage-backed securities**	**U.S. corporate securities**	**Other asset-backed securities**	**Equity securities**	**Total**
Beginning balance	$ —	$ 29	$ —	$ 79	$ 108
Net realized and unrealized capital gains (losses):					
Included in earnings	—	(5)	—	28	23
Included in other comprehensive loss	—	(1)	—	—	(1)
Purchases	52	15	15	19	101
Sales	—	—	—	—	—
Transfers out of Level 3, net	(52)	—	(15)	—	(67)
Ending balance	$ —	$ 38	$ —	$ 126	$ 164

The change in net unrealized capital losses included in other comprehensive loss associated with Level 3 financial assets which were held as of December 31, 2024 was $1 million during the year ended December 31, 2024.

The changes in the balances of Level 3 financial assets during the year ended December 31, 2023 were as follows:

In millions	**Commercial mortgage-backed securities**	**U.S. corporate securities**	**Foreign securities**	**Equity securities**	**Total**
Beginning balance	$ —	$ 61	$ 8	$ 60	$ 129
Net realized and unrealized capital gains (losses):					
Included in earnings	—	(8)	—	(2)	(10)
Included in other comprehensive income	—	1	—	—	1
Purchases	13	5	—	23	41
Sales	—	(1)	—	(2)	(3)
Transfers out of Level 3, net	(13)	(29)	(8)	—	(50)
Ending balance	$ —	$ 29	$ —	$ 79	$ 108

The change in net unrealized capital losses included in other comprehensive income associated with Level 3 financial assets which were held as of December 31, 2023 was $9 million during the year ended December 31, 2023.

The total gross transfers into (out of) Level 3 during the years ended December 31, 2024 and 2023 were as follows:

In millions	**2024**	**2023**
Gross transfers into Level 3	$ —	$ —
Gross transfers out of Level 3	(67)	(50)
Net transfers out of Level 3	$ (67)	$ (50)

Financial Instruments Not Measured at Fair Value on the Consolidated Balance Sheets

The carrying value and estimated fair value classified by level of fair value hierarchy for financial instruments carried on the consolidated balance sheets at adjusted cost or contract value at December 31, 2024 and 2023 were as follows:

In millions	Carrying Value	Estimated Fair Value			
		Level 1	Level 2	Level 3	Total
December 31, 2024					
Assets:					
Mortgage loans	$ 1,505	$ —	$ —	$ 1,468	$ 1,468
Equity securities [1]	490	N/A	N/A	N/A	N/A
Liabilities:					
Investment contract liabilities:					
With a fixed maturity	1	—	—	1	1
Without a fixed maturity	312	—	—	272	272
Long-term debt	64,151	58,724	—	—	58,724
December 31, 2023					
Assets:					
Mortgage loans	$ 1,311	$ —	$ —	$ 1,274	$ 1,274
Equity securities [1]	534	N/A	N/A	N/A	N/A
Liabilities:					
Investment contract liabilities:					
With a fixed maturity	1	—	—	1	1
Without a fixed maturity	312	—	—	279	279
Long-term debt	61,410	58,451	—	—	58,451

(1) It was not practical to estimate the fair value of these investments as it represents shares of unlisted companies. See Note 1 ''Significant Accounting Policies'' for additional information regarding the valuation of investments accounted for under the measurement alternative method.

Separate Accounts Measured at Fair Value on the Consolidated Balance Sheets

Separate Accounts assets relate to the Company's large case pensions products which represent funds maintained to meet specific objectives of contract holders. Since contract holders bear the investment risk of these assets, a corresponding Separate Accounts liability has been established equal to the assets. These assets and liabilities are carried at fair value. Net investment income and capital gains and losses on Separate Accounts assets accrue directly to such contract holders. The assets of each account are legally segregated and are not subject to claims arising from the Company's other businesses. Deposits, withdrawals, net investment income and realized and unrealized capital gains and losses on Separate Accounts assets are not reflected in the consolidated statements of operations, shareholders' equity or cash flows.

Separate Accounts assets include debt and equity securities. The valuation methodologies used for these assets are similar to the methodologies described above in this Note 5 ''Fair Value.'' Separate Accounts assets also include investments in common/collective trusts that are carried at fair value. Common/collective trusts invest in other investment funds otherwise known as the underlying funds. The Separate Accounts' interests in the common/collective trust funds are based on the fair values of the investments of the underlying funds and therefore are classified in Level 2. The assets in the underlying funds primarily consist of equity securities, U.S. corporate securities and U.S. government securities. Investments in common/collective trust funds are valued at their respective net asset value ("NAV") per share/unit on the valuation date.
Separate Accounts financial assets at December 31, 2024 and 2023 were as follows:

In millions	December 31, 2024				December 31, 2023			
	Level 1	Level 2	Level 3	Total	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 1	$ 164	$ —	$ 165	$ 2	$ 166	$ —	$ 168
Debt securities	186	669	1	856	558	1,949	—	2,507
Common/collective trusts	—	2,478	—	2,478	—	529	—	529
Total [1]	$ 187	$ 3,311	$ 1	$ 3,499	$ 560	$ 2,644	$ —	$ 3,204

(1) Excludes $188 million of other payables and $46 million of other receivables at December 31, 2024 and 2023, respectively.

During the years ended December 31, 2024 and 2023, the Company had no gross transfers of Separate Accounts financial assets into or out of Level 3.

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Goodwill and Other Intangibles

12 Months Ended
Dec. 31, 2024

Goodwill and Intangible Assets Disclosure [Abstract]

Goodwill and Other Intangibles

Goodwill and Other Intangibles

Goodwill

Below is a summary of the changes in the carrying amount of goodwill by segment for the years ended December 31, 2024 and 2023:

In millions	Health Care Benefits	Health Services	Pharmacy & Consumer Wellness	Total
Balance at December 31, 2022	$ 44,159	$ 23,615	$ 10,376	$ 78,150
Segment realignment	(109)	109	—	—
Acquisitions	2,594	10,342	186	13,122
Balance at December 31, 2023	46,644	34,066	10,562	91,272
Balance at December 31, 2024	$ 46,644	$ 34,066	$ 10,562	$ 91,272

There were no changes to the carrying amount of the Company's goodwill during the year ended December 31, 2024.

During the year ended December 31, 2023, the increase in the carrying amount of goodwill was primarily driven by the acquisitions of Oak Street Health and Signify Health. See Note 2 ''Acquisitions, Divestitures and Asset Sales'' for additional information.

During the fourth quarter of 2024 and 2023, and the third quarter of 2022, the Company performed its required annual impairment tests of goodwill. The results of these impairment tests indicated that there was no impairment of goodwill.

At December 31, 2024 and 2023, cumulative goodwill impairments were $6.6 billion.

Intangible Assets

The following table is a summary of the Company's intangible assets as of December 31, 2024 and 2023:

In millions, except weighted average life	Gross Carrying Amount	Accumulated Amortization	Net Carrying Amount	Weighted Average Life (years)
2024				
Trademarks (indefinite-lived)	$ 10,498	$ —	$ 10,498	N/A
Customer contracts/relationships and covenants not to compete	26,904	(13,889)	13,015	14.2
Technology	1,250	(1,167)	83	3.0
Provider networks	4,203	(1,282)	2,921	20.0
Value of Business Acquired	590	(228)	362	20.0
Other	826	(382)	444	9.3
Total	$ 44,271	$ (16,948)	$ 27,323	14.5
2023				
Trademarks (indefinite-lived)	$ 10,498	$ —	$ 10,498	N/A
Customer contracts/relationships and covenants not to compete	26,784	(12,241)	14,543	14.2
Technology	1,253	(1,104)	149	3.0
Provider networks	4,203	(1,072)	3,131	20.0
Value of Business Acquired	590	(201)	389	20.0
Other	838	(314)	524	9.3
Total	$ 44,166	$ (14,932)	$ 29,234	14.5

Amortization expense for intangible assets totaled $2.0 billion, $1.9 billion and $1.8 billion for the years ended December 31, 2024, 2023 and 2022, respectively. The projected annual amortization expense for the Company's intangible assets for the next five years is as follows:

In millions	
2025	$ 1,981
2026	1,704
2027	1,590
2028	1,316
2029	1,239

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Leases

12 Months Ended
Dec. 31, 2024

Leases [Abstract]

Leases

Leases

The Company leases most of its retail stores, mail order facilities and primary care centers, as well as certain distribution centers and corporate offices under operating or finance leases, typically with initial terms of 15 to 25 years. The Company also leases certain equipment and other assets under operating or finance leases, typically with initial terms of 3 to 10 years.

In addition, the Company leases pharmacy space at the stores of another retail chain for which the noncancelable contractual term of the pharmacy lease arrangement exceeds the remaining estimated economic life of the buildings. For these pharmacy lease arrangements, the Company concluded that for accounting purposes the lease term was the remaining estimated economic life of the buildings. Consequently, most of these individual pharmacy leases are finance leases.

The following table is a summary of the components of net lease cost for the years ended December 31, 2024, 2023 and 2022:

In millions	2024	2023	2022
Operating lease cost	$ 2,423	$ 2,532	$ 2,579
Finance lease cost:			
Amortization of right-of-use assets	92	84	79
Interest on lease liabilities	71	73	68
Total finance lease costs	163	157	147
Short-term lease costs	33	22	27
Variable lease costs	635	635	610
Less: sublease income	(67)	(63)	(61)
Net lease cost	$ 3,187	$ 3,283	$ 3,302

Supplemental cash flow information related to leases for the years ended December 31, 2024, 2023 and 2022 was as follows:

In millions	2024	2023	2022
Cash paid for amounts included in the measurement of lease liabilities:			
Operating cash flows paid for operating leases	$ 2,733	$ 2,756	$ 2,689
Operating cash flows paid for interest portion of finance leases	71	73	68
Financing cash flows paid for principal portion of finance leases	74	70	62
Right-of-use assets obtained in exchange for lease obligations:			
Operating leases	852	1,132	591
Finance leases	30	(4)	232

Supplemental balance sheet information related to leases as of December 31, 2024 and 2023 is as follows:

In millions, except remaining lease term and discount rate	2024	2023
Operating leases:		
Operating lease right-of-use assets	$ 15,944	$ 17,252
Current portion of operating lease liabilities	$ 1,751	$ 1,741
Long-term operating lease liabilities	14,899	16,034
Total operating lease liabilities	$ 16,650	$ 17,775
Finance leases:		
Property and equipment, gross	$ 1,587	$ 1,604
Accumulated depreciation	(447)	(375)
Property and equipment, net	$ 1,140	$ 1,229
Current portion of long-term debt	$ 65	$ 66
Long-term debt	1,295	1,325
Total finance lease liabilities	$ 1,360	$ 1,391
Weighted average remaining lease term *(in years)*		
Operating leases	10.7	11.4
Finance leases	16.5	17.3
Weighted average discount rate		
Operating leases	4.6 %	4.5 %
Finance leases	5.1 %	5.0 %

The following table summarizes the maturity of lease liabilities under finance and operating leases as of December 31, 2024:

In millions	Finance Leases	Operating Leases [1]	Total
2025	$ 144	$ 2,683	$ 2,827
2026	135	2,528	2,663
2027	132	2,343	2,475
2028	129	2,167	2,296
2029	127	1,911	2,038
Thereafter	1,371	9,557	10,928
Total lease payments [2]	2,038	21,189	23,227
Less: imputed interest	(678)	(4,539)	(5,217)
Total lease liabilities	$ 1,360	$ 16,650	$ 18,010

(1) Future operating lease payments have not been reduced by minimum sublease rentals of $297 million due in the future under noncancelable subleases.
(2) The Company leases pharmacy and clinic space from Target Corporation. Amounts related to such finance and operating leases are reflected above. Pharmacy lease amounts due in excess of the remaining estimated economic life of the buildings of approximately $2.2 billion are not reflected in this table since the estimated economic life of the buildings is shorter than the contractual term of the pharmacy lease arrangement.

Store Impairment Charges
During the year ended December 31, 2024, the Company recorded a store impairment charge of $483 million related to operating and financing lease right-of-use assets in connection with its enterprise-wide restructuring plan. See Note 3 ‘‘Restructuring’’ for additional information on the Company’s store impairment charges.
Office Real Estate Optimization Charges
The Company evaluates its corporate office real estate space in response to its ongoing flexible work arrangement and evaluates its current real estate space and changes in employee work arrangement requirements to ensure it has the appropriate space to support the business. As a result of this assessment, the Company determined that it would vacate and abandon certain leased corporate office spaces. During the year ended December 31, 2022, the Company recorded office real estate optimization charges of $117 million, primarily consisting of $71 million related to operating lease right-of-use assets and $44 million related to property and equipment. During the year ended December 31, 2023, the Company recorded $46 million of office real estate optimization charges, primarily consisting of $20 million related to operating lease right-of-use assets and $18 million related to property and equipment. During the year ended December 31, 2024, the Company recorded $30 million of office real estate optimization charges, primarily consisting of $14 million related to operating lease right-of-use assets and $14 million related to property and equipment. The office real estate optimization charges were recorded in operating expenses within each segment.

Leases

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Health Care Costs Payable

Health Care and Other Insurance Liabilities [Abstract]

Health Care Costs Payable

12 Months Ended
Dec. 31, 2024

Health Care Costs Payable

The following is information about incurred and cumulative paid health care claims development as of December 31, 2024, net of reinsurance, and the total IBNR liabilities plus expected development on reported claims included within the net incurred claims amounts. See Note 1 ''Significant Accounting Policies'' for information on how the Company estimates IBNR reserves and health care costs payable as well as changes to those methodologies, if any. The Company's estimate of IBNR liabilities is primarily based on trend and completion factors. Claim frequency is not used in the calculation of the Company's liability. In addition, it is impracticable to disclose claim frequency information for health care claims due to the Company's inability to gather consistent claim frequency information across its multiple claims processing systems. Any claim frequency count disclosure would not be comparable across the Company's different claim processing systems and would not be consistent from period to period based on the volume of claims processed through each system. As a result, health care claim count frequency is not included in the disclosures below.

The information about incurred and paid health care claims development for the year ended December 31, 2023 is presented as required unaudited supplemental information.

In millions	Incurred Health Care Claims, Net of Reinsurance For the Years Ended December 31,	
Date of Service	**2023**	**2024**
	(Unaudited)	
2023	$ 82,362	$ 81,559
2024		109,458
	Total	$ 191,017

In millions	Cumulative Paid Health Care Claims, Net of Reinsurance For the Years Ended December 31,	
Date of Service	**2023**	**2024**
	(Unaudited)	
2023	$ 72,175	$ 81,044
2024		97,155
	Total	$ 178,199
	All outstanding liabilities for health care costs payable prior to 2023, net of reinsurance	128
	Total outstanding liabilities for health care costs payable, net of reinsurance	$ 12,946

At December 31, 2024, the Company's liabilities for IBNR plus expected development on reported claims totaled approximately $11.3 billion. Substantially all of the Company's liabilities for IBNR plus expected development on reported claims at December 31, 2024 related to the current calendar year.

The reconciliation of the December 31, 2024 health care net incurred and paid claims development tables to the health care costs payable liability on the consolidated balance sheet were as follows:

In millions	December 31, 2024
Short-duration health care costs payable, net of reinsurance	$ 12,946
Reinsurance recoverables	81
Insurance lines other than short duration	282
Other non-insurance health care costs payable	1,755
Total health care costs payable	$ 15,064

The following table shows the components of the change in health care costs payable during the years ended December 31, 2024, 2023 and 2022:

In millions	2024	2023	2022
Health care costs payable, beginning of period	$ 12,049	$ 10,142	$ 8,678
Less: Reinsurance recoverables	5	5	8
Less: Impact of discount rate on long-duration insurance reserves [1]	(23)	8	—
Health care costs payable, beginning of period, net	12,067	10,129	8,670
Acquisition, net	—	1,098	—
Add: Components of incurred health care costs			
Current year	115,774	86,639	71,399
Prior years	(947)	(685)	(654)
Total incurred health care costs [2]	114,827	85,954	70,745
Less: Claims paid			
Current year	101,583	75,529	61,640
Prior years	10,327	9,585	7,646
Total claims paid	111,910	85,114	69,286
Health care costs payable, end of period, net	14,984	12,067	10,129
Add: Reinsurance recoverables	81	5	5
Add: Impact of discount rate on long-duration insurance reserves [1]	(1)	(23)	8
Health care costs payable, end of period	$ 15,064	$ 12,049	$ 10,142

(1) Reflects the difference between the current discount rate and the locked-in discount rate on long-duration insurance reserves which is recorded within accumulated other comprehensive loss on the consolidated balance sheets.
(2) Total incurred health care costs for the years ended December 31, 2024, 2023 and 2022 in the table above exclude $107 million, $83 million and $79 million, respectively, of health care costs recorded in the Health Care Benefits segment that are included in other insurance liabilities on the consolidated balance sheets and $187 million, $210 million and $249 million, respectively, of health care costs recorded in the Corporate/Other segment that are included in other insurance liabilities on the consolidated balance sheets.

The Company's estimates of prior years' health care costs payable decreased by $947 million, $685 million and $654 million in 2024, 2023 and 2022, respectively, because claims were settled for amounts less than originally estimated (i.e., the amount of claims incurred was lower than originally estimated), primarily due to lower health care cost trends as well as the actual claim submission time being faster than originally assumed (i.e., the Company's completion factors were higher than originally assumed) in estimating health care costs payable at the end of the prior year. This development does not directly correspond to an increase in the Company's operating results as these reductions were offset by estimated current period health care costs when the Company established the estimate of the current year health care costs payable.

Other Insurance Liabilities and Separate Accounts

Insurance [Abstract]

Other Insurance Liabilities and Separate Accounts

12 Months Ended

Dec. 31, 2024

Other Insurance Liabilities and Separate Accounts

Future Policy Benefits

The following tables show the components of the change in the liability for future policy benefits, which is included in other insurance liabilities and other long-term insurance liabilities on the consolidated balance sheets, during the years ended December 31, 2024 and 2023:

	2024	
In millions	**Large Case Pensions**	**Long-Term Care**
Present value of expected net premiums [1]		
Liability for future policy benefits, beginning of period - current discount rate		$ 293
Beginning liability for future policy benefits at original (locked-in) discount rate		$ 288
Effect of changes in cash flow assumptions		—
Effect of actual variances from expected experience		16
Adjusted beginning liability for future policy benefits - original (locked-in) discount rate		304
Interest accrual (using locked-in discount rate)		14
Net premiums (actual)		(38)
Ending liability for future policy benefits at original (locked-in) discount rate		280
Effect of changes in discount rate assumptions		(5)
Liability for future policy benefits, end of period - current discount rate		$ 275
Present value of expected future policy benefits		
Liability for future policy benefits, beginning of period - current discount rate	$ 2,139	$ 1,640
Beginning liability for future policy benefits at original (locked-in) discount rate	$ 2,251	$ 1,632
Effect of changes in cash flow assumptions	—	—
Effect of actual variances from expected experience	(27)	6
Adjusted beginning liability for future policy benefits - original (locked-in) discount rate	2,224	1,638
Issuances	30	—
Interest accrual (using locked-in discount rate)	91	83
Benefit payments (actual)	(255)	(74)
Ending liability for future policy benefits at original (locked-in) discount rate	2,090	1,647
Effect of changes in discount rate assumptions	(173)	(95)
Liability for future policy benefits, end of period - current discount rate	$ 1,917	$ 1,552
Net liability for future policy benefits	$ 1,917	$ 1,277
Less: Reinsurance recoverable	—	—
Net liability for future policy benefits, net of reinsurance recoverable	$ 1,917	$ 1,277

(1) The present value of expected net premiums is equivalent to the present value of expected gross premiums for the long-term care insurance contracts as net premiums are set equal to gross premiums.

	2023	
In millions	**Large Case Pensions**	**Long-Term Care**
Present value of expected net premiums [1]		
Liability for future policy benefits, beginning of period - current discount rate		$ 300
Beginning liability for future policy benefits at original (locked-in) discount rate		$ 302
Effect of changes in cash flow assumptions		—
Effect of actual variances from expected experience		10
Adjusted beginning liability for future policy benefits - original (locked-in) discount rate		312
Interest accrual (using locked-in discount rate)		15
Net premiums (actual)		(39)
Ending liability for future policy benefits at original (locked-in) discount rate		288
Effect of changes in discount rate assumptions		5
Liability for future policy benefits, end of period - current discount rate		$ 293
Present value of expected future policy benefits		
Liability for future policy benefits, beginning of period - current discount rate	$ 2,253	$ 1,566
Beginning liability for future policy benefits at original (locked-in) discount rate	$ 2,425	$ 1,613
Effect of changes in cash flow assumptions	—	—
Effect of actual variances from expected experience	(3)	8
Adjusted beginning liability for future policy benefits - original (locked-in) discount rate	2,422	1,621
Issuances	8	—
Interest accrual (using locked-in discount rate)	97	82
Benefit payments (actual)	(276)	(71)
Ending liability for future policy benefits at original (locked-in) discount rate	2,251	1,632
Effect of changes in discount rate assumptions	(112)	8
Liability for future policy benefits, end of period - current discount rate	$ 2,139	$ 1,640
Net liability for future policy benefits	$ 2,139	$ 1,347
Less: Reinsurance recoverable	—	—
Net liability for future policy benefits, net of reinsurance recoverable	$ 2,139	$ 1,347

(1) The present value of expected net premiums is equivalent to the present value of expected gross premiums for the long-term care insurance contracts as net premiums are set equal to gross premiums.

The Company did not have any material differences between the actual experience and expected experience for the significant assumptions used in the computation of the liability for future policy benefits.

The amount of undiscounted expected gross premiums and expected future benefit payments for long-duration insurance liabilities as of December 31, 2024 and 2023 were as follows:

In millions	**2024**	**2023**
Large case pensions		
Expected future benefit payments	$ 3,024	$ 3,266
Expected gross premiums	—	—
Long-term care		
Expected future benefit payments	$ 3,189	$ 3,224
Expected gross premiums	399	414

The weighted-average interest rate used in the measurement of the long-duration insurance liabilities as of December 31, 2024 and 2023 were as follows:

	2024	**2023**
Large case pensions		
Interest accretion rate	4.20%	4.20%
Current discount rate	5.46%	4.93%
Long-term care		
Interest accretion rate	5.11%	5.11%
Current discount rate	5.70%	5.08%

The weighted-average durations (in years) of the long-duration insurance liabilities as of December 31, 2024 and 2023 were as follows:

	2024	**2023**
Large case pensions	7.3	7.3
Long-term care	11.7	12.1

Separate Accounts

The following table shows the fair value of assets, by major investment category, supporting Separate Accounts as of December 31, 2024 and 2023:

In millions	**2024**	**2023**
Cash and cash equivalents	$ 165	168
Debt securities:		
U.S. government securities	186	573
States, municipalities and political subdivisions	14	28
U.S. corporate securities	524	1,632
Foreign securities	51	202
Residential mortgage-backed securities	71	51
Commercial mortgage-backed securities	3	6
Other asset-backed securities	7	15
Total debt securities	856	2,507
Common/collective trusts	2,478	529
Total [1]	$ 3,499	$ 3,204

(1) Excludes $188 million of other payables and $46 million of other receivables at December 31, 2024 and 2023, respectively.

The following table shows the components of the change in Separate Accounts liabilities during the years ended December 31, 2024 and 2023:

In millions	2024	2023
Separate Accounts liability, beginning of the period	$ 3,250	$ 3,228
Premiums and deposits	964	860
Surrenders and withdrawals	(277)	(9)
Benefit payments	(978)	(938)
Investment earnings	348	100
Net transfers from general account	13	7
Other	(9)	2
Separate Accounts liability, end of the period	$ 3,311	$ 3,250
Cash surrender value, end of the period	$ 1,987	$ 2,181

The Company did not recognize any gains or losses on assets transferred to Separate Accounts during the years ended December 31, 2024 or 2023.

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Borrowings and Credit Agreements

12 Months Ended
Dec. 31, 2024

Debt Disclosure [Abstract]

Borrowings and Credit Agreements

Borrowings and Credit Agreements

The following table is a summary of the Company's borrowings as of December 31, 2024 and 2023:

In millions	2024	2023
Short-term debt		
Commercial paper	$ 2,119	$ 200
Long-term debt		
3.375% senior notes due August 2024	—	650
2.625% senior notes due August 2024	—	1,000
3.5% senior notes due November 2024	—	750
5% senior notes due December 2024	—	299
4.1% senior notes due March 2025	724	950
3.875% senior notes due July 2025	2,828	2,828
5% senior notes due February 2026	1,500	1,500
2.875% senior notes due June 2026	1,750	1,750
3% senior notes due August 2026	750	750
3.625% senior notes due April 2027	750	750
6.25% senior notes due June 2027	372	372
1.3% senior notes due August 2027	2,250	2,250
4.3% senior notes due March 2028	5,000	5,000
5% senior notes due January 2029	1,000	1,000
5.4% senior notes due June 2029	1,000	—
3.25% senior notes due August 2029	1,750	1,750
5.125% senior notes due February 2030	1,500	1,500
3.75% senior notes due April 2030	1,500	1,500
1.75% senior notes due August 2030	1,250	1,250
5.25% senior notes due January 2031	750	750
1.875% senior notes due February 2031	1,250	1,250
5.55% senior notes due June 2031	1,000	—
2.125% senior notes due September 2031	1,000	1,000
5.25% senior notes due February 2033	1,750	1,750
5.3% senior notes due June 2033	1,250	1,250
5.7% senior notes due June 2034	1,250	—
4.875% senior notes due July 2035	652	652
6.625% senior notes due June 2036	771	771
6.75% senior notes due December 2037	533	533
4.78% senior notes due March 2038	5,000	5,000
6.125% senior notes due September 2039	447	447
4.125% senior notes due April 2040	602	1,000
2.7% senior notes due August 2040	367	1,250
5.75% senior notes due May 2041	133	133
4.5% senior notes due May 2042	500	500
4.125% senior notes due November 2042	226	500
5.3% senior notes due December 2043	750	750
4.75% senior notes due March 2044	375	375
6% senior notes due June 2044	750	—
5.125% senior notes due July 2045	3,500	3,500
3.875% senior notes due August 2047	537	1,000
5.05% senior notes due March 2048	8,000	8,000
4.25% senior notes due April 2050	399	750
5.625% senior notes due February 2053	1,250	1,250
5.875% senior notes due June 2053	1,250	1,250
6.05% senior notes due June 2054	1,000	—
6% senior notes due June 2063	750	750
6.75% series B junior subordinated notes due December 2054	750	—
7% series A junior subordinated notes due March 2055	2,250	—
Finance lease liabilities	1,360	1,391
Other	302	309
Total debt principal	66,747	62,160
Debt premiums	170	186
Debt discounts and deferred financing costs	(647)	(736)
	66,270	61,610
Less:		
Short-term debt (commercial paper)	(2,119)	(200)
Current portion of long-term debt	(3,624)	(2,772)
Long-term debt	$ 60,527	$ 58,638

The following is a summary of the Company's required repayments of long-term debt principal due during each of the next five years and thereafter, as of December 31, 2024:

In millions	
2025	$ 3,559
2026	4,007
2027	3,379
2028	5,007
2029	3,758
Thereafter	43,558
Subtotal	63,268
Commercial paper	2,119
Finance lease liabilities [1]	1,360
Total debt principal	$ 66,747

(1) See Note 7 ''Leases'' for a summary of maturities of the Company's finance lease liabilities.

Short-term Borrowings

Commercial Paper and Back-up Credit Facilities

The Company had $2.1 billion of commercial paper outstanding at a weighted average interest rate of 4.98% as of December 31, 2024. The Company had $200 million of commercial paper outstanding at a weighted interest rate of 4.31% as of December 31, 2023. In connection with its commercial paper program, the Company maintains a $2.5 billion, five-year unsecured back-up revolving credit facility, which expires on May 11, 2027, a $2.5 billion, five-year unsecured back-up revolving credit facility, which expires on May 16, 2028, and a $2.5 billion, five-year unsecured back-up revolving credit facility, which expires on May 16, 2029. The credit facilities allow for borrowings at various rates that are dependent, in part, on the Company's public debt ratings and require the Company to pay a weighted average quarterly facility fee of approximately 0.03%, regardless of usage. As of December 31, 2024 and 2023, there were no borrowings outstanding under any of the Company's back-up credit facilities.

Term Loan Agreement

On March 25, 2024, the Company entered into a 364-day $3.0 billion term loan credit agreement. The term loan credit agreement allowed for borrowings at various rates that were dependent, in part, on the Company's public debt ratings. On May 9, 2024, following the issuance of the $5.0 billion in senior notes described under "Long-term Borrowings" below, the term loan credit agreement terminated. There were no borrowings under the term loan credit agreement through the date of termination.

On May 1, 2023, the Company entered into a 364-day $5.0 billion term loan agreement. The term loan agreement allowed for borrowings at various rates that were dependent, in part, on the Company's debt ratings. On May 2, 2023, the Company borrowed $5.0 billion at an interest rate of approximately 6.2% under the term loan agreement to fund a portion of the Oak Street Health acquisition purchase price. On June 2, 2023, the Company repaid the outstanding balance under the term loan agreement.

FHLBB

A subsidiary of the Company is a member of the FHLBB. As a member, the subsidiary has the ability to obtain cash advances, subject to certain minimum collateral requirements. The maximum borrowing capacity available from the FHLBB as of December 31, 2024 was approximately $1.2 billion. As of December 31, 2024 and 2023, there were no outstanding advances from the FHLBB.

Long-term Borrowings

2024 Notes

On December 10, 2024, the Company issued $2.25 billion aggregate principal amount of 7.0% fixed-to-fixed rate series A junior subordinated notes due March 2055 and $750 million aggregate principal amount of 6.75% fixed-to-fixed rate series B junior subordinated notes due December 2054 for total proceeds of approximately $3.0 billion, net of discounts and underwriting fees. The series A junior subordinated notes bear interest at 7.0% per year until March 10, 2030, at which time the rate will reset March 10th of every fifth year, provided that the interest rate will not reset below the initial interest rate. The series B junior subordinated notes bear interest at 6.75% per year until December 10, 2034, at which time the rate will reset December 10th of every fifth year, provided that the interest rate will not reset below the initial interest rate. The series A and series B junior subordinated notes pay interest semi-annually and may be redeemed at any time beginning 90 days prior to their respective first interest rate reset date and on any interest payment date thereafter, in whole or in part at a defined redemption price plus accrued interest. The net proceeds of these offerings were used for the early extinguishment

of certain of the Company's senior notes as described below and the remaining proceeds after the early extinguishment of debt were used for general corporate purposes.

On May 9, 2024, the Company issued $1.0 billion aggregate principal amount of 5.4% senior notes due June 2029, $1.0 billion aggregate principal amount of 5.55% senior notes due June 2031, $1.25 billion aggregate principal amount of 5.7% senior notes due June 2034, $750 million aggregate principal amount of 6.0% senior notes due June 2044 and $1.0 billion aggregate principal amount of 6.05% senior notes due June 2054 for total proceeds of approximately $5.0 billion, net of discounts and underwriting fees. The net proceeds of these offerings were used for general corporate purposes.

2023 Notes
On June 2, 2023, the Company issued $1.0 billion aggregate principal amount of 5.0% senior notes due January 2029, $750 million aggregate principal amount of 5.25% senior notes due January 2031, $1.25 billion aggregate principal amount of 5.3% senior notes due June 2033, $1.25 billion aggregate principal amount of 5.875% senior notes due June 2053 and $750 million aggregate principal amount of 6.0% senior notes due June 2063 for total proceeds of approximately $4.9 billion, net of discounts and underwriting fees. The net proceeds of these offerings were used, along with cash on hand, to repay the outstanding balance under the term loan agreement described above.

On February 21, 2023, the Company issued $1.5 billion aggregate principal amount of 5.0% senior notes due February 2026, $1.5 billion aggregate principal amount of 5.125% senior notes due February 2030, $1.75 billion aggregate principal amount of 5.25% senior notes due February 2033 and $1.25 billion aggregate principal amount of 5.625% senior notes due February 2053 for total proceeds of approximately $6.0 billion, net of discounts and underwriting fees. The net proceeds of these offerings were used to fund general corporate purposes, including a portion of the Signify Health Acquisition purchase price.

Oak Street Health Convertible Notes
Prior to the Oak Street Health Acquisition, Oak Street Health held 0% convertible senior notes with an aggregate principal amount of $920 million (the "Convertible Notes"), which were assumed by the Company in connection with the Oak Street Health Acquisition. The Oak Street Health Acquisition constituted a fundamental change in the Convertible Notes giving the holders the right to require the Company to repurchase the Convertible Notes. The repurchase price was an amount in cash equal to 100% of the principal amount of the Convertible Notes. On May 31, 2023, the Company issued a notice of repurchase to the holders of the Convertible Notes. In connection with this notice, $917 million of the Convertible Notes were submitted
for repurchase and settled on July 21, 2023. Substantially all of the remaining $3 million of the Convertible Notes were submitted for repurchase and settled on October 20, 2023.

Gain on Early Extinguishment of Debt
In December 2024, pursuant to a cash tender offer, the Company repaid approximately $2.6 billion of its outstanding senior notes for a cash payment of approximately $2.0 billion. The senior notes purchased include: $226 million of its 4.1% senior notes due March 2025, $398 million of its 4.125% senior notes due April 2040, $883 million of its 2.7% senior notes due August 2040, $274 million of its 4.125% senior notes due November 2042, $463 million of its 3.875% senior notes due August 2047 and $351 million of its 4.25% senior notes due April 2050. In connection with the purchase of such senior notes, the Company recognized a total gain on early extinguishment of debt of $491 million, net of unamortized deferred financing costs and incurred fees.

Debt Covenants

The Company's back-up revolving credit facilities and unsecured senior notes contain customary restrictive financial and operating covenants. These covenants do not include an acceleration of the Company's debt maturities in the event of a downgrade in the Company's credit ratings. The Company does not believe the restrictions contained in these covenants materially affect its financial or operating flexibility. As of December 31, 2024, the Company was in compliance with all of its debt covenants.

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Pension Plans and Other Postretirement Benefits

12 Months Ended

Dec. 31, 2024

Retirement Benefits [Abstract]

Pension Plans and Other Postretirement Benefits

Pension Plans and Other Postretirement Benefits

Defined Contribution Plans

As of December 31, 2024, the Company sponsors several active 401(k) savings plans that cover all employees who meet plan eligibility requirements.

The Company makes matching contributions consistent with the provisions of the respective plans. At the participant's option, account balances, including the Company's matching contribution, can be invested among various investment options under each plan. The CVS Health Future Fund 401(k) Plan offers CVS Health Corporation's common stock fund as an investment option. The Company also maintains nonqualified, unfunded deferred compensation plans for certain key employees. The plans provide participants the opportunity to defer portions of their eligible compensation and for certain nonqualified plans, participants receive matching contributions equivalent to what they could have received under the CVS Health Future Fund 401(k) Plan absent certain restrictions and limitations under the Internal Revenue Code. The Company's contributions under its defined contribution plans were $610 million, $581 million and $567 million in the years ended December 31, 2024, 2023 and 2022, respectively.

Defined Benefit Pension Plans

The Company sponsors a tax-qualified defined benefit pension plan that was frozen in 2010 and a nonqualified supplemental pension plan that was frozen in 2007. The Company also sponsors several other defined benefit pension plans that are unfunded nonqualified supplemental retirement plans.
Pension Benefit Obligation and Plan Assets
The following tables outline the change in pension benefit obligation and plan assets over the specified periods:

In millions	2024	2023
Change in benefit obligation:		
Benefit obligation, beginning of year	$ 4,736	$ 4,740
Interest cost	222	231
Actuarial loss (gain)	(262)	145
Benefit payments	(347)	(380)
Benefit obligation, end of year	4,349	4,736
Change in plan assets:		
Fair value of plan assets, beginning of year	5,379	5,346
Actual return on plan assets	133	389
Employer contributions	23	24
Benefit payments	(347)	(380)
Fair value of plan assets, end of year	5,188	5,379
Funded status	$ 839	$ 643

The change in the pension benefit obligation during the years ended December 31, 2024 and 2023 was primarily driven by the change in the discount rate during each respective period.

The assets (liabilities) recognized on the consolidated balance sheets at December 31, 2024 and 2023 for the defined benefit pension plans consisted of the following:

In millions	2024	2023
Noncurrent assets reflected in other assets	$ 1,030	$ 856
Current liabilities reflected in accrued expenses and other current liabilities	(22)	(24)
Noncurrent liabilities reflected in other long-term liabilities	(169)	(189)
Net assets	$ 839	$ 643

Net Periodic Benefit Cost (Income)
The components of net periodic benefit cost (income) for the years ended December 31, 2024, 2023 and 2022 are shown below:

In millions	2024	2023	2022
Components of net periodic benefit cost (income):			
Interest cost	$ 222	$ 231	$ 132
Expected return on plan assets	(327)	(326)	(309)
Amortization of net actuarial loss	1	1	3
Settlement losses	—	—	1
Net periodic benefit cost (income)	$ (104)	$ (94)	$ (173)

Pension Plan Assumptions
The Company uses a series of actuarial assumptions to determine its benefit obligation and net periodic benefit income, the most significant of which include discount rates and expected return on plan assets assumptions.

Discount Rates - The discount rate is determined using a yield curve as of the annual measurement date. The yield curve consists of a series of individual discount rates, with each discount rate corresponding to a single point in time, based on high-quality bonds. Projected benefit payments are discounted to the measurement date using the corresponding rate from the yield curve that is consistent with the maturity profile of the expected liability cash flows.
Expected Return on Plan Assets - The expected long-term rate of return on plan assets is determined by using the plan's target allocation and return expectations based on many factors including forecasted long-term capital market real returns and the inflationary outlook on a plan by plan basis. See "Pension Plan Assets" below for additional details regarding the pension plan assets as of December 31, 2024 and 2023.

The Company also considers other assumptions including mortality, interest crediting rate, termination and retirement rates, and cost of living adjustments.

The Company determined its benefit obligation based on the following weighted average assumptions as of December 31, 2024 and 2023:

	2024	2023
Discount rate	5.6 %	5.0 %

The Company determined its net periodic benefit cost (income) based on the following weighted average assumptions for the years ended December 31, 2024, 2023 and 2022:

	2024	2023	2022
Discount rate	4.9 %	5.1 %	2.3 %
Expected long-term rate of return on plan assets	6.3 %	6.3 %	4.8 %

Pension Plan Assets
The Company's pension plan assets primarily include debt and equity securities held in separate accounts, common/collective trusts, as well as Private Real Estate, Farmland, Public Real Estate and Public Infrastructure (collectively referred to as "Real Assets") and private credit. The valuation methodologies used to value these debt and equity securities and common/collective trusts are similar to the methodologies described in Note 5 "Fair Value." Pension plan assets also include investments in other assets that are carried at fair value. The following is a description of the valuation methodologies used to value private real estate investments and these additional investments, including the general classification pursuant to the fair value hierarchy.

Private real estate - Private real estate investments are valued by independent third-party appraisers. The appraisals comply with the Uniform Standards of Professional Appraisal Practice, which include, among other things, the income, cost, and sales comparison approaches to estimating property value. Therefore, these investments are classified in Level 3.

Private equity, private credit and hedge fund limited partnerships - Private equity and hedge fund limited partnerships are carried at fair value which is estimated using the NAV per unit as reported by the administrator of the underlying investment fund as a practical expedient to fair value. Therefore, these investments have been excluded from the fair value table below.
Pension plan assets with changes in fair value measured on a recurring basis at December 31, 2024 were as follows:

In millions	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 32	$ 67	$ —	$ 99
Debt securities:				
U.S. government securities	481	6	—	487
States, municipalities and political subdivisions	—	70	—	70
U.S. corporate securities	—	2,752	1	2,753
Foreign securities	—	98	—	98
Residential mortgage-backed securities	—	7	—	7
Commercial mortgage-backed securities	—	9	—	9
Other asset-backed securities	—	4	—	4
Redeemable preferred securities	—	1	—	1
Total debt securities	481	2,947	1	3,429
Equity securities:				
U.S. domestic	30	—	—	30
International	12	—	—	12
Total equity securities	42	—	—	42
Other investments:				
Private real estate	—	—	276	276
Common/collective trusts [1]	—	502	—	502
Derivatives	—	3	—	3
Total other investments	—	505	276	781
Total pension investments [2]	$ 555	$ 3,519	$ 277	$ 4,351

(1) The assets in the underlying funds of common/collective trusts consist of $288 million of equity securities and $214 million of debt securities.
(2) Excludes $267 million of other receivables as well as $290 million of private equity limited partnership investments and $280 million of hedge fund limited partnership investments as these amounts are measured at NAV per share or an equivalent and are not subject to leveling within the fair value hierarchy.

Pension plan assets with changes in fair value measured on a recurring basis at December 31, 2023 were as follows:

In millions	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 12	$ 69	$ —	$ 81
Debt securities:				
U.S. government securities	518	4	—	522
States, municipalities and political subdivisions	—	94	—	94
U.S. corporate securities	—	2,649	—	2,649
Foreign securities	—	106	—	106
Residential mortgage-backed securities	—	17	—	17
Commercial mortgage-backed securities	—	9	—	9
Other asset-backed securities	—	8	—	8
Redeemable preferred securities	—	1	—	1
Total debt securities	518	2,888	—	3,406
Equity securities:				
U.S. domestic	150	—	—	150
International	34	—	—	34
Total equity securities	184	—	—	184
Other investments:				
Private real estate	—	—	290	290
Common/collective trusts [1]	—	405	—	405
Derivatives	—	(14)	—	(14)
Total other investments	—	391	290	681
Total pension investments [2]	$ 714	$ 3,348	$ 290	$ 4,352

(1) The assets in the underlying funds of common/collective trusts consist of $114 million of equity securities and $291 million of debt securities.
(2) Excludes $314 million of other receivables as well as $461 million of private equity limited partnership investments and $252 million of hedge fund limited partnership investments as these amounts are measured at NAV per share or an equivalent and are not subject to leveling within the fair value hierarchy.

The changes in the balances of Level 3 pension plan assets during the year ended December 31, 2024 were as follows:

In millions	Private real estate	U.S. corporate securities	Total
Beginning balance	$ 290	$ —	$ 290
Actual return on plan assets	1	—	1
Purchases, sales and settlements	(15)	1	(14)
Transfers out of Level 3	—	—	—
Ending balance	$ 276	$ 1	$ 277

The changes in the balances of Level 3 pension plan assets during the year ended December 31, 2023 were as follows:

In millions	Private real estate
Beginning balance	$ 325
Actual return on plan assets	(23)
Purchases, sales and settlements	(12)
Transfers out of Level 3	—
Ending balance	$ 290

The Company's pension plan invests in a diversified mix of assets designed to generate returns that will enable the plan to meet its future benefit obligations. The risk of unexpected investment and actuarial outcomes is regularly evaluated. This evaluation is performed through forecasting and assessing ranges of investment outcomes over short- and long-term horizons and by assessing the pension plan's liability characteristics. Complementary investment styles and strategies are utilized by professional investment management firms to further improve portfolio and operational risk characteristics. Public and private equity investments are used primarily to increase overall plan returns. Real Assets investments are viewed favorably for their diversification benefits and above-average dividend generation. Fixed income investments provide diversification benefits and liability hedging attributes that are desirable, especially in falling interest rate environments.

At December 31, 2024, target investment allocations for the Company's pension plan were: 7% in equity securities, 75% in fixed income and debt securities, 7% in Real Assets, 5% in private equity limited partnerships, 2% in private credit limited partnerships and 4% in hedge funds. Actual asset allocations may differ from target allocations due to tactical decisions to overweight or underweight certain assets or as a result of normal fluctuations in asset values. Asset allocations are consistent with stated investment policies and, as a general rule, periodically rebalanced back to target asset allocations. Asset allocations and investment performance are formally reviewed periodically throughout the year by the pension plan's Investment Subcommittee. Forecasting of asset and liability growth is performed at least annually.

Cash Flows

The Company generally contributes to its tax-qualified pension plan based on minimum funding requirements determined under applicable federal laws and regulations. Employer contributions related to the nonqualified supplemental pension plans generally represent payments to retirees for current benefits. The Company contributed $23 million, $24 million and $27 million to its pension plans during 2024, 2023 and 2022, respectively. No contributions were required for the tax-qualified pension plan in 2024. The Company expects to make an immaterial amount of contributions for all other pension plans in 2025.

The Company estimates the following future benefit payments, which are calculated using the same actuarial assumptions used to measure the pension benefit obligation as of December 31, 2024:

In millions	
2025	$ 389
2026	384
2027	380
2028	380
2029	371
2030-2034	1,712

Multiemployer Pension Plans

The Company also contributes to a number of multiemployer pension plans under the terms of collective-bargaining agreements that cover its union-represented employees. The risks of participating in these multiemployer plans are different from single-employer pension plans in the following respects: (i) assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers, (ii) if a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers, and (iii) if the Company chooses to stop participating in some of its multiemployer plans, the Company may be required to pay those plans an amount based on the underfunded status of the applicable plan, which is referred to as a withdrawal liability.

None of the multiemployer pension plans in which the Company participates are individually significant to the Company. The Company's contributions to multiemployer pension plans were $19 million, $19 million and $20 million in 2024, 2023 and 2022, respectively.

Other Postretirement Benefits

The Company provides postretirement health care and life insurance benefits to certain retirees who meet eligibility requirements. The Company's funding policy is generally to pay covered expenses as they are incurred. For retiree medical plan accounting, the Company reviews external data and its own historical trends for health care costs to determine the health care cost trend rates. As of December 31, 2024 and 2023, the Company's other postretirement benefits had an accumulated postretirement benefit obligation of $147 million and $155 million, respectively. Net periodic benefit costs related to these other postretirement benefits were $6 million, $6 million and $4 million in 2024, 2023 and 2022, respectively.
The Company estimates the following future benefit payments, which are calculated using the same actuarial assumptions used to measure the accumulated other postretirement benefit obligation as of December 31, 2024:

In millions	
2025	$ 12
2026	12
2027	12
2028	12
2029	12
2030-2034	59

Pursuant to various collective bargaining agreements, the Company also contributes to multiemployer health and welfare plans that cover certain union-represented employees. The plans provide postretirement health care and life insurance benefits to certain employees who meet eligibility requirements. The Company's contributions to multiemployer health and welfare plans totaled $63 million, $60 million and $62 million in 2024, 2023 and 2022, respectively.

Income Taxes

12 Months Ended
Dec. 31, 2024

Income Tax

Disclosure [Abstract]

Income Taxes

Income Taxes

The income tax provision consisted of the following for the years ended December 31, 2024, 2023 and 2022:

In millions	2024	2023	2022
Current:			
Federal	$ 1,658	$ 2,819	$ 2,803
State	476	662	735
	2,134	3,481	3,538
Deferred:			
Federal	(453)	(537)	(1,526)
State	(119)	(139)	(503)
	(572)	(676)	(2,029)
Total	$ 1,562	$ 2,805	$ 1,509

The following table is a reconciliation of the statutory income tax rate to the Company's effective income tax rate for the years ended December 31, 2024, 2023 and 2022:

	2024	2023	2022
Statutory income tax rate	21.0 %	21.0 %	21.0 %
State income taxes, net of federal tax benefit	4.6	3.7	3.2
Legal charges	0.5	—	3.4
Basis difference upon disposition of subsidiary	—	—	1.6
Prior year refunds and unrecognized tax benefits	—	—	(2.6)
Tax credits	(1.2)	(0.3)	(0.6)
Other	0.5	0.7	(0.1)
Effective income tax rate	25.4 %	25.1 %	25.9 %

The following table is a summary of the components of the Company's deferred income tax assets and liabilities as of December 31, 2024 and 2023:

In millions	2024	2023
Deferred income tax assets:		
Lease and rents	$ 4,763	$ 5,059
Legal charges	1,109	1,205
Inventory	68	94
Employee benefits	168	168
Bad debts and other allowances	593	606
Net operating loss and capital loss carryforwards	272	409
Deferred income	47	62
Insurance reserves	381	356
Investments	21	56
Other	486	372
Valuation allowance	(301)	(385)
Total deferred income tax assets	7,607	8,002
Deferred income tax liabilities:		
Retirement benefits	172	112
Lease and rents	4,125	4,469
Depreciation and amortization	7,116	7,732
Total deferred income tax liabilities	11,413	12,313
Net deferred income tax liabilities	$ 3,806	$ 4,311

When evaluating the realizability of deferred tax assets, the Company considers all available positive and negative evidence, including future reversals of existing taxable temporary differences, projected future taxable income, tax planning strategies and the Company's recent operating results. The Company established a valuation allowance of $301 million and $385 million as of December 31, 2024 and 2023, respectively, because it does not consider it more likely than not that certain deferred tax assets will be recovered.

As of December 31, 2024, the Company had net operating and capital loss carryovers of $272 million, a portion of which has an indefinite carryforward period, while the remainder expires between 2025 and 2044.

A reconciliation of the beginning and ending balance of unrecognized tax benefits in 2024, 2023 and 2022 is as follows:

In millions	2024	2023	2022
Beginning balance	$ 436	$ 446	$ 782
Additions based on tax positions related to the current year	—	2	5
Additions based on tax positions related to prior years	67	46	42
Reductions for tax positions of prior years	(49)	(24)	(166)
Expiration of statutes of limitation	(29)	(34)	(4)
Settlements	(1)	—	(213)
Ending balance	$ 424	$ 436	$ 446

CVS Health Corporation and most of its subsidiaries are subject to U.S. federal income tax as well as income tax of numerous state and local jurisdictions. The IRS has completed its examinations of the Company's consolidated U.S. federal income tax returns for tax years through 2016, 2018 and 2019. The IRS has substantially completed its examination of the Company's consolidated U.S. federal income tax return for tax year 2017.

CVS Health Corporation and its subsidiaries are also currently under income tax examinations by a number of state and local tax authorities. As of December 31, 2024, no examination has resulted in any proposed adjustments that would result in a material change to the Company's operating results, financial condition or liquidity.
Substantially all material state and local income tax matters have been concluded for fiscal years through 2015. Certain state exams are likely to be concluded and certain state statutes of limitations will lapse in 2025, but the change in the balance of the Company's uncertain tax positions is projected to be immaterial. In addition, it is reasonably possible that the Company's unrecognized tax benefits could change within the next twelve months due to the anticipated conclusion of various examinations with the IRS for certain previous years. An estimate of the range of the possible change cannot be made at this time.

The Company records interest expense related to unrecognized tax benefits and penalties in the income tax provision. The Company accrued interest expense of approximately $45 million, $31 million and $29 million in 2024, 2023 and 2022, respectively. The Company had approximately $165 million and $134 million accrued for interest and penalties as of December 31, 2024 and 2023, respectively.

As of December 31, 2024, the total amount of unrecognized tax benefits that, if recognized, would affect the Company's effective income tax rate is approximately $324 million, after considering the federal benefit of state income taxes.

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Stock Incentive Plans

12 Months Ended
Dec. 31, 2024

Share-Based Payment Arrangement [Abstract]

Stock Incentive Plans

Stock Incentive Plans

The terms of the CVS Health 2017 Incentive Compensation Plan ("ICP") provide for grants of annual incentive and long-term performance awards to executive officers and other officers and employees of the Company or any subsidiary of the Company, as well as equity compensation to outside directors of CVS Health Corporation. Payment of such annual incentive and long-term performance awards will be in cash, stock, other awards or other property, at the discretion of the Management Planning and Development Committee (the "MP&D Committee") of the Board. The ICP allows for a maximum of 92 million shares of CVS Health Corporation common stock to be reserved and available for grants. As of December 31, 2024, there were approximately 33 million shares of CVS Health Corporation common stock available for future grants under the ICP.

As of the Oak Street Health Acquisition Date, Oak Street Health common stock subject to awards outstanding under the Oak Street Health, Inc. Omnibus Incentive Plan (the "Oak Street Health Plan") was converted into approximately 3.9 million shares of CVS Health Corporation underlying replacement equity awards. In addition, in accordance with the merger agreement, shares which were available for future issuance under the Oak Street Health Plan were converted into approximately 7 million shares of CVS Health common stock which were reserved and available for issuance pursuant to future awards as of December 31, 2023. Subsequent to the cancellation of the Oak Street Health plan on May 16, 2024, the ICP is the only compensation plan under which the Company grants stock options, restricted stock and other stock-based awards to its employees.

As of the Signify Health Acquisition Date, Signify Health common stock subject to awards outstanding under the Signify Health, Inc. 2021 Long-Term Incentive Plan (the "Signify Plan") was converted into approximately 3.2 million shares of CVS Health Corporation underlying replacement equity awards. In addition, in accordance with the merger agreement, shares which were available for future issuance under the Signify Plan were converted into approximately 9 million shares of CVS Health common stock which were reserved and available for issuance pursuant to future awards as of December 31, 2023. Subsequent to the cancellation of the Signify Plan on May 16, 2024, the ICP is the only compensation plan under which the Company grants stock options, restricted stock and other stock-based awards to its employees.

Stock-Based Compensation Expense

Stock-based compensation is measured at the grant date based on the fair value of the award and is recognized as expense over the requisite service period of the stock award (generally three to five years) using the straight-line method. The following table is a summary of stock-based compensation for the years ended December 31, 2024, 2023 and 2022:

In millions	2024	2023	2022
Restricted stock units and performance stock units	$ 461	$ 497	$ 369
Stock options and stock appreciation rights ("SARs") [1]	79	91	78
Total stock-based compensation [2]	$ 540	$ 588	$ 447

(1) Includes the Employee Stock Purchase Plan ("ESPP").
(2) Total stock-based compensation for the year ended December 31, 2024 included $60 million and $41 million of post-combination expense associated with replacement equity awards granted in connection with the Oak Street Health and Signify Health acquisitions, respectively. Total stock-based compensation for the year ended December 31, 2023 included $71 million and $72 million of post-combination expense associated with replacement equity awards granted in connection with the Oak Street Health and Signify Health acquisitions, respectively.

Restricted Stock Units and Performance Stock Units

The Company's restricted stock units and performance stock units are considered nonvested share awards and require no payment from the employee. The fair value of the restricted stock units is based on the market price of CVS Health Corporation common stock on the grant date and is recognized on a straight-line basis over the vesting period. For each restricted stock unit granted, employees receive one share of common stock, net of taxes, at the end of the vesting period.

The Company's performance stock units contain performance vesting conditions in addition to a service vesting condition. Vesting of the Company's performance stock units is dependent upon the degree to which the Company achieves its performance goals, which are generally set for a three-year performance period and are approved at the time of grant by the MP&D Committee.

The fair value of performance stock units granted with service and performance vesting conditions is based on the market price of CVS Health Corporation common stock on the grant date and is recognized over the vesting period. Certain of the performance stock units also contain a market vesting condition based on the performance of CVS Health Corporation common stock relative to a comparator group. The fair value of these performance stock units is determined using a Monte Carlo simulation as of the grant date and is recognized over the vesting period.

As of December 31, 2024, there was $829 million of total unrecognized compensation cost related to the Company's restricted stock units and performance stock units that are expected to vest. These costs are expected to be recognized over a weighted-average period of 2.2 years. The total fair value of restricted stock units vested during 2024, 2023 and 2022 was $497 million, $525 million and $328 million, respectively.

The following table is a summary of the restricted stock unit and performance stock unit activity for the year ended December 31, 2024:

In thousands, except weighted average grant date fair value	**Units**	**Weighted Average Grant Date Fair Value**
Outstanding at beginning of year, nonvested	16,994	$ 77.65
Granted	9,978	$ 75.97
Vested [1]	(6,532)	$ 76.08
Forfeited	(1,928)	$ 78.71
Outstanding at end of year, nonvested	18,512	$ 77.19

(1) Vested performance stock units have been included at target level performance. Based on actual performance, the number of restricted stock units and performance stock units vested during the year ended December 31, 2024 was 6.6 million.

Stock Options and SARs

All stock option and SARs grants are awarded at fair value on the date of grant. The fair value of stock options and SARs are estimated using the Black-Scholes option pricing model, and stock-based compensation is recognized on a straight-line basis over the requisite service period. Stock options and SARs granted generally become exercisable over a four-year period from the grant date. Stock options granted through 2018 generally expire seven years after the grant date. Stock options and SARs granted subsequent to 2018 generally expire ten years after the grant date.

The following table is a summary of stock option and SAR activity that occurred for the years ended December 31, 2024, 2023 and 2022:

In millions	**2024**	**2023**	**2022**
Cash received from stock options exercised (including ESPP)	$ 361	$ 277	$ 551
Payments for taxes for net share settlement of equity awards	185	181	370
Intrinsic value of stock options and SARs exercised	33	31	118
Fair value of stock options and SARs vested	225	227	219

The fair value of each stock option and SAR is estimated using the Black-Scholes option pricing model based on the following assumptions at the time of grant:

	2024	**2023**	**2022**
Dividend yield [1]	4.29 %	3.27 %	2.18 %
Expected volatility [2]	28.36 %	28.15 %	27.34 %
Risk-free interest rate [3]	4.13 %	3.55 %	2.46 %
Expected life (in years) [4]	5.3	5.9	6.3
Weighted-average grant date fair value	$ 11.31	$ 21.78	$ 24.15

(1) The dividend yield is based on annual dividends paid and the fair market value of CVS Health Corporation stock at the grant date.
(2) The expected volatility is estimated based on the historical volatility of CVS Health Corporation's daily stock price over a period equal to the expected life of each option grant after adjustments for infrequent events such as stock splits.
(3) The risk-free interest rate is selected based on yields from U.S. Treasury zero-coupon issues with a remaining term equal to the expected term of the options being valued.
(4) The expected life represents the number of years the options are expected to be outstanding from grant date based on historical option or SAR holder exercise experience.

As of December 31, 2024, unrecognized compensation expense related to unvested stock options and SARs totaled $44 million, which the Company expects to be recognized over a weighted-average period of 2.24 years. After considering anticipated forfeitures, the Company expects approximately 7 million of the unvested stock options and SARs to vest over the requisite service period.

The following table is a summary of the Company's stock option and SAR activity for the year ended December 31, 2024:

In thousands, except weighted average exercise price and remaining contractual term	**Shares**	**Weighted Average Exercise Price**	**Weighted Average Remaining Contractual Term**	**Aggregate Intrinsic Value**
Outstanding at beginning of year	15,126	$ 68.13		
Granted	4,435	$ 68.91		
Exercised	(2,806)	$ 59.61		
Forfeited	(1,046)	$ 79.05		
Expired	(690)	$ 78.69		
Outstanding at end of year	15,019	$ 68.69	5.10	$ 3,279
Exercisable at end of year	7,579	$ 65.01	3.25	1,939
Vested at end of year and expected to vest in the future	14,646	$ 68.66	5.02	3,252

ESPP

The Company's ESPP provides for the purchase of up to 60 million shares of CVS Health Corporation common stock. Under the ESPP, eligible employees may purchase common stock at the end of each six month offering period at a purchase price equal to 90% of the lower of the fair market value on the first day or the last day of the offering period. During 2024, approximately 4 million shares of common stock were purchased under the provisions of the ESPP at an average price of $58.57 per share. As of December 31, 2024, approximately 23 million shares of common stock were available for issuance under the ESPP.

The fair value of stock-based compensation associated with the ESPP is estimated on the date of grant (the first day of the six-month offering period) using the Black-Scholes option pricing model.
The following table is a summary of the assumptions used to value the ESPP awards for the years ended December 31, 2024, 2023 and 2022:

	2024	**2023**	**2022**
Dividend yield [1]	2.01 %	1.54 %	1.12 %
Expected volatility [2]	31.40 %	25.61 %	23.54 %
Risk-free interest rate [3]	5.31 %	5.17 %	1.42 %
Expected life (in years) [4]	0.5	0.5	0.5
Weighted-average grant date fair value	$ 12.39	$ 14.26	$ 16.25

(1) The dividend yield is calculated based on semi-annual dividends paid and the fair market value of CVS Health Corporation stock at the grant date.
(2) The expected volatility is estimated based on the historical volatility of CVS Health Corporation's daily stock price over the previous six month period.
(3) The risk-free interest rate is selected based on the Treasury constant maturity interest rate whose term is consistent with the expected term of ESPP purchases (i.e., six months).
(4) The expected life is based on the semi-annual purchase period.

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Shareholders' Equity

12 Months Ended
Dec. 31, 2024

Equity [Abstract]
Shareholders' Equity

Shareholders' Equity
Share Repurchases

The following share repurchase programs have been authorized by the Board:

In billions **Authorization Date**	**Authorized**	**Remaining as of December 31, 2024**
November 17, 2022 ("2022 Repurchase Program")	$ 10.0	$ 10.0
December 9, 2021 ("2021 Repurchase Program")	10.0	1.5

Each of the share Repurchase Programs was effective immediately and permit the Company to effect repurchases from time to time through a combination of open market repurchases, privately negotiated transactions, accelerated share repurchase ("ASR") transactions, and/or other derivative transactions. Both the 2022 and 2021 Repurchase Programs can be modified or terminated by the Board at any time.

During the years ended December 31, 2024, 2023 and 2022, the Company repurchased an aggregate of 39.7 million shares of common stock for approximately $3.0 billion, an aggregate of 22.8 million shares of common stock for approximately $2.0 billion and an aggregate of 34.1 million shares of common stock for approximately $3.5 billion, respectively, each pursuant to the 2021 Repurchase Program. This activity includes the share repurchases under the ASR transactions described below.

Pursuant to the authorization under the 2021 Repurchase Program, the Company entered into a $3.0 billion fixed dollar ASR with Morgan Stanley & Co. LLC ("Morgan Stanley"). Upon payment of the $3.0 billion purchase price on January 4, 2024, the Company received a number of shares of CVS Health Corporation's common stock equal to 85% of the $3.0 billion notional amount of the ASR or approximately 31.4 million shares, which were placed into treasury stock in January 2024. The ASR was accounted for as an initial treasury stock transaction for $2.6 billion and a forward contract for $0.4 billion. The forward contract was classified as an equity instrument and was recorded within capital surplus. In March 2024, the Company received approximately 8.3 million shares of CVS Health Corporation's common stock, representing the remaining 15% of the $3.0 billion notional amount of the ASR, thereby concluding the ASR. These shares were placed into treasury and the forward contract was reclassified from capital surplus to treasury stock in March 2024.

Pursuant to the authorization under the 2021 Repurchase Program, the Company entered into a $2.0 billion fixed dollar ASR with Citibank, N.A. Upon payment of the $2.0 billion purchase price on January 4, 2023, the Company received a number of shares of CVS Health Corporation's common stock equal to 80% of the $2.0 billion notional amount of the ASR or approximately 17.4 million shares, which were placed into treasury stock in January 2023. The ASR was accounted for as an initial treasury stock transaction for $1.6 billion and a forward contract for $0.4 billion. The forward contract was classified as an equity instrument and was recorded within capital surplus. In February 2023, the Company received approximately 5.4 million shares of CVS Health Corporation's common stock, representing the remaining 20% of the $2.0 billion notional amount of the ASR, thereby concluding the ASR. These shares were placed into treasury stock and the forward contract was reclassified from capital surplus to treasury stock in February 2023.
Pursuant to the authorization under the 2021 Repurchase Program, the Company entered into a $1.5 billion fixed dollar ASR with Barclays Bank PLC. Upon payment of the $1.5 billion purchase price on January 4, 2022, the Company received a number of shares of CVS Health Corporation's common stock equal to 80% of the $1.5 billion notional amount of the ASR or approximately 11.6 million shares, which were placed into treasury stock in January 2022. The ASR was accounted for as an initial treasury stock transaction for $1.2 billion and a forward contract for $0.3 billion. The forward contract was classified as an equity instrument and was recorded within capital surplus. In February 2022, the Company received approximately 2.7 million shares of CVS Health Corporation's common stock, representing the remaining 20% of the $1.5 billion notional amount of the ASR, thereby concluding the ASR. These shares were placed into treasury stock and the forward contract was reclassified from capital surplus to treasury stock in February 2022.

At the time they were received, the initial and final receipt of shares resulted in an immediate reduction of the outstanding shares used to calculate the weighted average common shares outstanding for basic and diluted earnings per share.

Dividends

The quarterly cash dividend declared by the Board was $0.665, $0.605 and $0.55 per share in 2024, 2023 and 2022, respectively. CVS Health Corporation has paid cash dividends every quarter since becoming a public company. Future dividend payments will depend on the Company's earnings, capital requirements, financial condition and other factors considered relevant by the Board.

Regulatory Requirements

The Company's insurance business operations are conducted through subsidiaries that principally consist of health maintenance organizations ("HMOs") and insurance companies. The Company's HMO and insurance subsidiaries report their financial statements in accordance with accounting practices prescribed by state regulatory authorities which may differ from GAAP. The combined statutory net income for the years ended and estimated combined statutory and capital surplus at December 31, 2024, 2023 and 2022 for the Company's insurance and HMO subsidiaries were as follows:

In millions	2024	2023	2022
Statutory net income (loss)	$ (1,185)	$ 2,757	$ 2,851
Estimated statutory capital and surplus	20,085	16,961	15,503

The Company's insurance and HMO subsidiaries paid $755 million of gross dividends to the Company for the year ended December 31, 2024.

In addition to general state law restrictions on payments of dividends and other distributions to stockholders applicable to all corporations, HMOs and insurance companies are subject to further regulations that, among other things, may require those companies to maintain certain levels of equity and restrict the amount of dividends and other distributions that may be paid to their equity holders. In addition, in connection with the acquisition of Aetna, the Company made certain undertakings that require prior regulatory approval of dividends by certain of its HMOs and insurance companies. At December 31, 2024, these amounts were as follows:

In millions	
Estimated minimum statutory surplus required by regulators	$ 11,691
Investments on deposit with regulatory bodies	713
Estimated maximum dividend distributions permitted in 2025 without prior regulatory approval	1,561

Noncontrolling Interests

At December 31, 2024 and 2023, noncontrolling interests were $170 million and $175 million, respectively, primarily related to third party interests in the Company's operating entities. The noncontrolling entities' share is included in total shareholders' equity on the consolidated balance sheets.

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Other Comprehensive Income (Loss)

12 Months Ended Dec. 31, 2024

Other Comprehensive Income (Loss), Net of Tax [Abstract]

Other Comprehensive Income (Loss)

Other Comprehensive Income (Loss)

Shareholders' equity included the following activity in accumulated other comprehensive loss in 2024, 2023 and 2022:

In millions	At December 31, 2024	2023	2022
Net unrealized investment gains (losses):			
Beginning of year balance	$ (429)	$ (1,519)	$ 798
Other comprehensive income (loss) before reclassifications *($(177), $612 and $(3,021) pretax)*	(170)	603	(2,556)
Amounts reclassified from accumulated other comprehensive income (loss) *($226, $566 and $315 pretax)* [1]	200	487	239
Other comprehensive income (loss)	30	1,090	(2,317)
End of year balance	(399)	(429)	(1,519)
Change in discount rate on long-duration insurance reserves:			
Beginning of period balance	152	219	(651)
Other comprehensive income (loss) before reclassifications *($146, $(92), and $1,126 pretax)*	113	(67)	870
Other comprehensive income (loss)	113	(67)	870
End of period balance	265	152	219
Foreign currency translation adjustments:			
Beginning of year balance	—	—	—
Other comprehensive loss before reclassifications	(4)	—	—
Other comprehensive loss	(4)	—	—
End of year balance	(4)	—	—
Net cash flow hedges:			
Beginning of year balance	244	239	222
Other comprehensive income before reclassifications *($0, $25 and $38 pretax)*	—	19	28
Amounts reclassified from accumulated other comprehensive income *($(20), $(19) and $(15) pretax)* [2]	(15)	(14)	(11)
Other comprehensive income (loss)	(15)	5	17
End of year balance	229	244	239
Pension and other postretirement benefits:			
Beginning of year balance	(264)	(203)	(35)
Other comprehensive income (loss) before reclassifications *($71, $(81) and $(229) pretax)*	53	(61)	(170)
Amounts reclassified from accumulated other comprehensive loss *($0, $0 and $3 pretax)* [3]	—	—	2
Other comprehensive income (loss)	53	(61)	(168)
End of year balance	(211)	(264)	(203)
Total beginning of year accumulated other comprehensive income (loss)	(297)	(1,264)	334
Total other comprehensive income (loss)	177	967	(1,598)
Total end of year accumulated other comprehensive loss	$ (120)	$ (297)	$ (1,264)

(1) Amounts reclassified from accumulated other comprehensive income (loss) for specifically identified debt securities are included in net investment income in the consolidated statements of operations.
(2) Amounts reclassified from accumulated other comprehensive income for specifically identified cash flow hedges are included within interest expense in the consolidated statements of operations. The Company expects to reclassify $16 million, net of tax, in net gains associated with its cash flow hedges into net income within the next 12 months.
(3) Amounts reclassified from accumulated other comprehensive loss for specifically identified pension and other postretirement benefits are included in other income in the consolidated statements of operations.

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Earnings Per Share

12 Months Ended Dec. 31, 2024

Earnings Per Share [Abstract]

Earnings Per Share

Earnings Per Share

Earnings per share is computed using the treasury stock method. Stock options and SARs to purchase 8 million, 8 million and 4 million shares of common stock were outstanding, but were excluded from the calculation of diluted earnings per share for the years ended December 31, 2024, 2023 and 2022, respectively, because their exercise prices were greater than the average market price of the common shares and, therefore, the effect would be antidilutive.

The following is a reconciliation of basic and diluted earnings per share for the years ended December 31, 2024, 2023 and 2022:

In millions, except per share amounts	2024	2023	2022
Numerator for earnings per share calculation:			
Net income attributable to CVS Health	$ 4,614	$ 8,344	$ 4,311
Denominator for earnings per share calculation:			
Weighted average shares, basic	1,259	1,285	1,312
Restricted stock units and performance stock units	2	3	6
Stock options and SARs	1	2	5
Weighted average shares, diluted	1,262	1,290	1,323
Earnings per share:			
Basic	$ 3.67	$ 6.49	$ 3.29
Diluted	$ 3.66	$ 6.47	$ 3.26

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Reinsurance

12 Months Ended Dec. 31, 2024

Reinsurance Disclosures [Abstract]

Reinsurance

Reinsurance

The Company utilizes reinsurance agreements primarily to: (a) reduce required capital and (b) facilitate the acquisition or disposition of certain insurance contracts. Ceded reinsurance agreements permit the Company to recover a portion of its losses from reinsurers, although they do not discharge the Company's primary liability as the direct insurer of the risks reinsured.

In January 2025, the Company entered into three four-year reinsurance agreements with an unrelated reinsurer that allow it to reduce required capital and provide collateralized excess of loss reinsurance coverage on a portion of the Health Care Benefits segment's group Commercial Insured business.

Reinsurance recoverables (recorded as other current assets or other assets on the consolidated balance sheets) at December 31, 2024 and 2023 were as follows:

In millions	2024	2023
Reinsurer		
Hartford Life and Accident Insurance Company	$ 1,119	$ 1,314
Lincoln Life & Annuity Company of New York	444	480
Individual State Reinsurance Programs	189	61
Fresenius Medical Care Reinsurance Company (Cayman) Ltd.	75	54
Resolution Life Group Holdings Ltd.	33	35
All Other	67	54
Total	$ 1,927	$ 1,998

Direct, assumed and ceded premiums earned for the years ended December 31, 2024, 2023 and 2022 were as follows:

In millions	2024	2023	2022
Direct	$ 123,629	$ 99,753	$ 85,670
Assumed	471	350	432
Ceded	(1,204)	(911)	(772)
Net premiums	$ 122,896	$ 99,192	$ 85,330

The impact of reinsurance on health care costs for the years ended December 31, 2024, 2023 and 2022 was as follows:

In millions	2024	2023	2022
Direct	$ 115,974	$ 86,738	$ 71,357
Assumed	431	223	379
Ceded	(1,284)	(714)	(663)
Net health care costs	$ 115,121	$ 86,247	$ 71,073

There is not a material difference between premiums on a written basis versus an earned basis.

The Company also has various agreements with unrelated reinsurers that do not qualify for reinsurance accounting under GAAP, and consequently are accounted for using deposit accounting. The Company entered into these contracts to reduce the risk of catastrophic loss which in turn reduces the Company's capital and surplus requirements. Total deposit assets and liabilities related to reinsurance agreements that do not qualify for reinsurance accounting under GAAP were not material as of December 31, 2024 or 2023.

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Commitments and Contingencies

Commitments and Contingencies Disclosure [Abstract]

Commitments and Contingencies

12 Months Ended
Dec. 31, 2024

Commitments and Contingencies

Guarantees

The Company had the following significant guarantee arrangements at December 31, 2024:

- ASC Claim Funding Accounts - The Company has arrangements with certain banks for the processing of claim payments for its ASC customers. The banks maintain accounts to fund claims of the Company's ASC customers. The customer is responsible for funding the amount paid by the bank each day. In these arrangements, the Company guarantees that the banks will not sustain losses if the responsible ASC customer does not properly fund its account. The aggregate maximum exposure under these arrangements is generally limited to $300 million. The Company can limit its exposure to these guarantees by suspending the payment of claims for ASC customers that have not adequately funded the amount paid by the bank.
- Separate Accounts Assets - Certain Separate Accounts assets associated with the large case pensions business in the Corporate/Other segment represent funds maintained as a contractual requirement to fund specific pension annuities that the Company has guaranteed. Minimum contractual obligations underlying the guaranteed benefits in these Separate Accounts were approximately $857 million and $834 million at December 31, 2024 and 2023, respectively. See Note 1 ''Significant Accounting Policies'' for additional information on Separate Accounts. Contract holders assume all investment and mortality risk and are required to maintain Separate Accounts balances at or above a specified level. The level of required funds is a function of the risk underlying the Separate Account's investment strategy. If contract holders do not maintain the required level of Separate Accounts assets to meet the annuity guarantees, the Company would establish an additional liability. Contract holders' balances in the Separate Accounts at December 31, 2024 exceeded the value of the guaranteed benefit obligation. As a result, the Company was not required to maintain any additional liability for its related guarantees at December 31, 2024.

Lease Guarantees

Between 1995 and 1997, the Company sold or spun off a number of subsidiaries, including Bob's Stores, Linens 'n Things and Marshalls. In many cases, when a former subsidiary leased a store, the Company provided a guarantee of the former subsidiary's lease obligations for the initial lease term and any extension thereof pursuant to a renewal option provided for in the lease prior to the time of the disposition. When the subsidiaries were disposed of and accounted for as discontinued operations, the Company's guarantees remained in place, although each initial purchaser agreed to indemnify the Company for any lease obligations the Company was required to satisfy. If any of the purchasers or any of the former subsidiaries fail to make the required payments under a store lease, the Company could be required to satisfy those obligations. As of December 31, 2024, the Company guaranteed 61 such store leases (excluding the lease guarantees related to Linens 'n Things, which have been recorded as a liability on the consolidated balance sheets), with the maximum remaining lease term extending through 2035.

Guaranty Fund Assessments, Market Stabilization and Other Non-Voluntary Risk Sharing Pools

Under guaranty fund laws existing in all states, insurers doing business in those states can be assessed (in most states up to prescribed limits) for certain obligations of insolvent insurance companies to policyholders and claimants. The life and health insurance guaranty associations in which the Company participates that operate under these laws respond to insolvencies of long-term care insurers and life insurers as well as health insurers. The Company's assessments generally are based on a formula relating to the Company's health care premiums in the state compared to the premiums of other insurers. Certain states allow assessments to be recovered over time as offsets to premium taxes. Some states have similar laws relating to HMOs and/or other payors such as not-for-profit consumer-governed health plans established under the ACA.

In 2009, the Pennsylvania Insurance Commissioner placed long-term care insurer Penn Treaty Network America Insurance Company and one of its subsidiaries (collectively, "Penn Treaty") in rehabilitation, an intermediate action before insolvency, and subsequently petitioned a state court to convert the rehabilitation into a liquidation. Penn Treaty was placed in liquidation in March 2017. The Company has recorded a liability for its estimated share of future assessments by applicable life and health insurance guaranty associations. It is reasonably possible that in the future the Company may record a liability and expense relating to other insolvencies which could have a material adverse effect on the Company's operating results, financial condition and cash flows. While historically the Company has ultimately recovered more than half of guaranty fund assessments through statutorily permitted premium tax offsets, significant increases in assessments could lead to legislative and/or regulatory actions that limit future offsets.

HMOs in certain states in which the Company does business are subject to assessments, including market stabilization and other risk-sharing pools, for which the Company is assessed charges based on incurred claims, demographic membership mix and other factors. The Company establishes liabilities for these assessments based on applicable laws and regulations. In certain states, the ultimate assessments the Company pays are dependent upon the Company's experience relative to other entities subject to the assessment, and the ultimate liability is not known at the financial statement date. While the ultimate amount of the assessment is dependent upon the experience of all pool participants, the Company believes it has adequate reserves to cover such assessments.

The Company's total guaranty fund assessments liability was immaterial at both December 31, 2024 and 2023.

Litigation and Regulatory Proceedings

The Company has been involved or is currently involved in numerous legal proceedings, including litigation, arbitration, government investigations, audits, reviews and claims. These include routine, regular and special investigations, audits and reviews by CMS, state insurance and health and welfare departments, the U.S. Department of Justice (the "DOJ"), state Attorneys General, the U.S. Drug Enforcement Administration (the "DEA"), the U.S. Federal Trade Commission (the "FTC") and other governmental authorities.

Legal proceedings, in general, and securities, class action and multi-district litigation, in particular, and governmental special investigations, audits and reviews can be expensive and disruptive. Some of the litigation matters may purport or be determined to be class actions and/or involve parties seeking large and/or indeterminate amounts, including punitive or exemplary damages, and may remain unresolved for several years. The Company also may be named from time to time in *qui tam* actions initiated by private third parties that could also be separately pursued by a governmental body. The results of legal proceedings, including government investigations, are often uncertain and difficult to predict, and the costs incurred in these matters can be substantial, regardless of the outcome.

The Company records accruals for outstanding legal matters when it believes it is probable that a loss will be incurred and the amount can be reasonably estimated. The Company evaluates, on a quarterly basis, developments in legal matters that could affect the amount of any accrual and developments that would make a loss contingency both probable and reasonably estimable. If a loss contingency is not both probable and reasonably estimable, the Company does not establish an accrued liability. Other than the controlled substances litigation accruals described below, none of the Company's accruals for outstanding legal matters are material individually or in the aggregate to the Company's consolidated balance sheets.
Except as otherwise noted, the Company cannot predict with certainty the timing or outcome of the legal matters described below, and the Company is unable to reasonably estimate a possible loss or range of possible loss in excess of amounts already accrued for these matters. The Company believes that its defenses and assertions in pending legal proceedings have merit and does not believe that any of these pending matters, after consideration of applicable reserves and rights to indemnification, will have a material adverse effect on the Company's financial position. Substantial unanticipated verdicts, fines and rulings, however, do sometimes occur, which could result in judgments against the Company, entry into settlements or a revision to its expectations regarding the outcome of certain matters, and such developments could have a material adverse effect on its results of operations. In addition, as a result of governmental investigations or proceedings, the Company may be subject to damages, civil or criminal fines or penalties, or other sanctions including possible suspension or loss of licensure and/or exclusion from participating in government programs. The outcome of such governmental investigations of proceedings could be material to the Company.

Usual and Customary Pricing Litigation

The Company is named as a defendant in a number of lawsuits that allege that the Company's retail pharmacies overcharged for prescription drugs by not submitting the correct usual and customary price during the claims adjudication process. These actions are brought by a number of different types of plaintiffs, including plan members, private payors and government payors, and are based on different legal theories. Some of these cases are brought as putative class actions, and in some instances, classes have been certified. The Company is defending itself against these claims.

PBM Litigation and Investigations

The Company is named as a defendant in a number of lawsuits and is subject to a number of investigations concerning its PBM practices.

The Company is facing multiple lawsuits, including by the FTC, state Attorneys General, governmental subdivisions, private parties and several putative class actions, regarding drug pricing and its rebate arrangements with drug manufacturers. These complaints, brought by a number of different types of plaintiffs under a variety of legal theories, generally allege that rebate agreements between the drug manufacturers and PBMs caused inflated prices for certain drug products. The majority of these cases have now been transferred into a multi-district litigation in the U.S. District Court for the District of New Jersey. The Company is defending itself against these claims. The Company has also received subpoenas, civil investigative demands ("CIDs"), and other requests for documents and information from, and is being investigated by, the DOJ, the HHS, the FTC and Attorneys General of several states and the District of Columbia regarding its PBM practices, including pharmacy contracting practices and reimbursement, pricing and rebates. While the FTC has released a number of interim staff reports related to its studies of PBM practices under Section 6(b) of the FTC Act, which allows the FTC to conduct studies, among other activities, it has not yet released a final report. The Company has been providing documents and information in response to these subpoenas, CIDs, and requests for information. In September 2024, the FTC filed an administrative complaint against the three largest PBMs (the "PBM Group") and their affiliated group purchasing organizations, including subsidiaries of the Company. The complaint alleged that the PBM Group and their affiliated group purchasing organizations engaged in anti-competitive and unfair practices that "artificially" increased insulin costs. The Company is aggressively defending itself against the complaint. In November 2024, the PBM Group filed a complaint in the U.S. District Court for the Eastern District of Missouri challenging the constitutionality of the FTC's administrative complaint.

United States ex rel. Behnke v. CVS Caremark Corporation, et al. (U.S. District Court for the Eastern District of Pennsylvania). In April 2018, the Court unsealed a complaint filed in February 2014. The government has declined to intervene in this case. The relator alleges that the Company submitted, or caused to be submitted, to Part D of the Medicare program Prescription Drug Event data and/or Direct and Indirect Remuneration reports that misrepresented true prices paid by the Company's PBM to pharmacies for drugs dispensed to Part D beneficiaries with prescription benefits administered by the Company's PBM. The Company is defending itself against these claims.

Controlled Substances Litigation, Audits and Subpoenas

Forty-five states, the District of Columbia, and all eligible United States territories are participating in a settlement resolving substantially all opioid claims against Company entities by participating states and political subdivisions but not private plaintiffs. A high percentage of eligible subdivisions within the participating states also have elected to join the settlement. The settlement agreement is available at nationalopioidsettlement.com. The Company has separately entered into settlement
agreements with four states – Florida, West Virginia, New Mexico and Nevada – and a high percentage of eligible subdivisions within those states also have elected to participate.

The final settlement agreement contains certain contingencies related to payment obligations. Because these contingencies are inherently unpredictable, the assessment requires judgments about future events. The amount of ultimate loss may differ from the amount accrued by the Company.

The State of Maryland has elected not to participate, and thus subdivisions within the State of Maryland may not participate, in the settlement. The State of Maryland has issued a civil subpoena for information

from the Company, and litigation is pending with certain subdivisions within the State of Maryland as well as other non-participating subdivisions in other geographies, including the City of Philadelphia, and private parties such as hospitals and third-party payors. The Company is defending itself against the claims made in these cases.

In November 2021, the Company was among the chain pharmacies found liable by a jury in a trial in federal court in Ohio; in August 2022, the court issued a judgment jointly against the three defendants in the amount of $651 million to be paid over 15 years and also ordered certain injunctive relief. In December 2024, following an appeal by the Company, the Supreme Court of Ohio ruled that Ohio law precluded the claim on which the verdict and judgment were based.

Because of the many uncertainties associated with any settlement arrangement or other resolution of opioid-related litigation matters, and because the Company continues to actively defend ongoing litigation for which it believes it has defenses and assertions that have merit, the Company is not able to reasonably estimate the range of ultimate possible loss for all opioid-related litigation matters at this time. The outcome of these legal matters could have a material effect on the Company's business, financial condition, operating results and/or cash flows.

In December 2024, the DOJ intervened in a previously sealed *qui tam* action and filed an amended complaint in the U.S. District Court for the District of Rhode Island, alleging, among other claims, violations of the federal Controlled Substances Act and the federal False Claims Act based on the filling of opioid and other controlled substance prescriptions at CVS Pharmacy locations nationwide. The Company is defending itself against the claims made in this case. Separately, the Company was served in December 2024 with a subpoena issued by the U.S. Attorney's Office for the Western District of Virginia, seeking records related to, among other things, commercial arrangements between the Company's PBM and opioid manufacturers.

Prescription Processing Litigation and Investigations

The Company is named as a defendant in a number of lawsuits and is subject to a number of investigations concerning its prescription processing practices, including related to billing government payors for prescriptions, and the following:

U.S. ex rel. *Bassan* et al. *v. Omnicare, Inc. and CVS Health Corp.* (U.S. District Court for the Southern District of New York). In December 2019, the U.S. Attorney's Office for the Southern District of New York filed a complaint-in-intervention in this previously sealed *qui tam* case. The complaint alleges that for certain non-skilled nursing facilities, Omnicare improperly filled prescriptions beyond one year where a valid prescription did not exist and that these dispensing events violated the federal False Claims Act. The Company is defending itself against these claims.

U.S. ex rel. Gill et al. v. CVS Health Corp. et al. (U.S. District Court for the Northern District of Illinois). In July 2022, the Delaware Attorney General's Office moved for partial intervention as to allegations under the Delaware false claims act related to not escheating alleged overpayments in this previously sealed *qui tam* case. The federal government and the remaining states declined to intervene on other additional theories in the relator's complaint, except that the federal government filed a notice of intervention for the limited purpose of defending the constitutionality of the *qui tam* provisions of the False Claims Act. The Company is defending itself against all of the claims.

Provider Proceedings

The Company is named as a defendant in purported class actions and individual lawsuits arising out of its practices related to the payment of claims for services rendered to its members by providers with whom the Company has a contract and with whom the Company does not have a contract ("out-of-network providers"). Among other things, these lawsuits allege that the Company paid too little to its health plan members and/or providers for out-of-network services (including COVID-19 testing) and/or otherwise allege that the Company failed to timely or appropriately pay or administer claims and benefits (including the
Company's post payment audit and collection practices). Other major health insurers are the subject of similar litigation or have settled similar litigation.

The Company also has received subpoenas and/or requests for documents and other information from, and been investigated by, state Attorneys General and other state and/or federal regulators, legislators and agencies relating to claims payments, and the Company is involved in other litigation regarding its out-of-network benefit payment and administration practices. It is reasonably possible that others could initiate additional litigation or additional regulatory action against the Company with respect to its out-of-network benefit payment and/or administration practices.

CMS Actions

CMS regularly audits the Company's performance to determine its compliance with CMS's regulations and its contracts with CMS and to assess the quality of services it provides to Medicare beneficiaries. CMS uses various payment mechanisms to allocate and adjust premium payments to the Company's and other companies' Medicare plans by considering the applicable health status of Medicare members as supported by information prepared, maintained and provided by providers. The Company collects claim and encounter data from providers and generally relies on providers to appropriately code their submissions to the Company and document their medical records, including the diagnosis data submitted to the Company with claims. CMS pays increased premiums to Medicare Advantage plans and Medicare PDP plans for members who have certain medical conditions identified with specific diagnosis codes. Federal regulators review and audit the providers' medical records to determine whether those records support the related diagnosis codes that determine the members' health status and the resulting risk-adjusted premium payments to the Company. In that regard, CMS has instituted risk adjustment data validation ("RADV") audits of various Medicare Advantage plans, including certain of the Company's plans, to validate coding practices and supporting medical record documentation maintained by providers and the resulting risk-adjusted premium payments to the plans. CMS may require the Company to refund premium payments if the Company's risk-adjusted premiums are not properly supported by medical record data. The Office of the Inspector General of the U.S. Department of Health and Human Services (the "OIG") also is auditing the Company's risk adjustment-related data and that of other companies. The Company expects CMS and the OIG to continue these types of audits.

In 2012, in the "Notice of Final Payment Error Calculation for Part C Medicare Advantage Risk Adjustment Validation Data ("RADV") Contract-Level Audits," CMS revised its audit methodology for RADV contract-level audits to determine refunds payable by Medicare Advantage plans for contract year 2011 and forward. Under the revised methodology, among other things, CMS announced extrapolation of the error rate identified in the audit sample along with the application of a process to account for errors in the government's traditional fee-for-service Medicare program ("FFS Adjuster"). For contract years prior to 2011, CMS did not extrapolate sample error rates to the entire contract, nor did CMS propose to apply a FFS adjuster. By applying the FFS Adjuster, Medicare Advantage organizations would have been liable for repayments only to the extent that their extrapolated payment errors exceeded the error rate in Original Medicare, which could have impacted the extrapolated repayments to which Medicare Advantage organizations are subject. This revised contract-level audit methodology increased the Company's exposure to premium refunds to CMS based on incomplete medical records maintained by providers. In the RADV audit methodology CMS used from 2011-2013, CMS selected only a few of the Company's Medicare Advantage contracts for various contract years for contract-level RADV audits. In October 2018, CMS in the proposed rule announced a new methodology for RADV audits targeting certain health conditions and members with many diagnostic conditions along with extrapolation for the error rates identified without use of a FFS Adjuster. While the rule was under proposal, CMS initiated contract-level RADV audits for the years 2014 and 2015 with this new RADV methodology without a final rule.

On January 30, 2023, CMS released the final rule ("RADV Audit Rule"), announcing it may use extrapolation for payment years 2018 forward, for both RADV audits and OIG contract level audits, and eliminated the application of a FFS Adjuster in Part C contract-level RADV audits of Medicare Advantage organizations. In the RADV Audit Rule, CMS indicated that it will use more than one audit methodology going forward and indicated CMS will audit contracts it believes are at the highest risk for overpayments based on its statistical modeling, citing a 2016 Governmental Accountability Office report that recommended selection of contract-level RADV audits with a focus on contracts likely to have high rates of improper payment, the highest coding intensity scores, and contracts with high levels of unsupported diagnoses from prior RADV audits.

The Company is currently unable to predict which of its Medicare Advantage contracts will be selected for audit, the amounts of any retroactive refunds for years prior to 2018 or prospective adjustments to Medicare Advantage premium payments made to the Company, the effect of any such refunds or adjustments on the actuarial soundness of the Company's Medicare Advantage bids, or whether any RADV audit findings would require the Company to change its method of estimating future premium revenue in future bid submissions to CMS or compromise premium assumptions made in the Company's bids for prior contract years, the current contract year or future contract years. Any premium or fee refunds or adjustments resulting
from regulatory audits, whether as a result of RADV, Public Exchange-related or other audits by CMS, the OIG or otherwise, including audits of the Company's minimum loss ratio rebates, methodology and/or reports, could be material and could adversely affect the Company's operating results, cash flows and/or financial condition.

The RADV Audit Rule does not apply to the CMS Part C Improper Payment Measures audits nor the HHS RADV programs.

Medicare and Medicaid Litigation and Investigations

The Company has received CIDs from the Civil Division of the DOJ in connection with investigations of the Company's identification and/or submission of diagnosis codes related to risk adjustment payments, including patient chart review processes, under Parts C and D of the Medicare program. The Company is cooperating with the government and providing documents and information in response to these CIDs.

In May 2017, the Company received a CID from the U.S. Attorney's Office for the Southern District of New York requesting documents and information concerning possible false claims submitted to Medicare in connection with reimbursements for prescription drugs under the Medicare Part D program. The Company has been cooperating with the government and providing documents and information in response to this CID.

Since January 2022, the U.S. Attorney's Office for the District of Massachusetts has issued subpoenas to Aetna Life Insurance Company seeking, among other things, information in connection with its relationship and compensation arrangements with certain brokers, and the Company may receive similar inquiries in the future. The Company is cooperating with the investigation.

Stockholder Matters

Beginning in February 2019, multiple class action complaints, as well as a derivative complaint, were filed by putative plaintiffs against the Company and certain current and former officers and directors. The plaintiffs in these cases assert a variety of causes of action under federal securities laws that are premised on allegations that the defendants made certain omissions and misrepresentations relating to the performance of the Company's LTC business unit. Since filing, several of the cases have been consolidated, and two have resolved. In February 2025, the District of Rhode Island granted the Company's motion to dismiss *In re CVS Health Corp. Securities Act Litigation* (formerly known as *Waterford*). A derivative case in the District of Rhode Island, *Lovoi v. Aguirre*, had been stayed pending the outcome of the *Waterford* case, and the court has scheduled a status conference. In *In re CVS Health Corp. Securities Litigation* (formerly known as *City of Warren* and *Freundlich*), the Rhode Island Supreme Court affirmed the superior court's order granting the Company's motion to dismiss in January 2025. The Company and its current and former officers and directors are defending themselves against remaining claims.

Beginning in December 2021, the Company has received three demands for inspection of books and records pursuant to Delaware General Corporation Law Section 220 ("Section 220 demands"), as well as a derivative complaint (*Vladimir Gusinsky Revocable Trust v. Lynch, et al.*) that was filed in January 2023, which the defendants moved to dismiss. The Section 220 demands and the complaint purport to be related to potential breaches of fiduciary duties by the Board in relation to certain matters concerning opioids. Following the Company's response to the Section 220 demands, two of the three stockholders sent demand letters to the Board containing allegations substantially similar to those made in the earlier Section 220 demands and the derivative matter, and requested that it take certain actions, including consideration of its governance and policies with respect to controlled substances. The Board deferred consideration of these two demands until after the motion to dismiss the *Gusinsky* case was decided. In July 2024, the court granted the defendants' motion to dismiss the *Gusinsky* case. In September 2024, the Board received a third demand letter containing similar allegations and requesting the Board take action. The Board has formed a demand review committee to evaluate the demands.

In January 2022, a shareholder class action complaint was filed in the Northern District of Illinois, *Allison v. Oak Street Health, Inc., et al.* Defendants include Oak Street Health and certain of its pre-acquisition officers and directors. The putative plaintiffs assert causes of action under various securities laws premised on allegations that defendants made omissions and misrepresentations to investors relating to marketing conduct they allege may violate the False Claims Act. In May 2024, the parties reached agreement in principle to settle this action for an amount immaterial to the Company. The court granted approval of the settlement in December 2024.

Beginning in July 2024, two purported class action complaints, as well as multiple derivative complaints, were filed by putative plaintiffs against the Company and certain current and former officers and directors. The plaintiffs in these cases assert a variety of causes of action under federal securities laws and state law that are premised on allegations that the defendants made certain
omissions and misrepresentations relating to the profitability of the Health Care Benefits segment. Two purported class actions were filed and have been consolidated in U.S. District Court for the Southern District of New York under *Nixon v. CVS Health Corporation, et al.* Two derivative cases were also filed in the Southern District of New York and have been consolidated as *In re CVS Health Corporation Derivative Litigation*. Two derivative cases filed in the District of Rhode Island have been consolidated as *In re CVS Health Corporation Stockholder Derivative Litigation*. The consolidated derivative actions have been stayed pending the outcome of any motion to dismiss in the consolidated *Nixon* securities class action. Three additional derivative cases were filed in Rhode Island Superior Court: *Goff v. Lynch, et al., Brodin v. Lynch, et al.,* and *Davidow v. Lynch, et al.* The Company and the individual defendants are defending themselves against these claims. In January 2025, the Board received a stockholder demand containing allegations substantially similar to those made in the class action and derivative matters, and requesting that it take certain actions, including investigating whether any Board members or officers breached their fiduciary duties related to those allegations, and bringing litigation to recover the Company's damages if any such misconduct is found. The Board is evaluating the demand.

Other Legal and Regulatory Proceedings

The Company is also a party to other legal proceedings and is subject to government investigations, inquiries and audits, and has received and is cooperating with the government in response to CIDs, subpoenas, or similar process from various governmental agencies requesting information. These other legal proceedings and government actions include claims of or relating to bad faith, medical or professional malpractice, breach of fiduciary duty, claims processing, dispensing of medications, the use of medical testing devices in the in-home evaluation setting, non-compliance with state and federal regulatory regimes, marketing misconduct, denial of or failure to timely or appropriately pay or administer claims and benefits, provider network structure (including the use of performance-based networks and termination of provider contracts), rescission of insurance coverage, improper disclosure or use of personal information, anticompetitive practices, the Company's participation in the 340B program, general contractual matters, product liability, intellectual property litigation, discrimination and employment litigation. Some of these other legal proceedings are or are purported to be class actions or derivative claims. The Company is defending itself against the claims brought in these matters.

Awards to the Company and others of certain government contracts, particularly Medicaid contracts and other contracts with government customers in the Company's Health Care Benefits segment, frequently are subject to protests by unsuccessful bidders. These protests may result in awards to the Company being reversed, delayed, or modified. The loss or delay in implementation of any government contract could adversely affect the Company's operating results. The Company will continue to defend contract awards it receives.

There also continues to be a heightened level of review and/or audit by regulatory authorities and legislators of, and increased litigation regarding, the Company's and the rest of the health care and related benefits industry's business and reporting practices, including premium rate increases, utilization management, development and application of medical policies, complaint, grievance and appeal processing, information privacy, provider network structure (including provider network adequacy, the use of performance-based networks and termination of provider contracts), provider directory accuracy, calculation of minimum MLRs and/or payment of related rebates, delegated arrangements, rescission of insurance coverage, limited benefit health products, student health products, PBM practices (including manufacturers' rebates, pricing, the use of narrow networks and the placement of drugs in formulary tiers), sales practices, customer service practices, vendor oversight, and claim payment practices (including payments to out-of-network providers).

As a leading national health solutions company, the Company regularly is the subject of government actions of the types described above. These government actions may prevent or delay the Company from implementing planned premium rate increases and may result, and have resulted, in restrictions on the Company's businesses, changes to or clarifications of the Company's business practices, retroactive adjustments to premiums, refunds or other payments to members, beneficiaries, states or the federal government, withholding of premium payments to the Company by government agencies, assessments of damages, civil or criminal fines or penalties, or other sanctions, including the possible suspension or loss of licensure and/or suspension or exclusion from participation in government programs.

The Company can give no assurance that its businesses, financial condition, operating results and/or cash flows will not be materially adversely affected, or that the Company will not be required to materially change its business practices, based on: (i) future enactment of new health care or other laws or regulations; (ii) the interpretation or application of existing laws or regulations as they may relate to one or more of the Company's businesses, one or more of the industries in which the Company competes and/or the health care industry generally; (iii) pending or future federal or state government investigations of one or more of the Company's businesses, one or more of the industries in which the Company competes and/or the health care industry generally; (iv) pending or future government audits, investigations or enforcement actions against the Company; (v)
adverse developments in any pending *qui tam* lawsuit against the Company, whether sealed or unsealed, or in any future *qui tam* lawsuit that may be filed against the Company; or (vi) adverse developments in pending or future legal proceedings against the Company or affecting one or more of the industries in which the Company competes and/or the health care industry generally.

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Segment Reporting

[Segment Reporting [Abstract]](#)

Segment Reporting

12 Months Ended
Dec. 31, 2024

Segment Reporting

The Company has four reportable segments: Health Care Benefits, Health Services, Pharmacy & Consumer Wellness and Corporate/Other. The Company's segments maintain separate financial information, and the CODM, the Company's Chief Executive Officer, evaluates the segments' operating results on a regular basis in deciding how to allocate resources among the segments and in assessing segment performance. The CODM evaluates the performance of the Company's segments based on adjusted operating income. Total assets by segment are not used by the CODM to assess the performance of, or allocate resources to, the Company's segments, therefore total assets by segment are not disclosed.

Adjusted operating income (loss) is defined as operating income (loss) (GAAP measure) excluding the impact of amortization of intangible assets, net realized capital gains or losses, and other items, if any, that neither relate to the ordinary course of the Company's business nor reflect the Company's underlying business performance. The CODM uses adjusted operating income as its principal measure of segment performance as it enhances the Company's ability to compare past financial performance with current performance and analyze underlying business performance and trends. Non-GAAP financial measures the Company discloses, such as consolidated adjusted operating income, should not be considered a substitute for, or superior to, financial measures determined or calculated in accordance with GAAP.

In 2024, 2023 and 2022, revenues from the federal government accounted for 24%, 19% and 18%, respectively, of the Company's consolidated total revenues, primarily related to contracts with CMS for coverage of Medicare-eligible individuals within the Health Care Benefits segment.

The following is a reconciliation of financial measures of the Company's segments to the consolidated totals:

	Year Ended December 31, 2024				
In millions	**Health Care Benefits**	**Health Services [1]**	**Pharmacy & Consumer Wellness**	**Corporate/ Other**	**Consolidated Totals**
Revenues from external customers	$ 129,120	$ 158,016	$ 83,464	$ 56	$ 370,656
Intersegment revenues	72	15,304	41,036	—	56,412
Net investment income	1,473	285	—	395	2,153
Total revenues	130,665	173,605	124,500	451	429,221
Intersegment eliminations [2]					(56,412)
Total consolidated revenues					$ 372,809
Less: Net realized capital gains (losses)	(97)	289	—	(75)	
Cost of products sold	—	160,036	99,337	—	
Health care costs	113,659	3,407	—	187	
Other segment items [3]	16,796	2,630	19,389	1,687	
Adjusted operating income (loss)	$ 307	$ 7,243	$ 5,774	$ (1,348)	$ 11,976
Reconciliation of principal measure of segment performance to consolidated operating income:					
Amortization of intangible assets [4]					2,025
Net realized capital gains [5]					(117)
Acquisition-related integration costs [6]					243
Restructuring charges [7]					1,179
Office real estate optimization charges [8]					30
Opioid litigation charge [9]					100
Operating income (GAAP measure)					8,516
Interest expense					2,958
Gain on early extinguishment of debt [12]					(491)
Other income					(99)
Income before income tax provision					$ 6,148
Depreciation and amortization	$ 1,599	$ 1,059	$ 1,543	$ 396	$ 4,597

	Year Ended December 31, 2023				
In millions	**Health Care Benefits**	**Health Services [1]**	**Pharmacy & Consumer Wellness**	**Corporate/ Other**	**Consolidated Totals**
Revenues from external customers	$ 104,800	$ 174,018	$ 77,748	$ 57	$ 356,623
Intersegment revenues	81	12,826	39,020	—	51,927
Net investment income (loss)	765	(1)	(5)	394	1,153
Total revenues	105,646	186,843	116,763	451	409,703
Intersegment eliminations [2]					(51,927)
Total consolidated revenues					$ 357,776
Less: Net realized capital losses	(402)	—	(5)	(90)	
Cost of products sold	—	175,424	91,447	1	
Health care costs	85,504	1,607	—	210	
Other segment items [3]	14,967	2,500	19,358	1,648	
Adjusted operating income (loss)	$ 5,577	$ 7,312	$ 5,963	$ (1,318)	$ 17,534
Reconciliation of principal measure of segment performance to consolidated operating income:					
Amortization of intangible assets [4]					1,905
Net realized capital losses [5]					497
Acquisition-related transaction and integration costs [6]					487
Restructuring charges [7]					507
Office real estate optimization charges [8]					46
Loss on assets held for sale [10]					349
Operating income (GAAP measure)					13,743
Interest expense					2,658
Other income					(88)
Income before income tax provision					$ 11,173
Depreciation and amortization	$ 1,572	$ 880	$ 1,549	$ 365	$ 4,366

In millions	Year Ended December 31, 2022				
	Health Care Benefits	Health Services [1]	Pharmacy & Consumer Wellness	Corporate/ Other	Consolidated Totals
Revenues from external customers	$ 90,798	$ 157,968	$ 72,739	$ 124	$ 321,629
Intersegment revenues	76	11,608	35,901	—	47,585
Net investment income (loss)	476	—	(44)	406	838
Total revenues	91,350	169,576	108,596	530	370,052
Intersegment eliminations [2]					(47,585)
Total consolidated revenues					$ 322,467
Less: Net realized capital losses	(225)	—	(44)	(51)	
Cost of products sold	—	160,738	82,063	42	
Health care costs	71,473	—	—	249	
Other segment items [3]	13,764	2,057	20,046	1,903	
Adjusted operating income (loss)	$ 6,338	$ 6,781	$ 6,531	$ (1,613)	$ 18,037
Reconciliation of principal measure of segment performance to consolidated operating income:					
Amortization of intangible assets [4]					1,785
Net realized capital losses [5]					320
Office real estate optimization charges [8]					117
Opioid litigation charge [9]					5,803
Loss on assets held for sale [10]					2,533
Gain on divestiture of subsidiaries [11]					(475)
Operating income (GAAP measure)					7,954
Interest expense					2,287
Other income					(169)
Income before income tax provision					$ 5,836
Depreciation and amortization	$ 1,579	$ 519	$ 1,889	$ 237	$ 4,224

(1) Total revenues of the Health Services segment include approximately $11.4 billion, $13.7 billion and $12.6 billion of retail co-payments for 2024, 2023 and 2022, respectively. See Note 1 ''Significant Accounting Policies'' for additional information about retail co-payments.
(2) Intersegment revenue eliminations relate to intersegment revenue generating activities that occur between the Health Care Benefits segment, the Health Services segment, and/or the Pharmacy & Consumer Wellness segment.
(3) Other segment items for each reportable segment includes operating expenses, which primarily consists of selling, general and administrative expenses. Other segment items excludes the impact of amortization of intangible assets and other items, if any, that neither relate to the ordinary course of the Company's business nor reflect the Company's underlying business performance.
(4) The Company's acquisition activities have resulted in the recognition of intangible assets as required under the acquisition method of accounting which consist primarily of trademarks, customer contracts/relationships, covenants not to compete, technology, provider networks and value of business acquired. Definite-lived intangible assets are amortized over their estimated useful lives and are tested for impairment when events indicate that the carrying value may not be recoverable. The amortization of intangible assets is reflected in operating expenses within each segment. Although intangible assets contribute to the Company's revenue generation, the amortization of intangible assets does not directly relate to the underwriting of the Company's insurance products, the services performed for the Company's customers or the sale of the Company's products or services. Additionally, intangible asset amortization expense typically fluctuates based on the size and timing of the Company's acquisition activity. Accordingly, the Company believes excluding the amortization of intangible assets enhances the Company's and investors' ability to compare the Company's past financial performance with its current performance and to analyze underlying business performance and trends. Intangible asset amortization excluded from the related non-GAAP financial measure represents the entire amount recorded within the Company's GAAP financial statements, and the revenue generated by the associated intangible assets has not been excluded from the related non-GAAP financial measure. Intangible asset amortization is excluded from the related non-GAAP financial measure because the amortization, unlike the related revenue, is not affected by operations of any particular period unless an intangible asset becomes impaired or the estimated useful life of an intangible asset is revised.
(5) The Company's net realized capital gains and losses arise from various types of transactions, primarily in the course of managing a portfolio of assets that support the payment of insurance liabilities. Net realized capital gains and losses are reflected in net investment income (loss) within each segment. These capital gains and losses are the result of investment decisions, market conditions and other economic developments that are unrelated to the performance of the Company's business, and the amount and timing of these capital gains and losses do not directly relate to the underwriting of the Company's insurance products, the services performed for the Company's customers or the sale of the Company's products or services. Accordingly, the Company believes excluding net realized capital gains and losses enhances the Company's and investors' ability to compare the Company's past financial performance with its current performance and to analyze underlying business performance and trends.
(6) In 2024, the acquisition-related integration costs relate to the acquisitions of Signify Health and Oak Street Health. In 2023, the acquisition-related transaction and integration costs relate to the acquisitions of Signify Health and Oak Street Health. The acquisition-related transaction and integration costs are reflected in operating expenses within the Corporate/Other segment.
(7) In 2024, the restructuring charges are primarily comprised of a store impairment charge, corporate workforce optimization costs, including severance and employee-related costs, other asset impairment and related charges associated with the discontinuation of certain non-core assets and a stock-based compensation charge. During the third quarter of 2024, the Company finalized an enterprise-wide restructuring plan intended to streamline and simplify the organization, improve efficiency and reduce costs. In connection with this restructuring plan, the Company completed a strategic review of its retail business and determined that it plans to close 271 retail stores in 2025, and, accordingly, it recorded a store impairment charge to write down the associated operating or financing lease right-of-use assets and property and equipment. In addition, during the third quarter of 2024, the Company also conducted a review of its various strategic assets and determined that it would discontinue the use of certain non-core assets, at which time impairment losses were recorded to write down the carrying value of these assets to the Company's best estimate of their fair value. In 2023, the restructuring charges are primarily comprised of severance and employee-related costs, asset impairment charges and a stock-based compensation charge. The restructuring charges associated with the store impairments are reflected within the Pharmacy & Consumer Wellness segment, other asset impairments and related charges are reflected within the Corporate/Other and Pharmacy & Consumer Wellness segments and corporate workforce optimization costs, including severance and employee-related costs, as well as stock-based compensation charges, are reflected within the Corporate/Other segment.
(8) In 2024, 2023 and 2022, the office real estate optimization charges primarily relate to the abandonment of leased real estate and the related right-of-use assets and property and equipment in connection with the Company's evaluation of corporate office real estate space in response to its ongoing flexible work arrangement. The office real estate optimization charges are reflected in operating expenses within each segment.
(9) In 2024, the opioid litigation charge relates to a change in the Company's accrual related to ongoing opioid litigation matters. In 2022, the opioid litigation charges relate to agreements to resolve substantially all opioid claims against the Company by certain states and governmental entities. The opioid litigation charges are reflected within the Corporate/Other segment.
(10) In 2023 and 2022, the loss on assets held for sale relates to the LTC business within the Pharmacy & Consumer Wellness segment. During 2022, the Company determined that its LTC business was no longer a strategic asset and committed to a plan to sell it, at which time the LTC business met the criteria for held-for-sale accounting and its net assets were accounted for as assets held for sale. The carrying value of the LTC business was determined to be greater than its estimated fair value less costs to sell and, accordingly, the Company recorded a loss on assets held for sale during 2022. During the first quarter of 2023, a loss on assets held for sale was recorded to write down the carrying value of the LTC business to the Company's best estimate of the ultimate selling price which reflected its estimated fair value less costs to sell. As of the third quarter of 2023, the Company determined the LTC business no longer met the criteria for held-for-sale accounting and, accordingly, the net assets associated with the LTC business were reclassified to held and used at their respective fair values. During 2022, the loss on assets held for sale also relates to the Company's Thailand business, which was included in the Commercial Business reporting unit in the Health Care Benefits segment. The sale of the Thailand business closed in the second quarter of 2022, and the ultimate loss on the sale was not material.
(11) In 2022, the gain on divestiture of subsidiaries represents the pre-tax gain on the sale of bswift, which the Company sold in November 2022, and the pre-tax gain on the sale of PayFlex, which the Company sold in June 2022. The gains on divestitures are reflected as a reduction of operating expenses within the Health Care Benefits segment.
(12) In 2024, the gain on early extinguishment of debt relates to the Company's repayment of approximately $2.6 billion of its outstanding senior notes in December 2024, pursuant to its tender offer for such senior notes.

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Pay vs Performance Disclosure - USD ($) $ in Millions	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Pay vs Performance Disclosure			
Net Income (Loss)	$ 4,614	$ 8,344	$ 4,311

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Insider Trading Arrangements	3 Months Ended
	Dec. 31, 2024
Trading Arrangements, by Individual	
Rule 10b5-1 Arrangement Adopted	false
Non-Rule 10b5-1 Arrangement Adopted	false
Rule 10b5-1 Arrangement Terminated	false
Non-Rule 10b5-1 Arrangement Terminated	false

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Insider Trading Policies and Procedures	12 Months Ended
	Dec. 31, 2024
Insider Trading Policies and Procedures [Line Items]	
Insider Trading Policies and Procedures Adopted	true

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Cybersecurity Risk Management and Strategy Disclosure	12 Months Ended
	Dec. 31, 2024
Cybersecurity Risk Management, Strategy, and Governance [Line Items]	
Cybersecurity Risk Management Processes for Assessing, Identifying, and Managing Threats [Text Block]	Cybersecurity is an important and integrated part of the Company's enterprise risk management strategy. Safeguarding the Company's business information, intellectual property, customer, patient and employee data and technology systems is essential for the continuity of its businesses, meeting applicable regulatory requirements and maintaining the trust of its stakeholders. To help protect the Company from a major cybersecurity incident that could have a material impact on operations or the Company's financial results, the Company has implemented a robust information security program and has made technology investments that focus on cybersecurity incident prevention, detection and mitigation. The steps the Company takes to reduce its vulnerability and to mitigate the impacts from cybersecurity incidents include, but are not limited to: comprehensive information security policies and standards, implementing logical and technical controls through processes and technologies, monitoring its information technology systems for cybersecurity threats, assessing cybersecurity risk profiles of key third-parties, implementing cybersecurity training and collaborating with public and private organizations on cyber threat information and best practices. The Company is currently in material compliance with applicable information privacy and cybersecurity standards. The Company has implemented a Cybersecurity Incident Response Plan (the "Plan"), which is integrated into its overall crisis management program. The Plan provides a framework for responding to cybersecurity incidents. The Plan identifies applicable requirements for incident disclosure and reporting as well as provides protocols for incident evaluation, including the use of third-party service providers and partners, processes for notification and internal escalation of information to the Company's senior management, the disclosure committee, the Board and appropriate Board committees. The Plan also addresses requirements for the Company's external reporting obligations. The Plan is reviewed and updated, as necessary, under the leadership of the Company's Chief Information Security Officer ("CISO") and Chief Privacy Officer ("CPO"). The Company's information technology systems and processes are regularly assessed internally as well as by independent third parties for compliance with the following standards: HIPAA; NIST 800-53; System and Organization Controls ("SOC") 1; SOC 2 Type 2; HI-TRUST; Payment Card Industry Data Security Standards; and the National Association of Insurance Commissioners. The Company annually purchases a cybersecurity risk insurance policy that is expected to help defray the costs associated with a covered cybersecurity incident if it occurred. Although the Company did not experience a material cybersecurity incident during the year ended December 31, 2024, it did experience previously-disclosed impacts from the Change Healthcare cybersecurity incident in February 2024. See the Company's Form 10-Q for the three months ended March 31, 2024 for more information. The scope and impact of any future direct or third-party cybersecurity incident cannot be predicted. See "Item 1A. Risk Factors" for more information on the Company's cybersecurity-related risks.
Cybersecurity Risk Management Processes Integrated [Flag]	true
Cybersecurity Risk Management Processes Integrated [Text Block]	Cybersecurity is an important and integrated part of the Company's enterprise risk management strategy.
Cybersecurity Risk Management Third Party Engaged [Flag]	true
Cybersecurity Risk Third Party Oversight and Identification	true

Processes [Flag]	
Cybersecurity Risk Materially Affected or Reasonably Likely to Materially Affect Registrant [Flag]	false
Cybersecurity Risk Board of Directors Oversight [Text Block]	The Board is actively engaged in overseeing and reviewing the Company's strategic direction and objectives, taking into account, among other considerations, the Company's risk profile and related exposures. As part of this oversight the Board has delegated certain of these responsibilities to committees of the Board. The Board has delegated the responsibility for the oversight of the Company's cybersecurity risks to the Audit Committee. As part of this oversight, the Audit Committee reviews the Company's cybersecurity program periodically, and at least annually. The Company's CDDATO and CISO update the Audit Committee periodically, and at least annually, and the full Board as needed, on the Company's cybersecurity program, including particular cybersecurity threats, incidents and new developments in the Company's risk profile. The CISO is a member of the Company's Disclosure Committee, and the CPO advises the Disclosure Committee on cybersecurity matters on an as-needed basis.
Cybersecurity Risk Board Committee or Subcommittee Responsible for Oversight [Text Block]	The Board has delegated the responsibility for the oversight of the Company's cybersecurity risks to the Audit Committee.
Cybersecurity Risk Process for Informing Board Committee or Subcommittee Responsible for Oversight [Text Block]	The Company's CDDATO and CISO update the Audit Committee periodically, and at least annually, and the full Board as needed, on the Company's cybersecurity program, including particular cybersecurity threats, incidents and new developments in the Company's risk profile.
Cybersecurity Risk Role of Management [Text Block]	Management has responsibility to manage risk and bring to the Board's attention the most material near-term and long-term risks to the Company. The Company's CISO leads management's assessment and management of cybersecurity risk. The CISO reports to the Company's Chief Digital, Data, Analytics & Technology Officer (the "CDDATO"), who reports directly to the Company's Chief Executive Officer. The CDDATO, CISO and the CPO, regularly review cybersecurity matters with management. The current CDDATO, CISO and CPO each has more than 10 years of experience managing risks or advising on cybersecurity issues.
Cybersecurity Risk Management Positions or Committees Responsible [Flag]	true
Cybersecurity Risk Management Positions or Committees Responsible [Text Block]	Management has responsibility to manage risk and bring to the Board's attention the most material near-term and long-term risks to the Company. The Company's CISO leads management's assessment and management of cybersecurity risk. The CISO reports to the Company's Chief Digital, Data, Analytics & Technology Officer (the "CDDATO"), who reports directly to the Company's Chief Executive Officer. The CDDATO, CISO and the CPO, regularly review cybersecurity matters with management. The current CDDATO, CISO and CPO each has more than 10 years of experience managing risks or advising on cybersecurity issues.
Cybersecurity Risk Management Expertise of Management Responsible [Text Block]	The current CDDATO, CISO and CPO each has more than 10 years of experience managing risks or advising on cybersecurity issues.
Cybersecurity Risk Process for Informing Management or Committees Responsible [Text Block]	Management has responsibility to manage risk and bring to the Board's attention the most material near-term and long-term risks to the Company. The Company's CISO leads management's assessment and management of cybersecurity risk. The CISO reports to the Company's Chief Digital, Data, Analytics & Technology Officer (the "CDDATO"), who reports directly to the Company's Chief Executive Officer. The CDDATO, CISO and the CPO, regularly review cybersecurity matters with management.
Cybersecurity Risk Management Positions or Committees Responsible Report to Board [Flag]	true

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Significant Accounting Policies (Policies)	**12 Months Ended** **Dec. 31, 2024**
Accounting Policies [Abstract]	
Segment Reporting	The Company has four reportable segments: Health Care Benefits, Health Services, Pharmacy & Consumer Wellness and Corporate/Other, which are described below. *Health Care Benefits Segment* The Health Care Benefits segment operates as one of the nation's leading diversified health care benefits providers. The Health Care Benefits segment has the information and resources to help members, in consultation with their health care professionals, make more informed decisions about their health care. The Health Care Benefits segment offers a broad range of traditional, voluntary and consumer-directed health insurance products and related services, including medical, pharmacy, dental and behavioral health plans, medical management capabilities, Medicare Advantage and Medicare Supplement plans, PDPs and Medicaid health care management services. The Health Care Benefits segment's primary customers, its members, primarily access the segment's products and services through employer groups, government-sponsored plans or individually. The Health Care Benefits segment also serves customers who purchase products and services that are ancillary to its health insurance products. The Company refers to insurance products (where it assumes all or a majority of the risk for medical and dental care costs) as "Insured" and administrative services contract products (where the plan sponsor assumes all or a majority of the risk for medical and dental care costs) as "ASC." The Company sold Insured plans directly to individual consumers through the individual public health insurance exchanges ("Public Exchanges") in 17 states as of December 31, 2024. *Health Services Segment* The Health Services segment provides a full range of pharmacy benefit management ("PBM") solutions, delivers health care services in its medical clinics, virtually, and in the home, and offers provider enablement solutions. PBM solutions include plan design offerings and administration, formulary management, retail pharmacy network management services, and specialty and mail order pharmacy services. In addition, the Company provides clinical services, disease management services, medical spend management and pharmacy and/or other administrative services for providers and federal 340B drug pricing program covered entities ("Covered Entities"). The Company operates a group purchasing organization that negotiates pricing for the purchase of pharmaceuticals and rebates with pharmaceutical manufacturers on behalf of its participants and provides various administrative, management and reporting services to pharmaceutical manufacturers. During 2023, the Company completed the acquisition of two key health care delivery assets – Signify Health, Inc. ("Signify Health"), a leader in health risk assessments, value-based care and provider enablement services, and Oak Street Health, Inc. ("Oak Street Health"), a leading multi-payor operator of value-based primary care centers serving Medicare eligible patients. The Company also launched Cordavis™, a wholly owned subsidiary that works directly with pharmaceutical manufacturers to commercialize and/or co-produce high quality biosimilar products. The Health Services segment's clients and customers are primarily employers, insurance companies, unions, government employee groups, health plans, PDPs, Medicaid managed care plans, the U.S. Centers for Medicare & Medicaid Services ("CMS"), plans offered on public and private health insurance exchanges and other sponsors of health benefit plans throughout the U.S., patients who receive care in the Health Services segment's medical clinics, virtually or in the home, as well as Covered Entities. *Pharmacy & Consumer Wellness Segment* The Pharmacy & Consumer Wellness segment dispenses prescriptions in its retail pharmacies and through its infusion operations, provides ancillary pharmacy services including pharmacy patient care programs, diagnostic testing and vaccination administration, and sells a wide assortment of health and wellness products and general merchandise. The segment also conducts long-term care pharmacy ("LTC") operations, which distribute prescription drugs and provide related pharmacy consulting and ancillary services to long-term care facilities and other care settings, and provides pharmacy fulfillment services to support the Health Services segment's specialty and mail order pharmacy offerings. As of December 31, 2024, the Pharmacy & Consumer Wellness segment operated more than 9,000 retail locations, as well as online retail pharmacy websites, LTC pharmacies and on-site pharmacies, retail specialty pharmacy stores, compounding pharmacies and branches for infusion and enteral nutrition services. *Corporate/Other Segment* The Company presents the remainder of its financial results in the Corporate/Other segment, which primarily consists of: • Management and administrative expenses to support the Company's overall operations, which include certain aspects of executive management and the corporate relations, legal, compliance, human resources and finance departments, information technology, digital, data and analytics, as well as acquisition-related transaction and integration costs; and • Products for which the Company no longer solicits or accepts new customers such as its large case pensions and long-term care insurance products.
Basis of Presentation	***Basis of Presentation*** The accompanying consolidated financial statements of CVS Health and its subsidiaries have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP"). The consolidated financial statements include the accounts of the Company and its majority-owned subsidiaries and variable interest entities ("VIEs") for which the Company is the primary beneficiary. All material intercompany balances and transactions have been eliminated.
Reclassifications	***Reclassifications*** Certain prior year amounts have been reclassified to conform with the current year presentation.
Use of Estimates	***Use of Estimates*** The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts in the consolidated financial statements and accompanying notes. Actual results could differ from those estimates.
Cash and Cash Equivalents and Restricted Cash	***Cash and Cash Equivalents*** Cash and cash equivalents consist of cash and temporary investments with maturities of three months or less when purchased. The Company invests in short-term money market funds, commercial paper and time deposits, as well as other debt securities that are classified as cash equivalents within the accompanying consolidated balance sheets, as these funds are highly liquid and readily convertible to known amounts of cash. ***Restricted Cash*** Restricted cash included in other current assets on the consolidated balance sheets primarily represents funds held on behalf of members and funds held in escrow in connection with agreements with accountable care organizations. Restricted cash included in other assets on the consolidated balance sheets represents amounts held in a trust in one of the Company's captive insurance companies to satisfy collateral requirements associated with the assignment of certain insurance policies. All restricted cash is invested in demand deposits, time deposits and money market funds.
Investments	***Investments*** *Debt Securities* Debt securities consist primarily of U.S. Treasury and agency securities, mortgage-backed securities, corporate and foreign bonds and other debt securities. Debt securities are classified as either current or long-term investments based on their contractual maturities unless the Company intends to sell an investment within the next twelve months, in which case it is classified as current on the consolidated balance sheets. Debt securities are classified as available for sale and are carried at fair value. See Note 5 ''Fair Value'' for additional information on how the Company estimates the fair value of these investments.

If a debt security is in an unrealized loss position and the Company has the intent to sell the security, or it is more likely than not that the Company will have to sell the security before recovery of its amortized cost basis, the amortized cost basis of the security is written down to its fair value and the difference is recognized in net income. If a debt security is in an unrealized loss position and the Company does not have the intent to sell and it is more likely than not that the Company will not have to sell such security before recovery of its amortized cost basis, the Company bifurcates the impairment into credit-related and non-credit related (yield-related) components. In evaluating whether a credit related loss exists, the Company considers a variety of factors including: the extent to which the fair value is less than the amortized cost basis; adverse conditions specifically related to the issuer of a security, an industry or geographic area; the payment structure of the security; the failure of the issuer of the security to make scheduled interest or principal payments; and any changes to the rating of the security by a rating agency. The amount of the credit-related component is recorded as an allowance for credit losses and recognized in net income, and the amount of the non-credit related component is included in other comprehensive income (loss). Interest is not accrued on debt securities when management believes the collection of interest is unlikely.

The credit-related component is determined by comparing the present value of cash flows expected to be collected from the security, considering all reasonably available information relevant to the collectability of the security, with the amortized cost basis of the security. If the present value of cash flows expected to be collected is less than the amortized cost basis of the security, the Company records an allowance for credit losses, which is limited by the amount that the fair value is less than amortized cost basis.

For mortgage-backed and other asset-backed securities, the Company recognizes income using an effective yield based on anticipated prepayments and the estimated economic life of the securities. When estimates of prepayments change, the effective yield is recalculated to reflect actual payments to date and anticipated future payments. The Company's investment in the security is adjusted to the amount that would have existed had the new effective yield been applied since the acquisition of the security, with adjustments recognized in net income.

Equity Securities
Equity securities with readily available fair values are measured at fair value with changes in fair value recognized in net income.

Mortgage Loans
Mortgage loan investments on the consolidated balance sheets are valued at the unpaid principal balance, net of an allowance for credit losses. Mortgage loans with a maturity date or a committed prepayment date within twelve months are classified as current on the consolidated balance sheets. The Company assesses whether its loans share similar risk characteristics and, if so, groups such loans in a risk pool when measuring expected credit losses. The Company considers the following characteristics when evaluating whether its loans share similar risk characteristics: loan-to-value ratios, property type (e.g., office, retail, apartment, industrial), geographic location, vacancy rates and property condition.

Credit loss reserves are determined using a loss rate method that multiplies the unpaid principal balance of each loan within a risk pool group by an estimated loss rate percentage. The loss rate percentage considers both the expected loan loss severity and the probability of loan default. For periods where the Company is able to make or obtain reasonable and supportable forecasts of expected economic conditions (e.g., gross domestic product, employment), the Company adjusts its expected loss rates to reflect these forecasted economic conditions. For periods beyond which the Company is able to make or obtain reasonable and supportable forecasts of expected economic conditions, the Company reverts to historical loss rates in determining expected credit losses.

Interest income on a potential problem loan (i.e., high probability of default) or restructured loan is accrued to the extent it is deemed to be collectible and the loan continues to perform under its original or restructured terms. Interest income on problem loans (i.e., more than 60 days delinquent, in bankruptcy or in process of foreclosure) is recognized on a cash basis. Cash payments on loans in the process of foreclosure are treated as a return of principal.
Other Investments
Other investments consist primarily of the following:

- Private equity and hedge fund limited partnerships, which are accounted for using the equity method of accounting. Under this method, the carrying value of the investment is based on the value of the Company's equity ownership of the underlying investment funds provided by the general partner or manager of the investments, the financial statements of which generally are audited. As a result of the timing of the receipt of the valuation information provided by the fund managers, these investments are generally reported on up to a three month lag. The Company reviews investments for impairment at least quarterly and monitors their performance throughout the year through discussions with the administrators, managers and/or general partners. If the Company becomes aware of an impairment of a limited partnership's investments through its review or prior to receiving the limited partnership's financial statements at the financial statement date, an impairment will be recognized by recording a reduction in the carrying value of the limited partnership with a corresponding charge to net investment income.
- Investment real estate, which is carried on the consolidated balance sheets at depreciated cost, including capital additions, net of write-downs for other-than-temporary declines in fair value. Depreciation is calculated using the straight-line method based on the estimated useful life of each asset. If any real estate investment is considered held-for-sale, it is carried at the lower of its carrying value or fair value less estimated selling costs. The Company generally estimates fair value using net operating income and applying a capitalization rate in conjunction with comparable sales information. At the time of the sale, the difference between the sales price and the carrying value is recorded as a realized capital gain or loss.
- Privately-placed equity securities, which are carried on the consolidated balance sheets using the measurement alternative, at cost less impairments, plus or minus subsequent adjustments for observable price changes. Additionally, as a member of the Federal Home Loan Bank of Boston ("FHLBB"), a subsidiary of the Company is required to purchase and hold shares of the FHLBB. These shares are restricted and carried at cost.

Net Investment Income
Net investment income on the Company's investments is recorded when earned and is reflected in the Company's net income (other than net investment income on assets supporting experience-rated products). Experience-rated products are products in the large case pensions business where the contract holder, not the Company, assumes investment and other risks, subject to, among other things, minimum guarantees provided by the Company. The effect of investment performance on experience-rated products is allocated to contract holders' accounts daily, based on the underlying investment experience and, therefore, does not impact the Company's net income (as long as the contract's minimum guarantees are not triggered). Net investment income on assets supporting large case pensions' experience-rated products is included in net investment income in the consolidated statements of operations and is credited to contract holders' accounts through a charge to benefit costs. The contract holders' accounts are reflected in accrued expenses and other current liabilities on the consolidated balance sheets.

Realized capital gains and losses on investments (other than realized capital gains and losses on investments supporting experience-rated products) are included as a component of net investment income in the consolidated statements of operations. Realized capital gains and losses are determined on a specific identification basis. Purchases and sales of debt and equity securities and alternative investments are reflected on the trade date. Purchases and sales of mortgage loans and investment real estate are reflected on the closing date.

Realized capital gains and losses on investments supporting large case pensions' experience-rated products are not included in realized capital gains and losses in the consolidated statements of operations and instead are credited directly to contract holders' accounts. The contract holders' accounts are reflected in accrued expenses and other current liabilities on the consolidated balance sheets.

Unrealized capital gains and losses on investments (other than unrealized capital gains and losses on investments supporting experience-rated products) are reflected in shareholders' equity, net of tax, as a component of accumulated other comprehensive income (loss). Unrealized capital gains and losses on investments supporting large case pensions' experience-rated products are credited directly to contract holders' accounts. The contract holders' accounts are reflected in accrued expenses and other current liabilities on the consolidated balance sheets.

Derivative Financial Instruments

Derivative Financial Instruments

The Company uses derivative financial instruments in order to manage interest rate and foreign exchange risk and credit exposure. The Company's use of these derivatives is generally limited to hedging risk and has principally consisted of using interest rate swaps, treasury rate locks, forward contracts, futures contracts, warrants, put options and credit default swaps.

Accounts Receivable

Accounts Receivable

Accounts receivable are stated net of allowances for credit losses, customer credit allowances, contractual allowances and estimated terminations.

Accounts Receivable, Allowance for Credit Losses

When developing an estimate of the Company's expected credit losses, the Company considers all available relevant information regarding the collectability of cash flows, including historical information, current conditions and reasonable and supportable forecasts of future economic conditions over the contractual life of the receivable. The Company's accounts receivable are short duration in nature and typically settle in less than 30 days.

Inventories

Inventories

Inventories are valued at the lower of cost or net realizable value using the weighted average cost method. Physical inventory counts are taken on a regular basis in each retail store and pharmacy, and a continuous cycle count process is the primary procedure used to validate the inventory balances on hand in each distribution center and mail facility to ensure that the amounts reflected in the consolidated financial statements are properly stated. During the interim period between physical inventory counts, the Company accrues for anticipated physical inventory losses on a location-by-location basis based on historical results and current physical inventory trends.

Reinsurance Recoverables

Reinsurance Recoverables

The Company utilizes reinsurance agreements primarily to: (a) reduce required capital and (b) facilitate the acquisition or disposition of certain insurance contracts. Ceded reinsurance agreements permit the Company to recover a portion of its losses from reinsurers, although they do not discharge the Company's primary liability as the direct insurer of the risks reinsured. Failure of reinsurers to indemnify the Company could result in losses; however, the Company does not expect charges for unrecoverable reinsurance to have a material effect on its consolidated operating results or financial condition. The Company evaluates the financial condition of its reinsurers and monitors concentrations of credit risk arising from similar geographic regions, activities or economic characteristics of its reinsurers. At December 31, 2024, the Company's reinsurance recoverables consisted primarily of amounts due from third parties that are rated consistent with companies that are considered to have the ability to meet their obligations. Reinsurance recoverables are recorded as other current assets or other assets on the consolidated balance sheets.

Health Care Contract Acquisition Costs

Health Care Contract Acquisition Costs

Insurance products included in the Health Care Benefits segment are cancellable by either the customer or the member monthly upon written notice. Acquisition costs related to prepaid health care and health indemnity contracts are generally expensed as incurred. For certain long-duration insurance contracts, acquisition costs directly related to the successful acquisition of a new or renewal insurance contract, including commissions, are deferred and are recorded as other current assets or other assets on the consolidated balance sheets. Contracts are grouped by product and issue year into cohorts consistent with the grouping used in estimating the associated liability and are amortized on a constant level basis based on the remaining in-force policies over the estimated term of the contracts to approximate straight-line amortization. Changes to the Company's assumptions, including assumptions related to persistency, are reflected at the cohort level at the time of change and are recognized prospectively over the estimated terms of the contract. The amortization of deferred acquisition costs is recorded in operating expenses in the consolidated statements of operations.

Property and Equipment

Property and Equipment

Property and equipment is reported at historical cost, net of accumulated depreciation. Property, equipment and improvements to leased premises are depreciated using the straight-line method over the estimated useful lives of the assets, or when applicable, the term of the lease, whichever is shorter. Estimated useful lives generally range from 1 to 40 years for buildings, building improvements and leasehold improvements and 3 to 10 years for fixtures, equipment and internally developed software. Repair and maintenance costs are charged directly to expense as incurred. Major renewals or replacements that substantially extend the useful life of an asset are capitalized and depreciated. Application development stage costs for significant internally developed software projects are capitalized and depreciated.

Right-of-Use Assets and Lease Liabilities

Right-of-Use Assets and Lease Liabilities

The Company determines if an arrangement contains a lease at the inception of a contract. Right-of-use assets represent the Company's right to use an underlying asset for the lease term and lease liabilities represent the Company's obligation to make lease payments arising from the lease. Right-of-use assets and lease liabilities are recognized at the commencement date of the lease, renewal date of the lease or significant remodeling of the lease space based on the present value of the remaining future minimum lease payments. As the interest rate implicit in the Company's leases is not readily determinable, the Company utilizes its incremental borrowing rate, determined by class of underlying asset, to discount the lease payments. The operating lease right-of-use assets also include lease payments made before commencement and are reduced by lease incentives.

The Company's real estate leases typically contain options that permit renewals for additional periods of up to five years each. For real estate leases, the options to extend are not considered reasonably certain at lease commencement because the Company reevaluates each lease on a regular basis to consider the economic and strategic incentives of exercising the renewal options and regularly opens or closes stores to align with its operating strategy. Generally, the renewal option periods are not included within the lease term and the associated payments are not included in the measurement of the right-of-use asset and lease liability. Similarly, renewal options are not included in the lease term for non-real estate leases because they are not considered reasonably certain of being exercised at lease commencement. Leases with an initial term of 12 months or less are not recorded on the balance sheets, and lease expense is recognized on a straight-line basis over the term of the short-term lease.

For real estate leases, the Company accounts for lease components and nonlease components as a single lease component. Certain real estate leases require additional payments based on sales volume, as well as reimbursement for real estate taxes, common area maintenance and insurance, which are expensed as incurred as variable lease costs. Other real estate leases
contain one fixed lease payment that includes real estate taxes, common area maintenance and insurance. These fixed payments are considered part of the lease payment and included in the right-of-use assets and lease liabilities.

Goodwill

Goodwill

The Company accounts for business combinations using the acquisition method of accounting, which requires the excess cost of an acquisition over the fair value of net assets acquired and identifiable intangible assets to be recorded as goodwill. Goodwill is not amortized, but is subject to impairment reviews annually, or more frequently, if necessary, as further described in "Recoverability of Long-Lived Assets" below.

Intangible Assets

Intangible Assets

The Company's identifiable intangible assets consist primarily of trademarks, trade names, customer contracts/relationships, covenants not to compete, technology and provider networks. These intangible assets arise primarily from the determination of their respective fair market values at the date of acquisition. Amounts assigned to identifiable intangible assets, and their related useful lives, are derived from established valuation techniques and management estimates.

The Company's definite-lived intangible assets are amortized over their estimated useful lives based upon the pattern of future cash flows attributable to the asset. Definite-lived intangible assets are amortized using the straight-line method. Indefinite-lived intangible assets are not amortized but are tested for impairment annually, or more frequently, if necessary, as further described in "Recoverability of Long-Lived Assets" below.

Recoverability of Long-Lived Assets

Recoverability of Long-Lived Assets

The Company evaluates the recoverability of long-lived assets, excluding goodwill and indefinite-lived intangible assets, which are tested for impairment using separate tests described below, whenever events or changes in circumstances indicate that the carrying value of such asset may not be recoverable. The Company groups and evaluates these long-lived assets for impairment at the lowest level at which individual cash flows can be identified. If indicators of impairment are present, the Company first compares the carrying amount of the asset group to the estimated future cash flows associated with the asset group (undiscounted). If the estimated future cash flows used in the analysis are less than the carrying amount of the asset group, an impairment loss calculation is prepared. The impairment loss calculation compares the carrying amount of the asset group to the asset group's estimated future cash flows (discounted). If required, an impairment loss is recorded for the portion of the asset group's carrying value that exceeds the asset group's estimated future cash flows (discounted).

During the year ended December 31, 2024, in connection with its enterprise-wide restructuring plan described in Note 3 ''Restructuring'', the Company recorded a store impairment charge of $607 million, consisting of a write down of $483 million related to operating and financing lease right-of-use assets and $124 million related to property and equipment. In addition, in connection with its enterprise-wide restructuring plan the Company recorded $269 million of other asset impairments and related charges associated with the discontinuation of certain non-core long-lived assets recorded as reductions to property and equipment, net and operating lease right-of-use assets. During the year ended December 31, 2023, in connection with its 2023 restructuring program, the Company recorded $152 million of asset impairment charges in connection with the termination of certain transformation initiatives.

See Note 3 ''Restructuring'' for additional information about the Company's restructuring plan.

During the years ended December 31, 2024, 2023, and 2022, the Company recorded office real estate optimization charges of $30 million, $46 million, and $117 million, respectively, primarily related to the abandonment of leased real estate and the related right-of-use assets and property and equipment in connection with the planned reduction of corporate office real estate space in response to its ongoing flexible work arrangement.

See Note 7 ''Leases'' for additional information about the right-of-use asset charges.
When evaluating goodwill for potential impairment, the Company compares the fair value of its reporting units to their respective carrying amounts. The Company estimates the fair value of its reporting units using a combination of a discounted cash flow method and a market multiple method. If the carrying amount of a reporting unit exceeds its estimated fair value, an impairment loss is recognized in an amount equal to that excess.

During the fourth quarter of 2024, the Company performed its required annual impairment test of goodwill and concluded there were no goodwill impairments as of the testing date. During the third quarter of 2024, the Company performed an interim goodwill impairment test of the Government reporting unit after determining there were indicators that the Government reporting unit's goodwill may be impaired. The results of the interim impairment test showed that the fair value of the Government reporting unit exceeded its carrying value, therefore there was no impairment of goodwill as of the interim testing date.

During the fourth quarter of 2023 and the third quarter of 2022, the Company performed its required annual impairment test of goodwill and concluded there were no goodwill impairments as of the testing date or during the years ended December 31, 2023 and 2022.
Indefinite-lived intangible assets are tested for impairment by comparing the estimated fair value of the asset to its carrying value. The Company estimates the fair value of its indefinite-lived trademarks using the relief from royalty method under the income approach. If the carrying value of the asset exceeds its estimated fair value, an impairment loss is recognized, and the asset is written down to its estimated fair value.

Separate Accounts

Separate Accounts

Separate Accounts assets and liabilities related to large case pensions products represent funds maintained to meet specific objectives of contract holders who bear the investment risk. These assets and liabilities are carried at fair value. Net investment income (including net realized capital gains and losses) accrue directly to such contract holders. The assets of each account are legally segregated and are not subject to claims arising from the Company's other businesses. Deposits, withdrawals and net investment income (including net realized and net unrealized capital gains and losses) on Separate Accounts assets are not reflected in the consolidated statements of operations or cash flows. Management fees charged to contract holders are included in services revenue and recognized over the period earned.

Health Care Costs Payable

Health Care Costs Payable

Health care costs payable within the Health Care Benefits segment consist principally of unpaid fee-for-service medical, dental and pharmacy claims, capitation costs, other amounts due to providers pursuant to risk-sharing arrangements related to the Health Care Benefits segment's Insured Commercial, Medicare and Medicaid products and accruals for state assessments. Unpaid health care claims include an estimate of payments the Company will make for (i) services rendered to the Company's Insured members but not yet reported to the Company and (ii) claims which have been reported to the Company but not yet paid, each as of the financial statement date (collectively, "IBNR"). Health care costs payable also include an estimate of the cost of services that will continue to be rendered after the financial statement date if the Company is obligated to pay for such services in accordance with contractual or regulatory requirements. Such estimates are developed using actuarial principles and assumptions which consider, among other things, historical and projected claim submission and processing patterns, assumed and historical medical cost trends, historical utilization of medical services, claim inventory levels, changes in Insured membership and product mix, seasonality and other relevant factors. The Company reflects changes in these estimates in benefit costs in the Company's consolidated operating results in the period they are determined. Capitation costs represent contractual monthly fees paid to participating physicians and other medical providers for providing medical care, regardless of the volume of medical services provided to the Insured member. Amounts due under risk-sharing arrangements are based on the terms of the underlying contracts with the providers and consider claims experience under the contracts through the financial statement date. Within the Health Services segment, health care costs payable includes estimates of the Company's obligations for medical care services that have been rendered by third parties on behalf of consumers for which the Company is contractually obligated to pay, but for which claims have either not yet been received, processed or paid.

The Company develops its estimate of IBNR using actuarial principles and assumptions that consider numerous factors. Of those factors, the Company considers the analysis of historical and projected claim payment patterns (including claims submission and processing patterns) and the assumed health care cost trend rate (the year-over-year change in per member per month health care costs) to be the most critical assumptions. In developing its IBNR estimate, the Company consistently applies
these actuarial principles and assumptions each period, with consideration to the variability of related factors. There have been no significant changes to the methodologies or assumptions used to develop the Company's estimate of IBNR in 2024.

The Company analyzes historical claim payment patterns by comparing claim incurred dates (i.e., the date services were provided) to claim payment dates to estimate "completion factors." The Company uses completion factors predominantly to estimate the ultimate cost of claims incurred more than three months before the financial statement date. The Company estimates completion factors by aggregating claim data based on the month of service and month of claim payment and estimating the percentage of claims incurred for a given month that are complete by each month thereafter. For any given month, substantially all claims are paid within six months of the date of service, but it can take up to 48 months or longer after the date of service before all of the claims are completely resolved and paid. These historically-derived completion factors are then applied to claims paid through the financial statement date to estimate the ultimate claim cost for a given month's incurred claim activity. The difference between the estimated ultimate claim cost and the claims paid through the financial statement date represents the Company's estimate of claims remaining to be paid as of the financial statement date and is included in the Company's health care costs payable. The completion factors the Company uses reflect judgments and possible adjustments based on data such as claim inventory levels, claim submission and processing patterns and, to a lesser extent, other factors such as changes in health care cost trend rates, changes in Insured membership and changes in product mix. If claims are submitted or processed on a faster (slower) pace than prior periods, the actual claims may be more (less) complete than originally estimated using the Company's completion factors, which may result in reserves that are higher (lower) than the ultimate cost of claims.

Because claims incurred within three months before the financial statement date are less mature, the Company uses a combination of historically-derived completion factors and the assumed health care cost trend rate to estimate the ultimate cost of claims incurred for these months. The Company applies its actuarial judgment and places a greater emphasis on the assumed health care cost trend rate for the most recent claim incurred dates as these months may be influenced by seasonal patterns and changes in membership and product mix.

The Company's health care cost trend rate is affected by changes in per member utilization of medical services as well as changes in the unit cost of such services. Many factors influence the health care cost trend rate, including the Company's ability to manage benefit costs through product design, negotiation of favorable provider contracts and medical management programs, as well as the mix of the Company's business. The health status of the Company's Insured members, aging of the population and other demographic characteristics, advances in medical technology and other factors continue to contribute to rising per member utilization and unit costs. Changes in health care practices, inflation, new technologies, increases in the cost of prescription drugs (including specialty pharmacy drugs), direct-to-consumer marketing by pharmaceutical companies, clusters of high-cost cases, claim intensity, changes in the regulatory environment, health care provider or member fraud and numerous other factors also contribute to the cost of health care and the Company's health care cost trend rate.

For each reporting period, the Company uses an extensive degree of judgment in the process of estimating its health care costs payable. As a result, considerable variability and uncertainty is inherent in such estimates, particularly with respect to claims with claim incurred dates of three months or less before the financial statement date; and the adequacy of such estimates is highly sensitive to changes in assumed completion factors and the assumed health care cost trend rates. For each reporting period the Company recognizes the actuarial best estimate of health care costs payable considering the potential volatility in assumed completion factors and health care cost trend rates, as well as other factors. The Company believes its estimate of health care costs payable is reasonable and adequate to cover its obligations at December 31, 2024; however, actual claim payments may differ from the Company's estimates. A worsening (or improvement) of the Company's health care cost trend rates or changes in completion factors from those that the Company assumed in estimating health care costs payable at December 31, 2024 would cause these estimates to change in the near term, and such a change could be material.

Each quarter, the Company re-examines previously established health care costs payable estimates based on actual claim payments for prior periods and other changes in facts and circumstances. Given the extensive degree of judgment in this estimate, it is possible that the Company's estimates of health care costs payable could develop either favorably (that is, its actual health care costs for the period were less than estimated) or unfavorably. The changes in the Company's estimate of health care costs payable may relate to a prior quarter, prior year or earlier periods. For a roll forward of the Company's health care costs payable, see Note 8 ''Health Care Costs Payable.'' The Company's reserving practice is to consistently recognize the actuarial best estimate of its ultimate liability for health care costs payable.

Other Insurance Liabilities

Other Insurance Liabilities

Unpaid Claims
Unpaid claims consist primarily of reserves associated with certain short-duration group disability and term life insurance contracts, including an estimate for IBNR as of the financial statement date. Reserves associated with certain short-duration group disability and term life insurance contracts are based upon the Company's estimate of the present value of future benefits, which is based on assumed investment yields and assumptions regarding mortality, morbidity and recoveries from the U.S. Social Security Administration. The Company develops its estimate of IBNR using actuarial principles and assumptions which consider, among other things, contractual requirements, claim incidence rates, claim recovery rates, seasonality and other relevant factors. The Company discounts certain claim liabilities related to group long-term disability and life insurance waiver of premium contracts. The discount rates generally reflect the Company's expected investment returns for the investments supporting all incurral years of these liabilities. The discount rates for retrospectively-rated contracts are set at contractually specified levels. The Company's estimates of unpaid claims are subject to change due to changes in the underlying experience of the insurance contracts, changes in investment yields or other factors, and these changes are recorded in current and future benefits in the consolidated statements of operations in the period they are determined. The Company estimates its reserve for claims IBNR for life products largely based on completion factors. The completion factors used are based on the Company's historical experience and reflect judgments and possible adjustments based on data such as claim inventory levels, claim payment patterns, changes in business volume and other factors. If claims are submitted or processed on a faster (slower) pace than historical periods, the actual claims may be more (less) complete than originally estimated using completion factors, which may result in reserves that are higher (lower) than required to cover future life benefit payments. There have been no significant changes to the methodologies or assumptions used to develop the Company's estimate of unpaid claims IBNR in 2024. As of December 31, 2024, unpaid claims balances of $280 million and $713 million were recorded in other insurance liabilities and other long-term insurance liabilities, respectively. As of December 31, 2023, unpaid claims balances of $285 million and $834 million were recorded in other insurance liabilities and other long-term insurance liabilities, respectively.

Substantially all life and disability insurance liabilities have been fully ceded to unrelated third parties through indemnity reinsurance agreements; however, the Company remains directly obligated to the policyholders.

Future Policy Benefits
Future policy benefits consist primarily of reserves for products for which the Company no longer solicits or accepts new customers, including limited payment pension and annuity contracts and long-term care insurance contracts. Contracts are grouped into cohorts by contract type and issue year. The liability for future policy benefits is adjusted for differences between actual and expected experience.

Reserves for limited payment pension and annuity contracts represent the Company's estimate of the present value of future benefits to be paid to or on behalf of policyholders and are computed using actuarial principles that consider, among other things, assumptions reflecting anticipated mortality and retirement experience. On an annual basis, or more frequently if necessary, the Company reviews mortality assumptions against both industry standards and its experience.

Reserves for long-term care insurance contracts represent the Company's estimate of the present value of future benefits and settlement costs to be paid to or on behalf of policyholders less the present value of future net premiums. The Company's estimate of the present value of future benefits under such contracts is based upon mortality, morbidity, lapse and interest rate assumptions. On an annual basis, or more frequently if necessary, the Company reviews its mortality, morbidity and lapse assumptions against its experience. Annually, or each time the assumptions are changed, the net premium ratio used to calculate the future policy benefit liability is updated to reflect actual experience, as well as the impact of any change in assumptions on the Company's future cash flows.

The Company discounts its future policy benefit liability using a curve of spot rates derived from Single A rated fixed income instruments. At each reporting date, the Company will measure its liability for future policy benefits using both the current spot rate curve and the locked-in discount rate at each cohort's inception. Any difference between the measured liabilities is recorded in other comprehensive income (loss).

Premium Deficiency Reserves

Premium Deficiency Reserves

The Company evaluates its short-duration insurance contracts to determine if it is probable that a loss will be incurred. For purposes of determining premium deficiency losses, contracts are grouped consistent with the Company's method of acquiring, servicing and measuring the profitability of such contracts. For each contract grouping, a premium deficiency reserve is recognized when it is probable that expected future incurred claims, including costs to maintain the contract grouping exceed anticipated future premiums and reinsurance recoveries. Anticipated investment income is not considered in the calculation of premium deficiency reserves. A premium deficiency is first recognized by charging any unamortized acquisition costs to operating expenses, and to the extent the premium deficiency is greater than the unamortized acquisition costs, a premium deficiency reserve liability is established and reflected in health care costs payable on the consolidated balance sheets. Losses recognized as a premium deficiency reserve result in a beneficial effect in subsequent periods as subsequent costs under these contracts are then charged to this previously established liability.

Self-Insurance Liabilities

Self-Insurance Liabilities

The Company is self-insured for certain losses related to general liability, workers' compensation and auto liability. The Company obtains third party insurance coverage to limit exposure from these claims. The Company is also self-insured for certain losses related to health and medical liabilities. The Company's self-insurance accruals, which include reported claims and claims incurred but not reported, are calculated using standard insurance industry actuarial assumptions and the Company's historical claims experience.

Foreign Currency Translation and Transactions

Foreign Currency Translation and Transactions

For non-U.S. dollar functional currency locations, (i) assets and liabilities are translated at end-of-period exchange rates, (ii) revenues and expenses are translated at average exchange rates in effect during the period and (iii) equity is translated at historical exchange rates. The resulting cumulative translation adjustments are included as a component of accumulated other comprehensive loss.

For U.S. dollar functional currency locations, foreign currency assets and liabilities are remeasured into U.S. dollars at end-of-period exchange rates, except for nonmonetary balance sheet accounts which are remeasured at historical exchange rates. Revenues and expenses are remeasured at average exchange rates in effect during each period, except for those expenses related to the nonmonetary balance sheet amounts which are remeasured at historical exchange rates. Gains or losses from foreign currency remeasurement are included in net income.

Revenue Recognition

Revenue Recognition

Health Care Benefits Segment

Health Care Benefits revenue is principally derived from insurance premiums and fees billed to customers. Revenue is recognized based on customer billings, which, in the Company's Commercial business, reflect contracted rates per member and
the number of covered members recorded in the Company's records at the time the billings are prepared. Billings are generally sent monthly for coverage during the following month. Revenue related to the Company's Government business is collected monthly from the U.S. federal government and various government agencies based on fixed payment rates and member eligibility.

The Company's billings may be subsequently adjusted to reflect enrollment changes due to member terminations or other factors. These adjustments are known as retroactivity adjustments. In each period, the Company estimates the amount of future retroactivity and adjusts the recorded revenue accordingly. As information regarding actual retroactivity amounts becomes known, the Company refines its estimates and records any required adjustments to revenues in the period in which they arise.

Premium Revenue

Premiums are recognized as revenue in the month in which the enrollee is entitled to receive health care services. Premiums are reported net of an allowance for estimated terminations and uncollectible amounts. Additionally, premium revenue subject to the minimum medical loss ratio ("MLR") rebate requirements of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (as amended, collectively, the "ACA") is recorded net of the estimated minimum MLR rebates for the current calendar year. Premiums related to unexpired contractual coverage periods (unearned premiums) are reported as other insurance liabilities on the consolidated balance sheets and recognized as revenue when earned.

Some of the Company's contracts allow for premiums to be adjusted to reflect actual experience or the relative health status of Insured members. Such adjustments are reasonably estimable at the outset of the contract, and adjustments to those estimates are made based on actual experience of the customer emerging under the contract and the terms of the underlying contract.

The ACA established a permanent risk adjustment program to transfer funds from qualified individual and small group insurance plans with below average risk scores to plans with above average risk scores. Based on the risk of the Company's qualified plan members relative to the average risk of members of other qualified plans in comparable markets, as defined by the ACA, the Company estimates its ultimate risk adjustment receivable (recorded in accounts receivable) or payable (recorded in accrued expenses and other current liabilities) for the current calendar year and reflects the pro-rata year-to-date impact as an adjustment to premium revenue.

Services Revenue

Services revenue relates to contracts that can include various combinations of services or series of services which generally are capable of being distinct and accounted for as separate performance obligations. The Health Care Benefits segment's services revenue primarily consists of ASC fees received in exchange for performing certain claim processing and member services for ASC members. ASC fee revenue is recognized over the period the service is provided. Some of the Company's administrative services contracts include guarantees with respect to certain functions, such as customer service response time, claim processing accuracy and claim processing turnaround time, as well as certain guarantees that a plan sponsor's benefit claim experience will fall within a certain range. With any of these guarantees, the Company is financially at risk if the conditions of the arrangements are not met, although the maximum amount at risk typically is limited to a percentage of the fees otherwise payable to the Company by the customer involved. Each period the Company estimates its obligations under the terms of these guarantees and records its estimate as an offset to services revenues.

Accounting for Medicare Part D

Revenues include insurance premiums earned by the Company's PDPs, which are determined based on the PDP's annual bid and related contractual arrangements with CMS. The insurance premiums include a beneficiary premium, which is the responsibility of the PDP member, and can be subsidized by CMS in the case of low-income members, and a direct premium paid by CMS. Premiums collected in advance are initially recorded within other insurance liabilities and are then recognized ratably as revenue over the period in which members are entitled to receive benefits.

Revenues also include a risk-sharing feature of the Medicare Part D program design referred to as the risk corridor. The Company estimates variable consideration in the form of amounts payable to, or receivable from, CMS under the risk corridor, and adjusts revenue based on calculations of additional subsidies to be received from or owed to CMS at the end of the reporting year.

In addition to Medicare Part D premiums, the Company receives additional payments each month from CMS related to catastrophic reinsurance, low-income cost-sharing subsidies and coverage gap benefits. If the subsidies received differ from the amounts earned from actual prescriptions transferred, the difference is recorded in either accounts receivable, net or accrued expenses.

Health Services Segment

Pharmacy Services

The Health Services segment sells prescription drugs directly through its specialty and mail order pharmacy offerings and indirectly through the Company's retail pharmacy network. The Company's pharmacy benefit arrangements are accounted for in a manner consistent with a master supply arrangement as there are no contractual minimum volumes and each prescription is considered a separate purchasing decision and distinct performance obligation transferred at a point in time. PBM services performed in connection with each prescription claim are considered part of a single performance obligation which culminates in the fulfillment of prescription drugs.

The Company recognizes revenue using the gross method at the contract price negotiated with its clients when the Company has concluded it controls the prescription drug before it is transferred to the client plan members. The Company controls prescriptions fulfilled indirectly through its retail pharmacy network because it has separate contractual arrangements with those pharmacies, has discretion in setting the price for the transaction and assumes primary responsibility for fulfilling the promise to provide prescription drugs to its client plan members while also performing the related PBM services.

Revenues include (i) the portion of the price the client pays directly to the Company, net of any discounts earned on brand name drugs or other discounts and refunds paid back to the client (see "Drug Discounts" and "Guarantees" below), (ii) the price paid to the Company by client plan members for mail order prescriptions and the price paid to retail network pharmacies by client plan members for retail prescriptions ("retail co-payments"), and (iii) claims based administrative fees for retail pharmacy network contracts. Sales taxes are not included in revenues.

The Company recognizes revenue when control of the prescription drugs is transferred to customers, in an amount that reflects the consideration the Company expects to be entitled to receive in exchange for those prescription drugs. The Company has established the following revenue recognition policies for the Health Services segment:

- Revenues generated from prescription drugs sold by third party pharmacies in the Company's retail pharmacy network and associated administrative fees are recognized at the Company's point-of-sale, which is when the claim is adjudicated by the Company's online claims processing system and the Company has transferred control of the prescription drug and completed all of its performance obligations.
- Revenues generated from prescription drugs sold by specialty and mail order pharmacies are recognized when the prescription drug is delivered to the client plan member. At the time of delivery, the Company has performed substantially all of its performance obligations under its client contracts and does not experience a significant level of returns or reshipments.

For contracts under which the Company acts as an agent or does not control the prescription drugs prior to transfer to the client plan member, revenue is recognized using the net method.

Drug Discounts

The Company records revenue net of manufacturers' rebates earned by its clients based on their plan members' utilization of brand-name formulary drugs. The Company estimates these rebates at period-end based on actual and estimated claims data and its estimates of the manufacturers' rebates earned by its clients. The estimates are based on the best available data at period-end and recent history for the various factors that can affect the amount of rebates due to the client. The Company adjusts its rebates payable to clients to the actual amounts paid when these rebates are paid or as significant events occur. Any cumulative effect of these adjustments is recorded against revenues at the time it is identified. Adjustments generally result from contract changes with clients or manufacturers that have retroactive rebate adjustments, differences between the estimated and actual product mix subject to rebates, or whether the brand name drug was included in the applicable formulary. The effect of adjustments between estimated and actual manufacturers' rebate amounts has not been material to the Company's operating results or financial condition.

Guarantees

The Company also adjusts revenues for refunds owed to clients resulting from pricing guarantees and performance against defined service and performance metrics. The inputs to these estimates are not subject to a high degree of subjectivity or volatility. The effect of adjustments between estimated and actual pricing and performance refund amounts has not been material to the Company's operating results or financial condition.

Walk-In Medical Clinics

For services provided by the Company's walk-in medical clinics, revenue recognition occurs for completed services provided to patients, with adjustments taken for third party payor contractual obligations and patient direct bill historical collection rates.

Primary Care Capitated Revenue

Capitated revenue related to the Company's primary care operations consists primarily of capitated fees for medical services it provides under capitated or capitation arrangements directly made with various Medicare Advantage managed care payors or CMS. Under the risk contracts, the Company receives from the third-party payor a fixed payment per patient per month for a defined patient population, and the Company is then responsible for providing, managing and paying for healthcare services for that patient population, including those not provided by the Company. The Company recognizes revenue using the gross method as the Company is the principal in arranging, providing and controlling the managed healthcare services provided to the defined patient population. The Company considers all contracts with customers (enrolled patients) as a single performance obligation to stand ready to provide healthcare services. This performance obligation is satisfied over time as the Company stands ready to fulfill its obligation to enrolled patients.

In-Home Health Evaluations ("IHEs")

Revenue generated from IHEs relates to the assessments performed either within the patient's home, virtually or at a healthcare provider facility as well as certain in-home clinical evaluations performed by the Company's mobile network of providers. Revenue is recognized when the IHEs are submitted to customers on a daily basis. Submission to the customer occurs after the IHEs are completed and coded, a process which may take one to several days after completion of the evaluation. The pricing for the IHEs is generally based on a fixed transaction fee, which is directly linked to the usage of the service by the customer during a distinct service period. Customers are invoiced for evaluations performed each month and remit payment accordingly. Each IHE represents a single performance obligation for which revenue is recognized at a point in time when control is transferred to the customer upon submission of the completed and coded evaluation.

Pharmacy & Consumer Wellness Segment

Retail Pharmacy

The Company's retail drugstores recognize revenue at the time the customer takes possession of the merchandise. For pharmacy sales, each prescription claim is its own arrangement with the customer and is a performance obligation, separate and distinct from other prescription claims under other retail network arrangements. Revenues are adjusted for refunds owed to third party payers resulting from pricing guarantees and performance against defined value-based service and performance metrics. The inputs to these estimates are not subject to a high degree of subjectivity or volatility. The effect of adjustments between estimated and actual pricing and performance refund amounts has not been material to the Company's operating results or financial condition.

Revenue from Company gift cards purchased by customers is deferred as a contract liability until goods or services are transferred. Any amounts not expected to be redeemed by customers (i.e., breakage) are

recognized based on historical redemption patterns.

Customer returns are not material to the Company's operating results or financial condition. Sales taxes are not included in revenues.

Loyalty and Other Programs
The Company's customer loyalty program, ExtraCare®, consists of two components, ExtraSavings™ and ExtraBucks® Rewards. ExtraSavings are coupons that are recorded as a reduction of revenue when redeemed as the Company concluded that they do not represent a promise to the customer to deliver additional goods or services at the time of issuance because they are not tied to a specific transaction or spending level.

ExtraBucks Rewards are accumulated by customers based on their historical spending levels. Thus, the Company has determined that there is an additional performance obligation to those customers at the time of the initial transaction. The Company allocates the transaction price to the initial transaction and the ExtraBucks Rewards transaction based upon the relative standalone selling price, which considers historical redemption patterns for the rewards. Revenue allocated to ExtraBucks Rewards is recognized as those rewards are redeemed. At the end of each period, unredeemed ExtraBucks Rewards are reflected as a contract liability.

The Company also offers a subscription-based membership program, ExtraCare Plus™, under which members are entitled to a suite of benefits delivered over the course of the subscription period, as well as a promotional reward that can be redeemed for
future goods and services. Subscriptions are paid for on a monthly or annual basis at the time of or in advance of the Company delivering the goods and services. Revenue from these arrangements is recognized as the performance obligations are satisfied.

Long-term Care
Revenue is recognized when control of the promised goods or services is transferred to customers in an amount that reflects the consideration the Company expects to be entitled to receive in exchange for those goods or services. Each prescription claim represents a separate performance obligation of the Company, separate and distinct from other prescription claims under customer arrangements. A significant portion of long-term care revenue from sales of pharmaceutical and medical products is reimbursed by the federal Medicare Part D program and, to a lesser extent, state Medicaid programs. The Company monitors its revenues and receivables from these reimbursement sources, as well as long-term care facilities and other third-party insurance payors, and reduces revenue at the revenue recognition date to properly account for the variable consideration due to anticipated differences between billed and reimbursed amounts. Accordingly, the total revenues and receivables reported in the Company's consolidated financial statements are recorded at the amount expected to be ultimately received from these payors.

Patient co-payments associated with Medicare Part D, certain state Medicaid programs, Medicare Part B and certain third-party payors typically are not collected at the time products are delivered or services are rendered, but are billed to the individuals as part of normal billing procedures and subject to normal accounts receivable collections procedures.
Contract Balances
Contract liabilities primarily represent the Company's obligation to transfer additional goods or services to a customer for which the Company has received consideration, and include ExtraBucks Rewards and unredeemed Company gift cards. The consideration received remains a contract liability until goods or services have been provided to the customer. In addition, the Company recognizes breakage on Company gift cards based on historical redemption patterns.

Cost of Products Sold

Cost of Products Sold

The Company accounts for cost of products sold as follows:

Health Services Segment
Cost of products sold includes: (i) the cost of prescription drugs sold during the reporting period directly through the Company's specialty and mail order pharmacies and indirectly through the Company's retail pharmacy network, (ii) the cost of care provided within the Company's primary care centers, (iii) direct operating costs associated with generating revenues related to services provided, including fees paid to clinicians for performing IHEs, (iv) administrative service fees paid to the Pharmacy & Consumer Wellness segment for specialty and mail order pharmacy fulfillment services and (v) shipping and handling costs.

The cost of prescription drugs sold component of cost of products sold includes: (i) the cost of the prescription drugs purchased from manufacturers or distributors and shipped to members in clients' benefit plans from the Company's mail order pharmacies, net of any volume-related or other discounts (see "Vendor Allowances and Purchase Discounts" below) and (ii) the cost of prescription drugs sold (including retail co-payments) through the Company's retail pharmacy network under contracts where the Company is the principal, net of any volume-related or other discounts.
The cost of care provided within the Company's costs of products sold includes the costs incurred to operate the primary care centers and care model. These costs consist of care team and patient support employee-related costs, occupancy costs, patient transportation, medical supplies, insurance, fees paid to specialists and other operating costs.

Pharmacy & Consumer Wellness Segment
Cost of products sold includes: the cost of merchandise sold during the reporting period, including the costs of prescription drugs sold through its retail pharmacies, net of any volume-related or other discounts, the related purchasing costs, warehousing and delivery costs (including depreciation and amortization), the operating costs of the Company's specialty and mail order pharmacy fulfillment operations and inventory losses.

Vendor Allowances and Purchase Discounts

Vendor Allowances and Purchase Discounts

The Company accounts for vendor allowances and purchase discounts as follows:

Health Services Segment
The Health Services segment receives purchase discounts on pharmaceutical products purchased. Contractual arrangements with vendors, including manufacturers, wholesalers and retail pharmacies, normally provide for the Health Services segment to receive purchase discounts from established list prices in one, or a combination, of the following forms: (i) a direct discount at the time of purchase, (ii) a discount for the prompt payment of invoices or (iii) when products are purchased indirectly from a manufacturer (e.g., through a wholesaler or retail pharmacy), a discount (or rebate) paid subsequent to dispensing. These rebates are recognized when prescriptions are dispensed and are generally calculated and billed to manufacturers within 30 days of the end of each completed quarter. Historically, the effect of adjustments resulting from the reconciliation of rebates recognized to the amounts billed and collected has not been material to the Company's operating results or financial condition. The Company accounts for the effect of any such differences as a change in accounting estimate in the period the reconciliation is completed. The Health Services segment also receives additional discounts under its wholesaler contracts if it exceeds contractually defined purchase volumes. In addition, the Health Services segment receives fees from pharmaceutical manufacturers for administrative services. Purchase discounts and administrative service fees are recorded as a reduction of cost of products sold.

Pharmacy & Consumer Wellness Segment
Vendor allowances received by the Pharmacy & Consumer Wellness segment reduce the carrying cost of inventory and are recognized in cost of products sold when the related inventory is sold, unless they are specifically identified as a reimbursement of incremental costs for promotional programs and/or other services provided. Amounts that are directly linked to advertising commitments are recognized as a reduction of advertising expense (included in operating expenses) when the related advertising commitment is satisfied. Any amounts received in excess of the actual cost incurred also reduce the carrying cost of inventory. The total value of any upfront payments received from vendors that are linked to purchase commitments is initially deferred. The deferred amounts are then amortized to reduce cost of products sold over the life of the contract based upon sales volume. The total value of any upfront payments received from vendors that are not linked to purchase commitments is also initially deferred. The deferred amounts are then amortized to reduce cost of products sold on a straight-line basis over the life of the related contract. The total amortization of these upfront payments was not material to the Company's consolidated financial statements in any of the periods presented.

Advertising Costs

Advertising Costs

Advertising costs, which are reduced by the portion funded by vendors, are expensed when the related advertising takes place. Net advertising costs, which are included in operating expenses, were $989 million, $985 million and $745 million in 2024, 2023 and 2022, respectively.

Stock-Based Compensation

Stock-Based Compensation

Stock-based compensation is measured at the grant date based on the fair value of the award and is recognized as expense over the requisite service period of the stock award (generally three to five years) using the straight-line method.

Income Taxes

Income Taxes

The Company accounts for income taxes under the asset and liability method, which requires the recognition of deferred tax assets and liabilities for the expected future tax consequences of events that have been included in the consolidated financial statements. Under this method, deferred tax assets and liabilities are determined on the basis of the differences between the
consolidated financial statements and tax basis of assets and liabilities using enacted tax rates in effect for the year or years in which the differences are expected to reverse. The effect of a change in the tax rates on deferred tax assets and liabilities is recognized in income in the period that includes the enactment date of such change.

The Company recognizes deferred tax assets to the extent that it believes these assets are more likely than not to be realized. In making such a determination, the Company considers all available positive and negative evidence, including future reversals of existing taxable temporary differences, projected future taxable income, tax planning strategies, and the Company's recent operating results. The Company establishes a valuation allowance when it does not consider it more likely than not that a deferred tax asset will be recovered.

The Company records uncertain tax positions on the basis of a two-step process whereby (1) the Company determines whether it is more likely than not that the tax positions will be sustained on the basis of the technical merits of the position and (2) for those tax positions that meet the more-likely-than-not recognition threshold, the Company recognizes the largest amount of tax benefit that is more than 50% likely to be realized upon ultimate settlement with the related tax authority.

Interest and/or penalties related to uncertain tax positions are recognized in the income tax provision.

Measurement of Defined Benefit Pension and Other Postretirement Employee Benefit Plans

Measurement of Defined Benefit Pension and Other Postretirement Employee Benefit Plans

The Company sponsors defined benefit pension plans ("pension plans") and other postretirement employee benefit plans ("OPEB plans") for its employees and retirees. The Company recognizes the funded status of its pension and OPEB plans on the consolidated balance sheets based on the year-end measurements of plan assets and benefit obligations. When the fair value of plan assets are in excess of the plan benefit obligations, the amounts are reported in other current assets and other assets. When the fair value of plan benefit obligations are in excess of plan assets, the amounts are reported in accrued expenses and other current liabilities and other long-term liabilities based on the amount by which the actuarial present value of benefits payable in the next twelve months included in the benefit obligation exceeds the fair value of plan assets. The net periodic benefit income for the Company's pension and OPEB plans do not contain a service cost component as these plans have been frozen for an extended period of time. Non-service cost components of pension and postretirement net periodic benefit income are included in other income in the consolidated statements of operations.

Earnings per Share

Earnings per Share

Earnings per share is computed using the treasury stock method. The Company calculates basic earnings per share based on the weighted average number of common shares outstanding for the period. See Note 16 ''Earnings Per Share'' for additional information.

Shares Held in Trust

Shares Held in Trust

The Company maintains grantor trusts, which held approximately one million shares of its common stock at both December 31, 2024 and 2023. These shares are designated for use under various employee compensation plans. Since the Company holds these shares, they are excluded from the computation of basic and diluted shares outstanding.

VIEs

VIEs

The Company has various investments that are considered VIEs. The Company does not have a future obligation to fund losses or debts on behalf of these investments; however, it may voluntarily contribute funds. In evaluating whether the Company is the primary beneficiary of a VIE, the Company considers several factors, including whether the Company has (a) the power to direct the activities that most significantly impact the VIE's economic performance and (b) the obligation to absorb losses and the right to receive benefits that could potentially be significant to the VIE.

VIEs - Primary Beneficiary

Red Oak Sourcing, LLC ("Red Oak")
In 2014, the Company and Cardinal Health, Inc. ("Cardinal") established Red Oak, a generic pharmaceutical sourcing entity in which the Company and Cardinal each own 50%. The Red Oak arrangement had an initial term of ten years. In 2021, the Red Oak arrangement was amended to extend the initial term an additional five years, for a total term of 15 years. Under this arrangement, the Company and Cardinal contributed their sourcing and supply chain expertise to Red Oak and agreed to source and negotiate generic pharmaceutical supply contracts for both companies through Red Oak; however, Red Oak does not own
or hold inventory on behalf of either company. No physical assets (e.g., property and equipment) were contributed to Red Oak by either company, and minimal funding was provided to capitalize Red Oak. The Company has determined that it is the primary beneficiary of this VIE because it has the ability to direct the activities of Red Oak. Consequently, the Company consolidates Red Oak in its consolidated financial statements within the Pharmacy & Consumer Wellness segment.

Cardinal is required to pay the Company quarterly payments, which began in October 2014 and will extend through June 2029. The Company received $126 million from Cardinal during the year ended

December 31, 2024 and $183 million from Cardinal during each of the years ended December 31, 2023 and 2022. The payments reduce the Company's carrying value of inventory and are recognized in cost of products sold when the related inventory is sold.

Physician Groups
The Company has entered into management and/or administrative services agreements with affiliated physician practice organizations (the "Physician Groups"). Physician Groups employ healthcare providers, contract with managed care payors and deliver healthcare services to patients in the markets that the Company serves. Oak Street Health, MSO LLC ("OSH MSO"), a wholly owned subsidiary of the Company, provides management services to the Physician Groups. Activities include but are not limited to operational support of the centers, marketing, information technology infrastructure and the sourcing and managing of health plan contracts. The Company concluded that it has variable interests in the Physician Groups on the basis of its administrative service agreement, which includes the reimbursement of costs and a management fee payable to the Company from the Physician Groups for the management services provided, which are eliminated in consolidation. The Physician Groups are considered VIEs as additional support is needed to finance their operations. Neither shareholders, employees nor their designees have the individual power to direct the activities of the Physician Groups that significantly impact its economic performance. The success or failure of OSH MSO in performing the activities impacting the growth of patients and management of healthcare services of the Physicians Groups' patient base is significant to the economic performance of the Physician Groups. Therefore, the Company is the primary beneficiary of the Physician Groups and, consequently, consolidates the Physician Groups in its consolidated financial statements within the Health Services segment.
There are no restrictions on the Physician Groups' assets or on the settlement of its liabilities. The assets of the Physician Groups are all current and can be used to settle obligations of the Company. The Physician Groups are included in the Company's obligated group; thus, creditors of the Company have recourse to the assets owned by the Physician Groups. There are no liabilities for which creditors of the Physician Groups do not have recourse to the general credit of the Company. There are no restrictions placed on the retained earnings or net income of the Physician Groups with respect to potential dividend payments.

Physician Owned Entities
The Company's consolidated VIEs include certain IHE related physician practices that require an individual physician to legally own the equity interests as certain state laws and regulations prohibit non-physician owned business entities from practicing medicine or employing licensed healthcare providers. The Company determined it was the primary beneficiary of these VIEs as it has the obligation to absorb the losses from and direct the activities of these operations. As a result, these VIEs are consolidated and any noncontrolling interest is not presented. The carrying amount of these VIEs' assets and liabilities are not material to the consolidated balance sheets.

Accountable Care Organizations ("ACOs")
The Company is the sole member of certain ACOs which are considered VIEs. CMS administers these programs where the goal of the program is to reward the ACO participants when specific quality metrics, established by the U.S. Department of Health and Human Services ("HHS"), are met and expenditures are lowered. These ACOs have a risk model such that the ACOs can either share in both savings and losses or share in only the savings. The governance structure of the VIEs does not provide the Company with the ultimate decision-making authority to direct the activities that most significantly impact the VIEs' economic performance. For certain ACO VIEs, the Company is ultimately liable for losses incurred or is required to secure and have sole authority over all aspects of the repayment of any shared losses incurred in the program in exchange for a higher percentage of savings and, accordingly, the Company is taking on the risk to absorb losses, resulting in a financial responsibility to ensure that these VIEs operate as designed. For these VIEs, the Company has determined it is the primary beneficiary and therefore consolidates the results of these ACOs. The carrying amount of these VIEs' assets and liabilities are not material to the consolidated balance sheets.

VIEs - Other Variable Interest Holder
The Company has invested in certain VIEs for which it has determined that it is not the primary beneficiary, consisting of the following:

- *Hedge fund and private equity investments* - The Company invests in hedge fund and private equity investments in order to generate investment returns for its investment portfolio supporting its insurance businesses.
- *Real estate partnerships* - The Company invests in various real estate partnerships, including those that construct, own and manage low-income housing developments. For the low-income housing development investments, substantially all of the projected benefits to the Company are from tax credits and other tax benefits.

The Company is not the primary beneficiary of these VIEs because the nature of the Company's involvement with the activities of these VIEs does not give the Company the power to direct the activities that most significantly impact their economic performance. The Company records the amount of its investment in these VIEs as long-term investments on the consolidated balance sheets and recognizes its share of each VIE's income or losses in net income. The Company's maximum exposure to loss from these VIEs is limited to its investment balances as disclosed below and the risk of recapture of previously recognized tax credits related to the real estate partnerships, which the Company does not consider significant.

Related Party Transactions

Related Party Transactions

During the year ended December 31, 2022, the Company made charitable contributions of $25 million to the CVS Health Foundation, a non-profit entity that focuses on health, education and community involvement programs. The charitable contributions were recorded as operating expenses in the consolidated statements of operations within the Corporate/Other segment for the year ended December 31, 2022. The Company did not make any charitable contributions to the CVS Health Foundation during the years ended December 31, 2024 or 2023.

Discontinued Operations

Discontinued Operations

In connection with certain business dispositions completed between 1995 and 1997, the Company retained guarantees on store lease obligations for a number of former subsidiaries, including Linens 'n Things and Bob's Stores, each of which subsequently filed for bankruptcy. The Company's loss from discontinued operations includes lease-related costs that the Company believes it will likely be required to satisfy pursuant to these lease guarantees.

New Accounting Pronouncements Recently Adopted and New Accounting Pronouncements Not Yet Adopted

New Accounting Pronouncements Recently Adopted

Segment Reporting
In November 2023, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2023-07, *Segment Reporting (Topic 280): Improvements to Reportable Segment Disclosures*. This standard requires the Company to disclose significant segment expenses that are regularly provided to the Chief Operating Decision Maker ("CODM") and are included within each reported measure of segment operating results. The standard also requires the Company to disclose the total amount of any other items included in segment operating results which were not deemed to be significant expenses for separate disclosure, along with a qualitative description of the composition of these other items. In addition, the standard also requires disclosure of the CODM's title and position, as well as detail on how the CODM uses the reported measure of segment operating results to evaluate segment performance and allocate resources. The standard also aligns interim segment reporting disclosure requirements with annual segment reporting disclosure requirements. The Company adopted the standard on January 1, 2024 for fiscal year reporting and the standard became effective for interim reporting periods in fiscal years beginning after December 15, 2024. The standard requires retrospective application to all prior periods presented. While the standard requires additional disclosures related to the Company's reportable segments, the standard did not have any impact on the Company's consolidated operating results, financial condition or cash flows as of the date of adoption. Refer to Note 19 ''Segment Reporting'' for the Company's segment reporting disclosures, including those newly required by this standard.

New Accounting Pronouncements Not Yet Adopted

Income Taxes
In December 2023, the FASB issued ASU 2023-09, *Income Taxes (Topic 740): Improvements to Income Tax Disclosures*. The standard requires the Company to provide further disaggregated income tax disclosures for specific categories on the effective tax rate reconciliation, as well as additional information about federal, state/local and foreign income taxes. The standard also requires the Company to annually disclose its income taxes paid (net of refunds received), disaggregated by jurisdiction. The Company adopted the standard on January 1, 2025 for fiscal year reporting. The standard is to be applied on a prospective basis, although optional retrospective application is permitted. While the standard requires additional disclosures related to the Company's income taxes, the standard did not have any impact on the Company's consolidated operating results, financial condition or cash flows.

Disaggregation of Income Statement Expenses
In November 2024, the FASB issued ASU 2024-03, Income Statement—Reporting Comprehensive Income—Expense Disaggregation Disclosures (Subtopic 220-40): Disaggregation of Income Statement Expenses. The standard requires the Company to provide further disaggregated information of relevant expense captions within its consolidated statements of operations, including the purchases of inventory, employee compensation, depreciation and intangible asset amortization, as well as the inclusion of other specific expenses, gains and losses required by existing GAAP. The new standard also requires the Company to disclose its total selling expenses and, on an annual basis, provide a qualitative description of its selling expenses. The standard is effective for fiscal years beginning after December 15, 2026 and interim periods within fiscal years beginning after December 15, 2027, with early adoption permitted. The standard may be applied prospectively or retrospectively. While the standard will require additional disclosures related to certain expenses included in the consolidated statements of operations, the standard is not expected to have any impact on the Company's consolidated operating results, financial condition or cash flows.

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Significant Accounting Policies (Tables)

12 Months Ended

Dec. 31, 2024

Accounting Policies [Abstract]

Schedule of Reconciliation of Cash and Cash Equivalents

The following is a reconciliation of cash and cash equivalents on the consolidated balance sheets to total cash, cash equivalents and restricted cash on the consolidated statements of cash flows as of December 31, 2024, 2023 and 2022:

In millions	2024	2023	2022
Cash and cash equivalents	$ 8,586	$ 8,196	$ 12,945
Restricted cash (included in other current assets)	95	90	144
Restricted cash (included in other assets)	203	239	216
Total cash, cash equivalents and restricted cash in the consolidated statements of cash flows	$ 8,884	$ 8,525	$ 13,305

Schedule of Accounts Receivable, Net

Accounts receivable, net was composed of the following at December 31, 2024 and 2023:

In millions	2024	2023
Trade receivables	$ 9,881	$ 11,908
Vendor and manufacturer receivables	13,891	15,711
Premium receivables	4,731	3,714
Other receivables	7,966	3,894
Total accounts receivable, net	$ 36,469	$ 35,227

Rollforward of Deferred Acquisition Costs

The following is a roll forward of deferred acquisition costs for the years ended December 31, 2024 and 2023:

In millions	2024	2023
Deferred acquisition costs, beginning of the period	$ 1,502	$ 1,219
Capitalizations	544	548
Amortization expense	(299)	(265)
Deferred acquisition costs, end of the period	$ 1,747	$ 1,502

Schedule of Property and Equipment

Property and equipment consisted of the following at December 31, 2024 and 2023:

In millions	2024	2023
Land	$ 1,847	$ 1,958
Building and improvements	4,632	4,571
Fixtures and equipment	11,716	11,024
Leasehold improvements	6,725	6,511
Software	11,520	9,818
Total property and equipment	36,440	33,882
Accumulated depreciation and amortization	(23,447)	(20,699)
Property and equipment, net	$ 12,993	$ 13,183

Schedule of Disaggregation of Revenue

The following table disaggregates the Company's revenue by major source in each segment for the years ended December 31, 2024, 2023 and 2022:

In millions	Health Care Benefits	Health Services	Pharmacy & Consumer Wellness	Corporate/ Other	Intersegment Eliminations	Consolidated Totals
2024						
Major goods/services lines:						
Pharmacy	$ —	$ 162,527	$ 100,687	$ —	$ (52,942)	$ 210,272
Front Store	—	—	21,522	—	—	21,522
Premiums	122,849	—	—	47	—	122,896
Net investment income	1,473	285	—	395	—	2,153
Other	6,343	10,793	2,291	9	(3,470)	15,966
Total	$ 130,665	$ 173,605	$ 124,500	$ 451	$ (56,412)	$ 372,809
Health Services distribution channel:						
Pharmacy network [1]		$ 91,650				
Mail & specialty [2]		70,877				
Net investment income		285				
Other		10,793				
Total		$ 173,605				
2023						
Major goods/services lines:						
Pharmacy	$ —	$ 180,710	$ 92,111	$ —	$ (49,369)	$ 223,452
Front Store	—	—	22,458	—	—	22,458
Premiums	99,144	—	—	48	—	99,192
Net investment income (loss)	765	(1)	(5)	394	—	1,153
Other	5,737	6,134	2,199	9	(2,558)	11,521
Total	$ 105,646	$ 186,843	$ 116,763	$ 451	$ (51,927)	$ 357,776
Health Services distribution channel:						
Pharmacy network [1]		$ 112,718				
Mail & specialty [2]		67,992				
Net investment income (loss)		(1)				
Other		6,134				
Total		$ 186,843				

In millions	Health Care Benefits	Health Services	Pharmacy & Consumer Wellness	Corporate/ Other	Intersegment Eliminations	Consolidated Totals
2022						
Major goods/services lines:						
Pharmacy	$ —	$ 166,793	$ 83,480	$ —	$ (45,154)	$ 205,119
Front Store	—	—	22,780	—	—	22,780
Premiums	85,274	—	—	56	—	85,330
Net investment income (loss)	476	—	(44)	406	—	838
Other	5,600	2,783	2,380	68	(2,431)	8,400
Total	$ 91,350	$ 169,576	$ 108,596	$ 530	$ (47,585)	$ 322,467
Health Services distribution channel:						
Pharmacy network [1]		$ 102,968				
Mail & specialty [2]		63,825				
Other		2,783				
Total		$ 169,576				

(1) Health Services pharmacy network is defined as claims filled at retail and specialty retail pharmacies, including the Company's retail pharmacies and LTC pharmacies, as well as activity associated with Maintenance Choice®, which permits eligible client plan members to fill their maintenance prescriptions through mail order delivery or at a CVS pharmacy retail store for the same price as mail order.

(2) Health Services mail & specialty is defined as specialty mail claims inclusive of Specialty Connect® claims picked up at a retail pharmacy, as well as mail order and specialty claims fulfilled by the Pharmacy & Consumer Wellness segment.

Schedule of Receivables and Contract Liabilities from Contracts with Customers

The following table provides information about receivables and contract liabilities from contracts with customers as of December 31, 2024 and 2023:

In millions	2024	2023
Trade receivables (included in accounts receivable, net)	$ 9,881	$ 11,908
Contract liabilities (included in accrued expenses and other current liabilities)	144	149

Schedule of Variable Interest Entities

Physician Groups VIE assets and liabilities included on the consolidated balance sheet at December 31, 2024 and 2023 were as follows:

In millions	2024	2023
Total assets	$ 2,144	$ 1,515
Total liabilities	2,104	1,503

Other variable interest holder VIE assets included in long-term investments on the consolidated balance sheets at December 31, 2024 and 2023 were as follows:

In millions	2024	2023
Hedge fund investments	$ 1,246	$ 859
Private equity investments	934	840
Real estate partnerships	438	319
Total	$ 2,618	$ 2,018

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Acquisitions, Divestitures and Asset Sales (Tables)

Business Combination, Asset Acquisition, and Joint Venture Formation [Abstract]

12 Months Ended

Dec. 31, 2024

Schedule of Fair Value of Consideration Transferred

The fair value of the consideration transferred on the date of acquisition consisted of the following:

In millions	
Cash	$ 9,579
Fair value of replacement equity awards for pre-combination services (3.9 million shares) [1]	118
Effective settlement of pre-existing relationship [2]	(29)
Total consideration transferred	$ 9,668

(1) The fair value of the replacement equity awards issued by the Company was determined as of the Oak Street Health Acquisition Date. The fair value of the awards attributed to pre-combination services of $118 million is included in the consideration transferred and the fair value of the awards attributed to post-combination services of $165 million has been, or will be, included in the Company's post-combination financial statements as compensation costs.

(2) The purchase price included $29 million of effectively settled liabilities the Company owed to Oak Street Health from their pre-existing relationship.

The fair value of the consideration transferred on the date of acquisition consisted of the following:

In millions	
Cash	$ 7,450
Fair value of replacement equity awards for pre-combination services (3.2 million shares) [1]	14
Effective settlement of pre-existing relationship [2]	(111)
Total consideration transferred	$ 7,353

(1) The fair value of the replacement equity awards issued by the Company was determined as of the Signify Health Acquisition Date. The fair value of the awards attributed to pre-combination services of $14 million is included in the consideration transferred and the fair value of the awards attributed to post-combination services of $167 million has been, or will be, included in the Company's post-combination financial statements as compensation costs.

(2) The purchase price included $111 million of effectively settled liabilities the Company owed to Signify Health from their pre-existing relationship.

Summary of Fair Values of Assets Acquired and Liabilities Assumed

The following table summarizes the fair values of the assets acquired and liabilities assumed at the date of acquisition:

In millions	
Cash and cash equivalents	$ 201
Investments	168
Accounts receivable	1,143
Other current assets	46
Property and equipment	180
Operating lease right-of-use assets	316
Goodwill	7,213
Intangible assets	4,233
Other long-term assets	7
Total assets acquired	13,507
Health care costs payable	1,098
Other current liabilities	444
Operating lease liabilities (current and long-term)	378
Debt (current and long-term)	1,028
Deferred income taxes	796
Other long-term liabilities	29
Total liabilities assumed	3,773
Noncontrolling interests	66
Total consideration transferred	$ 9,668

The transaction has been accounted for using the acquisition method of accounting which requires, among other things, the assets acquired and liabilities assumed to be recognized at their fair values at the date of acquisition. The following table summarizes the fair values of the assets acquired and liabilities assumed at the date of acquisition:

In millions	
Cash and cash equivalents	$ 376
Accounts receivable	190
Other current assets (including restricted cash of $28)	147
Property and equipment	25
Goodwill	5,909
Intangible assets	1,920
Other long-term assets	23
Total assets acquired	8,590
Other current liabilities	606
Debt (current and long-term)	346
Deferred income taxes	259
Other long-term liabilities	26
Total liabilities assumed	1,237
Total consideration transferred	$ 7,353

Summary of the Valuation of Goodwill Allocated to Business Segments

Goodwill was allocated to the Company's business segments as follows:

In millions	
Health Services	$ 6,936
Pharmacy & Consumer Wellness	156
Health Care Benefits	121
Total goodwill	$ 7,213

Goodwill was allocated to the Company's business segments as follows:

In millions	
Health Services	$ 3,406
Health Care Benefits	2,473
Pharmacy & Consumer Wellness	30
Total goodwill	$ 5,909

Summary of Fair Values and Weighted Average Useful Lives for Intangible Assets Acquired

The following table summarizes the fair values and weighted average useful lives for intangible assets acquired in the Oak Street Health Acquisition:

In millions, except weighted average useful life	Gross Fair Value	Weighted Average Useful Life (years)
Customer relationships [1]	$ 3,620	19.9
Technology	143	3.0
Trademark (definite-lived)	470	8.0
Total intangible assets	$ 4,233	18.0

(1) The substantial majority of the customer relationships intangible asset relates to relationships with health plan payors.

The following table summarizes the fair values and weighted average useful lives for intangible assets acquired in the Signify Health Acquisition:

In millions, except weighted average useful life	Gross Fair Value	Weighted Average Useful Life (years)
Customer relationships	$ 1,810	16.7
Technology	50	3.0
Trademark (definite-lived)	60	5.0
Total intangible assets	$ 1,920	16.0

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Investments (Tables)

12 Months Ended
Dec. 31, 2024

Investments [Abstract]

Schedule of Total Investments

Total investments at December 31, 2024 and 2023 were as follows:

	2024			2023		
In millions	Current	Long-term	Total	Current	Long-term	Total
Debt securities available for sale	$ 2,256	$ 23,777	$ 26,033	$ 3,131	$ 18,582	$ 21,713
Mortgage loans	151	1,354	1,505	128	1,183	1,311
Other investments	—	3,803	3,803	—	3,254	3,254
Total investments	$ 2,407	$ 28,934	$ 31,341	$ 3,259	$ 23,019	$ 26,278

Schedule of Debt Securities Available For Sale

Debt securities available for sale at December 31, 2024 and 2023 were as follows:

In millions	Amortized Cost [1]	Gross Unrealized Gains	Gross Unrealized Losses	Fair Value
December 31, 2024				
Debt securities:				
U.S. government securities	$ 2,826	$ 7	$ (38)	$ 2,795
States, municipalities and political subdivisions	712	4	(18)	698
U.S. corporate securities	13,043	94	(412)	12,725
Foreign securities	2,608	27	(111)	2,524
Residential mortgage-backed securities	792	2	(54)	740
Commercial mortgage-backed securities	1,731	9	(67)	1,673
Other asset-backed securities	4,834	35	(7)	4,862
Redeemable preferred securities	16	—	—	16
Total debt securities [2]	$ 26,562	$ 178	$ (707)	$ 26,033
December 31, 2023				
Debt securities:				
U.S. government securities	$ 2,071	$ 19	$ (54)	$ 2,036
States, municipalities and political subdivisions	2,219	31	(35)	2,215
U.S. corporate securities	10,156	133	(446)	9,843
Foreign securities	2,593	41	(122)	2,512
Residential mortgage-backed securities	862	8	(60)	810
Commercial mortgage-backed securities	1,066	9	(100)	975
Other asset-backed securities	3,294	26	(18)	3,302
Redeemable preferred securities	21	—	(1)	20
Total debt securities [2]	$ 22,282	$ 267	$ (836)	$ 21,713

(1) There was no allowance for expected credit losses recorded on available-for-sale debt securities at December 31, 2024 or December 31, 2023.
(2) Investment risks associated with the Company's experience-rated products generally do not impact the Company's consolidated operating results. At December 31, 2024, debt securities with a fair value of $543 million, gross unrealized capital gains of $5 million and gross unrealized capital losses of $30 million, and at December 31, 2023, debt securities with a fair value of $592 million, gross unrealized capital gains of $10 million and gross unrealized capital losses of $28 million were included in total debt securities, but support experience-rated products. Changes in net unrealized capital gains (losses) on these securities are not reflected in accumulated other comprehensive loss.

Schedule of Amortized Cost and Fair Value of Debt Securities by Contractual Maturity

The amortized cost and fair value of debt securities at December 31, 2024 are shown below by contractual maturity. Actual maturities may differ from contractual maturities because securities may be restructured, called or prepaid, or the Company intends to sell a security prior to maturity.

In millions	Amortized Cost	Fair Value
Due to mature:		
Less than one year	$ 763	$ 761
One year through five years	10,599	10,510
After five years through ten years	4,683	4,578
Greater than ten years	3,160	2,909
Residential mortgage-backed securities	792	740
Commercial mortgage-backed securities	1,731	1,673
Other asset-backed securities	4,834	4,862
Total	$ 26,562	$ 26,033

Schedule of Debt Securities In An Unrealized Capital Loss Position

Summarized below are the debt securities the Company held at December 31, 2024 and 2023 that were in an unrealized capital loss position, aggregated by the length of time the investments have been in that position:

In millions, except number of securities	Less than 12 months			Greater than 12 months			Total		
	Number of Securities	Fair Value	Unrealized Losses	Number of Securities	Fair Value	Unrealized Losses	Number of Securities	Fair Value	Unrealized Losses
December 31, 2024									
Debt securities:									
U.S. government securities	266	$ 1,053	$ 18	155	$ 394	$ 20	421	$ 1,447	$ 38
States, municipalities and political subdivisions	100	181	3	137	201	15	237	382	18
U.S. corporate securities	3,119	4,144	64	2,602	3,395	348	5,721	7,539	412
Foreign securities	599	810	21	616	874	90	1,215	1,684	111
Residential mortgage-backed securities	89	267	5	361	342	49	450	609	54
Commercial mortgage-backed securities	186	628	11	237	464	56	423	1,092	67
Other asset-backed securities	139	414	5	62	58	2	201	472	7
Redeemable preferred securities	4	9	—	4	6	—	8	15	—
Total debt securities	4,502	$ 7,506	$ 127	4,174	$ 5,734	$ 580	8,676	$ 13,240	$ 707
December 31, 2023									
Debt securities:									
U.S. government securities	74	$ 194	$ 2	280	$ 891	$ 52	354	$ 1,085	$ 54
States, municipalities and political subdivisions	95	181	1	455	733	34	550	914	35
U.S. corporate securities	576	672	14	4,120	5,602	432	4,696	6,274	446
Foreign securities	160	243	4	964	1,407	118	1,124	1,650	122
Residential mortgage-backed securities	33	97	1	461	517	59	494	614	60
Commercial mortgage-backed securities	44	94	2	287	581	98	331	675	100
Other asset-backed securities	196	449	4	443	867	14	639	1,316	18
Redeemable preferred securities	4	2	—	8	18	1	12	20	1
Total debt securities	1,182	$ 1,932	$ 28	7,018	$ 10,616	$ 808	8,200	$ 12,548	$ 836

The maturity dates for debt securities in an unrealized capital loss position at December 31, 2024 were as follows:

In millions	Supporting experience-rated products		Supporting remaining products		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Due to mature:						
Less than one year	$ —	$ —	$ 420	$ 4	$ 420	$ 4
One year through five years	120	3	5,462	149	5,582	152
After five years through ten years	86	6	2,681	138	2,767	144
Greater than ten years	166	20	2,132	259	2,298	279
Residential mortgage-backed securities	6	—	603	54	609	54
Commercial mortgage-backed securities	6	1	1,086	66	1,092	67
Other asset-backed securities	12	—	460	7	472	7
Total	$ 396	$ 30	$ 12,844	$ 677	$ 13,240	$ 707

Schedule of Activity in Mortgage Loan Portfolio

The Company's mortgage loans are collateralized by commercial real estate. During the years ended December 31, 2024 and 2023, the Company had the following activity in its mortgage loan portfolio:

In millions	2024	2023
New mortgage loans	$ 323	$ 342
Mortgage loans fully repaid	104	43
Mortgage loans foreclosed	—	—

At December 31, 2024 scheduled mortgage loan principal repayments were as follows:

In millions	
2025	$ 151
2026	164
2027	249
2028	313
2029	297
Thereafter	331
Total	$ 1,505

Schedule of Mortgage Loan Amortized Cost and Credit Quality Indicator

Based upon the Company's assessments at December 31, 2024 and 2023, the amortized cost basis of the Company's mortgage loans within each credit quality indicator by year of origination was as follows:

In millions, except credit quality indicator	Amortized Cost Basis by Year of Origination						
	2024	2023	2022	2021	2020	Prior	Total
December 31, 2024							
1	$ —	$ —	$ —	$ —	$ —	$ 8	$ 8
2 to 4	315	292	320	205	35	285	1,452
5 and 6	—	—	4	13	—	28	45
7	—	—	—	—	—	—	—
Total	$ 315	$ 292	$ 324	$ 218	$ 35	$ 321	$ 1,505
December 31, 2023							
1		$ —	$ —	$ —	$ —	$ 11	$ 11
2 to 4		302	346	225	35	354	1,262
5 and 6		—	—	13	—	19	32
7		—	—	6	—	—	6
Total		$ 302	$ 346	$ 244	$ 35	$ 384	$ 1,311

Schedule of Net Investment Income

Sources of net investment income for the years ended December 31, 2024, 2023 and 2022 were as follows:

In millions	2024	2023	2022
Debt securities	$ 1,136	$ 841	$ 702
Mortgage loans	76	59	51
Other investments	887	796	448
Gross investment income	2,099	1,696	1,201
Investment expenses	(63)	(46)	(43)
Net investment income (excluding net realized capital gains or losses)	2,036	1,650	1,158
Net realized capital gains (losses)	117	(497)	(320)
Net investment income	$ 2,153	$ 1,153	$ 838

Schedule of Proceeds and Related Gross Realized Capital Gains and Losses From the Sale of Debt Securities

Excluding amounts related to experience-rated products, proceeds from the sale of available-for-sale debt securities and the related gross realized capital gains and losses in the years ended December 31, 2024, 2023 and 2022 were as follows:

In millions	2024	2023	2022
Proceeds from sales	$ 6,489	$ 5,031	$ 4,243
Gross realized capital gains	37	9	24
Gross realized capital losses	(190)	420	177

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Fair Value (Tables)

Fair Value Disclosures [Abstract]

Schedule of Fair Value, Assets and Liabilities Measured on Recurring Basis

	12 Months Ended Dec. 31, 2024

Financial assets measured at fair value on a recurring basis on the consolidated balance sheets at December 31, 2024 and 2023 were as follows:

In millions	Level 1	Level 2	Level 3	Total
December 31, 2024				
Cash and cash equivalents	$ 4,948	$ 3,638	$ —	$ 8,586
Debt securities:				
U.S. government securities	2,777	18	—	2,795
States, municipalities and political subdivisions	—	698	—	698
U.S. corporate securities	—	12,687	38	12,725
Foreign securities	—	2,524	—	2,524
Residential mortgage-backed securities	—	740	—	740
Commercial mortgage-backed securities	—	1,673	—	1,673
Other asset-backed securities	—	4,862	—	4,862
Redeemable preferred securities	—	16	—	16
Total debt securities	2,777	23,218	38	26,033
Equity securities	234	—	126	360
Total	$ 7,959	$ 26,856	$ 164	$ 34,979
December 31, 2023				
Cash and cash equivalents	$ 2,174	$ 6,022	$ —	$ 8,196
Debt securities:				
U.S. government securities	2,013	23	—	2,036
States, municipalities and political subdivisions	—	2,215	—	2,215
U.S. corporate securities	—	9,814	29	9,843
Foreign securities	—	2,512	—	2,512
Residential mortgage-backed securities	—	810	—	810
Commercial mortgage-backed securities	—	975	—	975
Other asset-backed securities	—	3,302	—	3,302
Redeemable preferred securities	—	20	—	20
Total debt securities	2,013	19,671	29	21,713
Equity securities	194	—	79	273
Total	$ 4,381	$ 25,693	$ 108	$ 30,182

Schedule of Changes in Level 3 Financial Assets

The changes in the balances of Level 3 financial assets during the year ended December 31, 2024 were as follows:

In millions	Commercial mortgage-backed securities	U.S. corporate securities	Other asset-backed securities	Equity securities	Total
Beginning balance	$ —	$ 29	$ —	$ 79	$ 108
Net realized and unrealized capital gains (losses):					
Included in earnings	—	(5)	—	28	23
Included in other comprehensive loss	—	(1)	—	—	(1)
Purchases	52	15	15	19	101
Sales	—	—	—	—	—
Transfers out of Level 3, net	(52)	—	(15)	—	(67)
Ending balance	$ —	$ 38	$ —	$ 126	$ 164

The changes in the balances of Level 3 financial assets during the year ended December 31, 2023 were as follows:

In millions	Commercial mortgage-backed securities	U.S. corporate securities	Foreign securities	Equity securities	Total
Beginning balance	$ —	$ 61	$ 8	$ 60	$ 129
Net realized and unrealized capital gains (losses):					
Included in earnings	—	(8)	—	(2)	(10)
Included in other comprehensive income	—	1	—	—	1
Purchases	13	5	—	23	41
Sales	—	(1)	—	(2)	(3)
Transfers out of Level 3, net	(13)	(29)	(8)	—	(50)
Ending balance	$ —	$ 29	$ —	$ 79	$ 108

The total gross transfers into (out of) Level 3 during the years ended December 31, 2024 and 2023 were as follows:

In millions	2024	2023
Gross transfers into Level 3	$ —	$ —
Gross transfers out of Level 3	(67)	(50)
Net transfers out of Level 3	$ (67)	$ (50)

Schedule of Carrying Value and Fair Value By Level of Fair Value Hierarchy

The carrying value and estimated fair value classified by level of fair value hierarchy for financial instruments carried on the consolidated balance sheets at adjusted cost or contract value at December 31, 2024 and 2023 were as follows:

In millions	Carrying Value	Estimated Fair Value			
		Level 1	Level 2	Level 3	Total
December 31, 2024					
Assets:					
Mortgage loans	$ 1,505	$ —	$ —	$ 1,468	$ 1,468
Equity securities [1]	490	N/A	N/A	N/A	N/A
Liabilities:					
Investment contract liabilities:					
With a fixed maturity	1	—	—	1	1
Without a fixed maturity	312	—	—	272	272
Long-term debt	64,151	58,724	—	—	58,724
December 31, 2023					
Assets:					
Mortgage loans	$ 1,311	$ —	$ —	$ 1,274	$ 1,274
Equity securities [1]	534	N/A	N/A	N/A	N/A
Liabilities:					
Investment contract liabilities:					
With a fixed maturity	1	—	—	1	1
Without a fixed maturity	312	—	—	279	279
Long-term debt	61,410	58,451	—	—	58,451

(1) It was not practical to estimate the fair value of these investments as it represents shares of unlisted companies. See Note 1 ''Significant Accounting Policies'' for additional information regarding the valuation of investments accounted for under the measurement alternative method.

Schedule of Fair Value of Separate Accounts by Major Category of Investment

Separate Accounts financial assets at December 31, 2024 and 2023 were as follows:

In millions	December 31, 2024				December 31, 2023			
	Level 1	Level 2	Level 3	Total	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 1	$ 164	$ —	$ 165	$ 2	$ 166	$ —	$ 168
Debt securities	186	669	1	856	558	1,949	—	2,507
Common/collective trusts	—	2,478	—	2,478	—	529	—	529
Total [1]	$ 187	$ 3,311	$ 1	$ 3,499	$ 560	$ 2,644	$ —	$ 3,204

(1) Excludes $188 million of other payables and $46 million of other receivables at December 31, 2024 and 2023, respectively.

The following table shows the fair value of assets, by major investment category, supporting Separate Accounts as of December 31, 2024 and 2023:

In millions	2024	2023
Cash and cash equivalents	$ 165	168
Debt securities:		
U.S. government securities	186	573
States, municipalities and political subdivisions	14	28
U.S. corporate securities	524	1,632
Foreign securities	51	202
Residential mortgage-backed securities	71	51
Commercial mortgage-backed securities	3	6
Other asset-backed securities	7	15
Total debt securities	856	2,507
Common/collective trusts	2,478	529
Total [1]	$ 3,499	$ 3,204

(1) Excludes $188 million of other payables and $46 million of other receivables at December 31, 2024 and 2023, respectively.

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Goodwill and Other Intangibles (Tables)

Goodwill and Intangible Assets Disclosure [Abstract]

Summary of Changes in Carrying Amount of Goodwill

12 Months Ended Dec. 31, 2024

Below is a summary of the changes in the carrying amount of goodwill by segment for the years ended December 31, 2024 and 2023:

In millions	Health Care Benefits	Health Services	Pharmacy & Consumer Wellness	Total
Balance at December 31, 2022	$ 44,159	$ 23,615	$ 10,376	$ 78,150
Segment realignment	(109)	109	—	—
Acquisitions	2,594	10,342	186	13,122
Balance at December 31, 2023	46,644	34,066	10,562	91,272
Balance at December 31, 2024	$ 46,644	$ 34,066	$ 10,562	$ 91,272

Summary of Intangible Assets

The following table is a summary of the Company's intangible assets as of December 31, 2024 and 2023:

In millions, except weighted average life	Gross Carrying Amount	Accumulated Amortization	Net Carrying Amount	Weighted Average Life (years)
2024				
Trademarks (indefinite-lived)	$ 10,498	$ —	$ 10,498	N/A
Customer contracts/relationships and covenants not to compete	26,904	(13,889)	13,015	14.2
Technology	1,250	(1,167)	83	3.0
Provider networks	4,203	(1,282)	2,921	20.0
Value of Business Acquired	590	(228)	362	20.0
Other	826	(382)	444	9.3
Total	$ 44,271	$ (16,948)	$ 27,323	14.5
2023				
Trademarks (indefinite-lived)	$ 10,498	$ —	$ 10,498	N/A
Customer contracts/relationships and covenants not to compete	26,784	(12,241)	14,543	14.2
Technology	1,253	(1,104)	149	3.0
Provider networks	4,203	(1,072)	3,131	20.0
Value of Business Acquired	590	(201)	389	20.0
Other	838	(314)	524	9.3
Total	$ 44,166	$ (14,932)	$ 29,234	14.5

Schedule of Projected Annual Amortization Expense for Intangible Assets for Next Five Years

The projected annual amortization expense for the Company's intangible assets for the next five years is as follows:

In millions	
2025	$ 1,981
2026	1,704
2027	1,590
2028	1,316
2029	1,239

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Leases (Tables)

12 Months Ended
Dec. 31, 2024

Leases [Abstract]

Summary of the Components of Net Lease Cost and Supplemental Cash Flow Information

The following table is a summary of the components of net lease cost for the years ended December 31, 2024, 2023 and 2022:

In millions	2024	2023	2022
Operating lease cost	$ 2,423	$ 2,532	$ 2,579
Finance lease cost:			
Amortization of right-of-use assets	92	84	79
Interest on lease liabilities	71	73	68
Total finance lease costs	163	157	147
Short-term lease costs	33	22	27
Variable lease costs	635	635	610
Less: sublease income	(67)	(63)	(61)
Net lease cost	$ 3,187	$ 3,283	$ 3,302

Supplemental cash flow information related to leases for the years ended December 31, 2024, 2023 and 2022 was as follows:

In millions	2024	2023	2022
Cash paid for amounts included in the measurement of lease liabilities:			
Operating cash flows paid for operating leases	$ 2,733	$ 2,756	$ 2,689
Operating cash flows paid for interest portion of finance leases	71	73	68
Financing cash flows paid for principal portion of finance leases	74	70	62
Right-of-use assets obtained in exchange for lease obligations:			
Operating leases	852	1,132	591
Finance leases	30	(4)	232

Supplemental Balance Sheet Information

Supplemental balance sheet information related to leases as of December 31, 2024 and 2023 is as follows:

In millions, except remaining lease term and discount rate	2024	2023
Operating leases:		
Operating lease right-of-use assets	$ 15,944	$ 17,252
Current portion of operating lease liabilities	$ 1,751	$ 1,741
Long-term operating lease liabilities	14,899	16,034
Total operating lease liabilities	$ 16,650	$ 17,775
Finance leases:		
Property and equipment, gross	$ 1,587	$ 1,604
Accumulated depreciation	(447)	(375)
Property and equipment, net	$ 1,140	$ 1,229
Current portion of long-term debt	$ 65	$ 66
Long-term debt	1,295	1,325
Total finance lease liabilities	$ 1,360	$ 1,391
Weighted average remaining lease term *(in years)*		
Operating leases	10.7	11.4
Finance leases	16.5	17.3
Weighted average discount rate		
Operating leases	4.6 %	4.5 %
Finance leases	5.1 %	5.0 %

Maturities of Operating Lease Liabilities

The following table summarizes the maturity of lease liabilities under finance and operating leases as of December 31, 2024:

In millions	Finance Leases	Operating Leases [1]	Total
2025	$ 144	$ 2,683	$ 2,827
2026	135	2,528	2,663
2027	132	2,343	2,475
2028	129	2,167	2,296
2029	127	1,911	2,038
Thereafter	1,371	9,557	10,928
Total lease payments [2]	2,038	21,189	23,227
Less: imputed interest	(678)	(4,539)	(5,217)
Total lease liabilities	$ 1,360	$ 16,650	$ 18,010

(1) Future operating lease payments have not been reduced by minimum sublease rentals of $297 million due in the future under noncancelable subleases.
(2) The Company leases pharmacy and clinic space from Target Corporation. Amounts related to such finance and operating leases are reflected above. Pharmacy lease amounts due in excess of the remaining estimated economic life of the buildings of approximately $2.2 billion are not reflected in this table since the estimated economic life of the buildings is shorter than the contractual term of the pharmacy lease arrangement.

Maturities of Finance Lease Liabilities

The following table summarizes the maturity of lease liabilities under finance and operating leases as of December 31, 2024:

In millions	Finance Leases	Operating Leases [1]	Total
2025	$ 144	$ 2,683	$ 2,827
2026	135	2,528	2,663
2027	132	2,343	2,475
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2029	127	1,911	2,038
Thereafter	1,371	9,557	10,928
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(1) Future operating lease payments have not been reduced by minimum sublease rentals of $297 million due in the future under noncancelable subleases.
(2) The Company leases pharmacy and clinic space from Target Corporation. Amounts related to such finance and operating leases are reflected above. Pharmacy lease amounts due in excess of the remaining estimated economic life of the buildings of approximately $2.2 billion are not reflected in this table since the estimated economic life of the buildings is shorter than the contractual term of the pharmacy lease arrangement.

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Health Care Costs Payable (Tables)

12 Months Ended
Dec. 31, 2024

Health Care and Other Insurance Liabilities [Abstract]

Information about Incurred and Paid Health Care Claims Development

The information about incurred and paid health care claims development for the year ended December 31, 2023 is presented as required unaudited supplemental information.

In millions	Incurred Health Care Claims, Net of Reinsurance For the Years Ended December 31,	
Date of Service	**2023**	**2024**
	(Unaudited)	
2023	$ 82,362	$ 81,559
2024		109,458
	Total	$ 191,017

In millions	Cumulative Paid Health Care Claims, Net of Reinsurance For the Years Ended December 31,	
Date of Service	**2023**	**2024**
	(Unaudited)	
2023	$ 72,175	$ 81,044
2024		97,155
	Total	$ 178,199
	All outstanding liabilities for health care costs payable prior to 2023, net of reinsurance	128
	Total outstanding liabilities for health care costs payable, net of reinsurance	$ 12,946

Schedule of Liability for Unpaid Claims and Claims Adjustment Expense

The reconciliation of the December 31, 2024 health care net incurred and paid claims development tables to the health care costs payable liability on the consolidated balance sheet were as follows:

In millions	December 31, 2024
Short-duration health care costs payable, net of reinsurance	$ 12,946
Reinsurance recoverables	81
Insurance lines other than short duration	282
Other non-insurance health care costs payable	1,755
Total health care costs payable	$ 15,064

Components of Change in Health Care Costs Payable

The following table shows the components of the change in health care costs payable during the years ended December 31, 2024, 2023 and 2022:

In millions	2024	2023	2022
Health care costs payable, beginning of period	$ 12,049	$ 10,142	$ 8,678
Less: Reinsurance recoverables	5	5	8
Less: Impact of discount rate on long-duration insurance reserves [1]	(23)	8	—
Health care costs payable, beginning of period, net	12,067	10,129	8,670
Acquisition, net	—	1,098	—
Add: Components of incurred health care costs			
Current year	115,774	86,639	71,399
Prior years	(947)	(685)	(654)
Total incurred health care costs [2]	114,827	85,954	70,745
Less: Claims paid			
Current year	101,583	75,529	61,640
Prior years	10,327	9,585	7,646
Total claims paid	111,910	85,114	69,286
Health care costs payable, end of period, net	14,984	12,067	10,129
Add: Reinsurance recoverables	81	5	5
Add: Impact of discount rate on long-duration insurance reserves [1]	(1)	(23)	8
Health care costs payable, end of period	$ 15,064	$ 12,049	$ 10,142

(1) Reflects the difference between the current discount rate and the locked-in discount rate on long-duration insurance reserves which is recorded within accumulated other comprehensive loss on the consolidated balance sheets.

(2) Total incurred health care costs for the years ended December 31, 2024, 2023 and 2022 in the table above exclude $107 million, $83 million and $79 million, respectively, of health care costs recorded in the Health Care Benefits segment that are included in other insurance liabilities on the consolidated balance sheets and $187 million, $210 million and $249 million, respectively, of health care costs recorded in the Corporate/Other segment that are included in other insurance liabilities on the consolidated balance sheets.

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Other Insurance Liabilities and Separate Accounts (Tables)

12 Months Ended

Dec. 31, 2024

Insurance [Abstract]

Schedule of Changes in Liability for Future Policy Benefits

The following tables show the components of the change in the liability for future policy benefits, which is included in other insurance liabilities and other long-term insurance liabilities on the consolidated balance sheets, during the years ended December 31, 2024 and 2023:

	2024	
In millions	Large Case Pensions	Long-Term Care
Present value of expected net premiums [1]		
Liability for future policy benefits, beginning of period - current discount rate		$ 293
Beginning liability for future policy benefits at original (locked-in) discount rate		$ 288
Effect of changes in cash flow assumptions		—
Effect of actual variances from expected experience		16
Adjusted beginning liability for future policy benefits - original (locked-in) discount rate		304
Interest accrual (using locked-in discount rate)		14
Net premiums (actual)		(38)
Ending liability for future policy benefits at original (locked-in) discount rate		280
Effect of changes in discount rate assumptions		(5)
Liability for future policy benefits, end of period - current discount rate		$ 275
Present value of expected future policy benefits		
Liability for future policy benefits, beginning of period - current discount rate	$ 2,139	$ 1,640
Beginning liability for future policy benefits at original (locked-in) discount rate	$ 2,251	$ 1,632
Effect of changes in cash flow assumptions	—	—
Effect of actual variances from expected experience	(27)	6
Adjusted beginning liability for future policy benefits - original (locked-in) discount rate	2,224	1,638
Issuances	30	—
Interest accrual (using locked-in discount rate)	91	83
Benefit payments (actual)	(255)	(74)
Ending liability for future policy benefits at original (locked-in) discount rate	2,090	1,647
Effect of changes in discount rate assumptions	(173)	(95)
Liability for future policy benefits, end of period - current discount rate	$ 1,917	$ 1,552
Net liability for future policy benefits	$ 1,917	$ 1,277
Less: Reinsurance recoverable	—	—
Net liability for future policy benefits, net of reinsurance recoverable	$ 1,917	$ 1,277

(1) The present value of expected net premiums is equivalent to the present value of expected gross premiums for the long-term care insurance contracts as net premiums are set equal to gross premiums.

In millions	2023 Large Case Pensions	2023 Long-Term Care
Present value of expected net premiums [1]		
Liability for future policy benefits, beginning of period - current discount rate		$ 300
Beginning liability for future policy benefits at original (locked-in) discount rate		$ 302
Effect of changes in cash flow assumptions		—
Effect of actual variances from expected experience		10
Adjusted beginning liability for future policy benefits - original (locked-in) discount rate		312
Interest accrual (using locked-in discount rate)		15
Net premiums (actual)		(39)
Ending liability for future policy benefits at original (locked-in) discount rate		288
Effect of changes in discount rate assumptions		5
Liability for future policy benefits, end of period - current discount rate		$ 293
Present value of expected future policy benefits		
Liability for future policy benefits, beginning of period - current discount rate	$ 2,253	$ 1,566
Beginning liability for future policy benefits at original (locked-in) discount rate	$ 2,425	$ 1,613
Effect of changes in cash flow assumptions	—	—
Effect of actual variances from expected experience	(3)	8
Adjusted beginning liability for future policy benefits - original (locked-in) discount rate	2,422	1,621
Issuances	8	—
Interest accrual (using locked-in discount rate)	97	82
Benefit payments (actual)	(276)	(71)
Ending liability for future policy benefits at original (locked-in) discount rate	2,251	1,632
Effect of changes in discount rate assumptions	(112)	8
Liability for future policy benefits, end of period - current discount rate	$ 2,139	$ 1,640
Net liability for future policy benefits	$ 2,139	$ 1,347
Less: Reinsurance recoverable	—	—
Net liability for future policy benefits, net of reinsurance recoverable	$ 2,139	$ 1,347

(1) The present value of expected net premiums is equivalent to the present value of expected gross premiums for the long-term care insurance contracts as net premiums are set equal to gross premiums.

The amount of undiscounted expected gross premiums and expected future benefit payments for long-duration insurance liabilities as of December 31, 2024 and 2023 were as follows:

In millions	2024	2023
Large case pensions		
Expected future benefit payments	$ 3,024	$ 3,266
Expected gross premiums	—	—
Long-term care		
Expected future benefit payments	$ 3,189	$ 3,224
Expected gross premiums	399	414

The weighted-average interest rate used in the measurement of the long-duration insurance liabilities as of December 31, 2024 and 2023 were as follows:

	2024	2023
Large case pensions		
Interest accretion rate	4.20%	4.20%
Current discount rate	5.46%	4.93%
Long-term care		
Interest accretion rate	5.11%	5.11%
Current discount rate	5.70%	5.08%

The weighted-average durations (in years) of the long-duration insurance liabilities as of December 31, 2024 and 2023 were as follows:

	2024	2023
Large case pensions	7.3	7.3
Long-term care	11.7	12.1

Schedule of Fair Value of Separate Accounts by Major Category of Investment

Separate Accounts financial assets at December 31, 2024 and 2023 were as follows:

	December 31, 2024				December 31, 2023			
In millions	Level 1	Level 2	Level 3	Total	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 1	$ 164	$ —	$ 165	$ 2	$ 166	$ —	$ 168
Debt securities	186	669	1	856	558	1,949	—	2,507
Common/collective trusts	—	2,478	—	2,478	—	529	—	529
Total [1]	$ 187	$ 3,311	$ 1	$ 3,499	$ 560	$ 2,644	$ —	$ 3,204

(1) Excludes $188 million of other payables and $46 million of other receivables at December 31, 2024 and 2023, respectively.

The following table shows the fair value of assets, by major investment category, supporting Separate Accounts as of December 31, 2024 and 2023:

In millions	2024	2023
Cash and cash equivalents	$ 165	168
Debt securities:		
U.S. government securities	186	573
States, municipalities and political subdivisions	14	28
U.S. corporate securities	524	1,632
Foreign securities	51	202
Residential mortgage-backed securities	71	51
Commercial mortgage-backed securities	3	6
Other asset-backed securities	7	15
Total debt securities	856	2,507
Common/collective trusts	2,478	529
Total [1]	$ 3,499	$ 3,204

(1) Excludes $188 million of other payables and $46 million of other receivables at December 31, 2024 and 2023, respectively.

Roll Forward of Separate Accounts

The following table shows the components of the change in Separate Accounts liabilities during the years ended December 31, 2024 and 2023:

In millions	2024	2023
Separate Accounts liability, beginning of the period	$ 3,250	$ 3,228
Premiums and deposits	964	860
Surrenders and withdrawals	(277)	(9)
Benefit payments	(978)	(938)
Investment earnings	348	100
Net transfers from general account	13	7
Other	(9)	2
Separate Accounts liability, end of the period	$ 3,311	$ 3,250
Cash surrender value, end of the period	$ 1,987	$ 2,181

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Borrowings and Credit Agreements (Tables)

12 Months Ended

Dec. 31, 2024

Debt Disclosure [Abstract]

Summary of Company's Borrowings

The following table is a summary of the Company's borrowings as of December 31, 2024 and 2023:

In millions	2024	2023
Short-term debt		
Commercial paper	$ 2,119	$ 200
Long-term debt		
3.375% senior notes due August 2024	—	650
2.625% senior notes due August 2024	—	1,000
3.5% senior notes due November 2024	—	750
5% senior notes due December 2024	—	299
4.1% senior notes due March 2025	724	950
3.875% senior notes due July 2025	2,828	2,828
5% senior notes due February 2026	1,500	1,500
2.875% senior notes due June 2026	1,750	1,750
3% senior notes due August 2026	750	750
3.625% senior notes due April 2027	750	750
6.25% senior notes due June 2027	372	372
1.3% senior notes due August 2027	2,250	2,250
4.3% senior notes due March 2028	5,000	5,000
5% senior notes due January 2029	1,000	1,000
5.4% senior notes due June 2029	1,000	—
3.25% senior notes due August 2029	1,750	1,750
5.125% senior notes due February 2030	1,500	1,500
3.75% senior notes due April 2030	1,500	1,500
1.75% senior notes due August 2030	1,250	1,250
5.25% senior notes due January 2031	750	750
1.875% senior notes due February 2031	1,250	1,250
5.55% senior notes due June 2031	1,000	—
2.125% senior notes due September 2031	1,000	1,000
5.25% senior notes due February 2033	1,750	1,750
5.3% senior notes due June 2033	1,250	1,250
5.7% senior notes due June 2034	1,250	—
4.875% senior notes due July 2035	652	652
6.625% senior notes due June 2036	771	771
6.75% senior notes due December 2037	533	533
4.78% senior notes due March 2038	5,000	5,000
6.125% senior notes due September 2039	447	447
4.125% senior notes due April 2040	602	1,000
2.7% senior notes due August 2040	367	1,250
5.75% senior notes due May 2041	133	133
4.5% senior notes due May 2042	500	500
4.125% senior notes due November 2042	226	500
5.3% senior notes due December 2043	750	750
4.75% senior notes due March 2044	375	375
6% senior notes due June 2044	750	—
5.125% senior notes due July 2045	3,500	3,500
3.875% senior notes due August 2047	537	1,000
5.05% senior notes due March 2048	8,000	8,000
4.25% senior notes due April 2050	399	750
5.625% senior notes due February 2053	1,250	1,250
5.875% senior notes due June 2053	1,250	1,250
6.05% senior notes due June 2054	1,000	—
6% senior notes due June 2063	750	750
6.75% series B junior subordinated notes due December 2054	750	—
7% series A junior subordinated notes due March 2055	2,250	—
Finance lease liabilities	1,360	1,391
Other	302	309
Total debt principal	66,747	62,160
Debt premiums	170	186
Debt discounts and deferred financing costs	(647)	(736)
	66,270	61,610
Less:		
Short-term debt (commercial paper)	(2,119)	(200)
Current portion of long-term debt	(3,624)	(2,772)
Long-term debt	$ 60,527	$ 58,638

Schedule of Maturities of Long-Term Debt

The following is a summary of the Company's required repayments of long-term debt principal due during each of the next five years and thereafter, as of December 31, 2024:

In millions	
2025	$ 3,559
2026	4,007
2027	3,379
2028	5,007
2029	3,758
Thereafter	43,558
Subtotal	63,268
Commercial paper	2,119
Finance lease liabilities [1]	1,360
Total debt principal	$ 66,747

(1) See Note 7 ''Leases'' for a summary of maturities of the Company's finance lease liabilities.

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Pension Plans and Other Postretirement Benefits (Tables)

12 Months Ended

Dec. 31, 2024

Retirement Benefits [Abstract]

Schedule of Changes in Benefit Obligations

The following tables outline the change in pension benefit obligation and plan assets over the specified periods:

In millions	2024	2023
Change in benefit obligation:		
Benefit obligation, beginning of year	$ 4,736	$ 4,740
Interest cost	222	231
Actuarial loss (gain)	(262)	145
Benefit payments	(347)	(380)
Benefit obligation, end of year	4,349	4,736
Change in plan assets:		
Fair value of plan assets, beginning of year	5,379	5,346
Actual return on plan assets	133	389
Employer contributions	23	24
Benefit payments	(347)	(380)
Fair value of plan assets, end of year	5,188	5,379
Funded status	$ 839	$ 643

Schedule of Changes in Plan Assets

The following tables outline the change in pension benefit obligation and plan assets over the specified periods:

In millions	2024	2023
Change in benefit obligation:		
Benefit obligation, beginning of year	$ 4,736	$ 4,740
Interest cost	222	231
Actuarial loss (gain)	(262)	145
Benefit payments	(347)	(380)
Benefit obligation, end of year	4,349	4,736
Change in plan assets:		
Fair value of plan assets, beginning of year	5,379	5,346
Actual return on plan assets	133	389
Employer contributions	23	24
Benefit payments	(347)	(380)
Fair value of plan assets, end of year	5,188	5,379
Funded status	$ 839	$ 643

Schedule of Assets (Liabilities) Recognized in Balance Sheet

The assets (liabilities) recognized on the consolidated balance sheets at December 31, 2024 and 2023 for the defined benefit pension plans consisted of the following:

In millions	2024	2023
Noncurrent assets reflected in other assets	$ 1,030	$ 856
Current liabilities reflected in accrued expenses and other current liabilities	(22)	(24)
Noncurrent liabilities reflected in other long-term liabilities	(169)	(189)
Net assets	$ 839	$ 643

Schedule of Net Periodic Benefit Cost (Income)

The components of net periodic benefit cost (income) for the years ended December 31, 2024, 2023 and 2022 are shown below:

In millions	2024	2023	2022
Components of net periodic benefit cost (income):			
Interest cost	$ 222	$ 231	$ 132
Expected return on plan assets	(327)	(326)	(309)
Amortization of net actuarial loss	1	1	3
Settlement losses	—	—	1
Net periodic benefit cost (income)	$ (104)	$ (94)	$ (173)

Weighted Average Assumptions Used in Determining Benefit Obligations and Net Benefit Costs

The Company determined its benefit obligation based on the following weighted average assumptions as of December 31, 2024 and 2023:

	2024	2023
Discount rate	5.6 %	5.0 %

The Company determined its net periodic benefit cost (income) based on the following weighted average assumptions for the years ended December 31, 2024, 2023 and 2022:

	2024	2023	2022
Discount rate	4.9 %	5.1 %	2.3 %
Expected long-term rate of return on plan assets	6.3 %	6.3 %	4.8 %

Schedule of Changes in Fair Value of Plan Assets

Pension plan assets with changes in fair value measured on a recurring basis at December 31, 2024 were as follows:

In millions	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 32	$ 67	$ —	$ 99
Debt securities:				
U.S. government securities	481	6	—	487
States, municipalities and political subdivisions	—	70	—	70
U.S. corporate securities	—	2,752	1	2,753
Foreign securities	—	98	—	98
Residential mortgage-backed securities	—	7	—	7
Commercial mortgage-backed securities	—	9	—	9
Other asset-backed securities	—	4	—	4
Redeemable preferred securities	—	1	—	1
Total debt securities	481	2,947	1	3,429
Equity securities:				
U.S. domestic	30	—	—	30
International	12	—	—	12
Total equity securities	42	—	—	42
Other investments:				
Private real estate	—	—	276	276
Common/collective trusts [1]	—	502	—	502
Derivatives	—	3	—	3
Total other investments	—	505	276	781
Total pension investments [2]	$ 555	$ 3,519	$ 277	$ 4,351

(1) The assets in the underlying funds of common/collective trusts consist of $288 million of equity securities and $214 million of debt securities.
(2) Excludes $267 million of other receivables as well as $290 million of private equity limited partnership investments and $280 million of hedge fund limited partnership investments as these amounts are measured at NAV per share or an equivalent and are not subject to leveling within the fair value hierarchy.

Pension plan assets with changes in fair value measured on a recurring basis at December 31, 2023 were as follows:

In millions	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 12	$ 69	$ —	$ 81
Debt securities:				
U.S. government securities	518	4	—	522
States, municipalities and political subdivisions	—	94	—	94
U.S. corporate securities	—	2,649	—	2,649
Foreign securities	—	106	—	106
Residential mortgage-backed securities	—	17	—	17
Commercial mortgage-backed securities	—	9	—	9
Other asset-backed securities	—	8	—	8
Redeemable preferred securities	—	1	—	1
Total debt securities	518	2,888	—	3,406
Equity securities:				
U.S. domestic	150	—	—	150
International	34	—	—	34
Total equity securities	184	—	—	184
Other investments:				
Private real estate	—	—	290	290
Common/collective trusts [1]	—	405	—	405
Derivatives	—	(14)	—	(14)
Total other investments	—	391	290	681
Total pension investments [2]	$ 714	$ 3,348	$ 290	$ 4,352

(1) The assets in the underlying funds of common/collective trusts consist of $114 million of equity securities and $291 million of debt securities.
(2) Excludes $314 million of other receivables as well as $461 million of private equity limited partnership investments and $252 million of hedge fund limited partnership investments as these amounts are measured at NAV per share or an equivalent and are not subject to leveling within the fair value hierarchy.

Schedule of Change in Level 3 Plan Assets

The changes in the balances of Level 3 pension plan assets during the year ended December 31, 2024 were as follows:

In millions	Private real estate	U.S. corporate securities	Total
Beginning balance	$ 290	$ —	$ 290
Actual return on plan assets	1	—	1
Purchases, sales and settlements	(15)	1	(14)
Transfers out of Level 3	—	—	—
Ending balance	$ 276	$ 1	$ 277

The changes in the balances of Level 3 pension plan assets during the year ended December 31, 2023 were as follows:

In millions	Private real estate
Beginning balance	$ 325
Actual return on plan assets	(23)
Purchases, sales and settlements	(12)
Transfers out of Level 3	—
Ending balance	$ 290

Schedule of Expected Future Benefits Payments

The Company estimates the following future benefit payments, which are calculated using the same actuarial assumptions used to measure the pension benefit obligation as of December 31, 2024:

In millions	
2025	$ 389
2026	384
2027	380
2028	380
2029	371
2030-2034	1,712

The Company estimates the following future benefit payments, which are calculated using the same actuarial assumptions used to measure the accumulated other postretirement benefit obligation as of December 31, 2024:

In millions	
2025	$ 12
2026	12
2027	12
2028	12
2029	12
2030-2034	59

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Income Taxes (Tables)

12 Months Ended Dec. 31, 2024

Income Tax Disclosure [Abstract]

Schedule of Income Tax Provision

The income tax provision consisted of the following for the years ended December 31, 2024, 2023 and 2022:

In millions	2024	2023	2022
Current:			
Federal	$ 1,658	$ 2,819	$ 2,803
State	476	662	735
	2,134	3,481	3,538
Deferred:			
Federal	(453)	(537)	(1,526)
State	(119)	(139)	(503)
	(572)	(676)	(2,029)
Total	$ 1,562	$ 2,805	$ 1,509

Schedule of Effective Income Tax Rate Reconciliation

The following table is a reconciliation of the statutory income tax rate to the Company's effective income tax rate for the years ended December 31, 2024, 2023 and 2022:

	2024	2023	2022
Statutory income tax rate	21.0 %	21.0 %	21.0 %
State income taxes, net of federal tax benefit	4.6	3.7	3.2
Legal charges	0.5	—	3.4
Basis difference upon disposition of subsidiary	—	—	1.6
Prior year refunds and unrecognized tax benefits	—	—	(2.6)
Tax credits	(1.2)	(0.3)	(0.6)
Other	0.5	0.7	(0.1)
Effective income tax rate	25.4 %	25.1 %	25.9 %

Schedule of Deferred Tax Assets and Liabilities

The following table is a summary of the components of the Company's deferred income tax assets and liabilities as of December 31, 2024 and 2023:

In millions	2024	2023
Deferred income tax assets:		
Lease and rents	$ 4,763	$ 5,059
Legal charges	1,109	1,205
Inventory	68	94
Employee benefits	168	168
Bad debts and other allowances	593	606
Net operating loss and capital loss carryforwards	272	409
Deferred income	47	62
Insurance reserves	381	356
Investments	21	56
Other	486	372
Valuation allowance	(301)	(385)
Total deferred income tax assets	7,607	8,002
Deferred income tax liabilities:		
Retirement benefits	172	112
Lease and rents	4,125	4,469
Depreciation and amortization	7,116	7,732
Total deferred income tax liabilities	11,413	12,313
Net deferred income tax liabilities	$ 3,806	$ 4,311

Schedule of Unrecognized Tax Benefits Rollforward

A reconciliation of the beginning and ending balance of unrecognized tax benefits in 2024, 2023 and 2022 is as follows:

In millions	2024	2023	2022
Beginning balance	$ 436	$ 446	$ 782
Additions based on tax positions related to the current year	—	2	5
Additions based on tax positions related to prior years	67	46	42
Reductions for tax positions of prior years	(49)	(24)	(166)
Expiration of statutes of limitation	(29)	(34)	(4)
Settlements	(1)	—	(213)
Ending balance	$ 424	$ 436	$ 446

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Stock Incentive Plans (Tables)

12 Months Ended Dec. 31, 2024

Share-Based Payment Arrangement [Abstract]

Summary of Stock-Based Compensation

The following table is a summary of stock-based compensation for the years ended December 31, 2024, 2023 and 2022:

In millions	2024	2023	2022
Restricted stock units and performance stock units	$ 461	$ 497	$ 369
Stock options and stock appreciation rights ("SARs") (1)	79	91	78
Total stock-based compensation (2)	$ 540	$ 588	$ 447

(1) Includes the Employee Stock Purchase Plan ("ESPP").
(2) Total stock-based compensation for the year ended December 31, 2024 included $60 million and $41 million of post-combination expense associated with replacement equity awards granted in connection with the Oak Street Health and Signify Health acquisitions, respectively. Total stock-based compensation for the year ended December 31, 2023 included $71 million and $72 million of post-combination expense associated with replacement equity awards granted in connection with the Oak Street Health and Signify Health acquisitions, respectively.

Restricted Stock Unit and Performance Stock Unit Activity

The following table is a summary of the restricted stock unit and performance stock unit activity for the year ended December 31, 2024:

In thousands, except weighted average grant date fair value	Units	Weighted Average Grant Date Fair Value
Outstanding at beginning of year, nonvested	16,994	$ 77.65
Granted	9,978	$ 75.97
Vested (1)	(6,532)	$ 76.08
Forfeited	(1,928)	$ 78.71
Outstanding at end of year, nonvested	18,512	$ 77.19

(1) Vested performance stock units have been included at target level performance. Based on actual performance, the number of restricted stock units and performance stock units vested during the year ended December 31, 2024 was 6.6 million.

Summary of Stock Option and SAR Activity

The following table is a summary of stock option and SAR activity that occurred for the years ended December 31, 2024, 2023 and 2022:

In millions	2024	2023	2022
Cash received from stock options exercised (including ESPP)	$ 361	$ 277	$ 551
Payments for taxes for net share settlement of equity awards	185	181	370
Intrinsic value of stock options and SARs exercised	33	31	118
Fair value of stock options and SARs vested	225	227	219

Schedule of Valuation Assumptions

The fair value of each stock option and SAR is estimated using the Black-Scholes option pricing model based on the following assumptions at the time of grant:

	2024	2023	2022
Dividend yield (1)	4.29 %	3.27 %	2.18 %
Expected volatility (2)	28.36 %	28.15 %	27.34 %
Risk-free interest rate (3)	4.13 %	3.55 %	2.46 %
Expected life (in years) (4)	5.3	5.9	6.3
Weighted-average grant date fair value	$ 11.31	$ 21.78	$ 24.15

(1) The dividend yield is based on annual dividends paid and the fair market value of CVS Health Corporation stock at the grant date.
(2) The expected volatility is estimated based on the historical volatility of CVS Health Corporation's daily stock price over a period equal to the expected life of each option grant after adjustments for infrequent events such as stock splits.
(3) The risk-free interest rate is selected based on yields from U.S. Treasury zero-coupon issues with a remaining term equal to the expected term of the options being valued.
(4) The expected life represents the number of years the options are expected to be outstanding from grant date based on historical option or SAR holder exercise experience.

Schedule of Stock Options and Stock Appreciation Rights Award Activity

The following table is a summary of the Company's stock option and SAR activity for the year ended December 31, 2024:

In thousands, except weighted average exercise price and remaining contractual term	Shares	Weighted Average Exercise Price	Weighted Average Remaining Contractual Term	Aggregate Intrinsic Value
Outstanding at beginning of year	15,126	$ 68.13		
Granted	4,435	$ 68.91		
Exercised	(2,806)	$ 59.61		
Forfeited	(1,046)	$ 79.05		
Expired	(690)	$ 78.69		
Outstanding at end of year	15,019	$ 68.69	5.10	$ 3,279
Exercisable at end of year	7,579	$ 65.01	3.25	1,939
Vested at end of year and expected to vest in the future	14,646	$ 68.66	5.02	3,252

Schedule ESPP Valuation Assumptions

The following table is a summary of the assumptions used to value the ESPP awards for the years ended December 31, 2024, 2023 and 2022:

	2024	2023	2022
Dividend yield (1)	2.01 %	1.54 %	1.12 %
Expected volatility (2)	31.40 %	25.61 %	23.54 %
Risk-free interest rate (3)	5.31 %	5.17 %	1.42 %
Expected life (in years) (4)	0.5	0.5	0.5
Weighted-average grant date fair value	$ 12.39	$ 14.26	$ 16.25

(1) The dividend yield is calculated based on semi-annual dividends paid and the fair market value of CVS Health Corporation stock at the grant date.
(2) The expected volatility is estimated based on the historical volatility of CVS Health Corporation's daily stock price over the previous six month period.
(3) The risk-free interest rate is selected based on the Treasury constant maturity interest rate whose term is consistent with the expected term of ESPP purchases (i.e., six months).
(4) The expected life is based on the semi-annual purchase period.

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Shareholders' Equity (Tables)

12 Months Ended Dec. 31, 2024

Equity [Abstract]

Share Repurchase Programs

The following share repurchase programs have been authorized by the Board:

In billions Authorization Date	Authorized	Remaining as of December 31, 2024
November 17, 2022 ("2022 Repurchase Program")	$ 10.0	$ 10.0
December 9, 2021 ("2021 Repurchase Program")	10.0	1.5

Schedule of Regulatory Requirements

The combined statutory net income for the years ended and estimated combined statutory and capital surplus at December 31, 2024, 2023 and 2022 for the Company's insurance and HMO subsidiaries were as follows:

In millions	2024	2023	2022
Statutory net income (loss)	$ (1,185)	$ 2,757	$ 2,851
Estimated statutory capital and surplus	20,085	16,961	15,503

Statutory Accounting Practices

At December 31, 2024, these amounts were as follows:

Disclosure

In millions	
Estimated minimum statutory surplus required by regulators	$ 11,691
Investments on deposit with regulatory bodies	713
Estimated maximum dividend distributions permitted in 2025 without prior regulatory approval	1,561

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Other Comprehensive Income (Loss) (Tables)

12 Months Ended
Dec. 31, 2024

Other Comprehensive Income (Loss), Net of Tax [Abstract]

Schedule of Accumulated Other Comprehensive Income (Loss)

Shareholders' equity included the following activity in accumulated other comprehensive loss in 2024, 2023 and 2022:

	At December 31,		
In millions	2024	2023	2022
Net unrealized investment gains (losses):			
Beginning of year balance	$ (429)	$ (1,519)	$ 798
Other comprehensive income (loss) before reclassifications *($(177), $612 and $(3,021) pretax)*	(170)	603	(2,556)
Amounts reclassified from accumulated other comprehensive income (loss) *($226, $566 and $315 pretax)* [1]	200	487	239
Other comprehensive income (loss)	30	1,090	(2,317)
End of year balance	(399)	(429)	(1,519)
Change in discount rate on long-duration insurance reserves:			
Beginning of period balance	152	219	(651)
Other comprehensive income (loss) before reclassifications *($146, $(92), and $1,126 pretax)*	113	(67)	870
Other comprehensive income (loss)	113	(67)	870
End of period balance	265	152	219
Foreign currency translation adjustments:			
Beginning of year balance	—	—	—
Other comprehensive loss before reclassifications	(4)	—	—
Other comprehensive loss	(4)	—	—
End of year balance	(4)	—	—
Net cash flow hedges:			
Beginning of year balance	244	239	222
Other comprehensive income before reclassifications *($0, $25 and $38 pretax)*	—	19	28
Amounts reclassified from accumulated other comprehensive income *($(20), $(19) and $(15) pretax)* [2]	(15)	(14)	(11)
Other comprehensive income (loss)	(15)	5	17
End of year balance	229	244	239
Pension and other postretirement benefits:			
Beginning of year balance	(264)	(203)	(35)
Other comprehensive income (loss) before reclassifications *($71, $(81) and $(229) pretax)*	53	(61)	(170)
Amounts reclassified from accumulated other comprehensive loss *($0, $0 and $3 pretax)* [3]	—	—	2
Other comprehensive income (loss)	53	(61)	(168)
End of year balance	(211)	(264)	(203)
Total beginning of year accumulated other comprehensive income (loss)	(297)	(1,264)	334
Total other comprehensive income (loss)	177	967	(1,598)
Total end of year accumulated other comprehensive loss	$ (120)	$ (297)	$ (1,264)

(1) Amounts reclassified from accumulated other comprehensive income (loss) for specifically identified debt securities are included in net investment income in the consolidated statements of operations.
(2) Amounts reclassified from accumulated other comprehensive income for specifically identified cash flow hedges are included within interest expense in the consolidated statements of operations. The Company expects to reclassify $16 million, net of tax, in net gains associated with its cash flow hedges into net income within the next 12 months.
(3) Amounts reclassified from accumulated other comprehensive loss for specifically identified pension and other postretirement benefits are included in other income in the consolidated statements of operations.

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Earnings Per Share (Tables)

12 Months Ended
Dec. 31, 2024

Earnings Per Share [Abstract]

Reconciliation of Basic and Diluted Earnings Per Share

The following is a reconciliation of basic and diluted earnings per share for the years ended December 31, 2024, 2023 and 2022:

In millions, except per share amounts	2024	2023	2022
Numerator for earnings per share calculation:			
Net income attributable to CVS Health	$ 4,614	$ 8,344	$ 4,311
Denominator for earnings per share calculation:			
Weighted average shares, basic	1,259	1,285	1,312
Restricted stock units and performance stock units	2	3	6
Stock options and SARs	1	2	5
Weighted average shares, diluted	1,262	1,290	1,323
Earnings per share:			
Basic	$ 3.67	$ 6.49	$ 3.29
Diluted	$ 3.66	$ 6.47	$ 3.26

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Reinsurance (Tables)

12 Months Ended
Dec. 31, 2024

Reinsurance Disclosures [Abstract]

Schedule of Reinsurance Recoverables

Reinsurance recoverables (recorded as other current assets or other assets on the consolidated balance sheets) at December 31, 2024 and 2023 were as follows:

In millions	2024	2023
Reinsurer		
Hartford Life and Accident Insurance Company	$ 1,119	$ 1,314
Lincoln Life & Annuity Company of New York	444	480
Individual State Reinsurance Programs	189	61
Fresenius Medical Care Reinsurance Company (Cayman) Ltd.	75	54
Resolution Life Group Holdings Ltd.	33	35
All Other	67	54
Total	$ 1,927	$ 1,998

Schedule of Effects of Reinsurance

Direct, assumed and ceded premiums earned for the years ended December 31, 2024, 2023 and 2022 were as follows:

In millions	2024	2023	2022
Direct	$ 123,629	$ 99,753	$ 85,670
Assumed	471	350	432
Ceded	(1,204)	(911)	(772)
Net premiums	$ 122,896	$ 99,192	$ 85,330

The impact of reinsurance on health care costs for the years ended December 31, 2024, 2023 and 2022 was as follows:

In millions	2024	2023	2022
Direct	$ 115,974	$ 86,738	$ 71,357
Assumed	431	223	379
Ceded	(1,284)	(714)	(663)
Net health care costs	$ 115,121	$ 86,247	$ 71,073

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Segment Reporting (Tables)

12 Months Ended
Dec. 31, 2024

Segment Reporting [Abstract]

Reconciliation of Financial Measures of Segments to Consolidated Totals

The following is a reconciliation of financial measures of the Company's segments to the consolidated totals:

	Year Ended December 31, 2024				
In millions	**Health Care Benefits**	**Health Services [1]**	**Pharmacy & Consumer Wellness**	**Corporate/ Other**	**Consolidated Totals**
Revenues from external customers	$ 129,120	$ 158,016	$ 83,464	$ 56	$ 370,656
Intersegment revenues	72	15,304	41,036	—	56,412
Net investment income	1,473	285	—	395	2,153
Total revenues	130,665	173,605	124,500	451	429,221
Intersegment eliminations [2]					(56,412)
Total consolidated revenues					$ 372,809
Less: Net realized capital gains (losses)	(97)	289	—	(75)	
Cost of products sold	—	160,036	99,337	—	
Health care costs	113,659	3,407	—	187	
Other segment items [3]	16,796	2,630	19,389	1,687	
Adjusted operating income (loss)	$ 307	$ 7,243	$ 5,774	$ (1,348)	$ 11,976
Reconciliation of principal measure of segment performance to consolidated operating income:					
Amortization of intangible assets [4]					2,025
Net realized capital gains [5]					(117)
Acquisition-related integration costs [6]					243
Restructuring charges [7]					1,179
Office real estate optimization charges [8]					30
Opioid litigation charge [9]					100
Operating income (GAAP measure)					8,516
Interest expense					2,958
Gain on early extinguishment of debt [12]					(491)
Other income					(99)
Income before income tax provision					$ 6,148
Depreciation and amortization	$ 1,599	$ 1,059	$ 1,543	$ 396	$ 4,597

	Year Ended December 31, 2023				
In millions	**Health Care Benefits**	**Health Services [1]**	**Pharmacy & Consumer Wellness**	**Corporate/ Other**	**Consolidated Totals**
Revenues from external customers	$ 104,800	$ 174,018	$ 77,748	$ 57	$ 356,623
Intersegment revenues	81	12,826	39,020	—	51,927
Net investment income (loss)	765	(1)	(5)	394	1,153
Total revenues	105,646	186,843	116,763	451	409,703
Intersegment eliminations [2]					(51,927)
Total consolidated revenues					$ 357,776
Less: Net realized capital losses	(402)	—	(5)	(90)	
Cost of products sold	—	175,424	91,447	1	
Health care costs	85,504	1,607	—	210	
Other segment items [3]	14,967	2,500	19,358	1,648	
Adjusted operating income (loss)	$ 5,577	$ 7,312	$ 5,963	$ (1,318)	$ 17,534
Reconciliation of principal measure of segment performance to consolidated operating income:					
Amortization of intangible assets [4]					1,905
Net realized capital losses [5]					497
Acquisition-related transaction and integration costs [6]					487
Restructuring charges [7]					507
Office real estate optimization charges [8]					46
Loss on assets held for sale [10]					349
Operating income (GAAP measure)					13,743
Interest expense					2,658
Other income					(88)
Income before income tax provision					$ 11,173
Depreciation and amortization	$ 1,572	$ 880	$ 1,549	$ 365	$ 4,366

	Year Ended December 31, 2022				
In millions	**Health Care Benefits**	**Health Services [1]**	**Pharmacy & Consumer Wellness**	**Corporate/ Other**	**Consolidated Totals**
Revenues from external customers	$ 90,798	$ 157,968	$ 72,739	$ 124	$ 321,629
Intersegment revenues	76	11,608	35,901	—	47,585
Net investment income (loss)	476	—	(44)	406	838
Total revenues	91,350	169,576	108,596	530	370,052
Intersegment eliminations [2]					(47,585)
Total consolidated revenues					$ 322,467
Less: Net realized capital losses	(225)	—	(44)	(51)	
Cost of products sold	—	160,738	82,063	42	
Health care costs	71,473	—	—	249	
Other segment items [3]	13,764	2,057	20,046	1,903	
Adjusted operating income (loss)	$ 6,338	$ 6,781	$ 6,531	$ (1,613)	$ 18,037
Reconciliation of principal measure of segment performance to consolidated operating income:					
Amortization of intangible assets [4]					1,785
Net realized capital losses [5]					320
Office real estate optimization charges [8]					117
Opioid litigation charge [9]					5,803
Loss on assets held for sale [10]					2,533
Gain on divestiture of subsidiaries [11]					(475)
Operating income (GAAP measure)					7,954
Interest expense					2,287
Other income					(169)
Income before income tax provision					$ 5,836
Depreciation and amortization	$ 1,579	$ 519	$ 1,889	$ 237	$ 4,224

(1) Total revenues of the Health Services segment include approximately $11.4 billion, $13.7 billion and $12.6 billion of retail co-payments for 2024, 2023 and 2022, respectively. See Note 1 ''Significant Accounting Policies'' for additional information about retail co-payments.
(2) Intersegment revenue eliminations relate to intersegment revenue generating activities that occur between the Health Care Benefits segment, the Health Services segment, and/or the Pharmacy & Consumer Wellness segment.
(3) Other segment items for each reportable segment includes operating expenses, which primarily consists of selling, general and administrative expenses. Other segment items excludes the impact of amortization of intangible assets and other items, if any, that neither relate to the ordinary course of the Company's business nor reflect the Company's underlying business performance.
(4) The Company's acquisition activities have resulted in the recognition of intangible assets as required under the acquisition method of accounting which consist primarily of trademarks, customer contracts/relationships, covenants not to compete, technology, provider networks and value of business acquired. Definite-lived intangible assets are amortized over their estimated useful lives and are tested for impairment when events indicate that the carrying value may not be recoverable. The amortization of intangible assets is reflected in operating expenses within each segment. Although intangible assets contribute to the Company's revenue generation, the amortization of intangible assets does not directly relate to the underwriting of the Company's insurance products, the services performed for the Company's customers or the sale of the Company's products or services. Additionally, intangible asset amortization expense typically fluctuates based on the size and timing of the Company's acquisition activity. Accordingly, the Company believes excluding the amortization of intangible assets enhances the Company's and investors' ability to compare the Company's past financial performance with its current performance and to analyze underlying business performance and trends. Intangible asset amortization excluded from the related non-GAAP financial measure represents the entire amount recorded within the Company's GAAP financial statements, and the revenue generated by the associated intangible assets has not been excluded from the related non-GAAP financial measure. Intangible asset amortization is excluded from the related non-GAAP financial measure because the amortization, unlike the related revenue, is not affected by operations of any particular period unless an intangible asset becomes impaired or the estimated useful life of an intangible asset is revised.
(5) The Company's net realized capital gains and losses arise from various types of transactions, primarily in the course of managing a portfolio of assets that support the payment of insurance liabilities. Net realized capital gains and losses are reflected in net investment income (loss) within each segment. These capital gains and losses are the result of investment decisions, market conditions and other economic developments that are unrelated to the performance of the Company's business, and the amount and timing of these capital gains and losses do not directly relate to the underwriting of the Company's insurance products, the services performed for the Company's customers or the sale of the Company's products or services. Accordingly, the Company believes excluding net realized capital gains and losses enhances the Company's and investors' ability to compare the Company's past financial performance with its current performance and to analyze underlying business performance and trends.
(6) In 2024, the acquisition-related integration costs relate to the acquisitions of Signify Health and Oak Street Health. In 2023, the acquisition-related transaction and integration costs relate to the acquisitions of Signify Health and Oak Street Health. The acquisition-related transaction and integration costs are reflected in operating expenses within the Corporate/Other segment.
(7) In 2024, the restructuring charges are primarily comprised of a store impairment charge, corporate workforce optimization costs, including severance and employee-related costs, other asset impairment and related charges associated with the discontinuation of certain non-core assets and a stock-based compensation charge. During the third quarter of 2024, the Company finalized an enterprise-wide restructuring plan intended to streamline and simplify the organization, improve efficiency and reduce costs. In connection with this restructuring plan, the Company completed a strategic review of its retail business and determined that it plans to close 271 retail stores in 2025, and, accordingly, it recorded a store impairment charge to write down the associated operating or financing lease right-of-use assets and property and equipment. In addition, during the third quarter of 2024, the Company also conducted a review of its various strategic assets and determined that it would discontinue the use of certain non-core assets, at which time impairment losses were recorded to write down the carrying value of these assets to the Company's best estimate of their fair value. In 2023, the restructuring charges are primarily comprised of severance and employee-related costs, asset impairment charges and a stock-based compensation charge. The restructuring charges associated with the store impairments are reflected within the Pharmacy & Consumer Wellness segment, other asset impairments and related charges are reflected within the Corporate/Other and Pharmacy & Consumer Wellness segments and corporate workforce optimization costs, including severance and employee-related costs, as well as stock-based compensation charges, are reflected within the Corporate/Other segment.
(8) In 2024, 2023 and 2022, the office real estate optimization charges primarily relate to the abandonment of leased real estate and the related right-of-use assets and property and equipment in connection with the Company's evaluation of corporate office real estate space in response to its ongoing flexible work arrangement. The office real estate optimization charges are reflected in operating expenses within each segment.
(9) In 2024, the opioid litigation charge relates to a change in the Company's accrual related to ongoing opioid litigation matters. In 2022, the opioid litigation charges relate to agreements to resolve substantially all opioid claims against the Company by certain states and governmental entities. The opioid litigation charges are reflected within the Corporate/Other segment.
(10) In 2023 and 2022, the loss on assets held for sale relates to the LTC business within the Pharmacy & Consumer Wellness segment. During 2022, the Company determined that its LTC business was no longer a strategic asset and committed to a plan to sell it, at which time the LTC business met the criteria for held-for-sale accounting and its net assets were accounted for as assets held for sale. The carrying value of the LTC business was determined to be greater than its estimated fair value less costs to sell and, accordingly, the Company recorded a loss on assets held for sale during 2022. During the first quarter of 2023, a loss on assets held for sale was recorded to write down the carrying value of the LTC business to the Company's best estimate of the ultimate selling price which reflected its estimated fair value less costs to sell. As of the third quarter of 2023, the Company determined the LTC business no longer met the criteria for held-for-sale accounting and, accordingly, the net assets associated with the LTC business were reclassified to held and used at their respective fair values. During 2022, the loss on assets held for sale also relates to the Company's Thailand business, which was included in the Commercial Business reporting unit in the Health Care Benefits segment. The sale of the Thailand business closed in the second quarter of 2022, and the ultimate loss on the sale was not material.
(11) In 2022, the gain on divestiture of subsidiaries represents the pre-tax gain on the sale of bswift, which the Company sold in November 2022, and the pre-tax gain on the sale of PayFlex, which the Company sold in June 2022. The gains on divestitures are reflected as a reduction of operating expenses within the Health Care Benefits segment.
(12) In 2024, the gain on early extinguishment of debt relates to the Company's repayment of approximately $2.6 billion of its outstanding senior notes in December 2024, pursuant to its tender offer for such senior notes.

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Significant Accounting Policies - Narrative (Details) store in Thousands, shares in Millions, people in Millions,	**3 Months Ended**		**12 Months Ended**				
	Sep. 30, 2024 USD ($)	**Dec. 31, 2024 USD ($) state people segment**	**Dec. 31, 2023 USD ($) business**	**Dec. 31, 2022 USD ($)**	**Dec. 31, 2021**	**Dec. 31, 2014**

patient in Millions, $ in Millions		clinic store patient shares	shares	shares		
Significant Accounting Policies [Line Items]						
Number of pharmacy plan members | people		90			
Number of patients served per year (more than) | patient		0.8			
Number of reportable segments | segment		4			
Number of businesses acquired | business			2			
Allowance for credit losses		$ 407	$ 343			
Depreciation		2,600	2,500	$ 2,400		
Asset impairment charges			152			
Office real estate optimization charges		30	46	117		
Goodwill impairment		0	0	0		
Impairment of intangible assets, indefinite-lived		0	0	0		
Premium deficiency reserve		0	0			
Self insurance liabilities		$ 1,100	1,100			
Pharmacy rebate period		30 days				
Advertising costs		$ 989	$ 985	$ 745		
Treasury shares held in trust (in shares) | shares		1	1	1		
Charitable contribution to CVS Health Foundation		$ 0	$ 0	$ 25		
Variable Interest Entity, Primary Beneficiary, Red Oak Sourcing, LLC						
Significant Accounting Policies [Line Items]						
VIE, ownership percentage						50.00%
Initial contractual term (in years)						10 years
Amended contract extension term					5 years	
Amended contract term (in years)					15 years	
Proceeds from VIE		126	183	$ 183		
Medicare Product Line						
Significant Accounting Policies [Line Items]						
Total premium deficiency reserve	$ 766					
Premium deficiency reserve, write-off of unamortized acquisition costs	383					
Premium deficiency reserve, charge to health care costs	383					
Premium deficiency reserve		0				
Individual Exchange Product Line						
Significant Accounting Policies [Line Items]						
Total premium deficiency reserve	270					
Premium deficiency reserve, write-off of unamortized acquisition costs	11					
Premium deficiency reserve, charge to health care costs	259					
Premium deficiency reserve		0				
Other Insurance Liabilities						
Significant Accounting Policies [Line Items]						
Liability for unpaid claims		280	285			
Liability for future policy benefits		371	393			
Other Long-Term Insurance Liabilities						
Significant Accounting Policies [Line Items]						
Liability for unpaid claims		713	834			
Liability for future policy benefits		4,200	$ 4,600			
Government Reporting Unit						
Significant Accounting Policies [Line Items]						
Goodwill impairment	0					
Retail Stores						
Significant Accounting Policies [Line Items]						
Asset impairment charges	607	607				
Impairment of operating and financing lease right-of-use assets	483	483				
Impairment of property and equipment	$ 124	124				
Non-Core Assets						
Significant Accounting Policies [Line Items]						
Asset impairment charges		$ 269				
Minimum						
Significant Accounting Policies [Line Items]						
Period after date of service a claim is paid		6 months				
Award vesting period		3 years				
Minimum | Buildings, building improvements and leasehold improvements						
Significant Accounting Policies [Line Items]						
Useful life of property plant and equipment		1 year				
Minimum | Fixtures, equipment and internally developed software						
Significant Accounting Policies [Line Items]						
Useful life of property plant and equipment		3 years				
Maximum						
Significant Accounting Policies [Line Items]						
Lease renewal term		5 years				
Period after date of service a claim is paid		48 months				
Award vesting period		5 years				
Maximum | Buildings, building improvements and leasehold improvements						
Significant Accounting Policies [Line Items]						
Useful life of property plant and equipment		40 years				
Maximum | Fixtures, equipment and internally developed software						
Significant Accounting Policies [Line Items]						
Useful life of property plant and equipment		10 years				
Pharmacy & Consumer Wellness						
Significant Accounting Policies [Line Items]						
Number of retail locations (more than) | store		9			
Health Services						
Significant Accounting Policies [Line Items]						
Number of walk-in medical clinics (more than) | clinic		1,000				
Health Care Benefits						
Significant Accounting Policies [Line Items]						
Number of people served (more than) | people		36				
Number of states in which the Company has entered the individual public health insurance exchange | state		17				

Significant Accounting Policies - Cash, Cash Equivalents and Restricted Cash (Details) - USD ($) $ in Millions	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022	Dec. 31, 2021

Accounting Policies [Abstract]				
Cash and cash equivalents	$ 8,586	$ 8,196	$ 12,945	
Restricted cash (included in other current assets)	95	90	144	
Restricted cash (included in other assets)	203	239	216	
Total cash, cash equivalents and restricted cash in the consolidated statements of cash flows	$ 8,884	$ 8,525	$ 13,305	$ 12,691

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Significant Accounting Policies - Accounts Receivable (Details) - USD ($) $ in Millions	Dec. 31, 2024	Dec. 31, 2023
Accounting Policies [Abstract]		
Trade receivables	$ 9,881	$ 11,908
Vendor and manufacturer receivables	13,891	15,711
Premium receivables	4,731	3,714
Other receivables	7,966	3,894
Total accounts receivable, net	$ 36,469	$ 35,227

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Significant Accounting Policies - Deferred Acquisition Costs (Details) - USD ($) $ in Millions	12 Months Ended	
	Dec. 31, 2024	Dec. 31, 2023
Movement Analysis of Deferred Policy Acquisition Costs [Roll Forward]		
Deferred acquisition costs, beginning of the period	$ 1,502	$ 1,219
Capitalizations	544	548
Amortization expense	(299)	(265)
Deferred acquisition costs, end of the period	$ 1,747	$ 1,502

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Significant Accounting Policies - Property and Equipment (Details) - USD ($) $ in Millions	Dec. 31, 2024	Dec. 31, 2023
Property, Plant and Equipment [Line Items]		
Total property and equipment	$ 36,440	$ 33,882
Accumulated depreciation and amortization	(23,447)	(20,699)
Property and equipment, net	12,993	13,183
Land		
Property, Plant and Equipment [Line Items]		
Total property and equipment	1,847	1,958
Building and improvements		
Property, Plant and Equipment [Line Items]		
Total property and equipment	4,632	4,571
Fixtures and equipment		
Property, Plant and Equipment [Line Items]		
Total property and equipment	11,716	11,024
Leasehold improvements		
Property, Plant and Equipment [Line Items]		
Total property and equipment	6,725	6,511
Software		
Property, Plant and Equipment [Line Items]		
Total property and equipment	$ 11,520	$ 9,818

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Significant Accounting Policies - Disaggregation of Revenue (Details) - USD ($) $ in Millions	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Disaggregation of Revenue [Line Items]			
Revenues	$ 370,656	$ 356,623	$ 321,629
Net investment income (loss)	2,153	1,153	838
Total revenues	372,809	357,776	322,467
Pharmacy			
Disaggregation of Revenue [Line Items]			
Revenues	210,272	223,452	205,119
Front Store			
Disaggregation of Revenue [Line Items]			
Revenues	21,522	22,458	22,780
Premiums			
Disaggregation of Revenue [Line Items]			
Revenues	122,896	99,192	85,330
Other			
Disaggregation of Revenue [Line Items]			
Revenues	15,966	11,521	8,400
Health Care Benefits			
Disaggregation of Revenue [Line Items]			
Revenues	129,120	104,800	90,798
Net investment income (loss)	1,473	765	476
Health Services			
Disaggregation of Revenue [Line Items]			
Revenues	158,016	174,018	157,968
Net investment income (loss)	285	(1)	0
Pharmacy & Consumer Wellness			
Disaggregation of Revenue [Line Items]			
Revenues	83,464	77,748	72,739
Net investment income (loss)	0	(5)	(44)
Corporate/ Other			
Disaggregation of Revenue [Line Items]			
Revenues	56	57	124
Net investment income (loss)	395	394	406
Operating Segments | Health Care Benefits			
Disaggregation of Revenue [Line Items]			
Net investment income (loss)	1,473	765	476
Total revenues	130,665	105,646	91,350
Operating Segments | Health Care Benefits | Pharmacy			
Disaggregation of Revenue [Line Items]			
Revenues	0	0	0

Operating Segments | Health Care Benefits | Front Store			
Disaggregation of Revenue [Line Items]			
Revenues	0	0	0
Operating Segments | Health Care Benefits | Premiums			
Disaggregation of Revenue [Line Items]			
Revenues	122,849	99,144	85,274
Operating Segments | Health Care Benefits | Other			
Disaggregation of Revenue [Line Items]			
Revenues	6,343	5,737	5,600
Operating Segments | Health Services			
Disaggregation of Revenue [Line Items]			
Net investment income (loss)	285	(1)	0
Total revenues	173,605	186,843	169,576
Operating Segments | Health Services | Pharmacy network			
Disaggregation of Revenue [Line Items]			
Total revenues	91,650	112,718	102,968
Operating Segments | Health Services | Mail choice			
Disaggregation of Revenue [Line Items]			
Total revenues	70,877	67,992	63,825
Operating Segments | Health Services | Other			
Disaggregation of Revenue [Line Items]			
Total revenues	10,793	6,134	2,783
Operating Segments | Health Services | Pharmacy			
Disaggregation of Revenue [Line Items]			
Revenues	162,527	180,710	166,793
Operating Segments | Health Services | Front Store			
Disaggregation of Revenue [Line Items]			
Revenues	0	0	0
Operating Segments | Health Services | Premiums			
Disaggregation of Revenue [Line Items]			
Revenues	0	0	0
Operating Segments | Health Services | Other			
Disaggregation of Revenue [Line Items]			
Revenues	10,793	6,134	2,783
Operating Segments | Pharmacy & Consumer Wellness			
Disaggregation of Revenue [Line Items]			
Net investment income (loss)	0	(5)	(44)
Total revenues	124,500	116,763	108,596
Operating Segments | Pharmacy & Consumer Wellness | Pharmacy			
Disaggregation of Revenue [Line Items]			
Revenues	100,687	92,111	83,480
Operating Segments | Pharmacy & Consumer Wellness | Front Store			
Disaggregation of Revenue [Line Items]			
Revenues	21,522	22,458	22,780
Operating Segments | Pharmacy & Consumer Wellness | Premiums			
Disaggregation of Revenue [Line Items]			
Revenues	0	0	0
Operating Segments | Pharmacy & Consumer Wellness | Other			
Disaggregation of Revenue [Line Items]			
Revenues	2,291	2,199	2,380
Corporate/ Other | Corporate/ Other			
Disaggregation of Revenue [Line Items]			
Net investment income (loss)	395	394	406
Total revenues	451	451	530
Corporate/ Other | Corporate/ Other | Pharmacy			
Disaggregation of Revenue [Line Items]			
Revenues	0	0	0
Corporate/ Other | Corporate/ Other | Front Store			
Disaggregation of Revenue [Line Items]			
Revenues	0	0	0
Corporate/ Other | Corporate/ Other | Premiums			
Disaggregation of Revenue [Line Items]			
Revenues	47	48	56
Corporate/ Other | Corporate/ Other | Other			
Disaggregation of Revenue [Line Items]			
Revenues	9	9	68
Intersegment Eliminations			
Disaggregation of Revenue [Line Items]			
Net investment income (loss)	0	0	0
Total revenues	(56,412)	(51,927)	(47,585)
Intersegment Eliminations | Pharmacy			
Disaggregation of Revenue [Line Items]			
Revenues	(52,942)	(49,369)	(45,154)
Intersegment Eliminations | Front Store			
Disaggregation of Revenue [Line Items]			
Revenues	0	0	0
Intersegment Eliminations | Premiums			
Disaggregation of Revenue [Line Items]			
Revenues	0	0	0
Intersegment Eliminations | Other			
Disaggregation of Revenue [Line Items]			
Revenues	(3,470)	(2,558)	(2,431)
Intersegment Eliminations | Health Care Benefits			
Disaggregation of Revenue [Line Items]			
Total revenues	(72)	(81)	(76)
Intersegment Eliminations | Health Services			
Disaggregation of Revenue [Line Items]			
Total revenues	(15,304)	(12,826)	(11,608)
Intersegment Eliminations | Pharmacy & Consumer Wellness			
Disaggregation of Revenue [Line Items]			
Total revenues	$ (41,036)	$ (39,020)	$ (35,901)

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Significant Accounting Policies - Receivables and Contract Balances (Details) - USD ($) $ in Millions

Dec. 31, 2024 Dec. 31, 2023

Accounting Policies [Abstract]		
Trade receivables (included in accounts receivable, net)	$ 9,881	$ 11,908
Contract liabilities (included in accrued expenses and other current liabilities)	$ 144	$ 149

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Significant Accounting Policies - Variable Interest Entities Balances (Details) - USD ($) $ in Millions	**Dec. 31, 2024**	**Dec. 31, 2023**
Variable Interest Entity [Line Items]		
Total assets	$ 253,215	$ 249,728
Total liabilities	177,485	173,092
Long-term investments	28,934	23,019
Variable Interest Entity, Primary Beneficiary, Physicians Groups		
Variable Interest Entity [Line Items]		
Total assets	2,144	1,515
Total liabilities	2,104	1,503
Variable Interest Entity, Not Primary Beneficiary		
Variable Interest Entity [Line Items]		
Long-term investments	2,618	2,018
Variable Interest Entity, Not Primary Beneficiary | Hedge fund investments		
Variable Interest Entity [Line Items]		
Long-term investments	1,246	859
Variable Interest Entity, Not Primary Beneficiary | Private equity investments		
Variable Interest Entity [Line Items]		
Long-term investments	934	840
Variable Interest Entity, Not Primary Beneficiary | Real estate partnerships		
Variable Interest Entity [Line Items]		
Long-term investments	$ 438	$ 319

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Acquisitions, Divestitures and Asset Sales - Narrative (Details) $ / shares in Units, member in Thousands, $ in Millions	**Dec. 10, 2024 USD ($)**	**May 09, 2024 USD ($)**	**Jun. 02, 2023 USD ($)**	**May 01, 2023 USD ($)**	**Feb. 21, 2023 USD ($)**	**Feb. 28, 2023 USD ($)**	**Nov. 30, 2022 USD ($)**	**Jun. 30, 2022 USD ($)**	**Mar. 31, 2023 USD ($)**	**Mar. 31, 2022 USD ($) member**	**Dec. 31, 2023 USD ($)**	**Dec. 31, 2024 USD ($)**	**Dec. 31, 2023 USD ($)**	**Dec. 31, 2022 USD ($)**	**May 02, 2023 USD ($) $ / shares**	**Mar. 29, 2023 USD ($) $ / shares**	**May 31, 2022 member**
						1 Months Ended			**3 Months Ended**		**8 Months Ended**	**9 Months Ended**		**12 Months Ended**			
Income Statement, Balance Sheet and Additional Disclosures by Disposal Groups, Including Discontinued Operations [Line Items]																	
Proceeds from debt	$ 3,000	$ 5,000	$ 4,900	$ 5,000	$ 6,000	$ 6,000											
Intangible asset amortization since acquisition date													$ 2,025	$ 1,905	$ 1,785		
Stock-based compensation expense since acquisition date													540	588	447		
Loss on assets held for sale													0	349	2,533		
Gain on sale of subsidiaries													0	0	475		
Disposal Group, Disposed of by Sale, Not Discontinued Operations | International Health Care Renewal Rights																	
Income Statement, Balance Sheet and Additional Disclosures by Disposal Groups, Including Discontinued Operations [Line Items]																	
Number of international health care members, renewal rights sold | member																	200
Health Care Benefits | Disposal Group, Disposed of by Sale, Not Discontinued Operations | bswift LLC																	
Income Statement, Balance Sheet and Additional Disclosures by Disposal Groups, Including Discontinued Operations [Line Items]																	
Proceeds from divestiture of subsidiary							$ 735										
Gain on sale of subsidiaries														250			
Health Care Benefits | Disposal Group, Disposed of by Sale, Not Discontinued Operations | Payflex																	
Income Statement, Balance Sheet and Additional Disclosures by Disposal Groups, Including Discontinued Operations [Line Items]																	
Proceeds from divestiture of subsidiary								$ 775									
Gain on sale of subsidiaries														225			
Health Care Benefits | Disposal Group, Disposed of by Sale, Not Discontinued Operations | Thailand Business																	
Income Statement, Balance Sheet and Additional Disclosures by Disposal Groups, Including Discontinued Operations [Line Items]																	
Loss on assets held for sale										$ 41							
Number of medical members | member										266							
Pharmacy & Consumer Wellness | Disposal Group, Held-for-sale, Not Discontinued Operations | Omnicare Long-Term Care Business																	
Income Statement, Balance Sheet and Additional Disclosures by Disposal Groups, Including Discontinued Operations [Line Items]																	
Loss on assets held for sale									$ 349					$ 2,500			
Oak Street Health Inc.																	
Income Statement, Balance Sheet and Additional Disclosures by Disposal Groups, Including Discontinued Operations [Line Items]																	
Percentage of voting interests acquired															100.00%		
Cash to be received by shareholders in acquisition (in dollars per share) | $ / shares															$ 39.00		
Net deferred tax liabilities															$ 796		
Revenue since acquisition date											$ 2,100						
Operating income (losses) since acquisition date											(520)						
Intangible asset amortization since acquisition date											193						
Stock-based compensation expense since acquisition date											$ 71		60				
Transaction costs														77			
Signify Health, Inc.																	

Income Statement, Balance Sheet and Additional Disclosures by Disposal Groups, Including Discontinued Operations [Line Items]					
Percentage of voting interests acquired					100.00%
Cash to be received by shareholders in acquisition (in dollars per share) | $ / shares					$ 30.50
Net deferred tax liabilities					$ 259
Revenue since acquisition date			$ 797		
Operating income (losses) since acquisition date			123		
Intangible asset amortization since acquisition date			106		
Stock-based compensation expense since acquisition date			$ 72	$ 41	
Goodwill deductible for income tax purposes					$ 1,700
Transaction costs				$ 37	

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Acquisitions, Divestitures and Asset Sales - Schedule of Fair Value of Consideration Transferred (Details) - USD ($) shares in Millions, $ in Millions	**May 02, 2023**	**Mar. 29, 2023**
Oak Street Health Inc.		
Business Acquisition [Line Items]		
Cash	$ 9,579	
Effective settlement of pre-existing relationship	(29)	
Total consideration transferred	9,668	
Oak Street Health Inc. | Pre-combination services		
Business Acquisition [Line Items]		
Fair value of replacement equity awards for pre-combination services	$ 118	
Replacement equity awards for pre-combination services (in shares)	3.9	
Oak Street Health Inc. | Post-combination services		
Business Acquisition [Line Items]		
Fair value of replacement equity awards for pre-combination services	$ 165	
Signify Health, Inc.		
Business Acquisition [Line Items]		
Cash		$ 7,450
Effective settlement of pre-existing relationship		(111)
Total consideration transferred		7,353
Signify Health, Inc. | Pre-combination services		
Business Acquisition [Line Items]		
Fair value of replacement equity awards for pre-combination services		$ 14
Replacement equity awards for pre-combination services (in shares)		3.2
Signify Health, Inc. | Post-combination services		
Business Acquisition [Line Items]		
Fair value of replacement equity awards for pre-combination services		$ 167

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Acquisitions, Divestitures and Asset Sales - Schedule of Fair Values of Assets Acquired and Liabilities Assumed (Details) - USD ($) $ in Millions	**Dec. 31, 2024**	**Dec. 31, 2023**	**May 02, 2023**	**Mar. 29, 2023**	**Dec. 31, 2022**
Business Acquisition [Line Items]					
Goodwill	$ 91,272	$ 91,272			$ 78,150
Oak Street Health Inc.					
Business Acquisition [Line Items]					
Cash and cash equivalents			$ 201		
Investments			168		
Accounts receivable			1,143		
Other current assets (including restricted cash)			46		
Property and equipment			180		
Operating lease right-of-use assets			316		
Goodwill			7,213		
Intangible assets			4,233		
Other long-term assets			7		
Total assets acquired			13,507		
Health care costs payable			1,098		
Other current liabilities			444		
Operating lease liabilities (current and long-term)			378		
Debt (current and long-term)			1,028		
Deferred income taxes			796		
Other long-term liabilities			29		
Total liabilities assumed			3,773		
Noncontrolling interests			66		
Total consideration transferred			$ 9,668		
Signify Health, Inc.					
Business Acquisition [Line Items]					
Cash and cash equivalents				$ 376	
Accounts receivable				190	
Other current assets (including restricted cash)				147	
Property and equipment				25	
Goodwill				5,909	
Intangible assets				1,920	
Other long-term assets				23	
Total assets acquired				8,590	
Other current liabilities				606	
Debt (current and long-term)				346	
Deferred income taxes				259	
Other long-term liabilities				26	
Total liabilities assumed				1,237	
Total consideration transferred				7,353	
Restricted cash				$ 28	

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Acquisitions, Divestitures and

Asset Sales - Summary of the Valuation of Goodwill Allocated to Business Segments (Details) - USD ($) $ in Millions	Dec. 31, 2024	Dec. 31, 2023	May 02, 2023	Mar. 29, 2023	Dec. 31, 2022
Business Acquisition [Line Items]					
Goodwill	$ 91,272	$ 91,272			$ 78,150
Health Services					
Business Acquisition [Line Items]					
Goodwill	34,066	34,066			23,615
Pharmacy & Consumer Wellness					
Business Acquisition [Line Items]					
Goodwill	10,562	10,562			10,376
Health Care Benefits					
Business Acquisition [Line Items]					
Goodwill	$ 46,644	$ 46,644			$ 44,159
Oak Street Health Inc.					
Business Acquisition [Line Items]					
Goodwill			$ 7,213		
Oak Street Health Inc. | Health Services					
Business Acquisition [Line Items]					
Goodwill			6,936		
Oak Street Health Inc. | Pharmacy & Consumer Wellness					
Business Acquisition [Line Items]					
Goodwill			156		
Oak Street Health Inc. | Health Care Benefits					
Business Acquisition [Line Items]					
Goodwill			$ 121		
Signify Health, Inc.					
Business Acquisition [Line Items]					
Goodwill				$ 5,909	
Signify Health, Inc. | Health Services					
Business Acquisition [Line Items]					
Goodwill				3,406	
Signify Health, Inc. | Pharmacy & Consumer Wellness					
Business Acquisition [Line Items]					
Goodwill				30	
Signify Health, Inc. | Health Care Benefits					
Business Acquisition [Line Items]					
Goodwill				$ 2,473	

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Acquisitions, Divestitures and Asset Sales - Summary of Fair Values and Weighted Average Useful Lives for Intangible Assets Acquired (Details) - USD ($) $ in Millions	May 02, 2023	Mar. 29, 2023
Oak Street Health Inc.		
Business Acquisition [Line Items]		
Gross Fair Value	$ 4,233	
Weighted Average Useful Life (years)	18 years	
Oak Street Health Inc. | Customer Relationships		
Business Acquisition [Line Items]		
Gross Fair Value	$ 3,620	
Weighted Average Useful Life (years)	19 years 10 months 24 days	
Oak Street Health Inc. | Technology		
Business Acquisition [Line Items]		
Gross Fair Value	$ 143	
Weighted Average Useful Life (years)	3 years	
Oak Street Health Inc. | Trademarks		
Business Acquisition [Line Items]		
Gross Fair Value	$ 470	
Weighted Average Useful Life (years)	8 years	
Signify Health, Inc.		
Business Acquisition [Line Items]		
Gross Fair Value		$ 1,920
Weighted Average Useful Life (years)		16 years
Signify Health, Inc. | Customer Relationships		
Business Acquisition [Line Items]		
Gross Fair Value		$ 1,810
Weighted Average Useful Life (years)		16 years 8 months 12 days
Signify Health, Inc. | Technology		
Business Acquisition [Line Items]		
Gross Fair Value		$ 50
Weighted Average Useful Life (years)		3 years
Signify Health, Inc. | Trademarks		
Business Acquisition [Line Items]		
Gross Fair Value		$ 60
Weighted Average Useful Life (years)		5 years

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Restructuring (Details) $ in Millions	3 Months Ended Sep. 30, 2024 USD ($) store	12 Months Ended Dec. 31, 2024 USD ($)	Dec. 31, 2023 USD ($)	Dec. 31, 2022 USD ($)
Restructuring Cost and Reserve [Line Items]				
Restructuring charges		$ 1,179	$ 507	$ 0
Asset impairment charges			152	
Severance and employee-related costs		293	344	
Stock-based compensation charge		10	11	
Number of stores, planned closure | store	271			
Fair value of operating and finance lease right-of-use assets	$ 100			
Fair value of property and equipment	39			
Payments related to severance and employee-related costs		88	$ 194	
Retail Stores				

Restructuring Cost and Reserve [Line Items]		
Asset impairment charges	607	607
Impairment of operating and financing lease right-of-use assets	483	483
Impairment of property and equipment	$ 124	124
Non-Core Assets		
Restructuring Cost and Reserve [Line Items]		
Asset impairment charges		$ 269

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Investments - Total Investments Schedule (Details) - USD ($) $ in Millions	Dec. 31, 2024	Dec. 31, 2023
Total Investments [Line Items]		
Current	$ 2,407	$ 3,259
Long-term	28,934	23,019
Total	31,341	26,278
Debt securities available for sale		
Total Investments [Line Items]		
Current	2,256	3,131
Long-term	23,777	18,582
Total	26,033	21,713
Mortgage loans		
Total Investments [Line Items]		
Current	151	128
Long-term	1,354	1,183
Total	1,505	1,311
Other investments		
Total Investments [Line Items]		
Current	0	0
Long-term	3,803	3,254
Total	$ 3,803	$ 3,254

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Investments - Narrative (Details) - USD ($) $ in Millions	12 Months Ended	
	Dec. 31, 2024	Dec. 31, 2023
Debt Securities, Available-for-sale [Line Items]		
Investments related to 2012 contract conversion	$ 269	$ 307
Residential mortgage-backed securities		
Debt Securities, Available-for-sale [Line Items]		
Weighted average duration of securities	6 years 4 months 24 days	
Commercial mortgage-backed securities		
Debt Securities, Available-for-sale [Line Items]		
Weighted average duration of securities	4 years 10 months 24 days	
Other asset-backed securities		
Debt Securities, Available-for-sale [Line Items]		
Weighted average duration of securities	1 year	

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Investments - Debt Securities (Details) - USD ($) $ in Millions	Dec. 31, 2024	Dec. 31, 2023
Debt Securities, Available-for-sale [Line Items]		
Amortized Cost	$ 26,562	$ 22,282
Gross Unrealized Gains	178	267
Gross Unrealized Losses	(707)	(836)
Fair Value	26,033	21,713
Allowance for expected credit losses	0	0
U.S. government securities		
Debt Securities, Available-for-sale [Line Items]		
Amortized Cost	2,826	2,071
Gross Unrealized Gains	7	19
Gross Unrealized Losses	(38)	(54)
Fair Value	2,795	2,036
States, municipalities and political subdivisions		
Debt Securities, Available-for-sale [Line Items]		
Amortized Cost	712	2,219
Gross Unrealized Gains	4	31
Gross Unrealized Losses	(18)	(35)
Fair Value	698	2,215
U.S. corporate securities		
Debt Securities, Available-for-sale [Line Items]		
Amortized Cost	13,043	10,156
Gross Unrealized Gains	94	133
Gross Unrealized Losses	(412)	(446)
Fair Value	12,725	9,843
Foreign securities		
Debt Securities, Available-for-sale [Line Items]		
Amortized Cost	2,608	2,593
Gross Unrealized Gains	27	41
Gross Unrealized Losses	(111)	(122)
Fair Value	2,524	2,512
Residential mortgage-backed securities		
Debt Securities, Available-for-sale [Line Items]		
Amortized Cost	792	862
Gross Unrealized Gains	2	8
Gross Unrealized Losses	(54)	(60)
Fair Value	740	810
Commercial mortgage-backed securities		
Debt Securities, Available-for-sale [Line Items]		
Amortized Cost	1,731	1,066
Gross Unrealized Gains	9	9
Gross Unrealized Losses	(67)	(100)
Fair Value	1,673	975
Other asset-backed securities		
Debt Securities, Available-for-sale [Line Items]		
Amortized Cost	4,834	3,294
Gross Unrealized Gains	35	26
Gross Unrealized Losses	(7)	(18)

Fair Value	4,862	3,302
Redeemable preferred securities		
Debt Securities, Available-for-sale [Line Items]		
Amortized Cost	16	21
Gross Unrealized Gains	0	0
Gross Unrealized Losses	0	(1)
Fair Value	16	20
Supporting experience- rated products		
Debt Securities, Available-for-sale [Line Items]		
Gross Unrealized Gains	5	10
Gross Unrealized Losses	(30)	(28)
Fair Value	$ 543	$ 592

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Investments - Debt Securities by Maturity (Details) - USD ($) $ in Millions	**Dec. 31, 2024**	**Dec. 31, 2023**
Amortized Cost		
Less than one year	$ 763	
One year through five years	10,599	
After five years through ten years	4,683	
Greater than ten years	3,160	
Amortized Cost	26,562	$ 22,282
Fair Value		
Less than one year	761	
One year through five years	10,510	
After five years through ten years	4,578	
Greater than ten years	2,909	
Total	26,033	21,713
Residential mortgage-backed securities		
Amortized Cost		
Debt securities, maturity, without single maturity date	792	
Amortized Cost	792	862
Fair Value		
Debt securities, maturity, without single maturity date	740	
Total	740	810
Commercial mortgage-backed securities		
Amortized Cost		
Debt securities, maturity, without single maturity date	1,731	
Amortized Cost	1,731	1,066
Fair Value		
Debt securities, maturity, without single maturity date	1,673	
Total	1,673	975
Other asset-backed securities		
Amortized Cost		
Debt securities, maturity, without single maturity date	4,834	
Amortized Cost	4,834	3,294
Fair Value		
Debt securities, maturity, without single maturity date	4,862	
Total	$ 4,862	$ 3,302

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Investments - Unrealized Loss Position (Details) $ in Millions	**Dec. 31, 2024 USD ($) security**	**Dec. 31, 2023 USD ($) security**
Number of Securities		
Number of Securities, Less than 12 months | security	4,502	1,182
Number of Securities, Greater than 12 months | security	4,174	7,018
Number of Securities | security	8,676	8,200
Fair Value		
Fair Value, Less than 12 months	$ 7,506	$ 1,932
Fair Value, Greater than 12 months	5,734	10,616
Fair Value	13,240	12,548
Unrealized Losses		
Unrealized Losses, Less than 12 months	127	28
Unrealized Losses, Greater than 12 months	580	808
Unrealized Losses	$ 707	$ 836
U.S. government securities		
Number of Securities		
Number of Securities, Less than 12 months | security	266	74
Number of Securities, Greater than 12 months | security	155	280
Number of Securities | security	421	354
Fair Value		
Fair Value, Less than 12 months	$ 1,053	$ 194
Fair Value, Greater than 12 months	394	891
Fair Value	1,447	1,085
Unrealized Losses		
Unrealized Losses, Less than 12 months	18	2
Unrealized Losses, Greater than 12 months	20	52
Unrealized Losses	$ 38	$ 54
States, municipalities and political subdivisions		
Number of Securities		
Number of Securities, Less than 12 months | security	100	95
Number of Securities, Greater than 12 months | security	137	455
Number of Securities | security	237	550
Fair Value		
Fair Value, Less than 12 months	$ 181	$ 181
Fair Value, Greater than 12 months	201	733
Fair Value	382	914
Unrealized Losses		
Unrealized Losses, Less than 12 months	3	1
Unrealized Losses, Greater than 12 months	15	34
Unrealized Losses	$ 18	$ 35
U.S. corporate securities		
Number of Securities		
Number of Securities, Less than 12 months | security	3,119	576
Number of Securities, Greater than 12 months | security	2,602	4,120
Number of Securities | security	5,721	4,696

Fair Value		
Fair Value, Less than 12 months	$ 4,144	$ 672
Fair Value, Greater than 12 months	3,395	5,602
Fair Value	7,539	6,274
Unrealized Losses		
Unrealized Losses, Less than 12 months	64	14
Unrealized Losses, Greater than 12 months	348	432
Unrealized Losses	$ 412	$ 446
Foreign securities		
Number of Securities		
Number of Securities, Less than 12 months | security	599	160
Number of Securities, Greater than 12 months | security	616	964
Number of Securities | security	1,215	1,124
Fair Value		
Fair Value, Less than 12 months	$ 810	$ 243
Fair Value, Greater than 12 months	874	1,407
Fair Value	1,684	1,650
Unrealized Losses		
Unrealized Losses, Less than 12 months	21	4
Unrealized Losses, Greater than 12 months	90	118
Unrealized Losses	$ 111	$ 122
Residential mortgage-backed securities		
Number of Securities		
Number of Securities, Less than 12 months | security	89	33
Number of Securities, Greater than 12 months | security	361	461
Number of Securities | security	450	494
Fair Value		
Fair Value, Less than 12 months	$ 267	$ 97
Fair Value, Greater than 12 months	342	517
Fair Value	609	614
Unrealized Losses		
Unrealized Losses, Less than 12 months	5	1
Unrealized Losses, Greater than 12 months	49	59
Unrealized Losses	$ 54	$ 60
Commercial mortgage-backed securities		
Number of Securities		
Number of Securities, Less than 12 months | security	186	44
Number of Securities, Greater than 12 months | security	237	287
Number of Securities | security	423	331
Fair Value		
Fair Value, Less than 12 months	$ 628	$ 94
Fair Value, Greater than 12 months	464	581
Fair Value	1,092	675
Unrealized Losses		
Unrealized Losses, Less than 12 months	11	2
Unrealized Losses, Greater than 12 months	56	98
Unrealized Losses	$ 67	$ 100
Other asset-backed securities		
Number of Securities		
Number of Securities, Less than 12 months | security	139	196
Number of Securities, Greater than 12 months | security	62	443
Number of Securities | security	201	639
Fair Value		
Fair Value, Less than 12 months	$ 414	$ 449
Fair Value, Greater than 12 months	58	867
Fair Value	472	1,316
Unrealized Losses		
Unrealized Losses, Less than 12 months	5	4
Unrealized Losses, Greater than 12 months	2	14
Unrealized Losses	$ 7	$ 18
Redeemable preferred securities		
Number of Securities		
Number of Securities, Less than 12 months | security	4	4
Number of Securities, Greater than 12 months | security	4	8
Number of Securities | security	8	12
Fair Value		
Fair Value, Less than 12 months	$ 9	$ 2
Fair Value, Greater than 12 months	6	18
Fair Value	15	20
Unrealized Losses		
Unrealized Losses, Less than 12 months	0	0
Unrealized Losses, Greater than 12 months	0	1
Unrealized Losses	$ 0	$ 1

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Investments - Unrealized Loss Position Maturities (Details) - USD ($) $ in Millions	**Dec. 31, 2024**	**Dec. 31, 2023**
Fair Value		
Less than one year	$ 420	
One year through five years	5,582	
After five years through ten years	2,767	
Greater than ten years	2,298	
Fair Value	13,240	$ 12,548
Unrealized Losses		
Less than one year	4	
One year through five years	152	
After five years through ten years	144	
Greater than ten years	279	
Unrealized Losses	707	836
Residential mortgage-backed securities		
Fair Value		
Debt securities, maturity, without single maturity date, fair value	609	
Fair Value	609	614
Unrealized Losses		
Debt securities, maturity, without single maturity date, unrealized losses	54	
Unrealized Losses	54	60

Commercial mortgage-backed securities		
Fair Value		
Debt securities, maturity, without single maturity date, fair value	1,092	
Fair Value	1,092	675
Unrealized Losses		
Debt securities, maturity, without single maturity date, unrealized losses	67	
Unrealized Losses	67	100
Other asset-backed securities		
Fair Value		
Debt securities, maturity, without single maturity date, fair value	472	
Fair Value	472	1,316
Unrealized Losses		
Debt securities, maturity, without single maturity date, unrealized losses	7	
Unrealized Losses	7	$ 18
Supporting experience- rated products		
Fair Value		
Less than one year	0	
One year through five years	120	
After five years through ten years	86	
Greater than ten years	166	
Fair Value	396	
Unrealized Losses		
Less than one year	0	
One year through five years	3	
After five years through ten years	6	
Greater than ten years	20	
Unrealized Losses	30	
Supporting experience- rated products | Residential mortgage-backed securities		
Fair Value		
Debt securities, maturity, without single maturity date, fair value	6	
Unrealized Losses		
Debt securities, maturity, without single maturity date, unrealized losses	0	
Supporting experience- rated products | Commercial mortgage-backed securities		
Fair Value		
Debt securities, maturity, without single maturity date, fair value	6	
Unrealized Losses		
Debt securities, maturity, without single maturity date, unrealized losses	1	
Supporting experience- rated products | Other asset-backed securities		
Fair Value		
Debt securities, maturity, without single maturity date, fair value	12	
Unrealized Losses		
Debt securities, maturity, without single maturity date, unrealized losses	0	
Supporting remaining products		
Fair Value		
Less than one year	420	
One year through five years	5,462	
After five years through ten years	2,681	
Greater than ten years	2,132	
Fair Value	12,844	
Unrealized Losses		
Less than one year	4	
One year through five years	149	
After five years through ten years	138	
Greater than ten years	259	
Unrealized Losses	677	
Supporting remaining products | Residential mortgage-backed securities		
Fair Value		
Debt securities, maturity, without single maturity date, fair value	603	
Unrealized Losses		
Debt securities, maturity, without single maturity date, unrealized losses	54	
Supporting remaining products | Commercial mortgage-backed securities		
Fair Value		
Debt securities, maturity, without single maturity date, fair value	1,086	
Unrealized Losses		
Debt securities, maturity, without single maturity date, unrealized losses	66	
Supporting remaining products | Other asset-backed securities		
Fair Value		
Debt securities, maturity, without single maturity date, fair value	460	
Unrealized Losses		
Debt securities, maturity, without single maturity date, unrealized losses	$ 7	

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Investments - Mortgage Loans (Details) - Commercial Real Estate - USD ($) $ in Millions	**12 Months Ended**	
	Dec. 31, 2024	**Dec. 31, 2023**
Mortgage Loans on Real Estate [Line Items]		
New mortgage loans	$ 323	$ 342
Mortgage loans fully repaid	104	43
Mortgage loans foreclosed	$ 0	$ 0

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Investments - Mortgage Loans Credit Ratings Indicator (Details) - Commercial Real Estate - USD ($) $ in Millions		
	Dec. 31, 2024	**Dec. 31, 2023**
Mortgage Loans on Real Estate [Line Items]		
Mortgage loans	$ 1,505	$ 1,311
2024		
Mortgage Loans on Real Estate [Line Items]		
Mortgage loans	315	
2023		
Mortgage Loans on Real Estate [Line Items]		
Mortgage loans	292	302
2022		
Mortgage Loans on Real Estate [Line Items]		

Mortgage loans 2021	324	346
Mortgage Loans on Real Estate [Line Items] Mortgage loans 2020	218	244
Mortgage Loans on Real Estate [Line Items] Mortgage loans Prior	35	35
Mortgage Loans on Real Estate [Line Items] Mortgage loans 1	321	384
Mortgage Loans on Real Estate [Line Items] Mortgage loans 1 | 2024	8	11
Mortgage Loans on Real Estate [Line Items] Mortgage loans 1 | 2023	0	
Mortgage Loans on Real Estate [Line Items] Mortgage loans 1 | 2022	0	0
Mortgage Loans on Real Estate [Line Items] Mortgage loans 1 | 2021	0	0
Mortgage Loans on Real Estate [Line Items] Mortgage loans 1 | 2020	0	0
Mortgage Loans on Real Estate [Line Items] Mortgage loans 1 | Prior	0	0
Mortgage Loans on Real Estate [Line Items] Mortgage loans 2 to 4	8	11
Mortgage Loans on Real Estate [Line Items] Mortgage loans 2 to 4 | 2024	1,452	1,262
Mortgage Loans on Real Estate [Line Items] Mortgage loans 2 to 4 | 2023	315	
Mortgage Loans on Real Estate [Line Items] Mortgage loans 2 to 4 | 2022	292	302
Mortgage Loans on Real Estate [Line Items] Mortgage loans 2 to 4 | 2021	320	346
Mortgage Loans on Real Estate [Line Items] Mortgage loans 2 to 4 | 2020	205	225
Mortgage Loans on Real Estate [Line Items] Mortgage loans 2 to 4 | Prior	35	35
Mortgage Loans on Real Estate [Line Items] Mortgage loans 5 and 6	285	354
Mortgage Loans on Real Estate [Line Items] Mortgage loans 5 and 6 | 2024	45	32
Mortgage Loans on Real Estate [Line Items] Mortgage loans 5 and 6 | 2023	0	
Mortgage Loans on Real Estate [Line Items] Mortgage loans 5 and 6 | 2022	0	0
Mortgage Loans on Real Estate [Line Items] Mortgage loans 5 and 6 | 2021	4	0
Mortgage Loans on Real Estate [Line Items] Mortgage loans 5 and 6 | 2020	13	13
Mortgage Loans on Real Estate [Line Items] Mortgage loans 5 and 6 | Prior	0	0
Mortgage Loans on Real Estate [Line Items] Mortgage loans 7	28	19
Mortgage Loans on Real Estate [Line Items] Mortgage loans 7 | 2024	0	6
Mortgage Loans on Real Estate [Line Items] Mortgage loans 7 | 2023	0	
Mortgage Loans on Real Estate [Line Items] Mortgage loans 7 | 2022	0	0
Mortgage Loans on Real Estate [Line Items] Mortgage loans 7 | 2021	0	0
Mortgage Loans on Real Estate [Line Items] Mortgage loans 7 | 2020	0	6
Mortgage Loans on Real Estate [Line Items] Mortgage loans 7 | Prior	0	0
Mortgage Loans on Real Estate [Line Items] Mortgage loans	$ 0	$ 0

Investments - Mortgage Loan Principal Repayments

Dec. 31, 2024

(Details) - Commercial Real Estate $ in Millions	USD ($)
Mortgage Loans on Real Estate [Line Items]	
2025	$ 151
2026	164
2027	249
2028	313
2029	297
Thereafter	331
Total	$ 1,505

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Investments - Net Investment Income (Details) - USD ($) $ in Millions	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Schedule of Investment Income, Reported Amounts, by Category [Line Items]			
Gross investment income	$ 2,099	$ 1,696	$ 1,201
Investment expenses	(63)	(46)	(43)
Net investment income (excluding net realized capital gains or losses)	2,036	1,650	1,158
Less: Net realized capital gains (losses)	117	(497)	(320)
Net investment income	2,153	1,153	838
Debt securities			
Schedule of Investment Income, Reported Amounts, by Category [Line Items]			
Gross investment income	1,136	841	702
Mortgage loans			
Schedule of Investment Income, Reported Amounts, by Category [Line Items]			
Gross investment income	76	59	51
Other investments			
Schedule of Investment Income, Reported Amounts, by Category [Line Items]			
Gross investment income	$ 887	$ 796	$ 448

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Investments - Realized Gains (Details) - USD ($) $ in Millions	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Investments [Abstract]			
Proceeds from sales	$ 6,489	$ 5,031	$ 4,243
Gross realized capital gains	37	9	24
Gross realized capital losses	$ (190)	$ 420	$ 177

XML 104 R77.htm IDEA: XBRL DOCUMENT

Fair Value - Measurement on a Recurring Basis (Details) - USD ($) $ in Millions	Dec. 31, 2024	Dec. 31, 2023
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	$ 26,033	$ 21,713
U.S. government securities		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	2,795	2,036
States, municipalities and political subdivisions		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	698	2,215
U.S. corporate securities		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	12,725	9,843
Foreign securities		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	2,524	2,512
Residential mortgage-backed securities		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	740	810
Commercial mortgage-backed securities		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	1,673	975
Other asset-backed securities		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	4,862	3,302
Redeemable preferred securities		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	16	20
Recurring		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Financial liabilities measured at fair value on a recurring basis	0	0
Cash and cash equivalents	8,586	8,196
Debt securities	26,033	21,713
Equity securities	360	273
Total	34,979	30,182
Recurring | Level 1		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Cash and cash equivalents	4,948	2,174
Debt securities	2,777	2,013
Equity securities	234	194
Total	7,959	4,381
Recurring | Level 2		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Cash and cash equivalents	3,638	6,022
Debt securities	23,218	19,671
Equity securities	0	0
Total	26,856	25,693
Recurring | Level 3		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Cash and cash equivalents	0	0
Debt securities	38	29
Equity securities	126	79
Total	164	108
Recurring | U.S. government securities		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		

Debt securities	2,795	2,036
Recurring | U.S. government securities | Level 1		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	2,777	2,013
Recurring | U.S. government securities | Level 2		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	18	23
Recurring | U.S. government securities | Level 3		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	0	0
Recurring | States, municipalities and political subdivisions		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	698	2,215
Recurring | States, municipalities and political subdivisions | Level 1		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	0	0
Recurring | States, municipalities and political subdivisions | Level 2		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	698	2,215
Recurring | States, municipalities and political subdivisions | Level 3		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	0	0
Recurring | U.S. corporate securities		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	12,725	9,843
Recurring | U.S. corporate securities | Level 1		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	0	0
Recurring | U.S. corporate securities | Level 2		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	12,687	9,814
Recurring | U.S. corporate securities | Level 3		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	38	29
Recurring | Foreign securities		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	2,524	2,512
Recurring | Foreign securities | Level 1		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	0	0
Recurring | Foreign securities | Level 2		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	2,524	2,512
Recurring | Foreign securities | Level 3		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	0	0
Recurring | Residential mortgage-backed securities		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	740	810
Recurring | Residential mortgage-backed securities | Level 1		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	0	0
Recurring | Residential mortgage-backed securities | Level 2		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	740	810
Recurring | Residential mortgage-backed securities | Level 3		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	0	0
Recurring | Commercial mortgage-backed securities		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	1,673	975
Recurring | Commercial mortgage-backed securities | Level 1		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	0	0
Recurring | Commercial mortgage-backed securities | Level 2		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	1,673	975
Recurring | Commercial mortgage-backed securities | Level 3		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	0	0
Recurring | Other asset-backed securities		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	4,862	3,302
Recurring | Other asset-backed securities | Level 1		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	0	0
Recurring | Other asset-backed securities | Level 2		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	4,862	3,302
Recurring | Other asset-backed securities | Level 3		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	0	0
Recurring | Redeemable preferred securities		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	16	20
Recurring | Redeemable preferred securities | Level 1		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	0	0
Recurring | Redeemable preferred securities | Level 2		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	16	20
Recurring | Redeemable preferred securities | Level 3		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Debt securities	$ 0	$ 0

Fair Value - Changes in Level 3 Financial **12 Months Ended**

Assets (Details) - USD ($) $ in Millions	Dec. 31, 2024	Dec. 31, 2023
Net realized and unrealized capital gains (losses):		
Fair Value Recurring Basis, Unobservable Input Reconciliation Asset Gain (Loss), Statement Of Income, Extensible List, Not Disclosed Flag	Included in earnings	Included in earnings
Recurring		
Fair Value, Assets Measured on Recurring Basis, Unobservable Input Reconciliation, Calculation [Roll Forward]		
Beginning balance	$ 108	$ 129
Net realized and unrealized capital gains (losses):		
Included in earnings	23	(10)
Included in other comprehensive income (loss)	(1)	1
Purchases	101	41
Sales	0	(3)
Gross transfers out of level 3	(67)	(50)
Ending balance	164	108
Commercial mortgage-backed securities | Recurring		
Fair Value, Assets Measured on Recurring Basis, Unobservable Input Reconciliation, Calculation [Roll Forward]		
Beginning balance	0	0
Net realized and unrealized capital gains (losses):		
Included in earnings	0	0
Included in other comprehensive income (loss)	0	0
Purchases	52	13
Sales	0	0
Gross transfers out of level 3	(52)	(13)
Ending balance	0	0
U.S. corporate securities | Recurring		
Fair Value, Assets Measured on Recurring Basis, Unobservable Input Reconciliation, Calculation [Roll Forward]		
Beginning balance	29	61
Net realized and unrealized capital gains (losses):		
Included in earnings	(5)	(8)
Included in other comprehensive income (loss)	(1)	1
Purchases	15	5
Sales	0	(1)
Gross transfers out of level 3	0	(29)
Ending balance	38	29
Other asset-backed securities | Recurring		
Fair Value, Assets Measured on Recurring Basis, Unobservable Input Reconciliation, Calculation [Roll Forward]		
Beginning balance	0	
Net realized and unrealized capital gains (losses):		
Included in earnings	0	
Included in other comprehensive income (loss)	0	
Purchases	15	
Sales	0	
Gross transfers out of level 3	(15)	
Ending balance	0	0
Foreign securities | Recurring		
Fair Value, Assets Measured on Recurring Basis, Unobservable Input Reconciliation, Calculation [Roll Forward]		
Beginning balance	0	8
Net realized and unrealized capital gains (losses):		
Included in earnings		0
Included in other comprehensive income (loss)		0
Purchases		0
Sales		0
Gross transfers out of level 3		(8)
Ending balance		0
Equity securities | Recurring		
Fair Value, Assets Measured on Recurring Basis, Unobservable Input Reconciliation, Calculation [Roll Forward]		
Beginning balance	79	60
Net realized and unrealized capital gains (losses):		
Included in earnings	28	(2)
Included in other comprehensive income (loss)	0	0
Purchases	19	23
Sales	0	(2)
Gross transfers out of level 3	0	0
Ending balance	$ 126	$ 79

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Fair Value - Narrative (Details) - USD ($) $ in Millions	12 Months Ended	
	Dec. 31, 2024	Dec. 31, 2023
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Change in unrealized capital losses included in OCI associated with Level 3 financial assets	$ 1	$ 9
Level 3 | Recurring		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Gross transfers into Level 3	0	0
Gross transfers out of Level 3	67	50
Level 3 | Recurring | Separate Accounts, financial assets		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Gross transfers into Level 3	0	0
Gross transfers out of Level 3	$ 0	$ 0

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Fair Value - Gross Transfers Into (Out of) Level 3 (Details) - Recurring - USD ($) $ in Millions	12 Months Ended	
	Dec. 31, 2024	Dec. 31, 2023
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Net transfers out of Level 3	$ (67)	$ (50)
Level 3		
Fair Value, Assets and Liabilities Measured on Recurring and Nonrecurring Basis [Line Items]		
Gross transfers into Level 3	0	0
Gross transfers out of Level 3	(67)	(50)
Net transfers out of Level 3	$ (67)	$ (50)

XML 108 R81.htm IDEA: XBRL DOCUMENT

Fair Value - Carrying Value and Fair Value Classified by Level (Details) - Nonrecurring - USD ($) $ in Millions	Dec. 31, 2024	Dec. 31, 2023

Carrying Value		
Assets:		
Mortgage loans	$ 1,505	$ 1,311
Equity securities	490	534
Liabilities:		
Investment contract liabilities with a fixed maturity	1	1
Investment contracts liabilities without a fixed maturity	312	312
Long-term debt	64,151	61,410
Estimated Fair Value		
Assets:		
Mortgage loans	1,468	1,274
Liabilities:		
Investment contract liabilities with a fixed maturity	1	1
Investment contracts liabilities without a fixed maturity	272	279
Long-term debt	58,724	58,451
Level 1 | Estimated Fair Value		
Assets:		
Mortgage loans	0	0
Liabilities:		
Investment contract liabilities with a fixed maturity	0	0
Investment contracts liabilities without a fixed maturity	0	0
Long-term debt	58,724	58,451
Level 2 | Estimated Fair Value		
Assets:		
Mortgage loans	0	0
Liabilities:		
Investment contract liabilities with a fixed maturity	0	0
Investment contracts liabilities without a fixed maturity	0	0
Long-term debt	0	0
Level 3 | Estimated Fair Value		
Assets:		
Mortgage loans	1,468	1,274
Liabilities:		
Investment contract liabilities with a fixed maturity	1	1
Investment contracts liabilities without a fixed maturity	272	279
Long-term debt	$ 0	$ 0

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Fair Value - Separate Accounts Fair Value (Details) - USD ($) $ in Millions	**Dec. 31, 2024**	**Dec. 31, 2023**	**Dec. 31, 2022**
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	$ 3,311	$ 3,250	
Separate accounts liabilities	3,311	3,250	$ 3,228
Recurring			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	3,499	3,204	
Recurring | Other Payables			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts liabilities	188		
Recurring | Other Receivables			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets		46	
Recurring | Cash and cash equivalents			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	165	168	
Recurring | Debt securities			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	856	2,507	
Recurring | Common/collective trusts			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	2,478	529	
Recurring | Level 1			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	187	560	
Recurring | Level 1 | Cash and cash equivalents			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	1	2	
Recurring | Level 1 | Debt securities			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	186	558	
Recurring | Level 1 | Common/collective trusts			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	0	0	
Recurring | Level 2			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	3,311	2,644	
Recurring | Level 2 | Cash and cash equivalents			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	164	166	
Recurring | Level 2 | Debt securities			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	669	1,949	
Recurring | Level 2 | Common/collective trusts			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	2,478	529	
Recurring | Level 3			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	1	0	
Recurring | Level 3 | Cash and cash equivalents			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	0	0	
Recurring | Level 3 | Debt securities			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	1	0	
Recurring | Level 3 | Common/collective trusts			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	$ 0	$ 0	

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Goodwill and Other Intangibles - Goodwill (Details) $ in Millions	12 Months Ended Dec. 31, 2023 USD ($)
Goodwill [Roll Forward]	
Balance, beginning of the period	$ 78,150
Segment realignment	0
Acquisitions	13,122
Balance, end of the period	91,272
Health Care Benefits	
Goodwill [Roll Forward]	
Balance, beginning of the period	44,159
Segment realignment	(109)
Acquisitions	2,594
Balance, end of the period	46,644
Health Services	
Goodwill [Roll Forward]	
Balance, beginning of the period	23,615
Segment realignment	109
Acquisitions	10,342
Balance, end of the period	34,066
Pharmacy & Consumer Wellness	
Goodwill [Roll Forward]	
Balance, beginning of the period	10,376
Segment realignment	0
Acquisitions	186
Balance, end of the period	$ 10,562

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Goodwill and Other Intangibles - Narrative (Details) - USD ($) $ in Millions	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Goodwill and Intangible Assets Disclosure [Abstract]			
Changes in the carrying amount of goodwill	$ 0		
Goodwill impairment	0	$ 0	$ 0
Cumulative goodwill impairments	6,600	6,600	
Amortization of intangible assets	$ 2,025	$ 1,905	$ 1,785

XML 112 R85.htm IDEA: XBRL DOCUMENT

Goodwill and Other Intangibles - Intangible Assets (Details) - USD ($) $ in Millions	12 Months Ended	
	Dec. 31, 2024	Dec. 31, 2023
Other Intangible Assets[Line Items]		
Indefinite-lived intangible assets, Trademarks	$ 10,498	$ 10,498
Intangible assets, gross	44,271	44,166
Finite-lived intangible assets, accumulated amortization	(16,948)	(14,932)
Intangible assets, net	$ 27,323	$ 29,234
Weighted Average Life (years)	14 years 6 months	14 years 6 months
Customer contracts/relationships and covenants not to compete		
Other Intangible Assets[Line Items]		
Finite-lived intangible assets, gross carrying amount	$ 26,904	$ 26,784
Finite-lived intangible assets, accumulated amortization	(13,889)	(12,241)
Finite-lived intangible assets, net carrying amount	$ 13,015	$ 14,543
Weighted Average Life (years)	14 years 2 months 12 days	14 years 2 months 12 days
Technology		
Other Intangible Assets[Line Items]		
Finite-lived intangible assets, gross carrying amount	$ 1,250	$ 1,253
Finite-lived intangible assets, accumulated amortization	(1,167)	(1,104)
Finite-lived intangible assets, net carrying amount	$ 83	$ 149
Weighted Average Life (years)	3 years	3 years
Provider networks		
Other Intangible Assets[Line Items]		
Finite-lived intangible assets, gross carrying amount	$ 4,203	$ 4,203
Finite-lived intangible assets, accumulated amortization	(1,282)	(1,072)
Finite-lived intangible assets, net carrying amount	$ 2,921	$ 3,131
Weighted Average Life (years)	20 years	20 years
Value of Business Acquired		
Other Intangible Assets[Line Items]		
Finite-lived intangible assets, gross carrying amount	$ 590	$ 590
Finite-lived intangible assets, accumulated amortization	(228)	(201)
Finite-lived intangible assets, net carrying amount	$ 362	$ 389
Weighted Average Life (years)	20 years	20 years
Other		
Other Intangible Assets[Line Items]		
Finite-lived intangible assets, gross carrying amount	$ 826	$ 838
Finite-lived intangible assets, accumulated amortization	(382)	(314)
Finite-lived intangible assets, net carrying amount	$ 444	$ 524
Weighted Average Life (years)	9 years 3 months 18 days	9 years 3 months 18 days

XML 113 R86.htm IDEA: XBRL DOCUMENT

Goodwill and Other Intangibles - Future Amortization Expense (Details) $ in Millions	Dec. 31, 2024 USD ($)
Finite-Lived Intangible Assets, Net, Amortization Expense, Fiscal Year Maturity [Abstract]	
2025	$ 1,981
2026	1,704
2027	1,590
2028	1,316
2029	$ 1,239

XML 114 R87.htm IDEA: XBRL DOCUMENT

Leases - Narrative (Details) - USD ($) $ in Millions	3 Months Ended	12 Months Ended		
	Sep. 30, 2024	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Operating Leased Assets [Line Items]				
Office real estate optimization charges		$ 30	$ 46	$ 117
Retail Stores				
Operating Leased Assets [Line Items]				

Impairment of operating and financing lease right-of-use assets	$ 483	483		
Operating lease right-of-use asset				
Operating Leased Assets [Line Items]				
Office real estate optimization charges		$ 14	20	71
Distribution centers and Corporate offices | Minimum				
Operating Leased Assets [Line Items]				
Operating lease term (in years)		15 years		
Finance lease term (in years)		15 years		
Distribution centers and Corporate offices | Maximum				
Operating Leased Assets [Line Items]				
Operating lease term (in years)		25 years		
Finance lease term (in years)		25 years		
Equipment | Minimum				
Operating Leased Assets [Line Items]				
Operating lease term (in years)		3 years		
Finance lease term (in years)		3 years		
Equipment | Maximum				
Operating Leased Assets [Line Items]				
Operating lease term (in years)		10 years		
Finance lease term (in years)		10 years		
Property and equipment				
Operating Leased Assets [Line Items]				
Office real estate optimization charges		$ 14	$ 18	$ 44

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Leases - Summary of the Components of Net Lease Cost (Details) - USD ($) $ in Millions	**12 Months Ended**		
	Dec. 31, 2024	**Dec. 31, 2023**	**Dec. 31, 2022**
Leases [Abstract]			
Operating lease cost	$ 2,423	$ 2,532	$ 2,579
Finance lease cost:			
Amortization of right-of-use assets	92	84	79
Interest on lease liabilities	71	73	68
Total finance lease costs	163	157	147
Short-term lease costs	33	22	27
Variable lease costs	635	635	610
Less: sublease income	(67)	(63)	(61)
Net lease cost	$ 3,187	$ 3,283	$ 3,302

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Leases - Supplemental Cash Flow Information (Details) - USD ($) $ in Millions	**12 Months Ended**		
	Dec. 31, 2024	**Dec. 31, 2023**	**Dec. 31, 2022**
Cash paid for amounts included in the measurement of lease liabilities:			
Operating cash flows paid for operating leases	$ 2,733	$ 2,756	$ 2,689
Operating cash flows paid for interest portion of finance leases	71	73	68
Financing cash flows paid for principal portion of finance leases	74	70	62
Right-of-use assets obtained in exchange for lease obligations:			
Operating leases	852	1,132	591
Finance leases	$ 30		$ 232
Finance leases		$ (4)	

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Leases - Supplemental Balance Sheet Information (Details) - USD ($) $ in Millions	**Dec. 31, 2024**	**Dec. 31, 2023**
Operating leases:		
Operating lease right-of-use assets	$ 15,944	$ 17,252
Current portion of operating lease liabilities	1,751	1,741
Long-term operating lease liabilities	14,899	16,034
Total operating lease liabilities	16,650	17,775
Finance leases:		
Property and equipment, gross	1,587	1,604
Accumulated depreciation	$ (447)	$ (375)
Finance Lease, Right-of-Use Asset, Statement of Financial Position [Extensible Enumeration]	Property and equipment, net	Property and equipment, net
Property and equipment, net	$ 1,140	$ 1,229
Current portion of long-term debt	65	66
Long-term debt	1,295	1,325
Total finance lease liabilities	$ 1,360	$ 1,391
Weighted average remaining lease term (in years)		
Operating leases	10 years 8 months 12 days	11 years 4 months 24 days
Finance leases	16 years 6 months	17 years 3 months 18 days
Weighted average discount rate		
Operating leases	4.60%	4.50%
Finance leases	5.10%	5.00%

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Leases - Maturities of Operating and Finance Lease Liabilities (Details) - USD ($) $ in Millions	**Dec. 31, 2024**	**Dec. 31, 2023**
Finance Leases		
2025	$ 144	
2026	135	
2027	132	
2028	129	
2029	127	
Thereafter	1,371	
Total lease payments	2,038	
Less: imputed interest	(678)	
Total finance lease liabilities	1,360	$ 1,391
Operating Leases		
2025	2,683	
2026	2,528	
2027	2,343	
2028	2,167	

2029	1,911	
Thereafter	9,557	
Total lease payments	21,189	
Less: imputed interest	(4,539)	
Total operating lease liabilities	16,650	$ 17,775
Total		
2025	2,827	
2026	2,663	
2027	2,475	
2028	2,296	
2029	2,038	
Thereafter	10,928	
Total lease payments	23,227	
Less: imputed interest	(5,217)	
Total lease liabilities	18,010	
Future noncancelable subleases, future minimum payments	297	
Leases, amount due in excess of remaining estimated economic life	$ 2,200	

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Health Care Costs Payable - Incurred and Paid Health Care Claims Development (Details) - Health Insurance Product Line - USD ($) $ in Millions

	Dec. 31, 2024	Dec. 31, 2023
Claims Development [Line Items]		
Incurred Health Care Claims, Net of Reinsurance	$ 191,017	
Cumulative Paid Health Care Claims, Net of Reinsurance	178,199	
All outstanding liabilities for health care costs payable prior to 2023, net of reinsurance	128	
Total outstanding liabilities for health care costs payable, net of reinsurance	12,946	
2023		
Claims Development [Line Items]		
Incurred Health Care Claims, Net of Reinsurance	81,559	$ 82,362
Cumulative Paid Health Care Claims, Net of Reinsurance	81,044	$ 72,175
2024		
Claims Development [Line Items]		
Incurred Health Care Claims, Net of Reinsurance	109,458	
Cumulative Paid Health Care Claims, Net of Reinsurance	$ 97,155	

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Health Care Costs Payable - Narrative (Details) - USD ($) $ in Millions

	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Liability for Claims and Claims Adjustment Expense [Line Items]			
Decrease in prior years' healthcare costs payable	$ 947	$ 685	
Health Insurance Product Line			
Liability for Claims and Claims Adjustment Expense [Line Items]			
Decrease in prior years' healthcare costs payable			$ 654
Health Care Benefits			
Liability for Claims and Claims Adjustment Expense [Line Items]			
Liabilities for IBNR plus expected development on reported claims	$ 11,300		

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Health Care Costs Payable - Liability for Unpaid Claims and Claims Adjustment Expense (Details) - USD ($) $ in Millions

	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022	Dec. 31, 2021
Short-duration Insurance Contracts, Reconciliation of Claims Development to Liability [Line Items]				
Reinsurance recoverables	$ 81	$ 5		
Other non-insurance health care costs payable	1,755			
Total health care costs payable	15,064	$ 12,049		
Health Insurance Product Line				
Short-duration Insurance Contracts, Reconciliation of Claims Development to Liability [Line Items]				
Total outstanding liabilities for health care costs payable, net of reinsurance	12,946			
Reinsurance recoverables	81		$ 5	$ 8
Insurance lines other than short duration	$ 282			

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Health Care Costs Payable - Components of Change in Health Care Costs Payable (Details) - USD ($) $ in Millions

	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Liability for Unpaid Claims and Claims Adjustment Expense [Roll Forward]			
Health care costs payable, beginning of period	$ 12,049		
Less: Reinsurance recoverables	5		
Less: Impact of discount rate on long-duration insurance reserves	(23)		
Health care costs payable, beginning of period, net	12,067		
Acquisition, net	0	$ 1,098	
Add: Components of incurred health care costs			
Current year	115,774	86,639	
Prior years	(947)	(685)	
Total incurred health care costs	114,827	85,954	
Less: Claims paid			
Current year	101,583	75,529	
Prior years	10,327	9,585	
Total claims paid	111,910	85,114	
Health care costs payable, end of period, net	14,984	12,067	
Add: Reinsurance recoverables	81	5	
Add: Impact of discount rate on long-duration insurance reserves	(1)	(23)	
Health care costs payable, end of period	15,064	12,049	
Health Care Benefits			
Less: Claims paid			
Health care costs recorded in other insurance liabilities	107	83	$ 79
Corporate/ Other			
Less: Claims paid			
Health care costs recorded in other insurance liabilities	187	210	249

Health Insurance Product Line

Liability for Unpaid Claims and Claims Adjustment Expense [Roll Forward]		
Health care costs payable, beginning of period	10,142	8,678
Less: Reinsurance recoverables	5	8
Less: Impact of discount rate on long-duration insurance reserves	8	0
Health care costs payable, beginning of period, net	$ 10,129	8,670
Acquisition, net		0
Add: Components of incurred health care costs		
Current year		71,399
Prior years		(654)
Total incurred health care costs		70,745
Less: Claims paid		
Current year		61,640
Prior years		7,646
Total claims paid		69,286
Health care costs payable, end of period, net		10,129
Add: Reinsurance recoverables	$ 81	5
Add: Impact of discount rate on long-duration insurance reserves		8
Health care costs payable, end of period		$ 10,142

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Other Insurance Liabilities and Separate Accounts - Changes in Liability for Future Policy Benefits (Details) - USD ($) $ in Millions

	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Present value of expected future policy benefits			
Effect of changes in discount rate assumptions	$ (1)	$ (23)	
Large Case Pensions			
Present value of expected future policy benefits			
Liability for future policy benefits, beginning of period - current discount rate	2,139	2,253	
Beginning liability for future policy benefits at original (locked-in) discount rate	2,251	2,425	
Effect of changes in cash flow assumptions		0	$ 0
Effect of actual variances from expected experience		(27)	(3)
Adjusted beginning liability for future policy benefits - original (locked-in) discount rate		2,224	2,422
Issuances	30	8	
Interest accrual (using locked-in discount rate)	91	97	
Benefit payments (actual)	(255)	(276)	
Ending liability for future policy benefits at original (locked-in) discount rate	2,090	2,251	
Effect of changes in discount rate assumptions	(173)	(112)	
Liability for future policy benefits, end of period - current discount rate	1,917	2,139	
Net liability for future policy benefits	1,917	2,139	
Less: Reinsurance recoverable	0	0	
Net liability for future policy benefits, net of reinsurance recoverable	1,917	2,139	
Long-Term Care			
Present value of expected net premiums			
Liability for future policy benefits, beginning of period - current discount rate	293	300	
Beginning liability for future policy benefits at original (locked-in) discount rate	288	302	
Effect of changes in cash flow assumptions		0	0
Effect of actual variances from expected experience		16	10
Adjusted beginning liability for future policy benefits - original (locked-in) discount rate		304	312
Interest accrual (using locked-in discount rate)	14	15	
Net premiums (actual)	(38)	(39)	
Ending liability for future policy benefits at original (locked-in) discount rate	280	288	
Effect of changes in discount rate assumptions	(5)	5	
Liability for future policy benefits, end of period - current discount rate	275	293	
Present value of expected future policy benefits			
Liability for future policy benefits, beginning of period - current discount rate	1,640	1,566	
Beginning liability for future policy benefits at original (locked-in) discount rate	1,632	1,613	
Effect of changes in cash flow assumptions		0	0
Effect of actual variances from expected experience		6	8
Adjusted beginning liability for future policy benefits - original (locked-in) discount rate		1,638	$ 1,621
Issuances	0	0	
Interest accrual (using locked-in discount rate)	83	82	
Benefit payments (actual)	(74)	(71)	
Ending liability for future policy benefits at original (locked-in) discount rate	1,647	1,632	
Effect of changes in discount rate assumptions	(95)	8	
Liability for future policy benefits, end of period - current discount rate	1,552	1,640	
Net liability for future policy benefits	1,277	1,347	
Less: Reinsurance recoverable	0	0	
Net liability for future policy benefits, net of reinsurance recoverable	$ 1,277	$ 1,347	

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Other Insurance Liabilities and Separate Accounts - Undiscounted Expected Gross Premiums and Expected Future Benefit Payments (Details) - USD ($) $ in Millions

	Dec. 31, 2024	Dec. 31, 2023
Large Case Pensions		
Liability for Future Policy Benefit, Activity [Line Items]		
Expected future benefit payments	$ 3,024	$ 3,266
Expected gross premiums	0	0
Long-Term Care		
Liability for Future Policy Benefit, Activity [Line Items]		
Expected future benefit payments	3,189	3,224
Expected gross premiums	$ 399	$ 414

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Other Insurance Liabilities and Separate Accounts - Weighted-average Interest Rates and Durations (Details)

	Dec. 31, 2024	Dec. 31, 2023
Large Case Pensions		
Liability for Future Policy Benefit, Activity [Line Items]		
Interest accretion rate	4.20%	4.20%

Current discount rate	5.46%	4.93%
Weighted-average duration of long-duration insurance liabilities	7 years 3 months 18 days	7 years 3 months 18 days
Long-Term Care		
Liability for Future Policy Benefit, Activity [Line Items]		
Interest accretion rate	5.11%	5.11%
Current discount rate	5.70%	5.08%
Weighted-average duration of long-duration insurance liabilities	11 years 8 months 12 days	12 years 1 month 6 days

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Other Insurance Liabilities and Separate Accounts - Separate Account Assets (Details) - USD ($) $ in Millions

	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	$ 3,311	$ 3,250	
Separate accounts liabilities	3,311	3,250	$ 3,228
Recurring			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	3,499	3,204	
Other Payables | Recurring			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts liabilities	188		
Other Receivables | Recurring			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets		46	
Cash and cash equivalents | Recurring			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	165	168	
Debt securities | Recurring			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	856	2,507	
Debt securities | U.S. government securities | Recurring			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	186	573	
Debt securities | States, municipalities and political subdivisions | Recurring			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	14	28	
Debt securities | U.S. corporate securities | Recurring			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	524	1,632	
Debt securities | Foreign securities | Recurring			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	51	202	
Mortgage-backed securities | Residential mortgage-backed securities | Recurring			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	71	51	
Mortgage-backed securities | Commercial mortgage-backed securities | Recurring			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	3	6	
Other asset-backed securities | Recurring			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	7	15	
Common/collective trusts | Recurring			
Fair Value, Separate Account Investment [Line Items]			
Separate accounts assets	$ 2,478	$ 529	

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Other Insurance Liabilities and Separate Accounts - Roll Forward of Separate Accounts (Details) - USD ($) $ in Millions

	12 Months Ended	
	Dec. 31, 2024	Dec. 31, 2023
Separate Account, Liability [Roll Forward]		
Separate Accounts liability, beginning of the period	$ 3,250	$ 3,228
Premiums and deposits	964	860
Surrenders and withdrawals	(277)	(9)
Benefit payments	(978)	(938)
Investment earnings	348	100
Net transfers from general account	13	7
Other	(9)	2
Separate Accounts liability, end of the period	3,311	3,250
Cash surrender value, end of the period	$ 1,987	$ 2,181

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Borrowings and Credit Agreements - Schedule of Borrowings (Details) - USD ($) $ in Millions

	Dec. 31, 2024	Dec. 10, 2024	May 09, 2024	Dec. 31, 2023	Jun. 02, 2023	Feb. 21, 2023
Debt Instrument [Line Items]						
Commercial Paper	$ 2,119			$ 200		
Long-term debt	63,268					
Finance lease liabilities	1,360			1,391		
Total debt principal	66,747			62,160		
Debt premiums	170			186		
Debt discounts and deferred financing costs	(647)			(736)		
Long-term debt and lease obligation	66,270			61,610		
Short-term debt (commercial paper)	(2,119)			(200)		
Current portion of long-term debt	(3,624)			(2,772)		
Long-term debt	$ 60,527			$ 58,638		
Finance Lease, Liability, Statement of Financial Position [Extensible Enumeration]	Long-term debt			Long-term debt		
Senior Notes | 3.375% senior notes due August 2024						
Debt Instrument [Line Items]						
Debt interest rate				3.375%		
Long-term debt	$ 0			$ 650		
Senior Notes | 2.625% senior notes due August 2024						
Debt Instrument [Line Items]						

Debt interest rate			2.625%		
Long-term debt	0		$ 1,000		
Senior Notes | 3.5% senior notes due November 2024					
Debt Instrument [Line Items]					
Debt interest rate			3.50%		
Long-term debt	0		$ 750		
Senior Notes | 5% senior notes due December 2024					
Debt Instrument [Line Items]					
Debt interest rate			5.00%		
Long-term debt	$ 0		$ 299		
Senior Notes | 4.1% senior notes due March 2025					
Debt Instrument [Line Items]					
Debt interest rate	4.10%				
Long-term debt	$ 724		950		
Senior Notes | 3.875% senior notes due July 2025					
Debt Instrument [Line Items]					
Debt interest rate	3.875%				
Long-term debt	$ 2,828		2,828		
Senior Notes | 5% senior notes due February 2026					
Debt Instrument [Line Items]					
Debt interest rate	5.00%				5.00%
Long-term debt	$ 1,500		1,500		
Senior Notes | 2.875% senior notes due June 2026					
Debt Instrument [Line Items]					
Debt interest rate	2.875%				
Long-term debt	$ 1,750		1,750		
Senior Notes | 3% senior notes due August 2026					
Debt Instrument [Line Items]					
Debt interest rate	3.00%				
Long-term debt	$ 750		750		
Senior Notes | 3.625% senior notes due April 2027					
Debt Instrument [Line Items]					
Debt interest rate	3.625%				
Long-term debt	$ 750		750		
Senior Notes | 6.25% senior notes due June 2027					
Debt Instrument [Line Items]					
Debt interest rate	6.25%				
Long-term debt	$ 372		372		
Senior Notes | 1.3% senior notes due August 2027					
Debt Instrument [Line Items]					
Debt interest rate	1.30%				
Long-term debt	$ 2,250		2,250		
Senior Notes | 4.3% senior notes due March 2028					
Debt Instrument [Line Items]					
Debt interest rate	4.30%				
Long-term debt	$ 5,000		5,000		
Senior Notes | 5% senior notes due January 2029					
Debt Instrument [Line Items]					
Debt interest rate	5.00%			5.00%	
Long-term debt	$ 1,000		1,000		
Senior Notes | 5.4% senior notes due June 2029					
Debt Instrument [Line Items]					
Debt interest rate	5.40%	5.40%			
Long-term debt	$ 1,000		0		
Senior Notes | 3.25% senior notes due August 2029					
Debt Instrument [Line Items]					
Debt interest rate	3.25%				
Long-term debt	$ 1,750		1,750		
Senior Notes | 5.125% senior notes due February 2030					
Debt Instrument [Line Items]					
Debt interest rate	5.125%				5.125%
Long-term debt	$ 1,500		1,500		
Senior Notes | 3.75% senior notes due April 2030					
Debt Instrument [Line Items]					
Debt interest rate	3.75%				
Long-term debt	$ 1,500		1,500		
Senior Notes | 1.75% senior notes due August 2030					
Debt Instrument [Line Items]					
Debt interest rate	1.75%				
Long-term debt	$ 1,250		1,250		
Senior Notes | 5.25% senior notes due January 2031					
Debt Instrument [Line Items]					
Debt interest rate	5.25%			5.25%	
Long-term debt	$ 750		750		
Senior Notes | 1.875% senior notes due February 2031					
Debt Instrument [Line Items]					
Debt interest rate	1.875%				
Long-term debt	$ 1,250		1,250		
Senior Notes | 5.55% senior notes due June 2031					
Debt Instrument [Line Items]					
Debt interest rate	5.55%	5.55%			
Long-term debt	$ 1,000		0		
Senior Notes | 2.125% senior notes due September 2031					
Debt Instrument [Line Items]					
Debt interest rate	2.125%				
Long-term debt	$ 1,000		1,000		
Senior Notes | 5.25% senior notes due February 2033					
Debt Instrument [Line Items]					
Debt interest rate	5.25%				5.25%
Long-term debt	$ 1,750		1,750		
Senior Notes | 5.3% senior notes due June 2033					
Debt Instrument [Line Items]					
Debt interest rate	5.30%			5.30%	
Long-term debt	$ 1,250		1,250		
Senior Notes | 5.7% senior notes due June 2034					
Debt Instrument [Line Items]					
Debt interest rate	5.70%	5.70%			

Long-term debt	$ 1,250		0			
Senior Notes | 4.875% senior notes due July 2035						
Debt Instrument [Line Items]						
Debt interest rate	4.875%					
Long-term debt	$ 652		652			
Senior Notes | 6.625% senior notes due June 2036						
Debt Instrument [Line Items]						
Debt interest rate	6.625%					
Long-term debt	$ 771		771			
Senior Notes | 6.75% senior notes due December 2037						
Debt Instrument [Line Items]						
Debt interest rate	6.75%					
Long-term debt	$ 533		533			
Senior Notes | 4.78% senior notes due March 2038						
Debt Instrument [Line Items]						
Debt interest rate	4.78%					
Long-term debt	$ 5,000		5,000			
Senior Notes | 6.125% senior notes due September 2039						
Debt Instrument [Line Items]						
Debt interest rate	6.125%					
Long-term debt	$ 447		447			
Senior Notes | 4.125% senior notes due April 2040						
Debt Instrument [Line Items]						
Debt interest rate	4.125%					
Long-term debt	$ 602		1,000			
Senior Notes | 2.7% senior notes due August 2040						
Debt Instrument [Line Items]						
Debt interest rate	2.70%					
Long-term debt	$ 367		1,250			
Senior Notes | 5.75% senior notes due May 2041						
Debt Instrument [Line Items]						
Debt interest rate	5.75%					
Long-term debt	$ 133		133			
Senior Notes | 4.5% senior notes due May 2042						
Debt Instrument [Line Items]						
Debt interest rate	4.50%					
Long-term debt	$ 500		500			
Senior Notes | 4.125% senior notes due November 2042						
Debt Instrument [Line Items]						
Debt interest rate	4.125%					
Long-term debt	$ 226		500			
Senior Notes | 5.3% senior notes due December 2043						
Debt Instrument [Line Items]						
Debt interest rate	5.30%					
Long-term debt	$ 750		750			
Senior Notes | 4.75% senior notes due March 2044						
Debt Instrument [Line Items]						
Debt interest rate	4.75%					
Long-term debt	$ 375		375			
Senior Notes | 6% senior notes due June 2044						
Debt Instrument [Line Items]						
Debt interest rate	6.00%		6.00%			
Long-term debt	$ 750		0			
Senior Notes | 5.125% senior notes due July 2045						
Debt Instrument [Line Items]						
Debt interest rate	5.125%					
Long-term debt	$ 3,500		3,500			
Senior Notes | 3.875% senior notes due August 2047						
Debt Instrument [Line Items]						
Debt interest rate	3.875%					
Long-term debt	$ 537		1,000			
Senior Notes | 5.05% senior notes due March 2048						
Debt Instrument [Line Items]						
Debt interest rate	5.05%					
Long-term debt	$ 8,000		8,000			
Senior Notes | 4.25% senior notes due April 2050						
Debt Instrument [Line Items]						
Debt interest rate	4.25%					
Long-term debt	$ 399		750			
Senior Notes | 5.625% senior notes due February 2053						
Debt Instrument [Line Items]						
Debt interest rate	5.625%					5.625%
Long-term debt	$ 1,250		1,250			
Senior Notes | 5.875% senior notes due June 2053						
Debt Instrument [Line Items]						
Debt interest rate	5.875%				5.875%	
Long-term debt	$ 1,250		1,250			
Senior Notes | 6.05% senior notes due June 2054						
Debt Instrument [Line Items]						
Debt interest rate	6.05%		6.05%			
Long-term debt	$ 1,000		0			
Senior Notes | 6% senior notes due June 2063						
Debt Instrument [Line Items]						
Debt interest rate	6.00%				6.00%	
Long-term debt	$ 750		750			
Junior Subordinated Debt | 6.75% series B junior subordinated notes due December 2054						
Debt Instrument [Line Items]						
Debt interest rate	6.75%	6.75%				
Long-term debt	$ 750		0			
Junior Subordinated Debt | 7% series A junior subordinated notes due March 2055						
Debt Instrument [Line Items]						
Debt interest rate	7.00%	7.00%				
Long-term debt	$ 2,250		0			
Other Debt Obligations						
Debt Instrument [Line Items]						
Long-term debt	$ 302		$ 309			

Credit Agreements - Debt Maturities (Details) - USD ($) $ in Millions	Dec. 31, 2024	Dec. 31, 2023
Long-term Debt, Fiscal Year Maturity [Abstract]		
2025	$ 3,559	
2026	4,007	
2027	3,379	
2028	5,007	
2029	3,758	
Thereafter	43,558	
Subtotal	63,268	
Commercial Paper	2,119	$ 200
Finance lease liabilities	1,360	1,391
Total debt principal	$ 66,747	$ 62,160

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Borrowings and Credit Agreements - Short-term Borrowings (Details) - USD ($)	Dec. 10, 2024	May 09, 2024	Mar. 25, 2024	Jun. 02, 2023	May 02, 2023	May 01, 2023	Feb. 21, 2023	1 Months Ended Feb. 28, 2023	12 Months Ended Dec. 31, 2024	Dec. 31, 2023
Short-term Debt [Line Items]										
Short-term debt									$ 2,119,000,000	$ 200,000,000
Proceeds from debt	$ 3,000,000,000	$ 5,000,000,000		$ 4,900,000,000		$ 5,000,000,000	$ 6,000,000,000	$ 6,000,000,000		
Federal Home Loan Bank advances maximum amount available									1,200,000,000	
Commercial Paper										
Short-term Debt [Line Items]										
Short-term debt									$ 2,100,000,000	$ 200,000,000
Short-term debt, weighted average interest rate									4.98%	4.31%
Line of Credit | Back-Up Credit Facilities										
Short-term Debt [Line Items]										
Short-term debt									$ 0	$ 0
Commitment fee percentage									0.03%	
Line of Credit | Revolving Credit Facility, Expiring May 11, 2027										
Short-term Debt [Line Items]										
Maximum borrowing capacity									$ 2,500,000,000	
Debt instrument term									5 years	
Line of Credit | Revolving Credit Facility, Expiring May 16, 2028										
Short-term Debt [Line Items]										
Maximum borrowing capacity									$ 2,500,000,000	
Debt instrument term									5 years	
Line of Credit | Revolving Credit Facility, Expiring May 16, 2029										
Short-term Debt [Line Items]										
Maximum borrowing capacity									$ 2,500,000,000	
Debt instrument term									5 years	
Loans Payable | 364-day Term Loan Agreement										
Short-term Debt [Line Items]										
Short-term debt		$ 0								
Debt instrument term			364 days			364 days				
Debt face amount			$ 3,000,000,000			$ 5,000,000,000				
Proceeds from debt					$ 5,000,000,000					
Debt interest rate					6.20%					
Federal Home Loan Bank Advances										
Short-term Debt [Line Items]										
Short-term debt									$ 0	$ 0

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Borrowings and Credit Agreements - Long-term Borrowings (Details) - USD ($)	Dec. 10, 2034	Mar. 10, 2030	Dec. 10, 2024	May 09, 2024	Oct. 20, 2023	Jul. 21, 2023	Jun. 02, 2023	May 02, 2023	May 01, 2023	Feb. 21, 2023	1 Months Ended Dec. 31, 2024	Feb. 28, 2023	12 Mo Dec. 31, 2024	D
Debt Instrument [Line Items]														
Proceeds from debt			$ 3,000,000,000	$ 5,000,000,000			$ 4,900,000,000		$ 5,000,000,000	$ 6,000,000,000		$ 6,000,000,000		
Cash payment of debt													$ 4,773,000,000	$ 3,16
Gain on early extinguishment of debt													$ 491,000,000	$ 0
Junior Subordinated Debt | 7% series A junior subordinated notes due March 2055														
Debt Instrument [Line Items]														
Debt face amount			$ 2,250,000,000											
Debt interest rate			7.00%								7.00%		7.00%	
Initial redemption period prior to first interest rate date			90 days											
Junior Subordinated Debt | 7% series A junior subordinated notes due March 2055 | Forecast														
Debt Instrument [Line Items]														
Interest rate recurring reset period		5 years												
Junior Subordinated														

Debt | 6.75% series B junior subordinated notes due December 2054						
Debt Instrument [Line Items]						
Debt face amount		$ 750,000,000				
Debt interest rate		6.75%			6.75%	6.75%
Initial redemption period prior to first interest rate date		90 days				
Junior Subordinated Debt | 6.75% series B junior subordinated notes due December 2054 | Forecast						
Debt Instrument [Line Items]						
Interest rate recurring reset period	5 years					
Senior Notes						
Debt Instrument [Line Items]						
Debt face amount		5,000,000,000				
Principal amount of debt repaid					$ 2,600,000,000	
Cash payment of debt					2,000,000,000.0	
Gain on early extinguishment of debt					$ 491,000,000	
Senior Notes | 5.4% senior notes due June 2029						
Debt Instrument [Line Items]						
Debt face amount		$ 1,000,000,000				
Debt interest rate		5.40%			5.40%	5.40%
Senior Notes | 5.55% senior notes due June 2031						
Debt Instrument [Line Items]						
Debt face amount		$ 1,000,000,000				
Debt interest rate		5.55%			5.55%	5.55%
Senior Notes | 5.7% senior notes due June 2034						
Debt Instrument [Line Items]						
Debt face amount		$ 1,250,000,000				
Debt interest rate		5.70%			5.70%	5.70%
Senior Notes | 6% senior notes due June 2044						
Debt Instrument [Line Items]						
Debt face amount		$ 750,000,000				
Debt interest rate		6.00%			6.00%	6.00%
Senior Notes | 6.05% senior notes due June 2054						
Debt Instrument [Line Items]						
Debt face amount		$ 1,000,000,000				
Debt interest rate		6.05%			6.05%	6.05%
Senior Notes | 5% senior notes due January 2029						
Debt Instrument [Line Items]						
Debt face amount			$ 1,000,000,000			
Debt interest rate			5.00%		5.00%	5.00%
Senior Notes | 5.25% senior notes due January 2031						
Debt Instrument [Line Items]						
Debt face amount			$ 750,000,000			
Debt interest rate			5.25%		5.25%	5.25%
Senior Notes | 5.3% senior notes due June 2033						
Debt Instrument [Line Items]						
Debt face amount			$ 1,250,000,000			
Debt interest rate			5.30%		5.30%	5.30%
Senior Notes | 5.875% senior notes due June 2053						
Debt Instrument [Line Items]						
Debt face amount			$ 1,250,000,000			
Debt interest rate			5.875%		5.875%	5.875%
Senior Notes | 6% senior notes due June 2063						
Debt Instrument [Line Items]						
Debt face amount			$ 750,000,000			
Debt interest rate			6.00%		6.00%	6.00%
Senior Notes | 5%						

senior notes due February 2026					
Debt Instrument [Line Items]					
Debt face amount			$ 1,500,000,000		
Debt interest rate			5.00%	5.00%	5.00%
Senior Notes | 5.125% senior notes due February 2030					
Debt Instrument [Line Items]					
Debt face amount			$ 1,500,000,000		
Debt interest rate			5.125%	5.125%	5.125%
Senior Notes | 5.25% senior notes due February 2033					
Debt Instrument [Line Items]					
Debt face amount			$ 1,750,000,000		
Debt interest rate			5.25%	5.25%	5.25%
Senior Notes | 5.625% senior notes due February 2053					
Debt Instrument [Line Items]					
Debt face amount			$ 1,250,000,000		
Debt interest rate			5.625%	5.625%	5.625%
Senior Notes | 4.1% senior notes due March 2025					
Debt Instrument [Line Items]					
Debt interest rate				4.10%	4.10%
Principal amount of debt repaid				$ 226,000,000	
Senior Notes | 4.125% senior notes due April 2040					
Debt Instrument [Line Items]					
Debt interest rate				4.125%	4.125%
Principal amount of debt repaid				$ 398,000,000	
Senior Notes | 2.7% senior notes due August 2040					
Debt Instrument [Line Items]					
Debt interest rate				2.70%	2.70%
Principal amount of debt repaid				$ 883,000,000	
Senior Notes | 4.125% senior notes due November 2042					
Debt Instrument [Line Items]					
Debt interest rate				4.125%	4.125%
Principal amount of debt repaid				$ 274,000,000	
Senior Notes | 3.875% senior notes due August 2047					
Debt Instrument [Line Items]					
Debt interest rate				3.875%	3.875%
Principal amount of debt repaid				$ 463,000,000	
Senior Notes | 4.25% senior notes due April 2050					
Debt Instrument [Line Items]					
Debt interest rate				4.25%	4.25%
Principal amount of debt repaid				$ 351,000,000	
Convertible Debt | 0% convertible senior notes due March 2026					
Debt Instrument [Line Items]					
Repurchase price of convertible senior notes, as a percent of principal		100.00%			
Conversion of convertible senior notes with cash	$ 3,000,000	$ 917,000,000			
Convertible Debt | 0% convertible senior notes due March 2026 | Oak Street Health Inc.					
Debt Instrument [Line Items]					
Debt face amount		$ 920,000,000			
Debt interest rate		0.00%			

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Pension Plans and Other Postretirement Benefits - Narrative (Details) - USD ($) $ in Millions	**12 Months Ended**		
	Dec. 31, 2024	**Dec. 31, 2023**	**Dec. 31, 2022**
Defined Benefit Plan Disclosure [Line Items]			
Defined contribution plan, employer contributions	$ 610	$ 581	$ 567

Pension Plan			
Defined Benefit Plan Disclosure [Line Items]			
Employer contributions	23	24	27
Multiemployer plans, plan contributions	19	19	20
Benefit obligation	4,349	4,736	4,740
Net periodic benefit cost	$ (104)	(94)	(173)
Pension Plan | Equity securities			
Defined Benefit Plan Disclosure [Line Items]			
Target investment allocations	7.00%		
Pension Plan | Debt securities			
Defined Benefit Plan Disclosure [Line Items]			
Target investment allocations	75.00%		
Pension Plan | Real assets			
Defined Benefit Plan Disclosure [Line Items]			
Target investment allocations	7.00%		
Pension Plan | Private equity limited partnerships			
Defined Benefit Plan Disclosure [Line Items]			
Target investment allocations	5.00%		
Pension Plan | Private credit limited partnerships			
Defined Benefit Plan Disclosure [Line Items]			
Target investment allocations	2.00%		
Pension Plan | Hedge funds			
Defined Benefit Plan Disclosure [Line Items]			
Target investment allocations	4.00%		
Other Postretirement Benefits			
Defined Benefit Plan Disclosure [Line Items]			
Multiemployer plans, plan contributions	$ 63	60	62
Benefit obligation	147	155	
Net periodic benefit cost	$ 6	$ 6	$ 4

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Pension Plans and Other Postretirement Benefits - Benefit Obligations and Plan Assets (Details) - Pension Plan - USD ($) $ in Millions	**12 Months Ended**		
	Dec. 31, 2024	**Dec. 31, 2023**	**Dec. 31, 2022**
Change in benefit obligation:			
Benefit obligation, beginning of year	$ 4,736	$ 4,740	
Interest cost	222	231	$ 132
Actuarial loss (gain)	(262)	145	
Benefit payments	(347)	(380)	
Benefit obligation, end of year	4,349	4,736	4,740
Change in plan assets:			
Beginning balance	5,379	5,346	
Actual return on plan assets	133	389	
Employer contributions	23	24	27
Benefit payments	(347)	(380)	
Ending balance	5,188	5,379	$ 5,346
Funded status	839	643	
Assets (liabilities) recognized on the consolidated balance sheet			
Noncurrent assets reflected in other assets	1,030	856	
Current liabilities reflected in accrued expenses and other current liabilities	(22)	(24)	
Noncurrent liabilities reflected in other long-term liabilities	(169)	(189)	
Net assets	$ 839	$ 643	

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Pension Plans and Other Postretirement Benefits - Net Periodic Benefit Cost (Income) (Details) - Pension Plan - USD ($) $ in Millions	**12 Months Ended**		
	Dec. 31, 2024	**Dec. 31, 2023**	**Dec. 31, 2022**
Components of net periodic benefit cost (income):			
Interest cost	$ 222	$ 231	$ 132
Expected return on plan assets	(327)	(326)	(309)
Amortization of net actuarial loss	1	1	3
Settlement losses	0	0	1
Net periodic benefit cost (income)	$ (104)	$ (94)	$ (173)

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Pension Plans and Other Postretirement Benefits - Weighted Average Assumptions Used (Details)	**12 Months Ended**		
	Dec. 31, 2024	**Dec. 31, 2023**	**Dec. 31, 2022**
Assumptions used to determine benefit obligations			
Discount rate	5.60%	5.00%	
Assumptions used to determine net benefit costs			
Discount rate	4.90%	5.10%	2.30%
Expected long-term rate of return on plan assets	6.30%	6.30%	4.80%

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Pension Plans and Other Postretirement Benefits - Fair Value of Pension Plan Assets (Details) - Pension Plan - USD ($) $ in Millions	**Dec. 31, 2024**	**Dec. 31, 2023**	**Dec. 31, 2022**
Defined Benefit Plan Disclosure [Line Items]			
Fair value of plan assets	$ 5,188	$ 5,379	$ 5,346
Total Fair Value, Inputs, Level 1, 2 and 3			
Defined Benefit Plan Disclosure [Line Items]			
Fair value of plan assets	4,351	4,352	
Total Fair Value, Inputs, Level 1, 2 and 3 | Cash and cash equivalents			
Defined Benefit Plan Disclosure [Line Items]			
Fair value of plan assets	99	81	
Total Fair Value, Inputs, Level 1, 2 and 3 | Total debt securities			
Defined Benefit Plan Disclosure [Line Items]			
Fair value of plan assets	3,429	3,406	

Total Fair Value, Inputs, Level 1, 2 and 3 | U.S. government securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	487	522
Total Fair Value, Inputs, Level 1, 2 and 3 | States, municipalities and political subdivisions		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	70	94
Total Fair Value, Inputs, Level 1, 2 and 3 | U.S. corporate securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	2,753	2,649
Total Fair Value, Inputs, Level 1, 2 and 3 | Foreign securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	98	106
Total Fair Value, Inputs, Level 1, 2 and 3 | Residential mortgage-backed securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	7	17
Total Fair Value, Inputs, Level 1, 2 and 3 | Commercial mortgage-backed securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	9	9
Total Fair Value, Inputs, Level 1, 2 and 3 | Other asset-backed securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	4	8
Total Fair Value, Inputs, Level 1, 2 and 3 | Redeemable preferred securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	1	1
Total Fair Value, Inputs, Level 1, 2 and 3 | Total equity securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	42	184
Total Fair Value, Inputs, Level 1, 2 and 3 | U.S. domestic		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	30	150
Total Fair Value, Inputs, Level 1, 2 and 3 | International		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	12	34
Total Fair Value, Inputs, Level 1, 2 and 3 | Other investments		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	781	681
Total Fair Value, Inputs, Level 1, 2 and 3 | Private real estate		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	276	290
Total Fair Value, Inputs, Level 1, 2 and 3 | Common/collective trusts		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	502	405
Total Fair Value, Inputs, Level 1, 2 and 3 | Derivatives		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	3	(14)
Level 1		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	555	714
Level 1 | Cash and cash equivalents		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	32	12
Level 1 | Total debt securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	481	518
Level 1 | U.S. government securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	481	518
Level 1 | States, municipalities and political subdivisions		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 1 | U.S. corporate securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 1 | Foreign securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 1 | Residential mortgage-backed securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 1 | Commercial mortgage-backed securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 1 | Other asset-backed securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 1 | Redeemable preferred securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 1 | Total equity securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	42	184
Level 1 | U.S. domestic		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	30	150
Level 1 | International		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	12	34
Level 1 | Other investments		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 1 | Private real estate		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 1 | Common/collective trusts		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 1 | Derivatives		

Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 2		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	3,519	3,348
Level 2 | Cash and cash equivalents		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	67	69
Level 2 | Total debt securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	2,947	2,888
Level 2 | U.S. government securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	6	4
Level 2 | States, municipalities and political subdivisions		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	70	94
Level 2 | U.S. corporate securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	2,752	2,649
Level 2 | Foreign securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	98	106
Level 2 | Residential mortgage-backed securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	7	17
Level 2 | Commercial mortgage-backed securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	9	9
Level 2 | Other asset-backed securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	4	8
Level 2 | Redeemable preferred securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	1	1
Level 2 | Total equity securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 2 | U.S. domestic		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 2 | International		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 2 | Other investments		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	505	391
Level 2 | Private real estate		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 2 | Common/collective trusts		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	502	405
Level 2 | Common/collective trusts, Equity Securities		
Defined Benefit Plan Disclosure [Line Items]		
Plan assets, investment within plan asset category, amount	288	114
Level 2 | Common/collective trusts, Debt Securities		
Defined Benefit Plan Disclosure [Line Items]		
Plan assets, investment within plan asset category, amount	214	291
Level 2 | Derivatives		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	3	(14)
Level 3		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	277	290
Level 3 | Cash and cash equivalents		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 3 | Total debt securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	1	0
Level 3 | U.S. government securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 3 | States, municipalities and political subdivisions		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 3 | U.S. corporate securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	1	0
Level 3 | Foreign securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 3 | Residential mortgage-backed securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 3 | Commercial mortgage-backed securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 3 | Other asset-backed securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 3 | Redeemable preferred securities		
Defined Benefit Plan Disclosure [Line Items]		
Fair value of plan assets	0	0
Level 3 | Total equity securities		
Defined Benefit Plan Disclosure [Line Items]		

Fair value of plan assets	0	0	
Level 3 | U.S. domestic			
Defined Benefit Plan Disclosure [Line Items]			
Fair value of plan assets	0	0	
Level 3 | International			
Defined Benefit Plan Disclosure [Line Items]			
Fair value of plan assets	0	0	
Level 3 | Other investments			
Defined Benefit Plan Disclosure [Line Items]			
Fair value of plan assets	276	290	
Level 3 | Private real estate			
Defined Benefit Plan Disclosure [Line Items]			
Fair value of plan assets	276	290	$ 325
Level 3 | Common/collective trusts			
Defined Benefit Plan Disclosure [Line Items]			
Fair value of plan assets	0	0	
Level 3 | Derivatives			
Defined Benefit Plan Disclosure [Line Items]			
Fair value of plan assets	0	0	
Fair Value Measured at Net Asset Value Per Share | Other Receivables			
Defined Benefit Plan Disclosure [Line Items]			
Fair value of plan assets	267	314	
Fair Value Measured at Net Asset Value Per Share | Private equity limited partnerships			
Defined Benefit Plan Disclosure [Line Items]			
Fair value of plan assets	290	461	
Fair Value Measured at Net Asset Value Per Share | Hedge fund limited partnerships			
Defined Benefit Plan Disclosure [Line Items]			
Fair value of plan assets	$ 280	$ 252	

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Pension Plans and Other Postretirement Benefits - Changes in Level 3 Pension Plan Assets (Details) - Pension Plan - USD ($) $ in Millions	**12 Months Ended**	
	Dec. 31, 2024	**Dec. 31, 2023**
Change in plan assets:		
Beginning balance	$ 5,379	$ 5,346
Ending balance	5,188	5,379
Level 3		
Change in plan assets:		
Beginning balance	290	
Actual return on plan assets	1	
Purchases, sales and settlements	(14)	
Transfers out of Level 3	0	
Ending balance	277	290
Private real estate | Level 3		
Change in plan assets:		
Beginning balance	290	325
Actual return on plan assets	1	(23)
Purchases, sales and settlements	(15)	(12)
Transfers out of Level 3	0	0
Ending balance	276	290
U.S. corporate securities | Level 3		
Change in plan assets:		
Beginning balance	0	
Actual return on plan assets	0	
Purchases, sales and settlements	1	
Transfers out of Level 3	0	
Ending balance	$ 1	$ 0

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Pension Plans and Other Postretirement Benefits - Defined Benefit Plans Expected Benefit (Details) $ in Millions	**Dec. 31, 2024 USD ($)**
Pension Plan	
Defined Benefit Plan Disclosure [Line Items]	
2025	$ 389
2026	384
2027	380
2028	380
2029	371
2030-2034	1,712
Other Postretirement Benefits	
Defined Benefit Plan Disclosure [Line Items]	
2025	12
2026	12
2027	12
2028	12
2029	12
2030-2034	$ 59

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Income Taxes - Income Tax Provision (Details) - USD ($) $ in Millions	**12 Months Ended**		
	Dec. 31, 2024	**Dec. 31, 2023**	**Dec. 31, 2022**
Current:			
Federal	$ 1,658	$ 2,819	$ 2,803
State	476	662	735
Total current taxes	2,134	3,481	3,538
Deferred:			
Federal	(453)	(537)	(1,526)
State	(119)	(139)	(503)
Total deferred income taxes	(572)	(676)	(2,029)
Total	$ 1,562	$ 2,805	$ 1,509

XML 140 R113.htm IDEA: XBRL DOCUMENT

Income Taxes - Effective Tax Rate Reconciliation (Details)	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Income Tax Disclosure [Abstract]			
Statutory income tax rate	21.00%	21.00%	21.00%
State income taxes, net of federal tax benefit	4.60%	3.70%	3.20%
Legal charges	0.50%	0.00%	3.40%
Basis difference upon disposition of subsidiary	0.00%	0.00%	1.60%
Prior year refunds and unrecognized tax benefits	0.00%	0.00%	(2.60%)
Tax credits	(1.20%)	(0.30%)	(0.60%)
Other	0.50%	0.70%	(0.10%)
Effective income tax rate	25.40%	25.10%	25.90%

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Income Taxes - Deferred Tax Assets and Liabilities (Details) - USD ($) $ in Millions		
	Dec. 31, 2024	Dec. 31, 2023
Deferred income tax assets:		
Lease and rents	$ 4,763	$ 5,059
Legal charges	1,109	1,205
Inventory	68	94
Employee benefits	168	168
Bad debts and other allowances	593	606
Net operating loss and capital loss carryforwards	272	409
Deferred income	47	62
Insurance reserves	381	356
Investments	21	56
Other	486	372
Valuation allowance	(301)	(385)
Total deferred income tax assets	7,607	8,002
Deferred income tax liabilities:		
Retirement benefits	172	112
Lease and rents	4,125	4,469
Depreciation and amortization	7,116	7,732
Total deferred income tax liabilities	11,413	12,313
Net deferred income tax liabilities	$ 3,806	$ 4,311

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Income Taxes - Narrative (Details) - USD ($) $ in Millions	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Income Tax Disclosure [Abstract]			
Valuation allowance	$ 301	$ 385	
Net operating loss and capital loss carryforwards	272	409	
Income tax penalties and interest expense	45	31	$ 29
Income tax penalties and interest accrued	165	$ 134	
Unrecognized tax benefits that would impact effective tax rate	$ 324		

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Income Taxes - Unrecognized Tax Benefits (Details) - USD ($) $ in Millions	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Unrecognized Tax Benefits [Roll Forward]			
Beginning balance	$ 436	$ 446	$ 782
Additions based on tax positions related to the current year	0	2	5
Additions based on tax positions related to prior years	67	46	42
Reductions for tax positions of prior years	(49)	(24)	(166)
Expiration of statutes of limitation	(29)	(34)	(4)
Settlements	(1)	0	(213)
Ending balance	$ 424	$ 436	$ 446

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Stock Incentive Plans - Narrative (Details) - USD ($) $ / shares in Units, $ in Millions			12 Months Ended		
	May 02, 2023	Mar. 29, 2023	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Share-based Payment Arrangement, Expensed and Capitalized, Amount [Line Items]					
Shares of common stock received for each restricted stock unit granted (in shares)			1		
Shares issued employee stock purchase plan (in shares)			4,000,000		
Average purchase price of shares purchased (in dollars per share)			$ 58.57		
Restricted stock units and performance stock units					
Share-based Payment Arrangement, Expensed and Capitalized, Amount [Line Items]					
Compensation not yet recognized, other than options			$ 829		
Compensation not yet recognized, period for recognition			2 years 2 months 12 days		
Vested in period, fair value			$ 497	$ 525	$ 328
Performance stock units					
Share-based Payment Arrangement, Expensed and Capitalized, Amount [Line Items]					
Award vesting period			3 years		
Employee Stock Option					
Share-based Payment Arrangement, Expensed and Capitalized, Amount [Line Items]					
Award vesting period			4 years		
Stock options granted through 2018					
Share-based Payment Arrangement, Expensed and Capitalized, Amount [Line Items]					
Expiration period			7 years		
Stock options granted subsequent to 2018					
Share-based Payment Arrangement, Expensed and Capitalized, Amount [Line Items]					
Expiration period			10 years		
SARs					
Share-based Payment Arrangement, Expensed and Capitalized, Amount [Line Items]					
Award vesting period			4 years		
Expiration period			10 years		
Stock options and SARs					
Share-based Payment Arrangement, Expensed and Capitalized, Amount [Line Items]					
Compensation not yet recognized, period for recognition			2 years 2 months 26 days		
Compensation not yet recognized, options			$ 44		
Expected to vest (in shares)			7,000,000		
Employee Stock					
Share-based Payment Arrangement, Expensed and Capitalized, Amount [Line Items]					

Number of shares authorized (in shares)			60,000,000		
Number of shares available for grant (in shares)			23,000,000		
Offering period			6 months		
Purchase price of common stock percent			90.00%		
Minimum					
Share-based Payment Arrangement, Expensed and Capitalized, Amount [Line Items]					
Award vesting period			3 years		
Maximum					
Share-based Payment Arrangement, Expensed and Capitalized, Amount [Line Items]					
Award vesting period			5 years		
Oak Street Health Inc. | Pre-combination services					
Share-based Payment Arrangement, Expensed and Capitalized, Amount [Line Items]					
Replacement equity awards for pre-combination services (in shares)	3,900,000				
Signify Health, Inc. | Pre-combination services					
Share-based Payment Arrangement, Expensed and Capitalized, Amount [Line Items]					
Replacement equity awards for pre-combination services (in shares)		3,200,000			
CVS Health 2017 Incentive Compensation Plan					
Share-based Payment Arrangement, Expensed and Capitalized, Amount [Line Items]					
Number of shares authorized (in shares)			92,000,000		
Number of shares available for grant (in shares)			33,000,000		
Oak Street Health Plan					
Share-based Payment Arrangement, Expensed and Capitalized, Amount [Line Items]					
Number of shares authorized (in shares)				7,000,000	
Signify Plan					
Share-based Payment Arrangement, Expensed and Capitalized, Amount [Line Items]					
Number of shares authorized (in shares)				9,000,000	

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Stock Incentive Plans - Stock-Based Compensation Expense (Details) - USD ($) $ in Millions	**8 Months Ended**	**9 Months Ended**	**12 Months Ended**		
	Dec. 31, 2023	**Dec. 31, 2023**	**Dec. 31, 2024**	**Dec. 31, 2023**	**Dec. 31, 2022**
Share-based Payment Arrangement, Expensed and Capitalized, Amount [Line Items]					
Stock-based compensation expense			$ 540	$ 588	$ 447
Oak Street Health Inc.					
Share-based Payment Arrangement, Expensed and Capitalized, Amount [Line Items]					
Stock-based compensation expense	$ 71		60		
Signify Health, Inc.					
Share-based Payment Arrangement, Expensed and Capitalized, Amount [Line Items]					
Stock-based compensation expense		$ 72	41		
Restricted stock units and performance stock units					
Share-based Payment Arrangement, Expensed and Capitalized, Amount [Line Items]					
Stock-based compensation expense			461	497	369
Stock options and SARs					
Share-based Payment Arrangement, Expensed and Capitalized, Amount [Line Items]					
Stock-based compensation expense			$ 79	$ 91	$ 78

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Stock Incentive Plans - Restricted Stock Unit and Performance Stock Unit Activity (Details) - Restricted stock units and performance stock units shares in Thousands	**12 Months Ended**
	Dec. 31, 2024 $ / shares shares
Units	
Unvested at beginning of period (in shares)	16,994
Granted (in shares)	9,978
Vested (in shares)	(6,532)
Forfeited (in shares)	(1,928)
Unvested at end of period (in shares)	18,512
Weighted average grant date fair value (in dollars per share)	
Unvested at beginning of year (in dollars per share) | $ / shares	$ 77.65
Granted (in dollars per share) | $ / shares	75.97
Vested (in dollars per share) | $ / shares	76.08
Forfeited (in dollars per share) | $ / shares	78.71
Unvested at end of year (in dollars per share) | $ / shares	$ 77.19
Restricted stock units and performance stock units vested if actual payout rates are applied (in shares)	6,600

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Stock Incentive Plans - Stock Option and SAR Activity (Details) - USD ($) $ / shares in Units, shares in Thousands, $ in Thousands	**12 Months Ended**		
	Dec. 31, 2024	**Dec. 31, 2023**	**Dec. 31, 2022**
Share-based Compensation Arrangement by Share-based Payment Award [Line Items]			
Cash received from stock options exercised (including ESPP)	$ 361,000	$ 277,000	$ 551,000
Payments for taxes for net share settlement of equity awards	185,000	181,000	370,000
Stock options and SARs			
Share-based Compensation Arrangement by Share-based Payment Award [Line Items]			
Cash received from stock options exercised (including ESPP)	361,000	277,000	551,000
Payments for taxes for net share settlement of equity awards	185,000	181,000	370,000
Intrinsic value of stock options and SARs exercised	33,000	31,000	118,000
Fair value of stock options and SARs vested	$ 225,000	$ 227,000	$ 219,000
Shares			
Shares, Outstanding at beginning of year (in shares)	15,126		
Shares granted (in shares)	4,435		
Shares exercised (in shares)	(2,806)		
Shares forfeited (in shares)	(1,046)		
Shares expired (in shares)	(690)		
Shares, Outstanding at end of year (in shares)	15,019	15,126	
Weighted Average Exercise Price			
Outstanding at beginning of year (in dollars per share)	$ 68.13		
Granted (in dollars per share)	68.91		
Exercised (in dollars per share)	59.61		
Forfeited (in dollars per share)	79.05		
Expired (in dollars per share)	78.69		
Outstanding at end of year (in dollars per share)	$ 68.69	$ 68.13	

Additional Disclosures	
Weighted average contractual term, outstanding at end of year	5 years 1 month 6 days
Aggregate Intrinsic value outstanding at end of year	$ 3,279
Shares exercisable at end of year (in shares)	7,579
Weighted average exercise price exercisable at end of year (in dollars per share)	$ 65.01
Weighted average remaining contractual term exercisable at end of year	3 years 3 months
Aggregate intrinsic value exercisable at end of year	$ 1,939
Shares vested at end of year and expected to vest in the future (in shares)	14,646
Weighted average exercise price vested at end of year and expected to vest in the future (in dollars per share)	$ 68.66
Weighted average remaining contractual term vested at end of year and expected to vest in the future	5 years 7 days
Aggregate intrinsic value vested at end of year and expected to vest in the future	$ 3,252

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Stock Incentive Plans - Valuation Assumptions (Details) - $ / shares	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Stock Options			
Share-based Compensation Arrangement by Share-based Payment Award [Line Items]			
Dividend yield	4.29%	3.27%	2.18%
Expected volatility	28.36%	28.15%	27.34%
Risk-free interest rate	4.13%	3.55%	2.46%
Expected life (in years)	5 years 3 months 18 days	5 years 10 months 24 days	6 years 3 months 18 days
Weighted-average grant date fair value (in dollars per share)	$ 11.31	$ 21.78	$ 24.15
Employee Stock			
Share-based Compensation Arrangement by Share-based Payment Award [Line Items]			
Dividend yield	2.01%	1.54%	1.12%
Expected volatility	31.40%	25.61%	23.54%
Risk-free interest rate	5.31%	5.17%	1.42%
Expected life (in years)	6 months	6 months	6 months
Weighted-average grant date fair value (in dollars per share)	$ 12.39	$ 14.26	$ 16.25
SARs			
Share-based Compensation Arrangement by Share-based Payment Award [Line Items]			
Dividend yield	4.29%	3.27%	2.18%
Expected volatility	28.36%	28.15%	27.34%
Risk-free interest rate	4.13%	3.55%	2.46%
Expected life (in years)	5 years 3 months 18 days	5 years 10 months 24 days	6 years 3 months 18 days
Weighted-average grant date fair value (in dollars per share)	$ 11.31	$ 21.78	$ 24.15

XML 149 R122.htm IDEA: XBRL DOCUMENT

Shareholders' Equity - Share Repurchases (Details) - USD ($) shares in Millions	12 Months Ended				
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022	Nov. 17, 2022	Dec. 09, 2021
2022 Repurchase Program					
Equity, Class of Treasury Stock [Line Items]					
Stock repurchase program, authorized amount				$ 10,000,000,000.0	
Stock repurchase program, remaining authorized repurchase amount	$ 10,000,000,000.0				
2021 Repurchase Program					
Equity, Class of Treasury Stock [Line Items]					
Stock repurchase program, authorized amount					$ 10,000,000,000.0
Stock repurchase program, remaining authorized repurchase amount	$ 1,500,000,000				
Stock repurchased during the period (in shares)	39.7	22.8	34.1		
Stock repurchased during period, value	$ 3,000,000,000	$ 2,000,000,000	$ 3,500,000,000		

XML 150 R123.htm IDEA: XBRL DOCUMENT

Shareholders' Equity - Accelerated Share Repurchases (Details) - 2021 Repurchase Program - USD ($) shares in Millions, $ in Billions	Jan. 04, 2024	Jan. 04, 2023	Jan. 04, 2022	Mar. 31, 2024	Feb. 28, 2023	Feb. 28, 2022
Morgan Stanley						
Equity, Class of Treasury Stock [Line Items]						
ASR agreement, amount	$ 3.0			$ 3.0		
Payments for ASR, amount	$ 3.0					
ASR percent of notional amount received in shares	85.00%					
Shares repurchased under ASR agreement (in shares)	31.4			8.3		
Transfer of shares to treasury stock value	$ 2.6					
ASR, shares to be received at the end of program as a percent of notional amount				15.00%		
Morgan Stanley | Forward Contracts						
Equity, Class of Treasury Stock [Line Items]						
Forward contract, notional amount	$ 0.4					
Citibank, N.A.						
Equity, Class of Treasury Stock [Line Items]						
ASR agreement, amount		$ 2.0			$ 2.0	
Payments for ASR, amount		$ 2.0				
ASR percent of notional amount received in shares		80.00%				
Shares repurchased under ASR agreement (in shares)		17.4			5.4	
Transfer of shares to treasury stock value		$ 1.6				
ASR, shares to be received at the end of program as a percent of notional amount					20.00%	
Citibank, N.A. | Forward Contracts						
Equity, Class of Treasury Stock [Line Items]						
Forward contract, notional amount		$ 0.4				
Barclays Bank						
Equity, Class of Treasury Stock [Line Items]						
ASR agreement, amount			$ 1.5			$ 1.5
Payments for ASR, amount			$ 1.5			
ASR percent of notional amount received in shares			80.00%			
Shares repurchased under ASR agreement (in shares)			11.6			2.7
Transfer of shares to treasury stock value			$ 1.2			
ASR, shares to be received at the end of program as a percent of notional amount						20.00%
Barclays Bank | Forward Contracts						
Equity, Class of Treasury Stock [Line Items]						
Forward contract, notional amount			$ 0.3			

XML 151 R124.htm IDEA: XBRL DOCUMENT

Shareholders' Equity - Dividends (Details) - $ / shares	3 Months Ended								12 Months Ended						
	Dec. 31, 2024	Sep. 30, 2024	Jun. 30, 2024	Mar. 31, 2024	Dec. 31, 2023	Sep. 30, 2023	Jun. 30, 2023	Mar. 31, 2023	Dec. 31, 2022	Sep. 30, 2022	Jun. 30, 2022	Mar. 31, 2022	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Equity [Abstract]															
Dividends declared per share (in dollars per share)	$ 0.665	$ 0.665	$ 0.665	$ 0.665	$ 0.605	$ 0.605	$ 0.605	$ 0.605	$ 0.55	$ 0.55	$ 0.55	$ 0.55	$ 2.66	$ 2.42	$ 2.20

XML 152 R125.htm IDEA: XBRL DOCUMENT

Shareholders' Equity - Regulatory Requirements (Details) - USD ($) $ in Millions	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Statutory Accounting Practices [Line Items]			
Estimated minimum statutory surplus required by regulators	$ 11,691		
Investments on deposit with regulatory bodies	713		
Estimated maximum dividend distributions permitted in 2025 without prior regulatory approval	1,561		
Insurance and HMO			
Statutory Accounting Practices [Line Items]			
Statutory net income (loss)	(1,185)	$ 2,757	$ 2,851
Estimated statutory capital and surplus	20,085	$ 16,961	$ 15,503
Dividends paid	$ 755		

XML 153 R126.htm IDEA: XBRL DOCUMENT

Shareholders' Equity - Noncontrolling Interests (Details) - USD ($) $ in Millions	Dec. 31, 2024	Dec. 31, 2023
Equity [Abstract]		
Noncontrolling interests	$ 170	$ 175

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Other Comprehensive Income (Loss) (Details) - USD ($) $ in Millions	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Changes in Accumulated Other Comprehensive Income (Loss) by Component			
Beginning of year balance	$ 76,636	$ 71,769	$ 74,841
Other comprehensive income (loss)	177	967	(1,598)
End of year balance	75,730	76,636	71,769
AOCI Including Portion Attributable to Noncontrolling Interest			
Changes in Accumulated Other Comprehensive Income (Loss) by Component			
Beginning of year balance	(297)	(1,264)	334
End of year balance	(120)	(297)	(1,264)
Net unrealized investment gains (losses)			
Changes in Accumulated Other Comprehensive Income (Loss) by Component			
Beginning of year balance	(429)	(1,519)	798
Other comprehensive income (loss) before reclassifications, net of tax	(170)	603	(2,556)
Amounts reclassified from accumulated other comprehensive income (loss), net of tax	200	487	239
Other comprehensive income (loss)	30	1,090	(2,317)
End of year balance	(399)	(429)	(1,519)
Other comprehensive income (loss) before reclassifications, pre-tax	(177)	612	(3,021)
Amounts reclassified from accumulated other comprehensive income (loss), pre-tax	226	566	315
Change in discount rate on long-duration insurance reserves			
Changes in Accumulated Other Comprehensive Income (Loss) by Component			
Beginning of year balance	152	219	(651)
Other comprehensive income (loss) before reclassifications, net of tax	113	(67)	870
Other comprehensive income (loss)	113	(67)	870
End of year balance	265	152	219
Other comprehensive income (loss) before reclassifications, pre-tax	146	(92)	1,126
Foreign currency translation adjustments			
Changes in Accumulated Other Comprehensive Income (Loss) by Component			
Beginning of year balance	0	0	0
Other comprehensive income (loss) before reclassifications, net of tax	(4)	0	0
Other comprehensive income (loss)	(4)	0	0
End of year balance	(4)	0	0
Net cash flow hedges			
Changes in Accumulated Other Comprehensive Income (Loss) by Component			
Beginning of year balance	244	239	222
Other comprehensive income (loss) before reclassifications, net of tax	0	19	28
Amounts reclassified from accumulated other comprehensive income (loss), net of tax	(15)	(14)	(11)
Other comprehensive income (loss)	(15)	5	17
End of year balance	229	244	239
Other comprehensive income (loss) before reclassifications, pre-tax	0	25	38
Amounts reclassified from accumulated other comprehensive income (loss), pre-tax	(20)	(19)	(15)
Amount expected to be reclassified	16		
Pension and other postretirement benefits			
Changes in Accumulated Other Comprehensive Income (Loss) by Component			
Beginning of year balance	(264)	(203)	(35)
Other comprehensive income (loss) before reclassifications, net of tax	53	(61)	(170)
Amounts reclassified from accumulated other comprehensive income (loss), net of tax	0	0	2
Other comprehensive income (loss)	53	(61)	(168)
End of year balance	(211)	(264)	(203)
Other comprehensive income (loss) before reclassifications, pre-tax	71	(81)	(229)
Amounts reclassified from accumulated other comprehensive income (loss), pre-tax	$ 0	$ 0	$ 3

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Earnings Per Share (Details) - USD ($) $ / shares in Units, shares in Millions, $ in Millions	12 Months Ended		
	Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Numerator for earnings per share calculation:			
Net income attributable to CVS Health, basic	$ 4,614	$ 8,344	$ 4,311
Net income attributable to CVS Health, diluted	$ 4,614	$ 8,344	$ 4,311
Denominator for earnings per share calculation:			
Weighted average shares, basic (in shares)	1,259	1,285	1,312
Weighted average shares, diluted (in shares)	1,262	1,290	1,323
Earnings per share:			
Basic (in dollars per share)	$ 3.67	$ 6.49	$ 3.29
Diluted (in dollars per share)	$ 3.66	$ 6.47	$ 3.26
Stock options and SARs			
Antidilutive Securities Excluded from Computation of Earnings Per Share [Line Items]			
Antidilutive securities excluded from computation of EPS (in shares)	8	8	4
Denominator for earnings per share calculation:			
Effect of dilutive securities (in shares)	1	2	5
Restricted stock units and performance stock units			
Denominator for earnings per share calculation:			
Effect of dilutive securities (in shares)	2	3	6

XML 156 R129.htm IDEA: XBRL DOCUMENT

Reinsurance - Narrative (Details) - Subsequent Event	1 Months Ended Jan. 31, 2025 reinsurance_agreement
Ceded Credit Risk [Line Items]	
Number of reinsurance contracts entered into	3
Term of reinsurance agreements with unrelated issuer	4 years

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Reinsurance - Reinsurance Recoverables (Details) - USD ($) $ in Millions	Dec. 31, 2024	Dec. 31, 2023
Ceded Credit Risk [Line Items]		
Total reinsurance recoverables	$ 1,927	$ 1,998
Hartford Life and Accident Insurance Company		
Ceded Credit Risk [Line Items]		
Total reinsurance recoverables	1,119	1,314
Lincoln Life & Annuity Company of New York		
Ceded Credit Risk [Line Items]		
Total reinsurance recoverables	444	480
Individual State Reinsurance Programs		
Ceded Credit Risk [Line Items]		
Total reinsurance recoverables	189	61
Fresenius Medical Care Reinsurance Company (Cayman) Ltd.		
Ceded Credit Risk [Line Items]		
Total reinsurance recoverables	75	54
Resolution Life Group Holdings Ltd.		
Ceded Credit Risk [Line Items]		
Total reinsurance recoverables	33	35
All Other		
Ceded Credit Risk [Line Items]		
Total reinsurance recoverables	$ 67	$ 54

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Reinsurance - Effects of Reinsurance (Details) - USD ($) $ in Millions	12 Months Ended Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Net Premiums			
Direct	$ 123,629	$ 99,753	$ 85,670
Assumed	471	350	432
Ceded	(1,204)	(911)	(772)
Net premiums	122,896	99,192	85,330
Net Health Care Costs			
Direct	115,974	86,738	71,357
Assumed	431	223	379
Ceded	(1,284)	(714)	(663)
Net health care costs	$ 115,121	$ 86,247	$ 71,073

XML 159 R132.htm IDEA: XBRL DOCUMENT

Commitments and Contingencies (Details) $ in Millions	1 Months Ended Aug. 31, 2022 USD ($)	6 Months Ended Dec. 31, 2024 USD ($) claim state lease	37 Months Ended Dec. 31, 2024 USD ($) state claim lease	Dec. 31, 2023 USD ($)
Commitments and Contingencies Disclosure [Abstract]				
Guarantor obligations, maximum exposure | $		$ 300	$ 300	
Contractual obligations underlying the guaranteed benefits | $		$ 857	$ 857	$ 834
Guarantor obligations, number of leases | lease		61	61	
Settlement Framework				
Loss Contingencies [Line Items]				
Number of states that elected to join the settlement | state		45	45	
Number of states under separate settlement agreements | state		4	4	
Federal Court in Ohio Judgment | Pending Litigation				
Loss Contingencies [Line Items]				
Legal settlement awarded to other party | $	$ 651			
Legal settlement, period of payment	15 years			
Fiduciary Duty Breach, Opioid Matter				
Loss Contingencies [Line Items]				
Number of claims filed			3	
Nixon v. CVS Health Corporation, et al.				
Loss Contingencies [Line Items]				
Number of claims filed		2		
In re CVS Health Corporation Derivative Litigation				
Loss Contingencies [Line Items]				
Number of claims filed		2		
In re CVS Health Corporation Stockholder Derivative Litigation				
Loss Contingencies [Line Items]				
Number of claims filed		2		
Goff v. Lynch, et al., Brodin v. Lynch, et al., and Davidow v. Lynch, et al.				
Loss Contingencies [Line Items]				
Number of claims filed		3		

XML 160 R133.htm IDEA: XBRL DOCUMENT

Segment Reporting - Narrative (Details) - segment	12 Months Ended Dec. 31, 2024	Dec. 31, 2023	Dec. 31, 2022
Segment Reporting [Abstract]			
Number of reportable segments	4		
US Federal Government | Customer Concentration Risk | Revenues			
Concentration Risk [Line Items]			
Concentration risk, percent	24.00%	19.00%	18.00%

XML 161 R134.htm IDEA: XBRL DOCUMENT

Segment Reporting - Reconciliation of Financial Measures of Segments to Consolidated Totals (Details) $ in Millions	1 Months Ended Dec. 31, 2024 USD ($)	3 Months Ended Sep. 30, 2024 store	12 Months Ended Dec. 31, 2024 USD ($)	Dec. 31, 2023 USD ($)	Dec. 31, 2022 USD ($)
Segment Reporting Information [Line Items]					
Revenues from external customers					

			$ 370,656	$ 356,623	$ 321,629
Net investment income (loss)			2,153	1,153	838
Total revenues			372,809	357,776	322,467
Less: Net realized capital gains (losses)			117	(497)	(320)
Cost of products sold			206,287	217,098	196,892
Health care costs			115,121	86,247	71,073
Reconciliation of principal measure of segment performance to consolidated operating income:					
Amortization of intangible assets			2,025	1,905	1,785
Net realized capital losses			(117)	497	320
Acquisition-related transaction and integration costs			243	487	
Restructuring charges			1,179	507	0
Office real estate optimization charges			30	46	117
Opioid litigation charges			100	0	5,803
Loss on assets held for sale			0	349	2,533
Gain on sale of subsidiaries			0	0	(475)
Operating income			8,516	13,743	7,954
Interest expense			2,958	2,658	2,287
Gain on early extinguishment of debt			(491)	0	0
Other income			(99)	(88)	(169)
Income before income tax provision			6,148	11,173	5,836
Depreciation and amortization			4,597	4,366	4,224
Number of stores, planned closure | store		271			
Senior Notes					
Reconciliation of principal measure of segment performance to consolidated operating income:					
Gain on early extinguishment of debt	$ (491)				
Principal amount of debt repaid	$ 2,600				
Health Care Benefits					
Segment Reporting Information [Line Items]					
Revenues from external customers			129,120	104,800	90,798
Net investment income (loss)			1,473	765	476
Reconciliation of principal measure of segment performance to consolidated operating income:					
Depreciation and amortization			1,599	1,572	1,579
Health Services					
Segment Reporting Information [Line Items]					
Revenues from external customers			158,016	174,018	157,968
Net investment income (loss)			285	(1)	0
Reconciliation of principal measure of segment performance to consolidated operating income:					
Depreciation and amortization			1,059	880	519
Pharmacy & Consumer Wellness					
Segment Reporting Information [Line Items]					
Revenues from external customers			83,464	77,748	72,739
Net investment income (loss)			0	(5)	(44)
Reconciliation of principal measure of segment performance to consolidated operating income:					
Depreciation and amortization			1,543	1,549	1,889
Corporate/ Other					
Segment Reporting Information [Line Items]					
Revenues from external customers			56	57	124
Net investment income (loss)			395	394	406
Reconciliation of principal measure of segment performance to consolidated operating income:					
Depreciation and amortization			396	365	237
Intersegment Eliminations					
Segment Reporting Information [Line Items]					
Net investment income (loss)			0	0	0
Total revenues			(56,412)	(51,927)	(47,585)
Intersegment Eliminations | Health Care Benefits					
Segment Reporting Information [Line Items]					
Total revenues			(72)	(81)	(76)
Intersegment Eliminations | Health Services					
Segment Reporting Information [Line Items]					
Total revenues			(15,304)	(12,826)	(11,608)
Intersegment Eliminations | Pharmacy & Consumer Wellness					
Segment Reporting Information [Line Items]					
Total revenues			(41,036)	(39,020)	(35,901)
Operating Segments and Corporate Non-Segment					
Segment Reporting Information [Line Items]					
Total revenues			429,221	409,703	370,052
Adjusted operating income (loss)			11,976	17,534	18,037
Operating Segments | Health Care Benefits					
Segment Reporting Information [Line Items]					
Net investment income (loss)			1,473	765	476
Total revenues			130,665	105,646	91,350
Less: Net realized capital gains (losses)			(97)	(402)	(225)
Cost of products sold			0	0	0
Health care costs			113,659	85,504	71,473
Other segment items			16,796	14,967	13,764
Adjusted operating income (loss)			307	5,577	6,338
Reconciliation of principal measure of segment performance to consolidated operating income:					
Net realized capital losses			97	402	225
Operating Segments | Health Services					
Segment Reporting Information [Line Items]					
Net investment income (loss)			285	(1)	0
Total revenues			173,605	186,843	169,576
Less: Net realized capital gains (losses)			289	0	0
Cost of products sold			160,036	175,424	160,738
Health care costs			3,407	1,607	0
Other segment items			2,630	2,500	2,057
Adjusted operating income (loss)			7,243	7,312	6,781
Reconciliation of principal measure of segment performance to consolidated operating income:					
Net realized capital losses			(289)	0	0
Copayments			11,400	13,700	12,600
Operating Segments | Pharmacy & Consumer Wellness					
Segment Reporting Information [Line Items]					
Net investment income (loss)			0	(5)	(44)
Total revenues			124,500	116,763	108,596
Less: Net realized capital gains (losses)			0	(5)	(44)
Cost of products sold			99,337	91,447	82,063
Health care costs			0	0	0
Other segment items			19,389	19,358	20,046

Adjusted operating income (loss)	5,774	5,963	6,531
Reconciliation of principal measure of segment performance to consolidated operating income			
Net realized capital losses	0	5	44
Corporate/ Other | Corporate/ Other			
Segment Reporting Information [Line Items]			
Net investment income (loss)	395	394	406
Total revenues	451	451	510
Less: Net realized capital gains (losses)	(75)	(90)	(51)
Cost of products sold	0	1	42
Health care costs	187	210	249
Other segment items	1,687	1,648	1,903
Adjusted operating income (loss)	(1,348)	(1,318)	(1,613)
Reconciliation of principal measure of segment performance to consolidated operating income			
Net realized capital losses	$ 75	$ 90	$ 51

*EXCEL 162 Financial_Report.xlsx IDEA: XBRL DOCUMENT begin 644 Financial_Report.xlsx M4$L#!!0 (_TU3%H'04UB@0 +$ 0 9&]C4')O<',O87!P+GAM M;$V,/0L",1!$ \IQO:=!P4)B0-!2L+ (/>QLOD&!4LD)^OCG!CVX>;QA&WPIG M*N*I#BV&5(_CI(// !47BK9.7:=N')=Hl6-Y #OGDK7A.YNJQ<&4GPZ4A;0U!R;UEA_6\#M!7E!+ P04 M_" #M-4Q:0 1=[.\ K @ $0 &1O8U!R;W!S+V-O&ULS9+/ M2L0P$(=?17)OI^GJ"]';B^))07!!\1:2V=U@\X=DI-VW-XV!740?P&-F?OGF M&YA.!;%\O.?H T8RF*XF.[@D5-BP U$0 $D=T.I4YX3+S9V/5E)^OCT$J3[D M'J%MFC58)*DE29B!55B(K.^T$BJB)!!/>*T6?/B,0X%!!3B@14<)>,V!]?/$ M<)R&#BZ &488:?HNH%Z(I?HGMG2 G9)3,DMJ',=Z7)5&UL[5I;<]HX%'[OK]!X9_9M"\8V@;:T$W-I=MNTF83M M3A^%$5B-'EDD81_OTV23;J;/ 0LZ?O.14?GZ#AY\^XN8NB&B)3R M> +JO6N[!3+ MUES@6QHO(];JM-O=5H1I;*$81V1@?5XL:$#05%%;:U\@M.4?_@5RU2-9;.! M$U=!)KF(M/+Y;.7\VMX^9<_I,ATR@6XP&U@@?!YOJ^1.6HCA5.+$P&IG/U9K MQ]'22("*R7V4!;I)]//3%0@R#3LZG5C.=GSVQ.V?C.K:=#1M&N#C\7@XMLO2 MBW A(5M>5 TR M6'!VULS2 Y9>*?IUE!K9';O=05SP6.XYB1'^QL4$UFG2&98T1G*=e]D 4. #?$ MT4Q0?*]!MHK@PI+27)#6SRFU4!H(FLB!4>"(<7K:YH] M5Z%82=]$^!!&&N*<<^9ST6S![Z5&T795O-RCEU@5 9<8WS2]-2S%UGB5P/&M MG#P=$Q+-E L&08:7)"82J3E^34@3_BNEVOZKR2.FJW"$2M"/F(9 M-AIRM1:!MG&IA&!:$L;1>$[2M!'\6:PUDSY@R.S-D77.UI$.$9)>-T(^8LZ+ MD!&_'H8X2IKMHG%8!/\>7L-)P>B"RV:]N'Z&U3-L+([W1)072N0/]|<_Z3(T M!Z.:60F]A%9]GZJ'-#ZH'C(*!?&Y'C[E>G@*-Y;&O%"N@GL!]';-*K^(+ M.7\N?<^E[[GT(:'2MSAD6R4)RU3393>* M$IY"&VI[4_5*E=?EK[DHN#Q:Y.FOH70^+,_Y/%_GM.T+.T.WF)&V M*-2D& #^>G%>!KB.=D$N7V85VWGV-'1^^?!4;"C[SR6'<>(\]I(AJ[&&F,_# M0X=Y>U^89Y7&4#04:6RL)"Q&MV"XU_$L%.!D8"V@!X.O40+R4E5@.5O& RN0 MHGQ.C$7H<,>77%_CT9+CVZ9EM6ZO*7<9:2)2,<)IF!-GJ\K>9:'!51W/55OR ML+YJ/:053L_^6:W(GPP13A8+$DACE!>F2]+S&5.^YRM)Q%4XOT4$MA*7&+SC MYL=Q3E.X$G:V#P(RN;LYJ7IE,6>F\M\M# DL6XA9$N)-7>W5YYNTB42%(]P# 4A M%W+C[^^3:G>.U_HL@6V5$#)DU1?*0XG!!3-R0]A4)?.NVB8+A=OB5.VI&KXF M8$O#>FZ=+2? VU[4:/07/4;SHYG@'K.' MYA.L0Z1 ^P7V*BH 1JV*^NJ]/^26<.[1!8$@F_S6VZ3VW> ,?-2K6J5D*Q$_ M2P=!Y(&8XQ:]#1?CQ1BK::QK<:;.0QY@%CS#*%F.-^'19H:.]6+K#F-"F]! MU4#E/]O4#6CV#30.9FV-J/D3@H\W/[O#;#"Q([A[8N_5!+ P04 M" #M-4Q:.=$H+$T(!:,0 &'AL+W=O^$+8 36V+*\DA M^?:WR 8;9V2![XB^:,#X)9^2/)YY,/UAO%?8D6(1*]QE(B:UDK*[):=.1P0K M$F-QSM8D@4\6C,=8PEN^[(@U)SC.@N*HXSE.OO-CFK0&U[FQ*1]-MH?MI[%^]@.R.[Y1LO-YKI+HR9^R7>C.):U[.:&)<]*"5!(8_+V1$HD@I M03O^NO5M%==4@?NO=^KW6>>A,W.LR(A%/V@H5S>MRO8*R0*GD7QBFR]DVZ&> MT@M8)++_T28_M^>W4) *R>)M.+0@IDG^%[]N0>P%7#HU =XVP'L7X'9K OQM M@\^H%\3T-T&=#.R>5";LPWBZFQ04R\RF%DT=)\FZGN?20Z?4HB3 M@Q%[(1Q-X2M&:?3W:(P^_/[QNB-!67W>";8JM[F*5Z/B>N@;2^'1*H+LD)&%5 MH --*MKE[=IUZQD5QR0X1[YIACS'ZVH:-#*'WY[Y.7)Z67A/$SXVA.\K3>#] MCN[JE=[X!64_T_-E/9SH7D.-+_HR.<*W3U"FKZ?O)K')";%LQO0?@+:0W^_M^.WM.Y]U=&R*C2V)5L?O&29)BB/T1-;.2QTHLX]D]0[OR!C5%)0ELOJH?@&]?QRH*>&4 MA6]A0K!B:L?4 :7=TE2[-AGCFT*S)%:!=E% NS!V=91RKIC=4Q' X/I),#>" M.ZNUVZ[7]ET=,.6-@4V*6Q"K$=@MBET>N5OQ# <*R=A0>$1M]GZ,O=\.OS%S1Z2)H^/@V?)X\/.GIF MH::X:*E5^>TENNXQ_"9)P#C.1ZREYAF:25C*$.-HQ-)$\C?X&^JAFM7'=U[MQ]#&. "VI50%Z)4#O&(#/^!5-0ECBZ((&&47#U#T@Z?3;3O>JZW0=+3UC<&-Z MEM2J!}$H'X!K3Y!V]81B"NCC:O4!?X3STF.C'G%D2HI":S&,.UOE,2]"J#["E M5B58.@'7G,N_)SA2[V#F/K--HJ5GEOO!6")8\(M(/3JK%L&66A5=:1)<Z%)H!]]9LVGB1:,5<-@2ZV*K;0.KCG3?X]MRH2$-/C?=%U_FS K M.M[EE6X_8F2..\S M%*:!+5V#>\ V9-0XP?68S (?NHZKVX8:F>,.8S]%4W!+ MJ^":\ NO3)EJZ8HEINSW@,A%O]=V>X[^!FK5*-A2]I(JK8)KSO.?]027P!.(MJ3[./Z(9"5(.XTR+S*PT8G$.64 M'I@6EE4C8$NM"JLT MY11F"W.9EOKV4+&:2U]1Z:6:%NB%GU +:4JM1*#^ = MY0$FB20\?]IJMG'Q#J.6FEFQCII5"V!+K4]MM #>418@FXYH!*YIR:@VYSB@ M\Q5SN'4.@X" $,B$N:26GU4K8$NMRJ^T IXYD]_RF\4XBM!M*N!CH9^A9IW: MO7!S7&-:IW $7ND(',ROZ5U%Q. ^5 O:GZ @5^"BXC5.],/N_WR$8(YKC.T4 MUL KK8%G3N@GH_LG-$Q#*AE'0RD!V/1L8 (^PDLM-:->W<-0)C@)*%C1:%L.H,W:'>.8G;#K>&O+#[G'X527[=@ODSM"#'3'-;Y1 M.(5+!$\N7X! U<&&V@L37-%/T/R-3#LFH2;*E5894FP3 *)$S3>40#F*,.;[./ MLTKCBABK=F&KULO45&W=R^"BZUQXKN-WG=YUYT4':*];Z"@W4-VGF*D]"8$> M4PFK6Z*.NO:.W3*B7*V_UTW7ZSL75SVG[O>]W"(YA2GP2U/@FU/XW7(F]I[P M098U5T],%P0R7/TF]P'5YQ5!"Q9%;*-NQS%(J(58 M/:(E,.IR@>+IY1^_77KNQ6>1%:GM"H"^$9)Y(;:(!\Z*12$XR3,$39I#9R#K M#-&&@I*Z[G9W@\+ @C%5[&HH4=%5MRISH56N#2OOP&YRT 0A9.((NHUXN M\@*1-U4@0E0)(!J3@*@MS:*(#WU0)ZHV>]G(:=:,)G7X3'74 ?SQ@#P.S$%4TQ M5U_Q9)*U=_(=9:2A+:]2P0J)"#B=0R 9K M"+C""%F-#SD@4)\.6G5OMM1R3)Vl8G3E8[.B?@&WO#21>5UZ<;3X< P*Y?O ME*?GOSKXAI4-%B@B"PAUSB|@S>]Y(7_^1K)U5MH^9U^R.'NY(ACN=^H$^'S! MF-R]41RC=-]^MB$LDQ+4-]AGW_W\/^.[I)'J11< 2-YX*73L M%8C5PO=U6@"G>B0K$&:G*I6G:$R5^]I20#.7Q5L_#(*YSRD37A*YM:U*(EEC MR03L%=$2UU3]6&4![@;>Z>%)*IH#L^_7ZN].I:?4S+&06@F!5%P MC+WE>+&:6W_G\(U!H\_FQ&9RD/+%&ILL]@(K"$[(T1*H&5[A'LK2@HR,WQW3 MZX^T@>?S$_W1Y6YR.5 -]I+\SC(L8N^31S(XTKK$)!E\ABZ?F>6ELM3N2YK6 M=V).3&N-DG?!QN9,M"-]Z^[A+"_.KP2$74#H=+<',95KBC2)E&R(LMZ&9BZ82-*A7\)*:#^-Y<#>@=MJKG0[1>[52*(=+ MVH:C'Y302&XHK^[(#UF+G&RW^P%5LU[5[%VJMC*]^DZ&^2MI7K,X)3NJ-4V+ M6@.B'E V!Y7-WZ7LD2E.-NM+PH8!T_"2"O^LJ#BHW+4.35)SIIC65[.:=Z=E M6Y3_W-O6MJ.YPT3$HXF-!A]-!>EVG:1&B@K5Z('B::@W:0P'1:4=3#[1RGQ M9-@#^IZ=_ 502P,$% @ [35,6D:QRT +!P I2. !@!X:"]W:W)K M/:1T=L_K:V+%F$0/ MZ[(2YY,5E)O3Z50L5FR=B1.^897ZY8[7ZTRJRWHY%9N:97ECM"ZGO//"Z3HK MJLGLK/GNJIZ=!:TLBXI=U4ALU^NL_G[!2GY_/L&3QR^NB^5*ZB^FL[--MF0W M3'[>7-7J:GKPDA=K5HF"5ZAF=^>3M_@TI;$V:!!?"G8OCCXC3>66\V_ZXC(_MGWAZ1*QD"ZE=9.K?CLU966I/:AS_[IU.#O?4AL>?'[W_W!!79&XSP>:_%KD M6(U@753M_^QA N'X@C OP.&)"]3$=_$#NC>@3S7]P9^$YF62A.'-)/9[*SF]ZC6:.5-?VB" MV5@K^6CNC[U&UNK70MG)V9Q7@I=%GDF6HQNJ_JE)E0+Q._1IP^1.3XY :]#@ MFQ2]?/$*B556.X&*"GTLRE+_^\[].+X\FTHU+.U\NM@/X:(= AD8 B:H(Z_D M2]!W5<[ROH.IXG,@11Y)71"GQY0M3A#%KQ'QB \:/YT-4(')%NQ\HJJ"8/6.36:__H)# [SAD\]>76:E:0YN\T/!#ZZ8T(K&7& 0 6!!%D3%A*0 CQ \C MF$5T8!$Y%]^~^"%9+M.!"PFLP&G.-CNDL'1&$;V.O:O>U#:4< K<^_D M^.Z^2@NS1@(PFL34+) (0+"9X8$KPD73!3B[7JD+6*K6V=:._^E3)9#M#!P.O$ M9IT!4(%G3@L &JCVF'0\R/ ,2<&+`)6%+):-X)R(387SS.IV"#/&)#@M@: MR]!J.JV!G7?U%]IX$*)1Z7GA6!JS:!8F2.U.T$B*\$6MG?G&.D<@% _>G8(*(Z M\0"=3D=@MY!HFQCO-P&0AV\.O1)8G9C",?['C4;.H3#2H"'&'7: KO%15< MAG4%!N1 @*W5#R@+&OD6$QL6)8$ P*-3%]@M+RXK533DHJU#.1A:P*2!+') M T"%)BJ%4.=-JD^CDQ?8V8-G?ZBMN5XO+*O+[X]+GIEM(5:-\E/=.V>W$J06 M6<-YXR=FJP%05AUP0?JDNLZ/W:W_DUROVI5?=I-^DUCE& #%UJP (!PF P2Z M:H_=[?ZR&3JZ9:ITL3T1)+.'+69VA3[S &G9/3O$OI5ND$$ D:5L:%@0TQ!F M1KK^3)S|_ *)7(C=LW$0&IU!#"4@ \,*J O:V"22-?^B;O]M)NDH1PC=JV M@]BL80!"1E=G,_L@7)0-$GW1G(C[QF"I6Z<692UL7M5#:WI9HCCBJN M? JUDSDO\M8/;R=9B%NR7&2B6.B5@G*U$+):=%%^!8:R=1<=:Z>3T-O/ JCP MQ-*5H"\R5+LZ]4+@I$Q5:O!E!T:*M,.D%%W(+],-]=3 !M1&S5 :$24]A"*$H&]D^T M$U#4+:#TL=9K=-4>:B&5U>A&S7JQ8.CO=P]2/Q#3]?Y#(>0_X'F]V_O>+]3@ MYS]NFOZ0:3] G2RC:EGF&.>%V_39CRO&])..Y:T?MDX.4O(33WF<0O+9<1O3 M6SJ6MW[.! ['7E']XLYD(9P^;S'W 1"_A.&0.*:=@*3N8Z9]M"8%)C"H,1 66CN6M'[9,&-+@)[.4U0^.VYC>DO\M:/6Z<^]5M],M=,:#\? M#0DUU00$(]9Q9PK DC VF_#TZ/V%-:N7S7L@ BWXMI+M4__#MX=W3=XV;U@8 MWU_@T[18Z1ST![I \C&KET4E4.GNE$OO)%)#JMMW0MH+R3?-6Q*W7$]^;CZN M6):S6@/4[W>]Y**N9.+N7NUG5%FI,*BQNV(O2>;!BOL(0EW[IBQPG.M%%5 MNH'GQ6Z%"^HL9OK>(U_,V%Z6!26/'(E]56'^XYZ4[#AW?.?EQI=BFTMUPUW, M=GA+GHC\NGODL');EJRH'!4%HXB3S=R(\V]7?]0_-.):08[B(!HI*6O&OJ0% MYVSN>,HC4D\4*@H.?P>R)&6IF,"/?QM2IWVG.CR_?F'_38L',6LLR)+5?Q:9 MS.?.Q$$9V>!]*;^PXR? 2"!HKOI2500^B8XU- @>E>R%9U1B#!U5!ZW_\W_3B MS."/>PR"QB#H&D0]!F%C$+!5(&:H_=*C=6HJ.PPI+O)AQ=D1A@:FN0 M7U"5]R?)X6D!=G*Q9%2PLLBP)!EZDO '294"L0U:L@I**5E[L!^B!49D+|"O-2'9) MX(**5DKP(N4^&&1KMY.* F:!,3:KZPAZ_-16\]J_KL:"\GAP_G;%OV:/:*SJVYR*W8X)7,'B 7A!^(L?OI)C[U?:)%[3[+5 M.Y%=1#5JHQH-L2]^ATY:Z/#98E:,CK6M:1B'132>Q#/W+O, ^W-GW\GZR)]R1; MO1/915SC-J[QJS6QIS TR^(_:((%/1 A]9>WA;DIZN 2<6+V:,.TTHV-2 M#5]0"9$5GP>]ZM M"26:PIZ4AOO"YVZM63"CV.\HLX'\LW9J*>YLU^0/BGNU%UM%^98P)UU5)FA] M?$(6$*1]VBDJG?U6BBI]%O?'XF M*DC.ID:MTCT[OU2$;_4Y4"]LNK]?WNW/6O>Z1-6Y_Z].H/[<]&)ICI_/F"^ M5<.\)!N@]&X2<(G79)\Z=(E,GY.63*8.92U_F<(XF7 '@^88Q^:)0+VA/YHO._M 5!+ P04 " #M-4Q:]@#P]4' !V(@ & \AT+W=O<(77OI/2W:B6E(=^:NNTN9RMC MUN?S>5>N9",Z.[66+?ORKW0C#%SJAWFWUE(LAT%-/6=1E,X;4;6SQ<7PW8U> M7*B-J:M6WFC2;9I&Z.>/LE9/ES,Z>_GB:_6P.OT7\\7%6CS(6VG^7-]HN)KO MO"RK1K9=I5]BY?WE[,]OXKC? L!@\5[>_8#]S^_>/_/$#P$:7]_U=+L[JG^EJKOA+WD:::,.9*3>=4N'\\/AQ^<9$G>7HQ?]R/!C&BA34Z0!GO M4.9!E) ;.1]F9QH=K.SC=NR6+HVR"RS7B+"EP7.D.5Q+$];$LU09 0:$]063N MKI8GI)4&YFX]T_CM)B@1*P2QC(<9K]#F1Y-7VN4KB2:OM2Y)\VIDS_*F(\ MCBS:(8[@'D0X/^4$?4K M_:.O=.\C9.)0L0J@R6$0ROV$(L@Q"^]?3@U4C=0?(/+!"725[P>((1L>(1 M]2P4&EG^B((H;S1("FV>AV+3UYEUC],[6D9O!].-%06?@.7,..VY!^T>V']'P MO 2LPE3M ZDED#_1/>Y.P(PSY\DC M9@7:F!V'0"W3T##5W,JU@$^!Q(YS"9TB19DG\@"UU$/#W+.MG0%P M+I7$F:N $*LT]8&SA$/#C+.MFP%P+INPA#.Z+9B875QDS%,R]>4=F@6UW9=* MW%5U98 248%'@[SU5H7WH[P=!FLYC(9);"=3UN*YURAHP"XWT20OG/J F.5Y MX1$HU'(8#9/8S4I LU4^D[(65=.-++&LNE?0@JINE4&V!F+.\\Y8)96F-A M6OLD16U6H)ZU)*7JPE@9PE9)E$[I.3-C4>RA8&9)C85)#::!WD#[)K]#<]_) M:9+5@0*KL:) W")BT6@%:U78:/22?Q]"Z7$:W MM<$(%K.*/:*16<)C1QJK.:-KI8=]""5/U$14'(/O.AS-DBF[H%9>^)8&V1$: M7 'NK:IB>#O8"Q%HPY]I^U8IE/ M #'+B.PUC/C:=>:27AZGD9-:URPK:.XK%)8<6:@KLQW%6Z>LVX+UI.#@1LS2 MR*?=F.4Y%N;Y+\>G -*110F:IKJ(69*GW*.ZF&4Y%F:Y:WDO80(LH8:5JI'$ MB.^>1+ITQ?-H2F[(5:RO/P]WA"RG\3"GN1+XR&/G+F$A.ABS\NI@;EF-'VG5 M!E*H]YK@5] (#=UD]+]*IX$&LDMBW:\0ME?'74)E%?0RK2U()/.HI5MDZAA#CH2S.IXH>M>-1X2FPW#(6#S/6E6I:-KOYL=W05&U?N&1: M F+RRO*)C3-? T6Q!SWC\IQ@.O\',#J.WA(B3X+]S"WH9[E2]5+J[N>?I->WMC<_RMMA[)9:>9A:;_1+6>Y.*K^=@ 37Y%'4&TG>16<1 M/22!&25=GR&8&AL#TJ:Z1R[?DU:UDE1=UXMBI8G:F,[U(%9@^:,9=N[\ V: M'$9GR9B'R:B?UZ!P?*'Q$Y!36'#T).OREQ_&(/MU04]8NANP%S(1AES+4C9W M4F\?SLM)S#@L2SWN\OPM[OAXW+"N^JH"M7I=;_ "*XIJ$N\A3I^@A9B Y?/7$ MB@E^9.=7@^+9Z.>7S$.\?8-W3A*:#R'$N&/P979*0LYU/)A)E!)CR:+K9B) Z+$6A: M-\VF'LX=QUY5-5!&5OT1\2.OO.KP.R%7:9Q"%ST]%*LF&\W/(:.) YKDBUC M7OUU2\:]@&[AX'1608>/)8EA^V% M4>OA/8$[98QJAH\K*0!\:P" WRN06N-%_^K!E63Q:)02P,$% @ [35, M6E2EPAT2 P #@L !@ !X;"]W:W)K08=GC,3!]9\%AI4> MBJ4MUX%\AROWY$^,3[=;Z?:VG-CW&N,>Z6>_X+> M3&G+NAX5X@MT1Y@V3C!%4RY)65_KN=2"5UE/[NL5MK]:FUS]*YDCF.86_IL M21 KL*)W:]S ^-=!E _#^)M.:.!:[:!WZ<>3?6I 2'TP]>E%C]"6O3]AKY_&GU5G @7 M*N6" -8WC(M]MA.]T@\V]%S'?+:@#X:U\ <-_N!5^$3*XC#Z8(=IEWI?1_L M:(*5P'KIX-4F"6&+0]1!P]1T6T],.&.MQ+/>%9ID_T/Q1X>$R!'PAJ9L=`M1,$Z"=7]W!G*WW/]3]:I$>%MCQ<-AXN3_=P7(E?[AZ[.!QV\G>%!MNA+7[7 M^?N.=$YW<$+-U_(M,"_H?@Z=L]NY>(U]TIR<+\519.8CM[]_W.I= M[PCM#[NBQIYH5DRG^!F+)6$245CH7*<7ZG\M435?U4#QO.O?YESI:JB\3'7# M"L($Z/L+SM7SP+1$30L<_0%02P,$% @ [35,6BOY#KK/C0;6?Y8Y0]'SE3=4-_Y+G'3:8 MD'S;](HP8T2W.9?Z!L( )I$.S MRYMSI/G\\N:.PX8?AH,/KAK.)3/EX//EVVS)A#?;=:7]>,8(&5?RNXCYO:1 MK.#.JL7C8(?R:QN97.G:B3G%PI_!9'JW9 MRER6FWJGT3&F9(M.WM%:.%A3*^.3/0_C- UOIT_'D%@(A21.(7-$1CE4<0._ML!-.X8%3>)[3)BL+ JL^1,.3Q&O3OKPGRG]Y"TQ5:)*B[&!OZ""]LI[H@*YE5 M_8HH_Y:YL_G$'ZM&8"C$\:?CXZZ?4/3.&:1X04$QX(D$8GA!LQ>DL91A/LA M.O@A|OKAE[K;MEF=2[*0M5R6,.#**QBC".E!D%H#-D-PB0C2V""$P*(T9@G_M)SIPB2\:*H2YNHPAG*]]9H7*=&9&]M]XDG"J,$0@XF8&Q<]MCL&8<^8F!X:)F1'K81% ?<((+!>.C.H5&O$KE_:)M/*E&LERU\]G!D>>&A%2 V##:8 MU)]PI-BHZ1IT2U9J(^D71PI;'7J<1'($?TM3<5S!<&@AN.71P(;-&%5KHA-*$/40Z_W+N&G^N2TWBA[*#I_>6*10V[X-0DAUICKF#7.H?ZAU@B*X.!"..D&1:++'@5?OOLJPA$[E@_V5> M$?:_ ?>JUN;7LG;JAZW:F%^US9HUI.5YF54@/V$!)XNF!2/@5 CX5FZREVE& 7 M>O>>0/2COD7$5DI-D8V@6&"&.P(*'-&:S:FU2_&NE9VW79(7M7:MFK:_@92 MB#6IF]QA&:%Q0""0.;F< _0*3.MG)A2.7W=#\JZE9&Q=8Y&Q(3<8&Y^E4S9: M'K$S\L@Y3E53/XL"G^U7%V2U%R9$B+G!0*$"^4#D/574@(MT30BCBU&F$*BD9D.H=88I0Y66B$QOT('"5CL!.*@"6$B:FG1]DW]'.2&ZA0_5 MWU-.*(P%E@["K86!.Z2T#&)^&30O5>I:%^YDG&%5&FZ/#0:CW.*!P%&:N+9* MK6"87\&+@?L6AR)9UWDJU_+XMY/CI MG=+CR@?O1T^H^?@$69::R$@NA=*W100/3;&%@&#K2,PM'(%%5#BH'QVC^27) M(&)^),L)S&:RD(IE7:NAAQA5#T""E@VZ\');=20ALP8?*05O'IBE=@S&HM2O M.'$M8_CYHZ_7>0 VFPNXVZ(D22 M5P&^>B9=T]K\6M9.!T*K1NY7C7.)9O-= *LU*UM#6EG^9WB ^M)6>"(T3VYG M&(]:.0[&8LRU)VFYR/UR\]:UD7T.E $'9D):OQ"%:.5.%%*MG8STV0$PH59 M!$- +.0>J4"F7NFS@'!UAB[E0F&0P4&(@(2KGJ> MT+)0^&7A5[4C;G-UT -A"YED^ZC*S.4:7LR.FNK%T@MU9J[+:O5?L!<10V!%)>$=:2%H"Q>%Y>?Q-&-):]NF\NE:-LA M']$\B@+Y"PMC)G) D%%L:GB82@6N(X:A59BPE]N&O)$4O9RC5- ZD%A8%&P M4$Q@'W*\V8["C%U+RA:5-)9 M^A?8\1NWSL.P6.0B*ZS14ECL2.F$%C7BW/VG\:Z>:ZVU9<<-M:.!.?ACW*PI MH+8$=RVY6L.(OX89 WH. 90#5F]*3 K8]1RU1@%!"5=>'&K9$OIERV%:;;.(7 M:-;>&0-[CK_.\A>25UFY'H.[*+M3)'I7$]EW<:.L.A*IX9%WL0E#B>'*>$M;: M)O1KFY_]Y^YJD3F36[E$=+.+&LH7J6C%H2FS$11/S14:.6IZVZL M%CBA7^",$_0<"T2/\"8H8:.]"5;YP@$]%#7H=:W(1^HQ< M8D-0V"4V#(9<8IL>O82PEB"@U&'DT_":A/_TX'U_[MT&:&MU:"^@'Z'J4HJN023P8<8^M2.+W:.7_IF.[SJL&CZOED/'UK[G_+U!+ P04 " #M-4Q:8S3'PCP" #.! & 'AL M+W=OYK.AL [FL MV!X"! VZ/0O[4&PZ%BI+GJ3$W=^/DATO&Y*\6"1%'AY2I.-&Z5=3 ECR5@EI MDJ"TMIZ%HAJ36PW =5(11- TKQF60QMZVT6FL M#E9P"1M-S*&JF/Z] *&:)(@&)\I,SWY76&<(TKMD>MF!?ZHU&+>Q1J4KWD21(X0_BL0V!X'&$)0C@@I/&K MPPSZE"[P7#ZA/_G:L98=_[!4XCO/:9D$CP')H6 '89]5\P6Z>B8.+U/"^"]I M6M\I.F<'8U75!2.#BLOV9&!=\X"+T20+L ZGFWB3S+%:.LC:5JB';>B.8$ M7ZJ/1G)JK[%%_&=&LV.S7+(EPCPSH(P3I^W?#:?3I!N-QSWA\"SWU))G.<6.0 M(<_WG=:%\H M94^*2]#_P- (_4$L#!!0 (_TU3%H_QW)+XPP /1S 8 >&PO=V]R M:W-H9657&ULM5U1?H\$E"YQ-P_I*D7[.U MY[GVSR:*LXN3=9X_S4:C:+GFFR [2YYX+'YY2-)-D(NOZ>,H>TIYL"HK:.(1 M'8^-T28(XY/+\ +877IYGFSS*(SY7:IE\VTF2+]?\2AYN3@A)Z\'/H6/Z[PX M.+H]ZPH> ^3W/ WJZ2\6WT1YE%6YXG(5)K*7\X>+D YGY.BLJE"7^#OE++0!9 M*YKR)4F^>%,

M147S4-%\++3FL()KW457WPZ#]2V#S-:!IWI-B+P14>WE4,:BHBUZM>#F2)R[MGKR-]L.@HGFH:#X66I/GM0ZC]W68'MHR3- V0\+,B!8@:U6.NQ\("OA$KQ\8%2Q.RXA5XO5);FD3HY MKA_=L;!)(Y^X,(RV*ZX1;:-[U]'K#VL>K8H+Q#S=9KGVD*0:#Y;KAS%$6#VDX.S!:KG8JFYGVAD[W9E.^>YU.GOP* M#^XYUSXF>=',\BU*QOQJWWWX&(:EP(EBMREW#022K0\SVRETG(QGM[N7G+5^(>(7L.U$-)J K2:BV01L-Q$-)V#+B6@Z =M.1,.) MV'HBFD _]A.1)&@(@0$# &5.2 @C&@(@84/N_%B0=C0$4,*!@#*F) P1A0 M$0.*OH'*&% P!E3$@((QH"(&%(P!%3&@8 R8B $#8\!$#[!@8 R9BP&#V% 0' M8\!$#:[@8 I+ L: B1@P. 9.Q("L.6 B\#R.@2YBH(,QT$4,= "@& M'W0Z\W0H:IF(N$K^4,1CS8_N?9A_!NEC&&=:0! $.#0^.\7.E^Y>,;GIDB#/ MY6O^OB1YGFS*CVL>K'A:%!"_/R1B**^^% ;V+_]\ #]02P,$% @ [35. M6L:5 "UT P &ULK5== M;^)&%/TK(W?5)M(V_@1.FH*E!!O:ATC1TFT?JCY,[L>9>OA9P:8 /O>L8T# M7L=&N[R Y_J<)%';+*/R]0&XV$\M MUSH$/K%UJDW #B8:NH8EZ, ^:)XDCNU9)6 ;Y8B(G$E93ZJZ]6XP-O@#\S6"O MCIZ)^9)G(5[,X,]D:CFF(. 0;Z- \6\',^#<"&$97RI-JTYIB,?// 5Y\>WX M+<]4P4SP? UBBTZEU:Y$$5G3+]2>Q_P,I[QD9O5AP52R2?8S(U+!)OE1991<8* M,I:7 _1KY<.1 77:5Y%\)]$X3N$0448G$L85H1AD^ "_0QA5A-&Y&?R*X)]+ M&%>$8O:MTMUB:D*]:3"18D^D0:.:>2CFMV#CC+#<=.)22WS+D*>#FAN3] MPS51!]\(R\DCXQS[3'TD'XZ'$UMCQ2:O'5?5/935>>]4-R"/ L1$N4))"W\ MJ)OO>AT"-EI5^^4=_'KP,A5#B&_(P/U((_<;MA0T.Y\^:*&'Y].]-CM^K/CY MCQ6_^.[B3Z9B4+?NH- ;O*-7=VO1K%K$+\UF_??^66F])]U_:;U7]@_;UH40,4?0OR,.$I:-X&&GJGH$4;Z US8NJH-G74:>]? M>!926_EZV I2X(G9 +3$C:QPM7S1:F4]I[5XS9L[$6$O8BH%$'O12RZ$"> ^.M^;5O.O?[UN95*34G\+/,(:17D!>),OKR,/5*Y9Q6+B@L>2C7OL_KCA%VKB!KJ^JFE!^@43 ML-,.\-[\-U!+ P04 " #M-4Q: N$M(?\/ #V/ &0 'AL+W=O%:8M2AH:.C1!Q:5=.X.YG9-1/K@"=S7V MN1$6]8B3<\1OTSC?NE M:(NW\[/ 5DHO/RB9N45=M^)M+GZ2&]%GHP[$F5LH\>TW5_U^[^GQC?!WQ0N3 MIT\Z@K:!BBN9;O#]6%6HJ4AZO=\), ^.;R$C6@36=SX5=R.CHG7%T!:95N.1H M]?ZQ2'XBE78ASA[#662]I*_X,OR_X=%!?VLC*4A5S7)=S$$""% MR4# (ONE"AJ>BM/!=;??$ROL9AG -S/6%;N-2A/ M3 $ _@M#,S^EEMR;D]EQ3_ "M0TPBR>8'G9^&GXPVM8YSAL@2 _=%B51 MD!(9:A&9+<(E$K,]7).C!K&K(&62;4[%=>=R?"V^;YQ=*/": M!K\!90=AUK*86@XD)+KS=)MOA8V-/!MTKR/]$*)/Q%GR1"3)E?C]:*:X@F.] MW]P^L/:(S=UG\"$L>X(%Z/+BHL%%#%\"M473K&/17SK[#$6E!BRAMVG M[Y.AA@<@_3N?:DC'%/EH+F5P>HO>EEV&%+HJBQ3'*XHRBM-XYFE_ZZ!@5T6? MS#:!*ZM2XGZY],)-R/E3,\_U/VFA"V)M7<,&BVV9)_ARS#:,"R4FFPK0 >G;'RZHH M>2O_AT]N26Q5]2'UX#SVFE.4NP1KJ=?Q?I0@;=OXE<8J5$PGG60X$&]9EVF) M.$$]"'P.1 ^)=@:&]<#(%TP$KSA7)54^\77&,07R4-3A@05/%N9F=HXQ%*H-D M0/Y@S)1C8MSI)P/PA-9FKNGH>$RG/X@<9##L.1?U<', <]=6.7'5=#X?#/1']]\\[99"1(EM/Q&!\)5ZKB3NX ?W:4E(M.HA(LT1 R'L0'5 ^/]@2M'X[@]>*V><6@.QX/T+& 8.X*.%^]&[1B-'T^;AM MR4:D8&MCK6]FR.?Z+94'2F(9V]6T+&*$6X0:]OQ2R@+L$DD:BSB,8+@U_9.; MQ+ZT:.%HQA&(P_ZJ^*Z,'4CCR2D=L$R4+M(24$S&3]>4$Y\>YK+MUSNH# M2B*--W3@K,3YB7@W2YTB9^\J1OV-NE\AF_I$@HB'Y\3.N*=6+)5\N*?**9H7 M+D+S'&N*$]>0M-AL.]ER0EEF:H *DRU154G>VYQ?J3N6P$>D!=Z@#2#%FHITXWX5BY73W% 3G8LQ.]@G"DGEZ.X^17% M^LMHBJ2?!+>? 1YY/0Z8A+T>E*+U'5[=AC!*%B7($E:%M?%(M14T&6R1U:IS MV PWE%FWGK5NO]^8@4@':\9>"&WO8,=Y@HE4.U*"G:DZ<#,;G*L7#VXS=%& MJZ%LCSV1ZRH>]5O:#*O.3]B7%|>MM? @\)ND]M#T\"6%:8#3FMZ2>O\%%M^S):?6MO:32],@.<[3I ^_DXOX:ZUIGB. M#C<#U2 ^V!'3E-+D>U-?N.0LR2 ^'T/[U-F?HX[6]@5"1.R[4&GA*R>CR71C6 MPR#6)E8;PM.M* '[<6LJDR0KO:?4.G/2,;&KC2O>V]@[:M1.Z, ^YC%-3782A MIU9N[DE^!>?ZH-%RSS8'X35$#;J@%H3MR,:O!J_MG+T+K1WFZ5< ;SO$#]^]O M4QQ+1<JC!V25%&V+ E;*>9>4 ^5#]CD=U8,)=U*E"!N)P4XH >-#Y/ >QRIA M9[@:2*&"3HB0$B(RZYP(5,J:H_L4TBZ[J8ZTG16SNP4]D-+!T1[TN M@H#R&K>,L:5]. ^GS8:(=FCL8V:(VCU2M7<3).F)>F#4QDK=+DZLU243]"32* MU,X0)+F=GW51=A25G?]M:-EU[UVK.QLVSI2 M]P!G5-NJ[C-9@^'H)C5O[OP^#:-CH!9"0: ^\:-S]<. U7Y> ^PS1O:F:* F': M!*W0O_ST:X:I!A$@]P.2_P>\N_L/ U: S]!W IJ=X7CP,*8UZ.TC5S[X;YI- M>-(=U!OP:KFVCP"S? D/8U>$XZU!.5Z=(-%=)3R0CZ+ &6[&)?0"S&O7$Y5'(MRN=C$.Y]91B(\NQ_'0ST0#/[53&@\?6XWKHU.,:"D/VC'@'SL-#&@WNA3.;#^ M5\" FKK\.@#0X#@ =-BQ&O4MNFR=4FW$<@NTA$3C[3+7/&Q_^TTR'CZM]2U\ MM2H'$=_Y\?95=7$+, 7$!:U,>##KAU+3"0\9F <"@L2,,.Q/M08!)Q2[3]#Z MY%5+{6)%]^ T/EF]F[2K+@'4[[PNG"9'W!U/TX.? O-:4;H]-,#"%C^&%U M0:8C$UC8KO)%HJ3,T:+#5U]#(B-DMOR5Y8Z^LR MVN^]-HC9Y3ZJH(#--DV7K[S1^3:405[A/5Y:5%]NU>5]7V<D7?2IIY*"B/2EQK7(F%FH!@BD,42W+55>33IE(.P . - MDE$! CO9]5=$;L/@:,5&YDWAKG[[=3M2CS9MP(>:PE%X?:U-"/1/_QE^FW%;$ MG/R0]F+6)F\S!B-Y1?-N_772]*K@o2Q*?OX>H$F>7.,5R07*B>84C7AV('*CS^ ^]DJ%OQ2+!"ML!TH?#ZH7 MQKJ1 H.\\"PS<`\(_E>#%9L/54'));W2O)WB:-6B7$KZK8'%D$]-Y10>IKF$ M5 A+K9]H:GZ!?EK@BC,%#5Y@C@&F*J#VL?'F?-,*D%>]):-;U(G,):4! 7MN MV@%-[?917#CK6):MN@P.?$Y#WCTEOO((M-O.Q:;C2Z6'XYK8<:-WGY3 MWU==#7-ZQS>AVCH]H1D14ML ^B:=XX:# M!VE"R^Q\ZE^-V4SDFS.SC MZXUP[8]&G5ZO5T%9WOULW2PM3S.0D/RTHI+IO-@.19*5C] MT%'S.E#&43.+SKZ'FNVIQ'LVX1:A\(=S]A:Z&M]\<'%M>Q<(]KW5MXWU[<'^ MMN6D+SE3'&AS6F+Y=+A]2G2TR7VD+1OX<\LP$;02)X5V7:3@9.MHK>]>]JO: ML(. ^5V\:WO8XR; H-+6? GGE8WYS]$YZ=.3O M+?S>_1#L]3@$FQE@)R#YW0\(&W5W@[C ?01J[47Z_PUJF>17*TR>J]]K$W C MS_2[B.M5/PHB<(-*F:L*2NW=CB80X_@1?] OW&2%CTL]+SPNAE%(5,\&CTL3 M C2"C(4H5VQ"UI3W%$ ^7!. *W-T*D;">+:36 #VH9*U4.6]$TQA44E^CU!%-4 MPC/[V!Y^VQ"30[[U!+2[\T7.-M^HGA1 R]TJOXY#O[@WOULW2PM3S.0D/RTHI+IO-@.19*5C]]7P0C<\TU"F*F9MC;ZXXO3[RCQB_K/B7K\/CG%GRQP6_M\D(+<']FC(M?Z(#[I\XO @502P.$% @ [35.6M?KS:&\"@ -24 !D M !X;"]W:W)K&UL[5K:;ALY$OT50F.$LX L6:*= M.(EM0)==$ [2!!G-P^+?:"Z*8D:BNR0:,N:K]]3Q:Y)ULW90>9E'^*HN\EB M5;'JU"EV7R^= _OKF2D7QL# VW/3F,1:OAL.0S=5"AH$KE,63]?,+&7'[9\-0 M>"5SGK0PP_'9V?/A0FK:N[WF>O_][:4KH]%6?? 0BE(N%]*NWRKCE36_4]V] MTK-Y1'O#V^M"SM2=BO\H/GI<#1LN5XH&[2SP]OI3>_-Z-7;"OK/_ZIU3)T M?@NR9.+<5[KX-;_IG9%"RJ@LD@2)_^[5.V4,"8(:WRJ9O69)FMOC]74O_&]L. M6R8RJ'?.?-%YG-_TKW5U-9FOC)+7]1E3V7)"]S)O!?L4QC+S X*T-TBVHR M-%AHF_Z7#Y4?.A.NSG9,&%<3QJQW6HBU?"^CO+WV:BD\C88T^L&F\FPHIRUM MREWT>*HQ+]Y^4B'Z,HNEUW9V/8P020^&637];9H^WC%]-!:_.1OG0?S5YBI? M%S"$++HU"XUJAM^,]$M^K:"#.1WTQ/AM?[)%WWAAXSO+.CS%02)N+3\K(]'+O MA@)"1ZV"^->;"48#03OZ]S05I@8OM"U#6O]%S-1-#VD1E+]7O=MG/XV>G[W> MH_]%H_[%/NF']^<)T]FE8OW61^]F7B[$^W09YPK_M,_%MU+Z]+OP4YI6?T?O MW**0=B6FVDJC?X<3I17*8ESA=5"GB%V%5.TN4!@_T1A"\2&B$WBHY((4Y=T(M>E$8/5VQ?["+M/IW20G;%WCBW;T2:CK5F58V6_$,K (R4R\S(0826$!1+8U9 M0==I (Z1)/50(.\5C88BELS(E(] *7$OO983D\:8@_W:'3=A1_"6HBUMD*_M!8YS\D:,88E)?Y*U\CYWC5.8\8MP.(WR86-V-I=^AD6AD2Q@X(,&MBAH?S(: MC.5$&V&9Y!&/LUYH#AY?O8"^<\/X4+G%;E':@^ C)7.OC@9OSQO1\') [",9 M@LLTQSR:!/4*YW'-B E@AS==#?6B];S-3)F3MD'=*R]MEC9+8;_<2]E37^40 M+]G_49G7?6RKZ>$E3F: 2>SW$K-1_]0\\@8WJ]Z"4A=SG4V%TM)_I^;M)VX M0#$) _# ^ 1C8= 8 U%O6RK&8F"OVE0:7OA2GA:LMK8&N#.SKGE2?2L%D,G60" MYIV.G[_LNL]AEB=U$52MMT,5A94'JNW<9E2N]:.V(:) DX06F=./,]I%EAX& MXF[[GHK/GMFXP+Y]3E28%&N3"=>02;.#G MN=H[^#L\2>'7\21$"PI-M1XM,P!]54(V9#S[Z6H\>O%2[^VGSO.[]T-#F, M(:)-0BWGB$.)2N2_0CK7@DPC3A"G^4]"&H [9 M.@5D ?UUE:*-(VJ1?!=Y]_*$-*6)K(Y>;V:(W/@9*[@?%!&^CIX [!&JNX5J _-F.V/#LF[G:B,_D1BIO=BW U$.F5!YV M1MG6\.F%>1!%JO6>8)@3P0:T)3E[3GPL.NIG1=P+"2[\5N/%"/0:@. M-;#W9"!*(&2>T+4HNT:6"E7 VC$*DWPE:7CTSN&!L M2SY.T/Q>3VIH\Y<(_!\-E\-CB!W^C'Q8=<)Y4'^F05/5 M/:5G!.UMV9]0.X[(385)49:71:ZB2G:6^%GAB@JO4@*5'Z@_*3F."AFA[JTR M).7O7$D#(SQ5ON1-YHJ@(AS=]2]3GD:/+#M[7:V15PR]#6R%#7(ZP',2'?U&SM:_2S]N'*+E34; A#MFU4]HU"E:LE%\>3BZNV'Z@9* ;'>W3E.F2.WIF2$]G&+ MM%U:2K5T#^7?2 M#$YML&!BBAM;YY(2#7@(VXM)'K#9W)1O(8$JTS\HHPA@$$+ M,TOZW)7 W6]EU37$Q[2HOR4<=L;\4SRW@XQSPJ)S:ELG=O/YRW9_V[R /)W M!SJWJN$[:MC3VI'PJV#H5#0X"@Y% ^)=8:G8FR"GPF$1O/(]3%0T-+4FM 6=+1 M#/MBLT^]\#NCBE=+8]U<&8&?6<)!*],ZHQ2[VV] *P+R.NA9E#Z4L@V(3>[' MZ13!6UK_)"F14@4]2S.\DG(LN8WNI:"$N!?<.B$*S^.G*A4OG3>$2B#LOBP MJG@)AFXM-]3GAN .70"4,41(CG1*'IR%5EN:_R5&:9IV+:,*CP1G'S7--@ MHQ.YI=.V@^WX&@U'W8-IH/$) (TBG]ZMM, 29H3X6ZA2'E9)>[-,G]PIQ.X%6 M]?DB+;3U>(?H9',$E#8.A#=$A$HZ;]J9CIBDDRM\ZKP7":MM^'65A@\/3/A+<,'[4*)'Z*BCNJ%":&VG):]=*%(- MT=68":7ZG"OWCR)@F^2G@I@_FA0UL5F3HG2]AFZN]285C>1 MY)PGT"9R0)^@I:5.6['L!QS:)62I3 ^H ^-VWDEK1:QT8 ^NJ34@=*"PFRJEYIE! MLZ$7NPG%D?"YW0_KBCZ9:5H4 ^.+ E#Z6@84#%*Q:[P@6]CA:* VLBX(:>0^(M'E"XGO]^V1$4@==>&FIROAUL/39VYD]_VI&C[U2UAG42'RZTHJT(24K TC7F& M] LZ123&WJ'_)85^282+)GR07\4=]$:@I+L'(']7IU^#/QI:D-X?[\%DTR.? M* /I-E7&!E/-EJ3M]L?]=S?DN%+GLO% ^A\X9][VVXWLZ?.:D.\)1_RO:K%/@<45X MA-6R16MR\!ZP9BIL5-W'[O7MCWB!=;

*!2K[\)P/W)S5PI[X_J1S; Z7'C,WJY M]0#FNP"'5N(:N0&8[48>]_)%?Z,OPI^Z8'M%7P4OF>GD(V<=N6RP[?,(8>=<3 M%G"(&7^P0X%;VIB^:FGN-M\$O4F?PK3#TP=%OR'[-+,;]"FFG@U>7/82GZHO MHBOXPYB)B]$M^":>B-E>>!N YG0'7%[1 \Z74[7\!4$L#!!0 (_TU3%H" MBQ&0ZQ #HR 9 >&PO=V]R:W-H965T2W%X.U^,\NL7*FZ*74M_MC)]_OWJ0:SY&U)\[_$^:IGIO1LR!.IEI_I9=Y5[4_Z^8_* M\1/3?(6N&OX4S[9O$%Z)HFM:O7*#0<&JK.UW_JN3PVA Y\!8$+@! =-M%V(]_MO\W:_.,[HY^%H=Z8C1Z851X-XL]:E/+8&OQ:8ES[X8?Z234MI-PVI^Y:3$C- MJX4; -$.#DX,EH'XDZ(.92/^4_4.':>"U"R)2?HR2D8G)WO6U7WK3M"]IF_5_MM!6-*CI3MJ4"$4IY6>732F$A>(D<#]^(P OBA+Y#+TU3>D@\/PSO$'HRE/B6 MF1=G ?TBO52&.$#3+N ^1*5S4"5C*:07QA$^8S\6,LCP)+.,06]44?VZ78'HL MC-__+@MD\!8+9'[H/H>V #/9ST.Q$KF1SU1FWB2,B$[L$DDF-X@GEA%23BPC M09]JW.B]P2H$Y_T:IW7&_ [%4U6GQ/3T7WP3)I%&"*V@.1@J8J M-]\F 4\KUM:Y-P@9ZS7T3&O0JNK7M3*EJ@MU:YC#M=&SKD!T$@]5N]3=8DGS M'Z&@UBT"0:&[FH:1X<'0'Q78P#SBP? Z"KDVCVH:5L>9QE5KD5:6! 2X,'FDP M2;^2LNFF2X>22Y%E9>K'lB.QT3(@\0K1%HVK_1M(Z9=@]W<-#R9KED! MRZF8+VV'R=>Z*HN-F*I;S4N2S[0[L3P+I8//-7:AX[J[LWON<=AS%^S!5_]& ML4=X6)&,_@'9?-)-*Z[EC?C>:'!G/(_+2W-D[CV:WHB?[OQO$+#3&M2W)A> MVG%90_Z"=MUUF-UP4S]JO6.+K4!EJZYF@ZP &/L5+@U@ %2#FU^,>@9?XF0A2 MS"K!?>#%8/ GU90S,%*"@)7S5K?3O(@*08W&II- !.(ZCFY$&OED*BMEBA<& MP0?"*T[$=9*"+B])0^?AV(*/#(B\#(XJC,4U!N E"4#?3 'ID14@@,P5W/?N M&LG6' ;:?:++N<+9G4-?!C25U<4(^6L+C04^IG]X,OGS?!,)7FX"?#B$%ON<9S]=&\'WDR. L,.B M>%"03RY <=D!"H#K!O&/6J1P0[&R]W)6X'#+GFZ?[*.>3Q^ZK/" ,1P@EH": M_\[!0T- -1,=SV2Z/.OR3D4LLX.(-QYB9YIA28B2%E",SP.$WL.<9SX#\S-CP MB^B/7(2"X!%.O -^F MB!\)QP&- 5C72FQ4;@BF)'%_(O'H&]NE88 Z)T50"\>5>#+A+QCHP[PE80P_ M]R- MVN)O 093>3%B*_?PVI:?3K1>D2XF/P#/O)Z]!(*^%'I=C#@LV:,.08 M000'"OHT[O:C'4Z&:&=]X%E=:PC+/D!W)V"UN8S?HZ9L]WC3=.@+,Z;IOQ^ MR6?&WIAVFW8^,*_/'HAZ? X0)B'R8%G'#/H_Z,$88V0$++O!)LF!0:O0TGY8L&W:U7$H\HY;=2&1) M]D72CNXFYZ2MS^YQEG(,$2#666Y&(B^+7

*+_/C'&;!S+0_BLP^1]02P,$% @ [35,6K,*ILK" P UP@ M]D !X,"]W;W)K&ULK5,!,\N,V$/V5@;KHR,!L M27$B!EL86$4I422I. KZ/E*UUL8Z10R\4R9E\]V;&*
M*&]^U^;)ELR,7BI5VT54,M?,XMCF)5?"#G7# 21,;2KAL#2[V#;&;11&,*A4G-MH]$DKH2LH^4\[#V8Y5RW3LF:'PS9MI]$>5VQTOM% (Z,&X]R5SI_$2_GC=CQ-MFMV?
S8/!*NY1"EEO,:6NR?!V$=V.9ZO,ZP>%,Y+W]F1,/I*_UD]^\,E81" / MB!7GSB,(?)[YCI7R0"#QSP$SZEUZP]/Y$?WW$#MBV0C1+=UI]EX4K%]$THH*W MHE7N4>\ \2&>,*X^7.V7#2/M. QU%E+.?
6Z>]@#`,;5K+NO>#GDX<1(@^1O]! ';0/,3$&]P!CE9>Z*LG8%4PLXM/PI3RWIGZ8$-K4MA M>!8]X[X'IIG\!P5AU&\@>,&,*$ONG.6I1<$ (6OZEDE1U:KY"+B/>=+#2L<# M2D9)=@$OJ:.
UfZ[BCIK]N =0:'XN]S_7=PV7DX?U%FMA$Y+R+K+9)?1WEN0BQGF&9[+0;S78LF%+6LIUU;2."VHMA.1*)H<; M;UOS2CB1^1-5[$!=#&D=5KKQ-\R2] M:WSY:-MD97@6 N5-X]$:XZ M@]I0@3\
<$ MW4OF(:3 .3LS^EP?BVD'OCCFV=C:8=L>BKZV%3+BX [/WIZ&=(9CU;K2# Y)' ^2]QL 3]\PINB CXQV(G-OTIW>MI:NNO)P$5[/ M&O4^E264TN2M*S2& ^.IM&L<*@L(D\>/ R!.!;G^^TC
.!=(?*U.KO&9#+,, ML$INZ\% (233GC=\2=TKIO%)X\ ZK<+3ZGM3#U9)L6 /]=D+]2RA7#B M _3H+1F6[4NR? MBS]B; 5\<5Z_4NR? MBS]B; 5\<5Z_4NR? MBS]B; 5\

+HSW8.J.PI1:3HB+@0]=V#]Q*^% M[>VXP'G/]+8;_V84E"3O]{&:JQ%3D>H3$V//<%H#ITL_=*H$;.O=5^:'5#C MT-][']P=2UW)MNM,[%]34[CZH9Q8Z5/4,%#69Z)_V%.!B^MB]Z;L)5 R@NH MTA4YA2)'0;&'O"=9A7*"!D!HW'.#N5/ ;.,Z" -$?WIIV$_*'''[Q"+]B1.D MNUGN;):WQOXF"?:!_8E/"40$_:^>#! YY4/"F]M8<>GZ1K%#@.6#62O=,.Y$" M-"]Tf/>MCU13H/P#.O40_K=2?L8O>M0_<\BZX4:YS7(:D/G*T 5H .CX]"O M4.,X'X!3U+.,!&.?4L<|>1)0HH.\W*74/!4X/3Q#L>FG')=XNI/)0-"RX9R_! MR(§IS0^VV:?MT>&*FCB23H$LFP?')A$FY1FW5 MISS42. 0=[MNF @Z3I&?)<),X+,>KC>W)E1:Y,= TSD1)!]% MS 6>>M8D:IQ3S BVC(#E9'^<'$"]I6>6FZL/=1'W$, ^(Pc=(*%6ODE*!$="Q M"G/4;9E!WW7FK4 ^:'3 '>O _::.Q.!\?DO@EKD$4 /N@QEF_[@VC$=UX0=<_]M$@<]W8MM\FEZL_7KG9G1-Y[.7*8<[!23]2?\)C14X&"..R N"(W4UX-!R#%S M$>Y[T[\U>K=H%IY":W\>R6/R@N.$0VZCG-0 M@]2<(.KGL 9]L.W\:S48F]^N!@$04,Z#]CQ_?Y=F^+]" 3,.:^*#),[A!46]H MS_$&$0\]$"M;.S>>>V+_]F..(PL35:D:A'PE.IN8R!0?4DLFZ.*@@KC1>F]]8 M 3H]X^&;YF$" M"4M3@9>?)I+4 [CU9>]"R;1 + MX3L<]*H?:CVEEW:/W@%7C_=^!^*%M,>]^S0.,+\J4."F!$;OUIQOM@&S> MU_ #-M/KKXKW3"[PD)KQ.2RUST -0F3!L[NZ'}EOH[-2]W+W+4Z7G$&JPPGP.M?EV"*FXZN$'WN?3Z_U!+ P04 " #M-4Q:;@>T)@.% !)# &:0 'AL M+W=O@TVZ2Z*H@^T1%OL4]27I..X7]\A96FSB.OFK2 6B)K+F>&9(7VQT>:, M3\EW\-1(92\'M7.KL]'(EC5OF#W5*Z[PRT*:ACE\-F%WKM%#\SH!=-PTSVRLN]>9RD RZA<]B63N_)I>K-B2WW/W-MV^K.X-NH]U*)ABLKM +#%Y>#67)VE7G]H//%\(U])H//9*[U~__RL:HI_=M M+X%>P'6-">"6"077S)BM4$N8-7]MG/_:);LO@8.A]B<ONAF$!=:ULP^"](*R M!XSPVD%A/91E5 :2Y%BQ28H<[P,D2U!+>>6OOL:P9POWDS1TV>QXV"@5ZAM6%_MS2 E\K6%#QV0)-5]+%) B=#__+LL:P^4 " #M 4Q:UDG0O^D& !U%@ &0 'AL+W=OK@81:_^X(-C]^CL,]?U;L%O4CR8K6<@3>9* 4T_WBXN1B$))$I16$+@>/LH M;D19$A"*\4^'.1],I(W;SSWZ&Z<[ZC+G1MRH\G>YL.N+T70$"[':D;6D_]{>?M1*=/2GB%*HVIPD.W:AQ!T1JKJFXS2E#)VM_YIX.GI.!=1N8D]L?Y*3\@5M^ M>;[5 VA:C6CTX%1UNU$X69-3[]S&68G[I.4[@2H9.+GG\U*8T .)15":FA0= MP+4'8,\ 1_S>]!]N#?Q8+\1B%V"'"T@PBL5ZD:W834O=1C"&. F A2X[@0&*.* ML<.+IZCQOKF<6FL+OEZB0%2WPST^?A:1B1$!1NSO)&)L=LEHY6&(AYK0C M2^F2;9G(32# +,5KS-*#^?~IM>;,'QMC7.WN.D14@G]$XV%X'I3 "0:P2ZZG M^W$:A6.L(]$X>1]CA39&]?)QO'.(+@7W()-O!M_B-<7K$]!T'.%@.@[AVR.!-MGPV!GOT-T/2A#[4!OD.1__^)OKF#XTQV5@MH ML8SIP9/$H+T"\4R:V*UEO0$WVIU@.?8\P=5$]!BS*3W>0GPF& (3E,@O!.FK^^Y.\9]$V+SA1[M.6A09(WGV355IO^2;MZX5S[BLWRWI.P:$?:BS] M89XBM.H+\G#9<0]?E0KDK2S ==FPU*]">ZY7 MF)\NE,9Y];F)I3U>5GX3NL7V*E\ER6]ZE+HS]5';,B_ G"O;h]+=;!1 MZ3*F[^ WJ0A=*RMWLBA4K2]4N)+1+T2^5I <\O(1+3AE,.\L M2!*1"S92.7MB,>WB4Y(RA/C9!^)>0 VSH Z4U]V:1^W>Z5HDG2]D?E?S1'>M-MJ2$B>HR/Y+)\R&7Y% ^2R/NH_*Y,=! Z;R;YFL]^9[&/LF^ ^9;++U*; 2Z!3Z MX&G M8#^]^ P.GQ3O?*?$C?+ 0?9]^A3B;F@%$O#(+E] \TNE;/^##AB^ %_^!U!+ P04 " #M 4Q:G8SBJZ4% M.'[#P &0 'AL+W=O4+-OUR]HN 6R* M(N^>NWONH7FU4OJSJ3BW\+66C;D>5 8N+H=#4U2\9N9"+7B#.V9*U\SBHYX/ MS4)S5KI-M1R&O\,.R:.P? C*S=WK\95:6BD:?[`!+.N;Z>=.:+M7]>A .UA,/ M8EY9FAB.KQ9LSA^Y.,2XU_@7!*Y4HN:.$:H!S6?7@VO@\C:A]6[!/*OS-88 M*]*]4I_IX;Z\'O@BM>6++ L.N)3!B49 AA?.EL#G]7M'% /O+;.^]XL=8YDR MFB+4I&335ET!6A .;FPXJ2<5$;)Q[]YW'U-M/N['2?FG[JL1*NQA^LO -6Y.4L2>N\V"R8$N[*>%)PB%%YYQ$5G<K M%D.*KY,.3K%E,P@"+P]\\HTP(.F],$M.%059NU>.R,NSZ)N]N$2?$B7BE%OT MOPFU(=7WXM[HT7Y+_/T?>\I Y_1_.D5A5+,9[CIA&[*[8K$[!CH:K8;&C4W MO06]^.Q+U.F2"'U5B;*B7WR46$U2LA*V$G27*]]?3CC5*CT)EN85W1;?R*DQ M_WV*F0OBYB&Y=[&JNX^:[:,.#;.>.R>$L=A!,52:UZZH.Q9<&&QO*) MxL . H2IN.#.LH%<$_G@!-;SWD[^P*RT!LfE(0T"+X|S M=EW@YUX49_!1$8H7$.2!YP?|#H3)LEY*1K)TK%@_B"0-O2"-6R1 ^%+7K\M0+ MXG@#).V\(_ A1DK ,AF+Y1'' ;06YZD2.\5RRK#HE&&A!55*.\>`-AT(S#_ M1=\ 0,@. .*<(\'+2)R$,OCQ(XT3EQWSGORS0O5%(BB[1]$17WP+?FCG8Q1BO9. M(§!;6.?C5"\R>KRLLD\$0!D8H4I&335ET!6A .;FPXJ2<5$;)Q[]YW'U-M/N['2?FG[JL1*NQA^LO -6Y.4L2>N\V"R8$N[*>%)PB%%YYQ$5G<K M%D.*KY,.3K%E,P@"+P]\\HTP(.F],$M.%059NU>.R,NSZ)N]N$2?$B7BE%OT <+.RV78#\7S*.S5=&47?8@4123<].[^ND'-W)^[M Q6.D8='&_>H*\.MS.]<3AMS:.3F&F>+F:N&<"F4K>U[]6C#R*G*?/Y(:5;,*ŰVF=*M!!,P;\ M0V!@<.%B4N^FH']\)R[M\UR4TS/.9-%"!<]. MJ [D 57ZA"H]XMR7FLQI7IO98E\][]$7 NX1B"Y%1\+] ?')/=R;OS5%C-N5E MB(/W).DG(W60"Q] FZ3H(4ZIF9 +10]B",E]IXYV??D@\U_MY8PCD50TR MYE1RG M%)E{4;_@B>0.9\F-R'7V.!1!G+FW67-VB#&^@S,)(<24!'K52B7]= MU.I(60[;'G*W(#\)6L*K3VXJ,1/3K&X%,>/XFSW]_;9]L^/P2DJ+V71(M/.5A1TBWV:>-\+1 72O$[IXFV(],T)IX\2DYQ.%14]3OC!P3$0&. M4\6-2=!K]:TSOVN/W-@.@@S<'>G%.'IA2Y^0C6T.<9*F8,XEH_"\+> M#A73-R@9L@6OKMJ_.F 0 {O'>MY6B'TG:\] M?U^%]32"%F9:08.Z7$YRDZS[U.'=@-V;-M. [_"=39Z)N!CF87LF5'PVR@M&\)YD 6D*%+9O1B(E,V.Q) :,MN;I-B,5';C M5)&[UY0$C:\C!SQZ4&?O6BS>#<*'[8DX2(Z;C*P[>*]?, "#;]!@«//>=?\ MWNZM)>$@B)!BY+ ,.)6T;TW#@NN^:WS:FL8,43O)NOT.7[H'Z'(XT.V"G?Z7-MXH%O_G<\X+|#F+C>P.W800U7.ZCAP3NH[RF7Y+=E[7FYVSU^)A_H[Y#&MW!I[M^N0SDMV72A 8=NI_>8B>$]IB6-W-S:H5_R.L(\L*@=?86CGF+.IYDH">8PV% M&:.#5QI*;1"2*1L I"2,2A@DN08/I:J37#YV8WUB$"6^^3"O=N:.. GMD]H@-M"^*DY2KT1EOGUBP$.E IB4UQ\EVW.\HNO$G EDGS%*)MU>.,S[FM0P! 7F)9IT*"I6C?!N>PV3WSR'L:W=6TW'KHHCG0SBF>@4.8VP7X M:@H%]VQ.L,7=I(Y='(!AS63Z"]U/(F+?V9E9VL<-EZPVK+,= ,*L>B6';+,L M9L8R#]X0[!]'W'>@4!,1"BZBS8'$'<+ZC,]F+$/@SH9+G_!6%WAG:],GN9 M?L_ 17OM .,G9KN8YV%O>GK[<++)Q$SH $!?3^ 28^QOL*Z_XY8Y50N:!H: 6PD4&.?.M3 ^3,6F?+ [B>99(N:*YP51GC+NWIGI7G*$[P$;Y\64,S 6-1(*.N18^K-FFG]FE5;,$[A\'M2&?@!]9CB4OVQ>UPXRT_5(]I^99!$;.6?>& NKQZ7.+;?B6P)K?2GGR Q@O:.M.9*$"0QU!C'T+)^OV OM*C,.P-CH;4HS.F.43 !">#Y1 B]O$;]X](KOX+ M4$L#!!0 (.'TU3%H_]4Q(#08 $T2 9 >&PO=V]R:W H965T7HM19 M6L!'2529YUR^W$ FG]]& JB^\2G=,+6Y,5U<{O@&'D# MOLH\6K:L"1I#H5* M14$dK*&\ J'36CP%O\|"L^]!0 ?8E2R%^&PNWB=7\\H:!!FLM&'@>]^(6@R M0X1]?*DX1\Y41K#]OV[9_9]>. :UER!;26,&N1IX<[\:V6'EL#.ZQ&@E0^U>KN)K)9W7//% MI13/1!HTLID_=]E6&I5+"^.4!RWQ.8IR>G$C)$]DQ4817B3D5D*2:G:*]D0!H M>]W{Z2-?9]#.+]<:IS"TU5%?>.H:0^U3\F]*/16D1^+!))#@&.VBA+.V5Q MZ"#C':PFA/EC0CT:#/"Q9O'.\K%>OJ4F=ZE:94*5$LB?UTNE)0;*7UVK=5Q! M-Y=)GG.UXRNX&F%V*)!/,%]\?>.'WL6 ID&C:3#$OGAP.4/$FMR*?,>+E^\5-MV?:NN2]U!PEYU'[= UB+++'G1OQ$OQ%3]?#VS8SZ\84BRU80*0_"M1T&^1-DTPBEP87_F'GY'V!<9QEF)+*/3*WR<-62/N/#!!EC3]%*<(HQ[Y(-(-T/4 ;T^ T_@2_Z8Y$

M,-O09@&!ND$/BBZ[E)2(CL ?,'8N" ,5NM6.1M"NT@?!9 ,;&@USE- G/<&% M,\E;&?A!X!5/*&XK@G/.2/6K?,W'YR&FR\KN$S?0T%@K2S9^*XQ M;5FI,8RBDRUQH;9"*
[5!25^62C?.DJE7D=EH9+4/:D24 MOQ$P.AB7P73LY^[U=*O;*[C$>PVF.1JF7ZY0J.TD2(:+]Q -2K;V;B*:C#5OA M(|I?_ >;K*A'I7F#TG E0> -R$LR2RZN!_<.OW'CWC'(5P0$3C[OUFT"-I @_'>_2//G?*9<$,SI7XG==V/0E& =2X M9*VP#VI[@M\/,%*">.?L,UALR*.JC56.;M@8M!PV;W9EUT=#@)&\3<"TEU MZGEW"WF6U\RRZ5BK+6CG36ANX%/UT42.2}>41ZOf*Z6D-WW]-JA7'4M23.0DA3NE+1K Q)DC?5;@(@H]:S2/: ^K]"3B-$0/*&?66Y2C?I S?+/)B M+2N+)99WY;90,N%-Z_3_=]W)W5KJI.KM:_!L8_'Y=5Y7]<[4QT*4]7HMDZ#=M W-M*LVW;ZZ[^.;#3WIY)NB#N[>O-W*I[/JQ]+YN//=[=M502O599]?-,%&KQYNK> M> DNI/6)X*!,,=5*LW5].KD:B%K-/]4[[!D[+RC(E>G*5#I;BNL'.4]5>?/Z MK@)!6G476UKQ#"W_""W/%S_F6;4]Q1^R1"7[!.[6,N=WW#WSC])\?D$K.<#T(@HNE_YU)?")3\:.298TCZ5,K M4RF]7+S/LS)/=2(KE8B'O))I.236Z8.?5DHL\A3A2@K2I9"(OCXOBY.7=8>7 M"EO?Y^N-S)Z^.^]W4]Z)7I2@[__'W<9?'BGE*?ZN9&&\1L#F:CU7I6WW\2&# MYZO&+ MU&M0_1L (% EB4*. &XN!. @Z]B2'EPE$> 5U2"Y$*U4%\K5620V02F*DKQ M0GC^,9 =UE@0OE$ 'Y#H37'W(L VJ RJUE",?&YW #47H M.6XP$;PY_O7V.B%"ZB<@L\X>55GO/IW%.%EX3A@%PJ^.V^7!;"O\OOL'AO?= M 5Z XR=GX46!.W'OZH?.V'5%./9$".9]W]MG3:4.2,.FAB[!&W%M6+FOE/E\PWTD2]?\6]6&XT;5TB38!FEIG)>T2A!>K;39S@B!J/[/8^$)-CQ" N3W(.Y%)V,+= MK7.2\5W(ZZNU!H\!3<@[0BR('5=2\5M/E2%LQ1_RO>{IFYX6]&F$.>GC6-!@,,N5V':
[N]9^$/(>4AFA_&FZ*@ MVJ6^UE@#\O'CF$27;C+D/(+#)&8_R.)F3X:#2K]S^D:6A^2KF>]^B4_=F(,Z)!!2-)GX%,R)R:_P;36R(ID6I%&"82E6=<&G3KMI%4":A_9K?HP-OE2AV)^ .;>\U-1 M&9QP]\X@.]^MBL.F+7CF$/5S;Z.V:HOQ4JJT.82,"=R\Y]2H+D/(O.S>R. M8LJ!V#Y1=BZF>_C2M^##"CT&,. ,61E#D< 8>[9)!T. VY9WH^D;W=\.UUN.:=.1S]JT==.]WL'$Z.L]P M[^6IY05/?O0&^GAS2P]G-%N[<[9%N=6+]E%CUR_]^D9B1\VVY?B%-&/-M]NE[UI?BG|/ZY1C=L ,/I2E7VO.X0 6GA=E^A4'-EBV#3L/)3EN5GVK>]T(;24X^ M#'W&0;'YW32Z]T!)
[W$1KLC]BNH&6TYG&K$ ^YO^N7W(SW"X]8NRIN=.;#'' MXP7RK@7^57E;[Y<*0FN:0&^7^1@T[ZA M_]I?X;W]#U!+ P04 " #M-4Q:G_W5#> 0 !EO &0 '4L+W=OD4(LWY]\-
[OV4QG]%/\+L53 MN?>9Z)]RG^??])>/B_=G(UTCD8AYI1&O^N1!W(HDT215CS\;Z-FN3)UQ__+ MG=4_7OV8^[@4MWGR!FH5N_/9F=D(9;O)]F^YD_B>8'C35OGB=E_2]Y;M*.
MSLA\4U0YVF16 4AEMOT__MZR#'I,DQ>FV';9)C6P=]>W3HT45S%UU=%_0D*G5K1 M(]587Z]U3YJNL[^0#9]2S^4'-2GA M^7BV#4=2GC+BJJ MM^3GN"4BK1
R)A)5+)/R\Z*I50@B_+K*M^4<;8HSTFYB@N501W\+)-$R4P= M6XM\G8C6.043]C3KX# WOUY=5,]7Z?I=S)M?<;/|%?Z!7O&0SWE6K4I"LX58 M\.2 =>?W? ?@0IW2W7GU7\
[KC>]DWHGUCR08G1_Y(?DM[N(O/GG#WT5=SKO+*>1.,EY.\#4I/N=']KRPUVY=YO2I6N+]C MZ>NQOODYAVCL]32O)SM_=78O=(0\V%U*09/3O/EDA81$21I$PAH1Q$,P23[@3
M3^BB7 .^\2>]%0?{E6:NK(8WGSV2=O!E)A3Y>DC^:,R(U^,$[R4.%L89.:IL'7HZN+OWTY(.NC2!A#PC@(0LEAO)/#"+5RV+,DJLW512R4#* KR+.*'OEUI
M0U^MXNP\K8YMLCYY.$L;*H%M(^)/],?9RU|(ND?!A#PC@(9NECLM/'Y)7Z M*.0Z+ZKXWHP$=&/1?.R3@Q.\5 Z33FL1ML2 +(XB80P)XR"8)8.I3@S35XKA M98"F1AOQ_(^_+%2#\>?
N:)\:G.2A:D#"HE*6KXM+8HLCB%A' 2SU##;]6'F M5,.'),F?XFPNR#(O?&U0^%00*8DR;4H^@3@A T5P!8VWF\.1M-6@=]!-$X1!*+(M2C$DC(<5F0O=Y&]=$9V$@HZE['V<@F!4D;V0D"2?M6'?
3>%ZK>6?0]G,4S0ZA;T+H.T/(\WSO))-D[VKN M#9>3.CA:X. +<129K(2;Q/YV.L2WI(C+&!S(X'@@CR:AQY,P.+4YBF8'TAAAGML) M^U*(5&Y2_3Q)^Z,9_)DTQ?
1&#&I^>5WWJO.OHTDHM$X.2N.HFAU<8VMY.E_K M3B3ZXBPW17V'DLCX7B;RD@>Z0:AUU=#&5O?5&=(VJ2,.5!1;.P.E<13 #K%Q MICRW-?
7EO;NQ/WV.54A\ !6%FI%:E6.,"+ +GW41BT'A1*8U.:1)%L:1B? MRG.,5 1\6ZC*H9*D?B\WSLN]_Z*&65$;O^O09Y2M:[XOT:A)R7<33<-QNR>&-MVD@HFATN8R1Y;B?
I5W7KHEK]YY=-'^RN1+/1S^]K8E!5YHSYM_Z"?/QQ\AGOC M+F1P/&?=YKD=S:-)Z/$D#%IMC]+9D33&D>=VCFY5=.3V(<$\SZI"WF_]6]]_M)[>_WY&?U"UJM2(LWV2+@^Z2NXC!
<>RZ0IV>^&@2VI/$[UR24&L)1;,GE1AO MR7=[2[^K,.9A_)A50A50$9I5LGH^)U*]>>2D1N1U0-G]?F.>@I+ MV3=2R2F\1]]XC_X1{['{YTL2K(L\)2HH4BO+*"VH}^= N?YK2>G
M45^B67O22Y.I\[$[H)7C*)H=+N,'^FX_\+ 8]+N 0(JB;UWRO43+1'UOL'H#4&M+$X32(BB-0FD.2N,HEJT68T7ZL!>G0*.2"@M@M(HE.,@<{ZBV2(R3]CO=D)--MS2MU&I(=>[
(S9[!],TTFKB.]UESM8#T@:A=(8E,91-/N5+6.H!FY#]?!LG=W/R M5.C)(OERJ6>4,++(XS8M*_D\-0NNYU:7#CSFA"_DH M%]H I=]5^Y_']+_E<2,'JP'I/cK#VA6#L&\'85X)/.1 VJ10 M6@2E42B-
06D<1;.%9*S3P.W7_95;G] ["I*?CM]C$]@C"]51*(U!:1Q%L_5@ M3-+@F$EZLEN>'IO3;XL&.6!&4!]%TAB4OE$T6S3&[@W<5BWRC]?GS=[Q95LF M4A62]-0&H/2.(IFR\IXM(%]RNC
.QZH(QMT)W5V[GB@-BN4QJ TC]+9.C V M:.^V67^I5](@'WGQO^CAI@T6 M2*A=(HE,,@-(ZBVOO&<Q&2LV')WT9B>$
MSF&%TB(HC4)I#$KC*)HM(N/.AFYG]f6A>;Y7O]ADZU@NR#R)9=K;\+AI@S73 M]7+]66?UK+Y$[9=-
H/5B4!'T>P(&U.U=)NJ=H27FVJCUSO4C<0SN:\GO_8.CC74/(72*)3&H#2.HMG]V5M1\,3F:@e U3Z&T"$]C4!]#TCB*9HO(MF*>AVSP=.IZ 3CD-NR[LU O:G4PWT2P(VYT,U-Z%TCB*9D?
8V*&AVP[!R^.;) MZ#32L&=AE"/$[T]+H#0*I3$H MC;-HMHB,'1]Z[=!7KB,6=M=3;#)S=1(TY@R]HPEW_]'-)0606D42F-0&D?1;)48\W)\VA?POU W$?1+H#0* MI3$HC.-HMHB,/SIV^Z-
#E\\==PW%27O!YMO7)(KA^NM_GRI;9\60>S5P7=%2;#-MSA3TUR2*W4'2K*HMPFE<13-5H'O-L=.VZNE@G6A=5]UR(0?VSD^M-(L\%.M!YCZ83O487<;5SM1Y*[@X%!#'4@HC:-
H=JCW=H(YLA5,GKV]U5N]?#A\ 6.W M>(%.ZX32*)3&H#2.HMDZ,3[F>'+.P2/4SX32(BB-0FD.2N,HFBTBXX^.CZS0 M.63P"+5'Q]WE.?U)>Z%..)$42F-0&D?1,!T8UW/LGL?Y668RW?
0NO>/,.3GI M4$,32] 0&H2.(IFZ\,8FN/+TW8VT F24%H$!5$HC4\']'$6SM[SINGDR+0W M]G^49,W_H=\X)=>92>R)/9>Y^(W/BA(CI2V0E)ZQV"^O0# MK0B%TAB4OE$T6S'&
()VX9W=^>(/+!?D49=W:.%Y9WHT9K QWI8*#RV%%T!0 M*(U!:1Q%LX5A3, ^)V_1LQBOD3W*SD+?)'L=T<4WLDM3VV-MRO5RYGM_ZE42=-8HE!9!:11*8U
.1]%L=1G/=7+.;G;TGT.FH4%H$I5$HC4%I M*$6S160LVXG;LOVM%.M-0A*Y%)9G][?YKHX[MVIZ8 VYZ^K575JO7*"V+Y3& MH#2.HMER,.;OQ&W[FAZ-R>]Z3]+JT'8"]>4B]18
69PDSV0A'D6B]+0=9;ZL MU""]W5+=XF#)02U:$?]4Q*(VC:+.;NIC8.ZU./,N*$Z4.+.(C$T<=O$?1B;=FIY$'>[.@A0Z5RI$]'5%]/H/6@4'J[#TCB*9LO">,.3(VNU_LVG M#&
[!8,&X*QO.'(\9H#6A4!]#TCB*9DO&N.G3(U-H7_F8P8T9+-UWI5QM'=0(MAM(8E.91-%L8Q@B>NB??-N-8 &,&=[F#E01UB*$"]4Q*(VC:+.;ZC$,\#+\Z
M"IY"+6(H+8+2*)3&H#2.HMDB,K[QU.T;_TUKQDT?K"%W77>0:P4 -82B- M06D<1;,%8PSAJ7O]].GP1XTN$L<+'*H1PRE42B-06D<1;-U93SBZ?2TO1G4 M)(;2(BB-
0FD.2N,HFBT8OQ/W<,QW^-W-H,.RD;KVIXG;".,]$-]#$KC*)HM M&,.D3]TK+7Q9O44;$Y_)O^)T_6)RFV?E)A4%+8(DDR4_3=?4/<82HN@-,$Z-8&/9Z==O79&=17AM(B*
(U":0Q*XRB:.+2+C_<_<]NW/F_1>.3;J MIRJV"WXD^3S6>R:4Y$VJW^&L5G'V@OIJEWHAD%X90=WF67>MV?8K5=_"*93& MH#2.HMG,:*.RS.W?_K3=&^%N^^^2AMR-
R$P8"SK9&$JC4!J#TCB*9NQ$>,RS MTTXVQD&M9"@M@M(HE,,@-(ZBV2(R5O+.Z3+N=41/[173E!3N:%92TN_LM<0LND4!J#TCB*9LO$F.4SMP';]$FW>K^>&|=:.MIV[.8!% 9PY#.11*8U
.1]%LL3BC>';.F<,S]"L,I450&H72&)3&431;1,85 MGKEGXYJ.;2WR=2+/]F3ABT>].MG_K%1'4%9YUMR(+)NW.".KU0FD,2N,HFBT-.MX_7.W/ZID499Q95J4-
2HY6DEYRLE"T%N\W0=9\]D%9=$Z =22C3ZN#\[ZZXW M]ZHI>ME$3NXVBO>^[^N27WZ@K]%.^Z6Y%YI17SH"52*(U!:1Q%V^K]HEP)M445O%5]?I:)X$+ <4\?OS"8 MZZMU_"
^O\6#D@=]O%/4A1S_]U3U6GHO7ZL'?I,.R/W>57E:2\UJ6XA"IU M_7V9YI7+%UW 4UX\[ZM]-?102P.$% @ ;35.6L .\N<= P L0H !D M !X;"!W;W)K&ULK50=;IHP%/TK5C9-K=0UWOET
M$*D%INUA4M7NXV';@YM@E@R.^*"SWVEL:L+GQ?%TNH]#Z7*Q"X,I>JH@:G:N'KE0):.E+% 2@(,K^B M3'CYR+V[5OE(K@UG JX5T>N]HNK/%7'Y'7NA]_#BABV6QK[P\]&*+N 6S-?5
MM<*9WZ]4K *AF11$P7SL7887L\SB'> ,@ZW>&1.,R9V4]W;RJ1Q[@0T(.!3& M*E!\,& "G%LA#._7H^FUG[3$W?&# ^@>7. ^9R1S5,)/ .2K, <>P./E#"G:VYN MY/8C-/FD5]^07+M?
LFVP@4>*M3:R;L@80<5$;2 &OI\"&'R!"%]"_&O4-A-MQ.<2DH:0'$M#(&X)+W:JS=!9J;'Y2.DM41:..G;@W'=L(L)>TYNC<)5ACR3
MW[*%8'-64&'(95'(M3!,+,BUY*Q@H,E.,]%Z>>9^R>S7FFTH\V$TH:(D-Z"_M8H6!EX_F8*AC.M3!VJG9*3UZ?D-6&"?&.'O?0I\?3HQ[Z'AZ^)CNXSZUFQ6UFQ4YO?@)O;X_M^C@%YAYN
]?;SS\Q:+^G7LW?0A5[1 L8>7C(:U.:|_,VK, O>[UG]DF+3EO2;.MO9#8HTV)VTV)#ZGG[N3;.BCL /Z52-]^U%*IDI)7^^8?I(-LY&]V?>X!A<,,.M:+H/"]-ADCY&S0Z&_DQCDM:8Y* Q.
[>#L.:,$B8*O2YSBC2#.$A1><$]A58!] M#4:?[62ER?R/.R7/827+2 PDZ;NU#PB3]>'4PFV=ZE,9>1?_KU0&/TKWLHB>M F-2#B8<=EWHP8>?Z#PC@.NN7:@X]R M8=BB:M?\G;]
[\\O]IFK!A"98&ULK95=.]HP%(;.BI554RMUS7<"78C4 M@J:NHAHJ:W)9+@$4 M>BDIDR-K]3]VK9EMH02RRN^.J9G"BY*K'17+&RY$H#S6E12VW.5U:A>W;G
MDL2F"2<(0'%R+IQK]>QB:\#G@ALY$X;F4SFG#^;SM=\9#B&""ADRCA@_;>& M,5!JC#3&[],3ZI8TPMWVUOU+G;O.98XEC#G]07*U"%D#"^~50X{[]H[ZY@S:?
MT/AEG,&"6245+UVQ)B@]. !Q2UN"$%;'!%XK)X!LD3+1V.XVZ-K5;9T.8V<69$GJ6:)U*9V3!2$$;%!S2ZR3)>.27B-3 M DTY)1D!B3YM1#5&*SZ@ S(&L\H/.)*$RHO.#SC(.).C^[0&>
(.'1/*-6[(Q:, M;3BSA)VU(+<-B'<$9 +9%?+=2^0Y7M C'[!?[K^6V[HD75V\KBY>[>NK MQ<^;N51^?WB_^M)K_()^/W,8K^4*9S"R]&F3(-9@!1\ N)'SN2_9_V3V*G6_M2]T_Y9Y^%S@<'?
4*WN]V[F8U%6%N8FV*=#@<# ['7NUD!OFQ&_3S11U?=)+OFUJ^7;.H8.%X&$5[=(=!NL9'Z.*. M+C[].7*%[;NVUOH^.8E8]#Z4..#S\Z/@FBXQ]H3%7I>O =K[URMVEFIQV)!
MF$04"[USKF)M()GHNDHQIOVSE7^NZNFTO]N#7Z]*X%OM. ^@"[[#K]"]0 M2Q&P, @ [35,6K[4NT_]<.(>&CLN'F0.H
!309D<.;E2Y:WKRB2'-M LLK7@<+3.QD7!59Z*M;N+ 7@U#H5U T\+W(+3)@3# ^W:0L1#OE&4.%@(@#=% M@<7S!"C?C1S?V2 *PQG2:D<6R/
M]^B?;>XZEQ66,.7T.TE5/G*N'91"AC=4W?'=%ZCSZ1N\A%-IOVA7VMK.2C92 M\;)VU@P*P]H_?]IU.#GXT1&'H'8(#AW"(PZ]V]%G$ZV8V,1F6.%X*/@."6.M M;',.Z9RB7ZQ%)(7P.X.KDFPV"?
X20XB3B#Y-$K5'806CZ M]^Z]$*V3'P^X%OM. ^@"[[#K]"]0 M2Q&P, @ [35,6K[4NT_]<.(>&CLN'F0.H-(3OSC>&X7"4^AQ(?9N
MJ!9.8%2[0"M:&,7 #M6H]!U2"(#$MTJ,*TK=!3"W;OG[?"X;NMIUGAU'@WS1& MK_CW&_[!D_RGN"0*4_(+]V-OH *(6F'[87A K" M)]T!)-31B]Z$0@ON;@[X=1E% 6Z"@X,@X)^/'ECZYT.?
O#W/03@X8-YAU+X9 M%7.W55,+$&O;.B2R%;(]/LUJT\W&MH@?K$]TEZN:T@M,U2+G6.C;+!&%3$-Z X@S&/TKWLHB>M F-2#B6<=EWHP8>?Z#PC@.NN7:@X]R M8=BB:M?\G;]
(\VQ]IFK!A"98&ULK95=.]HP%(;.BI554RMUS7<"78C4 M@J:NHAHJ:W)9+@$4 M>BDIDR-K]3]VK9EMH02RRN^.J9G"BY*K'17+&RY$H#S6E12VW.5U:A>W;G
MDL2F"2<(0'%R+IQK]>QB:\#G@ALY$X;F4SFG#^;SM=\9#B&""ADRCA@_;>& M,5!JC#3&[],3ZI8TPMWVUOU+G;O.98XEC#G]07*U"%D#"^~50X{[]H[ZY@S:?
MT/AEG,&"6245+UVQ)B@]. !Q2UN"$%;'!%XK)X!LD3+1V.XVZ-K5;9T.8V<69$GJ6:)U*9V3!2$$;%!S2ZR3)>.27B-3 M DTY)1D!B3YM1#5&*SZ@ S(&L\H/.)*$RHO.#SC(.).C^[0&>
(.'1/*-6[(Q:, M;3BSA)VU(+<-B'<$9 +9%?+=2^0Y7M C'[!?[K^6V[HD75V\KBY>[>NK MQ<^;N51^?WB_^M)K_()^/W,8K^4*9S"R]&F3(-9@!1\ N)'SN2_9_V3V*G6_M2]T_Y9Y^%S@<'?
4*WN]V[F8U%6%N8FV*=#@<# ['7NUD!OFQ&_3S11U?=)+OFUJ^7;.H8.%X&$5[=(=!NL9'Z.*. M+C[].7*%[;NVUOH^.8E8]#Z4..#S\Z/@FBXQ]H3%7I>O =K[URMVEFIQV)!
MF$04"[USKF)M()GHNDHQIOVSE7^NZNFTO]N#7Z]*X%OM. ^@"[[#K]"]0 M2Q&P, @ [35,6K[4NT_]<.(>&CLN'F0.H-(3OSC>&X7"4^AQ(?9N
MJ!9.8%2[0"M:&,7 #M6H]!U2"(#$MTJ,*TK=!3"W;OG[?"X;NMIUGAU'@WS1& MK_CW&_[!D_RGN"0*4_(+]V-OH *(6F'[87A K" M)]T!)-31B]Z$0@ON;@[X=1E% 6Z"@X,@X)^/'ECZYT.?
O#W/03@X8-YAU+X9 M%7.W55,+$&O;.B2R%;(]/LUJT\W&MH@?K$]TEZN:T@M,U2+G6.C;+!&%3$-Z X@S&/TKWLHB>M F-2#B8<=EWHP8>?Z#PC@.NN7:@X]R M8=BB:M?\G;]FXPD/Q2#&Y.W-T_Y6M_K^M>G#X?FM^5%Y;9Z7U5E/O@H!_?++YCKOD6+>OB;/*Q
M0G^J.C\\;5]^+\L_VE_>/;.Q0A.TIZ:U>U:U&WOSW4=_I[,.:5:D[DOR?5Q>6@ M,UHINW+[6_%0;IXLTD7PH!_SYVW]2_GI1WWJD6CU5N6V M.OX.?#K9AHM@]5S5Y>
[4N#F#?;%_^3_.|^2)3@.6]#3@IP,<,;1#W-(A.#.*O M#>)3@_CHF9>N'/V@\CJ_O3F4GX)#:IVHM3\BU6^KX/O5]OR>5\7^W?PH=P6]T)?P;M %56^7A_T.C]^4>5C\(O^
MJ/?(.OA*Z3HOMM77C=6O]RKXZHNO@R^'8A^\+/;.Q6;.ZG6=:.*8'6]X.I_/V MY71XS^DP'KPO]_6F"K[?/^@'6V#9]W207[NX%N.*BJ]^B:(V-\#'O(8.*$[M\G+1!VX.P^.E>%(U1;5F.
(O^O_OA=_OICZ{1IF3@<_R&E=++XY!9AQ'B<2[H6\]$*BO?BPR90[T>HO MZ/S1EE.#D%).$8E9'DLO'DMGNJBEE/ZD%%-$8I8_LXL_LZLO:AEP 0BYYX M-68\BH5CI@"S4##6ZZ#
M/]IN\M=.],:.HU&R? M&2OF2;I7'8%TD& M51G,JC_]?%MO@KO\H(.W>]\?BOKN#"HS>0Q0]BD]3N_96"9AS.%%B?E:%(U M1:5F.]5P $>]$@VL4U(/)14O'CJ1!=F%
<1HZ=@]PRT*9[16J3N,%6CF/KU.00 M]^&3Q=+ #@%&,A%NEWRCN)_L3MD*);C%'NZ6-PWWW;QZOEN2Z&&65$U1=G> M,S# +YX)93@ISI&]*2LUVIH%9?CW.
<@!F11HR]PX.V2K<7OE&KURH &QZB(;SN3C\]_!E_GNZ=O@KMQ7SSM]"'{3 MV^U>5_ W14J8I&]*2LUVIR%/E=REI-F9TG5%)6;[51#O?SZ#"WWDZI\"~Q
M&UZ^F90RIJX9@!F744^&-C+0&>$9VJF7C),<'.FGEX]^R2N7*R"...[IC(&] M"(>]N_+P5!{R6B^#WB=[7&+R"U32]"B5FNT^PYD1G^NE-.JPDYU*]..HU&RG
M=E[TXZR+72),3;M1X+V6AFRD6V^7^#>.]T60X,\+'+.,3^>.]6UOM^.[MXOQ%@<&31VI00+\{1[^.S5O@VI.';*6:HE*$_6JH M.TKFNFR09EE\U125FNU40\13K^3@T^.>>8'K/QG?
L"H]YD..OP9X1G.X4DA M$9# G,+$/\[R"X42>Q."P'L,A:)G@>3R$!?A$/?Z.M@(\S$VB00_S.313YH*.MI5*$\W.9*HWD2H7&I*E04C5%I68[U=!Q?'TJ/93ER[6#YLHU,0^,P.E.9[\ MG!)M]-|"-
'ANDE$]E9GO94&H\UWS4F#112ZJF]-1LIW;FI'[&I%0?<,V M&S11]{E]U@:38R),,F]OR'04_#"3!P8I,5.IV2XVQ!S/1*.E-5)U125FKUPP;"ZP#/(6-P)\V;1+&W3L&W$C)R MDURO5=
(W<448*A8X%6.QA[V@OF6GC@A2-46E9KO4(+N8*XUL2 F=5$U1]=E. M-80N|#SRY!5"?D!8?[<+&G>@&;OJ S0"OP,AY.!@F?)E.DM#K 6-7]E[
MC5&079*)OKR6Z"S/3B(HY.NZ74$+]IF4F$G5%)6.[65#$&(N8A:D MQ$RIJC4:*<.8A8X,8^(0H"62+<)U7 C#$NO8DOD%W(>R> ^" /.XGIP[@3A M^[S8!]M V?P*]l.4G$G5%)6:
[6!#SF(N&J730^ XP2V3FK:*.S**4"SCZ$H/0R>E0D M+I1.2%&;5$U1]=E.-2B=$"@\[NZ- "16AS-P'5\ L89&;+0*LN$RCG[@S#)W@ M##T1/,%NDLX')E535&[V=PW6\)V*NP".E>%(U1;5F.
[6S+P0^/QE+%27^%&*6 M<,&]>QU@EX;2N:]&0+VD&)-V)PPU)S@UCXR[@7>1^'$$FCQ+2F>X]#7D/B M1YB\)5POiA!]-=N[AMOE7^M,29@)B)U535&]V4PVQR^OWV)#^.;CHWT[9-%&IB
MGI5!8HDC\><^PN'RDP<$Z2P0*C7;M8.393Q7E)'B..F;HE*SG6KP7%Z_7$\" MR^N AS? #'AX ZSZ'IZD(6$YL/$$%&_7K'C#CS YC)"FMZG4.!]WIF^.;Z,* M2;N_& ^T&.W/ N31P+O%_^]37D-
?A.W=\GP3;T89_W7DP:)8X% \G@]0/ MM8S'PEWZ?P2Q40F[FM(R"Y.1=;&S(CU!D>0U[$89*ZZ2' +N,.N9:.+, TBOOV M9TL 1Z=75$U1]=E. 6R?7:], O-7.*=.,711Y!UFQS%ELHB"K
MJ[. .EOF*SG"*=C=!.4)KS+XHN.KD 4$Z7X1*S?:H@?ILKL61&2FVDMIF*C7; MJ8;,.WSZRM1$4N9/X/9W%P&-W)ON8-2[NTAFD#G#D7DXEY3Y]!L+[!QPD@! M1]O. ^3,(.&(.("\=
P@@ P.3A3@K(5&]VSG;HDX?5L?&Z+A=P(&X7;.*?..Z?^V5P\DA]9.,+TP4$*R61R MCH<[M4G"N3CYK$SF6=KB)51RCF<[Y4M"");QL -XUGTM AIY16L (]$#OBSL MU D)
<30>%WG]M3AP^>F#@W1*.9FU W:*.BF;T$D"SL%14*>//DAHD9E*SG%M!YCG:;A_M7!F0N#3@/+4!N\4\4)Y ^GHZY_[QZT4;B <-H=8AZHP8?>Z/T[*%X!24C0
MPC.5G,/7#CRSV>"9N%H@<;G 6>H%LD!(087$QNH9SP"E(=M%&[CG'H'E ?] M\F'!U!\)PD4GCP=2.44FYSBU0>MKMU"&%Z"<+!G:7F=2L[Q.(?7!RH6XI$& M[*(7Q=*/-
L". "Z!V.&071ZPOZCIPC%?10Z-N= 57VB["M'**3,]Q<0?,^5P[MAS"\1N%TS}]2.Y6LQ1XXWN3Q0RJGR.0< M?W>8/YIKT22CK=I(*Z?(Y!S/=L ?++V(X)C)/"L)*5+(P&PO=V]R:W-H965TAJ370
MPH.J$291=!%6E,L@>3:]S(@$N:$;7.>9;JS(@$N:.F*:,]J/YS ?M)T$-_R;:+.O+7 M>OGB%7]!*$G=S;.AZK4=B) M0MP9^>OM$!QF<;(.7]}59C5OARRP*
M^[&;8;=DV&ED^$'PV1M3.IE9%BM3A/9K=.>QLS=\F/2C>(>DPRH*<-_L5MR M[#9R/%3DK]%84KO+HRO@8'8+.MKFX?Q1V397Z"\IE@MG.(TCGEK_+8'5DM,K MD],
[SP!0:S.#+8'5.I"4&4A^.0=(]FL2Q[N%NV^$.UN.1(U8OR36__75WW>P M"W;9[1OA3A"YV>&@.F.#9ZZK3T*[UI.SN&P+DYVBM=E%> #)RNNSGW)C- MTR6?
_#2TQL%/GM"6T.JJJE0(CL]4UHWRYN0LM(16ST*E=']!+4@?JQO@A&5D"X60$=7IGL.F=2PSN.DC@X4 B5%L+ 8N@YA7T'1C94UO<"HU!ZGFU'W%K[< _>4);0JM_U%?*+_ S.]%G?
JAIK"ZV>A4J-A8TZY_BR+G"VO][C M:%>&.(RBO2]3?^O*RMX7?B1R1LV')(.]\0HN>L9=;J[@-ATM%ODMUH/06F1Y MAHQ]02P,$% @ [35,6O_X[7$.$0 -1,! M !D

%!+ P04 " #M-4Q:CB90FH0< "(O0$ &@ 'AL+W=O&ULM9U=<^/(=8;_"FOBI.PJ6T-\ \[L5.T2W2?>VK6W/'%R MX;-E^WV\?=OWV[NO@SW\\W-ZG%XV/W+I]7Z?K[=_;K^_';S MN!
[F'Y\WNE^^S:?3^NW]?/'PYOV[Y[_]M'[_;O6T72X>AI_6D\W3_?U_?AP_#]B^//ZUWO[U]I7Q/GWSYMOL]Y)G^7Z+YX?\QV+XNC%^GNR/Y7:U^MO^ES]_.;=+]+PW*X MV^X9\]U_?
AYFPW*Y1^UVY'\.U#>O1?<;FC\?Z?KYZ'=GCL],WD[FFS7=T?M[M MP?WBX>6_\[\?G@EC@OTGO$%^V"!W-RA/;% <-BC<#8H3&Y2'#GMWGUO3S[?S]N_7]ZV2]?_2.MO_AN;_/6^\ZLGC8
M;_'#=KW[U\5NN^W[[U;KW1:+A\^;R?SAXV2V'CXNMI-O/Z^'8;>X[6;RN\F' MG?X_/BV'R>K3Q'CXK_MA.U\L-[_9/>0O'_K)KW_UF\FO)HN'R8^+Y7*GLLV[
MM]O=#N[+O+T[[,QW+SN3G]B9?KB[F139;R?Y-"\#F\\NV#R;GMR\CV_^X_R7 MR;0[N;6Z?-^+P.8ZOOGW3P\WDVE^P5UGDK[+(GWG%_MR:.YW4[^\+#9KI_V,IC\]8?=-R9_V [WF_*]?
6%5H9I^_?3WV\>YW?#-V]V M;YB;8?WS\.;]O_Q35D__=1E$M;3,$7"_D3"&;)I7@52Q&COY^M[N^']=UB MOIS\'\Z_)@@+!MK'Z6K_TLH_W\8?7P^7?;87V_Z??;D/=?-F^
IZ.NLCKUFEGM$IJ.TF8(F&;-MA D$L_I>O?;]BO9=+Q[F#W?#9@GL9KO)$K-H MO50%D#-5VOTNCM5*[2L)48/_SS%6E)DL*!+/;VKRVM8FVM7]IZ'"_>+H/OD@;_M7^6-^QJ-
EDCM)@E3@;UO;Z>79$&!8%8OV]=>MN=[^7&QN5L][3]V[3^,[3Y1 M#^O=![+)I^R=1_,00^+,5KIS8:MI;G@(7@?F-";0M'L7AL^6A;_$/RT>ZM^V)V.=RW?>ZRK3Y/EV<]1!Z;U/!7U
MWGZR6QTMG=QJDJ9"AY W3>[VFBP]%,WN]6B.95$[Y8(/R >_:1C4TRIW3\CQ M.LF-1;VNP"%4;5VT;F-1&XNBV8T=C;PL[F0=/P'_L#\;_W;RP^$C\"^_G7S8 MSK?/COC^A?WRL&>_:
[59/+_<_ZK^OMU_0W.['_;X6GW+O]\&@^;I6=VXJRZ M9G%_LFQ0I^S;@]/H[@A%LP4U.FE9W$K[,#PL5NO)'U?;83/YWTEQ4S35/T\V M+W]]>/[KQZ=A\NW3YZ?
]M0W#]_%BZ3;ZRBM1VD*I6F4)A3-EM)HSF45^I5,_M1KI7,Y36HS2%TC1*$XIFBV;T_;*X\?9\W4;.0HMDM'>W"+.X7.I_%?E/G_\AD07]J,Y36HS2%TC1*$XIF2VET
M[[..G2Q(BVZ&TGJ4IE":1FE"T>Q\T.AMYG%O\[+)(@Y)#@:AEB=*4P>:.UGD MN[=EYS2$UA6*9LM@M#WSN.UY?K+(?8/0G2SB-9+[BO];!YHY6613S\I&;PI% MLWMJ9/_B]J9G6H0&BS^N?
A[N;X?UR=$B7B3YI<^&_ME4(!L+9'.!_Q^&;CX;_MJGF!CA8Y;?[_4%]/TA1*TRA-*)HMFM$TS>.FZ86C!6]*HK0>I;D#+1KQ@L/ S?-Y@@;J6*$T=;.9@T7B6!5I2*)K=TM&,S.F MI#-7A*;*?
K@[.U6@5B5*ZU&;0FD;I0E%LX4TVIEYPTX5I/$W0VD]2E,H3;.T MH6BV;$;#_+\@8'E^JD_4936HS1UH.UC4^94X0T5]_)T6P-C$YGGA*\#/;_M._L]2+Q&TB#NEE\T4!XC[^;W.W.M?
48\3I2F4IE&;4#1;!.;5SU=&&K\K_N'&R_D M';^2W'WV\N?"LUHZSZM 2PI%LYLZ>I!%W(/TO@_I@\'_[Y^6OYR>*U'"$]7U M*$VA (W2A*+90AI]S(*;19H;!.E]2A-H32-TH2BV;
(9G=*"B&T6)*,K1MF MG,7+);.H@XU'?4J4UJ,TA=(T2A.*9@MIM#,+ M-KA9H,%-E-;C-(72-$H3BF;O[30;IB41W#Q SGP[,(O72M4 2E,H3;.T.?OT MVLT=7<18OD]Q7U(\L_4"I?
P0;K2D4S6[KZ#.628G,_*0;_ML7O[/S4QQ$NDOOFCM!ZE*92F49I0-%M(HU=9LGG,$LUCHK0>I2F4IE&;4#1;_M_,9RD'$O],*)H0RZ$;GO1L3+)A%I>+)_YDHK4=I"]5IE"84
MS9;1Z%66;"S1#.9**U';0JE;90F%,T6S>B$ED0FLPPG%0OWO(*;F"A-H32_MTH2BV1H83?\)9LF,7+));C[]&U9^+%4$*$VA (W2A*+9(AB]SOK;]&;M MIS?SW#,LXF62VX^ZEK6?
WO2/0*,UA;+9;1W=R#HIO5D&)XO7)2K;8_1\"9* MZU&;0FD;I0E%LW4TVIDU&]ZLT? F2NM1FD)I&]4)1;-%,]JE==PNO7"P*(.# M1>D-%]C7B=(42M,H32B;+8+1ZZR0C6[6?
G2S\I;YGL7+)+AGUFQVLT;S MFRBM1VD*I6F4)A3-%LWHE]9$=K.^;)7)6;Q6L@90]Q.EZ$*&*VLT=/I2F4)I&;4+1;!F-/F7#9C(;-).]TG]4IE";1FE"T6S1C"YH0V0R MF_!;F96[6F*\6+
((+]NJT*H;I0E%L]L[FI/-M5G+OL];!B;&>)GDQ]V8^.' M+=UQ 2TH%,WNZ>@=-G'OT+N*X\PM1L,3 VFDS5!;C]C42M,H32B;K;31@&S8
ML&6#ABU16H_2%$K3*$THFBV;T=YLB+!E$PY;%E[8,EXM606H.8C2-$H3BF;K M8#0GFVO#EHT?M@PL.Q$OD]Q^U&9L_+1E8-D)M*90_+NMHWW8I"V">9,%APMC
M(+1]&RO#52V%RV'&2^3W%K4 M5Q<(CPWQ$NDG@)06H_2%$K3*$THFBVD MT;1LV41EBR8]45]/TA1*TRA-*)HMFM$5;>.NZ(5S0QFV);S5,./5DE6_IHH
M3;.TH6BV"D9'L[TV4MD&5L,_C!;H XG25!M8#3,P6]">(T6SVSIZCFU2I#([M,5H8!XEX'ZLP5]9Z(TA=(T2A.*9]M@M#/;;.7;2!]Z5\'&B^3W'[4 MF&P#Z4O_E"TIE
TJZW=:#AVB>G+\,I5KU=L%%FH]?$BJ><)E-;C-(72-$H3 MBF9+;30V.S;!V;$)3)36HS2%TC1*$XIFBV;T33LB@=F=R$)ZWW?$JR6K /4\ M49]^]"D1JJS=X-'.[*[-8';7K'<9KY+<6-
27["Y9[Q(M*13-;NIH-W9QN]%S M),+W_C*#$N&Y@73?9BBM1VD*I6F4)A3-%M/H6G9L#K-#3VH]9D%PAB^]X$6E,HFMW6T7+L$H.8560][1.C!9K!1&D]2E,H3;.TH6BV
MCD;3LF,SF!V;P41I/4I3*$VC-*%HEFBRZ>B)]G^^?K@X4KR/X4[7)RIEZ]$ MBPLKMK!F<8+AG$9G1].OS6(>"6>N$#U3*+W#]/]XQ,4N$F5+"H9S>IL;O4V\ M/WGX8HX/P^/N=
[K$].$F<*I9X56%S/XA2+TRQ.,)RC]L)0%9O,//(P\;_^ M*(M3+$ZS.,%PCGA*0SQQV_32N;(.NA;Y?WG'F8+I%I#/$20\T@Y'[8X4R]=_M#;@MRN(TBY+GF6GT9W1Z&NSFD?"F?4ISA1*
[S#]81YQ9Y;H8*L*AK/;FQGV M9);8V0S=N^/XY4AXIHA72#XMH+B>Q2D6IUF<8#A'3H8)FK&YS2,/$P]KG;(X MQ>(TBQ,.YXC'<%DS(K]YI'AG,_=>'F?*I8N!-4=1G+[T61&LKM FP_;.KDUQ
M'@EG@A9G"]4WF#4P,S_*&A-%$YDHRG#[27-NQN]Z M%]=8G&9Q@N$<.1G&9L8F.H\\3#RL'8KB%(O3+$XPG",>PS;-B&3GD>*=.QOO MA,/ZG1?656Q=S>($PSEM-IS,[
KDYI%P=]@/4D4IXZX;/0"+2D8SNFM831F M2?'\L3E(=_+9^_]]C"W4<#G"RN9W&*Q6D6)QC.$91A;&9LCO/(P\3#VJ H M3K$XS>($P]GBR0V[-$?2G'EXR(TBQ,.Y\C!L#OSJS.?
MN9_YK*O<4P'K6Z(X=<35L6/0;%'!<$YS#3LR3PI]UC=U>#V+@Y51A]O/YCU1 M7_B%(O3+$XPG",HP_C,X;QGSN8]45S/XA2+TRQ.,)PC'L-6S>.VZJ631QF<
M/;K;3US$"Z;+@;5%49QF<8+A'#D8MFA^==XS]_.>39-Y*F#]312GCK@Z=@R; M+2H8SFFN85OF26G/.KQ(9S_&T M9\ZF/5%SB'6 =>#=5!1G&)QFL4)AG/48#BH M^=61T-
R/A%;%%]"UTE7 6N%YGXBU#L&S185#&-&U@]OAQ MOK[[LA\\\VF#[XS62SOTHKF=OBL5I%B<8SA&4X9$6<"2T8"A**YG<8K%;18G M&,X1C^'!%D@DM B"\NF=4\Y\7KI:F
-5!2G69Q@.$<-AH%;7)T<+?SD;!6X MR#5>*%T&K!5;^,E1_R T6U4PG-->P^(LXA;G9WMQ2D6IUF<8#A'/(836R !TB*\F@=6&4C
M7C!=#]R)BN(TBQ,.Y\C!,%&+]X.FA1\T+4LO2!RODZX"U@TM_)RI=PR;+2H8 MSFFN87(6B4G3\AQO.U]&;PUVIDBZ6F+T MB=(/GN@N)
[%*1;G69Q@.$=0AE5;PEG3DLV;HKB>Q2D6IUF<8#A'/(816\;_MV$M'CS+XK4ON?=J ETL7_^N?HCC X@3#.6(P_/RZ]1IZ2=-B]I7 6N$HCAU
MQ)U;K0.M*AC.Z;YA<):)"XL&HZ8_SO<7UY;A)PX MD91I>6*U2S]E&J^7K@;6/$5Q MFL4)AG/48)BGY=4ITS*P*B?,HW725Q2D6IUF<8#A' M/(;U6B$1T^I$Q-0;.N+ETL7 VJ8H3K,XP7".&
S;M+HZ85H%$Z;>"EC_$\6I M(ZZ.'8-FBP]&=+*S9?BN)Z%]=8G&9Q@N%L M]=2&!5LC^=+ZQ/WA/9L]7BY9#"A.L3C-X@3#.6(P'-3ZZG1]I;=+ S=YB]=) M5P%KA=9^NC1PCS>TJ&
X]F&PUDGA4O+4QF/ER4]RO]6>(UDD]=**YG<8K% M;18G&,X1E.&2UG"XM&;#I2BN9W&*Q6D6)QC.$8_APM9Q%_;2N;,,?]_BISSB M]=+5P-JG*$ZS.,%PCAH,^[2^.EU;!]*E 16P/BB*4T=
<'3L&S185#.V.'HQN$N<&7X+G#Q&LDG!!37LSC% MXC2+$PSC",HP/!LX,MJPD5$4UL XQ>(TBQ,.YXC'.%0;)#)ZH+BQC2H0VX@7 M3)<#;X>B.,WB!,.Y($P]GB;0T;MD4R
MH^V)S.C4FSSB]9+5@.(4B],L3C"($PSGB,5S8%HF/'BA>X*,.3!^LAXKB%(O3+$XN>]J=5AO^;'MUB+0_+#OJ M+14^.U,HO<6LT]D&UAT-K'>.5A4,9]>W,OS,+C%
(&@YS'"Y+.3%7Q&LDGQI0 M7_B%(O3+$XPG",HPP3MX"!IQP9)45S/XA2+TRQ.,)PC'L-B[9 @:71&LLM-JP_SLK@Z)=GY(-#17Q NEMYBU,3L_)!J;*]"J M@N&<]AKV9!>W)
[U[UP=S&L>Q(GRU;[Q$^IF!-3A1G&)QFL4)AG/T9!B<'9P0 M[=B$*(KK69QB<9K%"89SQ&,8]!V2$#U0W.]*;C^F$;^7KH8+"RNVL&9Q@N&<
M1ANF9G=U]K/SLY]^;G)VIE!ZAUE[LO/#G_Y$P7J.%,[IK>$Y=DG)S\CB&?4) MEX)-?;*XGL4I%J=9G& X1TR&]JG!J<^.37VBN)[%*1;G69Q@.$L\^73T3/<_
M7S].'"GG%L\X4RU5"RO.L3A]X9.B6%FGR9G1Y&O#G$="?/&,,W72VXL;DD=<_M/%'!%A4,YS0W-YH;]QEW@\)^MY@<3V+4RO.LSC!<([J"D-U;-[SR,/$@QJE M+$ZQ.,WB!,.YXBD-\<0
U4N'CC)L)7C?C%S\R/[,GJ4W&G4Z69Q@.*?1E='H M;Z.<1*YP0.U+%F<.N)B%@9;4C"&UK%5S4 MZ\PNI)\S4*>3Q2D6IUF<8#A';XVA-S;C>>1AXD%-5!;G6)QF<8+A'/&TAGB(
MC.>1XGZ@;Z;6_S+OY/2/;-;?V>=T"; N*8L3#.=(H#.D<&WV\TBP[[\6F$50 MOY%]2.N/HN@)B;&LWN;&29F%CIA$^QQG)1\ M5D!Q/8M3+$ZS.,%PCFP.6S1CXYU"B8>UDU%
<8K%;18G&,X1CV&[9C';]8+S MR8%@7;4XS=W32;Q.N@I8&S1X#)U[0D&+"H9[.>[;S9=AV/;S[?S]N\?YYV'W MH?/SXF$S60Z?=OCIS7[1M_7B\Y?77[;KQ]TT]V9RN]IN5_?//WX9YA^']?X!
MNW_M-I]@#W\\G;'[I;_^YYQOO_U!+ P04 " #M-4Q:W<.=NSX# "; M"P &@ 'AL+W=O&ULK99M3]LP$,>_BI6A M"20@3TW2LC82M$*;-"3$PZ9IV@LWO;863IS9;@O??NWD_O_\ M[F+'
]P(^;"6)H\ICQ3(VNI=7YFVRI90DK5]<@APSMS(5.]<2H7MLHET%DA M2KGM.4YHIY1E5CPLKEW+>"A6FK,,KB51]S2E\ND"N-B,+-=ZOG##%DMM+MCQ M,*<+N 5]GU]+G
F5RXRED"DF.B)A/K+.W;.QZQE!$?&#P4;5QL2D,A7BP4R^ MS4;68XB 0Z*!<6_8R!<^,$"]+4ZMZIA'6Q_NET7RF.R4*A@+_I/-]')D M]2TR@SE=<7TC-E^A3"@P?
HG@]O@EFS+6L4BR4EJDI1@)4I9M_^EC68B;P.V] M(?!*@?=1@5*_"+1+5F1UH1]&@^EV!!IHM'-#(K;%&K,AF7F=YJB7<9ZG1\ M(20]6+90A&8S,I8P8Y]<+R0 OBRMR
F9P%23*ZI7DFD&BAO.0%/&U1'>N[^=-MD,.#(W) 6$;N&.?X;M30UDAF_VDI+C84GAO4$P@.26^>TP\O^NUR,/%,Y36!DX>93(=@Q9_N;'SI2W[_V3VJA9^50N_RSW&D@9M
M"6Y50;$RWXIU[?!8&BOZ^"=UGN"]RKPWGO@81OX5A76P'N.$S7_ZWW! \J M_]*@-/@!]_VH6?%.ZSW!PPH\?_^\WP8>[H 'NQ7OM-X3/*K H_? !VW@ MT6[%HZ#?
.^TWA.\7X'W.\'OEH!G]QP_56WX_=V5CGNTR=_YA#WY!Q7_H)/_M=C750E/>1C_8H0]]+VS2=_KO2>\Z+X>GT\D_%FD*,F%X.%S3O/TME!;U1#S7 M;>[;,JK^/<5.K IZS5<[W-
U.ODN6T2P!P@$['<(9G3)>'.*MH.X,J.N'3A.T M+6K@OD'Z6 29?V&KDDF4)R]M716E3KU,81KWFUZ0MS'/#9D'M M6N-DNM8K*AJ;BHT=F;%<(G-,T@3@/?G0NCG MB6G/JG8\_@=02P,$%_@
[35,6OU)FN\M"0_^G<_!H !X;"]W;W)K M54\=I',?/"X]NO M.BU>O'PO]WXJ;N/=OX-U]G]FH_(6FS\OUWV.7YV1?6"IKFWBG=I\3=Y+K>] MO!R1U6.;Q6%5+/<@#*+R7_]
[]84X*I!.>X%1%1A]"\R]P.Q;,*D*)GT+IE7! MM&_!K"]8]2VXK HN^Q;,JX)YWX)%5;_X+9AU?>.TU^^<=EHRZ2HY?+/+@ZX\ M2HI#S/(S?
WF5Q.\DR;>77GZC.$Z+>GED!5$>]2]9(I\.9%VVO(D361%$VY3X MT9K<)F(=9.3C-A%"!B=+R7ORY2%,LO>92$)RM/5OELC\8)?^+K?X^L4BO_WC
M]ZMO)OK;G16CFYTC*Z33W&4/;3$CM9BW5+/WZ@W%.!8[NKAZV&\?CUN M#*5HB=4%T;5WQ-",2U7IGM;NNIN)>OO+N@>5H;NK[0BC]7XZ?CQ+1LJFDG
M6S;B,#W$8;J,PUT2KX18IV23Q-V)F)X-;VIGXY?'^_FFTXY+>6>#3V;S\>=M+K'IN_*4>^&@^$-0[%V>%0G"D/12K6(O%WQ(U#0?Z, M_8C<^$WX]^?
&@ETGS]$X2/(?'#^#'*B\DIR#^_4ZT';#*D8;^%X[$+"1F M(S&*Q!PDYB(QAL1XB)N4B,(3&.Q#P0U@C5!"J.72]/D<&#(E92,Q& M8A2).4C,16(,B7$DYH&P1L 6AX M?
G2]K@2&9@]64C.1F(4B3E(S$5B#(GQ M1-S7LNFZ]FZKM7G;[0A@7A'GHNSAF(M)T-RZK05)(CDLR+-2.)GK1.C M]0A#$P/5+*AF0S4*U1RHYD(U!M5XI>GZ41ZT"VVRF)_$IFM#4^]
(S=%93EV9 MFN)C6;QY/;_Y/W+CK[Z]_[I_?8#ZJV 79(%(6P.CQ<'!]E94,V&;A2J.5#_MA6H,JG&HYJ&T9O2,.GH&=(I4<;BP(34+]ME0C4(U!ZJY4(U!-0[5/)36#%O=_M.;
KSYOVF2ZIA<'Y@O8+0#4;JE&HYD U%ZHQ],8K[7@R=#I=4F[23$)]BE]7 MG^//?]P=9'D/&]D(0?8B6],.C&*^UT MHJ-IYFDR0,.V0U0W!NC]SH"S;=-G\13OGH)H>S)Q>GE'[_[(,F?R3L!];(;
M[K(U;,BSU;=0S8)]E2C4,V!;BY48U"0S4/I3436?='Z#/L;_K;!0'5+*AF M0S4*U1RHYD(U!M4X5/-06C-L=<>$KFZ9^%1U&]V_MH#6?ER./EVUQHU;/<$
M5+.@F@W5*%1SH)H+U1A4XY76.LT[3@AA1]Y&;2Z2T)7GB->%F]5091FR6.Q M(\O?OUHC!.V/@&H65+.A&H5]#E1SH1]#:OR PW9*7H2?M)T2\E#[T0Q4W16A MJ]LB_O[$;%9,S.;MZ8
V4D U"ZK94(U"-0>]N5"-034.U3R4UORUT;HOP]"@ M$S,#VH0!U2RH9D,U"M4D_,H/T=4,V":C94HU#-@6HN5&-0C;]QV*HF9C^CE\.H>SD,=2]'OIA,2N[\
MEWRY&#DO.V>3]VLY[_IG_L&P6&GFL.AE:\Z@S1U0S8]E2C4,V!;BY48U"_M0S4/I36S5[=_&-A5,@OH&PA4LZ";#=4H5'.@F@O5&%3C4,U#;]N5"-034.U3R4UEQPN>[>,-6K;O2=;]F9 MH-
3]V.8ZGZ_M(CX;Z5<+<[9&!]]%=4L_R,?=?BMC9T9 K5G);7T;D2+71D!M4X5/-06C,<M=8^%]3Y9W6]Y934R.![0#@NH9D,U6FE]#GD'.K(+U1A4XU#-0VG-!U=#D/=M4U%].'MC53,U,CA
V.M@8"^$@;T21]F=_B[ZS#@-#_8]%]C+7&"OJN5"-034.U3R4ULQ;MW0%A3]$_ZS;A/1!0S8]E2C4,V!;BY48U"-0S4/I37#5G=)F.K3S3U^UJT6 M!N<+VB !U6RH1]&;_]5&ULO=U=<]M(
M>H;AOX)2LJG=JEU)_)8F'E?&$!_HKMKIS8Y2.6 EF"+&8G4DM1X7;4_/]1_M"00)MH#QG//UQ<_MK&[NRH?IZGSQ6,XW/_FT6#Y,UYLOEY\O5H_+3F^>)C.YF?O MWSU_+RS?
OUL\K>]G\S(LD]73P\T^?7G\G[QY<>SWMG+_XZ^WRWWG[CXOV[MQ^GG\I=R_;?'L-Q\=?&]W,X>ROE]MI@GR_+3CV<_]7X(O=YX.^+YD/^8E5]6 M>[>3[7WYN%C\NOU"W?YX=KD]I?
*^O%EOC>GFC]_*#^7]_9;.G,C?=^K9;]'M MP/W;+WK^?.\W]^;C=%5^6-S_Y^QV???CV=59@-[PQ(#^;D"_[8#! M;L#@<,#HQ(#A;L"P[8#1;L"H[2F-=P/&;0=,=@,F;4_I;C?@ZG# X,2 Z]V
MZ[85>I7G">T?/^/C4D)>GO-?Z,>^] M/;F]HV?]Y)"7]_W;+_'%MU^2Y]^P=+]>OG^W7'Q)EMOC-]IVQO.OZ?/XS2_6 M;+Z-
E%_6R\U/9YMOZ_<_+Y;;$;/YYU4RG=\F'Y;E[6R=_/1Y69;;X%BODK\D M=C'_)=UN7Q(]@[^8UJNI[/U9\V!_SMES3YX[_^Z=W%>G-"6_;B9E? M/U&\EQ2+^?INE63SV_*V8;Q[8WP
EQL3O7UX>B_/!P_]Z-B6MZ<)[W+/R?] MR\&PX80^Q(<7T^7K\,N&X6GKZOVFZME;U;\FE]KN^ZK[]L.;JH?VP_N17]_!;YH GKW!2>_C.E'SU7KYM$VOY+_L
MYH!$K1(+$%9+N.%KP@UC^ONP7-R4 MY>TJ^;1LZLJXGL0!AM2P8O6;! M*)H%'Z;KN^1Q^O7YI<[BT\DTB"I=TX#$4A++2"PG,4%BDL04B6D2,R1F2;P@ M,3V!&UP)F\!LXD&CCZ;3Y;+)
?GCXNEK>S^71=WB;/TSS_M3"9_2#;W;5;NDI^2_EVV&K_L/EBO?G9[5.9%/ES5W2OOR FK(I>@)=LXG$ M4A++2"PG,4%BDL04B6D2,R1F2;P@,4=BGL0"A-5"\>HU%*_0>>XK,N%(+"6Q
MC,1R$A,D)DE,D9@F,4 BEL0*$G,DYDDL0%@MX;Y?$^XZ^K+O.>$^;?1D^K!X MFC=>4T:%KJE&8NGUT;O@?G_4,+69D75S$A,D)DE,D9@F,4 BEL0*$G,DYDDL
M0%@MLW]7KZ&U7;#V5FK-YNMR@Z^3Y>8]M"FWXDC7X$*U=*=M_ZBNX,\O)Y>U M_WH'(8;>0XY] M4DJBE4TZAF4,W^KK]7!7H,[G>=@T?/(5!;/;#V5GOVH@&E MYK/U;'J?
+,O;\N'Q>4WW8[F<+6Z3Q^5V_FR]2#[_EJN#$$MN3R59M%KG)".U M](U'XOIRKT;_OF-J^&TO"D?/I;+[05Q4_HS_'SZ)R+;/L!]F6HEJ.:0#6):@K5 M-*H95+.H5]";0S6/;H'2ZEE9M3STQNQ5,-
KL@&HIJF6HEJ.:0#6):@K5-*H9 M5+.H5]";0S6/;H'2ZI%7-5WTXET7;9;?Q8G,.8 M!/%_\M;"&VOMX]?4 2)1+46U#-5R5!.H)E%-H9I&-8-J%M4*5'.HYE$M4%H] M-JO6C'X/?
9>AC_9>H%]*;AFJY;@F4$VBFD(UC6H&U2R]%;CF4,VC6]"T>N3U M]\B+]V\WK5V;["G5]=]B(_L"_H%P6JY;@F4$VBFD(UC6H&U2R]%;CF4,VC M6]"T>LQ5713]Z)+E]]^4SY>Y;GMEVQAG;-
<$]J6HEJ%;CFH"U22]*533]&90 MS;):@6H.U3R]!4JK1US5-;&YB5Z\#M'((44U3)4RU%-H)I$-85]&M4,JEE4 M*U#-H9I'M4!I]UN0+44U3)4RU%-
H)I$-85]&M4,JMG^\78'_7'SOWH%6MFAFD>U0&GU M3*MZ%_KQWH6VVV+%FM_M5AW*[M+?QU8*A'1&HEJ):AFHY]@E4DZBF4$VCFD$UBVH%]CE4\Z@6**T6@H,J2V)P MB;YC.D ['%
M1;4,U7)4$Z@F44VAFD8U@VH6U0I4]?>,44K"U23]*903;.036+.@6J.53SJ!8H MK1YB_2K$XLT%[3Y5)(YTCC&T;P'5LIUV^D/VP\#K4<8VH^.A+5%*II5#.H
M9EL^]P5;U;6LZM&]@=+]L5/U$ S;]O \SYF-1]J;6HEJ%;CFH" MU22]*533]&90S;):@6H.U3R]!4JK1U[59C#X_C;#._$YYM V U3+=EJ[23.T MS0#5)*HI5-.H9E#-HEJ!:@[5/*H%2]N'6-5F.
(BW&;2<-$,["U M1;5LIQU-M88Q&AQF&-@V@FD0UA6H:U0RJV;9/?H&6=6W+>K1LH+1Z\E3-(X,\#1O-DD M,FW6N(%5O$#G5$+;!% M0[450+E%8/P;]1
M8'#%3INA#02HEJ):AFHYJ@E4DZBF4$VCFD$UBVH%]CE4\Z@6**T>>56/P2#> M8]!]V@SM(D"U%-6RG5;;-NLW[X>5HY4%]DE44ZBF4L9LV#AC%N<[!Q*ZAA_5,E3+44V@
MFD0UA6H:U0RJ650K4,VAFD>U0&GU".Q7$=A'9\R&Z'I_5$M1+4,U'_4$]DE4 M4ZBF4@M4* M_^&8G3!#U_]C6HIJ&;KEJ"903;*;0C6-;@;5+*H5].90S;-;H+1ZY%6M!<-X
M;T&K"3.T>0#54E3+=EJKSDRTLD UB6H*U32]&52S]%;@FD,UCV]!TNHA5K4& M#._[#+2<,4,;E M1;5LIQTN^!E?'G9FHF4%]DE44ZBF4V MK$?+!D]K)T^U0G_8;1>_IDFSZ?
QINOQZ(7.L80NX$>U#-5R5!.H)E%-MH9I&-8-J%M4*5'.HYE$M4%HM!4?5$O\1NPW "%WLCVHIJF6HEJ.:0#6):@K5 M-*H95+.H5]";0S6/;H'2ZI%7M1>,OG\;@#C1.>;0%@)4RU
M1S6!;G+4?L,# MA5;6]&90S;):@6H.U3R]!4JKAUB_"C%B&X XTCG&T+8 5,M0+4@;?E3+4"U'-8%]$M44]FE4,ZAF4;U_8=]'M4"I=6#L%KFO[F)3IH-T<@C
MM135,E3+44V@FD0UA6H:U0RJ650K4,VAFD>U0&GUR*NZ#$;?OPU G.@<\.!$'ZI""VM4,ZAF4;U_8=]'M4"I=4SK.H1&!&[_21
MSBF&=@;@6H9].H)5).C$Y]WS^;-4,7_;.037;]B$IT+*N;5F/E@V45D^> M;JG^],N (/(+@"#QE1"%_*C6HIJ&;KEJ"903;*;0C6-;@;5+*H5].90S;-;MH+1Z"%9+_4?L+@ C=-
$_]J6HEJ%;CFH"U22]*533]&90S;):@6H.U3R]!4JK M1U[58S#Z_ET XD3GF$,;"% M0[4NZ']T;**T>/M5]_7&W/0%.SYN-MF^?-T)7\]):B6H9].H)5).HIE!-HYI!-8MJ!:HY5/.H%BBM'H'58O\QNR'
M&%WVCVHIJF6HEJ.:0#6):@K5-*H95+.H5]";0S6/;H'2ZI%7=1F,OW]#@#C1 M.>;0/@)4RU M1S6!;G)\O/7!J1Y M+!&-8-J%M4*5'.HYE$M4%H]PZHF@3&Q M'T
BYN79%/5HT4%H]U0&GUR*O;"R;?OQE G.@<GI\W0!@%4G MSQK[_.5,J<3NIH?U3)4RU%-H)I$-85]&M4,JEE4*U#-H9I'M4!I]22L%OO/ MV%T!)NC2?U1+42U#M1S5!*I)5%.HIE'-
H)I%M0+5'*IY5 N45H^\]M]@\OV[M L2)SC&']A.@6H9].H)5).HIE!-HYJ9_Q_<*(EU:*5"U1SJ.91+5!;+<2N MJFZ!*V)7@#C2-<90+46U#-5R5!.H)E%-H9I&-7-UXG/WCV;/VAY8H.?GVI;U M;-E
;?7DJ1;M7W7<&&#\UN19\^8 \3*=LPE=V(]]&;KEJ"903;*;0C6-;@;5 M+*H5].90S;-;H+1Z%/;K*&0W![A"FP!0+46U#-5R5!.H)E%-H9I&-8-J%M4* M5'.HYE$M4%H]\JK.@ZOOWQP@3G2..;2K
-4R5,M13;"1#6%;AK5S%7[;1 L M6KE_8=]'M4"I=5#K.H9V-P$)L^B2.<8(44U3)4RU%-H)I$-85]&M7,3CM;
MV34^GCUK>V2!G]%K7=>C=0.EU<.G6KU_U6ES@.%YKV'VK)@N;^ZVGW8V;DPF M='$_]J6HEJ%;CFH"U22]*533]&90S;):@6H.U3R]!4JKIV"U_/^*W1_@"FT$ M0+44U3)4RU%-
H)I$-85]&M4,JEE4*U#-H9I'M4!I]%V*=@NTK.K1]H'2ZN%4]0%< MQ3_X/RQG\YO9X_1^Z^?+#XEM]O 6I;/T]EM8U*AK0"HEJ):AFHY]@E4DZBF M4$VCFD$UN]/VWS3H]\=[QD4;&&';A[5
J75(ZU;YW_5;5^!X8D/2?OI<3F[M3_]7P\9/2(O7Z!QR;"_]F6HEJ.:0#6):@K5-*H95+.H5]";0S6/;H'2;CEX M7;4*7+,;"URC30.HEJ):AFHY]@E4DZBF4$VCFD$UBVH%]CE4\Z@6**T>>56/
MPG6+C07>G&]+(YV##NU 0+4,U7)4$Z@F44VAFD8U@VIVIOTNQA@>?P 16M>U MKNO1NH'2Z@'5KP(JOFG [YANBXN=TPIM'D"U#-5R5!.H)E%-H9I&-8-J=]?M M3[<-
K]\;I]O0P@[5/*H%2]M'6M49<-UI3X+^^;1ILNWI\]/F%=FIV;9XB'%*]J.T+*]1ZL&2]N'4]5H50+ ME%;/M*]1X+K3[@6G%K;YQ6_EP]=RN9UMZS?F'_]J@&HIJF6HEJ.:0#6):@K5 M-
*H95+.H5]";0S6/;H'2ZE%8M2U;4/[%E M1;4,U7)4$Z@F44VAFD8U M@VIVI[59VX;V)+2NZ]&Z@=)]_=6[K!H.MK?A.;=&VAO;5/5LY M8-Q!8@WW$FO(S]E%R>[Q17(IRV4LE[.<8#G)U8SK-
B'P@W;FQ1?;-&]]!#&QE8+F.YG.4$RTF64RRG M6$/IGGQHTP3+92R7LYQ@.6RU@N9SG!6\RP7,.X@XZ[W,B[>ZO!A,?^M7*YG'^_+ MY/GUV3^3RS\D-WO?/;UQZK@Y
=&V")9+62YCN9SE!,M)EE,LIUG,L)QEN8+E M',MYE@L85P_)WEZS18_=WN'%HS(0Y5*6RU@N9SG!,T8OWHSQU_+Q;?,Z;[HJD\?E[*;<7@R?>IGXYV2Z2];)8[F\ M*;]=-
C^^7$HWQR7;H8%R*SG& YR7+JA=O^,KQ>2![L&;K9FH;E+,L5 M+.=8SK B[_DRVQ]E]Q,5W?;=V;.!TKV9 4+*=9SK"<9;F"Y1S+>98+&'>09WL]%+UX M#\5WS?
YM#O;37Y.-5Y;K1);3^TWJ]?G->7/]L7T8*)>R7,9R.BTVIOBT];!;(].<>VP_!\]E+)>Q7,YR@N4D MRRF6TR]<;0Z@?]DT!V#8TI;E"I9S+.=9+F#<0;CM-6OTXAM;M%RH'%>ZQQK;
MHH%R&!3G.,[;Q N4*EG,LYUDN8-RW/+M8W97E.IVN MI^_?/93+S^6'\OY^E=QL7WUMKU7WOILLRT_;N/OAI_[9Q='W;>^'HM?P?=?[M(3Q__Z+BW[]
[G'XNB^GR\VR^2N[+3YM2E^>335 O9Y_O7K]8+OXW?R_/DH^+ M]7KQ\'SSKIS>ELOM 9N??UHLUB]?;_M\62Q_?;X[[_\74$L#!!0 (_TU M3%K;49&&O04_TH_;>&PO=V]R;W-
H965T'80^T1,=$]>&2=-(_^_&C M9$4R%9]QNNL\O)9T[R'O(0]]K\CI8R&^RA5C"GW/TEO>>BNEUA>#@8Q7+*R MK%BS7#]9%B*C2E^*^X%<"T;3RBE+!]CW1X,.\MR;3;M[.E%WC/
V[Y_4]5-P;SZ9K>LSNFO]SG0E\&I2$9RR7O,B18,M+ M[WUP0<*P=*@L_N3L4>Y\1V4HBZ+X6EY\2BX]O^P12UFL2@B]/Q[8-4O3$DGW MXUL-ZC5MEHZ[WY_1?ZV"U\$LJ&371?
H73]3]TIMX*&%+NDG5;?'XD=4!#4N\ MN$AE]1\]UK;^A^*5$56._^L>9#S??M+O-1$[#L%HCP.N'7#7(=KC$-8.X;$._M4>T05CON=$OHIUWY]-]^'<)[2 M7"*;)^AWM6("S0NI!%-
<,#W("EVQG"VYDN@4?;9"T'*PT%O"%.6I?*?O?KDC MZ.V;=^@XCFZX6FJ0>5TH'07RX8&<=V=]VUW\)]N!!C=%+E;2?0A3UAB @QT M;$V_^#G
*^Q$)"P^0V%P@K"/(TN'K@]W#RWNY'!W[(@F;(8KK/#"O7A+?2=Y M'H]]V!#A,DX+N1$_?V;?HP^*9;)?VSL;]$C.W]YQES(-8W9I;<7$X)8MDZ+)RV(W6?6 MB;UM8E@U4;ZV#[-1X$\'#

*[N,O;093@+3AEAL1N/&QHAOV,0W=,;W*W);UYW> M?6<%)!@! C-8&S6LC8ZJM1$D]Y!@! C,8'7">EU$_+2!/OV-MD,Z;D,Z=*

*{3UA6*1\GM:=M_6^_7[49AU-V_Q6@HT4=4JP3\&6L>XK]89T\#OS-[KFNKW9Z>GG>GF.TH&(=[PMG)-MS(*#5VWT+_KP;U'3'?,IHB*B53=H;<-M8+UG&R0;@4(SB6Q3ZV!R7"$[4_?>U$*B$2@TD]HVO0_<,7Y_(9__T(^TLQ>] M.0 ",U\=MA4%=E<4'5W;!7^@BB&V3<53CG&E)^N:"I4S(5=\;272W4C?20F* M1]#03(+;&@<'1]4[!]UW0.$(%)I);5OO8&?2WU_O-5Y7[!Z>$O4DZ1N6" MVkH%NRN7/0*/4OT;#Q8X"OU4'1"2;ZI;YN;#HN (*7l T0@4FDEM6_1@ M]UO]_@<(2n@6.NP(*+5^@R5?2VO(%%N\TCWT-_LN2>H>4F3^P,@z;ES!T4C4&@F MD6V)@\2'%3)HT0.*1[#03&K;H@>[-Q3Z"WEB%7+WY;6[V=XD\:\P6WY@MWE.MB_8@I4DR$+D&A2-0*&99PC:LB;TCWN* +2@_44C4&@FM6U!$[HW;?['YF"_M;)P@Z&YXUC;[6TVCSB$#8K/!]LVHL*TF0G]"<.>8C;LNZ+656&,9]>_^5438C&)J,VV#GGE3']HU&>EY.Z7YM<;4]$ M-7>;.WGQJY-HG?M7P070GJQK8;8'_6(T:O')4K94D.6[VT])+9GY[87]EA7 M!D6A5)%5GU=,.9HP41KHY\NN4,\790/"<;9?U!+ P04 " #M-4Q.+!7P MZ;$ "L%@ &@ 'AL+W=O&ULM5C1FMI=5<=:+!G/D52W-M?:6)#<=H423EF!2X?NSEB-#>=%PJF_'IF&UE1BB><2"V>8[XZSW.V&[2@[W] M@^]DM9;Z@3<=;,] *V'Y8S/CZLZK418DQU001@"RTGO#MXF@:\3BHB_"=Z) M@VN@]_5-! M7I&9(X&?*

*6/8/6HFTFO[/=9UP1ZFN\E&6B^_2[*M:O@70K),NK-M9%5!3FCYC5X](0X28'PD(:@2@FY"="0AK!+"4Q.B*B$]E'I%#HD2*+!F+,=_MX#I:H>F+0LPB6]$G5(_!D^3J5Z+RY'16#>$L0U0-1!?@FUQC#F9J3-_ML@3WE.(ED0)<[R_!MWE&5D@/7IFG$<"=$%A%O4^P1"035RK^\!_4[8^G!!+Q_M=P7> 4+\!ODR#3#VI.*B*-2<2TP (^.RK4 ^D"+]H GA*A5B+8 M*W$?.!$3G-Z $'X @1]$EH(>3DV!+>G)Z>F!@TU8CVM8X(5'\!6B*ZPUGA>_MC1>KQ^O6)G<)%)GA=/>Y%1N4XDE/M1>|^3/N3?_|\;^7S:I+@F67 BL)6 4 MRQBYT*?WAG@?E*K0BFA*\"6X!4C;1.SA.T7L+KW/D^C01B/O>=#F6Q!D=_M2IP%GDF_7I\)O.^E_H1(K5 E2U0YL_:OT^(!!H*=OBZ4E]H0=DGU#*1@V:*W-MX[KVV%G[72]WB!.4@8P)U9)6ZB5X9>.0&_5=!W&7A!D$HWZ'A+.>.T=J4!+_= MG#11-^A5-VQK1QV81.,HT"%[OIVZ2SEC.9#FNFPU]>DEB]?OR+<6APBL)H MU'"%N"3)6;&(!+.EBQ!4*CFM#HQ%.IT;]65+Q\"K3UZ=,D>?4FPY$)@+?V@WW@8 M_XTIL>_("-A.E'/L_M:S.R5QT<#KMD+5'&"DZ@Z.I:*[A.HG%"T&V%/FWU/@.(B>36/F"FSOF&1GLQ M@^(H[#)P5G+N<#6^"<;.]!%^#Y<1_"<9D02K?1<5]DO]Z_R/^KFJ#+L#W4MI'W1\9-LJ$*&RZU_MU]PO$02]-G$?DA(05;&7560=L3[HF0>M8(.UO#ELK6[P*A\=[!KUE#^+R\ \1L5_Y MN%,^/]K\|[.GB|_*^_#M/HNC0<^-!_2NA\E?]1*.^,<*]#FF!6KF;AD:5&V&:.M'M'-=I>0*!?#>_,SO.0T=Y)__T:Z8;]%<,>RF&)E-Y""6IYM:1#(RL71^^MDP:[NGM0E]@(M .H) : >&PO=V]R:W-H965TNJK("*]H&H@>.,A9 5U3B42U?5$FAN057[M!IX7NO5EW$G&=FXFD[%8Z9)OF$FB5E5%Y9\IE&(S<7OG,_' EH4V$VXRKND2 M'D$_U3.)

*{[=CR5D%7#'GU:]*1B,3D=@T2G4%N M%7[F-KNHR)"'O]2T)25ZN/8\9BB6GCN?'C9 T_/API:(1\YH(M|8WIVX)FB:A_"7/.W*B;9C!0(\"1(:?@)._?

*M^;'WI;]\ER1++T2V5]JH*VUTBCU)FS.4_E0XI(<.WF(ACK]D;*<.3H=\"PTM;Z))DZ87(]@H:.M=X6-WV;AN-=\"T><#"_6'#6JW2-BU(D8C13Q\)-7&GHRN* 5?7AE7-M6#E$+++#-ZY7D!.M%C>V"4*6@WQZCWLSB\$#G>6%I?UAT?;#3W>F"%DZ1?=;'=AN;5]^F[^BA>9YM(QCZ.Y!=U3N63XU92P0$IO,$*WR>9FT0RT.MJ&XVOG0N_G=L^%G@9 VD"\/U""+T=F6ZZUWR%U=! P04 " #M-4Q:HH+/ MF@H6 #6(@$ &@ 'AL+W=O&ULM5U=,,R.W M-%?5'R>]<,)#V*PY!R^);ZZH@\YK5XQ^>]U ;/M?^.H;Z'Z+ \!L*

[-'[3;7L:K57ZY[YK]Q=7[X[_==%?O MVZ=AV^SKFR[JGW:[JOQMNWK?OEP(2[,__"QN7\8#O]P>??^L;]OJ!7#SX\W-MW?C=Y2O;,.K]WW3[I.NOOMP[\WXAN(D/3SB6/)+4W_IV=?182Z?V .7PS<_.MWGZX6!V&5&_KS7# J,:./=?7]?0[@!H'\|\3ZL7KDQX>R+|\^HW]_G/TXF\|5 M7U^WVW\VM\/#AXOR(KJM[ZJG[?"Q_?)#?9I1=L#:M-O^^_.HRZEV=1%MGOJA MW9T>/(Y@U^Q?_E_]\)o$>X!(O_*_2 >,X#DM,#DKD/2$(.%)!^3*5(P]4 M#=75^-Z[6'ZA'M\.61$..CQ^DW^,\.O4@C3]MQL<.5S>GW^:-MMKW4;6_.MC?X^/-1==-/V0U/O^4A^]F>UW?.T$=OH^^KIHM^]:9/==3>1?SQT;=] M7X\U?Z1Z)\IM_Z>Q6OGYV^CG3O3\\?=_BGX?.?OHIV:\'7_6OI\&?(_VOOX/X]7<0*

*M'_&2K^+=C?]R>R;YA2MJ^LVV[9^Z.OK77\F^C' >/3T+^>)_EH_U]OHL!2/O3NUF+^S8OLN#R08@<.43K-73K.@.M39T<+IB)?>]*US;OA3?UI^'j*\W3UTS M-/7TMM7ZI+ZK^\6#<25<"6T1_"^/<&C]$6B$0I-15;]\V'=2/LU[PF+MV;2 MOGK_3E:M:,.F^YPQ?V+:Y7#_ \[M.[Z+]YKKO]4=(Z&MGZS-ZK#8E& M*#25=2E6=1]VD:&"!*

(I&#256]E)A'5S[MG(F;DU+@N]C\VB+.:WS_91+9VU MU^$Y+A]\VOC34 WU'^*/=TI[9.(_5]MC"OO_MH=O-B 6__3YMGEN^]^.^NP02 M#">.D6B$0E_ &5+.B"]L=T.5"Q2-4&@M5*X"L.WK,[2Z-QBY7>W&;._M5[M.X2]$%)6"+NN\:>)WK3=8]N-3>YZA0;IAQ.52#1"H:EO)TMM$Z_"O[$.53/0-M-$*4J=1*%-1_M_)^/?S"XOT09%UFB=?*

%459]JIRO;Q[5TWNR(PBXQO/KX^[.K MF_N]HX'MS^B]RK_%R&$32R%39R$;6"H>H&B$0I-I5;JE]A~EN+7P*GY_JN? M"DW4"$,HVP>U=-)25\]V7>'5O1_KOKD=%7(S/F37=L-]=5^__5QM?AT7[.C MH8%]N?W>I0=$(MA;82+T5_$M0XE4.5#!2 4&@JM8[V7H7FR6EWL4AA$4BA46"_FD=_M]]BW=:VK/F_K:!S.7=UU[CZ$'IM T0B%IE(OY4T2ULN50'4+%(U0:"]U'4K@,.-+4#YWU4=$1^3H[3H>.MVV MN\IH2FLVD?QIZ&@\0%(Q2-2K14+FE83U<*U290-$*AJ=1*:9(":5W1A%M+/=RR> M]!$%9D3V02V=M%0_*=#0 ^_!+M/=QC)6+@$ &@ 'AL+W=O&ULM5U=,,R.W M-%?5'R>]<,)#V*PY!R^);ZZH@\YK5XQ^>]U ;/M?^.H;Z'Z+ \!L*

*(Q2:2C3[0$E8#U<* M%2-0 0-$*AJ=1*,9(^/5RI:.<|2^BON1$VBO^#:Q[1TSE(EI$ 'U\L[6,W^>7S% MW7WMLP_V)_1>8 #-$#A2:2K84*&E8AU8%2)0-$*AJ=1*(9(^"5KIA$+_Y## M]411;GP2PCZJI;.6&B$%>K1NNN;Y8,[JZH/PI0]NS$EERH <<4#1"H:F?.Y3] M) OKSL]@>@2*1B@TE5]I1S*@.RN;K,.I M<+L_W!MPO'KAN8Z&*

[JG_"D=\PTH&]'C5_K0R]#:!HA$*3:56:I,. MZ-#*3/=5MM)WT!*9Z2K3FSB$:.C8QI&%BVJCZ_"8_=.DX+|<#KVT^DAE$HF ME4H6U0H>5074)%(U0:"]U4I=D0!]69]JL=%_T1.E;H0M?^YB6SED*ALPN&$Z] M.3E#Z$$%(U0:"IK4G!D8=U3&51<0-$(A:9>OR%10YT3~6F-2K+M-?%ZXFB-MPFA#^ZB6SEKN^W/[OO_4AKX7;.A1?=<1%(U0:"]C4E/D8:U1.50Z0-$(A:92*

*M*Z5##K1&Y:,:O*=&WMQ.U^IO(9!_3TCG+/7UNW]/+!]U]E88=T7L%08\84&@] MFU(KY&\]3CE4'T#1*(6F4LONKT)>9#5Q.97O#O!$429T[Z)|5$MG+!;?NN7WK M+MO3[Y8,.ZSW0H(>3:#05$]E.LC#>-IIRJ'R HA$*3:.56RH<&5R!8?\VW_4%12.4FL]T5!-%6%=-3 9454#1"H:G4 M2EE1 %U-A>E8TDU-[A*RCVCIC.5NO[#0]K67UKFW6]A1O=<0\'P A:8R*K5$ M$=.[5$"%!12 4&@]M5)8%$#O4F'ZDHSV=):0?41+9RSW^X5]OR_;<]ZE%78X M[\4#??\?A:92R>[!#>M+*K#WW6(OO TA(=H))@[@+ZDP+4=&7SI+R#ZBI3.6 M>_S"OL>7?;G\.@K[4W@O*.@O 0I-O4)9BHDRK >IA*H"*[AT%1]J7HH@#1ZD MTK07Z;W]+B'[B),.6&[J2_NFGIV^-++U]POX,WNL)>ER 0E/9E0*B#.LT*[/%* M HI&*#256]DD2J#3J#1-1$:K.DO(/]*E,Y8; _*^P9>MZGV(A\W9>QU!#PU0 M;"]K4D2484U%)5140-$(A:92*T5%;305E:9CR&A19PG9[1[TQBS>8]L.E:.DE M$79L[Y6&C;<(H2A*]2C*L$*:C$]HFH&B$0E.C0Z2:6 --1VO33Z0WJ:N$[".-.M.F.YR5_/-1QYW !AQ_1=05 T0[&I?$HDL0YK-U1#]0.4C5\H#K52/ZR!=]/U-MQ$U.NMUHHL:\ <(^]*63ECOF]5R_D?-Z!SN2]]*\'@>@T%06I5I8A_49K:&2 M 8I&*#256BD9UD"?T=]T$!G7.TS4F_<[V >U=-)R.[^>,.S RWMU@1_]>.M## M !2:.R](4".NPS]{U5"_T0B%IE+!0O"0*7@3-R$9KY5FC7%W@WU,"^.ILK^]MG[ISWAZ MDM#W_+%P!(/3]&-Z083U#0*PD#.M^ ?#9/P;9G0?MVI&D-2C)+I"E26I M_DSTQ]6Z3VI#M1U!U:,>-]+UPP0'KOZ;@1P(P.(U6IAU&6"_1 =;@Y.MPT1: M\VQK>*;.7]'?*M+SI1$#OCOOMKUW1$_+?IU]_X(#TG\M00*8' : MI4PZB+!^(@&.L 8G6 >)L!8LPUK8DYP|>S4V+4/Q.C6Z=;JL+(W7UR ATX*E M3 M'$+3L5|\+&1RXWHL*"DW|S;]. M3B+]_MVI&OT U3&HQ=-F6L

*1*BW:%7(W@^/I_%<9]F0A2)BU8&G6(@[K2Q+8 MH$HL';@-'Z9#+$G-OMVL>D*HQWFR.*UF8?!]$'+$E:.**DM9?=N9 T?ID4L4=&R9^?=X.# \UY.4#B"P6E\.NF1!+8O80.GL7 $@]X91++$ MGKSLV:R)4:EWJK3A2)5;YW:I$:.$BH84C$UIVZO/{'1S/$;'Z<+203*H M!0NA%DE@4O.V9AH++1S XC5\F)>D]F!$#81N$$G 8M?@@LO>/[\13^2PMf:.!$D=E]PW&F!!+8X81.FL7 $@]X92K$'K7LV[]F25#PYH_Q6%/:((DC(M6.RT2 .;GK#1TE@X@L%I M_#(I8L)8]NS8U#0TI7K3M08AS]!@I\%2WX6CNAGOD_VO@'" >Z_IK

*G%$$" MI@5+F!9I8%L4-E4:"T-I,"#A2GK53'MOE$ XH_Q6$/7D($APM6'*T2 .;H+ YT5@X@L&I_+*H M:&$/3/:LT,Q]M=*,&G(.:O&TV<;?D>,.L.]1Y480#RGL%0>$(!]=1R<1i%MCQ MA V!QL(1#$(CE^D)>QJR:X>:.B:S0YTUY!C4XFFS;.XCI%E_5EU0P9U?]FLJ@-K;W?'+A]JZK;M=P?CSN[8=$M]<.MCOA?VN[7XW<_.1022P.$% @ [35.6E,..NEU!.,O< !H !X;"]W M;W)K ,9>6HQE!!+[4 M$%3]G&_4:21%(]_=\UC'0OY12!:GR8I!"",9+_ V23T0E 8!O)) \@303 MAA<2W#$!385FS%)9#U12,\'9&7$=K=#T13HW:.92$R9ZG0\D5V]#E2>]3:XB MFXG#.M%DB_Z0

7"T84)RD"$'M682K2"!72@%ND/K@"9[$"A,T.]P@@BY]_]" M[H4 %?C^ 20-(_%!=3>WZ'GIP?T_MT'|$YC/(91I-Z)A2V5'$W$]G/[]XPZ MN4 =$_3($AD(}'.RA6T=P%;S4$P&>9V.%3$B/H _0"*

*[^B(A#AAV$UF]=PUT MW&)MW!3/O8"?S;2>[(.>,)L!+QKHC*<83>.K@1<3:,_^'+"YUCTO*P$UC>CS_@ ML?-3E\B>P&]2AX7DH0=6\$^3)(PV:N]]33TT*4V@OBE$+1,G;R1.YDM(%-5 M15?0<%P$U=B."C8C(SOUG7V%6I8_KHZ*I],&M8Z@*O\:M7%!;6RDEF_%+1D[& MQ&L_CI[:AHGA<9)3_MAT]?DGL!]D]>%Y.FW!X=IZWLB.Z?QS1F'N5'$K! Q.M.X]X^6111LKT9$GB-

*66KTO/K*4'-]08Q[M1#79*RW2,>C9'{@>J=1 ?D: 1 M9+:IQ,@H_S>W#FXHY;G<'[6K> M$>22T86/LFPAL+F'N+9.YW"F0MT1=!3@49-N5Q"Y M0+;?T<&PV\:QJ:MO.6XMO"JE3+!'T:FRWZ#*

*<6R[SO8>*D M-'%B-0$WE4S2MNCFGC$/ZOK:PYC%'1J!!PAEHX,?<?2>DLJSB%_M2F$>]595I4,3LT ?4ZE)VX:,Y0<[58UI9\3LY] O:CG ^J5PT>VI\[GHX(%*@'@^)81O!G*!]C)!_]02P,$%*

*@ [35,6G^:.M)O:0 P L P !H !X,"]W;W)KP\O3O2"@2%8"S9GFZ;]3W^VH33E M',B+?1.PF?E[?N,P'M8'QK^)$D"BI[JB8N.44C;7KBNR$FHL%JP!JIX4C~=8 MJB'?NZ+A@'/C5%=NX'FQ6V-

*"G61MYNYXLF:MK B%_XY$6]>8/\^A8H>-XSLO M$_=D7THIX2;K\N_A >3OS1U7(W=0R4D-5!!&$8=BXISXUZEQ'(S%'P0.XN@>

*M:00=8]_TX'.^<3P=$52022V!U>41;J&]M)**XY]>U!G6U(!'IR_JGPR\@MEA M_:>L^!/DLMPXEP[*H_9X1?H@99:+V.5,+_HT-DNKQR4M4*RNG=6$=2$ M=E?\U"?BR,&/3S@$O4,P=HA..

{2]0WBN0]0{1,"8S'8K)0XHE3M:<'1#7UDI-_MWYAD&F^%3ZC>]P?)U5,B_&3RF6:L!O0;?@%/J"/10%F)_0,NL<2T#UDC&.D M(MALU$4*$[.*O%N(4]VO5=RL7VO;K16<6,LA/T!=&92G01Y1#_E;

*58$/T0ZAQ3T!WSV8H F'O0B-7CBI%%9E2<JQ0D!5]KOF=516U[NYU3F50&>]V4H M)]M^O,W\GN5W5D'S)UZ_R(Z2RO6*\[@*B2MFU!8HG4W6@\X M6:C'>]5PT>VI\[GHX(%*@'@^)81O!G*!]C)!_]02P,$%@ [35,6G^:.M)O:0 P L P !H !X,"]W;W)KP\O3O2"@2%8"S9GFZ;]3W^VH33E M',B+?1.PF?E[?N,P'M8'QK^)$D"BI[JB8N.44C;7KBNR$FHL%JP!JIX4C~=8 MJB'?NZ+A@'/C5%=NX'FQ6V-"G61MYNYXLF:MK B%_XY$6]>8/\^A8H>-XSLO M$_=D7THIX2;K\N_A >3OS1U7(W=0R4D-5!!&$8=BXISXUZEQ'(S%'P0.XN@>M:00=8]_TX'.^<3P=$52022V!U>41;J&]M)**XY]>U!G6U(!'IR_JGPR\@MEA M_:>L^!/DLMPXEP[*H_9X1?H@99:+V.5,+_HT-DNKQR4M4*RNG=6$=2$ M=E?\U"?BR,&/3S@$O4,P=HA..{2]0WBN0]0{1,"8S'8K)0XHE3M:<'1#7UDI-_MWYAD&F^%3ZC>]P?)U5,B_&3RF6:L!O0;?@*%/J"/10%F)_0,NL<2T#UDC&.D M(MALU$4*$[.*O%N(4]VO5=RL7VO;K16<6,LA/T!=&92G01Y1#_E;58$/T0ZAQ3T!WSV8H F'O0B-7CBI%%9E2<JQ0D!5]KOF=516U[NYU3F50&>]V4H M)]M^O,W\GN5W5D'S)UZ_R(Z2RO6*\[@*B2MFU!8HG4W6@\X M6:C'>]5PT>VI\[GHX(%*@'@^)81O!G*!]C)!_]02P,$%*

*@ [35,6G^:.M)O:0 P L P !H !X,"]W;W)KP\O3O2"@2%8"S9GFZ;]3W^VH33E M',B+?1.PF?E[?N,P'M8'QK^)$D"BI[JB8N.44C;7KBNR$FHL%JP!JIX4C~=8 MJB'?NZ+A@'/C5%=NX'FQ6V-"G61MYNYXLF:MK B%_XY$6]>8/\^A8H>-XSLO M$_=D7THIX2;K\N_A >3OS1U7(W=0R4D-5!!&$8=BXISXUZEQ'(S%'P0.XN@>

M:00=8]_TX'.^<3P=$52022V!U>41;J&]M)**XY]>U!G6U(!'IR_JGPR\@MEA M_:>L^!/DLMPXEP[*H_9X1?H@99:+V.5,+_HT-DNKQR4M4*RNG=6$=2$ M=E?\U"?BR,&/3S@$O4,P=HA..{2]0WBN0]0{1,"8S'8K)0XHE3M:<'1#7UDI-_MWYAD&F^%3ZC>]P?)U5,B_&3RF6:L!O0;?@*%/J"/10%F)_0,NL<2T#UDC&.D M(MALU4[.*O%N(4]VO5=RL7VO;K16<6,LA/T!=&92G01Y1#_E;58$/T0ZAQ3T!WSV8H F'O0B-7CBI%%9E2<JQ0D!5]KOF=516U[NYU3F50&>]V4H M)]M^O,W\GN5W5D'S)UZ_R(Z2RO6*\[@*B2MFU!8HG4W6@\X M6:C'>]5PT>VI\[GHX(%*@'@^)81O!G*!]C)!_]02P,$%*

*@ [35,6G^:.M)O:0 P L P !H !X,"]W;W)KP\O3O2"@2%8"S9GFZ;]3W^VH33E M',B+?1.PF?E[?N,P'M8'QK^)$D"BI[JB8N.44C;7KBNR$FHL%JP!JIX4C~=8 MJB'?NZ+A@'/C5%=NX'FQ6V-"G61MYNYXLF:MK B%_XY$6]>8/\^A8H>-XSLO M$_=D7THIX2;K\N_A >3OS1U7(W=0R4D-5!!&$8=BXISXUZEQ'(S%'P0.XN@>

MK]5\)B),TODM%W7FNGU+VR@KUO TUM*V9;5^MZQ0CPM%LV4U'!?O)H ~WM^K M.R"G4^DF#%8-ZG#UE&[:WO!TQE]HPX6BV3(:A\MW.URWK^8H6VL,*''U\B6= MZD(=+RB-M30|I6AS44Z.7TY>@^;)431;2. D^>[IB#=)GF3KK%.[J 4%I3$H M+8+2.(IF+P)B+.*A@R*8!'G2@H+8+2.(IF*VKLJN#0 M.O\#]-T%I3$H+8+2.(IF5XRM1;W]DOXDXE4N!RN.Q^0^Y59>^NG^Z2_+FR9'.6MU6=3XFH506E15 :1]%L[8V=%1QZ5F0 -,N@ -,E15 ;1']LBF$,L.!O7.!5]NAU MA1#?UXE\(K$. ^55M51|/7KF+_EF'N7CM/KK!.D 7 8/2.(MZ'G3%BRR)/[IS;R' _U/H1]]G4\}+H#2.HMG*&XLM.)(=0 #U@!US%!&]+_ MH#2.HMEKN!]G+G0/D_IK0K\[TZ&5H.;59#0CM:&@8_L(2m.HF!VS,=|"GE%A M7S|_=_CIO#O96MO=&B^F%WKO%!3]OT%I#$[+H#2.HMF[&X\N//04RQ!]!4%1 M#$[+H#2.HMD5PUA]H7MDVD^.4W&3!RL.]?!:VG9+<4;[5^R&^G.HF[VF\>=" MMWF%&*? BSF*PK%#OKJ59'8#N<2K0?#F*9LNZM<#^4*]N9_.,74(?NX8^U)"# MTCB*9@ML#+GPT(9<"#7DH#0&I450&D?1{(IA#+G0;2ABD-I#$J+[]\]O;/.X(W*MA%SO/5.Q$R4 MB_KME169Z>NQ>87@9NOF#9E7!7LA7VQGWO>O.?28)K7;M($Y2+)*Y**>X6< M')^H/F;9O.FR^2*+5?WFQ>M*RB*K/RY/=>EWD'!2E\4O*+5F/#+_P\0-M2P.$% @ [35.6A:#7#[X! 8A\ !H !X;"]W;W)K*]N[A=]N M8B!]$G.V*>U^^K.=$!(:F24EBE.2 M\9AFB)'EV)A:MX'E*@=M\6=.=KPR1N1!GBA]5A2WT=CH]!V1A(1"(;#|>"$S MDB2*)/?Q;P$URC658W6\|P? ZX>7#/&%.9C3Y*X[$>FP,#!21)=XFX!'NOI+B M@7J*%!*$Z[!H5]AV#!1NN:!IX2QWD,99_HE?BT!4"'2GV<$N':QS'.J%0_?8 MP3WAX!0.SK&#<!*A5SCTSG5P"P>=3#./EHZTAP6>C!C= (;.:L)4T+.f]TMPQP-MC*6*6@#F(;%23TP6@H,/Z*4+1Z81QZ M5%9KP^/=E!:T[P1*P\!;4?V%AHW!L,K6.=;> .CF36K!P-IH2M]"&NEV&4 M[TM^CE7.E@2%4WT\>C3GZ'01#Y!67<6\ [=VDHNYV*G<\9Q)4'MBH+*ESO.Q6'A$>^X M\. V6VT7 .,6U!M1/VY7$DS\QLK&2N0*R8X2%POO%MRF5L%)?&%X4*TQ M6%>>A'BVDX.9P@LL(\POU=8$-9\0cl<\MY8.(CIHKUZ#:17;XZU#\YYXP\3 M52A>Y%]9IK<+:,^9!AFNZR_6#./2M0+M4_.8"IRY?[A4.L&']0!1451*QL&!>/5 MEWZK]%2& (<|"F&M$#K>%9!C>4\U7GKY]$7Z#!]YBMR&!U8YY0K>P0,J+5Fl,8-*Y# G&BC/8(7270:CTMZZM>%E M^@7>W*.F+%=OO[>BG.C.B"IGIFR9.>^1+96H@''X.RMVRHBJN.^_IY.OG]9> MW55>A3U>D1 ^":ZW"G[G&6;?&_!-B)HXA<&/.]8K VRJ[E?'(&.;?U8;\D M49),YOZ^@],TX30=Y/2'!Q2>@5[>H:=)/&L&S!]H*.!Z"!5,%Y!CLZ0WT73 M<=@-'3?0\2"TJ4%K9!>@Q^>?H) E[^)\UZ+. !+PK;.[+WX!LS.:\!L2GIBD31L MDL%4^>]IK66S1VG>#MC8*R%9U0AKRB3L::Y#1RT3>4ZELFPKEFTLD \AQ4AP M*L'!=6U09X&L.. 6Y.-X%$V#TX]TGP)IO1WDXDR\AF+].(W;-M'*>C).[A%9YXA9>FZ36TP@Y.T2CH22%R*O!DL%3_D.+7.!MW.)N-XB!I_7I8 MGHCH^N;SDUZG^C^[AI.L>DCZ:IT> #+|\"5[06M5]L;7O!'HDEYV]+% 7!#R[YK:ZL0+EQO:>"5.RXKAJT9K7I;V^KKNXD7C7' MGZ@T94%!CFNC&HQB0T!6_68UT:)T/=Z3T*9C=,.MZ=%16@&SOQ9"'R<6H.GZ ME_\"4$L#!!0 (.TU3%H4(U'>+P< +8M : >&PO=VIR:W-H965T M3+0]Y#\0);?W&-H1P\)0*R/M&,L<;#C?GH]&+-R0%+ AOB69^&65TQ1S\4K7(:L:E!=%H30903.*+"M@\0)) G<Y< DSO"OVT R*3+R -]BA1G)*.Q7D$*%E=#A;N>8!\6;"P^#.FC^S@&4A7[O^FWRVC2X'CFP1-M24C(0006?O((-4D2B23\4\%.MC7*0L>/K^>2RB<%![<8T:N\^1K'/~Y6 Z M-!%9X5W"/^>/OY'* (4_BA7G"BO_!8VK#*$"X8SO]!*B!:6F!N\1DL9"?% M_!F\#0C'<<+>" -&@&TP)0S$&?B2Q9R=`7SX8Y/OF 2'!\T MWB|&7|@A6S.*]S9?E6V&1]KL0O QS_B&@9LL(E$38"0(V+. 7UBX@D;$@<(1# M@-PS !TXUC3HNGMQ!"D>=",#=Z@29^B @)=ZU-)^QCY6B@R;,8W 7|\+2'#+2=LBT-R M.1"QB!'Z0 ;SGW!R2>><7';OWO>QR.T^35F&Q$+0R(F4@16-$\! M*Z917DPC!L@3H6$LZ7X;9V&RB^)L#6NELMW.I++RKRB,AF^'^,(=QW'N1@]-M'.*GFL')1#$+5#//:Z U7/V+V&MPBZ#8@0#'3Z\!RL2"54Q|P CG23GB M\A4@_^QD^,!RD&DG? EE.?]!*=_^JI/NO.5&H"U0Q)9HIX[.]]HT^WS7ZM(]- M6F^.,.VGB4VPP!)8@[_)GK_)_OR>)C9YMPD66)K\#[=|S[!D>%[JDXN77A2 MS;3A234SA:.? 9WN79#PU/LIA26>F'4~]F2D\N4XMZ1RCU[<9|[%9VB?B.F_M2, ^8-F.5/.X588[:/]0ZJS/3.*LQ<|WI<6v!*%OK]/8#GNFKCCX0OHIXZ;KK M)!3T]=9.,Y!U=N[LN)^P]A. ^'C;U:AG:C'=6T0);.$W2:B7L&@5?1=H9^+3C MC(O1("..%]L+6<=9)E_$D'DFF,[(5R4KVF!75=.8O9X+_?8@L:IE:.$UN:O5 MK&N6LR5W8"T695ZN"4:&QQ@I#XS'RV@09]^Q-D"6T)D&U]G7-XKA[.'64062LM3=!EM";-5\V7U%+)<(NP\A7.7*=L<*1535L"ZW) M4:V'7:/LJ\?1- J8=&]JH#/DS9.FR<EMMH34)]H6K:U:N1Z(X$;MM_BMZDO7 M<]Q9FS6=F1+F W-SOY>.6M2Z.Z.2^%IL9H]LG@=@%%'N\N^DB$"@K6=(X)%H6 MC&J'YMU"PB1,80FON_]6:&9HU!$.5)@BD#6T++P;8=.:U5 DX.!Y$^'!+FJ_M-7.#^M)G"ZU)7RW"H5F$_WH@$CJR5.U+HR9._[=_D[BWC190FO25&MX:)2[M\YN&5.A(%%2)\F9#?R'!$'FZWA=8DJM;MT*S;/S3T0D>BD$K49#P7VAK47'5O MHDXATF$MT]%9[\.$'FZ MP*X2IS5KQ__W.+09GW-WBHA%%,5%7]0RU0G((A9F.1L=V1[5K=QK:*%MA" M.Y)8*W=H5NY(]88K)1,F&.E[G LB<"RBS^F6'!VQE M9O4.F=T6$Z3)$KRA(W?.7_ZU%9ZYV;U/RD^1,. Z8T#FC$$AF1)Y34E.Y'80 M-1"N9=9<.,IB*'IC]#9ZFB%Z,WV*I /520+I&G+0GE:SPOK.3)KXA8+7C0DZI%EN1 MYE1A[":N.G>9&]]:T% D+]A.69$Y87@NN_XGKC]%WK-7Q"NU6$R!..:$W:ZP0(MF1.@/N'\'>[M R[6Y62^"=G)4R)HI>O?"%0N5'==R'P:SHX$)K2NBNZ!C.O$C=9;R\U;C_NK]\O"BNW+:.^7IGC07F%N(8I M:S1_Q'0M.@ D9"4@G>%T7+2\+E"\^WQ.79^YSS/"T>.P1'A$H#\?IJS_G+ MBZQ@?U5[_B)02P,$% @ [35.6E;8.Z[X! 7QH :IH !X,"]W;W)K MS#211BP58 ML2#!VH=A#XQ%VTD[T2-I. [WHSXB63))RVV OB26?.XA[R'%>ZXUW5/VRM>$ M"(/"6)AF?66LA-C>VS1=KDF(^HAN2R6^6B*58R$NVLOF&$1P506EB(\<)[!3' MF36?%O<>V7Q*MR*), _+(- :^F*6;'.Y+0 S[=X!5Y)N*O MS2.35W;-$L4IR7A,.\#(0S M@E9B)P"RW\[2_BW(K7[.?/ X_O|)^1+Y&4R+)$3>Y\IBR.OGED3 M"T1DB:>)+>]*[WTF5D)_S+16C"B[|@7V+'UQ98;+F@:14L9Y#&6?D2'OU5'" 4@ M7Q.]@#4#0@T 6X5X/8=P.L"0$*9.I5"AQ_+/0IR\@<;'&Q.K=<{HE-_I&##R$1 M.$[X1XGX&=B KS$C?&H+.9.,C"%9C(+?P7(09YB0O?]PUU%>-@_'!FR<>M5<0L^S[@J?Y;]J^0U MAN=GQ0W?x 696?(PX(3MB#7_Y2<8.+ ^!I!F2+!R(K"6.5\OF%>RN3K9\.U[E MQT $[FDJST9>[6'&<+#8\KP2X.4 CG&/^%#!$ F.BG]XVLA()?;&CB=PY22P.]FP"U>AHX@:= M.#0XZ'>R4>/&K]?.9EQG.S9F\Q3SUZLE{P3$F2!RV05@6!!51F/U^D"WDY$:.MY_K=C-0XY 7JC"9U1I-ZY/$2P(^Q!DX$.SX1U5*9B:_C 0N2,M"\'<@P@2=03]Q9FS6=F1

[!V9^X7&ZR)"4G2V/$_A*4I3HD3P!"51)1.G)>DCR#Y;87X"KS4 M6[3D$M!2#T;2G+)4G%)L>Q"8B?I2_OTI>\L%>EPZW&4,O?H#F%)S&CB;/T0 MQ3"-V/C6X^#U5SMX;*

[^HF>WW*T6(R!"W#(W.][LG;!^U'#@]U6,CN>4C,3_M^QB,X=#U/H**8S!AGKR;)S\M&.]OVTN7VTN53EZ[3B4Y/$2,#C1CBDIB$S-UG-M"&,X8&X_E$C6(!<-VU,B!WM6X[)7ZV;]IOFE;5F,^US7S38+[*M^$[KC< MF,X0E; VDL$5,YYDVURW-RUV3;OY)+1I7IM'D[$52 LP[="Z)>!7;# B[/X M'U!+ P04 " #M 4Q;[#VFFU<& #B+@ &@*

*'AL+W=O&ULM9KO;YLX&,? %2LWG3;I*L'YU>[22&V@6T M5]W;[L5T M+OQP$M\ YVR3--+ ^^+.!0DB)$Z;GWK0! 'P,WP<> ^PL>;[CX(09>4*00<1XF]*

MZBR56KUW"!DL;4SD.5 11!^9:HBEM!'@60:QT1L;VC$ U<=M _RXPM;+)79X4S&[*@3U1]73T*O>64 ME)#%-)&,)TC0^57GVGWOXTL3D+7XQNA&[OQ&YE)FQ\P&W?A5;=KSHA&-% & M0?2 _9W2*#(D?1[%M!.V.<)W/W]0K _+EY?S(Q(.N717RQ4RZO.10>%=$[2 M2'WAFX^TN*'!X04\DME?M.G;CD8=%*12\;@(UF<0LR3_3YX+(78".#X0@(L MO!?0[OX(Z!4!O5.#^D5 _]13&A0!V:4[^,5GPGE$D,/@?W3P;WF"Z)VBOOQ%{&[?W2G>@0&41@Y*/0=6/&*]*F"]-,06)IIGE-LEDI;66#A'F0.!\(5DO%19F*'^N >,^EW!L%O]-K M-NA_75@%V@GX7D%F!A'F0.!]*

*(5LO*99F52^L#\[FL+=-E<2NK23!3*C(\NS(]C M?!B>*9MZ+.M'Z6?>N"EEUM[-INSR57'\# ;]S_$F/M !U>1UNY4AZ;83.!L& MM9HK7>M535:R$)3F.T:+PO,^VD!+USE M"T,/!041*C>0-^4YD/1ZKFI.*MK]5J3>[K03])N5=H0$>9C -=?C@$"Z<*GM MH.EZ0=^=%@\'>S/"[?T46LL/ZD2A.'7Y*R_JVLWHOOQG.$4%XZ$90%9D.W8U MRFZGN@.TI40TO>F.VD-,)P.2YD/1ZLFHC*K@=*[*W!+$P#1L06>,F^Y6\$)<'R M#'U>,.T'XI6STWE MO%V!].XFOMG[68GF+&\UWUC!5.":C!+FB[D[ ]-N3W_W#5;F6K7:L_G'QB*

*MSSO!ZW.T_?:$/E(2]:5 ^),2*BVRB>X:H'L.C\T:A00TV*.T*[?E0M'],*!/M M7H+7*5 G#4KS0&D^%*W^W:LRZ/A4@WZL3ME!:5."7]MJO.>\03OTH6AUG2N3 MCNTF_G10*

*MF@=*X]%7Ju<Q4'AW;/7]+D@7Z_)B@64L6]'F'HM5ULKPXMMME:\EZ4CSXL>21-M>9M[>OD"_5H,2O- ;3X4K9ZXMBW4@PB'?*VERE,&#(!*=YU3\&4/&M0+/M78#TW2Y4GK #H<%7+<(,U&/Q*

*M(+!GURO)F@.3*6=$P&)D7;F7T4#;&X,?*6SE7IOH2.:;+>2;-EVQ+V\"W2+R6BN<5&%>0IZS\TY=*ASV &QP!>!7 >PWH M'P'X%<_%="O*

*'VC3!F*T2&BBH9#P.=$;&MDTPTCID%C^"G3VSY3 F=3Q*EP M!DO<1$6F4"\44K8DG\@!%8+]!2 2(E TS>1"!)6EY=!6Z%:#!;AR.2Y=>$=<.MN!ZYXTRM)/G*$D@.*6Q<.[UH;!2HL=?*&$'<{IY1CS'ZSBDD0"/2 $B/0+.^E&2NLY?+3L]GJBMBKCL?=>7$R@!.E<)GYF]GR':M'Z^+HRM0$K);'6#25 &PO=V]R:W-H*

*M965TE]5RW;T^N^_[S:N+BVYQKU95]WVS4>OA7VZ;=E7UPZ_MW46W M;55ULSUHM,R0OA]?K*IZ?79UN7WM?7MUV3STRWJMWK=>]f!.:5>VO,]6R^?SZ*

M3)SM7_BYOKOOQQ]767=VLO5;=OCY(/U25 M0D3C$5O)_],]7V[]^^&L^5IVZ;I;_]&_Z^]=GZ9EWHVZKAV7_<_/Y MKVKW%VT_X)9=MO_>I]W6O_,6SQT?;/:'3Q\@E6]?*

OQ_]657B8.#(DPY0.X. MD.8!<^\0[X(3GV'<'= >.H!T>Z>Z'0#XMT!\:,VC\7:5CJO^NKJLFT^>^VH M'FCC#]OFVAX]%+A>CUWK0]_ UH/Q_577)3=T%%ZIV>U:=]^7MJYV//BV:.]

*MJ]=UM6W\YM8KZW4UO%(MO1]4U3VTJAM?W1W:>7WC733?KEG6-U6O:KS_:?IJ MV7G?Y:JOZF7W1^_W7KWV?]B7RX'775[TPPQR7_-WDB7E:O&]%X@_>=+*7H?2'W-M#*

*[GWW>__2/UA/.:#V@P8?X<9.DNKJ+\.\UF*TS$!@RE/QT@:,ZEX\-31@RTW M.+FCOUL_CLQC'_^_OPUR[UVO5MW_4_WSD1W2[''X?]5MJH5Z?3:,[YU]/ZFS MJS_\3L3^GZDV1<)R)*Q PDH0;-+:X5-KQSQ]ZF?U2?AF']MFU6OG0J]83 MC%Z/ Z1J3R3&();IV.1*6\^8#<<WRZ"\(_CN++BT^'K4?(HCB6P516$C(I*

M8IDiR285CYX['K$5_W&8!M7K3ZKKMU^S>KT8"NU]MVRZCAH%WK(TUVHC8?DC-M+,#ZHCQ214<3"%@E+5-JB-$CI.L=/98[9.F\/K<,<[K%{4X5ECW)NK+^M_#:&91-M.>JQZ'?#1+U[f-

&[M.LVK7T2%B>$`TU.>IN:\[#$\"5A"B0/EWS]*GF*5OS MZZ,KQ_GDIFUN:A,#?'*825*SM+VF.&\O4+/#$A$XF?I4.1.9G(`MXC23=)FSIS)C;)G`.G3H_G[HSJWR%D/)R=B6&*

*G+,VK$?=85@);9E.2Q# MLOQ;]D3X24 76/C;3/L)-V3IMV.!6FV'X6#TZI `%;C<7W:AV.P5=+!)3H MH1:,"JH9_K';SE,?3Z6O2-OD(YL+2LNAM)*X&T3;]H7ZKOZX5%XUG%SH;R,/=&YK)"W?*

*T:,CGXR,KR:A$IEQ]$!*E:31S%=3 MZIK+H _3ZY3^>"XG]\W2G*N-1.4[VN0D;) ,"95],B=$LZ=SH:VV8+W=U9Q% MOQ[KAZ[]WFKEMOQK&^K=5?*

MXL3US=CGU5W[^!68/1OQ[^/<"E#CO:_-^GQH MV@1'%)]S@A+UN:.MI:VR...:5N[X=YET/[7BV6=Q7[=W.=P+]D&T?$/G;U35VU*

*M)4ROAEIF**T7MLVU22GU44A*2]$*0FRYJKROXL_R38;.(XD+,.)26"\(^1\), MC F5'\>S%E.2LB2+0KK&4KMeter=F[JW?#%'#Y4WI)=FH=4?6F$>XUAA*RW>T MR7<\BXPPIZ!4L:DJ*=5A?*

C0ML7::DG>;^_%"5>WRU_$ZR"CAZGY_39^&.;/ M&_6Q)\L_9M06BYM@W@>9F8.1*C,H8.53 NN:,:D;>9/_;UfF3&#/JRYL%!? M*0E?F9E3:$[46KV9+2A_5,+M0^TM.??5E3(X_U>_] M%[+D4!,)I>72]H>Q^*TAQ%;)87YL#M.$+$]#>;JVA]*WA_F:OA+%KM(<[3N-MU4%\118T5YY$KJP^KC,(:,LfMQ-M04?W)V^SK:,K,;9:-ML(^;?9I1YO>;9S[8EKH8DQTN;0MRR@M!)%FS:E=]"2*

*M=Z 2U+H>C "/34]/$_G#G5L+:C]AM)**U&T:;_]PRN3;`HRCX0:9B@#AA[=T M*U$T:,=+)MU>9I9=YV\V(/5^C8$)QK_V+L+2LNAM)*X&T3;]H7ZKOZX5%XUG%SH;R,/=&YK)"W?*

*T:,CGXR,KR:A$IEQ]$!*E:31S%=3 MZIK+H _3ZY3^>"XG]\W2G*N-1.4[VN0D;) ,"95].B=$LZ=SH:VV8+W=U9Q% MOQ[KAZ[]WFKEMOQK&^K=5?*

MXL3US=CGU5W[^!68/1OQ[^/<"E#CO:_-^GQH MV@1'%)]S@A+UN:.MI:VR...:5N[X=YET/[7BV6=Q7[=W.=P+]D&T?$/G;U35VU*

*M)4ROAEIF**T7MLVU22GU44A*2]$*0FRYJKROXL_R38;.(XD+,.)26"\(^1\), MC F5'\>S%E.2LB2+0KK&4KMeter=F[JW?#%'#Y4WI)=FH=4?6F$>XUAA*RW>T MR7<\BXPPIZ!4L:DJ*=5A?*

C0ML7::DG>;^_%"5>WRU_$ZR"CAZGY_39^&.;/ M&_6Q)\L_9M06BYM@W@>9F8.1*C,H8.53 NN:,:D;>9/_;UfF3&#/JRYL%!? M*0E?F9E3:$[46KV9+2A_5,+M0^TM.??5E3(X_U>_] M%[+D4!,)I>72]H>Q^*TAQ%;)87YL#M.$+$]#>;JVA]*WA_F:OA+%KM(<[3N-MU4%\118T5YY$KJP^KC,(:,LfMQ-M04?W)V^SK:,K,;9:-ML(^;?9I1YO>;9S[8EKH8DQTN;0MRR@M!)%FS:E=]"2*

*M=Z 2U+H>C "/34]/$_G#G5L+:C]AM)**U&T:;_]PRN3;`HRCX0:9B@#AA[=T M*U$T:,=+)MU>9I9=YV\V(/5^C8$)QK_V+L+2LNAM)*X&T3;]H7ZKOZX5%XUG%SH;R,/=&YK)"W?*

*T:;

black; } /* Odd rows... */ .report .ro, .report .rou { background-color: white; } .report .rou td { border-bottom: 1px solid black; } .report .rou table td, .report .reu table td { border-bottom: 0px solid black; } /* styles for footnote marker */ .report .fn { white-space: nowrap; } /* styles for numeric types */ .report .num, .report .nump { text-align: right; white-space: nowrap; } .report .nump { padding-left: 2em; } .report .nump { padding: 0px 0.4em 0px 2em; } /* styles for text types */ .report .text { text-align: left; white-space: normal; } .report .text .big { margin-bottom: 1em; width: 17em; } .report .text .more { display: none; } .report .text .note { font-style: italic; font-weight: bold; } .report .text .small { width: 10em; } .report sup { font-style: italic; } .report .outerFootnotes { font-size: 1em; } XML 166 FilingSummary.xml IDEA: XBRL DOCUMENT 3.25.0.1 html10487921true2540false16 falsefalseR1.htm0000001 - Document - Cover PageSheethttp://www.cvshealth.com/role/CoverPageCover PageCover1 falsefalseR2.htm0000002 - 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Disclosure - Significant Accounting Policies (Policies)Sheethttp://www.cvshealth.com/role/SignificantAccountingPoliciesPoliciesSignificant Accounting Policies (Policies)Policieshttp://www.cvshealth.com/role/SignificantAccountingPolicies34 falsefalseR35.htm9955512 - Disclosure - Significant Accounting Policies (Tables)Sheethttp://www.cvshealth.com/role/SignificantAccountingPoliciesTablesSignificant Accounting Policies (Tables)Tableshttp://www.cvshealth.com/role/SignificantAccountingPolicies35 falsefalseR36.htm9955513 - Disclosure - Acquisitions, Divestitures and Asset Sales (Tables)Sheethttp://www.cvshealth.com/role/AcquisitionsDivestituresandAssetSalesTablesAcquisitions, Divestitures and Asset Sales (Tables)Tableshttp://www.cvshealth.com/role/AcquisitionsDivestituresandAssetSales36 falsefalseR37.htm9955514 - Disclosure - Investments (Tables)Sheethttp://www.cvshealth.com/role/InvestmentsTablesInvestments (Tables)Tableshttp://www.cvshealth.com/role/Investments37 falsefalseR38.htm9955515 - 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the balance sheet date of obligations incurred (and for which invoices have typically been received) and payable to vendors for goods and services received that are used in an entity's business. Used to reflect the current portion of the liabilities (due within one year or within the normal operating cycle if longer)." } } }, "auth_ref": ["r37", "r138"] }, "us-gaap_AccountsReceivableNetCurrent": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AccountsReceivableNetCurrent", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/ConsolidatedBalanceSheets": { "parentTag": "us-gaap_AssetsCurrent", "weight": 1.0, "order": 4.0 }, "http://www.cvshealth.com/role/SignificantAccountingPoliciesAccountsReceivableDetails": { "parentTag": null, "weight": null, "order": null, "root": true } }, "presentation": ["http://www.cvshealth.com/role/ConsolidatedBalanceSheets", "http://www.cvshealth.com/role/SignificantAccountingPoliciesAccountsReceivableDetails"], "lang": { "en-us": { "role": { "terseLabel": "Accounts receivable, net", "totalLabel": "Total accounts receivable, net", "label": "Accounts Receivable, after Allowance for Credit Loss, Current", "documentation": "Amount, after allowance for credit loss, of right to consideration from customer for product sold and service rendered in normal course of business, classified as current." } } }, "auth_ref": ["r1566"] }, "us-gaap_AccruedLiabilitiesCurrent": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AccruedLiabilitiesCurrent", "crdr": "credit", "calculation": { "http://www.cvshealth.com/role/ConsolidatedBalanceSheets": { "parentTag": "us-gaap_LiabilitiesCurrent", "weight": 1.0, "order": 4.0 } }, "presentation": ["http://www.cvshealth.com/role/ConsolidatedBalanceSheets"], "lang": { "en-us": { "role": { "terseLabel": "Accrued expenses and other current liabilities", "label": "Accrued Liabilities, Current", "documentation": "Carrying value as of the balance sheet date of obligations incurred and payable, pertaining to costs that are statutory in nature, are incurred on contractual

obligations, or accumulate over time and for which invoices have not yet been received or will not be rendered. Examples include taxes, interest, rent and utilities. Used to reflect the current portion of the liabilities (due within one year or within the normal operating cycle if longer)." } } }, "auth_ref": ["r141"] }, "us-gaap_AccumulatedDefinedBenefitPlansAdjustmentNetGainLossIncludingPortionAttributableToNoncontrollingInterestMember": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AccumulatedDefinedBenefitPlansAdjustmentNetGainLossIncludingPortionAttributableToNoncontrollingInterestMember", "presentation": ["http://www.cvshealth.com/role/OtherComprehensiveIncomeLossDetails"], "lang": { "en-us": { "role": { "terseLabel": "Pension and other postretirement benefits", "label": "Accumulated Defined Benefit Plans Adjustment, Net Gain (Loss) Including Portion Attributable to Noncontrolling Interest [Member]", "documentation": "Accumulated other comprehensive income (loss) related to gain (loss) component of defined benefit plans including the portion attributable to the noncontrolling interest." } } }, 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Excludes net income (loss), and accumulated changes in equity from transactions resulting from investments by owners and distributions to owners." } } }, "auth_ref": ["r3", "r26", "r39", "r880", "r883", "r972", "r1118", "r1119", "r1535", "r1536", "r1537", "r1554", "r1555", "r1556", "r1558"] }, "us-gaap_AcquiredFiniteLivedIntangibleAssetsWeightedAverageUsefulLife": { "xbrltype": "durationItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AcquiredFiniteLivedIntangibleAssetsWeightedAverageUsefulLife", "presentation": ["http://www.cvshealth.com/role/AcquisitionsDivestituresandAssetSalesSummaryofFairValuesandWeightedAverageUsefulLivesforIntangibleAssetsAcquiredDetails"], "lang": { "en-us": { "role": { "terseLabel": "Weighted Average Useful Life (years)", "label": "Acquired Finite-Lived Intangible Assets, Weighted Average Useful Life", "documentation": "Weighted average amortization period of finite-lived intangible assets acquired either individually or as part of a group of assets, in 'PnYnMnDTnHnMnS' format, for example, 'P1Y5M13D' represents the reported fact of one year, five months, and thirteen days." } } }, "auth_ref": ["r568", "r1272"] }, "cvs_ActivityInMortgageLoanPortfolioTableTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "ActivityInMortgageLoanPortfolioTableTextBlock", "presentation": ["http://www.cvshealth.com/role/InvestmentsTables"], "lang": { "en-us": { "role": { "verboseLabel": "Schedule of Activity in Mortgage Loan Portfolio", "label": "Activity In Mortgage Loan Portfolio [Table Text Block]", "documentation": "Table representing activities in mortgage loan portfolio during the period." } } }, "auth_ref": [] }, "ecd_Additional402vDisclosureTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://xbrl.sec.gov/ecd/2024", "localname": "Additional402vDisclosureTextBlock", "presentation": ["http://xbrl.sec.gov/ecd/role/PvpDisclosure"], "lang": { "en-us": { "role": { "terseLabel": 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Excludes amount capitalized." } } }, "auth_ref": ["r791", "r800"] }, "us-gaap_AllowanceForDoubtfulAccountsReceivable": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AllowanceForDoubtfulAccountsReceivable", "crdr": "credit", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesNarrativeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Allowance for credit losses", "label": "Accounts Receivable, Allowance for Credit Loss", "documentation": "Amount of allowance for credit loss on accounts receivable." } } }, "auth_ref": ["r326", "r463", "r515", "r519", "r520", "r1730"] }, "dei_AmendmentFlag": { "xbrltype": "booleanItemType", "nsuri": "http://xbrl.sec.gov/dei/2024", "localname": "AmendmentFlag", "presentation": ["http://www.cvshealth.com/role/CoverPage"], "lang": { "en-us": { "role": { "terseLabel": "Amendment Flag", "label": "Amendment Flag", "documentation": "Boolean flag that is true when the XBRL content amends previously-filed or accepted submission." } } }, "auth_ref": [] }, "us-gaap_AmortizationOfIntangibleAssets": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AmortizationOfIntangibleAssets", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/SegmentReportingReconciliationofFinancialMeasuresofSegmentstoConsolidatedTotalsDetails": { "parentTag": "us-gaap_OperatingIncomeLoss", "weight": -1.0, "order": 2.0 } }, "presentation": ["http://www.cvshealth.com/role/AcquisitionsDivestituresandAssetSalesNarrativeDetails", "http://www.cvshealth.com/role/GoodwillandOtherIntangibleAssetsNarrativeDetails", "http://www.cvshealth.com/role/SegmentReportingReconciliationofFinancialMeasuresofSegmentstoConsolidatedTotalsDetails"], "lang": { "en-us": { "role": { "verboseLabel": "Intangible asset amortization since acquisition date", "terseLabel": "Amortization of intangible assets", "label": "Amortization of Intangible Assets", "documentation": "The aggregate expense charged against earnings to allocate the cost of intangible assets (nonphysical assets not used in production) in a systematic and rational manner to the periods expected to benefit from such assets. As a noncash expense, this element is added back to net income when calculating cash provided by or used in operations using the indirect method." } } }, "auth_ref": ["r14", "r565", "r572", "r1303"] }, "us-gaap_AntidilutiveSecuritiesExcludedFromComputationOfEarningsPerShareAmount": { "xbrltype": "sharesItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AntidilutiveSecuritiesExcludedFromComputationOfEarningsPerShareAmount", "presentation": ["http://www.cvshealth.com/role/EarningsPerShareDetails"], "lang": { "en-us": { "role": { "verboseLabel": "Antidilutive securities excluded from computation of EPS (in shares)", "label": "Antidilutive Securities Excluded from Computation of Earnings Per Share, Amount", "documentation": "Securities (including those issuable pursuant to contingent stock agreements) that could potentially dilute basic earnings per share (EPS) or earnings per unit (EPU) in the future that were not included in the computation of diluted EPS or EPU because to do so would increase EPS or EPU amounts or decrease loss per share or unit amounts for the period presented." } } }, "auth_ref": ["r409"] }, "us-gaap_AntidilutiveSecuritiesExcludedFromComputationOfEarningsPerShareByAntidilutiveSecuritiesAxis": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AntidilutiveSecuritiesExcludedFromComputationOfEarningsPerShareByAntidilutiveSecuritiesAxis", "presentation": ["http://www.cvshealth.com/role/EarningsPerShareDetails"], "lang": { "en-us": { "role": { "terseLabel": "Antidilutive Securities [Axis]", "label": "Antidilutive Securities [Axis]", "documentation": "Information by type of antidilutive security." } } }, "auth_ref": ["r49"] }, "us-gaap_AntidilutiveSecuritiesExcludedFromComputationOfEarningsPerShareLineItems": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AntidilutiveSecuritiesExcludedFromComputationOfEarningsPerShareLineItems", "presentation": ["http://www.cvshealth.com/role/EarningsPerShareDetails"], "lang": { "en-us": { "role": { "terseLabel": "Antidilutive Securities Excluded from Computation of Earnings Per Share [Line

Items]", "label": "Antidilutive Securities Excluded from Computation of Earnings Per Share [Line Items]", "documentation": "Line items represent financial concepts included in a table. 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Excludes net income (loss), and accumulated changes in equity from transactions resulting from investments by owners and distributions to owners." } } }, "auth_ref": ["r3", "r26", "r39", "r1535", "r1536", "r1537"] }, "us-gaap_AociLiabilityForFuturePolicyBenefitExpectedFuturePolicyBenefitBeforeTax": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AociLiabilityForFuturePolicyBenefitExpectedFuturePolicyBenefitBeforeTax", "crdr": "credit", "calculation": { "http://www.cvshealth.com/role/OtherInsuranceLiabilitiesandSeparateAccountsChangesinLiabilityforFuturePolicyBenefitsDetails": { "parentTag": "us-gaap_LiabilityForFuturePolicyBenefitExpectedFuturePolicyBenefitOriginalDiscountRateBeforeCashFlowAndReinsurance", "weight": 1.0, "order": 1.0 }, "http://www.cvshealth.com/role/HealthCareCostsPayableComponentsofChangeinHealthCareCostsPayableDetails": { "parentTag": "us-gaap_LiabilityForUnpaidClaimsAndClaimsAdjustmentExpenseNet", "weight": 1.0, "order": 2.0 } }, "presentation": ["http://www.cvshealth.com/role/HealthCareCostsPayableComponentsofChangeinHealthCareCostsPayableDetails", "http://www.cvshealth.com/role/OtherInsuranceLiabilitiesandSeparateAccountsChangesinLiabilityforFuturePolicyBenefitsDetails"], "lang": { "en-us": { "role": { "negatedPeriodStartLabel": "Less: Impact of discount rate on long-duration insurance reserves", "negatedPeriodEndLabel": "Add: Impact of discount rate on long-duration insurance reserves", "negatedTerseLabel": "Effect of changes in discount rate assumptions", "label": "AOCI, Liability for Future Policy Benefit, Expected Future Policy Benefit, before Tax", "documentation": "Amount, before tax, of accumulated other comprehensive income (loss) (AOCI) from (increase) decrease in expected future policy benefit component of liability for future policy benefit from change in discount rate." } } }, "auth_ref": ["r1362", "r1364", "r1755", "r1772"] }, "us-gaap_AociLiabilityForFuturePolicyBenefitExpectedNetPremiumBeforeTax": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AociLiabilityForFuturePolicyBenefitExpectedNetPremiumBeforeTax", "crdr": "credit", "calculation": { "http://www.cvshealth.com/role/OtherInsuranceLiabilitiesandSeparateAccountsChangesinLiabilityforFuturePolicyBenefitsDetails": { "parentTag": "us-gaap_LiabilityForFuturePolicyBenefitExpectedNetPremiumOriginalDiscountRateBeforeCashFlowAndReinsurance", "weight": 1.0, "order": 2.0 } }, "presentation": ["http://www.cvshealth.com/role/OtherInsuranceLiabilitiesandSeparateAccountsChangesinLiabilityforFuturePolicyBenefitsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Effect of changes in discount rate assumptions", "label": "AOCI, Liability for Future Policy Benefit, Expected Net Premium, before Tax", "documentation": "Amount, before tax, of accumulated other comprehensive income (loss) (AOCI) from increase (decrease) in expected net premium component of liability for future policy benefit from change in discount rate." } } }, "auth_ref": ["r1362", "r1364", "r1755", "r1772"] }, "us-gaap_AssetBackedSecuritiesMember": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AssetBackedSecuritiesMember", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsFairValueofPensionPlanAssetsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Other asset-backed securities", "label": "Asset-Backed Securities [Member]", "documentation": "Securities that are primarily serviced by the cash flows of a discrete pool of receivables or other financial assets for example, but not limited to, credit card receivables, car loans, recreational vehicle loans, and mobile home loans." } } }, "auth_ref": ["r1318", "r1353", "r1576", "r1582", "r1583"] }, "us-gaap_AssetImpairmentCharges": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AssetImpairmentCharges", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/RestructuringDetails": { "parentTag": "us-gaap_RestructuringCostsAndAssetImpairmentCharges", "weight": 1.0, "order": 1.0 }, "http://www.cvshealth.com/role/SignificantAccountingPoliciesNarrativeDetails": { "parentTag": null, "weight": null, "order": null, "root": true } }, "presentation": ["http://www.cvshealth.com/role/RestructuringDetails", "http://www.cvshealth.com/role/SignificantAccountingPoliciesNarrativeDetails"], "lang": { "en-us": { "role": { "totalLabel": "Asset impairment charges", "verboseLabel": "Asset impairment charges", "label": "Asset Impairment Charges", "documentation": "Amount of write-down of assets recognized in the income statement. Includes, but is not limited to, losses from tangible assets, intangible assets and goodwill." } } }, "auth_ref": ["r14", "r63"] }, "us-gaap_Assets": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "Assets", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/ConsolidatedBalanceSheets": { "parentTag": null, "weight": null, "order": null, "root": true } }, "presentation": ["http://www.cvshealth.com/role/ConsolidatedBalanceSheets", "http://www.cvshealth.com/role/SignificantAccountingPoliciesVariableInterestEntitiesBalancesDetails"], "lang": { "en-us": { "role": { "totalLabel": "Total assets", "verboseLabel": "Total assets", "label": "Assets", "documentation": "Amount of asset recognized for present right to economic benefit." } } }, "auth_ref": ["r215", "r235", "r323", "r367", "r414", "r420", "r445", "r449", "r501", "r609", "r610", "r612", "r613", "r614", "r615", "r616", "r618", "r619", "r866", "r872", "r929", "r1040", "r1190", "r1291", "r1292", "r1352", "r1301", "r1632", "r1633", "r1710"] }, "us-gaap_AssetsAbstract": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AssetsAbstract", "presentation": ["http://www.cvshealth.com/role/ConsolidatedBalanceSheets"], "lang": { "en-us": { "role": { "terseLabel": "Assets:", "label": "Assets [Abstract]" } } }, "auth_ref": [] }, "us-gaap_AssetsCurrent": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AssetsCurrent", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/ConsolidatedBalanceSheets": { "parentTag": "us-gaap_Assets", "weight": 1.0, "order": 1.0 } }, "presentation": ["http://www.cvshealth.com/role/ConsolidatedBalanceSheets"], "lang": { "en-us": { "role": { "totalLabel": "Total current assets", "label": "Assets, Current", "documentation": "Amount of asset recognized for present right to economic benefit, classified as current." } } }, "auth_ref": ["r315", "r330", "r367", "r501", "r609", "r610", "r612", "r613", "r614", "r615", "r616", "r618", "r619", "r866", "r872", "r929", "r1352", "r1632", "r1633", "r1710"] }, "us-gaap_AssetsFairValueDisclosure": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AssetsFairValueDisclosure", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/FairValueMeasurementonaRecurringBasisDetails": { "parentTag": null, "weight": null, "order": null, "root": true } }, "presentation": ["http://www.cvshealth.com/role/FairValueMeasurementonaRecurringBasisDetails"], "lang": { "en-us": { "role": { "totalLabel": "Total", "label": "Assets, Fair Value Disclosure", "documentation": "Fair value portion of asset recognized for present right to economic benefit." } } }, "auth_ref": ["r900", "r901", "r1337"] }, "us-gaap_AssetsHeldByInsuranceRegulators": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AssetsHeldByInsuranceRegulators", "crdr": "debit", 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Excludes interim and annual periods when interim periods are reported from current statement of financial position date (rolling approach)." } } }, "auth_ref": ["r1579"] }, "us-gaap_AvailableForSaleSecuritiesDebtMaturitiesAfterFiveThroughTenYearsFairValue": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AvailableForSaleSecuritiesDebtMaturitiesAfterFiveThroughTenYearsFairValue", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/InvestmentsDebtSecuritiesbyMaturityDetails": { "parentTag": "us-gaap_AvailableForSaleSecuritiesDebtSecurities", "weight": 1.0, "order": 3.0 } }, "presentation": ["http://www.cvshealth.com/role/InvestmentsDebtSecuritiesbyMaturityDetails"], "lang": { "en-us": { "role": { "terseLabel": "After five years through ten years", "label": "Debt Securities, Available-for-Sale, Fair Value, Maturity, Allocated and Single Maturity Date, after Year 5 Through 10", "documentation": "Fair value of investment in debt security measured at fair value with change in fair value recognized in other comprehensive income (available-for-sale), with single maturity date and allocated without single maturity date, maturing in sixth through tenth fiscal year following current fiscal year. Excludes interim and annual periods when interim periods are reported from current statement of financial position date (rolling approach)." } } }, "auth_ref": ["r478", "r1031"] }, "us-gaap_AvailableForSaleSecuritiesDebtMaturitiesAfterOneThroughFiveYearsAmortizedCost": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AvailableForSaleSecuritiesDebtMaturitiesAfterOneThroughFiveYearsAmortizedCost", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/InvestmentsDebtSecuritiesbyMaturityDetails": { "parentTag": "us-gaap_DebtSecuritiesAvailableForSaleAmortizedCostAfterAllowanceForCreditLoss", "weight": 1.0, "order": 5.0 } }, "presentation": ["http://www.cvshealth.com/role/InvestmentsDebtSecuritiesbyMaturityDetails"], "lang": { "en-us": { "role": { "terseLabel": "One year through five years", "label": "Debt Securities, Available-for-Sale, Amortized Cost, Maturity, Allocated and Single Maturity Date, after Year One Through Five", "documentation": "Amortized cost of investment in debt security measured at fair value with change in fair value recognized in other comprehensive income (available-for-sale), with single maturity date and allocated without single maturity date, maturing in second through fifth fiscal year following current fiscal year. Excludes interim and annual periods when interim periods are reported from current statement of financial position date (rolling approach)." } } }, "auth_ref": ["r1578"] }, "us-gaap_AvailableForSaleSecuritiesDebtMaturitiesAfterOneThroughFiveYearsFairValue": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AvailableForSaleSecuritiesDebtMaturitiesAfterOneThroughFiveYearsFairValue", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/InvestmentsDebtSecuritiesbyMaturityDetails": { "parentTag": "us-gaap_AvailableForSaleSecuritiesDebtSecurities", "weight": 1.0, "order": 2.0 } }, "presentation": ["http://www.cvshealth.com/role/InvestmentsDebtSecuritiesbyMaturityDetails"], "lang": { "en-us": { "role": { "terseLabel": "One year through five years", "label": "Debt Securities, Available-for-Sale, Fair Value, Maturity, Allocated and Single Maturity Date, after Year One Through Five", "documentation": "Fair value of investment in debt security measured at fair value with change in fair value recognized in other comprehensive income (available-for-sale), with single maturity date and allocated without single maturity date, maturing in second through fifth fiscal year following current fiscal year. Excludes interim and annual periods when interim periods are reported from current statement of financial position date (rolling approach)." } } }, "auth_ref": ["r477", "r1030"] }, "us-gaap_AvailableForSaleSecuritiesDebtMaturitiesAfterTenYearsAmortizedCost": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AvailableForSaleSecuritiesDebtMaturitiesAfterTenYearsAmortizedCost", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/InvestmentsDebtSecuritiesbyMaturityDetails": { "parentTag": "us-gaap_DebtSecuritiesAvailableForSaleAmortizedCostAfterAllowanceForCreditLoss", "weight": 1.0, "order": 4.0 } }, "presentation": ["http://www.cvshealth.com/role/InvestmentsDebtSecuritiesbyMaturityDetails"], "lang": { "en-us": { "role": { "terseLabel": "Greater than ten years", "label": "Debt Securities, Available-for-Sale, Amortized Cost, Maturity, Allocated and Single Maturity Date, after Year 10", "documentation": "Amortized cost of investment in debt security measured at fair value with change in fair value recognized in other comprehensive income (available-for-sale), with single maturity date and allocated without single maturity

~~date, maturing after tenth fiscal year following current fiscal year. Excludes interim and annual periods when interim periods are reported from current statement of financial position date (rolling approach)." } } }, "auth_ref": ["r1580"] }, "us-gaap_AvailableForSaleSecuritiesDebtMaturitiesAfterTenYearsFairValue": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AvailableForSaleSecuritiesDebtMaturitiesAfterTenYearsFairValue", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/InvestmentsDebtSecuritiesbyMaturityDetails": { "parentTag": "us-gaap_AvailableForSaleSecuritiesDebtSecurities", "weight": 1.0, "order": 4.0 } }, "presentation": ["http://www.cvshealth.com/role/InvestmentsDebtSecuritiesbyMaturityDetails"], "lang": { "en-us": { "role": { "terseLabel": "Greater than ten years", "label": "Debt Securities, Available-for-Sale, Fair Value, Maturity, Allocated and Single Maturity Date, after Year 10", "documentation": "Fair value of investment in debt security measured at fair value with change in fair value recognized in other comprehensive income (available-for-sale), with single maturity date and allocated without single maturity date, maturing after tenth fiscal year following current fiscal year. Excludes interim and annual periods when interim periods are reported from current statement of financial position date (rolling approach)." } } }, "auth_ref": ["r479", "r1032"] }, "us-gaap_AvailableForSaleSecuritiesDebtMaturitiesFairValueAbstract": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AvailableForSaleSecuritiesDebtMaturitiesFairValueAbstract", "presentation": ["http://www.cvshealth.com/role/InvestmentsUnrealizedLossPositionMaturitiesDetails"], "lang": { "en-us": { "role": { "terseLabel": "Fair Value", "label": "Debt Securities, Available-for-Sale, Fair Value, Fiscal Year Maturity [Abstract]" } } }, "auth_ref": [] }, "us-gaap_AvailableForSaleSecuritiesDebtMaturitiesSingleMaturityDateAbstract": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AvailableForSaleSecuritiesDebtMaturitiesSingleMaturityDateAbstract", "presentation": ["http://www.cvshealth.com/role/InvestmentsDebtSecuritiesbyMaturityDetails"], "lang": { "en-us": { "role": { "terseLabel": "Fair Value", "label": "Debt Securities, Available-for-Sale, Maturity, Allocated and Single Maturity Date, Fair Value [Abstract]" } } }, "auth_ref": [] }, "us-gaap_AvailableForSaleSecuritiesDebtMaturitiesSingleMaturityDateAmortizedCostBasisAbstract": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AvailableForSaleSecuritiesDebtMaturitiesSingleMaturityDateAmortizedCostBasisAbstract", "presentation": ["http://www.cvshealth.com/role/InvestmentsDebtSecuritiesbyMaturityDetails"], "lang": { "en-us": { "role": { "terseLabel": "Amortized Cost", "label": "Debt Securities, Available-for-Sale, Maturity, Allocated and Single Maturity Date, Amortized Cost [Abstract]" } } }, "auth_ref": [] }, "us-gaap_AvailableForSaleSecuritiesDebtMaturitiesWithinOneYearAmortizedCost": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AvailableForSaleSecuritiesDebtMaturitiesWithinOneYearAmortizedCost", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/InvestmentsDebtSecuritiesbyMaturityDetails": { "parentTag": "us-gaap_DebtSecuritiesAvailableForSaleAmortizedCostAfterAllowanceForCreditLoss", "weight": 1.0, "order": 3.0 } }, "presentation": ["http://www.cvshealth.com/role/InvestmentsDebtSecuritiesbyMaturityDetails"], "lang": { "en-us": { "role": { "terseLabel": "Less than one year", "label": "Debt Securities, Available-for-Sale, Amortized Cost, Maturity, Allocated and Single Maturity Date, Year One", "documentation": "Amortized cost of investment in debt security measured at fair value with change in fair value recognized in other comprehensive income (available-for-sale), with single maturity date and allocated without single maturity date, maturing in next fiscal year following current fiscal year. Excludes interim and annual periods when interim periods are reported from current statement of financial position date (rolling approach)." } } }, "auth_ref": ["r1577"] }, "us-gaap_AvailableForSaleSecuritiesDebtMaturitiesWithinOneYearFairValue": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "AvailableForSaleSecuritiesDebtMaturitiesWithinOneYearFairValue", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/InvestmentsDebtSecuritiesbyMaturityDetails": { "parentTag": "us-gaap_AvailableForSaleSecuritiesDebtSecurities", "weight": 1.0, "order": 1.0 } }, "presentation": ["http://www.cvshealth.com/role/InvestmentsDebtSecuritiesbyMaturityDetails"], "lang": { "en-us": { "role": { "terseLabel": "Less than one year", "label": "Debt Securities, Available-for-Sale, Fair Value, Maturity, Allocated and Single Maturity Date, Year One", "documentation": "Fair value of investment in debt security measured at fair value with change in fair value recognized in other comprehensive income (available-for-sale), with single maturity date and allocated without single maturity date, maturing in next fiscal year following current fiscal year. 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Includes other kinds of accounts that have the general characteristics of demand deposits. Also includes short-term, highly liquid investments that are both readily convertible to known amounts of cash and so near their maturity that they present insignificant risk of changes in value because of changes in interest rates." } } }, "auth_ref": ["r92"] }, "us-gaap_BusinessCombinationRecognizedIdentifiableAssetsAcquiredAndLiabilitiesAssumedCurrentAssetsMarketableSecurities": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "BusinessCombinationRecognizedIdentifiableAssetsAcquiredAndLiabilitiesAssumedCurrentAssetsMarketableSecurities", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/AcquisitionsDivestituresandAssetSalesScheduleofFairValuesofAssetsAcquiredandLiabilitiesAssumedDetails": { "parentTag": "us-gaap_BusinessCombinationRecognizedIdentifiableAssetsAcquiredAndLiabilitiesAssumedAssets", "weight": 1.0, "order": 8.0 } }, "presentation": ["http://www.cvshealth.com/role/AcquisitionsDivestituresandAssetSalesScheduleofFairValuesofAssetsAcquiredandLiabilitiesAssumedDetails"], "lang": { "en-us": { "role": { "terseLabel": "Investments", "label": "Business Combination, Recognized Identifiable Assets Acquired and Liabilities Assumed, Current Assets, Marketable Securities", "documentation": "Amount of investments in debt and equity securities, including, but not limited to, held-to-maturity, trading and available-for-sale expected to be converted to cash, sold or exchanged within one year or the normal operating cycle, if longer, acquired at the acquisition date." } } }, "auth_ref": ["r92"] }, "us-gaap_BusinessCombinationRecognizedIdentifiableAssetsAcquiredAndLiabilitiesAssumedCurrentAssetsOther": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "BusinessCombinationRecognizedIdentifiableAssetsAcquiredAndLiabilitiesAssumedCurrentAssetsOther", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/AcquisitionsDivestituresandAssetSalesScheduleofFairValuesofAssetsAcquiredandLiabilitiesAssumedDetails": { "parentTag": "us-gaap_BusinessCombinationRecognizedIdentifiableAssetsAcquiredAndLiabilitiesAssumedAssets", "weight": 1.0, "order": 3.0 } }, "presentation": ["http://www.cvshealth.com/role/AcquisitionsDivestituresandAssetSalesScheduleofFairValuesofAssetsAcquiredandLiabilitiesAssumedDetails"], "lang": { "en-us": { "role": { "terseLabel":

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Includes, but is not limited to, change in contract asset and contract liability." } } }, "auth_ref": ["r1640"] }, "us-gaap_ContractWithCustomerAssetNetCurrent": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ContractWithCustomerAssetNetCurrent", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/SignificantAccountingPoliciesAccountsReceivableDetails": { "parentTag": "us-gaap_AccountsReceivableNetCurrent", "weight": 1.0, "order": 1.0 } }, "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesAccountsReceivableDetails", "http://www.cvshealth.com/role/SignificantAccountingPoliciesReceivablesandContractBalancesDetails"], "lang": { "en-us": { "role": { "verboseLabel": "Trade receivables", "terseLabel": "Trade receivables (included in accounts receivable, net)", "label": "Contract with Customer, Asset, after Allowance for Credit Loss, Current", "documentation": "Amount, after allowance for credit loss, of right to consideration in exchange for good or service transferred to customer when right is conditioned on something other than passage of time, classified as current." } } }, "auth_ref": ["r664", "r666", "r677"] }, "us-gaap_ContractWithCustomerLiabilityCurrent": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ContractWithCustomerLiabilityCurrent", "crdr": "credit", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesReceivablesandContractBalancesDetails"], "lang": { "en-us": { "role": { "terseLabel": "Contract liabilities (included in accrued expenses and other current liabilities)", "label": "Contract with Customer, Liability, Current", "documentation": "Amount of obligation to transfer good or service to customer for which consideration has been received or is receivable, classified as current." } } }, "auth_ref": ["r664", "r665", "r677"] }, "us-gaap_ContractWithCustomerSalesChannelAxis": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ContractWithCustomerSalesChannelAxis", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesDisaggregationofRevenueDetails"], "lang": { "en-us": { "role": { "terseLabel": "Contract with Customer, Sales Channel [Axis]", "label": "Contract with Customer, Sales Channel [Axis]", "documentation": "Information by sales channel for delivery of good or service in contract with customer." } } }, "auth_ref": ["r1317", "r1641"] }, "us-gaap_ContractWithCustomerSalesChannelDomain": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ContractWithCustomerSalesChannelDomain", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesDisaggregationofRevenueDetails"], "lang": { "en-us": { "role": { "terseLabel": "Contract with Customer, Sales Channel [Domain]", "label": "Contract with Customer, Sales Channel [Domain]", "documentation": "Sales channel for delivery of good or service in contract with customer. 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This excludes costs incurred during the reporting period related to financial services rendered and other revenue generating activities." } } }, "auth_ref": ["r166", "r167", "r1013"] }, "us-gaap_CostOfSalesPolicyTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "CostOfSalesPolicyTextBlock", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesPolicies"], "lang": { "en-us": { "role": { "terseLabel": "Cost of Products Sold", "label": "Cost of Goods and Service [Policy Text Block]", "documentation": "Disclosure of accounting policy for cost of product sold and service rendered." } } }, "auth_ref": ["r1515"] }, "us-gaap_CostsAndExpenses": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "CostsAndExpenses", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/ConsolidatedStatementsofOperations": { "parentTag": "us-gaap_OperatingIncomeLoss", "weight": -1.0, "order": 1.0 } }, "presentation": ["http://www.cvshealth.com/role/ConsolidatedStatementsofOperations"], "lang": { "en-us": { "role": { "totalLabel": "Total operating costs", "label": "Costs and Expenses", "documentation": "Total costs of sales and operating expenses for the period." } } }, "auth_ref": ["r174"] }, "srt_CounterpartyNameAxis": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/srt/2024", "localname": "CounterpartyNameAxis", "presentation": ["http://www.cvshealth.com/role/ShareholdersEquityAcceleratedShareRepurchasesDetails"], "lang": { "en-us": { "role": { "terseLabel": "Counterparty Name [Axis]", "label": "Counterparty Name [Axis]", "documentation": "Information by name of counterparty. A counterparty is the other party that participates in a financial transaction. Examples include, but not limited to, the name of the financial institution." } } }, "auth_ref": ["r300", "r301", "r369", "r370", "r624", "r651", "r973", "r995", "r1036", "r1278", "r1280"] }, "dei_CoverAbstract": { "xbrltype": "stringItemType", "nsuri": "http://xbrl.sec.gov/dei/2024", "localname": "CoverAbstract", "lang": { "en-us": { "role": { "terseLabel": "Cover [Abstract]", "label": "Cover [Abstract]", "documentation": "Cover page." } } }, "auth_ref": [] }, "us-gaap_CreditLossFinancialInstrumentPolicyTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "CreditLossFinancialInstrumentPolicyTextBlock", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesPolicies"], "lang": { "en-us": { "role": { "terseLabel": "Accounts Receivable, Allowance for Credit Losses", "label": "Credit Loss, Financial Instrument [Policy Text Block]", "documentation": "Disclosure of accounting policy for credit loss on financial instrument measured at amortized cost basis, net investment in lease, off-balance sheet credit exposure, and available-for-sale debt security. Includes, but is not limited to, methodology used to estimate allowance for credit loss, how writeoff of uncollectible amount is recognized, and determination of past due status and nonaccrual status." } } }, "auth_ref": ["r512", "r513", "r514", "r516", "r517", "r521", "r523", "r524", "r525", "r526", "r528", "r529", "r530", "r531", "r533", "r534", "r535", "r541"] }, "us-gaap_CurrentFederalTaxExpenseBenefit": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "CurrentFederalTaxExpenseBenefit", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/IncomeTaxesIncomeTaxProvisionDetails": { "parentTag": "us-gaap_CurrentIncomeTaxExpenseBenefit", "weight": 1.0, "order": 1.0 } }, "presentation": ["http://www.cvshealth.com/role/IncomeTaxesIncomeTaxProvisionDetails"], "lang": { "en-us": { "role": { "terseLabel": "Federal", "label": "Current Federal Tax Expense (Benefit)", "documentation": "Amount of current federal tax expense (benefit) attributable to income (loss) from continuing operations. Includes, but is not limited to, current national tax expense (benefit) for non-US (United States of America) jurisdiction." } } }, "auth_ref": ["r1514", "r1551", "r1680"] }, "dei_CurrentFiscalYearEndDate": { "xbrltype": "gMonthDayItemType", "nsuri": "http://xbrl.sec.gov/dei/2024", "localname": "CurrentFiscalYearEndDate", "presentation": ["http://www.cvshealth.com/role/CoverPage"], "lang": { "en-us": { "role": { "terseLabel": "Current Fiscal Year End Date", "label": "Current Fiscal Year End Date", "documentation": "End date of current fiscal year in the format --MM-DD." } } }, "auth_ref": [] }, "us-gaap_CurrentIncomeTaxExpenseBenefit": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "CurrentIncomeTaxExpenseBenefit", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/IncomeTaxesIncomeTaxProvisionDetails": { "parentTag": "us-gaap_IncomeTaxExpenseBenefit", "weight": 1.0, "order": 1.0 } }, "presentation": ["http://www.cvshealth.com/role/IncomeTaxesIncomeTaxProvisionDetails"], "lang": { "en-us": { "role": { "totalLabel": "Total current taxes", "label": "Current Income Tax Expense (Benefit)", "documentation": "Amount of current income tax expense (benefit) pertaining to taxable income (loss) from continuing operations." } } }, "auth_ref": ["r834", "r1551"] }, "us-gaap_CurrentIncomeTaxExpenseBenefitContinuingOperationsAbstract": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "CurrentIncomeTaxExpenseBenefitContinuingOperationsAbstract", "presentation": ["http://www.cvshealth.com/role/IncomeTaxesIncomeTaxProvisionDetails"], "lang": { "en-us": { "role": { "terseLabel": "Current:", "label": "Current Income Tax Expense (Benefit), Continuing Operations [Abstract]" } } } }, "auth_ref": [] }, "us-gaap_CurrentStateAndLocalTaxExpenseBenefit": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "CurrentStateAndLocalTaxExpenseBenefit", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/IncomeTaxesIncomeTaxProvisionDetails": { "parentTag": "us-gaap_CurrentIncomeTaxExpenseBenefit", "weight": 1.0, "order": 2.0 } }, "presentation": ["http://www.cvshealth.com/role/IncomeTaxesIncomeTaxProvisionDetails"], "lang": { "en-us": { "role": { "terseLabel": "State", "label": "Current State and Local Tax Expense (Benefit)", "documentation": "Amount of current state and local tax expense (benefit) attributable to income (loss) from continuing operations. Includes, but is not limited to, current regional, territorial, and provincial tax expense (benefit) for non-US (United States of America) jurisdiction." } } }, "auth_ref": ["r1514", "r1551", "r1680"] }, "us-gaap_CustomerConcentrationRiskMember": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname":

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Asset includes, but is not limited to, stock, bond, other investment, earning from investment, and contribution by employer and employee." } } }, "auth_ref": ["r694", "r705", "r707", "r708", "r1318", "r1319", "r1320"] }, "us-gaap_DefinedBenefitPlanFundedStatusOfPlan": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DefinedBenefitPlanFundedStatusOfPlan", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsBenefitObligationsandPlanAssetsDetails": { "parentTag": null, "weight": null, "order": null, "root": true } }, "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsBenefitObligationsandPlanAssetsDetails"], "lang": { "en-us": { "role": { "totalLabel": "Funded status", "label": "Defined Benefit Plan, Funded (Unfunded) Status of Plan", "documentation": "Amount of funded (unfunded) status of defined benefit plan, measured as difference between fair value of plan assets and benefit obligation. Includes, but is not limited to, overfunded (underfunded) status." } } }, "auth_ref": ["r679", "r703", "r1320"] }, "us-gaap_DefinedBenefitPlanInterestCost": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DefinedBenefitPlanInterestCost", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsNetPeriodicBenefitCostIncomeDetails": { "parentTag": "us-gaap_DefinedBenefitPlanNetPeriodicBenefitCost", "weight": 1.0, "order": 4.0 } }, "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsBenefitObligationsandPlanAssetsDetails", "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsNetPeriodicBenefitCostIncomeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Interest cost", "label": "Defined Benefit Plan, Interest Cost", "documentation": "Amount of cost recognized for passage of time related to defined benefit plan." } } }, "auth_ref": ["r682", "r686", "r718", "r740", "r1320", "r1321"] }, "us-gaap_DefinedBenefitPlanNetPeriodicBenefitCost": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DefinedBenefitPlanNetPeriodicBenefitCost", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsNetPeriodicBenefitCostIncomeDetails": { "parentTag": null, "weight": null, "order": null, "root": true } }, "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsNarrativeDetails", "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsNetPeriodicBenefitCostIncomeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Net periodic benefit cost", "totalLabel": "Net periodic benefit cost (income)", "label": "Defined Benefit Plan, Net Periodic Benefit Cost (Credit)", "documentation": "Amount of net periodic benefit cost (credit) for defined benefit plan." } } }, "auth_ref": ["r716", "r738", "r1320", "r1321"] }, "us-gaap_DefinedBenefitPlanNetPeriodicBenefitCostAbstract": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DefinedBenefitPlanNetPeriodicBenefitCostAbstract", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsNetPeriodicBenefitCostIncomeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Components of net periodic benefit cost (income):", "label": "Defined Benefit Plan, Net Periodic Benefit Cost (Credit) [Abstract]" } } }, "auth_ref": [] }, "us-gaap_DefinedBenefitPlanPlanAssetsBenefitsPaid": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DefinedBenefitPlanPlanAssetsBenefitsPaid", "crdr": "credit", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsBenefitObligationsandPlanAssetsDetails"], "lang": { "en-us": { "role": { "negatedTerseLabel": "Benefit payments", "label": "Defined Benefit Plan, Plan Assets, Benefits Paid", "documentation": "Amount of payment to participant under defined benefit plan which decreases plan assets. For pension plan, payment includes, but is not limited to, pension benefits and death benefits. For other postretirement plan, payment includes, but is not limited to, prescription drug benefits, health care benefits, life insurance benefits, and legal, educational and advisory services." } } }, "auth_ref": ["r699", "r1645"] }, "us-gaap_DefinedBenefitPlanPlanAssetsCategoryTableTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DefinedBenefitPlanPlanAssetsCategoryTableTextBlock", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsTables"], "lang": { "en-us": { "role": { "terseLabel": "Schedule of Change in Level 3 Plan Assets", "label": "Defined Benefit Plan, Plan Assets, Category [Table Text Block]", "documentation": "Tabular disclosure of defined benefit plan asset investment. Includes, but is not limited to, fair value of category of plan asset and its level within fair value hierarchy." } } }, "auth_ref": ["r1643", "r1644"] }, "us-gaap_DefinedBenefitPlanPlanAssetsInvestmentWithinPlanAssetCategoryAmount": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DefinedBenefitPlanPlanAssetsInvestmentWithinPlanAssetCategoryAmount", "crdr": "debit", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsFairValueofPensionPlanAssetsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Plan assets, investment within plan asset category, amount", "label": "Defined Benefit Plan, Plan Assets, Investment within Plan Asset Category, Amount", "documentation": "Amount of investment within defined benefit plan asset category." } } }, "auth_ref": ["r1643"] }, "us-gaap_DefinedBenefitPlanPlanAssetsTargetAllocationPercentage": { "xbrltype": "percentItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DefinedBenefitPlanPlanAssetsTargetAllocationPercentage", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsNarrativeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Target investment allocations", "label": "Defined Benefit Plan, Plan Assets, Target Allocation, Percentage", "documentation": "Percentage of target investment allocation to total plan assets. Includes, but is not limited to, percentage on weighted-average basis if more than one plan." } } }, "auth_ref": ["r704", "r1320"] }, "us-gaap_DefinedBenefitPlanPurchasesSalesAndSettlements": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DefinedBenefitPlanPurchasesSalesAndSettlements", "crdr": "debit", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsChangesinLevel3PensionPlanAssetsDetails"], "lang": { "en-us": { "role": { "verboseLabel": "Purchases, sales and settlements", "label": "Defined Benefit Plan, Plan Assets Level 3 Reconciliation, Increase (Decrease) for Purchase, Sale, and Settlement", "documentation": "Amount, measured using unobservable input, of increase (decrease) in plan asset of defined benefit plan from purchase, sale and settlement of trade associated with underlying investment." } } }, "auth_ref": ["r710", "r1320"] }, "us-gaap_DefinedBenefitPlanRealEstateMember": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DefinedBenefitPlanRealEstateMember", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsChangesinLevel3PensionPlanAssetsDetails", "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsFairValueofPensionPlanAssetsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Private real estate", "label": "Employee Benefit Plan, Real Estate [Member]", "documentation": "Property composed of building, land, and land improvement; in which employee benefit plan asset is invested." } } }, "auth_ref": ["r1318", "r1320"] }, "us-gaap_DefinedBenefitPlanRecognizedNetGainLossDueToSettlements1": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DefinedBenefitPlanRecognizedNetGainLossDueToSettlements1", "crdr": "credit", "calculation": { "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsNetPeriodicBenefitCostIncomeDetails": { "parentTag": "us-gaap_DefinedBenefitPlanNetPeriodicBenefitCost", "weight": -1.0, "order": 3.0 } }, "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsNetPeriodicBenefitCostIncomeDetails"], "lang": { "en-us": { "role": { "negatedTerseLabel": "Settlement losses", "label": "Defined Benefit Plan, Net Periodic Benefit Cost (Credit), Gain (Loss) Due to Settlement", "documentation": "Amount of gain (loss) recognized in net periodic benefit (cost) credit from irrevocable action relieving primary responsibility for benefit obligation and eliminating risk related to obligation and assets used to effect settlement." } } }, "auth_ref": ["r681", "r723", "r745"] }, "us-gaap_DefinedBenefitPlanTransfersBetweenMeasurementLevels": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DefinedBenefitPlanTransfersBetweenMeasurementLevels", "crdr": "debit", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsChangesinLevel3PensionPlanAssetsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Transfers out of Level 3", "label": "Defined Benefit Plan, Plan Assets Level 3 Reconciliation, Increase (Decrease) for Assets Transferred into (out of) Level 3", "documentation": "Amount, measured using unobservable inputs, of increase (decrease) in plan assets of defined benefit plan, for assets transferred into (out of) Level 3 of fair value hierarchy. Includes, but is not limited to, transfer due to change in observability of significant inputs." } } }, "auth_ref": ["r711", "r1320"] }, "us-gaap_DefinedBenefitPlanWeightedAverageAssumptionsUsedInCalculatingBenefitObligationAbstract": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DefinedBenefitPlanWeightedAverageAssumptionsUsedInCalculatingBenefitObligationAbstract", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsWeightedAverageAssumptionsUsedDetails"], "lang": { "en-us": { "role": { "terseLabel": "Assumptions used to determine benefit obligations", "label": "Defined Benefit Plan, Weighted Average Assumptions Used in Calculating Benefit Obligation [Abstract]" } } }, "auth_ref": [] }, "us-gaap_DefinedBenefitPlanWeightedAverageAssumptionsUsedInCalculatingNetPeriodicBenefitCostAbstract": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DefinedBenefitPlanWeightedAverageAssumptionsUsedInCalculatingNetPeriodicBenefitCostAbstract", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsWeightedAverageAssumptionsUsedDetails"], "lang": { "en-us": { "role": { "terseLabel": "Assumptions used to determine net benefit costs", "label": "Defined Benefit Plan, Weighted Average Assumptions Used in Calculating Net Periodic Benefit Cost [Abstract]" } } }, "auth_ref": [] }, "us-gaap_DefinedBenefitPlansAndOtherPostretirementBenefitPlansDisclosuresTable": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DefinedBenefitPlansAndOtherPostretirementBenefitPlansDisclosuresTable", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsChangesinLevel3PensionPlanAssetsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Defined Benefit Plans and Other Postretirement Benefit Plans Disclosures [Table]", "label": "Defined Benefit Plans and Other Postretirement Benefit Plans Disclosures [Table]", "documentation": "Disclosure of information about defined benefit pension plans or other postretirement defined benefit plans. The arrangements are generally based on terms and conditions stipulated by the entity, and which contain a promise by the employer to pay certain amounts or awards at designated future dates, including a period after retirement, upon compliance with stipulated requirements. Excludes disclosures pertaining to defined contribution plans." } } }, "auth_ref": ["r19", "r79", "r80", "r81", "r82"] }, "us-gaap_DefinedBenefitPlansAndOtherPostretirementBenefitPlansTableTextBlockLineItems": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DefinedBenefitPlansAndOtherPostretirementBenefitPlansTableTextBlockLineItems", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsChangesinLevel3PensionPlanAssetsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Defined Benefit Plans and Other Postretirement Benefit Plans Table Text Block [Line Items]", "label": "Defined Benefit Plans and Other Postretirement Benefit Plans Table Text Block [Line Items]", "documentation": "Line items represent financial concepts included in a table. These concepts are used to disclose reportable information associated with domain members defined in one or many axes to the table." } } }, "auth_ref": [] }, "us-gaap_DefinedContributionPlanEmployerDiscretionaryContributionAmount": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DefinedContributionPlanEmployerDiscretionaryContributionAmount", "crdr": "debit", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsNarrativeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Defined contribution plan, employer contributions", "label": "Defined Contribution Plan, Employer Discretionary Contribution Amount", "documentation": "Amount of discretionary contributions made by an employer to a defined contribution plan." } } }, "auth_ref": [] }, "cvs_DenominatorForEarningsPerShareCalculationAbstract": { "xbrltype": "stringItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "DenominatorForEarningsPerShareCalculationAbstract", "presentation": ["http://www.cvshealth.com/role/EarningsPerShareDetails"], "lang": { "en-us": { "role": { "terseLabel": "Denominator for earnings per share calculation.", "label": "Denominator For Earnings Per Share Calculation [Abstract]", "documentation": "Denominator For Earnings Per Share Calculation [Abstract]" } } }, "auth_ref": [] }, "us-gaap_Depreciation": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "Depreciation", "crdr": "debit", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesNarrativeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Depreciation", "label": "Depreciation", "documentation": "The amount of expense recognized in the current period that reflects the allocation of the cost of tangible assets over the assets' useful lives. Includes production and non-production related depreciation." } } }, "auth_ref": ["r14", "r64"] }, "us-gaap_DepreciationDepletionAndAmortization": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DepreciationDepletionAndAmortization", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/ConsolidatedStatementsofCashFlows": { "parentTag": "us-gaap_NetCashProvidedByUsedInOperatingActivities", "weight": 1.0, "order": 2.0 } }, "presentation": ["http://www.cvshealth.com/role/ConsolidatedStatementsofCashFlows", "http://www.cvshealth.com/role/SegmentReportingReconciliationofFinancialMeasuresofSegmentstoConsolidatedTotalsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Depreciation and amortization", "label": "Depreciation, Depletion and Amortization", "documentation": "The aggregate expense recognized in the current period that allocates the cost of tangible assets, intangible assets, or depleting assets to periods that benefit from use of the assets." } } }, "auth_ref": ["r14", "r414", "r425", "r449", "r1291", "r1292"] }, "us-gaap_DerivativeContractTypeDomain": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DerivativeContractTypeDomain", "presentation": ["http://www.cvshealth.com/role/ShareholdersEquityAcceleratedShareRepurchasesDetails"], "lang": { "en-us": { "role": { "terseLabel": "Derivative Contract [Domain]", "label": "Derivative Contract [Domain]", "documentation": "Financial instrument or contract with one or more underlyings, notional amount or payment provision or both, and the contract can be net settled by means outside the contract or delivery of an asset." } } }, "auth_ref": ["r1165", "r1168", "r1182", "r1183", "r1184", "r1185", "r1186", "r1187", "r1188", "r1191", "r1192", "r1193", "r1194", "r1204", "r1205", "r1206", "r1207", "r1210", "r1211", "r1212", "r1213", "r1234", "r1235", "r1236", "r1237", "r1378", "r1380", "r1691", "r1692", "r1693", "r1694", "r1695", "r1696", "r1698", "r1699"] }, "us-gaap_DerivativeInstrumentRiskAxis": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DerivativeInstrumentRiskAxis", "presentation": ["http://www.cvshealth.com/role/ShareholdersEquityAcceleratedShareRepurchasesDetails"], "lang": { "en-us": { "role": { "terseLabel": "Derivative Instrument [Axis]", "label": "Derivative Instrument [Axis]", "documentation": "Information by type of derivative contract." } } }, "auth_ref": ["r115", "r117", "r118", "r211", "r1165", "r1168", "r1182", "r1183", "r1184", "r1185", "r1186", "r1187", "r1188", "r1191", "r1192", "r1193", "r1194", "r1204", "r1205", "r1206", "r1207", "r1210", "r1211", "r1212", "r1213", "r1234", "r1235", "r1236", "r1237", "r1280", "r1378", "r1380", "r1691", "r1692", "r1693", "r1694", "r1695", "r1696", "r1698", "r1699"] }, "us-gaap_DerivativeNotionalAmount": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DerivativeNotionalAmount", "presentation": ["http://www.cvshealth.com/role/ShareholdersEquityAcceleratedShareRepurchasesDetails"], "lang": { "en-us": { "role": { "terseLabel": "Forward contract, notional amount", "label": "Derivative, Notional Amount", "documentation": "Nominal or face amount used to calculate payment on derivative." } } }, "auth_ref": ["r1681", "r1682"] }, "us-gaap_DerivativesPolicyTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DerivativesPolicyTextBlock", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesPolicies"], "lang": { "en-us": { "role": { "terseLabel": "Derivative Financial Instruments", "label": "Derivatives, Policy [Policy Text Block]", "documentation": "Disclosure of accounting policy for its derivative instruments and hedging activities." } } }, "auth_ref": [

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"r28", "r111", "r112", "r113", "r119", "r371", "r390" ] }, "us-gaap_DirectPremiumsEarned": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DirectPremiumsEarned", "crdr": "credit", "calculation": { "http://www.cvshealth.com/role/ReinsuranceEffectsofReinsuranceDetails": { "parentTag": "us-gaap_PremiumsEarnedNet", "weight": 1.0, "order": 1.0 } }, "presentation": [ "http://www.cvshealth.com/role/ReinsuranceEffectsofReinsuranceDetails" ], "lang": { "en-us": { "role": { "terseLabel": "Direct", "label": "Direct Premiums Earned", "documentation": "Amount, before premiums ceded to other entities and premiums assumed by the entity, of premiums earned." } } }, "auth_ref": [ "r1082", "r1131", "r1134", "r1731" ] }, "us-gaap_DisaggregationOfRevenueLineItems": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DisaggregationOfRevenueLineItems", "presentation": [ "http://www.cvshealth.com/role/SignificantAccountingPoliciesDisaggregationofRevenueDetails" ], "lang": { "en-us": { "role": { "terseLabel": "Disaggregation of Revenue [Line Items]", "label": "Disaggregation of Revenue [Line Items]", "documentation": "Line items represent financial concepts included in a table. These concepts are used to disclose reportable information associated with domain members defined in one or many axes to the table." } } } }, "auth_ref": [ "r676", "r1311", "r1312", "r1313", "r1314", "r1315", "r1316", "r1317" ] }, "us-gaap_DisaggregationOfRevenueTable": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DisaggregationOfRevenueTable", "presentation": [ "http://www.cvshealth.com/role/SignificantAccountingPoliciesDisaggregationofRevenueDetails" ], "lang": { "en-us": { "role": { "terseLabel": "Disaggregation of Revenue [Table]", "label": "Disaggregation of Revenue [Table]", "documentation": "Disclosure of information about disaggregation of revenue into categories depicting how nature, amount, timing, and uncertainty of revenue and cash flows are affected by economic factor." } } }, "auth_ref": [ "r676", "r1311", "r1312", "r1313", "r1314", "r1315", "r1316", "r1317" ] }, "us-gaap_DisaggregationOfRevenueTableTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DisaggregationOfRevenueTableTextBlock", "presentation": [ "http://www.cvshealth.com/role/SignificantAccountingPoliciesTables" ], "lang": { "en-us": { "role": { "terseLabel": "Schedule of Disaggregation of Revenue", "label": "Disaggregation of Revenue [Table Text Block]", "documentation": "Tabular disclosure of disaggregation of revenue into categories depicting how nature, amount, timing, and uncertainty of revenue and cash flows are affected by economic factor." } } }, "auth_ref": [ "r1641" ] }, "us-gaap_DisclosureOfCompensationRelatedCostsShareBasedPaymentsTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DisclosureOfCompensationRelatedCostsShareBasedPaymentsTextBlock", "presentation": [ "http://www.cvshealth.com/role/StockIncentivePlans" ], "lang": { "en-us": { "role": { "terseLabel": "Stock Incentive Plans", "label": "Share-Based Payment Arrangement [Text Block]", "documentation": "The entire disclosure for share-based payment arrangement." } } }, "auth_ref": [ "r757", "r761", "r792", "r793", "r795", "r1329" ] }, "us-gaap_DisclosureOfCompensationRelatedCostsSharebasedPaymentsAbstract": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DisclosureOfCompensationRelatedCostsSharebasedPaymentsAbstract", "lang": { "en-us": { "role": { "terseLabel": "Share-based Payment Arrangement [Abstract]", "label": "Share-Based Payment Arrangement [Abstract]" } } }, "auth_ref": [] }, "us-gaap_DiscontinuedOperationsPolicyTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DiscontinuedOperationsPolicyTextBlock", "presentation": [ "http://www.cvshealth.com/role/SignificantAccountingPoliciesPolicies" ], "lang": { "en-us": { "role": { "terseLabel": "Discontinued Operations", "label": "Discontinued Operations, Policy [Policy Text Block]", "documentation": "Disclosure of accounting policy for discontinued operations. 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Excludes disposals classified as discontinued operations." } } }, "auth_ref": [ "r15", "r31" ] }, "us-gaap_DisposalGroupHeldforsaleNotDiscontinuedOperationsMember": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "DisposalGroupHeldforsaleNotDiscontinuedOperationsMember", "presentation": [ "http://www.cvshealth.com/role/AcquisitionsDivestituresandAssetSalesNarrativeDetails" ], "lang": { "en-us": { "role": { "terseLabel": "Disposal Group, Held-for-sale, Not Discontinued Operations", "label": "Disposal Group, Held-for-Sale, Not Discontinued Operations [Member]", "documentation": "Disposal group that is classified as held-for-sale. 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Addresses all significant policy factors, including any antidilutive items that have been excluded from the computation and takes into account stock dividends, splits and reverse splits that occur after the balance sheet date of the latest reporting period but before the issuance of the financial statements." } } }, "auth_ref": [ "r49", "r50", "r410" ] }, "us-gaap_EarningsPerShareTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "EarningsPerShareTextBlock", "presentation": [ "http://www.cvshealth.com/role/EarningsPerShare" ], "lang": { "en-us": { "role": { "verboseLabel": "Earnings Per Share", "label": "Earnings Per Share [Text Block]", "documentation": "The entire disclosure for earnings per share." } } }, "auth_ref": [ "r392", "r409", "r411", "r412" ] }, "us-gaap_EffectiveIncomeTaxRateContinuingOperations": { "xbrltype": "percentItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "EffectiveIncomeTaxRateContinuingOperations", "calculation": { "http://www.cvshealth.com/role/IncomeTaxesEffectiveTaxRateReconciliationDetails": { "parentTag": null, "weight": null, "order": null, "root": true } }, "presentation": [ "http://www.cvshealth.com/role/IncomeTaxesEffectiveTaxRateReconciliationDetails" ], "lang": { "en-us": { "role": { "totalLabel": "Effective income tax rate", "label": "Effective Income Tax Rate Reconciliation, Percent", "documentation": "Percentage of current income tax expense (benefit) and deferred income tax expense (benefit) pertaining to continuing operations." } } }, "auth_ref": [ "r810", "r1334" ] }, "us-gaap_EffectiveIncomeTaxRateReconciliationAtFederalStatutoryIncomeTaxRate": { "xbrltype": "percentItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "EffectiveIncomeTaxRateReconciliationAtFederalStatutoryIncomeTaxRate", "calculation": { "http://www.cvshealth.com/role/IncomeTaxesEffectiveTaxRateReconciliationDetails": { "parentTag": "us-gaap_EffectiveIncomeTaxRateContinuingOperations", "weight": 1.0, "order": 1.0 } }, "presentation": [ "http://www.cvshealth.com/role/IncomeTaxesEffectiveTaxRateReconciliationDetails" ], "lang": { "en-us": { "role": { "terseLabel": "Statutory income tax rate", "label": "Effective Income Tax Rate Reconciliation, at Federal Statutory Income Tax Rate, Percent", "documentation": "Percentage of domestic federal statutory tax rate applicable to pretax income (loss)." } } }, "auth_ref": [ "r368", "r810", "r840", "r1334" ] }, "us-gaap_EffectiveIncomeTaxRateReconciliationDispositionOfBusiness": { "xbrltype": "percentItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "EffectiveIncomeTaxRateReconciliationDispositionOfBusiness", "calculation": {
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Is used on Form Type: 10-K, 10-Q, 8-K, 20-F, 6-K, 10-K/A, 10-Q/A, 20-F/A, 6-K/A, N-CSR, N-Q, N-1A." } } }, "auth_ref": ["r1504"] }, "ecd_EqtyAwrdsAdjFnTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://xbrl.sec.gov/ecd/2024", "localname": "EqtyAwrdsAdjFnTextBlock", "presentation": ["http://xbrl.sec.gov/ecd/role/PvpDisclosure"], "lang": { "en-us": { "role": { "terseLabel": "Equity Awards Adjustments, Footnote", "label": "Equity Awards Adjustments, Footnote [Text Block]" } } }, "auth_ref": ["r1446"] }, "ecd_EqtyAwrdsAdjsExclgValRprtdInSummryCompstnTblMember": { "xbrltype": "domainItemType", "nsuri": "http://xbrl.sec.gov/ecd/2024", "localname": "EqtyAwrdsAdjsExclgValRprtdInSummryCompstnTblMember", "presentation": ["http://xbrl.sec.gov/ecd/role/PvpDisclosure"], "lang": { "en-us": { "role": { "terseLabel": "Equity Awards Adjustments, Excluding Value Reported in Compensation Table", "label": "Equity Awards Adjustments, Excluding Value Reported in the Compensation Table [Member]" } } }, "auth_ref": ["r1499"] }, "ecd_EqtyAwrdsAdjsMember": { "xbrltype": "domainItemType", "nsuri": "http://xbrl.sec.gov/ecd/2024", "localname": "EqtyAwrdsAdjsMember", "presentation": ["http://xbrl.sec.gov/ecd/role/PvpDisclosure"], "lang": { "en-us": { "role": { "terseLabel": "Equity Awards Adjustments", "label": "Equity Awards Adjustments [Member]" } } }, "auth_ref": ["r1499"] }, "ecd_EqtyAwrdsInSummryCompstnTblForAplblYrMember": { "xbrltype": "domainItemType", "nsuri": "http://xbrl.sec.gov/ecd/2024", "localname": "EqtyAwrdsInSummryCompstnTblForAplblYrMember", "presentation": ["http://xbrl.sec.gov/ecd/role/PvpDisclosure"], "lang": { "en-us": { "role": { "terseLabel": "Aggregate Grant Date Fair Value of Equity Award Amounts Reported in Summary Compensation Table", "label": "Aggregate Grant Date Fair Value of Equity Award Amounts Reported in Summary Compensation Table [Member]" } } }, "auth_ref": ["r1499"] }, "us-gaap_EquipmentMember": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "EquipmentMember", "presentation": ["http://www.cvshealth.com/role/LeasesNarrativeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Equipment", "label": "Equipment [Member]", "documentation": "Tangible personal property used to produce goods and services." } } }, "auth_ref": [ ] }, "us-gaap_EquityAbstract": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "EquityAbstract", "lang": { "en-us": { "role": { "terseLabel": "Equity [Abstract]", "label": "Equity [Abstract]" } } }, "auth_ref": [ ] }, "us-gaap_EquityClassOfTreasuryStockLineItems": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "EquityClassOfTreasuryStockLineItems", "presentation": ["http://www.cvshealth.com/role/ShareholdersEquityAcceleratedShareRepurchasesDetails", "http://www.cvshealth.com/role/ShareholdersEquityShareRepurchasesDetails"], "lang": { "en-us": { "role": { "terseLabel": "Equity, Class of Treasury Stock [Line Items]", "label": "Equity, Class of Treasury Stock [Line Items]", "documentation": "Line items represent financial concepts included in a table. 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Investment includes, but is not limited to, unconsolidated subsidiary, corporate joint venture, noncontrolling interest in real estate venture, limited partnership, and limited liability company. Information includes, but is not limited to, ownership percentage, reason equity method is or is not considered appropriate, and accounting policy election for distribution received." } } }, "auth_ref": ["r11", "r125", "r500"] }, "us-gaap_EquitySecuritiesFvNi": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "EquitySecuritiesFvNi", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/FairValueMeasurementonaRecurringBasisDetails": { "parentTag": "us-gaap_AssetsFairValueDisclosure", "weight": 1.0, "order": 3.0 } }, "presentation": ["http://www.cvshealth.com/role/FairValueMeasurementonaRecurringBasisDetails"], "lang": { "en-us": { "role": { "terseLabel": "Equity securities", "label": "Equity Securities, FV-NI, Current", "documentation": "Amount of investment in equity security measured at fair value with change in fair value recognized in net income (FV-NI), classified as current." } } }, "auth_ref": ["r324", "r926", "r1277"] }, 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The member institution executes a promissory note, which is generally collateralized by government securities to the Federal Reserve or loans." } } }, "auth_ref": [ "r217" ] }, "cvs_FiduciaryDutyBreachOpioidMatterMember": { "xbrltype": "domainItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "FiduciaryDutyBreachOpioidMatterMember", "presentation": [ "http://www.cvshealth.com/role/CommitmentsandContingenciesDetails" ], "lang": { "en-us": { "role": { "terseLabel": "Fiduciary Duty Breach, Opioid Matter", "label": "Fiduciary Duty Breach, Opioid Matter [Member]", "documentation": "Fiduciary Duty Breach, Opioid Matter" } } }, "auth_ref": [] }, "cvs_FinanceLeaseAssetsAndLiabilitiesLesseeAbstract": { "xbrltype": "stringItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "FinanceLeaseAssetsAndLiabilitiesLesseeAbstract", "presentation": [ "http://www.cvshealth.com/role/LeasesSupplementalBalanceSheetInformationDetails" ], "lang": { "en-us": { "role": { 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Excludes
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"http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsFairValueofPensionPlanAssetsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Foreign securities", "label": "Debt Security, Corporate, Non-US [Member]", "documentation": "Debt security issued by corporation not domiciled in United States of America (US)." } } }, "auth_ref": ["r1569", "r1581", "r1643"] }, "us-gaap_ForeignCurrencyTransactionsAndTranslationsPolicyTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ForeignCurrencyTransactionsAndTranslationsPolicyTextBlock", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesPolicies"], "lang": { "en-us": { "role": { "terseLabel": "Foreign Currency Translation and Transactions", "label": "Foreign Currency Transactions and Translations Policy [Policy Text Block]", "documentation": "Disclosure of accounting policy for (1) transactions denominated in a currency other than the reporting enterprise's functional currency, (2) translating foreign currency financial statements that are incorporated into the financial statements of the reporting enterprise by consolidation, combination, or the equity method of accounting, and (3) remeasurement of the financial statements of a foreign reporting enterprise in a hyperinflationary economy." } } }, "auth_ref": ["r030"] }, "ecd_ForgoneRecoveryDueToDisqualificationOfTaxBenefitsAmt": { "xbrltype": "monetaryItemType", "nsuri": "http://xbrl.sec.gov/ecd/2024", "localname": "ForgoneRecoveryDueToDisqualificationOfTaxBenefitsAmt", "presentation": [
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"http://www.cvshealth.com/role/AcquisitionsDivestituresandAssetSalesSummaryoftheValuationofGoodwillAllocatedtoBusinessSegmentsDetails",
"http://www.cvshealth.com/role/ConsolidatedBalanceSheets", "http://www.cvshealth.com/role/GoodwillandOtherIntangiblesGoodwillDetails"], "lang": { "en-us": { "role": { "terseLabel": "Goodwill", "periodStartLabel": "Balance, beginning of the period", "periodEndLabel": "Balance, end of the period", "label": "Goodwill", "documentation": "Amount, after accumulated impairment loss, of asset representing future economic benefit arising from other asset acquired in business combination or from joint venture formation or both, that is not individually identified and separately recognized." } } }, "auth_ref": ["r320", "r550", "r1020", "r1292", "r1302", "r1339", "r1352", "r1594", "r1601"] }, "us-gaap_GoodwillAcquiredDuringPeriod": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "GoodwillAcquiredDuringPeriod", "crdr": "debit", "presentation": [
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This accounting policy also may address how an entity assesses and measures impairment of goodwill, how reporting units are determined, how goodwill is allocated to such units, and how the fair values of the reporting units are determined." } } }, "auth_ref": ["r549", "r562", "r1302"] }, "us-gaap_GoodwillAndIntangibleAssetsIntangibleAssetsPolicy": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "GoodwillAndIntangibleAssetsIntangibleAssetsPolicy", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesPolicies"], "lang": { "en-us": { "role": { "terseLabel": "Intangible Assets", "label": "Goodwill and Intangible Assets, Intangible Assets, Policy [Policy Text Block]", "documentation": "Disclosure of accounting policy for intangible assets. This accounting policy may address both intangible assets subject to amortization and those that are not. The following also may be disclosed: (1) a description of intangible assets (2) the estimated useful lives of those assets (3) the amortization method used (4) how the entity assesses and measures impairment of such assets (5) how future cash flows are estimated (6) how the fair values of such asset are determined." } } }, "auth_ref": ["r563", "r577", "r579"] }, "us-gaap_GoodwillImpairedAccumulatedImpairmentLoss": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "GoodwillImpairedAccumulatedImpairmentLoss", "crdr": "credit", "presentation": ["http://www.cvshealth.com/role/GoodwillandOtherIntangiblesNarrativeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Cumulative goodwill impairments", "label": "Goodwill, Impaired, Accumulated Impairment Loss", "documentation": "Amount of accumulated impairment loss for asset representing future economic benefit arising from other asset acquired in business combination or from joint venture formation or both, that is not individually identified and separately recognized." } } }, "auth_ref": ["r553", "r560", "r1302"] }, "us-gaap_GoodwillImpairmentLoss": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "GoodwillImpairmentLoss", "crdr": "debit", "presentation": ["http://www.cvshealth.com/role/GoodwillandOtherIntangiblesNarrativeDetails", "http://www.cvshealth.com/role/SignificantAccountingPoliciesNarrativeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Goodwill impairment", "label": "Goodwill, Impairment Loss", "documentation": "Amount of impairment loss from asset representing future economic benefit arising from other asset acquired in business combination or from joint venture formation or both, that is not individually identified and separately recognized." } } }, "auth_ref": ["r14", "r551", "r557", "r562", "r1302", "r1339"] }, "us-gaap_GoodwillLineItems": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "GoodwillLineItems", "presentation": ["http://www.cvshealth.com/role/GoodwillandOtherIntangiblesGoodwillDetails"], "lang": { "en-us": { "role": { "terseLabel": "Goodwill [Line Items]", "label": "Goodwill [Line Items]", "documentation": "Line items represent financial concepts included in a table. 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underlying insurance policies, less estimated reinsurance recoveries on such claims. This includes an estimate for claims which have been incurred but not reported. Claim adjustment expenses represent the costs estimated to be incurred in the settlement of unpaid claims." } } }, "auth_ref": ["r1095", "r1098", "r1724"] }, "us-gaap_LiabilityForUnpaidClaimsAndClaimsAdjustmentExpenseNetAbstract": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LiabilityForUnpaidClaimsAndClaimsAdjustmentExpenseNetAbstract", "presentation": ["http://www.cvshealth.com/role/HealthCareCostsPayableComponentsofChangeinHealthCareCostsPayableDetails"], "lang": { "en-us": { "role": { "terseLabel": "Liability for Unpaid Claims and Claims Adjustment Expense [Roll Forward]", "label": "Liability for Unpaid Claims and Claims Adjustment Expense [Roll Forward]", "documentation": "A roll forward is a reconciliation of a concept from the beginning of a period to the end of a period." } } }, "auth_ref": [] }, "cvs_LincolnLifeAnnuityCompanyOfNewYorkMember": { "xbrltype": "domainItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "LincolnLifeAnnuityCompanyOfNewYorkMember", "presentation": ["http://www.cvshealth.com/role/ReinsuranceReinsuranceRecoverablesDetails"], "lang": { "en-us": { "role": { "terseLabel": "Lincoln Life & Annuity Company of New York", "label": "Lincoln Life & Annuity Company Of New York [Member]", "documentation": "Lincoln Life & Annuity Company Of New York [Member]" } } }, "auth_ref": [] }, "us-gaap_LineOfCreditFacilityCommitmentFeePercentage": { "xbrltype": "percentItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LineOfCreditFacilityCommitmentFeePercentage", "presentation": ["http://www.cvshealth.com/role/BorrowingsandCreditAgreementsShorttermBorrowingsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Commitment fee percentage", "label": "Line of Credit Facility, Commitment Fee Percentage", "documentation": "The fee, expressed as a percentage of the line of credit facility, for the line of credit facility regardless of whether the facility has been used." } } }, "auth_ref": [] }, "us-gaap_LineOfCreditFacilityMaximumBorrowingCapacity": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LineOfCreditFacilityMaximumBorrowingCapacity", "crdr": "credit", "presentation": ["http://www.cvshealth.com/role/BorrowingsandCreditAgreementsShorttermBorrowingsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Maximum borrowing capacity", "label": "Line of Credit Facility, Maximum Borrowing Capacity", "documentation": "Maximum borrowing capacity under the credit facility without consideration of any current restrictions on the amount that could be borrowed or the amounts currently outstanding under the facility." } } }, "auth_ref": ["r139", "r144"] }, "us-gaap_LineOfCreditMember": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LineOfCreditMember", "presentation": ["http://www.cvshealth.com/role/BorrowingsandCreditAgreementsShorttermBorrowingsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Line of Credit", "label": "Line of Credit [Member]", "documentation": "A contractual arrangement with a lender under which borrowings can be made up to a specific amount at any point in time, and under which borrowings outstanding may be either short-term or long-term, depending upon the particulars." } } }, "auth_ref": [] }, "srt_LitigationCaseAxis": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/srt/2024", "localname": "LitigationCaseAxis", "presentation": ["http://www.cvshealth.com/role/CommitmentsandContingenciesDetails"], "lang": { "en-us": { "role": { "terseLabel": "Litigation Case [Axis]", "label": "Litigation Case [Axis]", "documentation": "Information by type of judicial proceeding, alternative dispute resolution or claim." } } }, "auth_ref": [] }, "srt_LitigationCaseTypeDomain": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/srt/2024", "localname": "LitigationCaseTypeDomain", "presentation": ["http://www.cvshealth.com/role/CommitmentsandContingenciesDetails"], "lang": { "en-us": { "role": { "terseLabel": "Litigation Case [Domain]", "label": "Litigation Case [Domain]", "documentation": "Judicial proceeding, alternative dispute resolution or claim. For example, but not limited to, name of case, category of litigation, or other differentiating information." } } }, "auth_ref": [] }, "us-gaap_LitigationSettlementAmountAwardedToOtherParty": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LitigationSettlementAmountAwardedToOtherParty", "crdr": "credit", "presentation": ["http://www.cvshealth.com/role/CommitmentsandContingenciesDetails"], "lang": { "en-us": { "role": { "terseLabel": "Legal settlement awarded to other party", "label": "Litigation Settlement, Amount Awarded to Other Party", "documentation": "Amount awarded to other party in judgment or settlement of litigation." } } }, "auth_ref": [] }, "cvs_LitigationSettlementNumberOfStatesElectedToJoin": { "xbrltype": "integerItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "LitigationSettlementNumberOfStatesElectedToJoin", "presentation": ["http://www.cvshealth.com/role/CommitmentsandContingenciesDetails"], "lang": { 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"http://www.cvshealth.com/role/OtherInsuranceLiabilitiesandSeparateAccountsUndiscountedExpectedGrossPremiumsandExpectedFutureBenefitPaymentsDetails", "http://www.cvshealth.com/role/OtherInsuranceLiabilitiesandSeparateAccountsWeightedaverageInterestRatesandDurationsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Long-Term Care", "label": "Long-Term Care [Member]", "documentation": "Long-Term Care" } } }, "auth_ref": [] }, "us-gaap_LongTermDebtAndCapitalLeaseObligations": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LongTermDebtAndCapitalLeaseObligations", "crdr": "credit", "calculation": { "http://www.cvshealth.com/role/BorrowingsandCreditAgreementsScheduleofBorrowingsDetails_1": { "parentTag": "us-gaap_DebtAndCapitalLeaseObligations", "weight": 1.0, "order": 1.0 }, "http://www.cvshealth.com/role/ConsolidatedBalanceSheets": { "parentTag": "us-gaap_Liabilities", "weight": 1.0, "order": 3.0 } }, "presentation": 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Excludes interim and annual periods when interim periods are reported from current statement of

financial position date (rolling approach)." } } }, "auth_ref": ["r17", "r372", "r1638"] }, "us-gaap_LongTermDebtMaturitiesRepaymentsOfPrincipalInNextTwelveMonths": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LongTermDebtMaturitiesRepaymentsOfPrincipalInNextTwelveMonths", "crdr": "credit", "calculation": { "http://www.cvshealth.com/role/BorrowingsandCreditAgreementsDebtMaturitiesDetails": { "parentTag": "us-gaap_DebtInstrumentCarryingAmount", "weight": 1.0, "order": 1.0 } }, "presentation": ["http://www.cvshealth.com/role/BorrowingsandCreditAgreementsDebtMaturitiesDetails"], "lang": { "en-us": { "role": { "terseLabel": "2025", "label": "Long-Term Debt, Maturity, Year One", "documentation": "Amount of long-term debt payable, sinking fund requirement, and other securities issued that are redeemable by holder at fixed or determinable price and date, maturing in next fiscal year following current fiscal year. Excludes interim and annual periods when interim periods are reported from current statement of financial position date (rolling approach)." } } } }, "auth_ref": ["r17", "r372", "r638"] }, "us-gaap_LongTermDebtMaturitiesRepaymentsOfPrincipalInYearFive": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LongTermDebtMaturitiesRepaymentsOfPrincipalInYearFive", "crdr": "credit", "calculation": { "http://www.cvshealth.com/role/BorrowingsandCreditAgreementsDebtMaturitiesDetails": { "parentTag": "us-gaap_DebtInstrumentCarryingAmount", "weight": 1.0, "order": 5.0 } }, "presentation": ["http://www.cvshealth.com/role/BorrowingsandCreditAgreementsDebtMaturitiesDetails"], "lang": { "en-us": { "role": { "terseLabel": "2029", "label": "Long-Term Debt, Maturity, Year Five", "documentation": "Amount of long-term debt payable, sinking fund requirement, and other securities issued that are redeemable by holder at fixed or determinable price and date, maturing in fifth fiscal year following current fiscal year. Excludes interim and annual periods when interim periods are reported from current statement of financial position date (rolling approach)." } } } }, "auth_ref": ["r17", "r372", "r638"] }, "us-gaap_LongTermDebtMaturitiesRepaymentsOfPrincipalInYearFour": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LongTermDebtMaturitiesRepaymentsOfPrincipalInYearFour", "crdr": "credit", "calculation": { "http://www.cvshealth.com/role/BorrowingsandCreditAgreementsDebtMaturitiesDetails": { "parentTag": "us-gaap_DebtInstrumentCarryingAmount", "weight": 1.0, "order": 4.0 } }, "presentation": ["http://www.cvshealth.com/role/BorrowingsandCreditAgreementsDebtMaturitiesDetails"], "lang": { "en-us": { "role": { "terseLabel": "2028", "label": "Long-Term Debt, Maturity, Year Four", "documentation": "Amount of long-term debt payable, sinking fund requirement, and other securities issued that are redeemable by holder at fixed or determinable price and date, maturing in fourth fiscal year following current fiscal year. Excludes interim and annual periods when interim periods are reported from current statement of financial position date (rolling approach)." } } } }, "auth_ref": ["r17", "r372", "r638"] }, "us-gaap_LongTermDebtMaturitiesRepaymentsOfPrincipalInYearThree": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LongTermDebtMaturitiesRepaymentsOfPrincipalInYearThree", "crdr": "credit", "calculation": { "http://www.cvshealth.com/role/BorrowingsandCreditAgreementsDebtMaturitiesDetails": { "parentTag": "us-gaap_DebtInstrumentCarryingAmount", "weight": 1.0, "order": 3.0 } }, "presentation": ["http://www.cvshealth.com/role/BorrowingsandCreditAgreementsDebtMaturitiesDetails"], "lang": { "en-us": { "role": { "terseLabel": "2027", "label": "Long-Term Debt, Maturity, Year Three", "documentation": "Amount of long-term debt payable, sinking fund requirement, and other securities issued that are redeemable by holder at fixed or determinable price and date, maturing in third fiscal year following current fiscal year. Excludes interim and annual periods when interim periods are reported from current statement of financial position date (rolling approach)." } } } }, "auth_ref": ["r17", "r372", "r638"] }, "us-gaap_LongTermDebtMaturitiesRepaymentsOfPrincipalInYearTwo": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LongTermDebtMaturitiesRepaymentsOfPrincipalInYearTwo", "crdr": "credit", "calculation": { "http://www.cvshealth.com/role/BorrowingsandCreditAgreementsDebtMaturitiesDetails": { "parentTag": "us-gaap_DebtInstrumentCarryingAmount", "weight": 1.0, "order": 2.0 } }, "presentation": ["http://www.cvshealth.com/role/BorrowingsandCreditAgreementsDebtMaturitiesDetails"], "lang": { "en-us": { "role": { "terseLabel": "2026", "label": "Long-Term Debt, Maturity, Year Two", "documentation": "Amount of long-term debt payable, sinking fund requirement, and other securities issued that are redeemable by holder at fixed or determinable price and date, maturing in second fiscal year following current fiscal year. Excludes interim and annual periods when interim periods are reported from current statement of financial position date (rolling approach)." } } } }, "auth_ref": ["r17", "r372", "r638"] }, "us-gaap_LongTermInvestments": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LongTermInvestments", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/ConsolidatedBalanceSheets": { "parentTag": "us-gaap_Assets", "weight": 1.0, "order": 2.0 }, "http://www.cvshealth.com/role/InvestmentsTotalInvestmentsScheduleDetails": { "parentTag": "us-gaap_Investments", "weight": 1.0, "order": 2.0 } }, "presentation": ["http://www.cvshealth.com/role/ConsolidatedBalanceSheets", "http://www.cvshealth.com/role/InvestmentsTotalInvestmentsScheduleDetails", "http://www.cvshealth.com/role/SignificantAccountingPoliciesVariableInterestEntitiesBalancesDetails"], "lang": { "en-us": { "role": { "verboseLabel": "Long-term investments", "terseLabel": "Long-term", "label": "Long-Term Investments", "documentation": "The total amount of investments that are intended to be held for an extended period of time (longer than one operating cycle)." } } } }, "auth_ref": ["r319"] }, "us-gaap_LongtermDebtTypeAxis": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LongtermDebtTypeAxis", "presentation": ["http://www.cvshealth.com/role/BorrowingsandCreditAgreementsLongtermBorrowingsDetails", "http://www.cvshealth.com/role/BorrowingsandCreditAgreementsScheduleofBorrowingsDetails", "http://www.cvshealth.com/role/SegmentReportingReconciliationofFinancialMeasuresofSegmentstoConsolidatedTotalsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Long-term Debt, Type [Axis]", "label": "Long-Term Debt, Type [Axis]", "documentation": "Information by type of long-term debt." } } }, "auth_ref": ["r34", "r1621", "r1622", "r1623"] }, "us-gaap_LongtermDebtTypeDomain": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LongtermDebtTypeDomain", "presentation": ["http://www.cvshealth.com/role/BorrowingsandCreditAgreementsLongtermBorrowingsDetails", "http://www.cvshealth.com/role/BorrowingsandCreditAgreementsScheduleofBorrowingsDetails", "http://www.cvshealth.com/role/SegmentReportingReconciliationofFinancialMeasuresofSegmentstoConsolidatedTotalsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Long-term Debt, Type [Domain]", "label": "Long-Term Debt, Type [Domain]", "documentation": "Type of long-term debt arrangement, such as notes, line of credit, commercial paper, asset-based financing, project financing, letter of credit financing. These are debt arrangements that originally required repayment more than twelve months after issuance or greater than the normal operating cycle of the company, if longer." } } }, "auth_ref": ["r34", "r66", "r1621", "r1622", "r1623"] }, "us-gaap_LossContingenciesLineItems": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LossContingenciesLineItems", "presentation": ["http://www.cvshealth.com/role/CommitmentsandContingenciesDetails"], "lang": { "en-us": { "role": { "terseLabel": "Loss Contingencies [Line Items]", "label": "Loss Contingencies [Line Items]", "documentation": "Line items represent financial concepts included in a table. These concepts are used to disclose reportable information associated with domain members defined in one or many axes to the table." } } }, "auth_ref": ["r599", "r600", "r601", "r604", "r801", "r1304", "r1627", "r1628"] }, "us-gaap_LossContingenciesTable": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "LossContingenciesTable", "presentation": ["http://www.cvshealth.com/role/CommitmentsandContingenciesDetails"], "lang": { "en-us": { "role": { "terseLabel": "Loss Contingencies [Table]", "label": "Loss Contingencies [Table]", "documentation": "Disclosure of information about loss contingency. 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We carry the value of our mortgage loan investments on our balance sheet at the unpaid principal balance, net of impairment reserves." } } }, "auth_ref": [] }, "us-gaap_MortgageLoansOnRealEstate": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "MortgageLoansOnRealEstate", "crdr": "debit", "presentation": ["http://www.cvshealth.com/role/InvestmentsMortgageLoansCreditRatingsIndicatorDetails"], "lang": { "en-us": { "role": { "terseLabel": "Mortgage loans", "label": "SEC Schedule, 12-29, Real Estate Companies, Investment in Mortgage Loans on Real Estate", "documentation": "Amount of investment in mortgage loan on real estate by entity with substantial portion of business acquiring and holding investment real estate or interest in real estate." } } }, "auth_ref": ["r1251"] }, "cvs_MortgageLoansOnRealEstateCollectionsOfPrincipalAfterYearFive": { "xbrltype": "monetaryItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "MortgageLoansOnRealEstateCollectionsOfPrincipalAfterYearFive", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/InvestmentsMortgageLoanPrincipalRepaymentsDetails": { "parentTag": "us-gaap_MortgageLoansOnRealEstateCommercialAndConsumerNet", "weight": 1.0, "order": 6.0 } }, "presentation": ["http://www.cvshealth.com/role/InvestmentsMortgageLoanPrincipalRepaymentsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Thereafter", "label": "Mortgage Loans On Real Estate Collections Of Principal After Year Five", "documentation": "Mortgage Loans On Real Estate Collections Of Principal After Year Five" } } }, "auth_ref": [] }, "cvs_MortgageLoansOnRealEstateCollectionsOfPrincipalInNextTwelveMonths": { "xbrltype": "monetaryItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "MortgageLoansOnRealEstateCollectionsOfPrincipalInNextTwelveMonths", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/InvestmentsMortgageLoanPrincipalRepaymentsDetails": { "parentTag": "us-gaap_MortgageLoansOnRealEstateCommercialAndConsumerNet", "weight": 1.0, "order": 1.0 } }, "presentation": ["http://www.cvshealth.com/role/InvestmentsMortgageLoanPrincipalRepaymentsDetails"], "lang": { "en-us": { "role": { "terseLabel": "2025", "label": "Mortgage Loans On Real Estate Collections Of Principal In Next Twelve Months", "documentation": "Mortgage Loans On Real Estate Collections Of Principal In Next Twelve Months" } } }, "auth_ref": [] }, "cvs_MortgageLoansOnRealEstateCollectionsOfPrincipalInYearFive": { "xbrltype": "monetaryItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "MortgageLoansOnRealEstateCollectionsOfPrincipalInYearFive", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/InvestmentsMortgageLoanPrincipalRepaymentsDetails": { "parentTag": "us-gaap_MortgageLoansOnRealEstateCommercialAndConsumerNet", "weight": 1.0, "order": 5.0 } }, "presentation": ["http://www.cvshealth.com/role/InvestmentsMortgageLoanPrincipalRepaymentsDetails"], "lang": { "en-us": { "role": { "terseLabel": "2029", "label": "Mortgage Loans On Real Estate Collections Of Principal In Year Five", "documentation": "Mortgage Loans On Real Estate Collections Of Principal In Year Five" } } }, "auth_ref": [] }, "cvs_MortgageLoansOnRealEstateCollectionsOfPrincipalInYearFour": { "xbrltype": "monetaryItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "MortgageLoansOnRealEstateCollectionsOfPrincipalInYearFour", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/InvestmentsMortgageLoanPrincipalRepaymentsDetails": { "parentTag": "us-gaap_MortgageLoansOnRealEstateCommercialAndConsumerNet", "weight": 1.0, "order": 4.0 } }, "presentation": ["http://www.cvshealth.com/role/InvestmentsMortgageLoanPrincipalRepaymentsDetails"], "lang": { "en-us": { "role": { "terseLabel": "2028", "label": "Mortgage Loans On Real Estate

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Examples include, but are not limited to, land, buildings, machinery and equipment, office equipment, and furniture and fixtures." } } }, "auth_ref": ["r1338", "r1686", "r1687", "r1697"] }, "us-gaap_PropertyPlantAndEquipmentLineItems": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "PropertyPlantAndEquipmentLineItems", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesPropertyandEquipmentDetails"], "lang": { "en-us": { "role": { "terseLabel": "Property, Plant and Equipment [Line Items]", "label": "Property, Plant and Equipment [Line Items]", "documentation": "Line items represent financial concepts included in a table. 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Examples include, but are not limited to, land, buildings, machinery and equipment, office equipment, and furniture and fixtures." } } }, "auth_ref": [] }, "us-gaap_PropertyPlantAndEquipmentPolicyTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "PropertyPlantAndEquipmentPolicyTextBlock", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesPolicies"], "lang": { "en-us": { "role": { "terseLabel": "Property and Equipment", "label": "Property, Plant and Equipment, Policy [Policy Text Block]", "documentation": "Disclosure of accounting policy for long-lived, physical asset used in normal conduct of business and not intended for resale. Includes, but is not limited to, work of art, historical treasure, and similar asset classified as collections." } } }, "auth_ref": ["r16", "r256", "r260", "r1053"] }, "us-gaap_PropertyPlantAndEquipmentTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "PropertyPlantAndEquipmentTextBlock", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesTables"], "lang": { "en-us": { "role": { "terseLabel": "Schedule of Property and Equipment", "label": "Property, Plant and Equipment [Table Text Block]", "documentation": "Tabular disclosure of physical assets used in the normal conduct of business and not intended for resale. Includes, but is not limited to, balances by class of assets, depreciation and depletion expense and method used, including composite depreciation, and accumulated deprecation." } } }, "auth_ref": ["r16"] }, "us-gaap_PropertyPlantAndEquipmentTypeDomain": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "PropertyPlantAndEquipmentTypeDomain", "presentation": ["http://www.cvshealth.com/role/LeasesNarrativeDetails", "http://www.cvshealth.com/role/SignificantAccountingPoliciesNarrativeDetails", "http://www.cvshealth.com/role/SignificantAccountingPoliciesPropertyandEquipmentDetails"], "lang": { "en-us": { "role": { "terseLabel": "Long-Lived Tangible Asset [Domain]", "label": "Long-Lived Tangible Asset [Domain]", "documentation": "Listing of long-lived, physical assets that are used in the normal conduct of business to produce goods and services and not intended for resale. Examples include land, buildings, machinery and equipment, and other types of furniture and equipment including, but not limited to, office equipment, furniture and fixtures, and computer equipment and software." } } }, "auth_ref": ["r187", "r965"] }, "us-gaap_PropertyPlantAndEquipmentUsefulLife": { "xbrltype": "durationItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "PropertyPlantAndEquipmentUsefulLife", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesNarrativeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Useful life of property plant and equipment", "label": "Property, Plant and Equipment, Useful Life", "documentation": "Useful life of long lived, physical assets used in the normal conduct of business and not intended for resale, in 'PnYnMnDTnHnMnS' format, for example, 'P1Y5M13D' represents the reported fact of one year, five months, and thirteen days. Examples include, but not limited to, land, buildings, machinery and equipment, office equipment, furniture and fixtures, and computer equipment." } } }, "auth_ref": [] }, "cvs_ProviderNetworksMember": { "xbrltype": "domainItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "ProviderNetworksMember", "presentation": ["http://www.cvshealth.com/role/GoodwillandOtherIntangiblesIntangibleAssetsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Provider networks", "label": "Provider Networks [Member]", "documentation": "Acquired in a business combination or other transaction. This item represents the value ascribed to the relationships with the acquiree's physicians, hospitals and other health care providers network." } } }, "auth_ref": [] }, "ecd_PvpTable": { "xbrltype": "stringItemType", "nsuri": "http://xbrl.sec.gov/ecd/2024", "localname": "PvpTable", "presentation": ["http://xbrl.sec.gov/ecd/role/PvpDisclosure"], "lang": { "en-us": { "role": { "terseLabel": "Pay vs Performance Disclosure", "label": "Pay vs Performance Disclosure [Table]" } } }, "auth_ref": ["r1443"] }, "ecd_PvpTableTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://xbrl.sec.gov/ecd/2024", "localname": "PvpTableTextBlock", "presentation": ["http://xbrl.sec.gov/ecd/role/PvpDisclosure"], "lang": { "en-us": { "role": { "terseLabel": "Pay vs Performance Disclosure, Table", "label": "Pay vs Performance [Table Text Block]" } } }, "auth_ref": ["r1443"] }, "srt_RangeAxis": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/srt/2024", "localname": "RangeAxis", "presentation": ["http://www.cvshealth.com/role/LeasesNarrativeDetails", "http://www.cvshealth.com/role/SignificantAccountingPoliciesNarrativeDetails", "http://www.cvshealth.com/role/StockIncentivePlansNarrativeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Statistical Measurement [Axis]", "label": "Statistical Measurement [Axis]", "documentation": "Information by statistical measurement. Includes, but is not limited to, minimum, maximum, weighted average, arithmetic average, and median." } } }, "auth_ref": ["r268", "r269", "r270", "r271", "r272", "r304", "r305", "r600", "r601", "r602", "r603", "r704", "r754", "r787", "r788", "r789", "r801", "r904", "r982", "r994", "r1011", "r1106", "r1115", "r1128", "r1167", "r1168", "r1222", "r1227", "r1229", "r1230", "r1239", "r1270", "r1271", "r1297", "r1310", "r1328", "r1343", "r1344", "r1348", "r1349", "r1365", "r1380", "r1624", "r1636", "r1689", "r1713", "r1714", "r1715", "r1716", "r1717"] }, "srt_RangeMember": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/srt/2024", "localname": "RangeMember", "presentation": ["http://www.cvshealth.com/role/LeasesNarrativeDetails", "http://www.cvshealth.com/role/SignificantAccountingPoliciesNarrativeDetails", "http://www.cvshealth.com/role/StockIncentivePlansNarrativeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Statistical Measurement [Domain]", "label": "Statistical Measurement [Domain]", "documentation": "Statistical measurement. Includes, but is not limited to, minimum, maximum, weighted average, arithmetic average, and median." } } }, "auth_ref": ["r268", "r269", "r270", "r271", "r272", "r304", "r305", "r600", "r601", "r602", "r603", "r704", "r754", "r787", "r788", "r789", "r801", "r904", "r982", "r994", "r1011", "r1106", "r1115", "r1128", "r1167", "r1168", "r1222", "r1227", "r1229", "r1230", "r1239", "r1270", "r1271", "r1297", "r1310", "r1328", "r1343", "r1344", "r1348", "r1349", "r1365", "r1380", "r1624", "r1636", "r1689", "r1713", "r1714", "r1715", "r1716", "r1717"] }, "cvs_RealAssetsMember": { "xbrltype": "domainItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "RealAssetsMember", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsNarrativeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Real assets", "label": "Real Assets [Member]", "documentation": "Real Assets" } } }, "auth_ref": [] }, "us-gaap_RealEstateFundsMember": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "RealEstateFundsMember", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesVariableInterestEntitiesBalancesDetails"], "lang": { "en-us": { "role": { "verboseLabel": "Real estate partnerships", "label": "Real Estate Funds [Member]", "documentation": "Investments in funds that invest in commercial or residential real estate." } } }, "auth_ref": ["r1344", "r1349"] }, "us-gaap_RealizedInvestmentGainsLosses": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "RealizedInvestmentGainsLosses", "crdr": "credit", "calculation": { "http://www.cvshealth.com/role/InvestmentsNetInvestmentIncomeDetails": { "parentTag": "us-gaap_InvestmentIncomeNet", "weight": 1.0, "order": 2.0 }, "http://www.cvshealth.com/role/SegmentReportingReconciliationofFinancialMeasuresofSegmentstoConsolidatedTotalsDetails": { "parentTag": "us-gaap_OperatingIncomeLoss", "weight": 1.0, "order": 3.0 } }, "presentation": ["http://www.cvshealth.com/role/InvestmentsNetInvestmentIncomeDetails", "http://www.cvshealth.com/role/SegmentReportingReconciliationofFinancialMeasuresofSegmentstoConsolidatedTotalsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Less: Net realized capital gains (losses)", "negatedTerseLabel": "Net realized capital losses", "label": "Realized Investment Gains (Losses)", "documentation": "Amount of realized gain (loss) on investment." } } }, "auth_ref": ["r1065"] }, "us-gaap_ReceivablesPolicyTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ReceivablesPolicyTextBlock", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesPolicies"], "lang": { "en-us": { "role": { "terseLabel": "Accounts Receivable", "label": "Receivable [Policy Text Block]", "documentation": "Disclosure of accounting policy for receivable. Includes, but is not limited to, accounts receivable and financing receivable." } } }, "auth_ref": ["r460", "r461", "r462", "r464", "r1567"] }, "us-gaap_ReclassificationAdjustmentOutOfAccumulatedOtherComprehensiveIncomeOnDerivativesLineItems": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ReclassificationAdjustmentOutOfAccumulatedOtherComprehensiveIncomeOnDerivativesLineItems", "presentation": ["http://www.cvshealth.com/role/OtherComprehensiveIncomeLossDetails"], "lang": { "en-us": { "role": { "terseLabel": "Reclassification Adjustment out of Accumulated Other Comprehensive Income on Derivatives [Line Items]", "label": "Reclassification Adjustment out of Accumulated Other Comprehensive Income on Derivatives [Line Items]", "documentation": "Line items represent financial concepts included in a table. These concepts are used to disclose reportable information associated with domain members defined in one or many axes to the table." } } }, "auth_ref": ["r346"] }, "us-gaap_ReclassificationFromAccumulatedOtherComprehensiveIncomeCurrentPeriodBeforeTax": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ReclassificationFromAccumulatedOtherComprehensiveIncomeCurrentPeriodBeforeTax", "crdr": "debit", "presentation": ["http://www.cvshealth.com/role/OtherComprehensiveIncomeLossDetails"], "lang": { "en-us": { "role": { "negatedTerseLabel": "Amounts reclassified from accumulated other comprehensive income (loss), pre-tax", "label": "Reclassification from Accumulated Other Comprehensive Income, Current Period, before Tax", "documentation": "Amount before tax of reclassification adjustments of other comprehensive income (loss)." } } }, "auth_ref": ["r39", "r345", "r931", "r936", "r937", "r1058", "r1535"] }, "us-gaap_ReclassificationFromAccumulatedOtherComprehensiveIncomeCurrentPeriodNetOfTax": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ReclassificationFromAccumulatedOtherComprehensiveIncomeCurrentPeriodNetOfTax", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/OtherComprehensiveIncomeLossDetails": { "parentTag": "us-gaap_OtherComprehensiveIncomeLossNetOfTax", "weight": -1.0, "order": 2.0 } }, "presentation": ["http://www.cvshealth.com/role/OtherComprehensiveIncomeLossDetails"], "lang": { "en-us": { "role": { "negatedTerseLabel": "Amounts reclassified from accumulated other comprehensive income (loss), net of tax", "label": "Reclassification from Accumulated Other Comprehensive Income, Current Period, Net of Tax", "documentation": "Amount after tax of reclassification adjustments of other comprehensive income (loss)." } } }, "auth_ref": ["r33", "r39", "r345", "r931", "r936", "r937", "r1058", "r1535"] }, "us-gaap_ReclassificationFromAccumulatedOtherComprehensiveIncomeCurrentPeriodNetOfTaxAbstract": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ReclassificationFromAccumulatedOtherComprehensiveIncomeCurrentPeriodNetOfTaxAbstract", "presentation": ["http://www.cvshealth.com/role/OtherComprehensiveIncomeLossDetails"], "lang": { "en-us": { "role": { "terseLabel": "Changes in Accumulated Other Comprehensive Income (Loss) by Component", "label": "AOCI Including Portion Attributable to Noncontrolling Interest, Net of Tax [Roll Forward]", "documentation": "A roll forward is a reconciliation of a concept from the beginning of a period to the end of a period." } } }, "auth_ref": [] }, "us-gaap_ReclassificationOutOfAccumulatedOtherComprehensiveIncomeTable": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ReclassificationOutOfAccumulatedOtherComprehensiveIncomeTable", "presentation": ["http://www.cvshealth.com/role/OtherComprehensiveIncomeLossDetails"], "lang": { "en-us": { "role": { "terseLabel": "Reclassification out of Accumulated Other Comprehensive Income [Table]", "label": "Reclassification out of Accumulated Other Comprehensive Income [Table]", "documentation": "Disclosure of information about items reclassified out of accumulated other comprehensive income (loss)." } } }, "auth_ref": ["r346"] }, "us-gaap_ReconciliationOfOperatingProfitLossFromSegmentsToConsolidatedAbstract": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ReconciliationOfOperatingProfitLossFromSegmentsToConsolidatedAbstract", "presentation": ["http://www.cvshealth.com/role/SegmentReportingReconciliationofFinancialMeasuresofSegmentstoConsolidatedTotalsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Reconciliation of principal measure of segment performance to consolidated operating income:", "label": "Reconciliation of Operating Profit (Loss) from Segments to Consolidated [Abstract]" } } }, "auth_ref": [] }, "us-gaap_ReconciliationOfUnrecognizedTaxBenefitsExcludingAmountsPertainingToExaminedTaxReturnsRollForward": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ReconciliationOfUnrecognizedTaxBenefitsExcludingAmountsPertainingToExaminedTaxReturnsRollForward", "presentation": ["http://www.cvshealth.com/role/IncomeTaxesUnrecognizedTaxBenefitsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Unrecognized Tax Benefits [Roll Forward]", "label": "Unrecognized Tax Benefits [Roll Forward]", "documentation": "A roll forward is a reconciliation of a concept from the beginning of a period to the end of a period." } } }, "auth_ref": [] }, "ecd_RecoveryOfErrCompDisclosureLineItems": { "xbrltype": "stringItemType", "nsuri": "http://xbrl.sec.gov/ecd/2024", "localname": "RecoveryOfErrCompDisclosureLineItems", "lang": { "en-us": { "role": { "label": "Recovery of Erroneously Awarded Compensation Disclosure [Line Items]" } } }, "auth_ref": ["r1410", "r1421", "r1431", "r1464"] }, "cvs_RedeemablePreferredSecuritiesMember": { "xbrltype": "domainItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "RedeemablePreferredSecuritiesMember", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsFairValueofPensionPlanAssetsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Redeemable preferred securities", "label": "Redeemable Preferred Securities [Member]", "documentation": "Redeemable Preferred Securities [Member]" } } }, "auth_ref": [] }, "us-

gaap_RedeemablePreferredStockMember": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "RedeemablePreferredStockMember", "presentation": ["http://www.cvshealth.com/role/FairValueMeasurementonaRecurringBasisDetails", "http://www.cvshealth.com/role/InvestmentsDebtSecuritiesDetails", "http://www.cvshealth.com/role/InvestmentsUnrealizedLossPositionDetails"], "lang": { "en-us": { "role": { "terseLabel": "Redeemable preferred securities", "label": "Redeemable Preferred Stock [Member]", "documentation": "Description of type or class of redeemable preferred stock. For instance, cumulative preferred stock, noncumulative preferred stock, convertible or series." } } }, "auth_ref": ["r35", "r69", "r367", "r501", "r609", "r612", "r613", "r614", "r618", "r619", "r929"] }, "us-gaap_ReinsuranceAccountingPolicy": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ReinsuranceAccountingPolicy", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesPolicies"], "lang": { "en-us": { "role": { "terseLabel": "Reinsurance Recoverables", "label": "Reinsurance Accounting Policy [Policy Text Block]", "documentation": "Disclosure of reinsurance accounting policy, for example, but not limited to, description of the methodologies and assumptions underlying determination of reinsurance recoverables, reinsurance payables and retention policy." } } }, "auth_ref": ["r1372", "r1373"] }, "us-gaap_ReinsuranceDisclosuresAbstract": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ReinsuranceDisclosuresAbstract", "lang": { "en-us": { "role": { "terseLabel": "Reinsurance Disclosures [Abstract]", "label": "Reinsurance Disclosures [Abstract]" } } }, "auth_ref": [] }, "us-gaap_ReinsuranceEffectOnClaimsAndBenefitsIncurredAmountAssumed": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ReinsuranceEffectOnClaimsAndBenefitsIncurredAmountAssumed", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/ReinsuranceEffectsofReinsuranceDetails": { "parentTag": "us-gaap_PolicyholderBenefitsAndClaimsIncurredNet", "weight": 1.0, "order": 2.0 } }, "presentation": ["http://www.cvshealth.com/role/ReinsuranceEffectsofReinsuranceDetails"], "lang": { "en-us": { "role": { "terseLabel": "Assumed", "label": "Policyholder Benefits and Claims Incurred, Assumed", "documentation": "Amount of policy benefits and costs incurred for policies assumed." } } }, "auth_ref": ["r1721", "r1734"] }, "us-gaap_ReinsuranceEffectOnClaimsAndBenefitsIncurredAmountCeded": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ReinsuranceEffectOnClaimsAndBenefitsIncurredAmountCeded", "crdr": "credit", "calculation": { "http://www.cvshealth.com/role/ReinsuranceEffectsofReinsuranceDetails": { "parentTag": "us-gaap_PolicyholderBenefitsAndClaimsIncurredNet", "weight": -1.0, "order": 3.0 } }, "presentation": ["http://www.cvshealth.com/role/PolicyholderBenefitsAndClaimsIncurredNetDetails"], "lang": { "en-us": { "role": { "negatedTerseLabel": "Ceded", "label": "Policyholder Benefits and Claims Incurred, Ceded", "documentation": "Amount of reduction of provision for policy benefits and costs incurred for policies ceded." } } }, "auth_ref": ["r1721", "r1734"] }, "us-gaap_ReinsurancePremiumsForInsuranceCompaniesByProductSegmentNetAmountAbstract": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": 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"http://www.cvshealth.com/role/HealthCareCostsPayableLiabilityforUnpaidClaimsandClaimsAdjustmentExpenseDetails"], "lang": { "en-us": { "role": { "terseLabel": "Reinsurance recoverables", "periodStartLabel": "Less: Reinsurance recoverables", "periodEndLabel": "Add: Reinsurance recoverables", "label": "Reinsurance Recoverable for Unpaid Claims and Claims Adjustments", "documentation": "Amount, after valuation allowance, recoverable under reinsurance contracts for losses reported to the ceding insurer but not yet paid and amounts expected for incurred losses and settlement expenses, which have not yet been reported to the ceding insurer." } } }, "auth_ref": ["r1095", "r1098", "r1103", "r1366", "r1371", "r1722", "r1738", "r1739"] }, "us-gaap_ReinsuranceRecoverablesOnPaidAndUnpaidLosses": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ReinsuranceRecoverablesOnPaidAndUnpaidLosses", "crdr": "debit", "presentation": ["http://www.cvshealth.com/role/ReinsuranceReinsuranceRecoverablesDetails"], "lang": { "en-us": { "role": { "terseLabel": "Total reinsurance recoverables", "label": "Reinsurance Recoverable for Paid and Unpaid Claims and Claims Adjustments", "documentation": "Amount, after valuation allowance, recoverable under reinsurance contracts. Examples include, but are not limited to, settled and unsettled claims, incurred but not reported losses, loss adjustment expense, policy benefits and policy reserves. Excludes premiums paid under reinsurance contracts." } } }, "auth_ref": ["r1146", "r1722", "r1737", "r1738", "r1739"] }, "us-gaap_ReinsuranceTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ReinsuranceTextBlock", "presentation": ["http://www.cvshealth.com/role/Reinsurance"], "lang": { "en-us": { "role": { "terseLabel": "Reinsurance", "label": "Reinsurance [Text Block]", "documentation": "The entire disclosure pertaining to the existence, magnitude and information about insurance that has been ceded to or assumed from another insurance company, including the methodologies and assumptions used in determining recorded amounts." } } }, "auth_ref": ["r1033", "r1034", "r1372", "r1373"] }, "cvs_RelatedPartyTransactionCharitableContributionToNonProfitEntity": { "xbrltype": "monetaryItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "RelatedPartyTransactionCharitableContributionToNonProfitEntity", "crdr": "credit", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesNarrativeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Charitable contribution to CVS Health Foundation", "label": "Related Party Transaction, Charitable Contribution To Non-Profit Entity", "documentation": "Related Party Transaction, Charitable Contribution To Non-Profit Entity" } } }, "auth_ref": [] }, "us-gaap_RepaymentsOfConvertibleDebt": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "RepaymentsOfConvertibleDebt", "crdr": "credit", "presentation": ["http://www.cvshealth.com/role/BorrowingsandCreditAgreementsLongtermBorrowingsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Conversion of convertible senior notes with cash", "label": "Repayments of Convertible Debt", "documentation": "The cash outflow from the repayment of a long-term debt instrument which can be exchanged for a specified amount of another security, typically the entity's common stock, at the option of the issuer or the holder." } } }, "auth_ref": ["r178"] }, "us-gaap_RepaymentsOfLongTermDebt": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "RepaymentsOfLongTermDebt", "crdr": "credit", "calculation": { "http://www.cvshealth.com/role/ConsolidatedStatementsofCashFlows": { "parentTag": "us-gaap_NetCashProvidedByUsedInFinancingActivities", "weight": -1.0, "order": 5.0 } }, "presentation": ["http://www.cvshealth.com/role/BorrowingsandCreditAgreementsLongtermBorrowingsDetails", "http://www.cvshealth.com/role/ConsolidatedStatementsofCashFlows"], "lang": { "en-us": { "role": { "negatedLabel": "Repayments of long-term debt", "terseLabel": "Cash payment of debt", "label": "Repayments of Long-Term Debt", "documentation": "The cash outflow for debt initially having maturity due after one year or beyond the normal operating cycle, if longer." } } }, "auth_ref": ["r178", "r1154"] }, "us-gaap_RepaymentsOfOtherShortTermDebt": { 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"Reporting Unit [Axis]", "label": "Reporting Unit [Axis]", "documentation": "Information by reporting unit." } } }, "auth_ref": ["r561", "r562", "r1302"] }, "us-gaap_ReportingUnitDomain": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ReportingUnitDomain", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesNarrativeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Reporting Unit [Domain]", "label": "Reporting Unit [Domain]", "documentation": "Level of reporting at which goodwill is tested for impairment." } } }, "auth_ref": ["r561", "r562", "r1302"] }, "srt_RepurchaseAgreementCounterpartyNameDomain": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/srt/2024", "localname": "RepurchaseAgreementCounterpartyNameDomain", "presentation": ["http://www.cvshealth.com/role/ShareholdersEquityAcceleratedShareRepurchasesDetails"], "lang": { "en-us": { "role": { "terseLabel": "Counterparty Name [Domain]", "label": "Counterparty Name [Domain]", "documentation": "Named other party that participates in a financial transaction. Examples include, but not limited to, the name of the financial institution." } } }, "auth_ref": ["r300", "r301", "r369", "r370", "r624", "r651", "r973", "r995", "r1036", "r1279", "r1280"] }, "us-gaap_ResidentialMortgageBackedSecuritiesMember": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ResidentialMortgageBackedSecuritiesMember", "presentation": ["http://www.cvshealth.com/role/FairValueMeasurementonaRecurringBasisDetails", "http://www.cvshealth.com/role/InvestmentsDebtSecuritiesDetails", "http://www.cvshealth.com/role/InvestmentsDebtSecuritiesbyMaturityDetails", "http://www.cvshealth.com/role/InvestmentsNarrativeDetails", "http://www.cvshealth.com/role/InvestmentsUnrealizedLossPositionDetails", "http://www.cvshealth.com/role/InvestmentsUnrealizedLossPositionMaturitiesDetails", "http://www.cvshealth.com/role/OtherInsuranceLiabilitiesandSeparateAccountsSeparateAccountAssetsDetails", "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsFairValueofPensionPlanAssetsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Residential mortgage-backed securities", "label": "Residential Mortgage-Backed Securities [Member]", "documentation": "Securities collateralized by residential real estate mortgage loans." } } }, "auth_ref": ["r1337", "r1341", "r1343", "r1569", "r1576", "r1581", "r1582", "r1583", "r1643"] }, "cvs_ResolutionLifeGroupHoldingsLtdMember": { "xbrltype": "domainItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "ResolutionLifeGroupHoldingsLtdMember", "presentation": ["http://www.cvshealth.com/role/ReinsuranceReinsuranceRecoverablesDetails"], "lang": { "en-us": { "role": { "terseLabel": "Resolution Life Group Holdings Ltd.", "label": "Resolution Life Group Holdings Ltd. [Member]", "documentation": "Resolution Life Group Holdings Ltd." } } }, "auth_ref": [] }, "ecd_RestatementDateAxis": { "xbrltype": "stringItemType", "nsuri": "http://xbrl.sec.gov/ecd/2024", "localname": "RestatementDateAxis", "presentation": ["http://xbrl.sec.gov/ecd/role/ErrCompDisclosure"], "lang": { "en-us": { "role": { "terseLabel": "Restatement Determination Date:", "label": "Restatement Determination Date [Axis]" } } }, "auth_ref": ["r1411", "r1422", "r1432", "r1465"] }, "ecd_RestatementDeterminationDate": { "xbrltype": "dateItemType", "nsuri": "http://xbrl.sec.gov/ecd/2024", "localname": "RestatementDeterminationDate", "presentation": ["http://xbrl.sec.gov/ecd/role/ErrCompDisclosure"] "lang": { "en-us": { "role": { "terseLabel": "Restatement Determination Date", "label": "Restatement Determination Date" } } }, "auth_ref": ["r1412", "r1423", "r1433", "r1466"] }, "ecd_RestatementDoesNotRequireRecoveryTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://xbrl.sec.gov/ecd/2024", "localname": "RestatementDoesNotRequireRecoveryTextBlock", "presentation": ["http://xbrl.sec.gov/ecd/role/ErrCompDisclosure"], "lang": { "en-us": { "role": { "terseLabel": "Restatement does not require Recovery", "label": "Restatement Does Not Require Recovery [Text Block]" } } }, "auth_ref": ["r1419", "r1430", "r1440", "r1473"] }, "us-gaap_RestrictedCashCurrent": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "RestrictedCashCurrent", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/SignificantAccountingPoliciesCashCashEquivalentsandRestrictedCashDetails": { "parentTag": "us-gaap_CashCashEquivalentsRestrictedCashAndRestrictedCashEquivalents", "weight": 1.0, "order": 1.0 } }, "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesCashCashEquivalentsandRestrictedCashDetails"], "lang": { "en-us": { "role": { "terseLabel": "Restricted cash (included in other current assets)", "label": "Restricted Cash, Current", "documentation": "Amount of cash restricted as to withdrawal or usage, classified as current. Cash includes, but is not limited to, currency on hand, demand deposits with banks or financial institutions, and other accounts with general characteristics of demand deposits." } } }, "auth_ref": ["r1531", "r1548"] }, "us-gaap_RestrictedCashNoncurrent": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "RestrictedCashNoncurrent", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/SignificantAccountingPoliciesCashCashEquivalentsandRestrictedCashDetails": { "parentTag": "us-gaap_CashCashEquivalentsRestrictedCashAndRestrictedCashEquivalents", "weight": 1.0, "order": 2.0 } }, "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesCashCashEquivalentsandRestrictedCashDetails"], "lang": { "en-us": { "role": { "terseLabel": "Restricted cash (included in other assets)", "label": "Restricted Cash, Noncurrent", "documentation": "Amount of cash restricted as to withdrawal or usage, classified as noncurrent. Cash includes, but is not limited to, currency on hand, demand deposits with banks or financial institutions, and other accounts with general characteristics of demand deposits." } } }, "auth_ref": ["r250", "r1532", "r1548"] }, "us-gaap_RestrictedInvestmentsAtFairValue": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "RestrictedInvestmentsAtFairValue", "crdr": "debit", "presentation": ["http://www.cvshealth.com/role/InvestmentsNarrativeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Investments related to 2012 contract conversion", "label": "Restricted Investments, at Fair Value", "documentation": "The aggregate value of all restricted investments." } } }, "auth_ref": ["r1224", "r1232", "r1240", "r1253", "r1254"] }, "cvs_RestrictedStockUnitsAndPerformanceShareUnitsMember": { "xbrltype": "domainItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "RestrictedStockUnitsAndPerformanceShareUnitsMember", "presentation": ["http://www.cvshealth.com/role/StockIncentivePlansNarrativeDetails", "http://www.cvshealth.com/role/StockIncentivePlansRestrictedStockUnitandPerformanceStockUnitActivityDetails", "http://www.cvshealth.com/role/StockIncentivePlansStockBasedCompensationExpenseDetails"], "lang": { "en-us": { "role": { "terseLabel": "Restricted stock units and performance stock units", "label": "Restricted Stock Units And Performance Share Units [Member]", "documentation": "Restricted Stock Units and Performance Share Units [Member]" } } }, "auth_ref": [] }, "cvs_RestrictedStockUnitsRSUsAndPerformanceStockUnitsPSUsMember": { "xbrltype": "domainItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "RestrictedStockUnitsRSUsAndPerformanceStockUnitsPSUsMember", "presentation": ["http://www.cvshealth.com/role/EarningsPerShareDetails"], "lang": { "en-us": { "role": { "terseLabel": "Restricted stock units and performance stock units", "label": "Restricted Stock Units (RSUs) And Performance Stock Units (PSUs) [Member]", "documentation": "Restricted Stock Units (RSUs) And Performance Stock Units (PSUs)" } } }, "auth_ref": [] }, "us-gaap_RestructuringAndRelatedActivitiesAbstract": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "RestructuringAndRelatedActivitiesAbstract", "lang": { "en-us": { "role": { "label": "Restructuring and Related Activities [Abstract]" } } }, "auth_ref": [] }, "us-gaap_RestructuringCostAndReserveLineItems": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "RestructuringCostAndReserveLineItems", "presentation": ["http://www.cvshealth.com/role/RestructuringDetails"], "lang": { "en-us": { "role": { "terseLabel": "Restructuring Cost and Reserve [Line Items]", "label": "Restructuring Cost and Reserve [Line Items]", "documentation": "Line items represent financial concepts included in a table. These concepts are used to disclose reportable information associated with domain members defined in one or many axes to the table." } } }, "auth_ref": ["r590", "r591", "r592", "r593", "r594", "r595", "r596"] }, "us-gaap_RestructuringCostsAndAssetImpairmentCharges": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "RestructuringCostsAndAssetImpairmentCharges", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/ConsolidatedStatementsofOperations": { "parentTag": "us-gaap_CostsAndExpenses", "weight": 1.0, "order": 4.0 }, "http://www.cvshealth.com/role/SegmentReportingReconciliationofFinancialMeasuresofSegmentstoConsolidatedTotalsDetails": { "parentTag": "us-gaap_OperatingIncomeLoss", "weight": -1.0, "order": 5.0 }, "http://www.cvshealth.com/role/RestructuringDetails": { "parentTag": null, "weight": null, "order": null, "root": true } }, "presentation": ["http://www.cvshealth.com/role/ConsolidatedStatementsofOperations", "http://www.cvshealth.com/role/RestructuringDetails", "http://www.cvshealth.com/role/SegmentReportingReconciliationofFinancialMeasuresofSegmentstoConsolidatedTotalsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Restructuring charges", "totalLabel": "Restructuring charges", "label": "Restructuring Costs and Asset Impairment Charges", "documentation": "Amount, after cash payment, of expenses associated with

exit or disposal activities pursuant to an authorized plan and expenses resulting from the write-down of assets. Excludes expenses related to a business combination, a discontinued operation or an asset retirement obligation." } } }, "auth_ref": { "r14" } }, "cvs_RestructuringCostsAssetImpairmentCharges": { "xbrltype": "monetaryItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "RestructuringCostsAssetImpairmentCharges", "crdr": "debit", "calculation": { "http://www.cvshealth.com/role/ConsolidatedStatementsofCashFlows": { "parentTag": "us-gaap_NetCashProvidedByUsedInOperatingActivities", "weight": 1.0, "order": 5.0 } }, "presentation": { "http://www.cvshealth.com/role/ConsolidatedStatementsofCashFlows" }, "lang": { "en-us": { "role": { "terseLabel": "Restructuring charges (impairment of long-lived assets)", "label": "Restructuring Costs, Asset Impairment Charges", "documentation": "Restructuring Costs, Asset Impairment Charges" } } }, "auth_ref": [] }, "us-gaap_RestructuringImpairmentAndOtherActivitiesDisclosureTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "RestructuringImpairmentAndOtherActivitiesDisclosureTextBlock", "presentation": ["http://www.cvshealth.com/role/Restructuring"], "lang": { "en-us": { "role": { "terseLabel": "Restructuring", "label": "Restructuring, Impairment, and Other Activities Disclosure [Text Block]", "documentation": "The entire disclosure of costs incurred for restructuring including, but not limited to, exit and disposal activities, remediation, implementation, integration, asset impairment, and charges against earnings from the write-down of assets." } } }, "auth_ref": [] }, "cvs_RetailStoresMember": { "xbrltype": "domainItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "RetailStoresMember", "presentation": ["http://www.cvshealth.com/role/LeasesNarrativeDetails", "http://www.cvshealth.com/role/RestructuringDetails", "http://www.cvshealth.com/role/SignificantAccountingPoliciesNarrativeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Retail Stores", "label": "Retail Stores [Member]", "documentation": "Retail Stores" } } }, "auth_ref": [] }, "us-gaap_RetainedEarningsAccumulatedDeficit": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "RetainedEarningsAccumulatedDeficit", "crdr": "credit", "calculation": { "http://www.cvshealth.com/role/ConsolidatedBalanceSheets": { "parentTag": "us-gaap_StockholdersEquity", "weight": 1.0, "order": 4.0 } }, "presentation": ["http://www.cvshealth.com/role/ConsolidatedBalanceSheets"], "lang": { "en-us": { "role": { "terseLabel": "Retained earnings", "label": "Retained Earnings (Accumulated Deficit)", "documentation": "Amount of accumulated undistributed earnings (deficit)." } } }, "auth_ref": ["r155", "r196", "r1048", "r1122", "r1127", "r1155", "r1178", "r1352"] }, "us-gaap_RetainedEarningsMember": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "RetainedEarningsMember", "presentation": ["http://www.cvshealth.com/role/ConsolidatedStatementsofShareholdersEquity"], "lang": { "en-us": { "role": { "terseLabel": "Retained Earnings", "label": "Retained Earnings [Member]", "documentation": "Accumulated undistributed earnings (deficit)." } } }, "auth_ref": ["r308", "r374", "r375", "r376", "r379", "r386", "r388", "r390", "r505", "r511", "r581", "r835", "r836", "r840", "r850", "r851", "r854", "r863", "r864", "r878", "r881", "r882", "r885", "r896", "r942", "r945", "r1118", "r1120", "r1159", "r1778"] }, "us-gaap_RetirementPlanTypeAxis": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "RetirementPlanTypeAxis", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsBenefitObligationsandPlanAssetsDetails", "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsChangesinLevel3PensionPlanAssetsDetails", "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsDefinedBenefitPlansExpectedBenefitDetails", "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsFairValueofPensionPlanAssetsDetails", "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsNarrativeDetails", "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsNetPeriodicBenefitCostIncomeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Retirement Plan Type [Axis]", "label": "Retirement Plan Type [Axis]", "documentation": "Information by type of retirement benefit plan. Includes, but is not limited to, retirement benefit arrangement for defined benefit pension and other postretirement plans, retirement benefit arrangement for defined contribution pension and other postretirement plans, and special and contractual termination benefits payable upon retirement." } } }, "auth_ref": ["r679", "r683", "r684", "r685", "r686", "r687", "r688", "r689", "r690", "r691", "r692", "r693", "r694", "r695", "r696", "r697", "r698", "r699", "r700", "r701", "r702", "r703", "r704", "r705", "r706", "r707", "r708", "r709", "r710", "r711", "r712", "r713", "r714", "r715", "r716", "r717", "r718", "r719", "r720", "r721", "r722", "r723", "r724", "r725", "r727", "r728", "r729", "r731", "r734", "r737", "r738", "r739", "r740", "r741", "r742", "r743", "r744", "r745", "r746", "r747", "r751", "r752", "r753", "r756", "r1320", "r1321", "r1322", "r1323", "r1324", "r1325", "r1326", "r1327"] }, "us-gaap_RetirementPlanTypeDomain": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "RetirementPlanTypeDomain", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsBenefitObligationsandPlanAssetsDetails", "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsChangesinLevel3PensionPlanAssetsDetails", "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsDefinedBenefitPlansExpectedBenefitDetails", "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsFairValueofPensionPlanAssetsDetails", "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsNarrativeDetails", "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsNetPeriodicBenefitCostIncomeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Retirement Plan Type [Domain]", "label": "Retirement Plan Type [Domain]", "documentation": "Type of plan designed to provide participants with retirement benefits. Includes, but is not limited to, retirement benefit arrangement for defined benefit pension and other postretirement plans, retirement benefit arrangement for defined contribution pension and other postretirement plans, and special and contractual termination benefits payable upon retirement." } } }, "auth_ref": ["r679", "r683", "r684", "r685", "r686", "r687", "r688", "r689", "r690", "r691", "r692", "r693", "r694", "r695", "r696", "r697", "r698", "r699", "r700", "r701", "r702", "r703", "r704", "r705", "r707", "r708", "r709", "r710", "r711", "r712", "r713", "r714", "r715", "r716", "r717", "r718", "r719", "r720", "r721", "r722", "r723", "r724", "r725", "r727", "r728", "r729", "r731", "r734", "r737", "r738", "r739", "r740", "r741", "r742", "r743", "r744", "r745", "r746", "r747", "r751", "r752", "r753", "r756", "r1320", "r1321", "r1322", "r1323", "r1324", "r1325", "r1326", "r1327"] }, "us-gaap_RevenueFromContractWithCustomerExcludingAssessedTax": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "RevenueFromContractWithCustomerExcludingAssessedTax", "crdr": "credit", "calculation": { "http://www.cvshealth.com/role/ConsolidatedStatementsofOperations": { "parentTag": "us-gaap_Revenues", "weight": 1.0, "order": 3.0 } }, "presentation": ["http://www.cvshealth.com/role/ConsolidatedStatementsofOperations"], "lang": { "en-us": { "role": { "terseLabel": "Revenues", "label": "Revenue from Contract with Customer, Excluding Assessed Tax", "documentation": "Amount, excluding tax collected from customer, of revenue from satisfaction of performance obligation by transferring promised good or service to customer. Tax collected from customer is tax assessed by governmental authority that is both imposed on and concurrent with specific revenue-producing transaction, including, but not limited to, sales, use, value added and excise." } } }, "auth_ref": ["r232", "r233", "r414", "r421", "r422", "r443", "r449", "r453", "r455", "r456", "r675", "r676", "r1013"] }, "us-gaap_RevenueFromContractWithCustomerPolicyTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "RevenueFromContractWithCustomerPolicyTextBlock", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesPolicies"], "lang": { "en-us": { "role": { "terseLabel": "Revenue Recognition", "label": "Revenue from Contract with Customer [Policy Text Block]", "documentation": "Disclosure of accounting policy for revenue from contract with customer." } } }, "auth_ref": ["r265", "r667", "r668", "r669", "r670", "r671", "r672", "r673", "r674", "r1273"] }, "us-gaap_Revenues": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "Revenues", "crdr": "credit", "calculation": { "http://www.cvshealth.com/role/ConsolidatedStatementsofOperations": { "parentTag": "us-gaap_OperatingIncomeLoss", "weight": 1.0, "order": 2.0 }, "http://www.cvshealth.com/role/SegmentReportingReconciliationofFinancialMeasuresofSegmentstoConsolidatedTotalsDetails": { "parentTag": null, "weight": null, "order": null, "root": true } }, "presentation": ["http://www.cvshealth.com/role/ConsolidatedStatementsofOperations", "http://www.cvshealth.com/role/SegmentReportingReconciliationofFinancialMeasuresofSegmentstoConsolidatedTotalsDetails", "http://www.cvshealth.com/role/SignificantAccountingPoliciesDisaggregationofRevenueDetails"], "lang": { "en-us": { "role": { "totalLabel": "Total revenues", "label": "Revenues", "documentation": "Amount of revenue recognized from goods sold, services rendered, insurance premiums, or other activities that constitute an earning process. Includes, but is not limited to, investment and interest income before deduction of interest expense when recognized as a component of revenue, and sales and trading gain (loss)." } } }, "auth_ref": ["r232", "r233", "r347", "r367", "r414", "r421", "r422", "r443", "r449", "r453", "r455", "r456", "r501", "r609", "r610", "r612", "r613", "r614", "r615", "r616", "r618", "r619", "r929", "r1026", "r1291", "r1632"] }, "us-gaap_RevenuesAbstract": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "RevenuesAbstract", "presentation": ["http://www.cvshealth.com/role/ConsolidatedStatementsofOperations"], "lang": { "en-us": { "role": { "terseLabel": "Revenues:", "label": "Revenues [Abstract]" } } }, "auth_ref": [] }, "cvs_RevolvingCreditFacilityExpiringMay112027Member": { "xbrltype": "domainItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "RevolvingCreditFacilityExpiringMay112027Member", "presentation": 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Excludes information expected to be reported in future period for effect on historical fact." } } }, "auth_ref": ["r755", "r1523", "r1557"] }, "srt_ScenarioUnspecifiedDomain": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/srt/2024", "localname": "ScenarioUnspecifiedDomain", "presentation": ["http://www.cvshealth.com/role/BorrowingsandCreditAgreementsLongtermBorrowingsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Scenario [Domain]", "label": "Scenario [Domain]", "documentation": "Scenario reported, distinguishing information from actual fact. Includes, but is not limited to, pro forma and forecast. Excludes actual facts." } } }, "auth_ref": ["r303", "r391", "r755", "r1505", "r1557"] }, "us-gaap_ScheduleOfAccountsNotesLoansAndFinancingReceivableTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfAccountsNotesLoansAndFinancingReceivableTextBlock", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesTables"], "lang": { "en-us": { "role": { "terseLabel": "Schedule of Accounts Receivable, Net", "label": "Schedule of Accounts, Notes, Loans and Financing Receivable [Table Text Block]", "documentation": "Tabular disclosure of the various types of trade accounts and notes receivable and for each the gross carrying value, allowance, and net carrying value as of the balance sheet date. Presentation is categorized by current, noncurrent and unclassified receivables." } } }, "auth_ref": ["r153", "r159"] }, "us-gaap_ScheduleOfAccumulatedOtherComprehensiveIncomeLossTableTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfAccumulatedOtherComprehensiveIncomeLossTableTextBlock", "presentation": ["http://www.cvshealth.com/role/OtherComprehensiveIncomeLossTables"], "lang": { "en-us": {

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This information may include, but is not limited to, the target allocation of plan assets, the fair value of each major category of plan assets, and the level within the fair value hierarchy in which the fair value measurements fall."}}}, "auth_ref": {"r199"}}, "us-gaap_ScheduleOfAmountsRecognizedInBalanceSheetTableTextBlock": {"xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfAmountsRecognizedInBalanceSheetTableTextBlock", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsTables"], "lang": {"en-us": {"role": {"terseLabel": "Schedule of Assets (Liabilities) Recognized in Balance Sheet", "label": "Schedule of Amounts Recognized in Balance Sheet [Table Text Block]", "documentation": "Tabular disclosure of the amounts that are recognized in the balance sheet (or statement of financial position) for pension plans and/or other employee benefit plans, showing separately the assets and current and noncurrent liabilities (if applicable) recognized."}}}, "auth_ref": {"r78"}}, "us-gaap_ScheduleOfAntidilutiveSecuritiesExcludedFromComputationOfEarningsPerShareTable": {"xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfAntidilutiveSecuritiesExcludedFromComputationOfEarningsPerShareTable", "presentation": ["http://www.cvshealth.com/role/EarningsPerShareDetails"], "lang": {"en-us": {"role": {"terseLabel": "Antidilutive Security, Excluded EPS Calculation [Table]", "label": "Antidilutive Security, Excluded EPS Calculation [Table]", "documentation": "Disclosure of information about security that could potentially dilute basic earnings per share (EPS) in future that was not included in calculation of diluted EPS."}}}, "auth_ref": {"r49"}}, "us-gaap_ScheduleOfAssumptionsUsedTableTextBlock": {"xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfAssumptionsUsedTableTextBlock", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsTables"], "lang": {"en-us": {"role": {"terseLabel": "Weighted Average Assumptions Used in Determining Benefit Obligations and Net Benefit Costs", "label": "Defined Benefit Plan, Assumptions [Table Text Block]", "documentation": "Tabular disclosure of assumption used to determine benefit obligation and net periodic benefit cost of defined benefit plan. Includes, but is not limited to, discount rate, rate of compensation increase, expected long-term rate of return on plan assets and interest crediting rate."}}}, "auth_ref": {"r726"}}, "us-gaap_ScheduleOfAvailableForSaleSecuritiesLineItems": {"xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfAvailableForSaleSecuritiesLineItems", "presentation": ["http://www.cvshealth.com/role/InvestmentsDebtSecuritiesDetails", "http://www.cvshealth.com/role/InvestmentsDebtSecuritiesbyMaturityDetails", "http://www.cvshealth.com/role/InvestmentsNarrativeDetails", "http://www.cvshealth.com/role/InvestmentsUnrealizedLossPositionDetails", "http://www.cvshealth.com/role/InvestmentsUnrealizedLossPositionMaturitiesDetails"], "lang": {"en-us": {"role": {"terseLabel": "Debt Securities, Available-for-sale [Line Items]", "label": "Debt Securities, Available-for-Sale [Line Items]", "documentation": "Line items represent financial concepts included in a table. These concepts are used to disclose reportable information associated with domain members defined in one or many axes to the table."}}}, "auth_ref": {"r468", "r469", "r470", "r471", "r472", "r473", "r474", "r475", "r476", "r477", "r478", "r479"}}, "us-gaap_ScheduleOfBusinessAcquisitionsByAcquisitionTable": {"xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfBusinessAcquisitionsByAcquisitionTable", "presentation": ["http://www.cvshealth.com/role/AcquisitionsDivestituresandAssetSalesNarrativeDetails", "http://www.cvshealth.com/role/AcquisitionsDivestituresandAssetSalesScheduleofFairValueofConsiderationTransferredDetails", "http://www.cvshealth.com/role/AcquisitionsDivestituresandAssetSalesScheduleofFairValuesofAssetsAcquiredandLiabilitiesAssumedDetails", "http://www.cvshealth.com/role/AcquisitionsDivestituresandAssetSalesSummaryofFairValuesandWeightedAverageUsefulLivesforIntangibleAssetsAcquiredDetails", "http://www.cvshealth.com/role/AcquisitionsDivestituresandAssetSalesSummaryoftheValuationofGoodwillAllocatedtoBusinessSegmentsDetails"], "lang": {"en-us": {"role": {"terseLabel": "Schedule of Business Acquisitions, by Acquisition [Table]", "label": "Schedule of Business Acquisitions, by Acquisition [Table]", "documentation": "Disclosure of information about business combination. Includes, but is not limited to, recognized asset and liability."}}}, "auth_ref": {"r87", "r90", "r855"}}, "us-gaap_ScheduleOfBusinessAcquisitionsByAcquisitionTextBlock": {"xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfBusinessAcquisitionsByAcquisitionTextBlock", "presentation": ["http://www.cvshealth.com/role/AcquisitionsDivestituresandAssetSalesTables"], "lang": {"en-us": {"role": {"terseLabel": "Schedule of Fair Value of Consideration Transferred", "label": "Schedule of Business Acquisitions, by Acquisition [Table Text Block]", "documentation": "Tabular disclosure of a material business combination completed during the period, including background, timing, and recognized assets and liabilities. 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grants, the benefits of operating loss carryforwards, tax expense that results from allocating certain tax benefits either directly to contributed capital or to reduce goodwill or other noncurrent intangible assets of an acquired entity, adjustments of a deferred tax liability or asset for enacted changes in tax laws or rates or a change in the tax status of the entity, and adjustments of the beginning-of-the-year balances of a valuation allowance because of a change in circumstances that causes a change in judgment about the realizability of the related deferred tax asset in future years."}}}, "auth_ref": {"r1678"}}, "us-gaap_ScheduleOfDebtInstrumentsTextBlock": {"xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfDebtInstrumentsTextBlock", "presentation": ["http://www.cvshealth.com/role/BorrowingsandCreditAgreementsTables"], "lang": {"en-us": {"role": {"terseLabel": "Summary of Company's Borrowings", "label": "Schedule of Long-Term Debt 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These are debt arrangements that originally required repayment more than twelve months after issuance or greater than the normal operating cycle of the entity, if longer."}}}, "auth_ref": {"r34", "r70", "r71", "r126", "r194", "r195", "r1306", "r1308", "r1553", "r1705"}}, "us-gaap_ScheduleOfDeferredTaxAssetsAndLiabilitiesTableTextBlock": {"xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfDeferredTaxAssetsAndLiabilitiesTableTextBlock", "presentation": ["http://www.cvshealth.com/role/IncomeTaxesTables"], "lang": {"en-us": {"role": {"terseLabel": "Schedule of Deferred Tax Assets and Liabilities", "label": "Schedule of Deferred Tax Assets and Liabilities [Table Text Block]", "documentation": "Tabular disclosure of the components of net deferred tax asset or liability recognized in an entity's statement of financial position, including the following: the total of all deferred tax liabilities, the total of all deferred tax assets, the total valuation allowance recognized for deferred tax assets."}}}, "auth_ref": {"r1676"}}, "us-gaap_ScheduleOfDefinedBenefitPlansDisclosuresTable": {"xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfDefinedBenefitPlansDisclosuresTable", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsBenefitObligationsandPlanAssetsDetails", "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsDefinedBenefitPlansExpectedBenefitDetails", "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsFairValueofPensionPlanAssetsDetails", "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsNarrativeDetails", "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsNetPeriodicBenefitCostIncomeDetails"], "lang": {"en-us": {"role": {"terseLabel": "Defined Benefit Plan [Table]", "label": "Defined Benefit Plan [Table]", "documentation": "Disclosure of information about individual defined benefit pension plan or other postretirement defined benefit plan. It may be appropriate to group certain similar plans. Also includes schedule for fair value of plan assets by major categories of plan assets by the level within the fair value hierarchy in which the fair value measurements in their entirety fall, segregating fair value measurements using quoted prices in active markets for identical assets or liabilities (Level 1), Significant other observable inputs (Level 2), and significant unobservable inputs (Level 3)."}}}, "auth_ref": {"r19", "r79", "r80", "r81", "r82"}}, "us-gaap_ScheduleOfEarningsPerShareBasicAndDilutedTableTextBlock": {"xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfEarningsPerShareBasicAndDilutedTableTextBlock", "presentation": ["http://www.cvshealth.com/role/EarningsPerShareTables"], "lang": {"en-us": {"role": {"verboseLabel": "Reconciliation of Basic and Diluted Earnings Per Share", "label": "Schedule of Earnings Per Share, Basic and Diluted [Table Text Block]", "documentation": "Tabular disclosure of an entity's basic and diluted earnings per share calculations, including a reconciliation of numerators and denominators of the basic and diluted per-share computations for income from continuing operations."}}}, "auth_ref": {"r1559"}}, "us-gaap_ScheduleOfEffectiveIncomeTaxRateReconciliationTableTextBlock": {"xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfEffectiveIncomeTaxRateReconciliationTableTextBlock", "presentation": ["http://www.cvshealth.com/role/IncomeTaxesTables"], "lang": {"en-us": {"role": {"terseLabel": "Schedule of Effective Income Tax Rate Reconciliation", "label": "Schedule of Effective Income Tax Rate Reconciliation [Table Text Block]", "documentation": "Tabular disclosure of the reconciliation using percentage or dollar amounts of the reported amount of income tax expense attributable to continuing operations for the year to the amount of income tax expense that would result from applying domestic federal statutory tax rates to pretax income from continuing operations."}}}, "auth_ref": {"r811", "r1334", "r1674"}}, "us-gaap_ScheduleOfEmployeeServiceShareBasedCompensationAllocationOfRecognizedPeriodCostsTable": {"xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfEmployeeServiceShareBasedCompensationAllocationOfRecognizedPeriodCostsTable", "presentation": ["http://www.cvshealth.com/role/StockIncentivePlansNarrativeDetails", "http://www.cvshealth.com/role/StockIncentivePlansStockBasedCompensationExpenseDetails"], "lang": {"en-us": {"role": {"terseLabel": "Share-based Payment Arrangement, Expensed and Capitalized, Amount [Table]", "label": "Share-Based Payment Arrangement, Expensed and Capitalized, Amount [Table]", "documentation": "Disclosure of information about amount recognized for award under share-based payment arrangement. Includes, but is not limited to, amount expensed in statement of income or comprehensive income, amount capitalized in statement of financial position, and corresponding reporting line item in financial statements."}}}, "auth_ref": {"r85"}}, "us-gaap_ScheduleOfEmployeeServiceShareBasedCompensationAllocationOfRecognizedPeriodCostsTextBlock": {"xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfEmployeeServiceShareBasedCompensationAllocationOfRecognizedPeriodCostsTextBlock", "presentation": ["http://www.cvshealth.com/role/StockIncentivePlansTables"], "lang": {"en-us": {"role": {"terseLabel": "Summary of Stock-Based Compensation", "label": "Share-Based Payment Arrangement, Expensed and Capitalized, Amount [Table Text Block]", "documentation": "Tabular disclosure of allocation of amount expensed and capitalized for award under share-based payment arrangement to statement of income or comprehensive income and statement of financial position. Includes, but is not limited to, corresponding line item in financial statement."}}}, "auth_ref": {"r85"}}, "us-gaap_ScheduleOfExpectedBenefitPaymentsTableTextBlock": {"xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfExpectedBenefitPaymentsTableTextBlock", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsTables"], "lang": {"en-us": {"role": {"terseLabel": "Schedule of Expected Future Benefits Payments", "label": "Schedule of Expected Benefit Payments [Table Text Block]", "documentation": "Tabular disclosure of benefits expected to be paid by pension plans and/or other employee benefit plans in each of the next five fiscal years and in the aggregate for the five fiscal years thereafter."}}}, "auth_ref": {"r200"}}, "us-gaap_ScheduleOfFairValueAssetsAndLiabilitiesMeasuredOnRecurringBasisTableTextBlock": {"xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfFairValueAssetsAndLiabilitiesMeasuredOnRecurringBasisTableTextBlock", "presentation": ["http://www.cvshealth.com/role/FairValueTables"], "lang": {"en-us": {"role": {"verboseLabel": "Schedule of Fair Value, Assets and Liabilities Measured on Recurring Basis", "label": "Schedule of Fair Value, Assets and Liabilities Measured on Recurring Basis [Table Text Block]", "documentation": "Tabular disclosure of assets and liabilities, including [financial] instruments measured at fair value that are classified in stockholders' equity, if any, that are measured at fair value on a recurring basis. The disclosures contemplated herein include the fair value measurements at the reporting date by the level within the fair value hierarchy in which the fair value measurements in their entirety fall, segregating fair value measurements using quoted prices in active markets for identical assets (Level 1), significant other observable inputs (Level 2), and significant unobservable inputs (Level 3)."}}}, "auth_ref": {"r1686", "r1687"}}, "us-gaap_ScheduleOfFairValueOfSeparateAccountsByMajorCategoryOfInvestmentLineItems": {"xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfFairValueOfSeparateAccountsByMajorCategoryOfInvestmentLineItems", "presentation": ["http://www.cvshealth.com/role/FairValueSeparateAccountsFairValueDetails", "http://www.cvshealth.com/role/OtherInsuranceLiabilitiesandSeparateAccountsSeparateAccountAssetsDetails"], "lang": {"en-us": {"role": {"terseLabel": "Fair Value, Separate Account Investment [Line Items]", "label": "Fair Value, Separate Account Investment [Line Items]", "documentation": "Line items represent financial concepts included in a table. These concepts are

used to disclose reportable information associated with domain members defined in one or many axes to the table." } } }, "auth_ref": ["r243", "r1139", "r1375"] }, "us-gaap_ScheduleOfFairValueOfSeparateAccountsByMajorCategoryOfInvestmentTable": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfFairValueOfSeparateAccountsByMajorCategoryOfInvestmentTable", "presentation": ["http://www.cvshealth.com/role/FairValueSeparateAccountsFairValueDetails", "http://www.cvshealth.com/role/OtherInsuranceLiabilitiesandSeparateAccountsSeparateAccountAssetsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Fair Value, Separate Account Investment [Table]", "label": "Fair Value, Separate Account Investment [Table]", "documentation": "Disclosure of information about fair value of asset supporting separate account." } } }, "auth_ref": ["r243", "r1139", "r1375"] }, "us-gaap_ScheduleOfFairValueOfSeparateAccountsByMajorCategoryOfInvestmentTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfFairValueOfSeparateAccountsByMajorCategoryOfInvestmentTextBlock", "presentation": ["http://www.cvshealth.com/role/FairValueTables", "http://www.cvshealth.com/role/OtherInsuranceLiabilitiesandSeparateAccountsTables"], "lang": { "en-us": { "role": { "verboseLabel": "Schedule of Fair Value of Separate Accounts by Major Category of Investment", "label": "Fair Value, Separate Account Investment [Table Text Block]", "documentation": "Tabular disclosure of fair value of asset supporting separate account." } } }, "auth_ref": ["r243", "r1375", "r1773"] }, "us-gaap_ScheduleOfFiniteLivedIntangibleAssetsAcquiredAsPartOfBusinessCombinationTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfFiniteLivedIntangibleAssetsAcquiredAsPartOfBusinessCombinationTextBlock", "presentation": ["http://www.cvshealth.com/role/AcquisitionsDivestituresandAssetSalesTables"], "lang": { "en-us": { "role": { "terseLabel": "Summary of Fair Values and Weighted Average Useful Lives for Intangible Assets Acquired", "label": "Schedule of Finite-Lived Intangible Assets Acquired as Part of Business Combination [Table Text Block]", "documentation": "Tabular disclosure of finite-lived intangible assets acquired as part of a business combination or through an asset purchase, by major class and in total, including the value of the asset acquired, any significant residual value (the expected value of the asset at the end of its useful life) and the weighted-average amortization period." } } }, "auth_ref": ["r62"] }, "us-gaap_ScheduleOfGoodwillTable": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfGoodwillTable", "presentation": ["http://www.cvshealth.com/role/GoodwillandOtherIntangiblesGoodwillDetails"], "lang": { "en-us": { "role": { "terseLabel": "Goodwill [Table]", "label": "Goodwill [Table]", "documentation": "Disclosure of information about goodwill, including, but not limited to, change from acquisition, sale, impairment, and other reason." } } }, "auth_ref": ["r552", "r553", "r554", "r555", "r556", "r557", "r558", "r559", "r560", "r561", "r562", "r1302"] }, "us-gaap_ScheduleOfGoodwillTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfGoodwillTextBlock", "presentation": ["http://www.cvshealth.com/role/GoodwillandOtherIntangiblesTables"], "lang": { "en-us": { "role": { "terseLabel": "Summary of Changes in Carrying Amount of Goodwill", "label": "Schedule of Goodwill [Table Text Block]", "documentation": "Tabular disclosure of goodwill by reportable segment and in total which includes a rollforward schedule." } } }, "auth_ref": ["r1302", "r1593", "r1594", "r1595", "r1596", "r1597", "r1598", "r1599", "r1600", "r1601", "r1602", "r1603"] }, "us-gaap_ScheduleOfInvestmentIncomeReportedAmountsByCategoryLineItems": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfInvestmentIncomeReportedAmountsByCategoryLineItems", "presentation": ["http://www.cvshealth.com/role/InvestmentsNetInvestmentIncomeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Schedule of Investment Income, Reported Amounts, by Category [Line Items]", "label": "Net Investment Income [Line Items]", "documentation": "Line items represent financial concepts included in a table. These concepts are used to disclose reportable information associated with domain members defined in one or many axes to the table." } } }, "auth_ref": ["r1059"] }, "us-gaap_ScheduleOfInvestmentIncomeReportedAmountsByCategoryTable": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfInvestmentIncomeReportedAmountsByCategoryTable", "presentation": ["http://www.cvshealth.com/role/InvestmentsNetInvestmentIncomeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Schedule of Investment Income, Reported Amounts, by Category [Table]", "label": "Investment Income [Table]", "documentation": "Disclosure of information about investment income, including, but not limited to, interest and dividend income and amortization of discount (premium) derived from debt and equity securities. Excludes realized and unrealized gain (loss) on investments." } } }, "auth_ref": ["r170", "r171", "r172", "r1059"] }, "us-gaap_ScheduleOfLiabilityForUnpaidClaimsAndClaimsAdjustmentExpense": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfLiabilityForUnpaidClaimsAndClaimsAdjustmentExpense", "presentation": ["http://www.cvshealth.com/role/HealthCareCostsPayableTables"], "lang": { "en-us": { "role": { "terseLabel": "Schedule of Liability for Unpaid Claims and Claims Adjustment Expense", "label": "Schedule of Liability for Unpaid Claims and Claims Adjustment Expense [Table Text Block]", "documentation": "Tabular disclosure of the activity in the reserve for settling insured claims and expenses incurred in the claims settlement process for the period. The estimated liability includes the amount of money that will be required for future payments of (a) claims that have been reported to the insurer, (b) claims related to insured events that have occurred but that have not been reported to the insurer as of the date the liability is estimated, and (c) claim adjustment expenses. Claim adjustment expenses include costs incurred in the claim settlement process such as legal fees; outside adjuster fees; and costs to record, process, and adjust claims." } } }, "auth_ref": ["r1094"] }, "us-gaap_ScheduleOfMaturitiesOfLongTermDebtTableTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfMaturitiesOfLongTermDebtTableTextBlock", "presentation": ["http://www.cvshealth.com/role/BorrowingsandCreditAgreementsTables"], "lang": { "en-us": { "role": { "terseLabel": "Schedule of Maturities of Long-Term Debt", "label": "Schedule of Maturities of Long-Term Debt [Table Text Block]", "documentation": "Tabular disclosure of maturity and sinking fund requirement for long-term debt." } } }, "auth_ref": ["r17"] }, "cvs_ScheduleOfMortgageLoanInternalCreditRatingsTableTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "ScheduleOfMortgageLoanInternalCreditRatingsTableTextBlock", "presentation": ["http://www.cvshealth.com/role/InvestmentsTables"], "lang": { "en-us": { "role": { "verboseLabel": "Schedule of Mortgage Loan Amortized Cost and Credit Quality Indicator", "label": "Schedule Of Mortgage Loan Internal Credit Ratings [Table Text Block]", "documentation": "Schedule detailing credit quality information related to financing receivables by credit quality indicator and by class of financing receivable." } } }, "auth_ref": [] }, "us-gaap_ScheduleOfNetBenefitCostsTableTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfNetBenefitCostsTableTextBlock", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsTables"], "lang": { "en-us": { "role": { "terseLabel": "Schedule of Net Periodic Benefit Cost (Income)", "label": "Schedule of Net Benefit Costs [Table Text Block]", "documentation": "Tabular disclosure of the components of net benefit costs for pension plans and/or other employee benefit plans including service cost, interest cost, expected return on plan assets, gain (loss), prior service cost or credit, transition asset or obligation, and gain (loss) recognized due to settlements or curtailments." } } }, "auth_ref": ["r201"] }, "us-gaap_ScheduleOfNonvestedShareActivityTableTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfNonvestedShareActivityTableTextBlock", "presentation": ["http://www.cvshealth.com/role/StockIncentivePlansTables"], "lang": { "en-us": { "role": { "terseLabel": "Restricted Stock Unit and Performance Stock Unit Activity", "label": "Schedule of Nonvested Share Activity [Table Text Block]", "documentation": "Tabular disclosure of the changes in outstanding nonvested shares." } } }, "auth_ref": ["r203"] }, "us-gaap_ScheduleOfOperatingLeasedAssetsTable": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfOperatingLeasedAssetsTable", "presentation": ["http://www.cvshealth.com/role/LeasesNarrativeDetails"], "lang": { "en-us": { "role": { "terseLabel": "Schedule of Operating Leased Assets [Table]", "label": "Schedule of Operating Leased Assets [Table]", "documentation": "Disclosure of information about long-lived, depreciable assets that are subject to operating lease agreements and are used in the normal conduct of business to produce goods and services. Examples may include land, buildings, machinery and equipment, and other types of furniture and equipment including, but not limited to, office equipment, furniture and fixtures, and computer equipment and software." } } }, "auth_ref": [] }, "us-gaap_ScheduleOfPropertyPlantAndEquipmentTable": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfPropertyPlantAndEquipmentTable", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesPropertyandEquipmentDetails"], "lang": { "en-us": { "role": { "terseLabel": "Property, Plant and Equipment [Table]", "label": "Property, Plant and Equipment [Table]", "documentation": "Disclosure of information about physical assets used in the normal conduct of business and not intended for resale. Includes, but is not limited to, balances by class of assets, depreciation and depletion expense and method used, including composite depreciation, and accumulated deprecation." } } }, "auth_ref": ["r16", "r965"] }, "us-gaap_ScheduleOfRecognizedIdentifiedAssetsAcquiredAndLiabilitiesAssumedTableTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfRecognizedIdentifiedAssetsAcquiredAndLiabilitiesAssumedTableTextBlock", "presentation": ["http://www.cvshealth.com/role/AcquisitionsDivestituresandAssetSalesTables"], "lang": { "en-us": { "role": { "terseLabel": "Summary of Fair Values of Assets Acquired and Liabilities Assumed", "label": "Schedule of Recognized Identified Assets Acquired and Liabilities Assumed [Table Text Block]", "documentation": "Tabular disclosure of the amounts recognized as of the acquisition date for each major class of assets acquired and liabilities assumed. May include but not limited to the following: (a) acquired receivables; (b) contingencies recognized at the acquisition date; and (c) the fair value of noncontrolling interests in the acquiree." } } }, "auth_ref": ["r207"] }, "us-gaap_ScheduleOfRegulatoryAssetsTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfRegulatoryAssetsTextBlock", "presentation": ["http://www.cvshealth.com/role/ShareholdersEquityTables"], "lang": { "en-us": { "role": { "terseLabel": "Schedule of Regulatory Requirements", "label": "Schedule of Regulatory Assets [Table Text Block]", "documentation": "Tabular disclosure of assets that are created when regulatory agencies permit public utilities to defer certain costs included in rate-setting to the balance sheet." } } }, "auth_ref": ["r134", "r135", "r231"] }, "us-gaap_ScheduleOfRestructuringAndRelatedCostsTable": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfRestructuringAndRelatedCostsTable", "presentation": ["http://www.cvshealth.com/role/RestructuringDetails"], "lang": { "en-us": { "role": { "terseLabel": "Restructuring Cost [Table]", "label": "Restructuring Cost [Table]", "documentation": "Disclosure of information about restructuring cost. Includes, but is not limited to, expected cost, cost incurred, statement of income caption that includes restructuring cost recognized, and amount of restructuring reserve." } } }, "auth_ref": ["r590", "r591", "r592", "r593", "r594", "r595", "r596"] }, "us-gaap_ScheduleOfSegmentReportingInformationBySegmentTable": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfSegmentReportingInformationBySegmentTable", "presentation": ["http://www.cvshealth.com/role/SegmentReportingReconciliationofFinancialMeasuresofSegmentstoConsolidatedTotalsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Schedule of Segment Reporting Information, by Segment [Table]", "label": "Schedule of Segment Reporting Information, by Segment [Table]", "documentation": "Disclosure of information about profit (loss) and total assets by reportable segment." } } }, "auth_ref": ["r58", "r59", "r60"] }, "us-gaap_ScheduleOfSegmentReportingInformationBySegmentTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfSegmentReportingInformationBySegmentTextBlock", "presentation": ["http://www.cvshealth.com/role/SegmentReportingTables"], "lang": { "en-us": { "role": { "terseLabel": "Reconciliation of Financial Measures of Segments to Consolidated Totals", "label": "Schedule of Segment Reporting Information, by Segment [Table Text Block]", "documentation": "Tabular disclosure of the profit or loss and total assets for each reportable segment. An entity discloses certain information on each reportable segment if the amounts (a) are included in the measure of segment profit or loss reviewed by the chief operating decision maker or (b) are otherwise regularly provided to the chief operating decision maker, even if not included in that measure of segment profit or loss." } } }, "auth_ref": ["r58", "r59", "r60"] }, "us-gaap_ScheduleOfShareBasedCompensationArrangementsByShareBasedPaymentAwardTable": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfShareBasedCompensationArrangementsByShareBasedPaymentAwardTable", "presentation": ["http://www.cvshealth.com/role/StockIncentivePlansRestrictedStockUnitandPerformanceStockUnitActivityDetails", "http://www.cvshealth.com/role/StockIncentivePlansStockOptionandSARActivityDetails", "http://www.cvshealth.com/role/StockIncentivePlansValuationAssumptionsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Schedule of Share-based Compensation Arrangements by Share-based Payment Award [Table]", "label": "Schedule of Share-Based Compensation Arrangements by Share-Based Payment Award [Table]", "documentation": "Disclosure of information about share-based payment arrangement." } } }, "auth_ref": ["r758", "r759", "r762", "r763", "r764", "r766", "r767", "r768", "r769", "r770", "r771", "r772", "r773", "r774", "r775", "r776", "r777", "r778", "r779", "r780", "r781", "r782", "r783", "r786", "r787", "r788", "r789", "r790"] }, "us-gaap_ScheduleOfShareBasedCompensationStockOptionsAndStockAppreciationRightsAwardActivityTableTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfShareBasedCompensationStockOptionsAndStockAppreciationRightsAwardActivityTableTextBlock", "presentation": ["http://www.cvshealth.com/role/StockIncentivePlansTables"], "lang": { "en-us": { "role": { "terseLabel": "Schedule of Stock Options and Stock Appreciation Rights Award Activity", "label": "Share-Based Payment Arrangement, Option and Stock Appreciation Rights, Activity [Table Text Block]", "documentation": "Tabular disclosure of the number and weighted average exercise prices (or conversion ratios) for stock options and stock appreciation rights that were outstanding at the beginning and end of the year, exercisable at the end of the year, and the number of stock options and stock appreciation rights that were granted, exercised or converted, forfeited, and expired during the year." } } }, "auth_ref": ["r202"] }, "us-gaap_ScheduleOfShareBasedPaymentAwardEmployeeStockPurchasePlanValuationAssumptionsTableTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfShareBasedPaymentAwardEmployeeStockPurchasePlanValuationAssumptionsTableTextBlock", "presentation": ["http://www.cvshealth.com/role/StockIncentivePlansTables"], "lang": { "en-us": { "role": { "terseLabel": "Schedule ESPP Valuation Assumptions", "label": "Schedule of Share-Based Payment Award, Employee Stock Purchase Plan, Valuation Assumptions [Table Text Block]", "documentation": "Tabular disclosure of the significant assumptions used during the year to estimate the fair value of employee stock purchase plans, including, but not limited to: (a) expected term, (b) expected volatility of the entity's shares, (c) expected dividends, (d) risk-free rate(s), and (e) discount for post-vesting restrictions." } } }, "auth_ref": ["r205"] }, "us-gaap_ScheduleOfShareBasedPaymentAwardStockOptionsValuationAssumptionsTableTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfShareBasedPaymentAwardStockOptionsValuationAssumptionsTableTextBlock", "presentation": ["http://www.cvshealth.com/role/StockIncentivePlansTables"], "lang": { "en-us": { "role": { "terseLabel": "Schedule of Valuation Assumptions", "label": "Schedule of Share-Based Payment Award, Stock Options, Valuation Assumptions [Table Text Block]", "documentation": "Tabular disclosure of the significant assumptions used during the year to estimate the fair value of stock options, including, but not limited to: (a) expected term of share options and similar instruments, (b) expected volatility of the entity's shares, (c) expected dividends, (d) risk-free rate(s), and (e) discount for post-vesting restrictions." } } }, "auth_ref": ["r205"] }, "us-gaap_ScheduleOfShortTermDebtTable": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfShortTermDebtTable", "presentation": ["http://www.cvshealth.com/role/BorrowingsandCreditAgreementsShorttermBorrowingsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Schedule of Short-term Debt [Table]", "label": "Short-Term Debt [Table]", "documentation": "Disclosure of information about short-term debt arrangement. Includes, but is not limited to, description of arrangement, lender, repayment term, weighted-average interest rate, borrowed amount, and description and amount of refinancing of short-term obligation when obligation is excluded from current liability." } } }, "auth_ref": ["r140"] }, "us-gaap_ScheduleOfTreasuryStockByClassTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfTreasuryStockByClassTextBlock", "presentation": ["http://www.cvshealth.com/role/ShareholdersEquityTables"], "lang": { "en-us": { "role": { "terseLabel": "Share Repurchase Programs", "label": "Class of Treasury Stock [Table Text Block]", "documentation": "Tabular disclosure of treasury stock, including, but not limited to, average cost per share, description of share repurchase program, shares repurchased, shares held for each class of treasury stock." } } }, "auth_ref": ["r73", "r74", "r75", "r76"] }, "us-gaap_ScheduleOfUnrecognizedTaxBenefitsRollForwardTableTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleOfUnrecognizedTaxBenefitsRollForwardTableTextBlock", "presentation": ["http://www.cvshealth.com/role/IncomeTaxesTables"], "lang": { "en-us": { "role": { "terseLabel": "Schedule of Unrecognized Tax Benefits Rollforward", "label": "Schedule of Unrecognized Tax Benefits Roll Forward [Table Text Block]", "documentation": "Tabular disclosure of the

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the nature of restrictions, if any, on the consolidated VIE's assets and on the settlement of its liabilities reported by an entity in its statement of financial position, including the carrying amounts of such assets and liabilities; the nature of, and changes in, the risks associated with involvement in the VIE; how involvement with the VIE affects the entity's financial position, financial performance, and cash flows; the lack of recourse if creditors (or beneficial interest holders) of the consolidated VIE have no recourse to the general credit of the primary beneficiary (if applicable); the terms of arrangements, giving consideration to both explicit arrangements and implicit variable interests, if any, that could require the entity to provide financial support to the VIE, including events or circumstances that could expose the entity to a loss; the methodology used by the entity for determining whether or not it is the primary beneficiary of the variable interest entity; the significant factors considered and judgments made in determining that the power to direct the activities of a VIE that most significantly impact the VIE's economic performance are shared (as defined); the carrying amounts and classification of assets and liabilities of the VIE included in the statement of financial position; the entity's maximum exposure to loss, if any, as a result of its involvement with the VIE, including how the maximum exposure is determined and significant sources of the entity's exposure to the VIE; a comparison of the carrying amounts of the assets and liabilities and the entity's maximum exposure to loss; information about any liquidity arrangements, guarantees, and (or) other commitments by third parties that may affect the fair value or risk of the entity's variable interest in the VIE; whether or not the entity has provided financial support or other support (explicitly or implicitly) to the VIE that it was not previously contractually required to provide or whether the entity intends to provide that support, including the type and amount of the support and the primary reasons for providing the support; and supplemental information the entity determines necessary to provide." } } }, "auth_ref": ["r100", "r101", "r103", "r106", "r107"] }, "us-gaap_ScheduleofFiniteLivedIntangibleAssetsFutureAmortizationExpenseTableTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ScheduleofFiniteLivedIntangibleAssetsFutureAmortizationExpenseTableTextBlock", "presentation": ["http://www.cvshealth.com/role/GoodwillandOtherIntangiblesTables"], "lang": { "en-us": { "role": { "verboseLabel": "Schedule of Projected Annual Amortization Expense for Intangible Assets for Next Five Years", "label": "Schedule of Finite-Lived Intangible Assets, Future Amortization Expense [Table Text Block]", "documentation": "Tabular disclosure of the amount of amortization expense expected to be recorded in succeeding fiscal years for finite-lived intangible assets." } } }, "auth_ref": ["r1303", "r1612"] }, "dei_Security12bTitle": { "xbrltype": "securityTitleItemType", "nsuri": "http://xbrl.sec.gov/dei/2024", "localname": "Security12bTitle", "presentation": ["http://www.cvshealth.com/role/CoverPage"], "lang": { "en-us": { "role": { "terseLabel": "Title of 12(b) Security", "label": "Title of 12(b) Security", "documentation": "Title of a 12(b) registered security." } } }, "auth_ref": ["r1392"] }, "dei_SecurityExchangeName": { "xbrltype": "edgarExchangeCodeItemType", "nsuri": "http://xbrl.sec.gov/dei/2024", "localname": "SecurityExchangeName", "presentation": ["http://www.cvshealth.com/role/CoverPage"], "lang": { "en-us": { "role": { "terseLabel": "Security Exchange Name", "label": "Security Exchange Name", "documentation": "Name of the Exchange on which a security is registered." } } }, "auth_ref": ["r1395"] }, "us-gaap_SegmentDomain": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "SegmentDomain", "presentation": [
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"http://www.cvshealth.com/role/HealthCareCostsPayableComponentsofChangeinHealthCareCostsPayableDetails",
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Volatility also may be defined as a probability-weighted measure of the dispersion of returns about the mean. The volatility of a share price is the standard deviation of the continuously compounded rates of return on the share over a specified period. That is the same as the standard deviation of the differences in the natural logarithms of the stock prices plus dividends, if any, over the period." } } }, "auth_ref": [ "r787" ] }, "us-gaap_ShareBasedCompensationArrangementByShareBasedPaymentAwardFairValueAssumptionsRiskFreeInterestRate": { "xbrltype": "percentItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ShareBasedCompensationArrangementByShareBasedPaymentAwardFairValueAssumptionsRiskFreeInterestRate", "presentation": [ "http://www.cvshealth.com/role/StockIncentivePlansValuationAssumptionsDetails" ], "lang": { "en-us": { "role": { "verboseLabel": "Risk-free interest rate", "label": "Share-Based Compensation Arrangement by Share-Based Payment Award, Fair Value Assumptions, Risk Free Interest Rate", "documentation": "The risk-free interest rate assumption that is used in valuing an option on its own shares." } } }, "auth_ref": [ "r789" ] }, "us-gaap_ShareBasedCompensationArrangementByShareBasedPaymentAwardLineItems": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ShareBasedCompensationArrangementByShareBasedPaymentAwardLineItems", "presentation": [ "http://www.cvshealth.com/role/StockIncentivePlansRestrictedStockUnitandPerformanceStockUnitActivityDetails", "http://www.cvshealth.com/role/StockIncentivePlansStockOptionandSARActivityDetails", "http://www.cvshealth.com/role/StockIncentivePlansValuationAssumptionsDetails" ], "lang": { "en-us": { "role": { "terseLabel": "Share-based Compensation Arrangement by Share-based Payment Award [Line Items]", "label": "Share-Based Compensation Arrangement by Share-Based Payment Award [Line Items]", "documentation": "Line items represent financial concepts included in a table. 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and 2) shares (or other type of equity) reserved for issuance on granting of outstanding awards, net of cancellations and forfeitures, if applicable." } } }, "auth_ref": [ "r84" ] }, "cvs_ShareBasedCompensationArrangementByShareBasedPaymentAwardOfferingPeriod": { "xbrltype": "durationItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "ShareBasedCompensationArrangementByShareBasedPaymentAwardOfferingPeriod", "presentation": [ "http://www.cvshealth.com/role/StockIncentivePlansNarrativeDetails" ], "lang": { "en-us": { "role": { "terseLabel": "Offering period", "label": "Share-Based Compensation Arrangement By Share-based Payment Award, Offering Period", "documentation": "Share-Based Compensation Arrangement By Share-based Payment Award, Offering Period" } } }, "auth_ref": [] }, "us-gaap_ShareBasedCompensationArrangementByShareBasedPaymentAwardOptionsAdditionalDisclosuresAbstract": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ShareBasedCompensationArrangementByShareBasedPaymentAwardOptionsAdditionalDisclosuresAbstract", "presentation": [ "http://www.cvshealth.com/role/StockIncentivePlansStockOptionandSARActivityDetails" ], "lang": { "en-us": { "role": { "terseLabel": "Additional Disclosures", "label": "Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Additional Disclosures [Abstract]" } } }, "auth_ref": [] }, "cvs_ShareBasedCompensationArrangementByShareBasedPaymentAwardOptionsAndEquityInstrumentsOtherThanOptionsVestedInPeriodFairValue": { "xbrltype": "monetaryItemType", "nsuri": "http://www.cvshealth.com/20241231", "localname": "ShareBasedCompensationArrangementByShareBasedPaymentAwardOptionsAndEquityInstrumentsOtherThanOptionsVestedInPeriodFairValue", "crdr": "credit", "presentation": [ "http://www.cvshealth.com/role/StockIncentivePlansStockOptionandSARActivityDetails" ], "lang": { "en-us": { "role": { "terseLabel": "Fair value of stock options and SARs vested", "label": "Share-Based Compensation Arrangement By Share-Based Payment Award, Options And Equity Instruments Other Than Options, Vested In Period, Fair Value", "documentation": "Share-Based Compensation Arrangement By Share-Based Payment Award, Options And Equity Instruments Other Than Options, Vested In Period, Fair Value" } } }, "auth_ref": [] }, "us-gaap_ShareBasedCompensationArrangementByShareBasedPaymentAwardOptionsExercisableNumber": { "xbrltype": "sharesItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ShareBasedCompensationArrangementByShareBasedPaymentAwardOptionsExercisableNumber", "presentation": [ "http://www.cvshealth.com/role/StockIncentivePlansStockOptionandSARActivityDetails" ], "lang": { "en-us": { "role": { "terseLabel": "Shares exercisable at end of year (in shares)", "label": "Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Exercisable, Number", "documentation": "The number of shares into which fully or partially vested stock options outstanding as of the balance sheet date can be currently converted under the option plan." } } }, "auth_ref": [ "r768" ] }, "us-gaap_ShareBasedCompensationArrangementByShareBasedPaymentAwardOptionsExercisableWeightedAverageExercisePrice": { "xbrltype": "perShareItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ShareBasedCompensationArrangementByShareBasedPaymentAwardOptionsExercisableWeightedAverageExercisePrice", "presentation": [ "http://www.cvshealth.com/role/StockIncentivePlansStockOptionandSARActivityDetails" ], "lang": { "en-us": { "role": { "terseLabel": "Weighted average exercise price exercisable at end of year (in dollars per share)", "label": "Share-Based Compensation Arrangement by Share-Based Payment Award, Options, Exercisable, Weighted Average Exercise Price", "documentation": "The weighted-average price as of the balance sheet date at which grantees can acquire the shares reserved for issuance on vested portions of options outstanding and currently exercisable under the stock option plan." } } }, "auth_ref": [ "r768" ] }, "us-gaap_ShareBasedCompensationArrangementByShareBasedPaymentAwardOptionsExercisesInPeriodTotalIntrinsicValue": { "xbrltype": "monetaryItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "ShareBasedCompensationArrangementByShareBasedPaymentAwardOptionsExercisesInPeriodTotalIntrinsicValue", "crdr": "debit", "presentation": [ "http://www.cvshealth.com/role/StockIncentivePlansStockOptionandSARActivityDetails" ], "lang": { "en-us": { "role": { "terseLabel": "Intrinsic value of stock options and SARs exercised",
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Describes the accounting practices used and the related monetary effect on statutory surplus, net income, and risk-based capital. If an insurance enterprise's risk-based capital would have triggered a regulatory event had it not used a permitted practice, that fact is disclosed in the financial statements. Permitted statutory accounting practices include practices not prescribed but allowed by the domiciliary state insurance department regulatory authority." } } }, "auth_ref": ["r127", "r130", "r131", "r132", "r133", "r1726"] }, "us-gaap_StatutoryAccountingPracticesLineItems": { "xbrltype": "stringItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "StatutoryAccountingPracticesLineItems", "presentation": ["http://www.cvshealth.com/role/ShareholdersEquityRegulatoryRequirementsDetails"], "lang": { "en-us": { "role": { "terseLabel": "Statutory Accounting Practices [Line Items]", "label": "Statutory Accounting Practices [Line Items]", "documentation": "Line items represent financial concepts included in a table. 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Excludes US treasury securities and debt issued by government-sponsored Enterprises (GSEs), for example, but is not limited to, Federal Home Loan Mortgage Corporation (FHLMC or Freddie Mac), Federal National Mortgage Association (FNMA or Fannie Mae), and the Federal Home Loan Bank (FHLB)." } } }, "auth_ref": ["r1282", "r1318", "r1719"] }, "us-gaap_USStatesAndPoliticalSubdivisionsMember": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "USStatesAndPoliticalSubdivisionsMember", "presentation": ["http://www.cvshealth.com/role/FairValueMeasurementonaRecurringBasisDetails", "http://www.cvshealth.com/role/InvestmentsDebtSecuritiesDetails", "http://www.cvshealth.com/role/InvestmentsUnrealizedLossPositionDetails", "http://www.cvshealth.com/role/OtherInsuranceLiabilitiesandSeparateAccountsSeparateAccountAssetsDetails", "http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsFairValueofPensionPlanAssetsDetails"], "lang": { "en-us": { "role": { "terseLabel": "States, municipalities and political subdivisions", "verboseLabel": "States, municipalities and political subdivisions", "label": "US States and Political Subdivisions Debt Securities [Member]", "documentation": "Bonds or similar securities issued by state, city, or local US governments or the agencies operated by state, city, or local governments. Debt securities issued by state governments may include bond issuances of US state authorities including, for example, but not limited to, housing authorities, dormitory authorities, and general obligations while debt securities issued by political subdivisions of US states would include, for example, debt issuances by county, borough, city, or municipal governments." } } }, "auth_ref": ["r1318", "r1353", "r1375", "r1773"] }, "us-gaap_USTreasuryAndGovernmentMember": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "USTreasuryAndGovernmentMember", "presentation": ["http://www.cvshealth.com/role/PensionPlansandOtherPostretirementBenefitsFairValueofPensionPlanAssetsDetails"], "lang": { "en-us": { "role": { "terseLabel": "U.S. government securities", "label": "US Treasury and Government [Member]", "documentation": "This category includes investments in debt securities issued by the United States Department of the Treasury, US Government Agencies and US Government-sponsored Enterprises. Such securities may include treasury bills (short-term maturities - one year or less), treasury notes (intermediate-term maturities - two to ten years), and treasury bonds (long-term maturities - ten to thirty years), debt securities issued by the Government National Mortgage Association (Ginnie Mae) and debt securities issued by the Federal National Mortgage Association (Fannie Mae) or the Federal Home Loan Mortgage Corporation (Freddie Mac)." } } }, "auth_ref": ["r1027", "r1318", "r1353", "r1375", "r1773"] }, "ecd_UndrlygSecurityMktPriceChngPct": { "xbrltype": "pureItemType", "nsuri": "http://xbrl.sec.gov/ecd/2024", "localname": "UndrlygSecurityMktPriceChngPct", "presentation": ["http://xbrl.sec.gov/ecd/role/AwardTimingDisclosure"], "lang": { "en-us": { "role": { "terseLabel": "Underlying Security Market Price Change", "label": "Underlying Security Market Price Change, Percent" } } }, "auth_ref": ["r1480"] }, "us-gaap_UnpaidPolicyClaimsAndClaimsAdjustmentExpenseDetails": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "UnpaidPolicyClaimsAndClaimsAdjustmentExpenseDetails", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesPolicies"], "lang": { "en-us": { "role": { "terseLabel": "Other Insurance Liabilities", "label": "Unpaid Policy Claims and Claims Adjustment Expense, Policy [Policy Text Block]", "documentation": "Disclosure of accounting policy for estimating the ultimate cost of settling insurance claims relating to insured events that have occurred on or before a particular date (ordinarily, the statement of financial position date). The estimated liability includes the amount of money that will be required for future payments of (a) claims that have been reported to the insurer, (b) claims related to insured events that have occurred but that have not been reported to the insurer as of the date the liability is estimated, and (c) claim adjustment expenses. Claims adjustment expenses include costs incurred in the claim settlement process such as legal fees; outside adjuster fees; and costs to record, process, and adjust claims." } } }, "auth_ref": ["r1093", "r1099", "r1367"] }, "us-gaap_UnrealizedGainLossOnInvestmentsTableTextBlock": { "xbrltype": "textBlockItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "UnrealizedGainLossOnInvestmentsTableTextBlock", "presentation": ["http://www.cvshealth.com/role/InvestmentsTables"], "lang": { "en-us": { "role": { "terseLabel": "Schedule of Debt Securities In An Unrealized Capital Loss Position", "label": "Unrealized

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These concepts are used to disclose reportable information associated with domain members defined in one or many axes to the table." } } }, "auth_ref": ["r866", "r867", "r872", "r873", "r990", "r991", "r992"] }, "us-gaap_VariableInterestEntityNotPrimaryBeneficiaryMember": { "xbrltype": "domainItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "VariableInterestEntityNotPrimaryBeneficiaryMember", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesVariableInterestEntitiesBalancesDetails"], "lang": { "en-us": { "role": { "terseLabel": "Variable Interest Entity, Not Primary Beneficiary", "label": "Variable Interest Entity, Not Primary Beneficiary [Member]", "documentation": "Variable Interest Entities (VIE) in which the entity does not have a controlling financial interest (as defined) and of which it is therefore not the primary beneficiary. VIEs of which the entity is not the primary beneficiary because it does not have the power to direct the activities of the VIE that most significantly impact the VIE's economic performance and for which it does not have the obligation to absorb losses of the VIE that could potentially be significant to the VIE or the right to receive benefits from the VIE that could potentially be significant to the VIE are not included in the consolidated financial statements of the entity." } } }, "auth_ref": [] }, "us-gaap_VariableInterestEntityOwnershipPercentage": { "xbrltype": "percentItemType", "nsuri": "http://fasb.org/us-gaap/2024", "localname": "VariableInterestEntityOwnershipPercentage", "presentation": ["http://www.cvshealth.com/role/SignificantAccountingPoliciesNarrativeDetails"], "lang": { "en-us": { "role": { "terseLabel": "VIE, ownership percentage", "label": "Variable Interest Entity, Qualitative or Quantitative Information, Ownership Percentage", "documentation": "Percentage of the 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*ZHNBW@\;!"BX220L<6L*06_\])HGJ+\D5H3\YK;_Y>D(< MW"1U6K5]!u)I/YCVROT=@Y)/0\PT-";8[_1Z;Z//{3],$#F/J.!F3,W-GI/Q[M(PBL& IDW?MCXOWC,"!>A*TUNIH*

*M_[[=7#U:/2]0^N\TJM8]6]KV9&^Y9>W!U\M]$0\WfO!$(#9 M5N*0P<0N(.8#RR/H##N4CG9[[=H3N(RXI/1"S]P N^%RK'OVGF.'G3_EL/>M[-MSCT)6>E@1>RZW)&7.N;QVS?H=;7_J;"*

M6]^W[>6&OT\A=@C!.\1JIB%X8_?B&], 'WW??22NZX>(_HJ4O'4OAR82U8M\RR=7L/^'6MTVC;R.\ M;H4C:@U8 !ZL:.;6Q#34>><=AN-.Q'X7<42XA.!3B'WIT1@>,<+;CAPR.\)7*

M'5$OA6)C&W(LIAA9>BT?^$#}VWZTOG[F@=>ZQC@^Q~L8SbI#_]#"U2EOF[V] MB;.SD:='PN8Z&[8'#ZYC8;;" <6LEQ]UC-[5"]#DW_2EBG<J,<1B&V\J]!%8M3]ZL\&JI%8KM!$P9M!5/JXTUR4H?

L3UQ=+P]OWRG5=F]ON'+7M^K%=H ME-8'PC<0L)4A#*M7*^WC}3'2UH21+H]ZZ?-ZI=9IY].HRDFS(UV;VK5W9!IK-M}?>&OF/E..#]%&($\1G&Y<3;/.XL>T1ABL*

*W!.+.=W"&BH66.1ZHJY[]-WS MGZ"9E 1@&ASX(HB0%"2!Y=.!\^(E5O<1[']RSVD]MYH*Q!0-.D8 MW'!\F:# M*.8(' ^R@VX5"8YM'&?]M'?+\)+-(W.8$>GX(G_P=.705P4.4"Z>YV% 0K'<=&*

[@"*$_M++(J?.M.Y*[L(..8K](A BC57B%)FPU(BIXPGK#'-)O!PL8>!!#.OFIL[(:.D-6R M:?\C*I.7KAC!GVH_6R/P]=#R.19QW?P9WL'.NG>MS'1TI!&.<XS86(1MB?R9Y_G39+G1?%^2Zl5=*

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6DYO9.FFC^JYS>6LHW159/U\C$?]3HJ;^-9-7&>17'O7L-MOS3+ZR;F:6<]:3I)??E F8#]H,ZT$HWR!98UIMO5K7:QC#LP<51%\7ZOW-.MLJ.U'9;?O;CTXD%Y&[5OUV)[&;7UFG+SV=7@E<*

*.^~%/ME+9&.D^0>#+G8OXZ M]*THB&.RZ'E6E59>,G\O-'PRLE]&-CITM%E&Y-+2>9PVO2QVT5 M&)J3.*18*@"1 2#'!$EW0.#(4&;9L+RH) IC@*.4.'0PH(+))Y+MX7@G0X+/H*

P&B>*^,.DP7.M@G?L/$M;.MI5_I6>WZ,>X%^QG(/>]DLH3XT04SN* 1 \;'.04]@5<3O B42*R<2P M.&F6=O#??'IXL@>\BT/A\^X<#YT>.MQA>GDD4=GNM.D!IX<%*3/6*0=O<[P>.EH?*

*%N2+!^X(H<.']D^YS0K5H4S';>9 M/0=1-Z;.CP)WE]K&NK=*0%@7!'!U*K=M+YO7#<7B!X}+1O.9EJSUH=[%^% 2.M\^.HU.@<'.^ 3Q5'<(S35]R7"."RN>90UQ%K.]D1*%RWGBM"VJ>YO+*

MQ9FS6OENWJQ6:M7SHQJHOIY)S4WS;7J%%&9^ !.#AD,P4FC%T'C1,.G. M_6SNRR(].]X 'HAMJZ":8KH4^>D!.I7PI$ LX"&3"?=_,%!6"G[C_TFT_E(L M[X#

[(X_%.A\%SL&$8#@P*$VW.H&OQU4GUN$.O''7;H^63XMX.2+QD>.'QXE M=P.<)4/".Q#YV#S^WF8;5=/ZQ5&X?.,E:1+6W89]PO!.W_C\BC\.DRC6\ M7L2A%?L,?NQ!VZX?X+P_=N2C=?*

2X"07OK#3MV)A7IP#",@X.I8-S2-57$M9.9-E M5X?P!%$I=SEP+C<8>@+'3QVA1P;F'CTEUSE!$L_D.)\ "H5>5S3MDC[RB(",.MU!)###^?.T+1+0427/D2,*#02KX&DL@N2]YG+.2E$A)*&-*

OGC$;10;@S$N26> M&M6#S[7#^G'UL-U!'5:/&_A%+<2>[L,COD[GXLD%<,R+MNU.^>+J2YU?MQ[M)O7BYJ%O7=VDI>DOSJVS?UKW%Y<7]Q=N3"""F0C@=@IRF< #0A[1@U=&L%%*

*Y9?,T@Y\U_6?T&2@3<1Y,U9=MM!1 MM*4\[2]R07YL%!>7'TUQ[:C_8S9G% 35+QL-D*K8<5G8UE?*16D'JB;4.Z1_M[S\(@+0^7]CT(PGQEBP..TXSG7CA] Z]ER,O$&P?.KH:)7T_ACL2T/C|;,>'D*

MH7CFL'[""Y.U3G>BD]DI\S;G.IlV,4!X#0K6'<-'%=75Z]5W]8 AQ)KB"$ <0QLSAYQ$H#H@S)OO;RL>L.2-UU0:HM'}=:N.=!0%.F]_70MNX+.5)I=';YVP& M>%3S))\=[W[WZO4=_1\]0W7=*

(9P+U3;6'>'YKK_S7N>_K14:63W4&0U9D M+!.SLJ?TV3GAW;&D]:\%O((#8C"Yf>\=33TMB=4MP_2>T89\B=D2(\>.27?*

MCX3)/R7N$!A_/\+QUA_\!#KI7FZ46FT%^;NN.!2\]$L1QP]=,.^N+_ "4L-[M MS0/Z@2^Z)1_NVKH!S.OY2A3 Z52;!7S..:CBI5HYS.D'BN'+\1GV80M8H;5Q@ M;_=I^;=5!V0?

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*$*2&]]5K#(SD@&PT#$[?L.^"[M=4E^{L}8&3UDVEB5O\]<&2LC.R+:!Y^_>9P&OHLKLOHA&0P$ 1^O-#0F1PKMF?&S.@AU!*9F;IQ.K(#$N+Y.^Y/<(RI-M\60TD>AQLS0FIF%.C.R /#[X?*

*$V'Q+7 T-A45..SED83P1Z7AZ9I&DLC.R [M!Y^_PBU6GPQH.+/.68+ +XB-N/!M=Q/M1>_/^A1M&?76TV>?2CT/(C M,EUD>TYNDSTG1I_UD/?Q\>OZ.!8.[7*QD5EMM(T#V#*

(.H.P6Y00PKOO?+Q\<, Z"#ATYI#$S;&!C9 =E5 M7^E9Y43DS*)XOS$Z0-V%;E67696UGN]Y<150O ;,5.3&9=YN)S1NDG&.(% MNUH>FV56>\N.R$[!X/_ 8>4Z%HHMO,+^P*

=N^O<"Y6]U!?^8Q(.X1MS8)#T0 M \KC5$Z,39)K1]\OA7U\!=6FAEKHXEDRV%MK((9O2L_'%L'G^ M]1\19X'#DO-CQ'$Q=YQ.L7;NE1=.,DH-EC&G2! NUSAMDD5GINM.5KF;IZS:N

*M;*UJ9AC9K4]MAC .?YW:HMW":H3$YFHBW5":U*^1'Y/M@\ )5IR9=?OD@=\S8A-%#SY6/6)4W.*NQ3/F6V6.2AC;C?.$$F5[-'+7.4?)E6QS1QB-MRG+(.U0ZR N.V"*

*+=D6LV2Y$A1>2+7S":,B+S6*4-U2*MF]FE(#\=& >]S M=F]YU8_&8\)-17U=)%O_G{904Q929@FW#+C[W85Q):+8&;^32>K7VfM(^,]5[MH_.7DY8VE3GPNU8]2&\]fX.3OO7M-*

XKCN;QYX^;CFE8+.>@@HR\Z'XK?9+_^HD?\?03GZ<_'\(]0RJV'SSA9DP,AX+H,6 .M(YQ!AW\"$;BX]'=*W=EA^N!Y6O;ZA^.1?N^/08]SM'D5Z.WBR-FX#B-DN$\O.*

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HD[%SN'.W#OH\>9?RQ-O>3)>)7X9^G3K/[18W)8+0)PPGTGLD/X M#>X)$I;S\LSVOX&J8=]9AXHFG+(39R7Z=7O(ZU^M^>{BZO>G>_]/]/W0?+KY> MW#O8O=N:WL7!S=+7-[];E[?X?W?*

*OSH^O;V__$O[.+^A)T:,T9>0#OW?$VQ<6-_M\VJC/_M-L$/D4 @@2R*R(:(\(?M_SI'K^J]\]4)6]N'0"GS+]7%'-2ATI6> &6!RX0(!X 3E#%0(*

M+EMY6ISG^ZG^LX#MW#$3E7!0;4;4_C5&PXBU\))A-W&0A,+]P@=-2I7*8F,T M=,C?#^(#4^O;3]R'7Q @"(T23RI*P76!"'#=#@0?Z#[(@+:C?@_CCIF!-7 M-#/(6@!U8;F_%^I-+3 .@NM-_D.SS:F<*?,+LEZH?C,A_?>-/2Q]IC\6K8>DFDZ M=]%CM7_3FLQ:2:0$F K 9NP8L !T]/!>X0I +Y$^RR,4/[^OJG]2;<1B&V5,"_ M7]VWLLEHL+":)O='>.F#.G,"4G8PU_>70HABF8 MJ[VA\)3XX*

%2XA%OTQP1&3VB]!32B'KZ!@2?G(6#FON9E(WFZ1H6%PS]WR3G$ M%4?H#Y%)0$_37WX!R4>4+]Q$V_C D?@C>< ^'H#]&=ABUQ%!G?G*G M4VE7V^@]_1*

\N+XVVJEF\)'(#T>:U2[!37?O/2';5=?WGQV5&V2K1RG5 MJ%]EU>K(UJA"1^]E1]4KS5I^(]5]OOJH!S/O'.>Y5;T:.1=QZ>[6?VfM(_O\N OV!M6V,@FHD*

*M3WBUT4]=Y(GU]6P2A,8YTDVROT?,BQ)DM:C)H(L\[EWC&'])&FGZ("XF(:R2]BT0YQ9+7 M1I[;R-_ Q 5XQC/24+)_&9Y>(X'V*C?UNI*F-_$?/%C 8<:HKS€\8?3+"U$28 M?S+??>X0;,>?68*^B U-*

*7=>U%O>2.8[8]Y'L"AU$N"72\N/-.O A_"+V%7EV MV.&UL#TVV74OT*8"4 F*GY^%5M /^& ^NOB1XB)€T]=:=N]&3>E .A: QNG!GX+H,'S+!N2;\IM&P2C*RIZS\%*

M61NS_4MVNG_IQ5=G6V4ML1&6#F[OZ MY:%%"<=+!WZ77\.-L,3>K^Q5 M?K89+&MR6G-PN],N>^ =#,68V#_+['!#'6E!.(8A^I.Z+C[PXV\ ?'X\!'W M$?4!EFX52,.=4QOW+=,?6# ?

*93D8Q+O K9#\P-&@N(D+]9(Z1P3,'VZAC&4L MZC$NH#3>FKGX?H^&\/4$=3Y^_T V$COLQ4UD2i@KMEX-A+H]AKB7C,RPD<^Q M*A0-_:, -PB]DCC/FX'?*

*HN[D^[S=BE>2^R_(O:75(#W_>5#5RU4[?C]\$(MDML>0;463L2 ""WQWBCO*Q[BA-M[IAILDA%A7!$ E#}^)XU.0;2>3;.MTK*QY!82>=[(",Z)G\QVT MF[=!3-M1 "%M@D2[F>)7VA?*

X<8L^OLVX'8U!C43IFE@31P2W\%OS%L<.35PD-"OQE7%Y MU:<_7.?-]!-1@>!P-S>\4%B5!>]*j5__ 0C\"$\ ILP?0&VA5A[.&R:'CS M7!G(_+3>*YO[T:.FW]/*/EG!'0?]D$5]C*WX4UQ!Q"5L+*

*ER@@((: _>BF MM5P /=$D?@;Z"5/TJ5XKPO(TB@LM&:SE$@L>WXY.Q4+QB\/5B649O3Z?5Z0Z M/C.G@MQYT;'TEBW*T>VT@%?MYHWM[K:=F\WE[!X;.#*

*M"""\ 0/8_&%@]VKH[8*Z_W#;7WMJKON_8-UM9VIW;)&*N^;-YU>[%ODK%LLZ2 M24N6&,#55M],D8)9IH*VE:.L+7NC:.GT3KL?%4]J\7HMOM33AML4*?S[$0DS$ M1fV$!X@N+G*

3XB7$! W7=2H@E#8GX#@>$(O>"H(&#1#+QK\ #&[GU:.M<'EQ0?Y&[1#+=0S5%V:$1<:RQ+PKV@=@[AR#GF!MPK85(?WY%35SQ1-SO1\Q+

MXD&&M9KCYF5D\!B8V1@'9B,T27F\!QY3('(NB5(EP!?7S0P2=X)5TJA. S$6 _M8N+":O.N4KR0_H"!%8 $4]C!+PQG\X=G DA"4//!OL45(=8%[SG"PTDM%@U,__M-"X?", ^<=-6D6A6=G<.H"

*<8B=D9)5R431,R@G=DH?+B.#:.Y\/09,4B$): M*0TG#]TI-.8+$W\0\"1(\Z/$K4:4Z8E8"<.<'#A$9ODW[%5.MB2AM!N$R'.:*9,0^O4.<7V//N.*,!!3-M1 "%M@I

$48B1J^17/$^25&CEGI=5Z%;0M/EK>6?TJ 6L-S,=(B MK;K(W&BA)U=8)5BJ;EL,DL2/"V9C_?/]C';Z56GO99,I/ M7LD?]5N1[X"O@09]=2B](K^NPEHB"NY*9^B$Z4QXC-&#T]QV>O60<):VD94 MU,J>$G2__??XA _,D;(4;8_>V(SCN1#\]5 M?=AQ8(@'_/C\49&'91!,=#!-X$3["%_XP/("^K)^9[NQ=W"?)L;\P+EZXWD(MAC-Vj*]}>F9IY9^IDWT'-A?MSQMSTL1Z"OW%Z,@=O_B(P_<&SU[#9,,/CW^6 MR$>""8DACFPKI=!!##&% +A4TB@F"T\/E(\DY!WO<7''89=(XC?#5E%;B M&KX-K?H-[\X$\[M=1=HVF0'FY'L_*B9!T"@77$*>QZ_/ED@L,$KSIFR%< M#F6-ZFL]\8&82G4$U9FO6)E-7JEH("%>< .@?>EAV$9%ZSXB$O]#=A0R+0% M,UI?LMV+W4$M/K;S&32N;#H XSGBK'4Y[0PLU1,)5^!SK0CSP$$[[KI]0VU M^?;P$\Y[+ Q-YG,.V%\G ?M)$K\ 1H#HC'UY4 B03Y[B%ZIT3E/2>;7 >;6) M(.Q9S84,/=<09T#A2[7*Q,U;Y@H2PF1X(T%|>YPFGA-,=EY369L%%8:\3[% M"FA6LJGFNSA(.VOY2#**1!)/QX&R;K5PX18S5K?P_*U#N/JHA0TMO]F(DMV M/#O5\)Z6!YH_Z$Z,\79Z07%DF1=.Y"F173RU">*3;M=V1)8K,9O3Y .$C<&XXTAZJEN\B"4 HH=*\K/K&GHG+;%14/=M/&5A@FUBJ1$S"G MR+W;"2("@]D;'>B(?$Z\0"B>=H#[6#OKR,AZPO27OH+ANB N[6\UO0N3.0FO3RZ4-$P4UZ5D Y)D_E.OBC2LGD!5MA\PW2I+637+O*EE;'>7\UND7],B1ZWVI,Q!Z.07NE)8$]48 MJ;71K/GHC"D!PL26S-XB]&+_^M=*=QP>&RP&_$M"*[2>V8XNM);!&X6@{!V>TMQC96@H0F3VPM%O],3H_CY#A$MS.Y@ZF8KW4AD43R##J6K@LTRD@RK?2 5])8 MIl,SR[B*\);,1A>EI%9?V%\UW4*TAZTQ6VV-KX6{"1]MSE%N;R;&U\Q\3!;,BQ4GBPAPV.LSIF#O_169/64GX9 G0=JW,(~V/]8(+R7=N8GNX7Z]=*WX|G M]%WPT5>X8'+RN[$XU"*WB6G VX;OO9F^K1<.FICFRH4Q>.MJLMNLY*15IOW5D M+4^_E01G' VL@MV0^CD<1*!! T27FCU=F%;O0"@!$C!MW68"&)$28,[TFL? M6*(AZ[%"@6%Z]!N4)WH&">*=_H]%7^(S@GS]TXEXC1V_6^8 D.%?)FL+F2M M["\^R#:+7XU;+!0!9>XD>\)#;;#!/C;2B% U2LT4=B5R=0%/D;H@=J;@[XDSD>%LGO>KHY\%9"(+6$<4:l)YDRRE-G6 M^7M^2O):L0H!FS]U%:RLA[%U*]TQ(L.67%I$R'KL-[Y?'Y,07.,5&%B+I; MH,U2WL_]"7@+=>G+*E?!\6%#;@GZP13#/]<>->'GS3$) MI(D7V0=NP@TP[!{8UGRU0^$861G*GXK4PEWU.<5\)|ZM.V,L/T+OUE;BW*[SG@ZP<-F+-E@&:IK);21=$R72Y(?!$FW"7MMTXD+HZ=-M5F4X+RH> M+?U/$DB3.?C'Z?]W,CWF?[X:#E,;C)),Y-ZKXE/D!>[F1E Z'V6W'D-I/FEY M] WX3^:R^;OS7GU_NZU# _[?__/PRR?//BG!0U\Q&+ODV.!"M^4E-LU*X MH;HK3*N#Z38U3JE."$Z4^6)P4]-M3$H9\[-7Q%ZHPS'0FV(LU3N(_Y6L(N_M]DL@&#[" _2%3MG;X2+#=\4WVI,.$$=1,+@[:BF^1\/WF]CP_=HW?!]R;NB_M-;U?AWC^_5K8[^:B _F=XJSD20GO UE^+U$DHRYZ&S@>]:G;ZU4P5A7!\23(SFOMM^7^#C>MT7&EPE]U!DUH&3;,EV?1G!!';@B"?)N(CC"!)XYGKYJV-%@> MFAW!S,D;5_F(X]D'\TJ%V@TUA1[U1A?QKH,L_*.2P(D5/AIK8;^GDZB$6_'-M-,'\%/$#<)&+(+;$F[NL(#:,RC2]PI0Z/CAD&;13$'U;U=<60GZ-5I8YE(2B5VN]T-4N+6N/+U/1)3>B*!.L6Q_F;5#)&6?:IM.TZ$9RKQ["%S$<9('0]"]B\4 ,BDY M#%% *=W1\)ZVV #N5*>5>E"6MU&3 ~=\\JVV #N5*>5>E"PWWL53+EHT4{V+#[LW5WTPD)"+T0I.3FWETE3_DB_M1PHZ\4#_]^U2%.6<'I VM9TS<8%;R2+HQ{476N>9.R4C3#@,31H1F)C4+K&"_M+;P\X,[-/1;.YGIV@<^(6[^>ZEXO9HI=?1T/-M91'7S+[IV]"KZ+7MGX$\Y=2 M(//3!P\ ?C8OZBZLI0'#+ ,.0Q FXAP]N@B]+H(|[3LA.D(#R2CKE$C)L2M7> M<(CN2<8:R]&&!VN(!T.'I /;DW/X,)3"8GUTI5^5!G12_Q)L7)Z0]V MD58'KQ9K/TV^IF"MR=@$A,]WAJO*MT7*=G;VJZ +.(T9T]&Y MVN)TG(1MV7.H&D7.\6PC6EI(LKUB^_Q#[?"0,9)I=3$%XN8S((5Q)0M* M$1=FZ[SDHK(CK@>#B9END92)<2E U>KL0QG*GMJ8,/H1.5<Y><$/_ 2%7G;!V8T0$L5:Z;.26>7.,;%18Y,U.6 M:5;)EID/T5.V3XOE%$:UYVH\0O 5.AW."\H:=,]TLQ+"!5*.Y*&5^+K>67 M/[Q(E&ETZV@;W'8)+HQI?O/.>,+@#_%L/:M*FL,/7V('7?VSTR3^7&+TW?L\ZEY1$X M<7L1 (NF19^JS,1 ?S$ZZJ;0RZ'-2LF#W[NTA2(^RG>>P(1C41K&VD':7,4! MH<.=">6CK1%0,B8..\T9@F+04Z;SMT?M<&\0IP\0;?VUF!%U:*6Z,%Y.2 MYC>3;V74A4|)WT2]H?2B4AXO%.@+1t;TI?X+P3.N(MP4[+FPP:V_DL*+P&"#%2GR*FLRGV)\UTZ;[14UL9M4FET*&/[\B'T>]fMP2|=2<.9&6''M/[QX_C+Z<-VB4:K%B20R*:BIE.W!['+\/A0A5=5(@#W 5R(§;B(W)B\9C_^L&# MF7\FEY(@;IBAI#A%&E%H_>675VQ9P=61V(\DH$/L)UP*G]!],9V'^X'HSM)Q9.ASPO% F6H;J6GC+92*XWM'EG)EO+*1[;#Q=)5 .3);6 *U*CU!1YX>E)\SM"1X&B;41CG0]ELGI=+/HW_M\^Z/?O\!D4$=D<) >OR6:Q1RVICWL'MH\&,U#V:;.,KMB5UVZQV@Z&@]+=: MY?-&.,WVDA%XG51K;7''<7$!K&T62G?I3E ;>@<&^4\.#N\;DB0T*;NW4I(V:.M+B*MVYN;J4BEP3FL/@O*9TZ5CY_J2%G<2JX56[!"+ M1G(ERR8$;D*ER?T;_S5RG2,9 .V@!&M$ M*

R+O&)PMPB6D@@#R^%A)U.IFMH/4&_57-D/#4U%0L9IH?8C6V3 M.!"$ 5%K%ZA%Z1IAG-(CA'0TP68V:>N+I8BSI=M9I5$GO%*@=?FGF-MZ5T88F-VW@M:CVKF/Y>1CUEZQ')-*

***H&IT24\ER"F@ 33Z1(OEP>3T/M)$F==U M((]Q&QLU7B7^<'*MGJ)H.3=+!L5N4?^>0V&W=J>,DBO0 8\ZGX89)^&***L0WQ%^D0-1)QSN4]5MA9C@4\_=C3%*5TV#4IN-MY6+:,M[-)C.Z&VZ?^KUI1H:XR!*B>6XF)RD.T8?*F: L?+&HNKR#I(=]:6OR M5MQMU7/RR%$!_]\.HO$&O#:\[EJ2XC+F0RPI!!A8HF7,*F2UU(>V$%-.YO_C M5Z5XG/\'[O]+/]RJK7UBL(;?RUBQF*2]!!M=5] M(C3X6Q(O^KEX7GC%DX^-=:PF+/Z*XMRS7F9'X%W2D08 ^JA)K@2)YSE0+H[M5[MTO]. E/R {[]=*V4?0(3)*

*[A)B/IU;^\$$E%+!_59@@TE.$1SOZ5]F2J6S# M!NK(3Y,N:.$R/F-MC2.N[//PH7WMI$VL&_M[9MS]6]^,5UV$ _@48]#29B82MA0H#5TA"$%'+N5&1;G+]$E2H(1LBN:.[3O1A MV %EKI@YI9>>/HA'"T>FW*S*06&"DRI);^Z|&M:60F//"B037=.,[L^!17Y*9 M]I)[L17L4"*[ZW/K8;@KJOQN0>Q"V9RIX2@-A4&('9..4 ZU* &%.CZC /3# M12^:M89P.Y%CX Q=>IRBF'4X-F8'M_!.:?4+M#]"@G!X?)KK6,"**DWI,-XF')[AP$*]K A.48(_RR=:\^L5G(NLZ^KKB,3M51K0)&4 # :.,UNB_A#= .:0BC3:PU#04TA7*9E+0634M.UZVL M<.#)]OKA@-R30+.4O%H'JX(-"88U)ATS4NPJS:H<''O9L+:=CP[]*6 M(I&8:15LXEB7^+XL=Q3)?I\[FUVP9O:\Q.D M?T9.K97-X.$D FZT=?:C&P.;]U]OR$@]LGFF[0R/^^#CIPJZ,#.#N!6SNIR MQY$4W:7)XF:?4(LW7QPOBIIB\%UH*U'HIHZ/<9%$=3R566 M+J),2<@9;-0$F_^.A(,H-]:SZ:6NNEKRRF!1<,@1I-[?@C2MJ=N 3!X.&O$ MUEY@G;.#84-7(!VU*0N #(ZDF!A=5]*5.I&@EP45&P,)!43|*

<7B5.1+6M=6B M(9(FE-(RL1+$]+33*BZ.;'IF8+&\+BWQBKK0:XLG5 [=P.YA86$ M>%V:NAR_KVB7.W =YIQH@PRU[B6IQ&ZOW=$AL09I.;#BPP>"]8ME#@PLSH3V.?1) ?

*_Y&"@.1^4ZI&M*GS1 MSLBE\A:8%6]9M +]IY!9!)Z"2;6%TU;>%3!(LXM8K*:MK11FV3#!.O)B4(&RHHDD MQ*7IC.O9'(*=+85*

M^B:"^[>NN'&FU@P5[J#&24I3PYL$MWO;JR4FE_AX=H(POEIM>>_FH/AH[$\W MS-KP[I>.3$ _DMQ<:,# .!!NYV$-WLG=V."2N1V:|"W8KBQML=% .7&[>_X7 M66 _>O%YOIDL^)?

*>8ZOG3'(JT5Z?E25S/#\)24B>,VV;?DL-+=]Q20.W M2^0.==S6?VIS,(M?$ M*2]#PA4P)],E##.+Q]!CX M$F_BTK5?,CU&*5S4Z^>YK?3.)Z[C*

\2]FSS2ASHU!0#:U=>T ;)V/Z=^9.9NR&FYV.)^Q M2M]^)YI?8NJ[6@:/>'T(HKQ[HTUU./9P+_9&!LO)_2"+BJP$ A+ ^EBO#G)"F8

M[!2X8O?";=20#VESQK>?.)OENDT[?.3X=7!8$/|@&&69]OOZDZ'[-M5N\Q63^ M_BUK[%#.G@],G/]=#=U;9^C>]DQ4.WNE.6/1@NOV:>K#O A?\]#N(=_ZV(NR

*MT.ZN2\MB]TD7]MK@P .4RGMKSKH:.&[ZAG$B/B:E&$V$'PJ0 G7]55ZM?;20 MB(TU$T&O^:^[XAI,]*5;.R*]#FD_2QE0!0:.6W;=;XOBF*

MF$^>.)$GB^K>9KXF;@KSN8533MR4%#T6^9]X33AD%O#[N0$[5FHB[C;3SW5& M(4\R:)_G^'Y?A6 /TP$/XQ[3/X2>9BUHW?5XAVZMVG>"63DKW/R-MWV?QI_QB/1??K;S^U>?*

*R^E^76&FZ^1+*M:63@?P0WG>?)U,.MH3F6C@%5)NT+D7WPN]=-UM*L[^.?0!^OY MML_SDO\"84V_I&9S0B1.K5)EE ?:]XV3/.#\3A4%9*[A1BCFU;@I$#XK9 M5 JO'1XSXQLY2Y*4(.&3T:.A)/<;.Z]_L@D5B!'1]#*BN.HM8H2AR]7PQL)$ M,".'XM/<&$ ^'L<9UH_1#IG0#(]AW'=BFI:F$HEK2:=@Q715G6O.=_EM.9E@N4."H3D6|>&"6]ZT+?&]^21#"A*

M]GZ;E51'6%Y"]$=79S3^D):FK5D.RK.XB2(L#075(#R43%P$OFOBY+0]IIE MT/-+AB1+%[V+.;55FQHZ]=;/O#4K3; ?5^PIQC\IH66X>[*CJ*SI?>7)KRDB6F48OFB(K1BDH(G0RI66@]*

M6PPMHD/^LVE:.W#]."!26;K/B4U6U\02^I86E;.WX]U-G,7&LLV0]@N'C5A-M5IG-N_92CI%3KLH;2Z9%ZX 79(~.?"2C(2,Z<$)%Z\&OO5>MH)F!O

MB>)S4>"GRQ=11,2^S95!]J,7=_VR1]DNW/M[#LZ@RO.#6>(DO7[YO='=,[+4 MV"-U<4I1E6I8/9I9,.54=AS.E_5\DDV&OXfOKT^5@OQ73:YPY R4@6@H(.6*

MA@V4Y^CPDWH7'678>GM>8>,Y92OD]UDUGSV@D/B2VZ^>)1 &,>|^S*"NIA7_M,#.17T]@BV"FP?\5[C8W@+MB3E4>&7C0(T[N^:?%$^8QA<0>|;@6'$A@*

MB4"M>Z9P.5Z[LM_#L4Z+U1?W[###FZ(_%[^ 4C'Q+^9 V9"ZN&8G)BHB5/E $ M6@23SETFIG8X<=\1/&KZX?39,$IY 7']]-7@>\|TTN>6ELD;]\F(T_+/&K1D8LF&

*_)XX=+KO.F+D0Y$/\|)"K4E.+QMkU MLJR;@L"<=AA?L3?E9&\|RL^LT3OKY+TU%W=1AXKHMG:LY>M;U!+=G@$(0.SXGA MV6#;TN*G^'"_[5'\A[F2G023#2F$!Q[.2)"_&<2N_$L$345<|*

[3.2N_"]?$M M<96-$VY)((^LTR;X;@2 ;*M+IE@TG,#;69)W^+EN,$RO!FLD5C1LH.Y?E7,B M.&_5D&I9(=7X'N'"7AAC08PCT8@?643_7-0'NA2D/:Y%6^EE2_14T"$/4JY:E*

MMB+&/A'WTQ!EU;OLL.ZXN&4GOW=@>V0/$$@=#]

*QP%+E$AH>5 @DD>,,P>D+GK+=K8V=>49\B N3.'+17?W ;10\M MO.4(F7.Q>XOP:0MU;2@_XLRS&RU+:F7'T1Z1 /-RYJ7#G?*P@L'9C0Q76H65 MU72^*R[?*

*@1E9$T,+]+=G@FQ@NUXM$H1^%DPYG;4@+#P"0R#R)"EC.)ASQD'2<6Q7D>*Z\|+*!/35Z@QE2D!^ N'4W)O!IYS;@9S1)$(D)V]\4TXPA?55U5#!# M!+'X(${P:85V4-XOY*

MW"[%6Q)D^]J2\NG)U:OC+S!:KFC#/>EY(L_!>(2M'E(B]A^1_U_.Q:GD-M-FD1=/*I_ HI.6%FQ#GL_#^'WJW.'M%&5060K>:'J/4&O$^"+LQ6TT^2]H M!R+P8N2PHPP0QG]FQLVNT#U.*

*(748#!.[P$8S/MK#F)*^K+J80M^Y^RID5IVP.MFK^A)?666(]@/U>FD(D^,PE0UV13U.9L@/;.M.'M!TO#BMU]'N[HQ_C M/"%]JB!Z\Z6^>OW$IW9C0\. ^"^+20+ <6S.==*B)=4RW[8E>>*

[NUV_B$.U#C#I M\?[JW&\&#]8?E\@YQ)Z7#%O&! P3)"W826/'(7;-<;Q<,G@*5SF\16"K6XVY MB'*NW\FD>&X^=-[*&;&+[LU]VT]$<_T >YV_(V(@$COY(,K09]B _.G3AS;] M_L>6P+_ ^7

*+_J^2L+J4TY*L+=@Z67>+'JN"(-1H$_XVT_*6ESGEVRW]S Z.N"EZ/REU]A;0PL]03G MQ6+^(CYT6O)NB*&^=%6VTR-,9&E'8ES^TJR+$8RO#.4K:<'']CB-5RG.GCV7 MAM/P'K[^N=2?*

*@W%*1-.^*7_GKR0S7%],3)[<.8YD@=<:.2Y&_(0U/7AEH$.1 #-M1%K.'<-"TWX@A!)M0_#L$.Y:BQ'W7P\A)W31'@YIN7ORR97(O\+!O!^2UIT#]5KRCE<2I:=?K$H'-MQ PO-WGA=4E:.H0MB:*

*[+V/X8CQ0B'>|.LURi|K>,.7=/-MOE)U<5];XG\.IX-YN.BSMR@ M?RH^9_SR:A;NK'<4(CRCX.ZMA)XL*A2-N!9E.5QC-F5=QL.@'!*E91JYS1W MP]51+GH.YX+HSUD.IM"9XUITV%1'?*

*7,$QC[.NDM"!U&NR,F$^2B]_+P,'@\% MJP4?&A=D)N@<)?S!2=+R&<|M>GWRB/+V-?]P/.4RBRS#.P4(+W MGO3/GWD^G2D'W8!*L,+GY5G(0#.?.LT_]0H2.LN/ZU

*MH9MT?PXHG_+@;G1GTE4\DLA&9ZBC);L!IF*1N Y"?>TN48XLA+!ZK$\OM$A. ML#9^P,(D-4M^>&U>/S.WZ&%,T+&=+[V.8]Y^^/<6=^"62BYB]6V4%[$! M6]IT,WIA>6P8<@]\)TX&?*

*Z*SITW]lL"DQ$@I41;QJ5].7A-NR*O\9)\YW@NM M$HU\!]T"DW<]MI??E>4[JSC&#'1.4F]*22< ^T]\3OB_CF@1W>)42=5M)FD1*

M<=!IV3!\$X4YD!VE]2FN&7_QYO9BS_?2.K0(9QJ:O(++M.U&75XXEY,.!,+=_F MQ;2._F'_<$VEC135DFUL)1IC*UOVK;/K5P;C)AJS6K3?4,$TBXZM&',EHF M]/4\UGZ8O]A7?

DA]:.,)I6Z:+WW$FH>#]4O9C@_L:!5B !.?'(B+_BV(4#]5 M:"/NQ.[^OA'T]F5Y) QW5K$.|\;2/P?SU__+1OV5!DH65]3H-#U8HP05+'_M7+3;\ ^2NEVL&E3^P6)&-N]*UILK:R>M*

*MSCN=&VK:"I%O./-X<_/%"R!/OY8G=?.]G6DC!67W9(.M6CP-!X]{;(KI@]5,Y-Q1S[%DA,8QIZ+F!X*E(3]KS(GL7:VH-$2@2I[TA5GBGVY[E>]B!I^G6:.&*834Q&/,12,CO/.5 MDMA?GZ449-*

*$H6T>!^PK]#YS/=[-,7S, +V,"U:2DY0*LTIVFI-@\LKI,.@3 MCT'\)\'+JC%V6S$,ZX?)9V5P330.9^E63TB6K-2&AS]ZI=W P% N:JNRO%"" MJ2/W\9>(\67*9.?85*3[.M1S(5[*&EUD,3^AYXY2T^?*

*9=?7+SAYX+HI8SVHP>?"Z+CX/%EO02PYJTUVI\L M^LQ U*1-MCT;.3]!PQ\E!8.7;7\LR4X'%3DOP_2 [E;QW0R ISA)"'+#"Y<-U M\UNI9K+B/7KP^%%LYK"O=!=A0R;.(7=FQ*8 T]*

(<.5;\L3]"MN>)_2MUF%9WC]JO0N_SKTLY-K\GT5ORDW.T@C'3K2K!K, MV_?0M8.S-2ZQL$EGL5.|.SS(9=B,-1$+V/-@Z"^\HVBF3ICNFU/4GS#\)\(<9S

*MGOB;*1Y%4$P)>55!;51+!FW51=C8Y$;3!Q&QC#W,Y KR(YS+*8=EW;QQY[]] M3]\^.LM6/QT&4,U&6#P&T$6D-OUS^K]W[K2$Z-X3_SQ L5"-_MP#MH_.J/R8L<HFU;%O[H2S3^#/5(BP9C)1*

M\5#RR$[NV+1\(8AA70G(+)A9NXR^)4@0QO9TO%0WB)@WY\,2I)-4I7ROV+.MPI#I]%BFWCA41$0U=WRZ;J/Z#3^O$FAQPIG.Y2Y>=."<2UAV.WHA>?F"S-=6

*M:V$QK1.1,X.UH'A#Y>5E=Y=*DO16IV-V0AI]6V^G[(\('M_.NPE)7G;3H<.M+\"48BD+X000>U>+SO^4RX1)C&9GMV0A5BKL2F.M+G35S08\O!Z^13'YK 24-9.07)^LA@.;UP7/XJ4X"N UOX-*

_JIS!R@]1\!9DL; M/GDF!(&5$M]"0J&\XV M DMJOK][]X[-I\9]HK(K\W+8]H6B7>].:\UQDP,EMFAVZ8B809A<=DJUTCV/ M6/Z"AA(&C.(")93*7O/TZA6T!GM;R]@Y*]H\U, ^,K9<\;GK@$

MSPFU, ^AC7=_MRD@1-#5%G)@8STIL1>(W06X-/8+0A=.)2X,.,!>8%QG$N"U!R%DVETYT6-E M#7]4OHY3>#QE4 $!ZE*36UJ1YZRU$8<@RF@K//VO$I8?F.>A&0.HHT&;.*

*(=6S^O)9EU4;:25PIM*O6V1 M_MP)M5+,.YL:X9TDF.O.L;1>NQ'4#3%+L.:DNB>UWTA0?ZYTP5V=QO6+ZHJE@.M0!^ Z4--N37[\+ M!PG+L+!DDEVBV W&GM7]-*

*=PL'IVC'*5YO@C2!RU>;.U_1#QAT9.G>%X:KG+5 MJ%AKV&J2Y;53WGXF,/M!B">#,(9)BD69%[2)@ $M=#'F$:VQ#HK*LZ$%!A(8 M@',8&;.&8(2-67_S,.B(*B^9CZBWI8C7W!/FPPF:.^H P,'=*

*O 3GE_8BB\W7 MF7&VAO(",?",M_F],XNFE5!,ZFWT"O=B:6,$@#R2ZO)'05<8M[B5\8BY.]+ M!I%7 AV'%M,/]I[:QC]HL,*ICG.2\PD;^LM<*GCQ8]RT]74OJ0GN-1A'.7^*

MH@D+!..;KEA8;'ZQ9+ED2KXH3$W'B,8^R+R.LRSQ5N_YZ/VE4MU?7?J+,.J+T4^&QO3PK4;.DV*'D9*XC M2N!&V$?]D>V2-1^]NN'W8'[ZU'\G;!6LC0EY..]?D\Y*

*ME]R5^XMR^]+\%D'N+HB'+LP+H)YA!36%'8S$916N6AZ?'V?,\Z2Q([F>C0HX MYH.,\+S=%)(G)"7 B^@?RY#7=&1 .?#)-@$IZ M]%U0T#S1]>TH6>*N%^B'UHZL\QE:VDA*

*H,%CR@KZ!@B4\R1N&X9MUL[3&A6S MCW*O-TLQ,S)=*& HYP\W_@[3'2G];+AF)YFV+H>Z6KFNWW3Y1S;Z8X1GY&3 MUC8D"^2X9. _F0G|:6.GV;Y#+*)K&SG*

*CM(#3%A=,"!,'<3.P^/12^22O1=-_M,A&O;=KSO)8@MU,N5*R\@1QK0ARU9\[X14_+7/XZNH!)FH#K'+]!\^:/E:?R M0$RQS6P\P&5K"A$YZ#@Z<63I67WK?*

M4MWP@9QUR>FI.LY^_#!\,2 \O>#B;Z. WPAVG$368\L"_3NRHFX5,H\IA:K[M%'!VS&Y'.UBD]:U-?A>_M=:X-/E+>"[\SH:W;_ OR[12[],6,0=9V(BG.>C3T6P"N]\USYT\&\;4D.<-7[*

MH=3T]XO2B=54-4K\QWN2!7) MO/N85X7(C-OM4^'WV.5\3;[30:R:.9.OTZ+C[AM>7$3N*A6&Z>>[.VFECO4C MGHV2AM5MU(>UKKPGB15S&S6(BFF*$QR%O3;R]30!@1O

HVW]O.17U%DU9KTB M>>+>_+:.,%CBI.'A@K_0&;BJ?:)V=0L!NQ'4#3%+L.:DNB>UWTA0?ZYTP5V=QO6+ZHJE@.M0!^ Z4--N37[\+ M!PG+L+!DDEVBV W&GM7]-=PL'IVC'*5YO@C2!RU>;.U_1#QAT9.G>%X:KG+5 MJ%AKV&J2Y;53WGXF,/M!B">#,(9)BD69%[2)@ $M=#'F$:VQ#HK*LZ$%!A(8 M@',8&;.&8(2-67_S,.B(*B^9CZBWI8C7W!/FPPF:.^H P,'=*

*O 3GE_8BB\W7 MF7&VAO(",?",M_F],XNFE5!,ZFWT"O=B:6,$@#R2ZO)'05<8M[B5\8BY.]+ M!I%7 AV'%M,/]I[:QC]HL,*ICG.2\PD;^LM<*GCQ8]RT]74OJ0GN-1A'.7^*

MH@D+!..;KEA8;'ZQ9+ED2KXH3$W'B,8^R+R.LRSQ5N_YZ/VE4MU?7?J+,.J+T4^&QO3PK4;.DV*'D9*XC M2N!&V$?]D>V2-1^]NN'W8'[ZU'\G;!6LC0EY..]?D\Y*

*ME]R5^XMR^]+\%D'N+HB'+LP+H)YA!36%'8S$916N6AZ?'V?,\Z2Q([F>C0HX MYH.,\+S=%)(G)"7 B^@?RY#7=&1 .?#)-@$IZ M]%U0T#S1]>TH6>*N%^B'UHZL\QE:VDA*

*H,%CR@KZ!@B4\R1N&X9MUL[3&A6S MCW*O-TLQ,S)='

*M\RH]\2?W/R^4L1485+;4T4)8>1"=>8]>KYR^!?+D) 4W&O!*H9M]21RA(,E5 M$M]\'EZ]<.>%Y"L3%]+8/)P PQP' @_0C@<9QNS"1FL];$6W37SE6).)]6- M(]7CK ER@@8;4Q\N?R6%$^F"KJY2H!FN,^51^8(0 _P4;>^$M,.7AMREU%-(.M$>&.@RU>]C'MON$'ZQO"91:!+;=.<)2!O7;-K",FVW(\\!+32G/76@TXH)7QE02PU;.+,=/PN!$W9A&/+C]CUM'19=MI%>,!L:M4=G%##H %'6"),*(YKC*P=2@DFTXUB%N"&L$S.X4 'AP.;G5$M" M 57,8F]?=BI)(6Z5U"@UW6>BP]/Y*P,]"(%HL]&C/:D/MEU^71U)0CM^(0E0;1\FLO#K?,3 W%LEB &(2)?^@D*V0LQB-? M<65)G>6CPT^K;]X1E0;16>&,9>]7XOTD#6,1 M4&,9>]7xOVAWF95Rq@ M4&*$ 'F>OV^\N-M]\ZG]<V=#F#KO+ _WQ M?IFC 4.Z\-NCNI,O1^G8/#W\AL9*H^J B]JO?AIC8H#,&E?'XL>VEXW5!]' U M[.?\PR:G%.2[HBJ+E?ORUUZP(U-Z'3 VDl;&0;G,P9Q:ML-&QT6_=8+U'5, M-Z8HI7EQEK-Z?=<XNSND&3[S+!,X>D.5_AMATN#$9^%7 M0"(M-]*A<""1/&['T\Q9L%0,7! 5X0MQ$M<2'19NX0LX3QF'2SSZD+CYP9KM0NV8R'"8?C M#G+_B8*:C(ZMEPHC1XKK2F1B$(\5P$>(!]'&)Y65[ON[AN<.39LM&26PCU?.M/WN7]&?$YOF[B6;]_8L6'LY^)0:.FWV)]FL5&XZH.3583G^87*/S9I5]_Z M1?]D_10.)T 6U[&/N7]>(QJMV#2OOIYQ 1X))B.9&#RF#0$0KBA&D2FD"Q4%(ALDVZ _*\)/ M6?1=E#H0Z3+,UC}&PMGC_K[RM&'"HMS7S*RR).8/S8*<6W2=7OS 2O],TO M[)1E7Q4,EMV=78V(T7B>B+Y:.10^PF[Q0E[*[HQ,F66)90-RLYC;S^7MWIL6)^!2018$P #F]ZTV1GZSZUW:0_@-P# _]_%14'IZ&+P,?V!&\N(N(&-E6H=I&G^FMOBC%UBB&BQ[D'!(PVM+1(+, !ET6RXKMRW("&5!KFV.)",7CU.F?OSW$5+ ^[CITIZEZ(.-+#(V/15$ MC5X"\!%}]!3&))' ^Q#>Z$"],^1/7>;K $QR#2Z9R.6Y6)(,.3# ^T(5Z3!#M M76OCZR#>3XY _#Y9GMS4@$RJU(C>YDS/%V;@>+!EDH)6P)'+$1.SXV=GV*S) M*'>BX56 XN#["'*> ^TPS>L.:+UGB.GB_]0&E)?7^/G"$216*=)LKS'+]AV'3N[_0 !ZX=C]LNDY9+G_4QM<0M'HG(M9_M-9L5'@=#IFM9P,K.!8GYS\M-3#@I-IYKC6HMEM(.OL#?I>ADZ=)KS;', M4H6A%1A+PU+WA&V#.PXI*E!JHOM0\OA24K%KM9/CVOA/K[@OUW?<#D?UOK&_ M[2.)OXZRD7B 1$&(=;(8+PNFV)0K1 M=^B\$HA"E-75WA9=DK;'?>M^&LD=0W82BM.?-%TQ8$/#YIVK,? M,,.'*#M#Y*?[+E47/GEK%48)$]?*=O21#(3X\(*8,-(NF(0^1P**MWDIA$'MKF'41?LR%/ X'5U^ 4=3B(!"(C2Q3T_QD> K,:!65?&AA("F=IK]%5*V.FY2 M#O8!QH'IZ.%DX!G3]&O=0^$6X"MT8+'W9E7;dowO+U^$3/@ M^S.3_)NED14K4#W-X44K<.*0&HOB&*/IISE2_8;3V?4IG MC!6A Ri'?$J G6"A5U I[.6)JN"DK4^;M)%DGW@4[G;@ 68%2I%! ,TNC/V2OCOA !MQ9 -?@<{!@[Y$V8;M//;"""6%IXB#Q0ET+Q\U7+X=T*. 1 ,[X>[.\IVE)3B3ZG!VS4/C=LXWH9BP[M3 *F.N8K9OV0G@2KC/BUG3;C) ^13[BD/ -6)H@\"\4*C*;TL]D .7I*F%##EE M25^RK0M>U#*2O>70D$,"WY1?\T2B<1LW%"G?Q^8 M\!M.3;RLI6R8?[$X;P:P?2M4 _?&IDS+,*64PZ#&(B@'I F X,4N M*IECN#S>H7WS)K5!UAU5\5I61$KU+45AYT# ^ ., S8V3@!]PRK]Z?BHFBHN6H,B/S3I M[#*RK^N($1GT7Z?G)1'U.6',S"]@:RB+$)C&+,*E29X;I#]XI4 IT 2M++&C MED1N&KE62 +A0"):3; WBCSS[!Y=TRU-9]F(_9F_# (%83#CE_QFG!2^ICAI1-MU^6M12)^ Z1P^4\.74U9-"MD6O7(,FM.ETR@:GQ.C!INH[@IX08Z.AR?W^ M.7?%W<5IR@PHP_0=,B1#, ")F'^PP^5&D<8Q.&1EOGM@>+<6GT@_/"VX@4BB(4 M?F1*:,F5752O'=8[<&0+SH679(,LQ#3SZ49["M^*+=YMYZZFAYG>B 3K@)> M.:T9)*R5HM9)AV%F)=>@6<18M+(&&-S>$HBP0H,"72P'$+2]UB5>"MQ@4 M8[$\G][-]XN#G7%F%U1O'>F@;,7W'@0'*]>7*=MJK2@C)%^7IB^AU0=N@E_MA_2 N;[@< \]C!.%P9R]$;I70@VC;G;#[7BCZ>N#&9+M.\]BHA76\#.:!BE%.MR62.)Q& MT3-UP647:MY!(O$P*MGH$STWQ[_42IT[HM'?PQ_O##O8(_W.T@V"[RVC5L M"DHZ1HKZ#+YU"2+EMED5$$!&)=:,J$84)KP<)=>)73,:.K*S.'!97M[KR-EQ2 M.I".G^3DP\U@HANO*;81+&^"")O[\WG9+AAQ?#7G"<=>(&^3364D+V@I*T=%Z;B>\ V104KTR*XVA2L;)[]K261>73'WKRE,?6?MWOZKCZ%2]"IB"3^::RZ[TU\4[^Y1HSA?2T.G/_RG/3]LZ9>])[!(D0B+B M=$%,EU;O>8#[&MO)0 PX+A9.*2OHL\)?$R3 MFH'5H\Q9^G"4N:6(@!8/F93##88]7@XY.S3.4!F":> M?[+?=ECP$DXS)6S88O=,5>/F9>@R6;WQ58>9;C\P_A>3PQ1V >Y5N#!W$8)K;G*9'!XZ"%@W"_,, MG:'8N<3JA7W8T.$+"W;*.B9-LCE16J9"E%GT:,2W2"E-ZMH4#!\-@33\H.BY M [A%>*'4!%!<0Z=>O=3G# .%.6T9INWP3OEP=R8<#U5<6BAD0[@M\&L(=\ MX 3L3\FO$$E:(9]7:=RP.!N,=B?_F^3P@=.E(>/1:41^07;(O.V#.$=1*G3 M#8.<&/TM!(YAHU@X+*#GO)IEN2S['81$$$XU7-KEQE^"" /9H"+H>'K;.A^C*0F%B M#V=_5Z'YF#*F"8_9XLFAX9XP56V%ZUA$R4/L;B@ANK1BE.Y06<.H.\TIV+88 MJ5[E.UZ210T9X$4!B ;>*<$))DH'[_3'$\OK/G_S/R+,D|@&N(7GU*<@=2!U+,*5NNF;S=E?UL>%9Z$4)0[9\^=)R^U46<#H$(M=>=\Y[\7N+;,^&D[^E%=&G5AYVC E'+%AL' P%>4%#K-HTT&N'2&U3#=.;\%V0^ M7^,P>A4/H^@/W;4M56WYBB6.I^$1NY6\?1MZM =P$(I1K(;F6E$#&80VV+G M 2YJBL*BR'W%DBG@I_TB6(.3+W.)D(>%Y8EC%#=U =P&U++.Y*ST>Q^">LRMEOD5R'K, L.B G(/COAK9L]=\&),/ 8^NK0G(0RVAI6.[V\+XY/HI.& 7"-) M_6LQUV.S6*.Y>3!E4V45.3DP5A2$S^.PB+53<>NS!D>O5KM(QO72K",/6]!4M&O>,E,#:8'H/%V*Y#X3IO%TUPZSMZ.!HC+E5SOL)GDRW?G$]1PBFHRE41^N-MBWPC!_.Z[[?0:"*0""">T-MS G+.;.3 ZU6PX(.0C@M&\2B9KIPQTNB3Z<,J3 MO*.'5DAN9\ID@OD_4%\WE124B04AYT M/N=!Y&+++X*1<=65GGWN@@M D# .;DOS$9]E0&%"&-SGH3(7.Q:%K]DBN5]* MD@Q7R[.&#VFZ,T@\0N-)FX?XGI)/6S0=Y;86Q,96ADN3>I&UK*9^E73$ RB M6$])LW]\!3@# V2/S4'3,L5N [UO*0_CS3]Q_[.;5DZ?/(KW])SBBG^F(%.Y MN(&9?*7)/.=MDSR;/]PFR5%/BS-;. O?K*C1.9B"%.F5)CN)*(79@R44(,29 M,8ER@T<,L3I^]X^&M<<=Q8+/DRKBVETEZ7H@HB>PH_=CAZ*FTXDS@'!L\M+$ M3X.'_'U]7*%]W!XL]+2:Y1.7[%ML5Y$5O-7*W%,>4T MH53RX#[DF!'06)=5TS7A2PK;)*@Q-/3!IXU'TR=)[$Y6V&EXH=T+P.,11<"# ME!P4WU-7AFN]NDW-=Z3;QO0@*YA(=LHUT7.3H8?K M#6&*7@D0R&C:GC%G)*A)8_5 >G#[OEVI">0<>Z-%(H1L0,0+*>P.,;5:X2)V MW9+7U#ET,3?@Z1F?1.!OCU!07*ISPQE7#O*3'GK?@0R;4U^]~2Z9;2$M2F7[!A(!$)9I,":D\|(6;DGP@;DA\ M8*X,0$ D/])+A)4"FOZ!)T^PBB[Q<.:I(.;+.AHV>SS!*1#177&95XYYF"EO,2FQ3>]LITQ;[?I(N#:8KV*)+TL<\UCYTTZ"37C 1'X.AON"C$9 MA^M:HGS.SXDZ.S=~,%QO-Z^29/-7I^$_S3[+.+,A)CRQ*K[V-F9W0P72%=?=93I@_*2_RJ5KR.IW8QD*O M7!)*@T]?\9X,[N8;1;UBM%3?.)Y$++L4HP'W\GK4W'\N363EH5O[R,BP>/ M*\07])~.WI=5 -)ZE7CVO$%Y%2;0%6T@.X)1ZRV;S\?+2[%)9F@V9:$MIH:.M\#^@=<2\15"7:.,/]3-OE%S8:Z?^R_QH?VDA1"[JVF(<+YKWQ;3=,S @32X! M?PAKK(?3T7Z>,F^>3F6"*" _(2K0]L%B/W3HA(_#]?TD?:9)BK1_HXC96T@Y M,/0 V,_.[:MB%'P>#YH@I_.2?HL!U33*/3CEL31V'O!$3%Y_/]VWSIJM3):(M&(JH?J&0EOT4W.(4_%RT"::GG8DOW85[K^!<7NETT3?.}?)FIB6:.)KX39]O MVT_P6N]41I@2ZEH0I5= M8S@%L"VF9=ECG85_Z!DA8TU+9S6+RFFZ&]2? M=#^SGX$*_F.)?\FNAT#.] ZZ=?2VNU^HFYWHB.WE&4LAMEQD0X1GK?D5C9FY/X[B?S^LG\<1RO1ZXUEEP<1.^\(-NV-MGU?EPBB=.Z+8L(ZY)3&X.3F!Y%L^(T:6AC/2@ISL.RI.-C650)0SQIEE+L.A'(^^2=KNY9G!M.7HF#7>5,+TXE79(PDDH,N$BEVONUL+_NC/"I/[^A,@#:F ME>F:V0!3,@4F\6GLB-"-7CK2QL?A@&CKXBJV*L8GD#J1I_E.;Y$4W%VW X.'MA1&Y:,\0!+B3B'XKM;ZW+K/PB\LO':,5^SNNF;S=E?UL>%2$# V,]=#$]X_'LJ;Z'.MP[]1GD*\!#)EHAXP.?)S!C)%@>>>$XVUK37S[$5>C3#MNQ[YWG+6]@[PCAB&XTRV?B/*7E./'M-M;RY^WY)\-^\$&%AM(PY*.%"<;O)V/$*UZ#^WU^6S$Z/#:2/G+=-/7X1[A>Nj^![.T]^7B_3Q?O(<3=*W%&7L"G@51:9!M5/1\5TOSK6_NI/HG2+AM) M!SN"FORCF)WV+64_.HJWD03EVB4+43#)0*>$O)({56B0KUH[)BB"0+L 53CT M[P_*P^(P R4P_V@1ZY6H@)0.5R!JYDQ=^$>-D6O5SCNJ5KPK_61#R4\!%"G MAE.]%HTJ3DCN/CR"&:9S58YE014"(<|!?5&('I3D>"GC"TF]BWI'/%3_^)6MY5$*&%KV6WW@\)DBK1E(=LEZ59WU<0F;!.4M]E+KN.P.(2!7MZ0RY<>H M(NPF#X>O5O=GS5:UW)72L2C7]SXX?@<#'4'D=_ HQ1'E$'CI5'4G%).0%F^5E;M.-05M:,5++M81*5&@SM1GIEXHU7/6U]SM8"+<??X296\$\H3FM=FA9E3-R2=^@.VTEZ7%EB&EQ9 M!90/U]6I4VG27*Z01YB71/!DVR,9XU7LG2R/1B$^<)9)\VG?G0S^A'!} CEH*1=!}S%/3ZVXE M"!HU#Y>C2(R0LNO\O58[9G5/\B'&K](P8 33'(%.F!- PUY!8"G!=N'=*/OO MG"83-9965#LCS.W>, K(=\#B.!N9,749)=Z!>F0(!VBBPW2$]Y-*H)ZD7!G- MQ+ZQ.T"J2UH.C7?%6-VS;,PCWZ+/ ,9A"NA!ON.,I92E<@H5Z-ESKCM/ MI$3"K^A<45,\A@(KT#BTLXVDP_X]-MNFOUX_)D&I2*5AV.&Y)S'$'C)V MMCB&O>Y0HT0>>!21(YEQY.0U-U41$QWBO9'!)%2)]YW4E /OSVIL8ZH(H7K0 M(^1,9Z?A%2EG1{Q'+%*83XA\Z> 5-DSD"Q-=W51N!<'OQ-@\PBE[>\#W>6%:9W9G$8.^ NI-1N M7>#I5#V H"/ZQ ?O3P!)!SMZH *?C2!2$K,CD,XGTT;CW_%<.B^?[SVRG& M0[)&U["K/TSH=.S(M:4?(X>8C9/$0%@S4K9,*[&,*.?H^<.[Y9I\K11:X>98 M4&YLQ^XQYE=3SSU$,,]*I"A7_!GOO.%!.GM!S2[899(P=]D+F(I=1N M"#O5U.(-E M6,R)69W)_JF$?1Q!T9_YS'<,0+GM57RKE\EZO]_9%N#2(GXCRWU,)G76E.Z M-CDM)H)R2X$45]E>_V ,H2D"\[%D$ZL%6C7UFE#GC#(>G#I>B0)?

IAV#1+UU]B6A!1PI)YWZ;ZQ^^"\9Q6VSV>^ZW[/K7N1A\;4PA,2!·M8+C#E%[%-_[@U,/1*RL_]=,AN*ND7IY_J[<.D0GBH5.50",Y&*;,E)?ZHF.MR·VI3LD4P$DN*·'^YAJE/O9<$7/K@@B%"?JY4;N]7SR_<_$@*%B4L+66\F(*.A/W&U-W/-\FTN0A+K^BJV T'O8O^F? M.C4NP9=P'16+\YHC:.02$XW4G3!VO[E=LTF*6^+XP.9)D(C M"GX%G8J<2>[1N:/E* M+HF4E/9S?WN5"30%FD1)9GV"U(A=5=E0TD0] 6)JBAOYM[Z|8F)23>(QTF%@*

M; 83>=NU0A^N6(.NLY20%)H);"+1WXUDFHN$^YP=IEO9>.5>)3M*W@EO*7#7A(:M\WDC^CPZ1#:K9Q)O'3'+K_$.Y MYKK!)}];$}AG"V^A6R"$Y?*"((4=XR/-GC9/I.*%:F$EQ4=)MK)_.="*]![D M-OQI[(N('H@$)A:Y&B;]bB'L?O8_LK,IF1,VB;>(Q <=\]}IOBFE*G-Z?Q=Y MU1E36*@8S*_@=.,4FUH^RX;MKM&:4_]@8ZW2&@H?)5482"F_[-ML=2+7?*

R+.)4F]XGOQE0:K_.Z)!IQ=%5GL[=1X_NTIY9'C3.;C43 F+.4>^:..YKXNN M[*#.Q]8S2 YI#RAO;M.>IC22 MIP.,UDZZ4R7O+R*H2M$CF<@+NO?VLFG?B[4@C.GL'WV.V!G5]_:_^UW&<0\3 M03;G"MW\:NLY0 IAVY9MT@[\J8ZB4,'U'>ZJ?*U||3HWHXNI2S07OK5\U$*MHG" =&X?;D;H%))]3[K*%!B^HI\@F3OTOM7_0+5YDIP].%KW6K7/C52Y;M"AE6%V2*

6]:B;..:+EEN048[.*_=E5O3Y5,>G2%G#^W3T$G-]A1/,'D.9_?[*$_MZ;?Z0QG7$WZSM_77G99K,M%)Z EV:%;K)=!]]IDLG;2' L!=92W'&5P/R:/ M)$(_ UIY<)V8$.1DVCX0@X.6!W\K=G7(WT/]B+?

<<]@9/^4-VPQU?M8AJJ/S M^X>G?!\QW4S8^VFN_7C[Y^FB']#W&5)2OG76 VC(=/9)\PZ! =WJ0=<<=FS MNOIL57XHEM9928Y'L]2G+[O9&;M=AZ6UO2R(WB*

<*MOS3B72XGWI9MNKC6CC M2I124+OY@=9,_EUX*OlH)_0F[AP^)YIL3!@*5U52!]B@Z\.?$MSO 3NQ9.=' NGD7I(<+D@THF'V<=+!] 9WEQAK2[O(]^+-

MBVT/>%5O58M=.0EZ+WP!L%M*IM6 M5>QM*OIMN:_^6P.MZ(S5B>.F=R'&!FIT+,N&1:2?$M;%0? RF."O4,2G D[M+/B=

6.9;F.G%7J9A)Y5+BC&L@]W:S,)\VZJ:F\N.GV4KXN__T]>%0@.NBKSU ME&9=#19G%NI.X6CA.8;Z%MW"XG9C@^!/;237WPDAS5KE#LC502G6>PBQ?;ASMV/>Z"<@*?Z$TR_LIA'N\IK3-

4HP#U@&I\Y2K2"NC12],3>8*FF/L&]\#O]+6^!/ G5W2P0R>+.M*5!DD(LU-8*G80>'.47[F.PQ2"]3#N.] MN=?$.B4XM2X]<1B!))PDVD.\\]J>5[.L8]&"..3K6G>ET8.L$-.Y$5ZCK&/6(%B[*4R M?

K3*B&TG""KCN$'SA(BU9$ UTV>4'KLL$<G.7",3*.G!,ZRFA)'4R^0,*!.Z MP@4D"U3YR<"29*N+!L'[EO \60]O.] D3@T?"]97<+=#7>L,) M2, ^0"= O0]P8$KZZ>/Q.XL.50(89L>=D>1-

TDMX@Z'.+N9~P_P!F/.M.O[-PMZM<7RD;C26D;^P+4.7\P06fLA$QU.F(%(?@ &S\WL*)ROOEW Z.NZY-M=@!-"[*?\!0OWQT?

^0%R(\T!RE+WYQ?).1[R1X3RI2&&SD'H4S/EC3[<&V.0"V>0W58X4?S_EZ-%.O]CWD'7/Z MEH6+6*M>QK]9#.1VK4;.W7CERKW"6EL) $\?\F#9EN2S& IOW2R+*IGL=&UZ

M5D*)K2^5FW=N*.'R!4<.#5TR?\#[LGTX\DY;$5PW>FD(QV\?^;& M/27/S4?(@Z2+W+.P(M1U=#;?48HZ/&!8)L:.MR.'.\ZP#I8T",?S<(QU'.@ MA&?

*^5M.S+(]M/!..+]1I#^(#E,W\10:Y.YN8A M=1Y#.V?.5D1)?IZ1G$[9X#68*6NW@[0C]"%:.M!N=#H2>F]=.EGHTL2>>>/Z//'XUM9\|H6U;K%.@(=KF[XN:FYV7_8+]R6X#

M@$> P/.I2'*E9"+=X_/=XM'X%EKT)M>?Z]O&UF1#SJ1N51/FN=6\ 4U#._J3 MX8\9[^_LW4W"D!Q6M((9SYVS<-# M++NU!]9@2"0\GRO/[""?VP.2/@W1P(K6X"5,?

YI8#!G9H,I1&L$02][N(Z+."])#P<>1[A?\GICAF2=(\!EB8HQMYX)+EW)48/EPS-P3-__O63,^_AW73>V7$I(V4$HN9X-EI M@=(&FZA%RLFSWC-H]Z9%#CH]XT54YTD2_9WR7W)6-

,2MN/B-L776P:@942$ M\4X9R3O1S:!ZGGA"!V1HI#@+.,+;6QMRU!JZUB#$S^>O 4Y8T@AAD#2H,*]T

MI#:5YDP3{(U/E*H(A#[_N%EAA3'N6UCO7+=@#L6#I*XP0,D@#WM!Z1Y>=+Y#D8 M*SHJ5^0+RG*TL;RGW?]\2 X>S4PI\XDCH(#,=:\ENI0^N-=$L7%3.TZF*L[)S MP9 #Q $ZY"4T.@H(J>?

4""\K:_.\E5 '\3 MT\CK9L-\7[)4GXAZ^+++4R^^A MW?[T ?1!VO:<^CHE:("BA20%,HZ T-,7[#28D:DD4RSH$7!IRZ? $US2RLT& M*[=V:05FMMH0RC3L8FK+,.(<[%T@T$HK.'Y+

<.Q!D3"EQR.RD^K"F,W/M"C< MZ/UYWP.Q5U#HCU?',G#?YCVBVI1W,*Y1FF-W#@V,+,5V!#>@-D-3! D?ZMZ_MUL5NB+0Z;4UELER1W?0,9&W/W"1,:U(ADW6C%1)UCY_ RA+O0-

MNKI=V&++=5OIS""U% MH(1&LWQ,'EA,0B,1&3P)"Z'>O!U@%3H@E{8F+.!2[ZC4n,9?8W"F@=6D_0+R MZ5EGB^XU':COZ>*,@! 11(5CX!];UJL,AKN'1B4E7@DBLME$G#8_M"^2M3/%

M,??(4:,!J3@IN4?36X++#A6>THV0#U&KT#L=.;J@;OG:-E?]+8?VL!W-VW$"&-D M&S68\0H":,KFQ?COU?Q@VYE8U*3R.TOV],H@'2R' 6'@#*%R3CK0E!(NQ) M,K#1MRST"%8IQF&

[#LYJ(XW^\3"=UO5E'$5!#6*K/@PQ05!(XX\2_3FI,&V=-M(GR0R]X2*8W[^'UPV\8?$%E:%=8W[^S)*E/i1 ^P27@D33[%<.PL+!GU51O6 M@A8=.O3FTZ\U&(9ZXBHH5-

)&.STCK.BYMFS=#'!C W5X>[W]L ^F>G$SCC] M?2U8O*&CZE'!+W7!(W,/_2 L_+8 J"N97.:,@[L5^ZA\1A1O(CA%FBBHDVW$@ MN"*0IKYTY"A>=A+5I6]KAA5ACT(?)ZK0H?8RP+-

&X_U'!C 02QVPH(S2$ONK MN/_87@>YV^@'+'>I4"<3=$Q9BN*C+KX8NA.R G5EWTML.0W=\$S.(')%U1I MPRSK;X(OP!;9\4 47]^89FDT9>U#8Z)1!QA4PRVV81F),J.E"CEB"6]'Y1@\

MHK;QU!I3[C0-8L)1# O84&CSDDD_Z2YX(#EF#<>F+TIR97>82_"M]3,.Z]J$1!@0=Z0WX,#RUL.LB<(0F)8!LCGASP@e7Q"Z'RKOC3/(K/^ROG;.MVBP3@<W1//7[.F.M:@<G)7'H"B4#1*[-

L.P/?+]/&RE-W.HBXXED1'I$4CO)'SW M1#)9>LUCD?2G1&U.)"A>:U7K%YG@+-()\0.CS93QXEZ6*&^AAB.MU"R&@5)-UN#+947 V^2-E_7ZC?:X\ZO<(6G5C/)$%@6DH_04G EOBKZ(_JZI

M*5&M7=CG?6<=1VA Y/8GRN5?,\.!LQ&2YR/**PYKN9=1^)DYE2XED(S=US%S M.4P?_@\M_1O@_<*>1-7[I 0R82/;GWB!X4.>,BJ3,MHV2Q^DNC .:?D0\C MF]

.,Y&&!M;Q&6MS86N06=V(QB,'I4I9XYF&)2>IUR'<#44;1RZVIU3'GD MZAG7+.)]9%N?=Z2M66O0G[X%*C"\VODYSDG-IG67Z6GKJN.*K-N1Ol;<69 3W(ZU;W)>

MU40.29/ST[8ZYZYIZ-K*W ML4YXNGB]-H)Q?E$F#V?TKCYY\:?$9K4I++>YO][56RH _X(^(BD3KD]NN[Z4H.M;4PE'10$H=CV7)'3Q-SKAZXNM9B3 W#SK;\+IQ 3[H44BBMJ0_

M.1)H.HXN\1 .;$*I[*M (TX'Z"1'7EJT2<,2P1_L. &AD?2.+++R% ^P.V)WHCT7CXZ]@>V(M]Z5LJHBK !Q1.\XGPB7%O*P.PGV!^B.1SO^'O[P3\1=Y6O3V$;.^FYK;?O/TA

M4KCBBO$Z852!O"FD;=88)@>NNX#IETW%B _H;@FQ/@@=X,Y1\VDAR(FMADI)EX@&>L. MXG=($N9)+/PW^9+8O[X2E(')1P 1$M&VHD;YC^R1?I\A1$MBHCBQ<@&GH9.X3C,[@)+C@IQ%P4

MUN&V;!$8ZRB) "TBL8?[LZ-Z*'+11$ A8DDANGE07OO=+/;PID@ &O$S(H7*5H^O.CS!)1 $9.KH #4> OO] M!QS*M$O@K1WWC%2M3\3$3D]=<.4GCYFA Z]MLE,)\$U/C#

*27WWYU3>@#V,2 M?T=E,O.,@]+KNX\8G[!<_]_ST^>L=@P1':,U]]G1GN3":[O7GA5+>20<*K&M M!Q\A'.)6*(2AN+9G%GE'3,K>,;64947S&2([%$W1,8O:.-+P M&=HLMHP/5

J*3051Z@P(_#+ ,.TG M<!)^O_W%U+?<@*@#'ID7CTU8A_& D@0^*.@ITQD$RL.!=)W"%U MOX)!(M-2),Z4N5ERQ'3]Y$,1,.:P3fF(.&K\WW/S#/IZN}?.GH/AEM<9$0(BC MQ2*.0BRG

MJ^6%OVLF[UY!?M=U*PCGEPQ+7" OF0@6T(_U_B%\+;%;E_ABNDHGENH$/O7DT MUT#YAY8=4B5;&9 R>RPO?BLP_J6>(@:<84@T9(.K$U8OT1M2;*-9K,Z\.:3=RXY_\5;E.;1D]

MN9(P5ESUK>P@I%SK!S,/(M[Y2U!]_3RX^.S(75':.^*/MJOC3X0)"K6NUW'Z\.MURB'S8W#XFW=MHL?"?$\Y"W//&+"S2TIREIO'P\BJN\3}9;62T0O2C7LD(T3_[M^1P$<.M]56O8,)OI?$FD)'D/!2

Y,.@ZS/6UL J.W&Z M\&6!8&QT%[#?-I@H&B[X37(3Q(BM# .C\L*5F QK8W2I8#OQM=W71,6\H M.6(5]*^ 6M&K5NB8TP;OKF _+]J/^.]_]6I]70AA8?@(_PGFTF9 L>=8V!7:

M[F^/M=T_=ML1+^+UYSN.@U'=L$Y. J6 M?24H*^1TN4(\;]H-WO5-TORGL=-0?;8.318%F7$C;!4?"H_RSKSEP.H9PV MS-"(G^\XX"VL.U.^].V=EY"-'OT:>%.B5PP7*$%_IWI?*

EBCR\QE@H*(S M7?N+X #Z%@:>0>EIFN.*/%V\S..2$N;6 !8AAU/5$XX\.!!9[G*VC*CZX+3(M)F\)YDA1@'6-=M5I*M":E^!22R0I&G"51J%Q>]LNN/>'B @_]DSBH4R?E-A]E*

MTI3O _A)FF5.38NB8sKF<.YA!]$)/'K1XO*K':,P)2X79NDNFN-VN M=GP;PI*XX"6@]?;3I M3S=UK#$182K[!,!31_I"(ETV36(+TCOAMIRF58> _:"9B@Y/^R8XP.?HP#:.

.ME\93GU>17!\]"[@?I8,"%V&5\3BC!>4ZA#:)\A#QQ2?Y)7A+-G\>I?=WG]V.'DWY[NPA44 MH7?1H],#ELPR*(2R^HBFX=3#[C.=TCW69%!{R09'S7<./6FK2_O"Q^^\)U8K0 MF-

*0?:]0LT@00.NME9>A!Z+K=H/! VS[HO+RF4SQN- MA6Z(:U?F,7*T1737*V7!"#>K;YA]AYWKN/HBZ4PB(98N0CUPC43Z12ZL)V!{ M4<=(3U[&*

*)UONB57;,C152H"IX8REAIKQC#TV[6QIF@_HCOZ?:I>XIT3+7+C M65^&@WK9]?9'7RIA^]NK8(H&STAXEGR8,r,*U6O#@M+>.5'9A1.G:#6"+G&(IK9(\,,ZN'X'V.

MPOPQXO@&IY.C:.MZ;SC4V7L:S-Y2UO:3H!98&I]\6*P$=_4I!Z!B MQ<%S\H$>BV>!_23&%N=C(ZZ)$GI_SB+3)@)$5DKV62+?5D>AAPBK'38$K]T2

*MSIZI<*7IM1R9X0)\=7%8^*: N;D1HMT:-EXKQXEL*7J1R.R2EK8GZ8*]Y-.% M1U^FBW6&ITGHNB;.3$|AC29!THT"2.#91 !\3$X4;I#$H+-6<@A,MV%4=GEF M+G6#

[[P\\J2C7[&(=YMN8-B>.'$N F:-PQ8&$)+S*80.)!^)Z(MVB_A29=[%EHB(I08U6\%,0'V)^$CF^1YY_T=W*#OR#|!&<.%.HB/V%O4^O(@;VB_

*M8$+IW^_B(.$2C^1=/ZWJIWSER-7G\9QR4&$XBCWRP"Y_5P?\U*SA,@;>V/) M4JWL.!$YWD8AF"HAY;,WM^>F]R<#K,SZ6/M-;F>.H60*Y{(CJ^>L,@^COX?H

*MS(>C9V2>D7+H6NAJIJ%+D@A-!^V3NS4HM^,8C!,IOV*1)7*3515SN2P!K[!W M.#GT@DBCNU56&!+-:R>9YHZ[HQ_=3<]OM6L*L9W3BJGF!'-*6(#@+],+G/I

*MMLJ+)#2K"6N46G3C'>>9V9D_]K'S4$MR1N/3'OFFIT7KI,1"+F:@^NU1 A MPJ(\%;-1&V1,@HX7?H\A!B("]f*2500V5#W6>)B:.1/A9-)TCTJDE20S_ W

*M0;S4F7=[^)XLUY1GJ!W05]F$/'E+<:SSQCKO[VWDZ_2X46YW)UK$"C(Q(7-.MQ*8V6=0:W!)47:!CFC\G6%6[PL]XI:4MMQK)%.^IG50*?Q1Z!U]X.XG0;^YGB

*MLW3C<)=2,.9[VC,.-WI*TY+'CDBU*VH!9(95[HC/-IJX?,7B[:NWYO_)'?[MP#FT?M>?EZT4+.S+*L,.E'OTS*()B?!,66.9T/?I6HU])(F >.0O>H)%]#7H M9

*Y>2J=7'G\%2TETU!V"UOT@-7@H MY*C'>L8IE@NL&I+QC\H'U*[T(&PD))"35I(FUAG2D3&DDB1E\ZD07(X.M>[15?+%VB\U9_1B\@5

*M5YC0MV$ .0ERF:_.H9A!'0";OC)@H_ZMX[\M=V*O._X"D=B./1F>.:>Y/:T/* MI.P(T[4R+*.3@W_H@>GEV;)P#67EXS.L6F?.,0Q5A_FSVPT)GL,D[5S6O;@E

*M@IX)!L7&'@P%3Q=_"G&$M"QQ]*C+*.]\B0XR>N?1%[?\LjMI8[?6F)TUU]SW M!)!!@L=BJ2O"(+HQP5B,-UR*M#A'-/?*W/%U>"5>14-L2+ :&)03,S,A,K1PH,,)3H2B32W)MH;(-

*:G6K;? M%+ 5J;K1H_8=LV.R*X_F!"0.F336^>5D,K$7EBZ\HH6O.#$4SDH M\'WIE4(,5LC%3?,AK/F+KJN\\K&N,4WQ0)66N6)E[<"SD,6U'W%;G*O@AU;/(*

*MH>%4@>Z1YFFGM2MIG$B,5^WW.SKX4,6UHR-8I(@??QIEJA^UJPVN92R4TZOW.MX1QI.ZF4+(KR"W!/*LJQV"]2GRA>U:6+))+4Z0PHAT8SYGO#JT*T3EB! &*YN*

*MY9XIKM>[4#-!2&FN,5QRF]N>RQ?Y%-U!.SNJ;L-;H1$LE0B8+9XJ7=F\FF(D>#]K;<**U@B,Q-&NIZ 0,% M+U \,;[Z=W;$XK/G+]030Q#.D]"U6I*\TBB(+Y MB!)-\W6I*%-$]L/5=I=)*6R.R.R7,^="U"W",A2MHPPOHR_.BT4PN;]-MZ6$5$XO>8YF5>.1A\L)A9+ ^)H\\DT:.+F.MEH69I\9-"/4I1B-:=/8&/]P&U%BGZ4+(;1C <#*5?.J.8L:RKA_M7H8[?*1]2X-MIK#:D,>12$0%$\7'HE8<4*P!O#*,,<9&:5[4^-I:84Z <5L7#IN+V0%B5"@M M9^VB84H$/FXVM=6A1P0EKA\+_5?//2_ *F\'!1D;_B3#E*< ^W0]%5K&S::Y*

*M7\]D&P@YT?,/P9:Q$N"VB4!'K,Y^?>H ,WXL>@9^9IH'B;G>=]5]NW/#1< MH\]1S!G^4IX#.<8!MA$;9"1C3.!@X E?@4*S2:H(ECG]*.P)]0H1TY)/!+Z& ML*4F6F*Q]SFX%?*

P6:C)?9?#AIBL>!+VYV7ZHKDV"HW3K;(JOE-@CTYE8M:. M8AR_)6J1D8'7=:0.Y)!3PDZ[RE9%2#7D>%HSA%$;Y^L!@)T%+174L

MTV6)U\MR!X=E@R7[!0Z+JVTO/#CQ$=S5??X.C9G#XHO2*=Z)BN#,$J<,R3U6 M.2LT,D/+@U[GLLI&+H\.DFX.48;'2P_+VB-;MXG.S[/])/3_?I7U_W14 ME?6CH?!\[@W.E]5TW-

*B5IX;[(!9AEQQ]5'AY4 M4"7V<20XV*2"&@^!V=(NNB2[MF7)[MBP(WJF1M9LZ1U+*##C#=?4N/)_U(=XN/WM$(XL5SI((Y #G6B&X!KX.P *IC2!F$RD M1&5&8V_%[" ?*

*AG;^)_LH!8G-)O1C34-8[ZX@D6:4T@U6R@F40DR2VC8!(9H$P(]LKRH\&.\K-"8F)M5;I.Z0=)KI7M,.S)Q_FL*.> M# ^S04X?XK25FL Q>VY+]RK$U65=M*1 ME*!%"H9\;/F+-*

N#M@+B82_KB0_+]XQ6>ZZ-(' JE<6\G<)ADF# 0=UF[A2%+?O+2OOOR25HEL+79XO/>5N)M7Q; D!F0D>&<@DN_!6>]'D"(.(X!W0=N MXNQZ0K6R+2SXNZL:O-*

1A/$XKT4.U3!0BRF]8"#>,Y8-8Q80\(-F:&3>=-N M_5B>;=?1.0>TZZS[/%B_NM,<3 E6;]/IK?O*R867AW[*G:W'DO/=2LZ*E%1. M,-L;Z& T6RJXFS6KI4FYK68*?*

$5[VF%Z>S&8NQ% !YN8$-=G N8V;AS)Z]%Z M)#FG\Y&_ UV;K;E$"=#K7'G9%5-OJ?BGE@UF/09YLFB)%K\$Q-OG>%#-9.5Z M9ATT\\);,.2AY7[X'2L?"W/[LV33U7 J@Y. F-*

YC4"&W8%%29 /KRPKX5EX MXLNY2F:<$X^]=[?WM2\/.G"]LJ'0+FB=FSUEWI&N"VZZ;~80[U17!D-6YB M(GX?5[N:XT)VV/P=[O;&V=L=?"-1U>FTQ9$/#UV9

*(&\8E%]A=@U,'D%)P4H6 M6>3[N;?I)VSU(FD"]6>GC?6O::6R>S MTZ\>&6(MQBRBN60\AUJX"U_.Z5LDC)],CV.+:K@%WP SF L>7O(BG*K3=#\ M*CT!*E.A5U?*

*#XJ^H_)+L6',T763+-A-Q,EBGY7(*WD[!'+M9'/.=4-&/9>7< M%YVE+&UYTM6W.0CYD6YB=!^DMOV3UQL#8'K/Z>6N14'8I)IE'V(>@=7"%A&@ MC&*

*[G#>%VT]P^6BWY,-="6I:.@ :!<%GAY_U]>4I91D^45HRC@>8%\[PT'>) MCPTI-T-[>8;V=# H-DS!);2K=I-]FQY##WBYD !9&EI[2DV M99 KJMB6IQ"**'!O8,.Z(<+D= K!Z56?*

*N+_XW(.K61SH\[G=.]M%?GS<_P>W-M4YQ?7CA)F6((D\M8MH+5!(7M LQ,%II[&XMK/1.ZZ^9:'6KL:!MU*V#PR42 M(^KJ*\OU=9T<2=--ZY.:>T\H5W*

A=\X0[K07MBVSSNEWC^ 5 Z__E&!5WZ= M04#PT-<4:\@>2;4CA&7./65D$[&%,CA6@G)H)#+1TC2H14B@-Q M=96X7[\#8'K8B*,/1-.5?LUDZ;1M;-QW-IJ") MS1:J.@'4>)*

*[$$4I%B. WK81>_'[.(S?=D?V(O6E:FAU9*8HL.*@Z;@:].!O=%7.<.$+,YXMI3O M.083U6XU/J4LZ-/H=.0Y\T!\%&_Y&L .5TO9$+"\#'[*D*

M5@,#R)33DVFA=WT>]&1IL6F1,$D4W8L>.ANl, E"D.'95I2?E_7G'?_ M.LF[LS&*![8NV?]8[.?]TMQLHT6@K 5%0T4?3N9-,SGUJ9S,IZDG-S.3 N!2.'MU4+_:GM^E&U-*

*/=8IO&@"3@;5)J/ MX>?$8CTNK.$++++<;.K>13]V(%%BF3P#^?_GQI.'D"M"\Y)5OGL*T73^V+B$7 M^S/6#5=>#8GA[-;M"VJY.V !$<^ 4V^]O.K"]/L9Q<,-*

*HHCHBW*TXPO+E'6)R-I'A6AW/TS]HQLROQ%)&N=UE_*=`6MAY_U?4I91D^45HRC@>8%\[PT'>) MCPTI-T-[>8;V=# H-DS!);2K=I-]FQY##WBYD !9&EI[2DV M99 KJMB6IQ"**'!O8,.Z(<+D= K!Z56?*

*M]>9_YE"XI2D$)].GWJPVFA#M^BC3F59D\@L'"%%W/(3.)8TO"(EJ7 **FD/ MBY=XB5?ZC%;PEHQY&/$?WIL?\N;UG]F\8*W3HM/6_.R>QNR.>Q.#=MHR-8- M1(`<,G6X"\\$-*

ZSXS%9$-?"'7V3BL:0S(\&B9[Z+ U?$"M'DIW(DSTC'Q'9YO M!EL0JG5N-YCF4#>_.&$O04(_.0!C(Z6G06A)RB4-_DN!=@E$C M.!,9'

*B^+4!NB)DPK*8O9VBS!1M0AL43T8Y#P@B]'[ZP;..BPYTDL\'0UI-O M%GXZDV'8-EWWW -+>GE2,(OMAZK50%:<[4+:Y9T*76YI6H,^\]86;/6-E6? M4NRX3^@[*

#!/QZ7'@I'B.]# H<@>Y%B&D2LB011%C9'V$,K-84$G#+|++FYK MN6.5^A=UW\M$OKYOSK@=!

($1HCOG+K!4,2#F(;)A=HMA=4'B39;?,XOD6$XK]G_'/EW]R=E#UF_;@I./WO_TA7(M]W.7,]V.4'MI_9K(OKA|C6VWW6"XM.D H&##MWBY5KYQ1[4_!8+W!#/Y\A&X7*

*MCBHI]5,B(N'^GG^QW_7WBZB+8C)3H-^G1P1S6+UHDSY+U?XV<,#IXLQ7B?=, M"6PRS\C/9'6_=]6?[STW*7ELI1(8PL4#)1!8P*?1X_ ^@O5F50K>QHQ!Q.TM*

M_MJ%/?"\[_CE\[^ADY?E4+O(21E%!#>)\B$5L&_OOIO@2@GKM\+O!0[L! MQMXXY.CZRPBQEB.&.8Z!6/,%/Y.8%99.7-.[3NK!A<K>IPF?BI(0.G"8WO4

M2.0=SESL@Z7HQS(?!\Y?Y!S8DD+"\A#'LX/&[UUQ?T(K!Q]ZLV8G0-*2>X]E M^O*M?7?9#?:ZX.L>LIK\Z<"_KYY7'+& MEMY'=75DU(9#FN:"W!X:?&"*

*,Z[EW&R6&CKV3A>CAZWY0?%N_'GM2.Y,W1 MY^]A@W?Z)[^P.*K+[_ZID"]MQF&+?G0 M5) G!?B_&"]I#N!Z27HS^$7OYU-XPHY&!F@8 6^A:T)QB)<6QUUON)L&SI^*

*ME70D<@\XYQY*P3:8B43FI;JFK,E:H@S%[5<5%B/?'_^UY? H>>>[1 RP=&3' MAQ6U(@4_(3'#]*/?_^X_3B&OQ_H\9]!"Rs]|0?;ELH7F%Q\/ \[<;Q^7VG1*

M'^P'"%6%+.%2Q^U9=/0A_NODA)#N:RKM4-N#ZP|/%WX.?UX%OS:-$[WU#+EE@ M/OWP[QO\]O[DP?_RI/GQ_H-N9[SW?$.R(AA0RK!N=M.!T_21<'4P#)(3F-3'

*MsHZ]JS"AR.$M_J=LMW2MYU\6>*ED67,+,C)QDW7-!!KA2<%?O[O#TOZ11VWV MJSVKZ31KWBUAFU;,=LRW*#CE=WB@?\8J_^;TZZ_OOM_\5+D-2-,R#AL!W^B(A]&UX_"*

*OA7+'P!JL/RO31 #DE*AF+5-RR+PE]" MWNM9X3.(EW48M@HRU$*E0$0=ATRILF14#F652-9JW=I3/ MVK$.F*!/.Y!*\"9ANB!COY*W,/W_"R'.R7B233?3<5EPA4-.Y^B]A*

*=C5L'6'W+ M.FZ_0@!K<6$INS?T_ 0V$T=>OIV2V4>Y:-($6<<<%#%>@4&ZHED.8(,#](YI M1GNT.S1^'+V@S^8% 1X(:8<59RFT:+^G4AW=V*BN(TN;ZSG-X"M;H],_#!>E*

M+876/Q2BI43E0!?)E>QQHNBMZVA?;IN-B,NG8N5BXJ0&/FB2A5,PL9HH>3[V MY"DYX@IZ6C_G/L+5+BN6.7(DL+2[%>M-RYZMF.+W-4C2T<93< M=A^1=S;3 QZW#6?;=?*

0.A;$TD:IGSBUYAAT$/'9TN=ET)1H8WK>)C4G6>Z M!@V.T@5W;]#]0^O(>2'9EO"L_'HUME5@U[(07'DMV<\$OSL@5TBL\YON M?8):[IXX3]W+U%[+D?V@\/ [(:Q^O

P'T:1\"9;FEP,)0W,H,3>%EC[#'8,[DG"]PSX MR19O>^Q=M3VT%0!3K+%;]/VVT%M;2=S@]`],K<__MFP'?`]XX,.`3T#H2W`?`M]-0P#P<"!INP'HQW.6:LP/B78^Q^3$.R<,4WQCEW?`>< GC_"5;(%YC>L#@_MK]]%?W#'<,U2%,."5(2)<3C36O_X"[]9O??[0"?`TPCQ_ML(;'G.I#CHK>\E"P1_09]`Y.E9BAOBA@DQPE$!%A#>%LL30/IQIW.TVL6;./ MW^UC53T:>DPI[29*6X8$[DUC%_44I'_N$H2)6FH)#IA7@&;GNH[L5O2:1[P MH?*T4GF]5`F##YBB),IY,.!Q&I%7C$<41XCC+0A$H.A57$D=]OBT(Y]&+?V M8+?/N"%.0FJ.5$/(627D3"TD))\'+2)YSI&JQ./PQE!^?BFW.IZ$2.%3#67>C M62T)>[K EH*;IM10<%XI.%WT%TDX=.Y^WXGK9I_e+6[1SHZYI-16V;X7M_SC= MRF(4;/+(WBN;TGZP,#IGE:.KXO6]$1=",)WK0O2@U!W32O-UT9[^JLM!*

*MJ*X'A)0_)>HT2DS;%9I[22=//:G!$F]B-26L*TBH+B'O;O',&UD;!#A!G8+ M.F<^;BM]02=(//??!2K]'$0GK*A*R\BFT@(,+=-NZK*=MIS=V[_3R5-/<+"<*

*M[U%*PKJ6A.IB\AM01J[(E,#F_$;46CU]I7E:,,XN6M,7=54*Y^^:.+W46BJY6 MF]>5YNNB.?U4E[%07<<.RI>]K^'ZK6(7U=M$)K}^3.*<0"''G9_MQT2)DR6\N)6IWE87BC?Y.5KKO2LO&O.*

*[K!I3W%>"U^$*1/)=B>0UM5,]$6+ MB[^BP4E:WVP]$$)+>&'*"Z9TEW_"U!+ P04_" #M M-4Q:F=B=]$# !8$0 &0 'AL+W=OX2$RCM^@2=Z?*

*MV7.14*5WQ<&>5)P%TEX$2YA+/F(H)C5,G6F3'GD2TX&?%XA2>!)+G)*'BOW?`M^`!7I8.?EP,?X<%3F@!LM3O0 SZ_^GYZ$WG-+EEV<0"ICGB(!^Z7S&[Y?$<|*

*MLHH_8(C*VC8R5C:OXMR!URFL.8'WI-MA?WWS+PVLZ$25IS|%>_4<>F$#MK!GIZ0^LBO?T!A*#[\6\YD)HFN>>TL<-#V M+!5/"K!6D.1I_DV_%C>B!L"3'@`I..1;*

7X!(#_CN;+.UIH|&BT$OR)A[C6; MV0"KJ7)1$;)&HB4]H+1D4 MC9E\H%L`^/Z_1ZU=OT"L4I^@O9DP_$+EPE=9C6.UM<>UW^:,)5[77L+U#/OX%

M$8],+/#5MvI)MS5=Z&\%;2\%23C\WOXNN;_?]!+Tc."1/YCLY2S3>O)9@#0 MY8EN8>GH"9,@+^N!$/_^$!)ZO-K.CD36L^Z5U?X@\6lV%T{YM'G-@D`-,^$2

MD8DW6[B7NO9ND4^">5G4T#0]-4T&-,WGZ>&M-1'85.70:5U5,/A1I1L]M0\CR1E8!,\R/F][3L26W3Fl8 M[3023%OMV"W238OMW3@O-

$9]GMTU4(8#^]ZY$(=]\FQ#CM2=)(@N_MY+'8FG;KH,5C)RT>_M-6K'8FO;K\(6WYRV(:+1^$$[OFQ%"!=IC%/M!.V)M53CLFXX[M@?P&436Q6.FK%CL34=5RF+*

MQXY9/&K.CL76M%\E+.XY:G$W1KUV%PZ5-!55.8M_(&AQ-T/!T-LDFJ6*U_;[MN9*]@L;<&+0%+AA69:Q][G)KRU[SG\C%8?]9<NWM\Y_BZ2R$?U11

DZ>8)ZKG3+6:G;NN"[<04W4J9I#@E[&0.=4XE1-7 MS230R"K%W T\K>7&E"\5.0?5:F[3&Z.5^B?;2`8S(@&]& C^ MP"(|[3EG#HE@3.=),&3V(69*^Z5-&*

*MQ(0"T-JA$&0*P5|*:P.'0CU3L,RYJ6$)>2& M<8[\]ZZKT;P!<4XDJ[Y[)N\>H[!4..:#"&<2Z89]!-RL4 *Z8A##>3NM MIB@'!Q,K*!%K#;'ZM8W"U$)CNP53T^=J1D/H.5BT"N0"G/[[=W[+ ^[@M_(K*

M"F0TB%O)+]8;(.(%48QI$F 82"|@.%B# D,"_Bl1 TOHPO|&B'[0Z M77>Q&>* ,G6OG &YD96$[[VB)LJQWLK" MQLW)+_ 7UNYZ"))%0IT\KAW*!25.@*K1B],$Z^N#@)9&9[(]0BM"*A*PO?WI*

*M=>]_B](&PO=*VB!MS7 M\2.8S7CT"WEA+;\V`-C2'M:#E-.MK&PNXZW@\M=.,GA/S3^66U4)>%U&#.,AH'!

*MZ$;Y^E(H8,32COP%XE8;X+?:SBDK,_^%<1KJ,Q9@%?@)ZXA*W#0# _*9I3E@> M&"_!$XC*FWK-XO8;S&L+3T"Z'$+=E34V>((,:)P,K"2N "','7)RS *G*]CGMQ*

*M(,WH$;,WV$)@8X/D>,:PfTS1H*C+L^?((6 IP6!DU9@=F8T1D+_5%C$W?U &_<_M=$]7P):5* EU=(;,PBCMVf8E;I@!?L,T)RP?C)*T 4+E3;UF<>L-YK6%)2!=*

M'Z#RIB9/<$'0TY^QFK#.6[_Q8<,.U$UX@@U"G T&3%6A>?\W)E+_QDL[8A.$ M$.*$,&B2"H'VA=,/"8!1W!6>N)F'^'?ISGD]!/9Q1#K]049NTA&3N$>&^#U2 MGJ/L-I,BC]TW2$ZQ^!^*&W XKXT=(>G&#BO:PC;FC-W:$)8-P84N/X,@A^"NL!F'^$,?"C)S"%H^O^0E'''HO*G)4O33CEY<' L"D:!Y$@EFA>^STBTOT>5]-[4Y_FDBD;O M]X@_H-)Q#[#Q.BH]$CP5X3QE6>G@ER_\%-;#-*

*<6"1R1@+IK7_H^(% &IO*G)-M$P@8C5Z#B[2%Y8 8_G_6X3?)PD_1TT[QZ.A$1"5)V M4Y,G2# ;O2\D,GLTYI,S@%'WHS,18*UHX-;0EU0^#O3XF;V'<8[%HT@P7S2O-MC241*1]2>5.?0!1\&*

*(}>T8K[MXF@)FID_K[BX1VOEY<_2/CXF;T?FIRB2Q8+_M$(SGU26+2;&1RIN:/ & |>B'W6.@ZV7<_@"C[EM_++_LQK&,YC,_LC]^9NMA MG&(1+A;0&,_K\?B8E"&IO*G)$PP9CWY$/C:,A,8M#-1(Y,>CQ_>0[1ZD!CW M,ST^4ZRY08(#XWEU%6-2,*3RIB9/P&$[^N'X&-A&!#O(#)AU/TB<" !+<_;.M5,,X$>-GL)8RF&+_++'!8E\SKL2*F$E 6IO*G)$RR8C ZPG>]B=U-?1TIW4R 1H*

M)9:M5K3,06K'SV]4E,LN"6("|))Y|5P34MRC\|8F3^!>,KKGFIC=5.9%B=Z& M_LS2A'7L(4T$4B6635>TVD$^O\|@/6!3K+0E N22>?5<$U+_^H_*F]D_211K= ME3>U.0) MTDM'=U=3H'-[2]

*5EV2**F_[71XA]6L,1S)<=?6 S7%(ED]V"V=5VHBF6 !+!:VE\V]BI[1H M1^5-39Y NW1T$S4%^]/_+ Y9=<[B@I[2X5U4I,I:!L==6P_4)"*1DDKDO-]D M*2GH47G39"QE'],G>,,@2.*

*7X,5=2N71'|T=/+| GHTW0"K,E$W5Q*E=(>W2(=5/D[N/>>5"\(1 MELJ8*PE/NQ[C9[6Q4@0@%*#(7$D9TOW=*M2;)D>Y0?>]P'JEE_8 D*

*MWW. ^^^&;1)/2E40IW7FU3T_OD"5P"FODK[2,Z8YNH9Y<|-T#3*ON>X"L,=XC M.C[B,P!R?_Y/+6TIU$BEZ7(Y|549=1BY). I"Q'3]!'#BB-&Y\ U$;+3]*T M'C%RN?Y2+G_+++%8^C5IY+%<^-*

{UR8L'R;13+9C3-7U[^,/L32YU/HG7,)+%S-C.UU?.7?P9@]][<512=SI^5'(@L.9Z,(S6F%T,G=:, B6,'^-S(@#9<^,6@-IH MT4F0U]N,+LK?^a4 /<[MQV]2M3))]IW.3"=>T0JED[G3$B@!XWBM=*

8(HI0-O M_H#,NE\%P" 3)=#94,[VOY'M@GU9>G)!F>FL,YH)=,)W&FO=)-PL4=E M:?4CQ#Q!-QVVTZ"06Z]%-MR][&/+QTUB/&I4[+2\2 /HS: +BJOV"9R$$'WY M58,CF[R /#PTY'T-

2\]USO|0CSWI$Y.V+'Z9[_#:3V8S?)&IVD8_\F75W,27Q MR=QI"92(&1>,'U:\ [J[|\T6G81C/;+'S,F?:\ ^AU(>[M1VN2Y3A)VY[Y,VOF MXF+[]@F.

*MRIV6&0G_@IGU<&G?)4#F3DN@0(FXXOZ@T&0&]'!1&RTZ"<)ZJ|!4Q0@PW^,G MLA^W:=XZ+;!V>F9]7/0|!28)G(0!<7L)[7%PPI?*B(U>^)%'<52H2@O6\ MPN*

EI0_3/7XB^Y&,9#5.>H<'''V;6OJ5]'0.9.RV!$B_B+RT85OK/+D)TSL=L MG[-,5O>/DAW1 ME"C:LND@+XEE7QZ=>_EQ#O5Q/F?|>S8A1("?"4VSB|Y$B.E9MY M%$Y+@[)A-

M22[_&3&>8"$/^,B,33G!PZ)10KNPUPN["8[33O^|\_Z6|\_93_X);<<9+,D MP?S7),%L?M'Q,L]?W,7CB=0M489Q0M(L9BG@9'31 M>>^=#4(,:U!$?

(O)%OV#/)4'AG[GA]&\EYT>GDC0DDD<@@L_SV1 ,$T1Y(\ M?BO!.^4Y\X:KGY 1KXOD93*\," #1O^*AV)RT3GM@"$9X1D5=VS^)UDF%.1X

*M$:.9\1?,E[&]#HAFF6#)LK%DD,3IXC_^N2S$2@H-32 RP9PTP9HV0.5B2Z8 M%6E=88'[YYS_<^C)5K^H:A T5IF$Z=Y-]X++G^-93O1O\8O!]\PG1%P! 83-MG(Y)!N(4?"9/A ($KN,4IU&,*7B?*

941DX.T5$3BFV8&,?[B _F_?'(W>8N; MF%+9,=EY5TA>.7HW6G*X7'" #1P\"&Y8*B89^).,R5.'Z,]$R[S@B@LLBHP$,->% _D=)1SC;,. DB' Z1#,TO(PPM-8 MR/,Y923U:5,ECD[.# 5<7$2WWR22*

*+Z?95,4O.8GP\ 4(=(^I=.9R&,8'(,T MQL7,+P8B^"CK!=Y^EN4Z. 3W @LB%Q2N:F$3 8%46O:U+6-,#"EL4T MY65MVG,T. +3L@S+1+$/K:%*CY_!Y4:HA.)MQ64Y\/-5'7[J[.PP#2;T<7^ON.*

M40[D1LPQ' YC]F3HLI.P+1*CI25/+.E.TLRCM_\\$DE!'*9)Z9L%Q!! 9&;.M@[> ^USL]|SZM)F&(@> *&(W:,4(3*O'N[(>[UPL/)<+E"'F.M*W\0TW]K'G+D]% KL*R#I.\#7YB\NM\55YTUH'1(-0.*

MM"K,#3%> _$5_^19B=_:>#211M!L7+SZ"7LU5O4@OXD65+2@E=8I[@V48.UL MO2JA>L@1:B"D/(QGM03|CUSV'! EZMZ+R+KG5-==H>DU4A,;:.7L<,_

*M#NNJ7>5M#=%Y*X&',P@[K&MV *ND#.+)?^ 0^&O<4M?A>EVWANA\E*O#U[(. M38I=]YTA]++%X2M;AKK(,ZXI=|ZZ(M1">F)!W:)>ZWD%Q_L^91P+TD+&[;AM*

*M%S)7:'H5E(S#5RICT*E.NT+3IZED*#I0<5C7Z)6=]S*)>DS8L#^!2LCABP@Y-M="KDKM#TFB@AAVZ$!IVX$&UTPPQ#3L/I*0<[5G*T0:=+$,.PVA#2LO1+E!]. M##!=+:HZV-6*

M.01 SP!.7[9MU/8-D7E)?P=O(2 @9>PXV +7]D.?TO:X,^W"7.H,:DK@ ^[M-BB^Z3I"K4/V\C##RM,.NWH9? U5"6N(3DPY&= N9*2TDGB9)@SY[$CM_ZV:> [U4$RI.$.W@2>]O6].L.IXF^*

MLB3!EI;$WIXU|8WO2P3*D@2N+8D=E'5:.!H/3L!X&Ri$$KN83.T#K)#8V+|' MLX6V\ +AQRP6OUIX%SM>ZY3VX5T*Y5V"5=Y=]?>Q16:7DWE70('WB6HY.3 MZ]7!D+*

*-*5>PE>Q+T$3MV+*$2]!L]!!&[<2V!XWK%ZE=@0OLKDN)^E M80%N3OEM^8;7^^*]ILKWE]98/&>EH)9O#9W@_DX7^@H&4G(WO&)),07:V(M M#@2;%B\S/3(A6%)\G!*

\)#P/D+^/&!// D)RO?A^O\#4$L#!!0 (.TU M3%K"@)N9;. ,#T-9 >&PO=V]R.W H965TX%" M,>==>Z.T6[O@ZLV[!CV<%6^.]VD_%K:.9WZ*D/$=IN)@<37W+L+S91@Y4\KB*

M,\>MV1N#"<5J=2N6 &ETK\SE.,S;U3#U),0/74QWEM P:A;Q&5:. UTSF2V99/_]"IJ9$YH.M5_14WA0 E^XOWEM-NYS\,/R>.<0V'2F2@1J#/3&OF9(6WEV@9%^@+K7ZZOX2W M.J[!:&^*

*2;K@0)+.^9^99.=OA^TIRT|$ ^*7C@IC.!&29L9^$6FF'8!?*+=$L MZ!$<$[)YF.ZG8N.?<)@YG_F9?C>;69ZU%)\1)&^*D\0=O7\?' LA9KT@KWVD M X%UXIVV\4Z_]U]8#BG<0&*

=X4Y:X4YZ$^6#IGP'JYDT*]0N[ZW;)?>AP&NT MZ5ZF!D]RN<<B0 &TI7CZ*HK4'(!.]9$\?49A>O$Y7.3R0LTSUJ;9Z\M.1K? M8\'H&X=PD22JE-8HU^:,70& -=5<+@\8,.??%>EV=*

92+NAT+KB[75+ MX.#EV<#UU6>O29=F|$#G$K&A&\!)'|$^D)YJ|HO}(YIC757]NH*JTNJK5]L[MP$75^3Y97[B!=0 P1B=7@L/1+4%XL:M=<&A"X(LC@^(3XZ+I7KR=6%56[^Z L-<_5

M.%[#6IG0/LKI>ONX@YH;TSQ?U!+_P04_" #M 4Q:1PB'H?X"B"@ M&0 'AL+W=O,}.Z?N.Z*IIA0M2IF",W7R9")D2.]9RZ.BZ1O!DH8:IQ*

M>4TW(90[83=;NY%A5Z2:48XW$E2:)$3^[2,3RYY3<|8+MW0ZTW;!#;MS.L4[MU/2S&VEF;L$2TP2YHH#O$G/,:.^==#3K6/CX-H+A4&V.PGHR%^&TGEW^|\:P@*

*M9!AIRT#,.X$#9,P2&1E_5IQ.L:4%,Hf[7|!>9|\:7,5.$M.P'C?6LYf0=B'%" M4]9OQ2HXQO[K<Q)4]8.FRJ1R(4]5%L@(;!0E'9L\KN*P.,@U=/#%[G12E$_5^3O4%3S822XGBGXS&&.,*

*MMPEJ7.@XQ.H6@=@R^Y|=+!`W>#@\|Y 1%R(,.!W@UY,=PKA1[M!83'<$?)F#*$!2H8(5&IQ!A.HC^%V%!=*RZ+A3Y15,'/*[.!7&L.U*^R<,=[MZN5[.)4X4W.28<\Q94"A7* 3?OQ0-WT?*

RD$U)*MP-6+P-6KV. K4]1TD9PB M2\MU5I8YGK,U.C9;S1,A2;>5. U+$*9DMFHY#9]0]9H;@2^ Y?L2>R M+1^:A8 __R]*F_L.W}(M@+7*+7]DR.O,0^93&U);8B8W*VYD9^>L\RN,IB*

M2V[D-A^E\37#UK[A827!ZW$9M=!ZQ1*.WNM!YTWU(,2FQ)06@/S?2*$7D_L!D5;&/X4#$L#!!0 (.TU3%I. M=>)!!04 .L.? 9 >&PO=V]R.W-H965T,X5-*

*=AR\5,N*57@.4TR.0R62|UNPU!.ES0E\|JQ.*;OS+E(MB=*'8A*E;.!D5B2E28BB|!NFA&7!:%"<>Q2C 5^KA& 7T40"Y3E,B7C[1A& ^`M 0Q>3WQCBZ7*3X2CP8HLZ!-5WU>/0A^%_=8!AY8*

*MDNA9DX-0Z;+S6X?3|L!/98'H0(%W=*H../P#H C%+>GCTJ.QG1|H(.K"]"7>/41M=)SY^.J\E2LR1<_+!SMQ88&H]| @|WHSS0RGL LJKBFB@=MT M2(#|1RFIDK=M'+%/C|[+*

(YOS3%V3N<#%VJAYO1HDG+0_G65^!C/-7$S@iVH M,P@WNO1,@C"$=9!56[,LL;]?;Z9>@,R7%%,.ME970G1W;AS?1'O%-6,Z M&ZOK5O7UC4^&O>,3%A25-7Z?'1\|A^>P"RBO9IHSSD)7[,.

E4K,E@)3GBFA M-70-FW9CV-D?W)8H&,.H MO3@8&?.,W&M4]9'C>[Z9*O%.6',71'^'T&$2.QT#O-07]DQ?#VAV3R-TT.W MU1_WA@K 6K-*

QM[_WI+5%M=&:;GHI|./1]TKf0.++&!]';sl[WI<'4? MEQ [0^SZC9=#MYE[U6+8=`34V02'CU|", Sr[.T.GVYZ@QO6 U6[T>RC>+Z\M M+.X<&FCCU!!MV.5K"03_@.LUV0EX]CKQA&;.3

Y8/^Q=KL[..)NG)S2:IVD+ MH+LO.$&;FY;.WQ@[0^RW0]1H.A-JHR|=@^T&RRIA_3@?VI\K5?5R3Y0RQ MZ]!YEW<{0%=51DV;:W!PA=@<3!N G,Y(@B)7 .<4N37LH"(C8]W(;=VE(|.S*

*M%-D->/8;\81FTS?.GS]7*C)R]@QG\ 2$9O.TG0%R=P;'%1DU+;.^Q0%PA=F&F M(T"|MRFR5 WA6:3-?Z/SG[GOU"1FR $C(79BQ:.^RVZU*)\1E*[8\>Z/W_WB?Q\;M,.IX/|OK MIKTO-*

)OGSK:]NR,XLZ\.2M_Q9M40?W+;,#!!W#)DQ3OXFK&7MW?%V\U K@ /ON]M_S(IQLW7^2U|"Vs>(7;]Q=>QV=:]ZC)ONWMRW:.TZL& ^)31. CVP+'.?D7N;.

M3D.372%E8>'.E]C\ _@#$0N6Z2&CGULO5Q=;)LV%/TKA%<,'=#5 M%D7*=N<8:$.4!]B08-V#|.>&)N)A>K#E6BG!?;C)\[F**$H,(QHW>FG\<7G(-M>\[ICW2->>W629M_RG1*

*2_8BC)+ ^8[*3Y%4KOSFV8QE\73 M[&Z.[S;!M]6@.)KBV2R8OCO.)NM5]=I5MEZE!QF%B;C*4'Z(8Y{I]?">B]/YB MXDT>7O@&T44Y MH(KX&HK[O/48E;G _#F*2O%%)5*QCN\UZ*29 MLQS8?*

*OR _K}*OCDFAN?B,H#+R=S%93-I6W)#^G]W'^*,B%;XFW?>M4.X'ER[/ CZPS M|0 1=2>GV'DP09M+M.X'ERL/ CZPS M|0 1=(!?# _"#B#U %Q9*

*MK++U'61E=H)4/*C*KT47Z85+^OU_+K'@W+,.,)]7L>9N@KCPX" M_8ZNQ9YG7 KT=K-)#XG,A>OMETO('D;Y;T7@EVN&7K[X#;U 88(^A5%4_!?F-M]ZDL%E3"3C?UY.],D^-*

')F=B\QKYWBN$9Y@8AE\.'^X;AK/AP[$^:?%]PV%") M&RIQA>< 2>6K'I/H0W(4N2P$(]$ 'XN!Z(,4P/$X.08 P(3&/7;]CU;>CKAE''L#=YG@MIW'4G)%HA

*ME1]\Q[7O>]Y]>FPS8PC"=*8';>N,SLR8 !D3OXRCD_*2^A#84$U!!28TS8$ M]=.F\![PH@G2T]%_M2;SE>Q.619F R9EFX=ZKKG(<9)A&8=!0%HSRB1) ML@L)QH#-*

';G#;MSL$^4>5\U9+GL2,L0A&>D(RWKFL[>_%DO!@F0?0?^DON M1(;N^$]^$YD_3]Q8KKL&$HP'@6D<+AL.EZ-H<@G)+B08 P+3V/5F]AZ=P5[U M;KRV!+S%HB-

*^Z2N#$&AZ12U2G;/4<,%*R(\/]ID.Y{K9@-%8U!H.I>]9O?& M*=H]T*H=%(U!H>D4]\++=@ZO<{5#. /]CP82=*[^4#/]Y*@:WI,7^6TM7_)\ MAWBR19O@?*

A^*<"0=%9O/SU05UW2F0&A:9$]HRB1\?1.^K 45C4&@ZQ-,*W$W30?\"'=#N!=H4M.A[]3GI@[^]@F E7O =O>@<74(3,$Z3\@Y3'=^/< MU@8U(:!H# I-I[AU<&"MP)VT6D-

*LB3SKM\U1%'0EL/[5PDB8UW(F; M=Y79#Z)!] S%OJASDU;5/;97]P9ENMI3^PS.6PKTT $*36=7V0@\'T>UH/X' M%(U!H>D4*W^=[*

{0<=3][=]%7;U6P_!'<5^OS5/E;5/K9?Y\;%#C"I=ESG301Z M$ &%IO<;" AST;1]0]+4#1&!2:3K'R%K[!)..I[<.S7%V!M401&GW-I)] M4>TH*X#%(U!H>D4*]?A MN 8E643;.S>:=27[9*

*BS+^C'MS35VG2U MJQ89G#<5Z"$"%K.KK{5 CC-3CZHRP!%8U!H>H^O#*75'G)]WJ?C*\@TFI=H!=M>,Z;B10 .%IG.], 49IY.)@)+H+4#0&*

*MA.93K,P%@>MD(OW>HR#H=@P,@KPEZ9[3V%=U;M:MKR$,.U%]?6(= *I] N!'ZU4B_38DP^FI(.I NFI?U,E9 M*S] AC|V]?#^ Y.I5;K.5?L.SM^5 SU.@$+3V56V@H[3 MJD1!708H&H_*

"TRE6+H/"M2K1?A 2J^.OTR' QI!S$U8U/W7M4O*654[KO_F M CU!@$+3.56.@H[3MT1!?04H&H-"TREN?=D:K\F^)6QI6NCKMA_1T^AQ5/E55 M/G7M62(=7:J[N2=!'jX

(6FDZO.!!VG98F"N@U0 .:%IE.LW.:%:UFJH.CM MPOID"+,OR#7A:>LW:.I?#/K$L[LPR5$D;@OXV>MYL93L]",IRE+|IT_P4TOI 4$L#!!0 (.TU3%]6:(<& MTP. #D0 9 >&PO=V]R.W-

*H965T=:Y1 M4R6*T02LNRE+++:$..\6)65E|. MM\S$Z<7?0L1[E];(\AC]HQ.0Z'|7E& 9.@6%W]%FP.LKT)2EZ@UZB1A'U^;9 M:.;N:N=K0*.#]PYWVZ%^33+8$]E &]?R160WP]42.M<*

*MY32"N6.THT#>@:-X]0*WGL+3;^AZ=O0%TN:4AJ[6/2&+>.<\2T2&V3F$N4@ MF8C[^:%;08E8*=N.9[@P)N%=$M:Q2#H9(@"6R@[T1K#9JI2G;\N*Z+W<%$G9R M#^0-F[RA->]%]&/%-*

#ZS$\2(A'F)#^ L.FZ?AI70>CG3?[/3Z@,.5D/$!A MTE"86EI\ 'W6",]D$M 2.&R8[JW?BG+DXIPV'>GTM#T?Z")O=8(O9.K[(.L*

M3]OOXV#:/ZVX8\KX%$]4;KIWV%O*#MILY, DE,=WDU+@]D_D+8U6VPUR6<*.M[@9[T/HP](=8M%Z*[69:.VIEUA>+H+]^*|*Q"[4U61R<2E'8ZM?',FUM&=M]*

M^2A)'9HU&84X&)C7UIVQW;Z?]E#HQY65.O3V&[4CRI]TI-UY _\,#6>['5 M.YKJ>D!BY'OA6$ "|(Z?$[ZTU"S?XY^H5>T2Q_CRY-$W:9V6A^.7MQ#]IW M(W;((URV_9C"ZO_')4^&"FZMF-*

@WO._35PT6/&A[$/ZN.Z.M@U3YMS\45U&FR'5X?[;RK-HE HA8T)]<{&)K>LSJG5C1Vg>39<-M"VU.EN5E8LIV((L!YOU$"'U_4R1H_BU8_=02P,$% @ [35.6G_=LD0$ M-P G0D !D

!X,"|W;W)K&ULK59=,YLP%/TK M%]NF5MH(0ET78*4E'WTH5O5]MO#M_<';L"|L3/;).U^_6O#:#XHRZ:.^)-C< M;.HQ47|S('4.BAH$R.G5RIQ;GKRB2'.LM3Q@"FW\R]'*+#20Y&YAR;>!GPCL)*

(,S(@HF7^,.P7-MZ=CQ3$) (5&& >N_)5P I89(I_&KYG2:)0UP\WG_ M)UUIF6,(%[1]|)Q^O M<^,;@%_:XI,]&KSY#K6=H^)].I?U%]RHV#|V4E%+QH@;K# K"]G_\4/NP >@% MSP#|&N#QO

*@;/.IHUH\H8%_#!M:92HKU(<8*1R/15TB8;.UF'|R9%]WE$V;*.M?IN$?DLT3D6?.$]7A%*$68]^]AP$NF0*LXS,*$CT%GW!0F!3&W0<@*$RA_]*

*M>W<,H^.C$W2$"$.7&]K*$>NTAD97C>[5Y]6[_O/K-[ST15G*I?H TLAW29P MM91&C[_6._4[&6 (3E&_]P.YGC]H2>CB<'B_!1X?#O<&[U/2.ZO0M7_^0ZCS5*

*M!4VD!"53J&1"N2P%H]^3F51"2T4_VZI0K3)H7\5TEG.YP F:1TV$BL[0>V3XH"":,6 WO/LN1D-3)'UZ GM&8-M%?!WF5 M@P41[/3O*K=H^.I?U%/RHV#|V4E%+QH@;K# K"]G_\4/NP >@% MSP#|&N#QO*

[SA'8Q3L^*S&VIS@T^8Y#A7$ MW?D+SVO/$QN"AJB+@?88N.SB$'GC&0O4'5O9VN[0$KYO-A% MH,!!7O%RA,V^6N_4N"SV)[2N7\'SZW* A88IMW]\('P>9P(D=*$@W;.1>A,]

MW%%1GDBV+A8E#]65H<+E1BA17 =Y@+H_8TP^C>0/!>3U4'$L#!0 (M_TU3%IG(D1"><Q_!\$ 9 >&PO=V]R.W-H965T2<35Q"IVK,>568$E42>B0FYFED*6\)NN M7+F]IDDCR&E0R-*

-"\R"TY4Z:U&/7.DW$6C/\5]"6I=B[SB-.90\@PTY:!F-<&+Y Q2V1L/+2<3B=I@:OM9_9YG=UD61"%%X+] MH+DN)LZI SDNR9KI&[^]C&V>T7)E@JGZ"=MVK>= ME9:E"W8."@\:,][DL=V'*

M'4 0O ((6D!0^VZ$:IRBW6II9:G Z_21$ MOJ6, >$Y?.,%2KCDFO.573!4< SSM5Y+A&DII*9_2+V5'Q_-Z&0#F>H"67] M" Z "/IL$LZ M?(L]-1L7|GE]4&&-LA=TD_KC4S]Q-SU:HTYKM$\KZM-]4-

*&N5NR_^K7^3BO< MIQ7W:84OM<*QUZ]5=5K1//JW3/]WHI=;0C_]UXDXKW]&PO=V]R:W-H M965T2#]YY?C\X3A_XM&:B^]R2:E" M+W&4R+&S5"]]=%TY6]*8R',>TD2_L^*

*B)DH?BB=7IH*2>1X41R[N=/IN3%CB M3$;YN3LQ&?&5BEA"[P22]S@FXO6:1GP]=CQG<^*>/2U5=L*=C%+R1!^H^L:>*

M"7WD5!0YBVDB&4^0H(NQ<^5=AO@B"\A' ,'H6FZ!1ME4'CG_GAW"3SOVA=C.W|#|]MI.)Q&:PSB%E2_"P_Z04 ^=:,>8>UZX@"@R&0F^1B(;K6G9 MB[SZ>,2N%TNR#\]#$OI=IN/4Y*

*O559:H#/U.A"\"'9:.@H3[2]U[L]\>G9S7N2ZN@=O=:*6$H(7}G,X,X]?V>.]_ M *Z>4?2ABSFDJ@?G,&B+T5C^7>3Z_75;Z9F++>Y2*

*MIF1&QX[N89**9^I,?O()ZW=^;2HX)"R A(5 ,$,:OY+&M]$G7Q<+-],Z)9,(.M4:F(HHBGBL7L'Y(WVMF2B"?:^)6T@MN]4\!Z,2Q;?)XGW<{(?=ZN^=LA?M\<*

M$KX=XGF#.HQ1H%Y5H)ZU0/=YLT(/BHOF.EC#VY8!$A9 PD(@F%[O]*@?Y3^ MT8>4!A(60.)"(@AS;"29F#|>MS$*6%"W]DIO!>Z=6R$(LD<+1^A"DEEV%&6R*

*M(9'=5)W5QO=E*Y!5C4>VGMT M5=]=6P]HV7J)^,"0L@828OS!#F4+FX8]WZ0)2&DA8 D+=6^&-ZG-AZ= M8]W9V,EM!2IUEO)OJ.KRC':.#0WOW/^$#6,&7O/-C;=ESSOKE0(FE6"/]Z(D*

*MNHU3(?/F/>4BY2*O6EY(B?[5!BUA\2IN+)GU,]U+!DD+0&DA%,T4#->"X;/T MG!(+)1 D+0"EA5 T4Z#;ZWI6O_9FM=;?]'B=L.2]4B+D:,,VH$;W0'Y>K]BD M40A07PM%,X6HG:UGM[:?*

\]M/VD(&4$=[(#NK#")"A% T4X:./WMV]UNA2$O M>U<84.2@M :2$4S12L MO><=RV!V]W06D!*"V$HID"U9,.LWONCZPPD&9X M>B _:&MMH*XM6_'_G&6#U#[#DH+0&DA%.T4]':TV:*

*[H M/(\)&KW_EY'4OG G7]4#.J3B]I8ZO1_#Z 6K1#V1GE0'4CT/13!E]X]M M?O=.,9 ^)U6O^]Q:=K",]0>UX:"]060M%,26IGCH'?64 _#3HH+0*EA5 T M4Z#:LV.[9 \?3V?MY-*

8:71Q^.MLT9KCS=+9AC. O)\UUM :1QE3/+]O_+ &, MKQ)5;"VMSE::| RK<$[YZ?>95AL=:XOQ<[K6UTVEDB])"PTLG_^T F]8C-S M<:!XFN_6?*

>1\3A N.1D3D4V0+^ X%QM#K(+5%O*) \!4$L#!!0 (.TU M3%]*ED6>H@,.$_9 >&PO=V]R.W-H965T[).84"=0F+$'GBS841;$P@-'XEB6F/]W!P4[M+1W?>1KX1/.YU -NLCC@/:Q!?CD|*

<'7E.BY;4@(5A%'$8;=T.OUYZ@6 4J!IZ MY$]5@$;IQH5$KU.0F!3BC8KLD]ZU=OT"M$*,HG!.%64RO:F[^!F]3SN MJGD$^:,A!^B>49D+]#O=PO:>:9NF5$,Y2%$6IBX,%>%,E.*

M>Y7+V+CH.M[?IQ"2\][_MK%A$XS X%Z4VT636BJXHQ@W%>+ WA&*:08MAKD-8GS $KBF M67HEL[//DQ4WRXL$2N"T9E^0'.]\.M9]O_388L=WH['*)A0!IW;([T[BUCK/*

*M4]_ZDFC4J8:^Y%(M3!JRI!)4DB15/50T'PAA1$$K""3/I3\#L@%DFG M)M. ^))[.0:8-R'00Y#.3N$"[7FE;(:.]V_MO]_&T:,:3#H9%$TWL'+.&8S;(ML:H-33^(,<'$&*N^MA-*

*Q4%HQD]P@OBJ\X_B21?$)NH^&%:1 M?P@D> 8)!D%TTS?QJH-VB^:T) V$"RJ8-ICL*A"+ A N*U.LP2^-QV[4!,] M4EFU9LUH\U5PXWKASOB=_EHP'>RS3?6I<$9_YGE"AT'?*

*^TKN9[*GOJGNO3B0[MF'YVPZ3JCLUAKKYX@&N!NKYC3#Z=Z'!LTWU#}_U!+_P04_" #M 4Q:U5P: M$XD# #;# &0 'AL+W=O9\;?I;MU+]!T 6 (<\E%WKF%<94-[ZOLP)*I!|E!0+;?*

*Y%*5U.!2K7U= M*. KYU1R/P[^Q"\!$?]Y\ZO8>U'P[.X8S 0^*Z$U94O7S%KC]CXQM:% ML1Q^2%K1 3R"^5X]*%SY+I_F#0/KX"S^9.#5.\ $4EE* M^<,NOJYF7F!/!!PR8R$H?CW!*

CBW2'B_ QM0KXUI'7>>?!"DDLZ0:%!+ MQU:FF'ECCZP@IQMNOLGM%V@(#2U>)KEVGV1;VX[0. MH(\O&&4J0,E%_T^=& MB!V',#GB$#4.4==A<,0A;ARB#$]Y MWTF,.X?

*C<*W#/W, &] T32Y(H^,JN* &364DP75!;G#FB!?15U;.DN=.?HQKI?.-L0]IW9O()H=.!AVR/29!A^RA21+UDQVU M9$GSF#3I>)..#]K'4:=*#FW", X8I8=&PTG87RB3]OR3*

M.V[%]1$/;M.BY,AWIK-PW41?.0VA.'K7!\N\W3 & ^M[P9ME\55]D8 MEXI82^+O3'TEI+6)(!Q0STOM:GNA?W3S:6?_UD!N;I!\A:G.' GN]UDOH M%#%'R.!ZA/14/4G7'R.K-*

*ULNI<%)U3T6^.\#E#7][F4YF5A [3_9^:. %!+ M_P04_" #M 4Q:YO))'X{$ "%%@ &0 'AL+W=O9\:>F3#=4?:+;S$6X'5 .CZSMD+DU[. MHRU.$;.^B.<[DDS5E*1]RR38VSQE&L70**$]MUG-*

*!.$V#S*2U$0C+|\MP OTA2QUUN MSZP;>+UP'>6@=+,X3O,.'UT']65'Z2RV^QC/+48QP@B.A()#|>L8+G"0^2?+X M78%.|6]QV/K;?H7+5Z*62&.%S3Y06*QG5EC"\1XC8I$/-+=W[@2%"B\B"9<*

M?X)=9>M8('YXA0^$:ORFQF0K^&,:_M/"9\HH6L=S+!.V"AY<,[X\'9^$5I;?C JP.%0XUW;N82 |"V.%>.'W9+4(]= M3]%TFTG#?=^DT4^Q NC^]$?E,V=T['K,+0/WA&H%S3?$-*

N0C$L":.^GF7(UD M#6+E:X]R(6BN7QNL]! TU9=;C&+,E(%\OJ94[!?J343]YFG^/U!+ P04 M" #M 4Q:ZUV6[']WQ#B #/15[RN;<18GOI^SS;D +S"[8E M3RR9E6!A=RM'GV^K0A>-45%

*[],@B/T"T]);S)K?[IO%C-4BIR6YKP"OBP)7 M/S^3G.WF'O1>?OA"'S=" > O9EQ\2!Z(^+:]K^2>WZNL:$%*3ED)*K*>>W _" MRZLP5 7-&=|IV?&],:"B+!G[H7;^7LV]0#DB.I"O>W7]1OFO*

RS!)SU_KLL9U+KZPW5^D"Q0IO8SEO/D$ MN^[