

Elevance Health

4Q 2024 Earnings Presentation

January 23, 2025



The Value We Deliver

We advance whole health through innovative solutions that integrate physical, behavioral, and social care to achieve our purpose of improving the health of humanity



For Consumers

Simple, Affordable, and Accessible Health Care

1. **Simplifying** healthcare through enhanced digital capabilities that personalize member experiences
2. **Affordability** at the core of our innovative plan designs
3. **Accessibility** through advocacy and data driven solutions that operationalize whole health



For Care Providers

Deepen Clinical and Business Partnerships

1. Differentiated **clinical partnerships** built on shared expertise and coordinated care
2. Advanced **clinical collaboration** and **value-based care**
3. Aligned **business partner** through digital tools that enhance information exchange and reduce administrative burden

Key Highlights

1 2024 Results

- **Elevance Health fourth quarter results were consistent with guidance**
- 4Q 2024 and full year operating revenue of \$45.0 and \$175.2 billion, respectively
- 4Q 2024 and full year medical loss ratio of 92.4% and 88.5%, respectively
- 4Q 2024 and full year adjusted diluted EPS¹ of \$3.84 and \$33.04, respectively

2 2025 Outlook

- **2025 adjusted diluted EPS¹ in the range of \$34.15 – \$34.85**
- Operating revenue expansion in the high single to low double digit percentage range reflects revenue acceleration across most major lines of business and the impact of recent acquisitions
- Medical loss ratio projected to be 89.1% +/- 50 bps
- Adjusted Operating gain¹ projected to be in the range of \$9.55 - \$9.85 billion
- Medical membership expected to end in the range of 45.8 – 46.6 million members

3 Strategic Focus Areas

- Partnering with states to **ensure rates accurately reflect higher Medicaid cost trends**, building upon our positioning and performance in **2025 Medicare Advantage annual enrollment**, and delivering **innovative, affordable products in the Commercial market**
- Expanding Carelon capabilities to further drive our **enterprise flywheel for growth**
- Investing to position Elevance Health for long-term, sustainable growth as we ensure the **earnings power of our diverse and complementary businesses remains strong**



1. See “GAAP Reconciliation” on slides 15 and 16 herein.

Fourth Quarter & Full Year 2024 Results

Elevance Health	4Q 2024	4Q 2023	Change (%/bps)	2024	2023	Change (%/bps/\$)
Operating Revenue ¹	\$45.0B	\$42.5B	6.0%	\$175.2B	\$170.2B	2.9%
Medical Loss Ratio	92.4%	89.2%	320 bps	88.5%	87.0%	150 bps
Adjusted Operating Expense Ratio ^{1,2}	9.9%	11.6%	(170) bps	10.6%	11.3%	(70) bps
Adjusted Operating Gain ^{1,2}	\$1.0B	\$1.4B	(24.0%)	\$9.3B	\$9.4B	(1.1%)
Adjusted Operating Margin ^{1,2}	2.3%	3.2%	(90) bps	5.3%	5.5%	(20) bps
Net Investment Income	\$527M	\$529M	(0.4%)	\$2.1B	\$1.8B	12.4%
Adjusted Diluted EPS ²	\$3.84	\$5.62	(31.7%)	\$33.04	\$33.14	(0.3%)
Operating Cash Flow	\$0.7B	(\$3.0B)	\$3.7B	\$5.8B	\$8.1B	(\$2.3B)

Key Highlights

- **Elevance Health fourth quarter and full year results were consistent with guidance**
- Operating revenue of \$175.2B in 2024 grew approximately 3% on improved premium yields in Health Benefits, acquisitions completed in 2024, and growth in CarelonRx product revenue, partly offset by Medicaid membership attrition
- Medical loss ratio of 88.5% for the year, an increase of 150 bps, primarily reflects higher Medicaid cost trends
- Adjusted operating expense ratio in 2024 of 10.6%, an improvement of 70 bps, reflects disciplined cost management and certain non-recurring expense benefits
- Operating cash flow of \$5.8B, or 1.0 times net income

2025 Outlook

Elevance Health	2025 Outlook	2024 Actual
Premium Revenue	Low Double Digit Growth	\$144.2B
Product Revenue	Low Single Digit Growth	\$22.6B
Service Fees	Approximately Flat	\$8.4B
Total Operating Revenue ¹	High Single to Low Double Digit Growth	\$175.2B
Medical Loss Ratio	89.1% +/- 50 bps	88.5%
Adjusted Operating Expense Ratio ^{1,2}	10.4% +/- 50 bps	10.6%
Adjusted Operating Gain ^{1,2}	\$9.55 – \$9.85B	\$9.3B
Net Investment Income	~\$1.88B	\$2.05B
Interest Expense	~\$1.48B	\$1.19B
Adjusted Diluted EPS ²	\$34.15 – \$34.85	\$33.04
Operating Cash Flow	Approximately \$8.0B	\$5.8B

Key Highlights

- **2025 full year guidance for adjusted diluted earnings per share in the range of \$34.15 – \$34.85**
- **Operating revenue** outlook reflects the impact of higher premium yields and recent acquisitions
- **Medical loss ratio** expected to be up 60 bps at the midpoint; medical cost trend expected to be elevated but stable; mix headwind from recent acquisitions
- **Adjusted operating expense ratio** to be 20 bps below 2024 levels at the midpoint due to ongoing operating efficiencies and targeted expense actions
- **Net investment income** declines on lower cash balances and rate outlook; **interest expense** increases following recent acquisitions



1. See “Basis of Presentation” on slide 14 herein.
 2. See “GAAP Reconciliation” on slides 15 and 16 herein.

2024 Results | 2025 Outlook

Health Benefits	4Q 2024	4Q 2023	Change (%/bps)	2024	2023	Change (%/bps)
Operating Revenue ¹	\$37.6B	\$36.5B	2.8%	\$150.3B	\$148.6B	1.1%
Adjusted Operating Gain ^{1,2}	\$273M	\$767M	(64.4%)	\$6.3B	\$6.9B	(8.4%)
Adjusted Operating Margin ^{1,2}	0.7%	2.1%	(140) bps	4.2%	4.6%	(40) bps
Membership ³	45.7M	46.8M	(2.3%)			

Key Highlights

- **Health Benefits results reflect navigation of a dynamic operating environment** due to Medicaid cost pressure, partly offset by strong performance in Commercial
- **Operating revenue** grew 2.8% year over year in the fourth quarter driven by higher premium yields, offset by declines in Medicaid membership
- **Adjusted operating margin** was impacted by higher cost trend in Medicaid related to redeterminations
- **Guidance** for operating revenue growth reflects slight membership gains and rate improvement
- **Operating margin expectations** reflect mix impacts, a prudent view of Medicaid cost trend, and lapping non-recurring expense benefits

Guidance

2025 Outlook

Operating Revenue Growth	High Single Digit
GAAP Operating Margin	(50) – (25) basis points over 2024
Membership	45.8M – 46.6M

1. See “Basis of Presentation” on slide 14 herein.
 2. See “Reportable Segment Highlight Details” on slide 17 herein.
 3. Health Benefits Membership for the three months ended December 31, 2023, is restated to reflect a change in BlueCard® membership to align to the Blue Cross Blue Shield Association reporting methodology. For the three months ended December 31, 2023, BlueCard® membership has been restated lower by 132K.



2024 Results | 2025 Outlook

Carelon	4Q 2024	4Q 2023	Change (%/bps)	2024	2023	Change (%/bps)
Operating Revenue ¹	\$14.7B	\$12.4B	18.9%	\$53.9B	\$48.0B	12.4%
Adjusted Operating Gain ^{1,2}	\$783M	\$592M	32.3%	\$3.1B	\$2.7B	16.9%
Adjusted Operating Margin ^{1,2}	5.3%	4.8%	50 bps	5.8%	5.5%	30 bps
Adjusted Scripts	82.9M	78.0M	6.3%	318.4M	308.4M	3.2%
Consumers Served	101.1M	103.3M	(2.1%)			

Guidance

2025 Outlook

Carelon Services Operating Revenue Growth	Greater than 50%
Carelon Services GAAP Operating Margin	(100) – (50) basis points over 2024
CarelonRx Operating Revenue Growth	Mid Teens
CarelonRx GAAP Operating Margin	0 – 20 basis points over 2024

Key Highlights

- **Substantial progress in scaling our enterprise flywheel for growth;** in the fourth quarter, we closed on the acquisitions of Kroger Specialty Pharmacy and CareBridge, further broadening the solutions offered to clients
- **CarelonRx** fourth quarter operating revenue includes the impact of recent acquisitions and strong external member growth; 2025 operating margin remains within our target range of 6.0% – 6.5%
- **Carelon Services** operating revenue expansion in 4Q 2024 driven by the launch and growth of risk-based products and recent acquisitions; 2025 operating margin includes dilutive impacts of the CareBridge acquisition and scaling our risk-based capabilities



1. See “Basis of Presentation” on slide 14 herein.
 2. See “Reportable Segment Highlight Details” on slide 17 herein.

Flywheel Supports Our Long-Term Growth Algorithm

Health Benefits

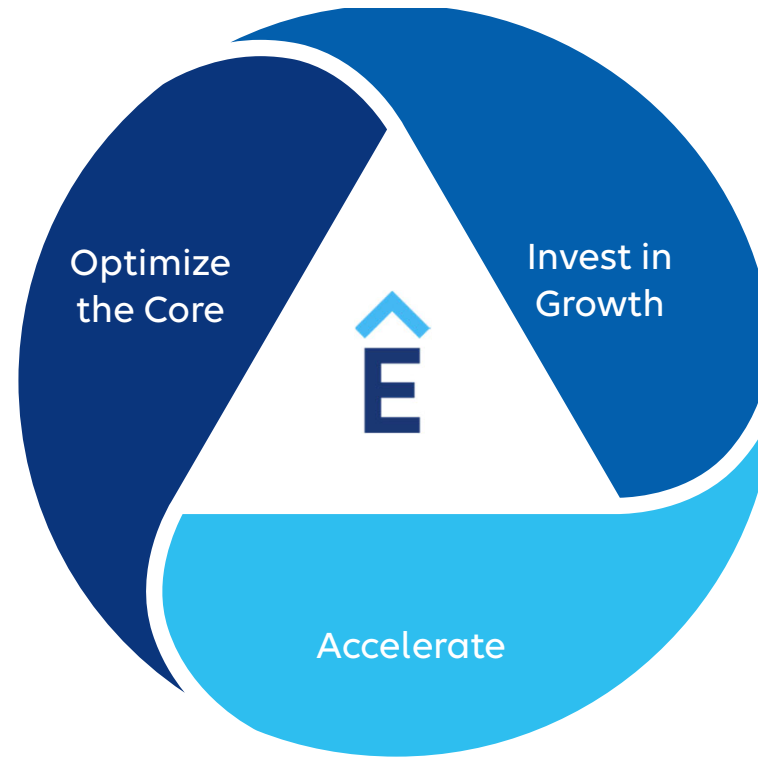


Approximately 46M medical members balanced across commercial, Medicaid and Medicare, leveraging the assets and capabilities of Carelon to accelerate growth

Health Services



Integrated portfolio of whole health solutions connecting care across physical, behavioral, social, home health, and pharmacy needs to bend the cost curve, enhance consumer experiences, and deliver whole health, affordably



Targeting at least 12% average annual growth in Adjusted Diluted Earnings Per Share



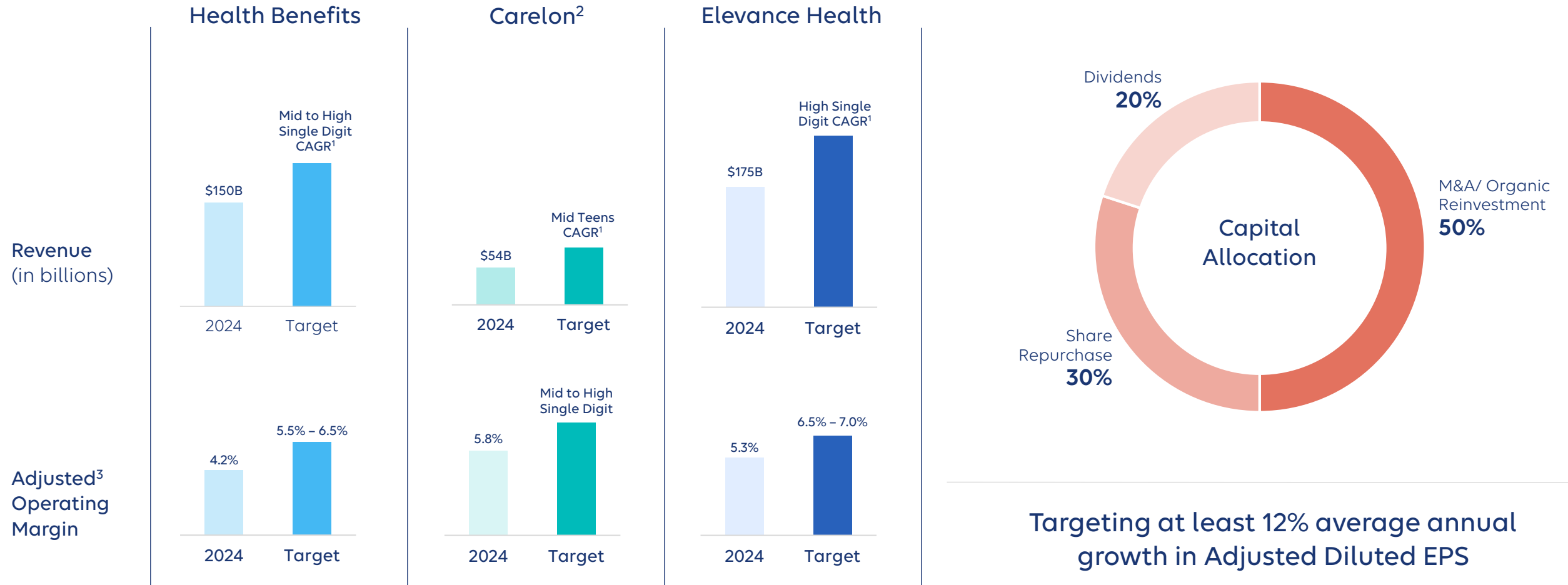
Long-Term Growth Algorithm

Targeting at least 12% average annual growth in Adjusted Diluted EPS



1. CAGR = Compound Annual Growth Rate Target.

Committed to Strong Growth Over the Long-Term



1. CAGR = Compound Annual Growth Rate Target.
2. The CAGR target for revenue and the operating margin target for Carelon includes: (i) a low double-digit revenue CAGR and 6.0% – 6.5% operating margin target for CarelonRx, and (ii) a high teens to low twenties revenue CAGR and mid to high single digit operating margin for Carelon Services.
3. See “GAAP Reconciliation” on slides 15 and 16 herein.



The Value We Deliver for Consumers

Simple, Affordable, and Accessible Health Care



1

Simplifying healthcare through enhanced digital capabilities that personalize member experiences

- **More than a third of member interactions** are facilitated through ‘live-chat’ functions, ensuring real time solutions to customer needs
- Investing in our **Sydney Health app** to personalize the health experience and proactively answer member inquiries

2

Affordability at the core of our innovative plan designs

- **Over 90% of our MA plans** have no monthly premium in 2025; nearly all plans offer \$0 copays for primary care visits and at least one supplemental benefit
- Use of MA supplemental benefits was associated with a **decreased likelihood of an inpatient admission** and **increased likelihood of an annual wellness visit** or preventative screening
- **Care Transition Interventions (CTI) program** led to a 14% decrease in costs for participants
- **Complex Care Management** for Medicaid members reduced inpatient admissions by 7%

3

Accessibility through advocacy and data driven solutions that operationalize whole health

- Targeted digital interventions in 2024 **saved members an estimated 1.5 million hours** by enabling access to care, such as selecting a PCP or understanding a benefit
- One in five members have **closed a critical care gap through our digital channels**, such as scheduling mammograms or colonoscopies



The Value We Deliver for Care Providers

Deepen Clinical and Business Partnerships



1 Differentiated **clinical partnerships** built on shared expertise and coordinated care

- **Carelon Oncology Total Cost of Care program** helped to resolve adverse events for oncology patients in lower cost settings
- 60% of members enrolled in our Concierge Care program experienced **fewer chemotherapy side-effect related admissions**

2 Advanced **clinical collaboration** and **value-based care**

- Pay for nearly **two thirds of care through value-based arrangements** across all lines of business, with over 35% of payments to providers taking downside risk, up from 16% in 2021
- **Managed nearly one million consumers** through Mosaic Health across 19 states with 1,500+ providers, including 35% of lives at risk
- Carelon Advanced Primary Care and Millennium Physician Group achieved **NPS scores of 90**

3 Aligned **business partner** through digital tools that enhance information exchange and reduce administrative burden

- We partnered with a New York based health system to **nearly eliminate claims denied** for incomplete or incorrect information and are scaling this solution to other care providers
- **89% of Medicare Advantage providers** are connected to HealthOS, up from only 16% in 2021



Forward-Looking Statements

This document contains certain forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. Forward-looking statements reflect our views about future events and financial performance and are generally not historical facts. Words such as “expect,” “feel,” “believe,” “will,” “may,” “should,” “anticipate,” “intend,” “estimate,” “project,” “forecast,” “plan” and similar expressions are intended to identify forward-looking statements. These statements include, but are not limited to: financial projections and estimates and their underlying assumptions; statements regarding plans, objectives and expectations with respect to future operations, products and services; and statements regarding future performance. Such statements are subject to certain risks and uncertainties, many of which are difficult to predict and generally beyond our control, that could cause actual results to differ materially from those expressed in, or implied or projected by, the forward-looking statements. You are cautioned not to place undue reliance on these forward-looking statements that speak only as of the date hereof. You are also urged to carefully review and consider the various risks and other disclosures discussed in our reports filed with the U.S. Securities and Exchange Commission from time to time, which attempt to advise interested parties of the factors that affect our business. Except to the extent required by law, we do not update or revise any forward-looking statements to reflect events or circumstances occurring after the date hereof. These risks and uncertainties include, but are not limited to: trends in healthcare costs and utilization rates; reduced enrollment; our ability to secure and implement sufficient premium rates; the impact of large scale medical emergencies, such as public health epidemics and pandemics, and other catastrophes; the impact of new or changes in existing federal, state and international laws or regulations, including laws and regulations impacting healthcare, insurance, pharmacy services and other diversified products and services, or their enforcement or application; the impact of cyber-attacks or other privacy or data security incidents or our failure to comply with any privacy, data or security laws or regulations, including any investigations, claims or litigation related thereto; failure to effectively maintain and modernize our information systems, or failure of our information systems or technology, including artificial intelligence, to operate as intended; failure to effectively maintain the availability and integrity of our data; changes in economic and market conditions, as well as regulations that may negatively affect our liquidity and investment portfolios; competitive pressures and our ability to adapt to changes in the industry and develop and implement strategic growth opportunities; risks and uncertainties regarding Medicare and Medicaid programs, including those related to non-compliance with the complex regulations imposed thereon; our ability to maintain and achieve improvement in Centers for Medicare and Medicaid Services Star Ratings and other quality scores and funding risks with respect to revenue received from participation therein; a negative change in our healthcare product mix; costs and other liabilities associated with litigation, government investigations, audits or reviews; our ability to contract with providers on cost-effective and competitive terms; risks associated with providing healthcare, pharmacy and other diversified products and services, including medical malpractice or professional liability claims and non-compliance by any party with the pharmacy services agreement between us and CaremarkPCS Health, L.L.C.; the effects of any negative publicity related to the health benefits industry in general or us in particular; risks associated with mergers, acquisitions, joint ventures and strategic alliances; possible impairment of the value of our intangible assets if future results do not adequately support goodwill and other intangible assets; possible restrictions in the payment of dividends from our subsidiaries and increases in required minimum levels of capital; our ability to repurchase shares of our common stock and pay dividends on our common stock due to the adequacy of our cash flow and earnings and other considerations; the potential negative effect from our substantial amount of outstanding indebtedness and the risk that increased interest rates or market volatility could impact our access to or further increase the cost of financing; a downgrade in our financial strength ratings; events that may negatively affect our licenses with the Blue Cross and Blue Shield Association; intense competition to attract and retain employees; risks associated with our international operations; and various laws and provisions in our governing documents that may prevent or discourage takeovers and business combinations.



Non-GAAP Measures and Basis of Presentation

This document references non-GAAP measures. These non-GAAP measures are intended to aid investors when comparing Elevance Health's financial results among periods and are not intended to be alternatives to any measure calculated in accordance with GAAP. Reconciliations of these non-GAAP measures to the most directly comparable measures calculated in accordance with GAAP are available on the last slide of this document.

Operating revenue and operating gain/loss are the key measures used by management to evaluate performance in each of its reporting segments, allocate resources, set incentive compensation targets and to forecast future operating performance. Operating gain/loss is calculated as total operating revenue less benefit expense, cost of products sold and operating expense. It does not include net investment income, net gains/losses on financial instruments, interest expense, amortization of other intangible assets and gains/losses on extinguishment of debt or income taxes, as these items are managed in a corporate shared service environment and are not the responsibility of operating segment management. Operating Margin is defined as operating gain divided by operating revenue. Each of these measures is provided to further aid investors in understanding and analyzing Elevance Health's operating and financial results.



Elevance Health GAAP Reconciliation — Shareholders' Net Income and Shareholders' Earnings Per Diluted Share

(In millions, except per share data)	Three Months Ended Dec 31			Change	Twelve Months Ended Dec 31		
	2024	2023			2024	2023	Change
Shareholders' net income	\$418	\$856	(51.2)%	\$5,980	\$5,987	(0.1)%	
Add / (Subtract):							
Business dispositions and related items ¹	281	—		281	—		
Amortization of other intangible assets	180	217		580	885		
Net losses on financial instruments	74	336		445	694		
Transaction and integration related costs ²	66	59		224	213		
Litigation and settlement expenses ²	12	(7)		692	(2)		
Gain on sale of business	—	—		(201)	—		
Business optimization charges ²	—	22		268	719		
Tax impact of non-GAAP adjustments	(143)	(158)		(575)	(628)		
Net adjustment items	470	469		1,714	1,881		
Adjusted shareholders' net income	\$888	\$1,325	(33.0)%	\$7,694	\$7,868	(2.2)%	
Shareholders' earnings per diluted share	\$1.81	\$3.63	(50.1)%	\$25.68	\$25.22	1.8%	
Add / (Subtract):							
Business dispositions and related items ¹	1.22	—		1.21	—		
Amortization of other intangible assets	0.78	0.92		2.49	3.73		
Net losses on financial instruments	0.32	1.42		1.91	2.92		
Transaction and integration related costs ²	0.29	0.25		0.96	0.90		
Litigation and settlement expenses ²	0.05	(0.03)		2.97	(0.01)		
Gain on sale of business	—	—		(0.86)	—		
Business optimization charges ²	—	0.09		1.15	3.03		
Tax impact of non-GAAP adjustments	(0.62)	(0.67)		(2.47)	(2.65)		
Net adjustment items	2.03	1.99		7.36	7.92		
Adjusted shareholders' earnings per diluted share	\$3.84	\$5.62	(31.7)%	\$33.04	\$33.14	(0.3)%	

(In millions)	Three Months Ended Dec 31			Change	Twelve Months Ended Dec 31		
	2024	2023			2024	2023	Change
Income before income tax expense	\$606	\$1,001	(39.5)%	\$7,904	\$7,715	2.4%	
Net investment income	(527)	(529)		(2,051)	(1,825)		
Gain on sale of business	—	—		(201)	—		
Net losses on financial instruments	74	336		445	694		
Interest expense	340	259		1,185	1,030		
Amortization of other intangible assets	180	217		580	885		
Reportable segments operating gain	\$673	\$1,284	(47.6)%	\$7,862	\$8,499	(7.5)%	

1. Adjustment item resides in the Health Benefits and Carelon Services reportable segments.
2. Adjustment item resides in the Corporate & Other reportable segment.
3. Totals may not foot due to rounding.



Elevance Health GAAP Reconciliation — Operating Gain, Operating Expense Ratio, and 2025 Outlook

(In millions)	Three Months Ended Dec 31			Change	Twelve Months Ended Dec 31		
	2024	2023			2024	2023	Change
Reportable segments operating gain	\$673	\$1,284	(47.6)%	\$7,862	\$8,499	(7.5)%	
Add / (Subtract):							
Business dispositions and related items ¹	281	—		281	—		
Transaction and integration related costs ²	66	59		224	213		
Litigation and settlement expenses ²	12	(7)		692	(2)		
Business optimization charges ²	—	22		268	719		
Net adjustment items	359	74		1,465	930		
Reportable segments adjusted operating gain	\$1,032	\$1,358	(24.0)%	\$9,327	\$9,429	(1.1)%	
(In millions)	Three Months Ended Dec 31			Change	Twelve Months Ended Dec 31		
	2024	2023			2024	2023	Change
Operating expense	\$4,804	\$4,999	(3.9)%	\$20,025	\$20,087	(0.3)%	
Add / (Subtract):							
Business dispositions and related items ¹	(281)	—		(281)	—		
Transaction and integration related costs ²	(66)	(59)		(224)	(213)		
Litigation and settlement expenses ²	(12)	7		(692)	2		
Business optimization charges ²	—	(22)		(268)	(719)		
Net adjustment items	(359)	(74)		(1,465)	(930)		
Adjusted operating expense	\$4,445	\$4,925	(9.7)%	\$18,560	\$19,157	(3.1)%	
Operating revenue	\$44,989	\$42,454	6.0%	\$175,204	\$170,209	2.9%	
Operating expense ratio	10.7%	11.8%	(110) bp	11.4%	11.8%	(40) bp	
Adjusted operating expense ratio	9.9%	11.6%	(170) bp	10.6%	11.3%	(70) bp	

	Full Year 2025
	Outlook
Shareholders' earnings per diluted share	\$30.40 to \$31.10
Add / (Subtract):	
Amortization of other intangibles ³	\$2.57
Net losses on financial instruments ³	\$1.12
Transaction and integration related costs ^{2,3}	\$1.11
Litigation and settlement expenses ^{2,3}	\$0.04
Tax impact of non-GAAP adjustments ³	Approximately \$(1.09)
Net adjustment items	\$3.75
Adjusted shareholders' earnings per diluted share	\$34.15 to \$34.85

1. Adjustment item resides in the Health Benefits and Carelon Services reportable segments.
2. Adjustment item resides in the Corporate & Other reportable segment.
3. Adjustment item represents the midpoint of a projected range and serves as the estimated full year adjustment amount.



Elevance Health

Reportable Segment Highlight Details

Elevance Health has four reportable segments: Health Benefits (comprised of Individual, Employer Group risk-based, Employer Group fee-based, BlueCard®, Medicare, Medicaid, and Federal Employee Program businesses); CarelonRx; Carelon Services; and Corporate & Other (comprised of businesses that do not individually meet the quantitative thresholds for an operating division as well as corporate expenses not allocated to our other reportable segments).

(In millions, Unaudited)	Three Months Ended Dec 31			Twelve Months Ended Dec 31		
	2024	2023	Change	2024	2023	Change
Operating Revenue						
Health Benefits	\$37,580	\$36,547	2.8%	\$150,275	\$148,571	1.1%
CarelonRx	9,977	8,827	13.0%	35,961	33,835	6.3%
Carelon Services	4,769	3,574	33.4%	17,961	14,147	27.0%
Corporate & Other	(14)	181	NM ⁵	309	479	(35.5)%
Eliminations	(7,323)	(6,675)	9.7%	(29,302)	(26,823)	9.2%
Total Operating Revenue¹	\$44,989	\$42,454	6.0%	\$175,204	\$170,209	2.9%
Operating Gain (Loss)						
Health Benefits ²	\$207	\$767	(73.0)%	\$6,243	\$6,888	(9.4)%
CarelonRx	533	490	8.8%	2,172	1,975	10.0%
Carelon Services ²	35	102	(65.7)%	717	680	5.4%
Corporate & Other ^{2,3}	(102)	(75)	NM ⁵	(1,270)	(1,044)	NM ⁵
Total Operating Gain^{1,4}	\$673	\$1,284	(47.6)%	\$7,862	\$8,499	(7.5)%
Operating Margin						
Health Benefits	0.6%	2.1%	(150) bp	4.2%	4.6%	(40) bp
CarelonRx	5.3%	5.6%	(30) bp	6.0%	5.8%	20 bp
Carelon Services	0.7%	2.9%	(220) bp	4.0%	4.8%	(80) bp
Total Operating Margin¹	1.5%	3.0%	(150) bp	4.5%	5.0%	(50) bp

1. See "Basis of Presentation" on page 14 herein.
2. Operating gain for the three and twelve months ended December 31, 2024 included \$281 of business dispositions and related items excluded from adjusted shareholders' net income; including \$215 for the Carelon Services segment; and \$66 for the Health Benefits segment. Operating gain for the three and twelve months ended December 31, 2024 included \$66 and \$224, respectively, of transaction and integration related costs, all of which resides in the Corporate & Other reportable segment. Operating gain for the three and twelve months ended December 31, 2024 included \$12 and \$692, respectively, of litigation and settlement expenses, all of which resides in the Corporate & Other reportable segment. Operating gain for the twelve months ended December 31, 2024 included \$268 of business optimization charges which reside in the Corporate & Other reportable segment.
3. Operating gain for the three and twelve months ended December 31, 2023 included; \$59 and \$213, respectively, of transaction and integration related costs; \$22 and \$719, respectively, of business optimization charges; and (\$7) and (\$2), respectively, of litigation and settlement expenses.
4. Operating Gain for the three and twelve months ended December 31, 2024, and December 31, 2023, included items excluded from adjusted shareholders' net income. See "GAAP Reconciliation" on slides 15 and 16 herein.
5. "NM" = calculation not meaningful.



