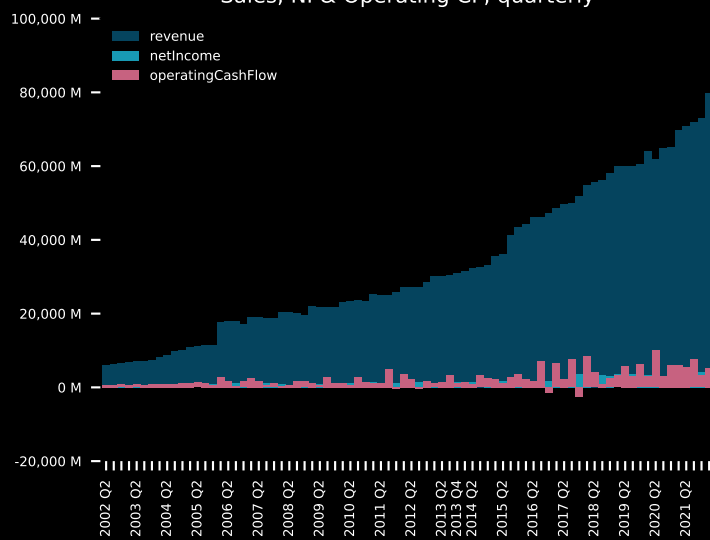
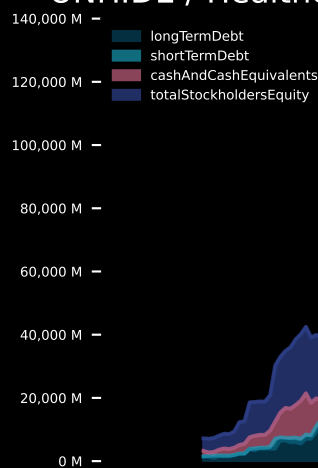


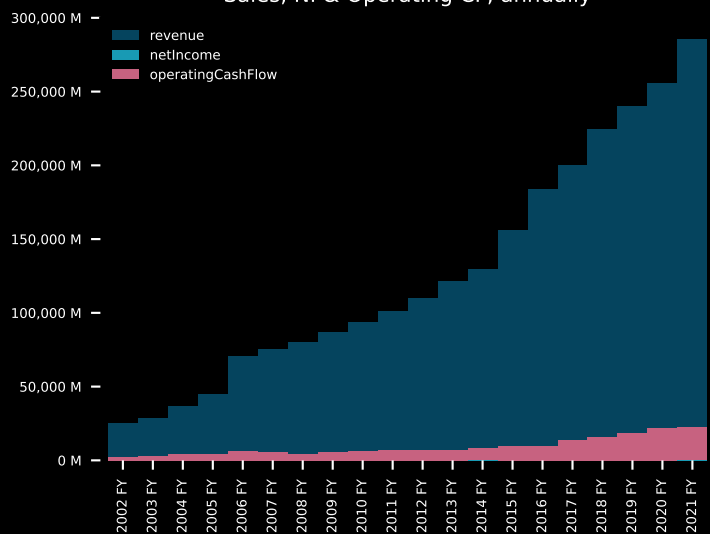
Sales, NI & Operating CF, quarterly



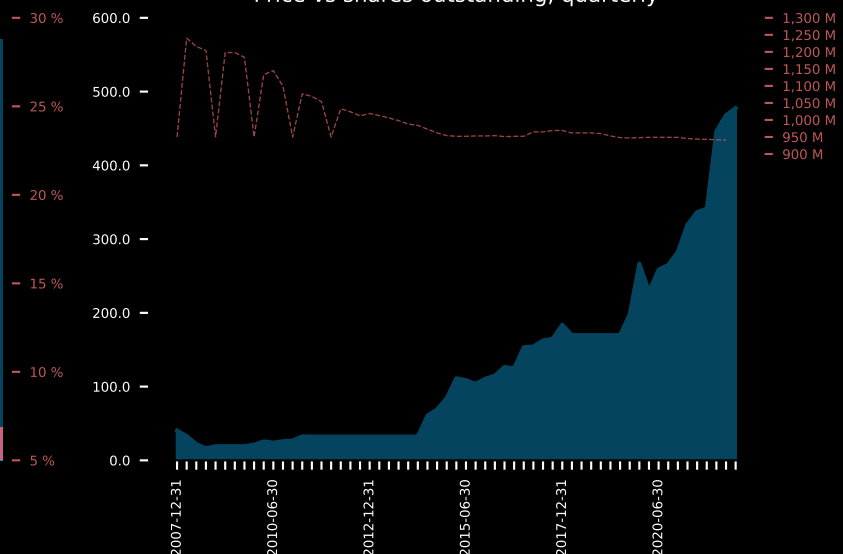
UNH.DE / Healthcare Plans / US / 2022-06-25



Sales, NI & Operating CF, annually



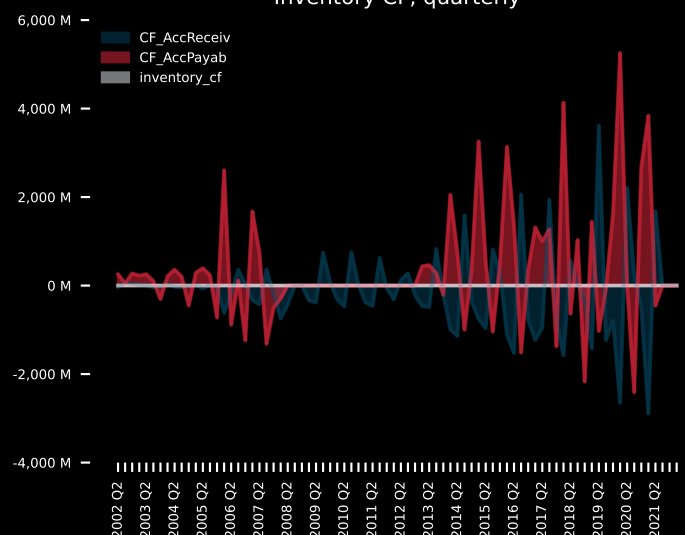
Price vs shares outstanding, quarterly



Owners Earnings, annually

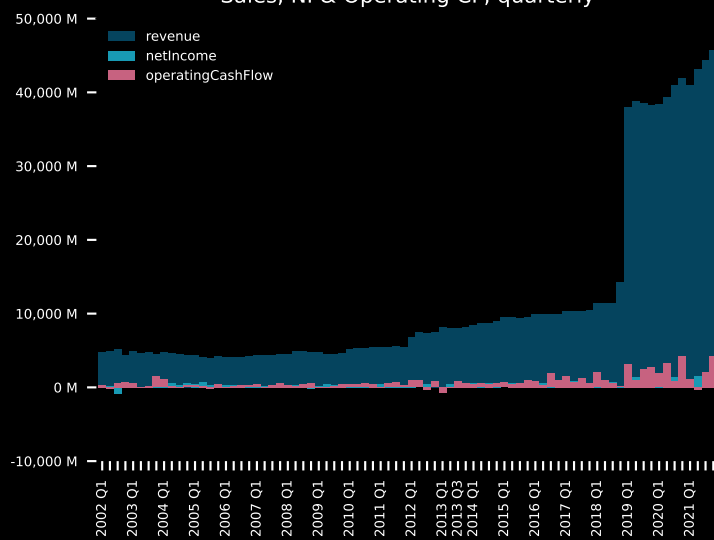


Inventory CF, quarterly

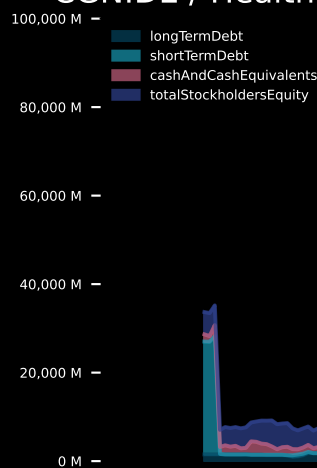


UnitedHealth Group Incorporated operates as a diversified health care company in the United States. It operates through four segments: UnitedHealthcare, Optum Health, Optum Insight, and Optum Rx. The UnitedHealthcare segment offers consumer-oriented health benefit plans and services for national employers, public sector employers, mid-sized employers, small businesses, and individuals; health care coverage and well-being services to individuals age 50 and older addressing their needs for preventive and acute health care services, as well as services dealing with chronic disease and other specialized issues for older individuals; Medicaid plans, children's health insurance and health care programs; health and dental benefits; and hospital and clinical services. The OptumHealth segment provides access to networks of care provider specialists, health management services, care delivery, consumer engagement, and

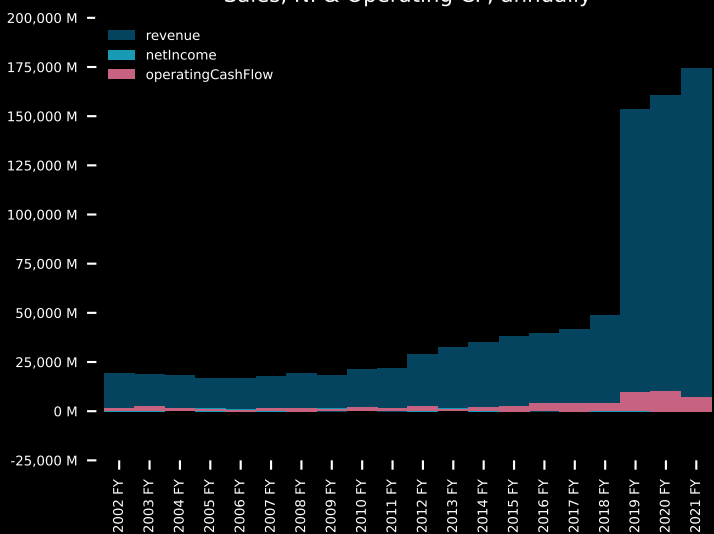
Sales, NI & Operating CF, quarterly



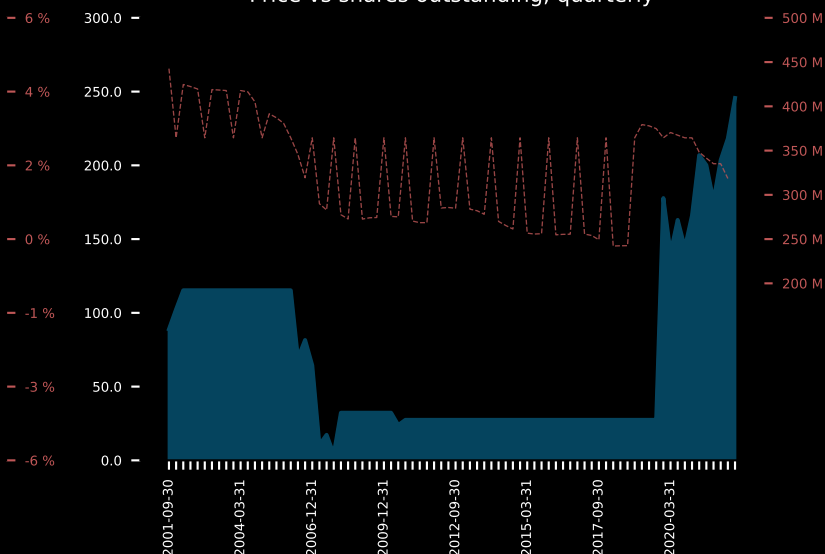
CGN.DE / Healthcare Plans / US / 2022-06-25



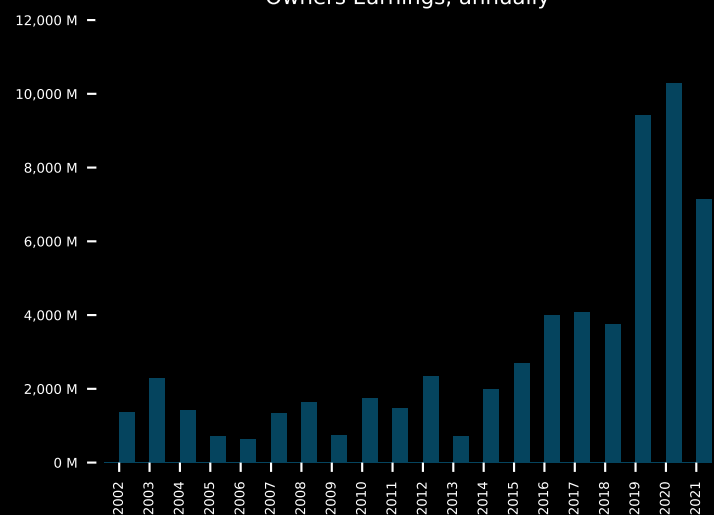
Sales, NI & Operating CF, annually



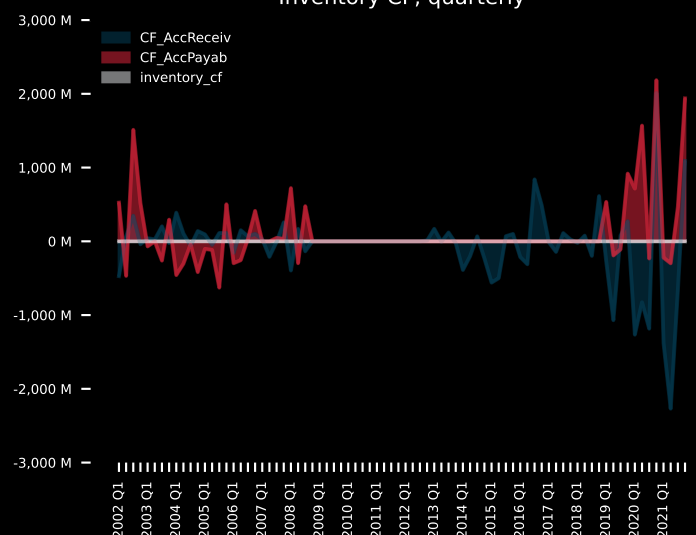
Price vs shares outstanding, quarterly



Owners Earnings, annually

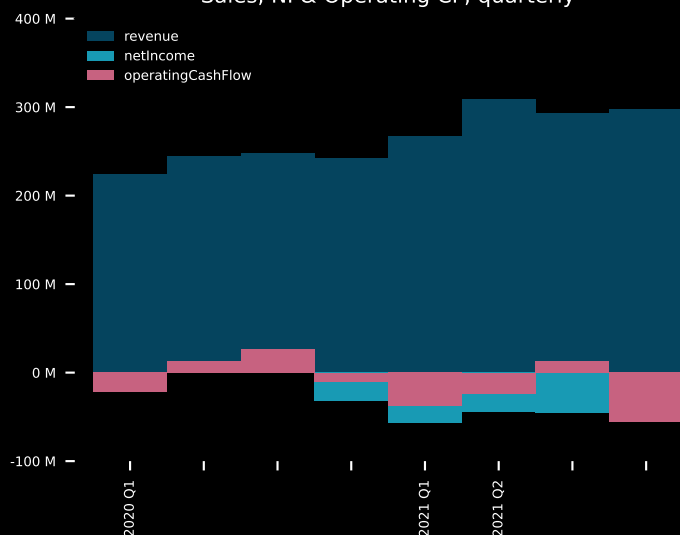


Inventory CF, quarterly

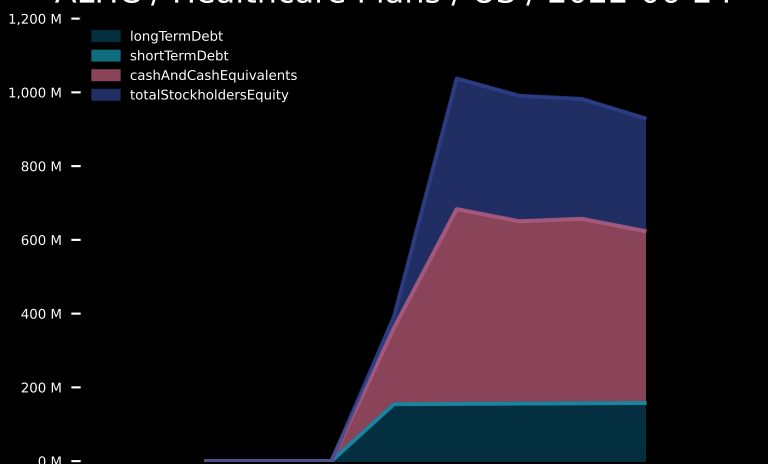


Cigna Corporation provides insurance and related products and services in the United States. Its Evernorth segment provides a range of coordinated and point solution health services, including pharmacy, benefits management, care delivery and management, and intelligence solutions to health plans, employers, government organizations, and health care providers. The company's Cigna Healthcare segment offers medical, pharmacy, behavioral health, dental, vision, health advocacy programs, and other products and services for insured and self-insured customers; Medicare Advantage, Medicare Supplement, and Medicare Part D plans for seniors, as well as individual health insurance plans on and off the public exchanges; and health care coverage in its international markets, as well as health care benefits for mobile individuals and employees of multinational organizations. The company also offers permanent insurance contracts sold to

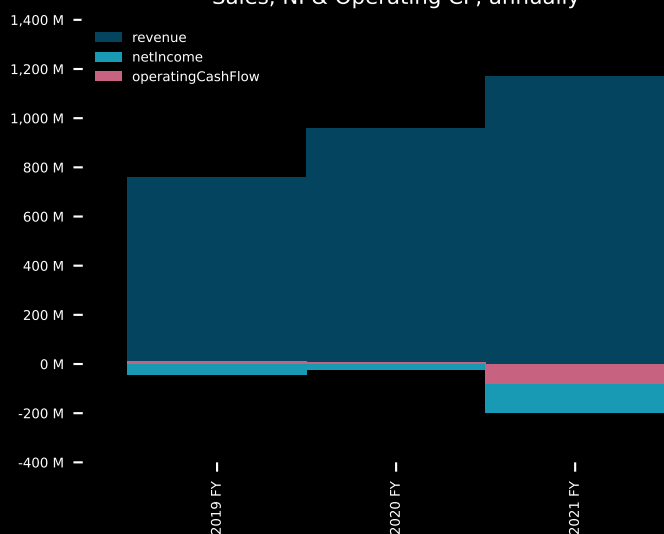
Sales, NI & Operating CF, quarterly



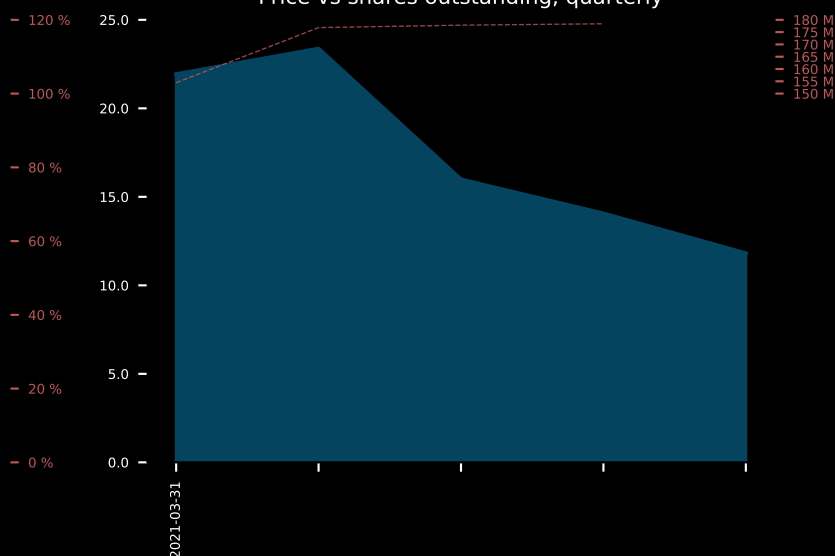
ALHC / Healthcare Plans / US / 2022-06-24



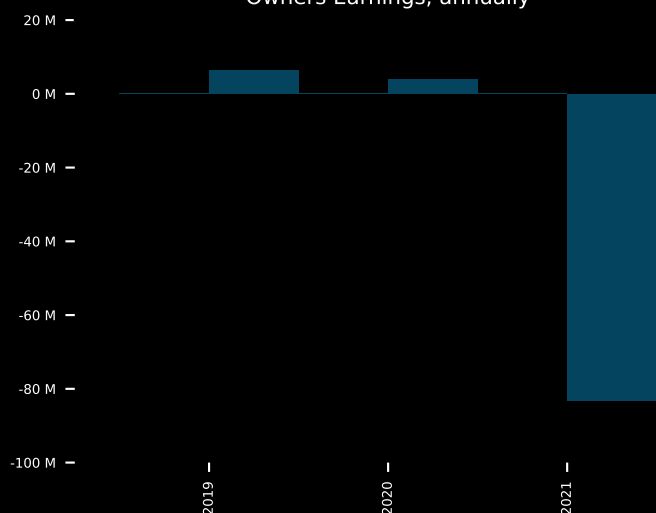
Sales, NI & Operating CF, annually



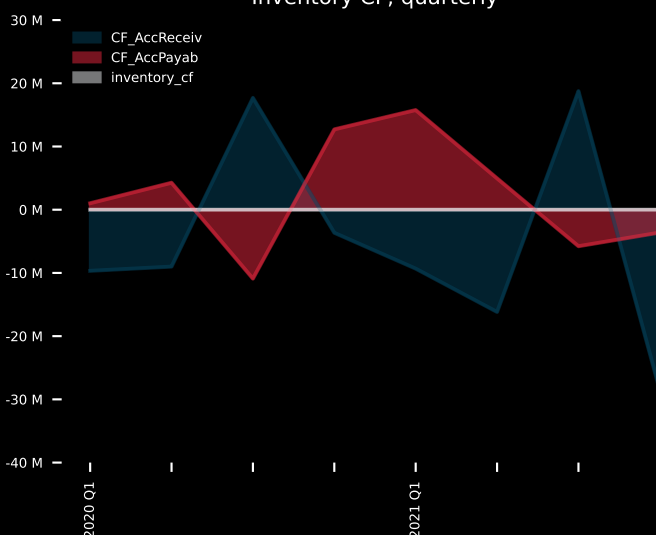
Price vs shares outstanding, quarterly



Owners Earnings, annually

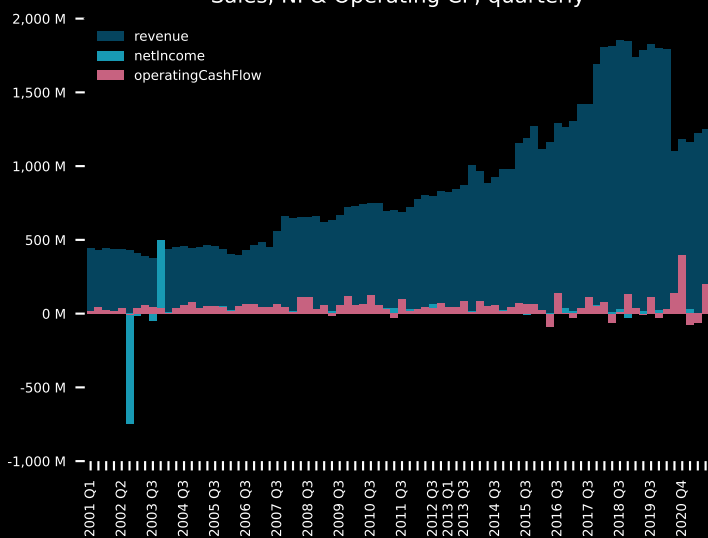


Inventory CF, quarterly

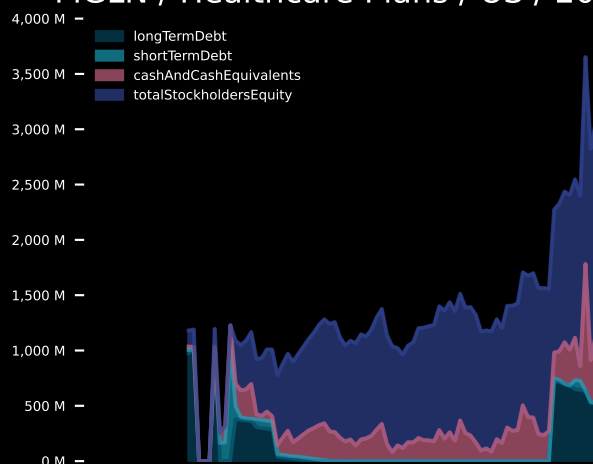


Alignment Healthcare, Inc., a tech-enabled Medicare advantage company, operates consumer-centric health care platform. It provides customized health care in the United States to seniors and those who need it through its Medicare advantage plans. The company owns Medicare advantage plans in the states of California, North Carolina, and Nevada. It also coordinates and provides covered health care services, including professional, institutional, and ancillary services to members enrolled in certain benefit plans of unaffiliated Medicare Advantage Health Maintenance Organizations. The company was founded in 2013 and is based in Orange, California.

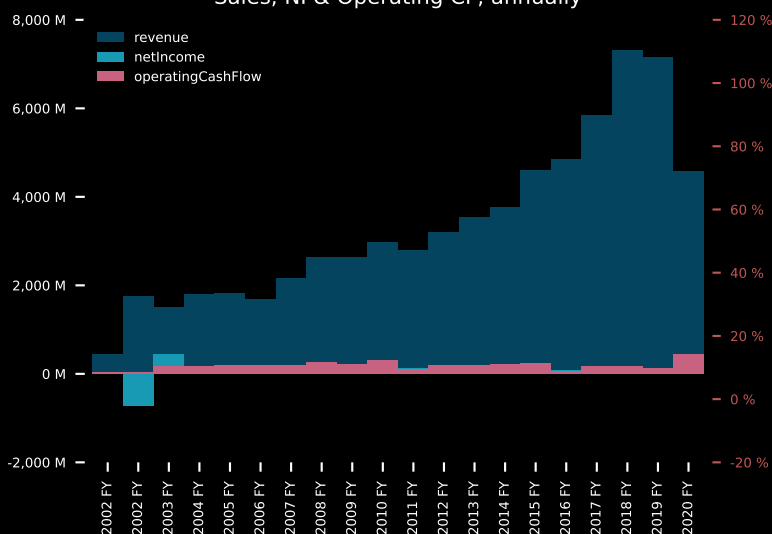
Sales, NI & Operating CF, quarterly



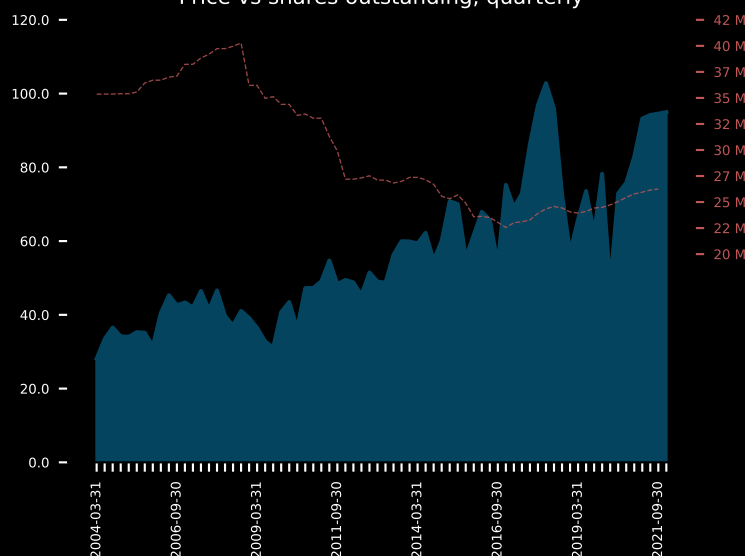
MGLN / Healthcare Plans / US / 2022-06-25



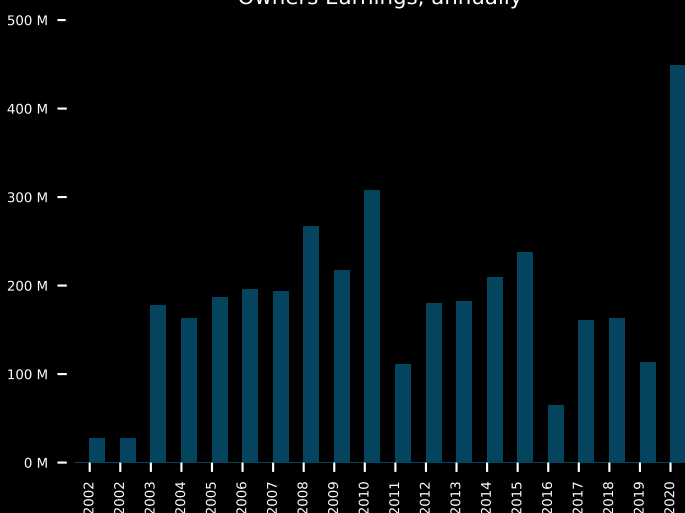
Sales, NI & Operating CF, annually



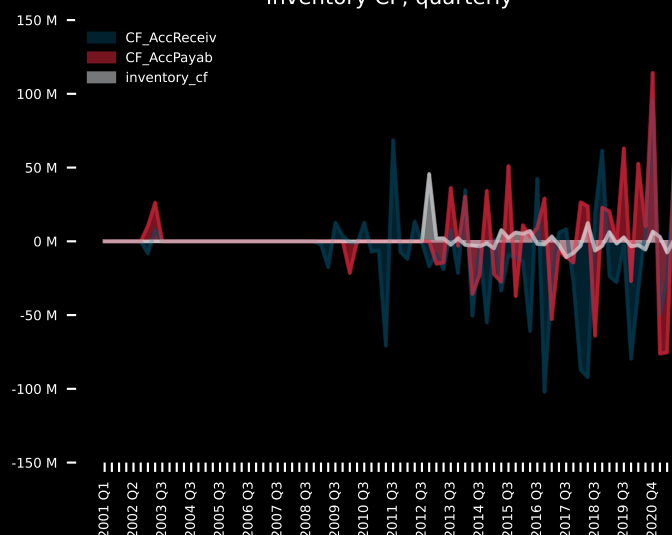
Price vs shares outstanding, quarterly



Owners Earnings, annually

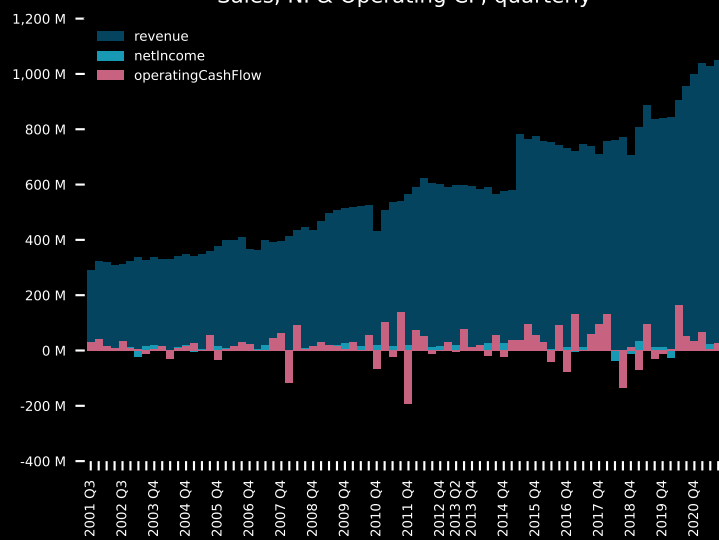


Inventory CF, quarterly

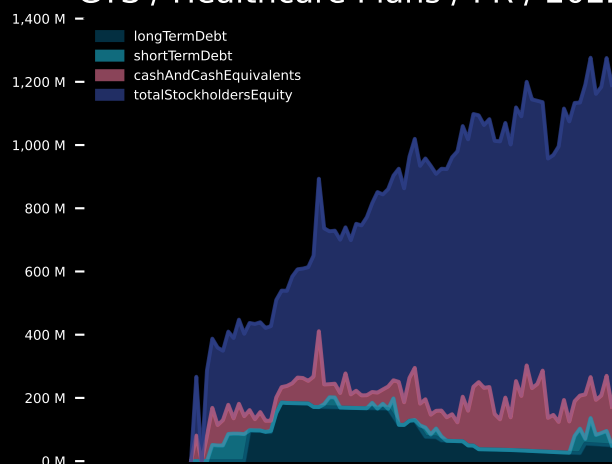


Magellan Health, Inc., together with its subsidiaries, provides healthcare management services in the United States. The company operates in Healthcare and Pharmacy Management segments. The Healthcare segment offers carve-out management services for behavioral health; employee assistance plans; and other areas of specialty healthcare, including diagnostic imaging, musculoskeletal management, cardiac, and physical medicine. It also contracts with state Medicaid agencies, and the centers for Medicare and Medicaid services to manage care for beneficiaries under Medicaid and Medicare programs, such as healthcare and long-term support services through its network of medical and behavioral health professionals, clinics, hospitals, nursing facilities, home care agencies, and ancillary service providers. The Pharmacy Management segment comprises products and solutions that provide clinical and financial

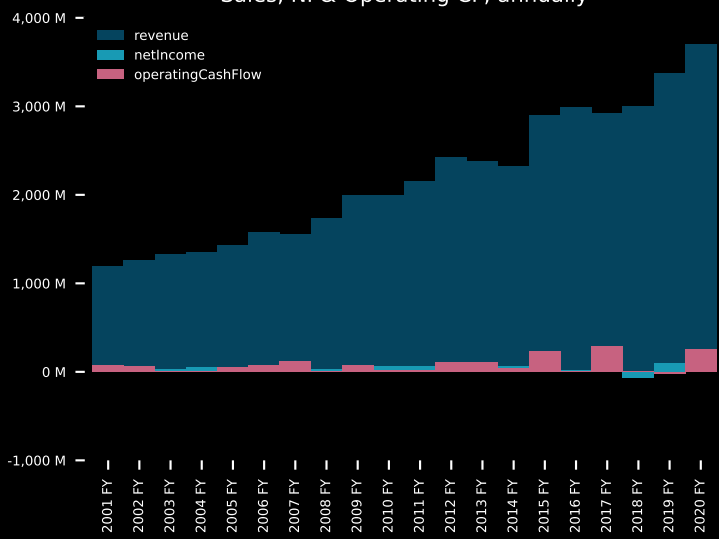
Sales, NI & Operating CF, quarterly



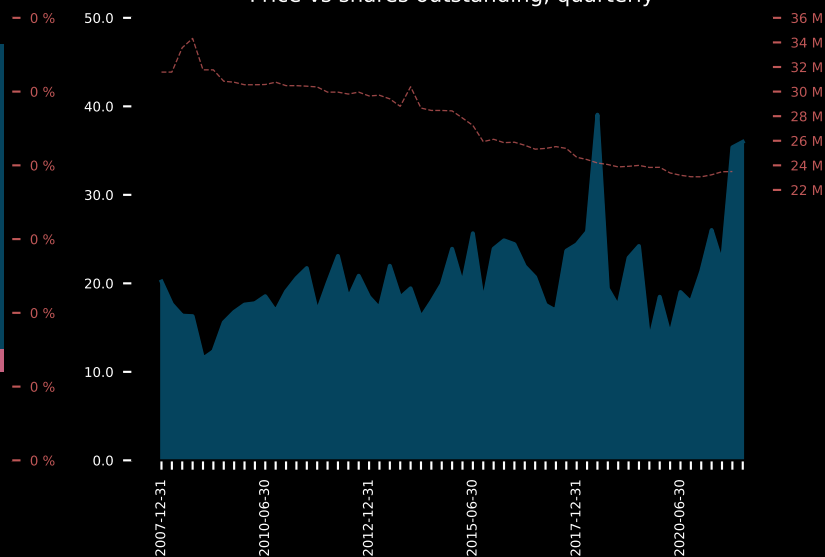
GTS / Healthcare Plans / PR / 2022-06-24



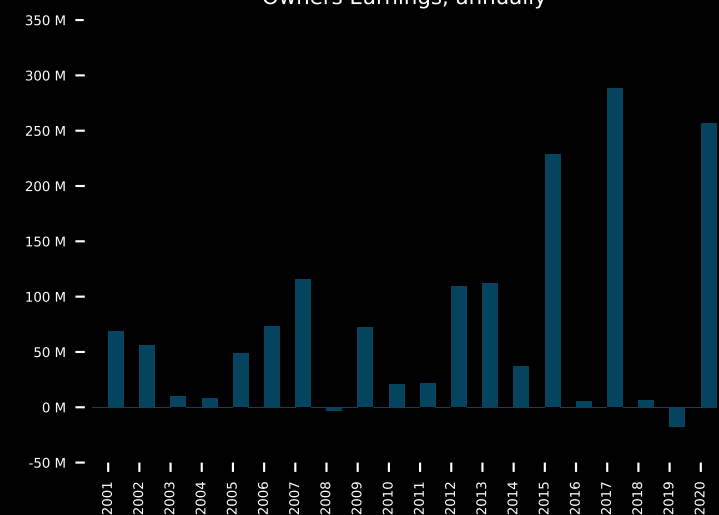
Sales, NI & Operating CF, annually



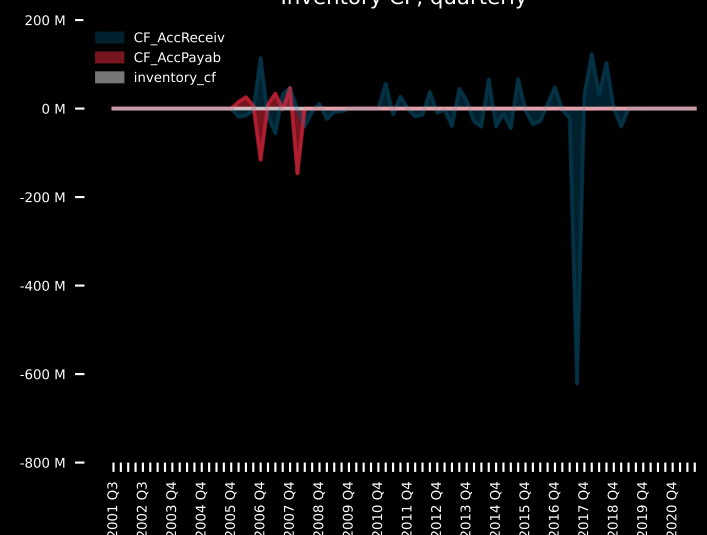
Price vs shares outstanding, quarterly



Owners Earnings, annually

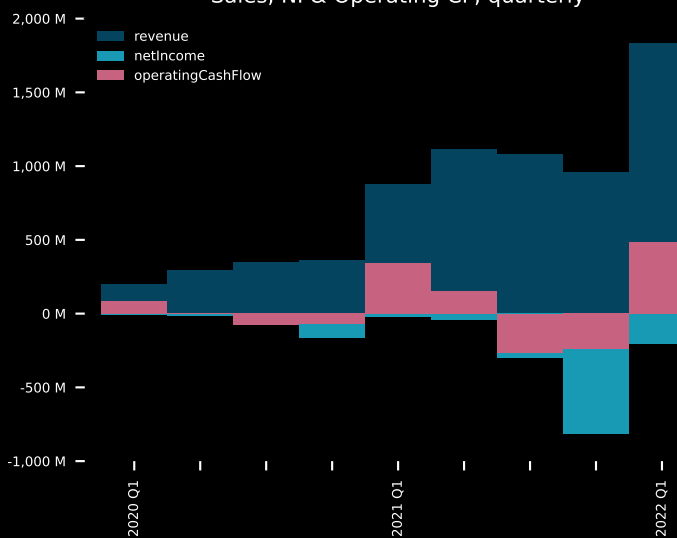


Inventory CF, quarterly

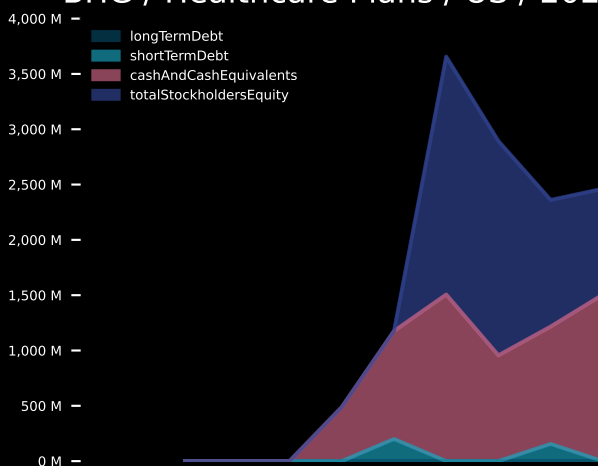


Triple-S Management Corporation, through its subsidiaries, provides a portfolio of managed care and related products in the commercial, Medicare Advantage, and Medicaid markets. It operates through three segments: Managed Care, Life Insurance, and Property and Casualty Insurance. The company offers various managed care products, including health maintenance organization plans; preferred provider organization plans; BlueCard program; Medicare Supplement products; Medicare Advantage products; Medicaid plans; and claims processing and other administrative services to employers, individuals, and government entities. It also provides various life, accident, disability, and health insurance products, as well as annuity products primarily to individuals; and property and casualty insurance products comprising commercial multi peril package, personal package, commercial auto, hospital malpractice, commercial

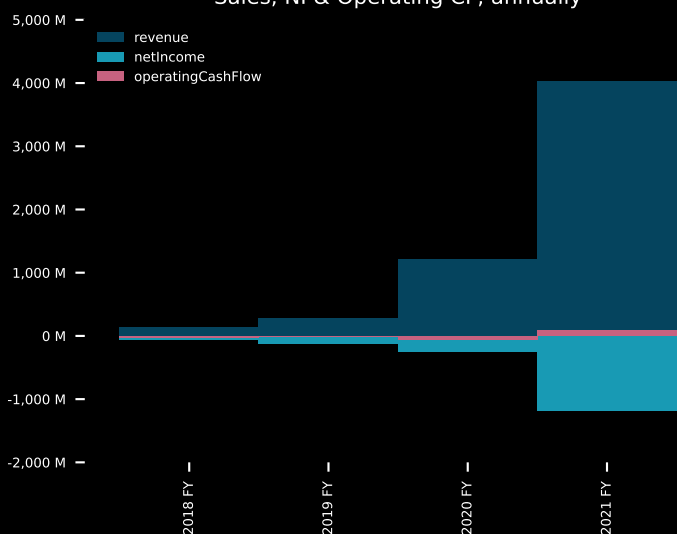
Sales, NI & Operating CF, quarterly



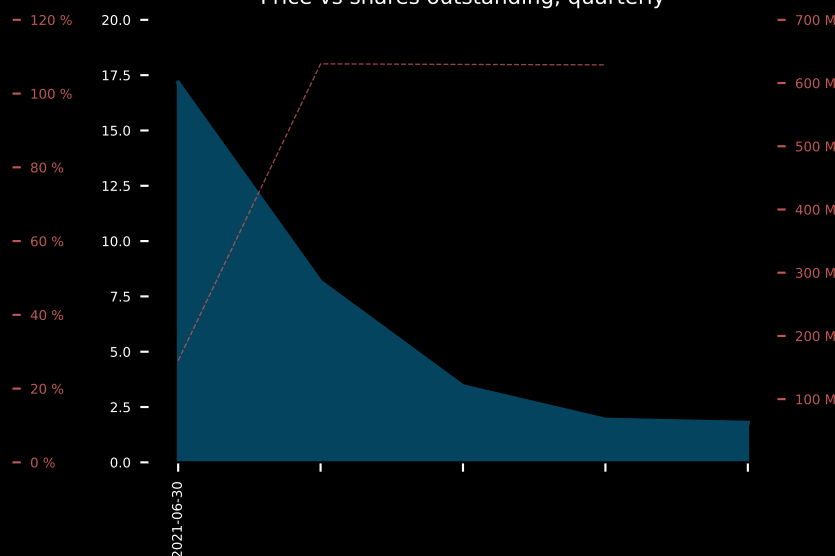
BHG / Healthcare Plans / US / 2022-06-24



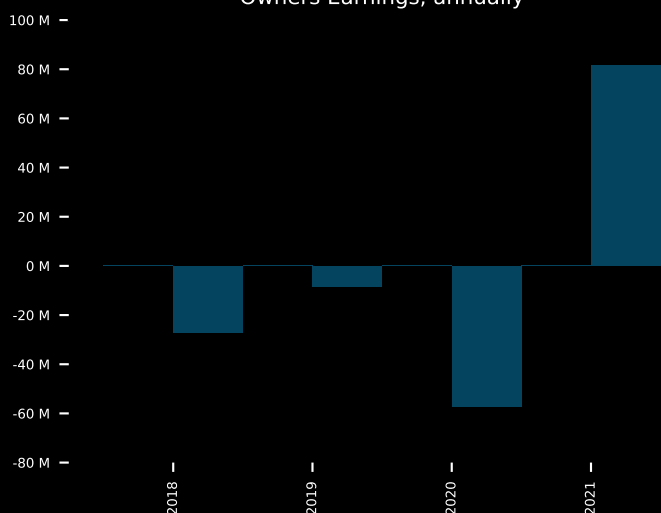
Sales, NI & Operating CF, annually



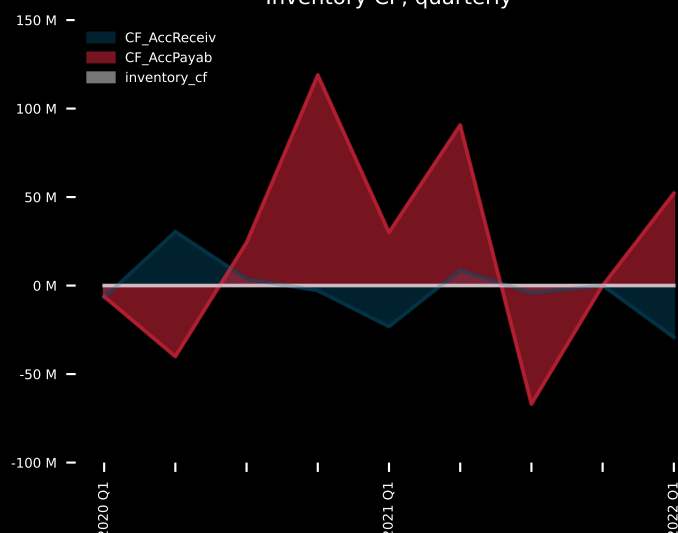
Price vs shares outstanding, quarterly



Owners Earnings, annually

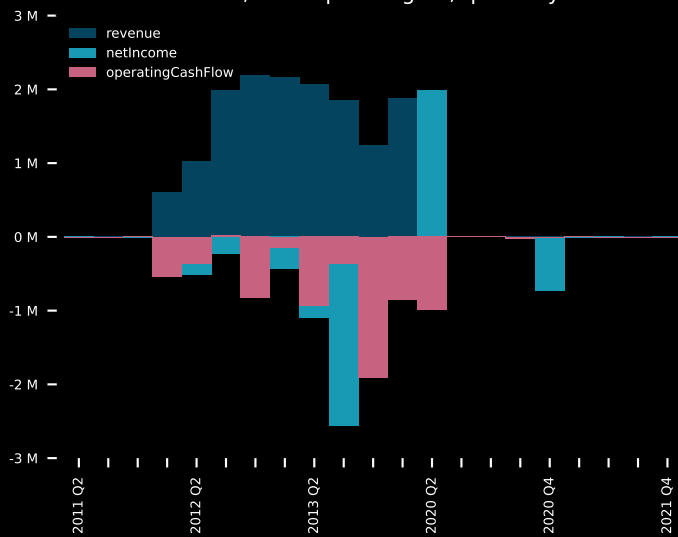


Inventory CF, quarterly

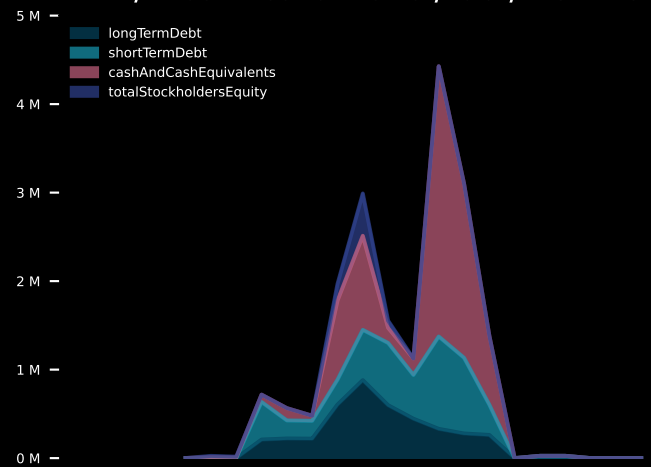


Bright Health Group, Inc., a healthcare company, provides health insurance policies in the United States. It operates in two segments, NeueHealth and Bright HealthCare. The NeueHealth segment delivers virtual and in-person clinical care services to patients under contracts through its owned and affiliated primary care clinics. As of December 31, 2021, it worked with approximately 260,000 care provider partners; and operated 180 managed and affiliated risk-bearing clinics within its integrated care delivery system, which included embedded pharmacy, laboratory, radiology, and population health focused specialty services. The Bright HealthCare segment offers commercial and medicare health plan products to consumers in 14 states and 99 markets. The company was formerly known as Bright Health Inc. and changed its name to Bright Health Group, Inc. in February 2021. Bright Health Group, Inc. was incorporated

Sales, NI & Operating CF, quarterly



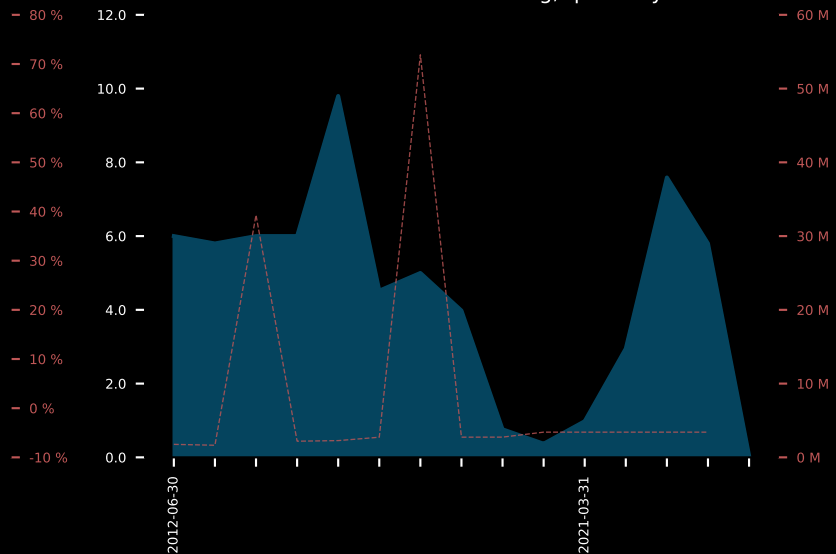
HRAA / Healthcare Plans / US / 2022-06-25



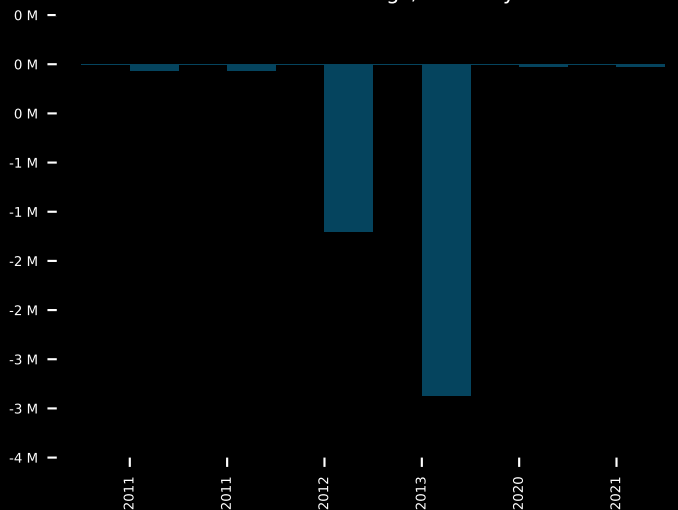
Sales, NI & Operating CF, annually



Price vs shares outstanding, quarterly



Owners Earnings, annually

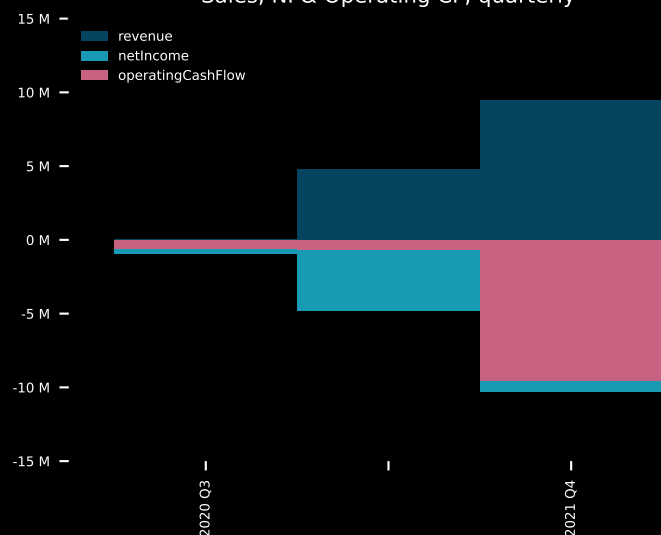


Inventory CF, quarterly



Health Revenue Assurance Holdings, Inc. provides revenue cycle services for healthcare providers in the United States. It also offers revenue cycle data analysis, contract, and outsourced coding services; and billing, coding and compliance audits, coding education, coding consulting, physician coding, and ICD-10 education and transition services. The company was founded in 2001 and is based in New York, New York.

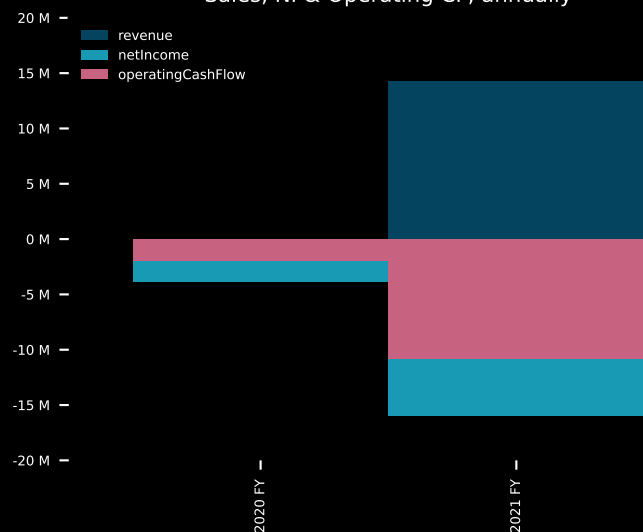
Sales, NI & Operating CF, quarterly



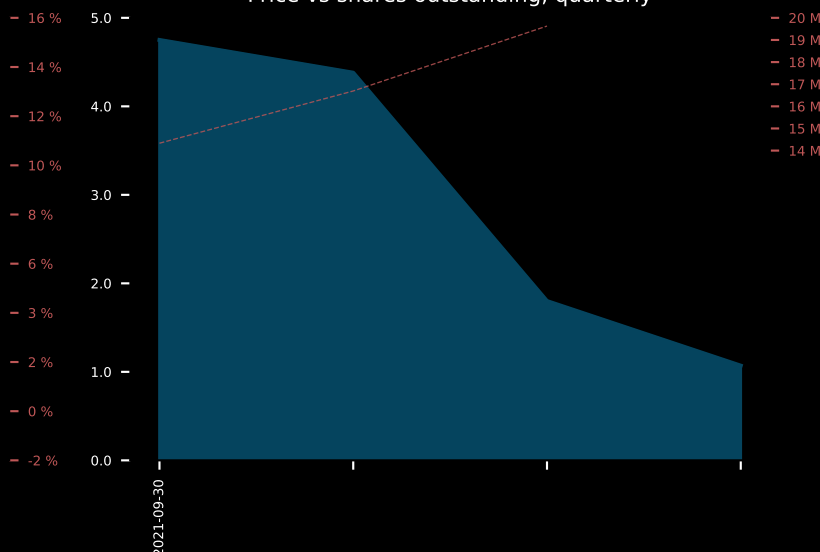
MRAI / Healthcare Plans / US / 2022-06-24



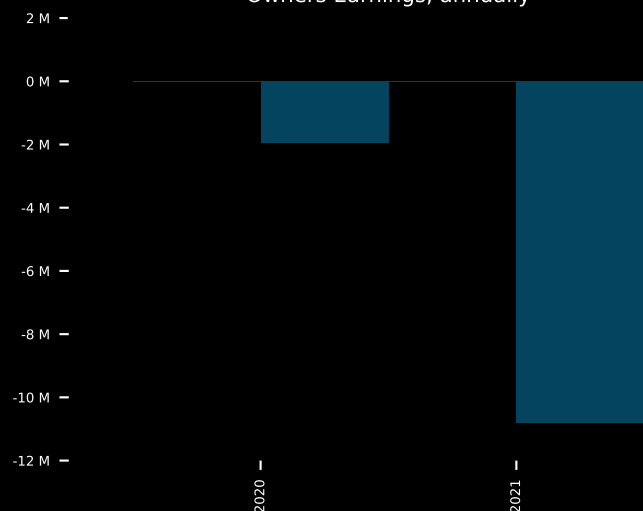
Sales, NI & Operating CF, annually



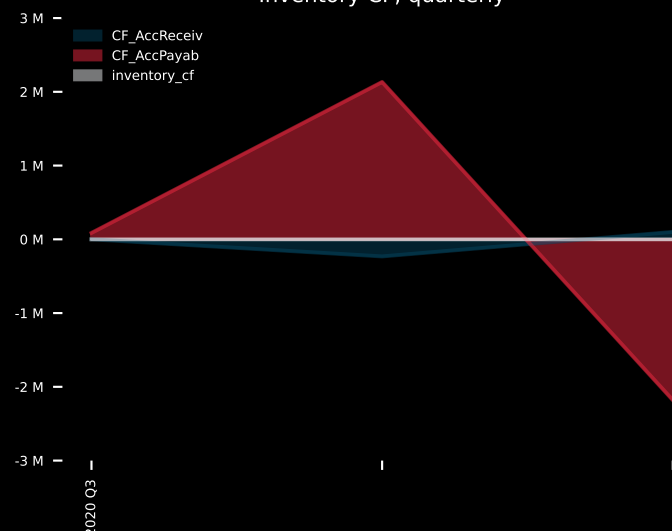
Price vs shares outstanding, quarterly



Owners Earnings, annually

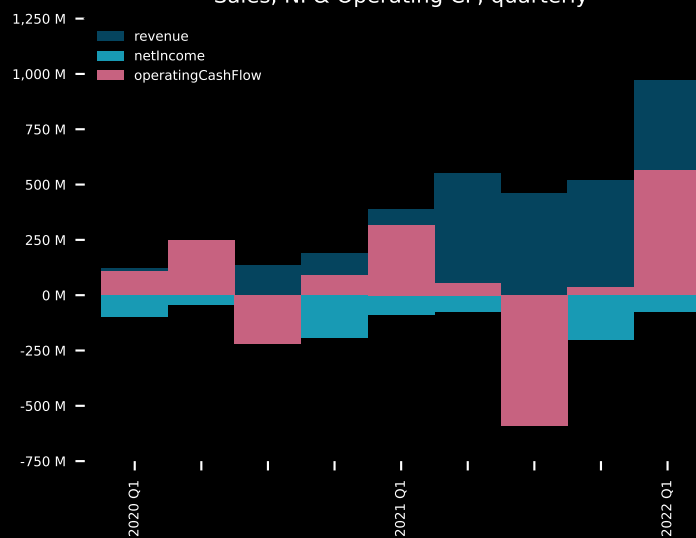


Inventory CF, quarterly

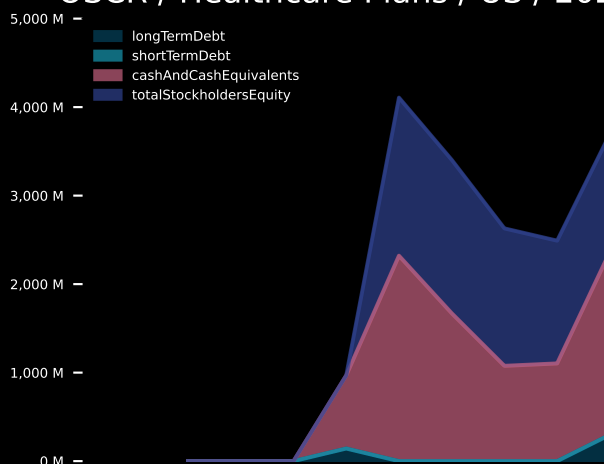


Marpai, Inc., a technology-driven healthcare payer, focuses on providing services to the self-insured employer market in the United States and Israel. The company offers ancillary services, such as care management, case management, actuarial services, health savings account administration, and cost containment services. It also develops artificial intelligence and healthcare technology that enables the analysis of data to predict and prevent events related to diagnostic errors, hospital visits, and administrative issues. The company was incorporated in 2021 and is headquartered in New York, New York.

Sales, NI & Operating CF, quarterly



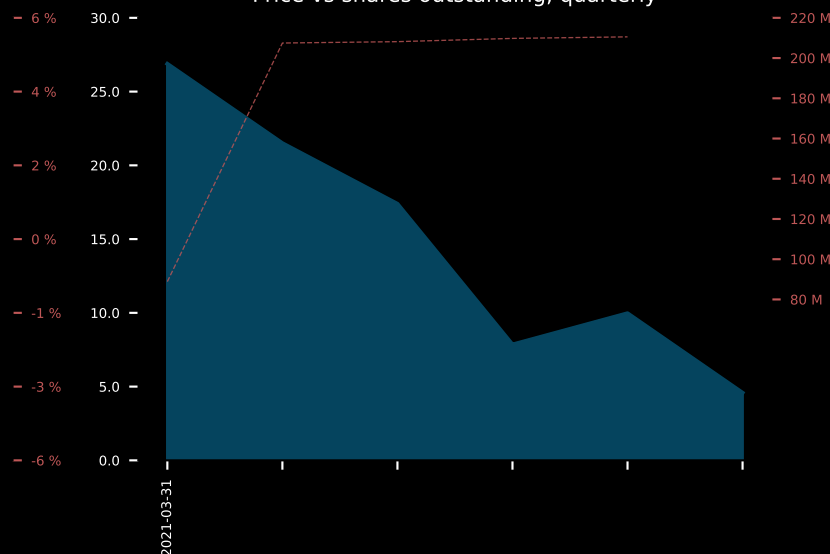
OSCR / Healthcare Plans / US / 2022-06-25



Sales, NI & Operating CF, annually



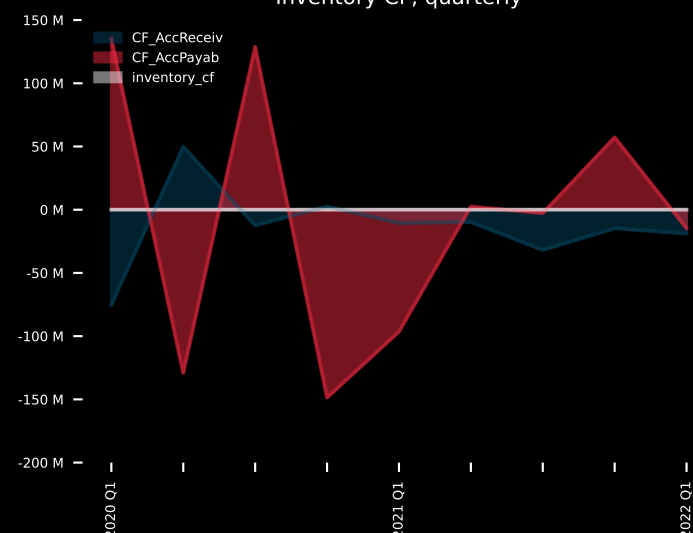
Price vs shares outstanding, quarterly



Owners Earnings, annually

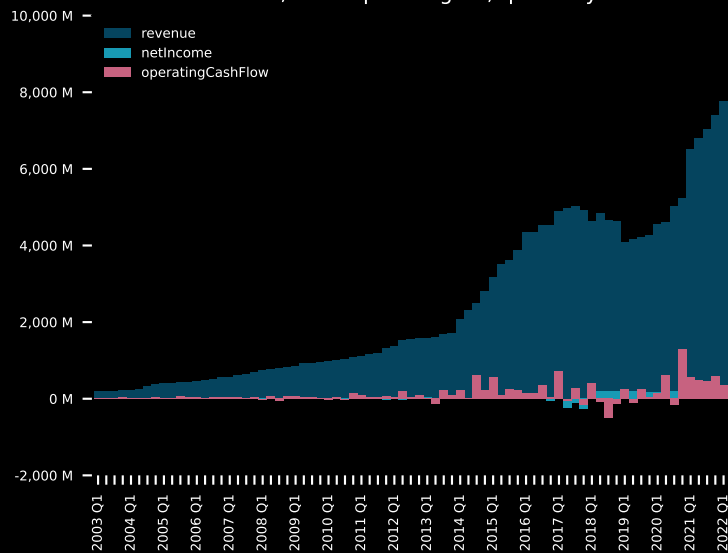


Inventory CF, quarterly

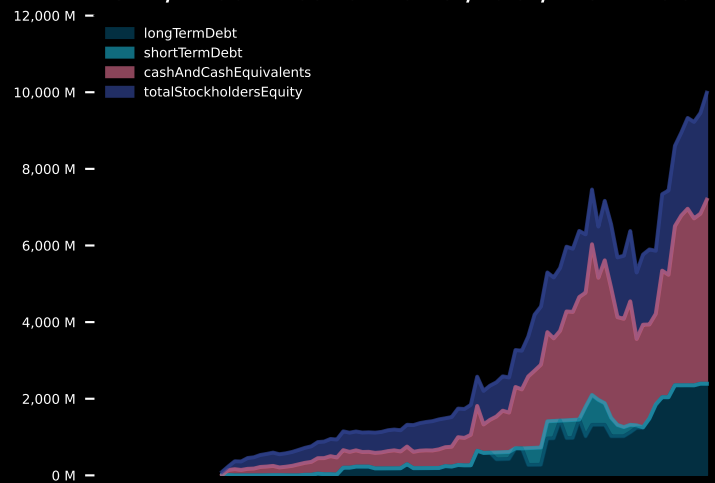


Oscar Health, Inc. provides health insurance products and services in the United States. The company offers Individual & Family, Small Group, and Medicare Advantage plans, as well as +Oscar, a technology driven platform designed to help providers and payor clients to engage with members and patients. It also provides reinsurance products. The company was formerly known as Mulberry Health Inc. and changed its name to Oscar Health, Inc. in January 2021. Oscar Health, Inc. was incorporated in 2012 and is headquartered in New York, New York.

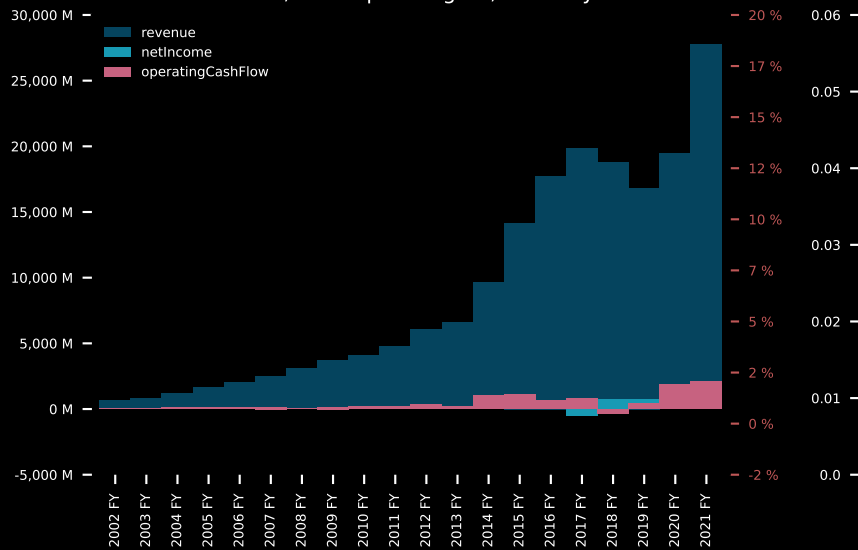
Sales, NI & Operating CF, quarterly



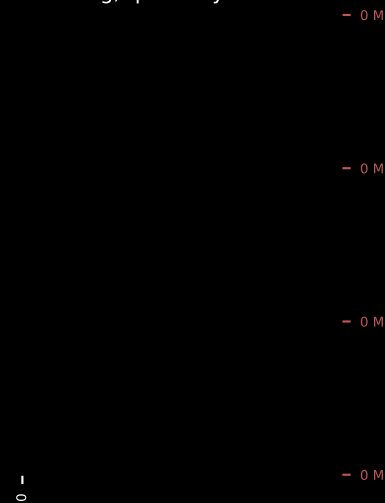
MOH / Healthcare Plans / US / 2022-06-25



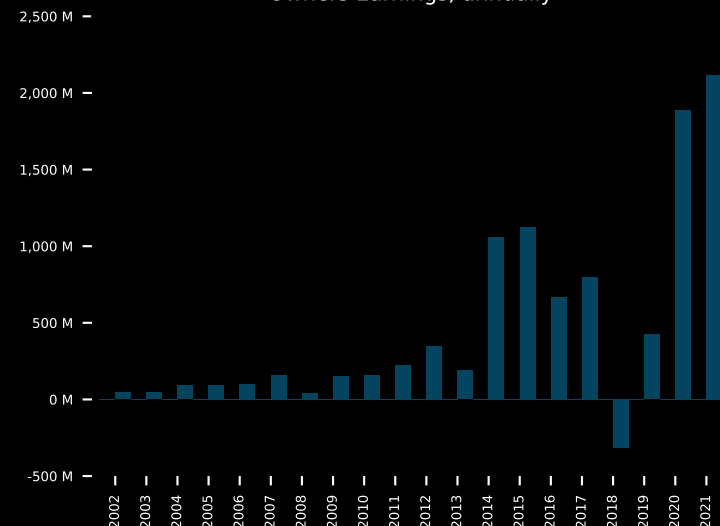
Sales, NI & Operating CF, annually



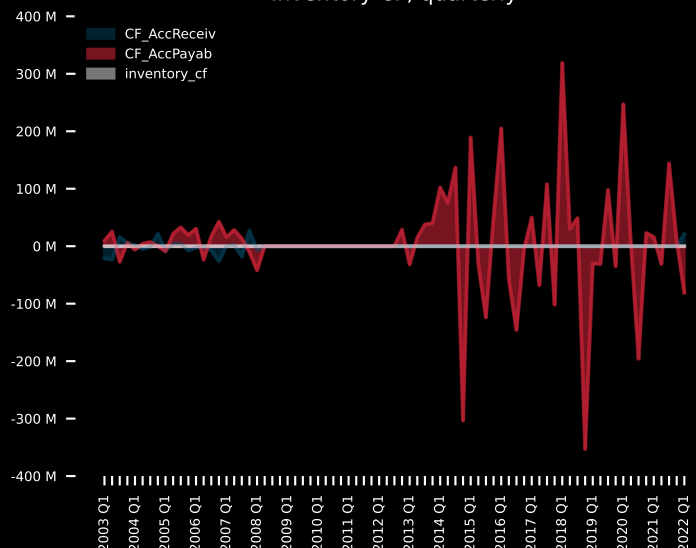
Price vs shares outstanding, quarterly



Owners Earnings, annually

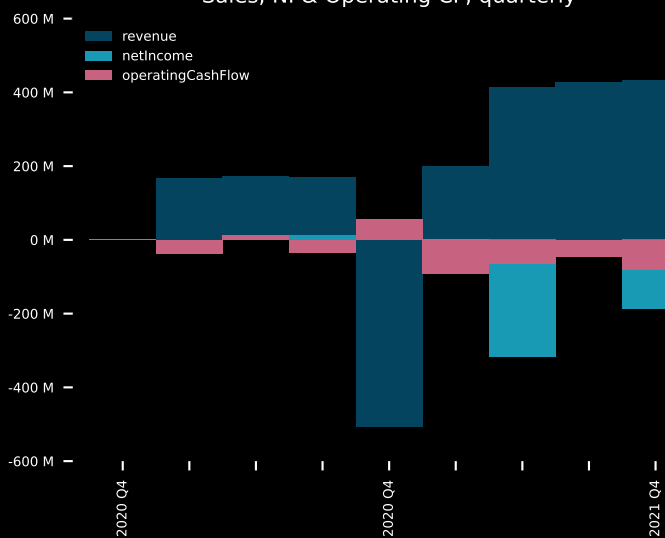


Inventory CF, quarterly

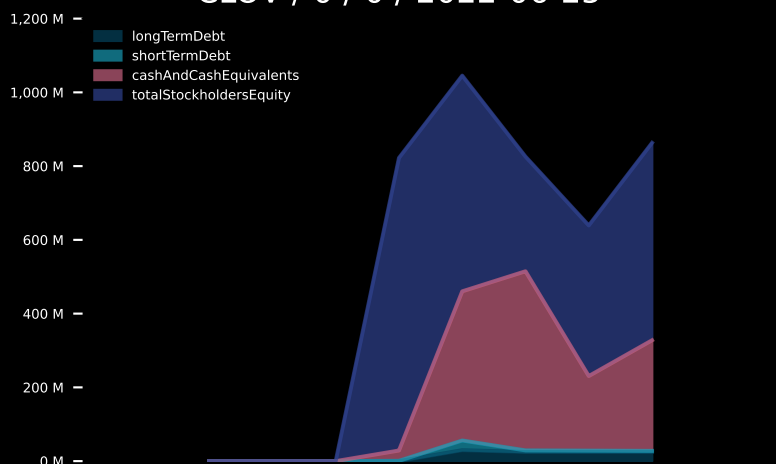


Molina Healthcare, Inc. provides managed health care services to low-income families and individuals under the Medicaid and Medicare programs and through the state insurance marketplaces. It operates in four segments, Medicaid, Medicare, Marketplace, and Other. As of December 31, 2021, the company served the company served approximately 5.2 million members eligible for Medicaid, Medicare, and other government-sponsored healthcare programs in 18 states. The company was founded in 1980 and is headquartered in Long Beach, California.

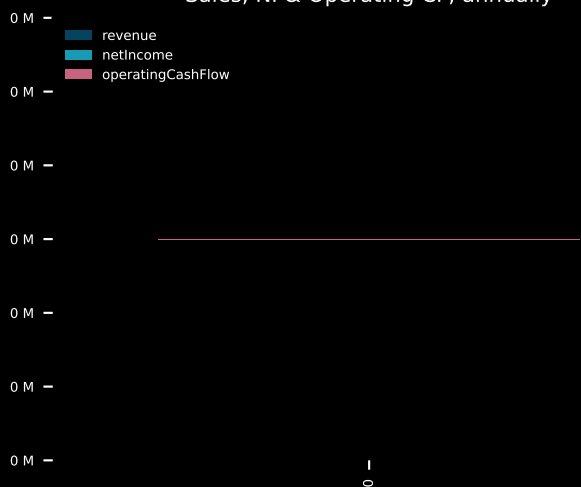
Sales, NI & Operating CF, quarterly



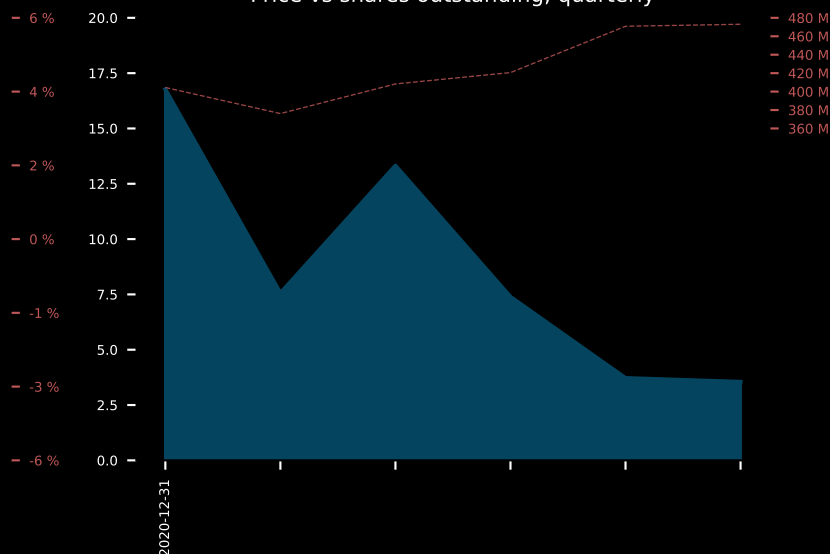
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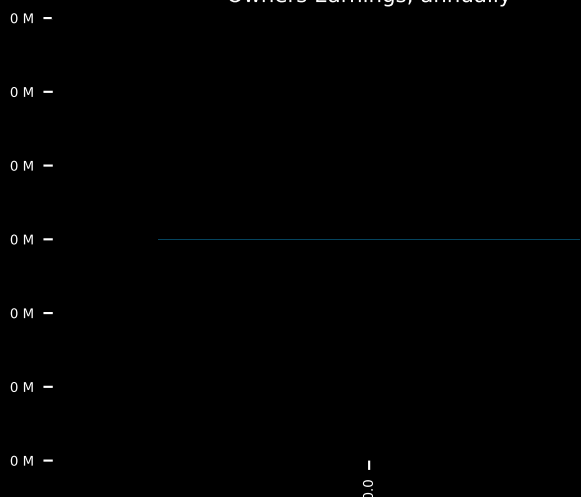
Sales, NI & Operating CF, annually



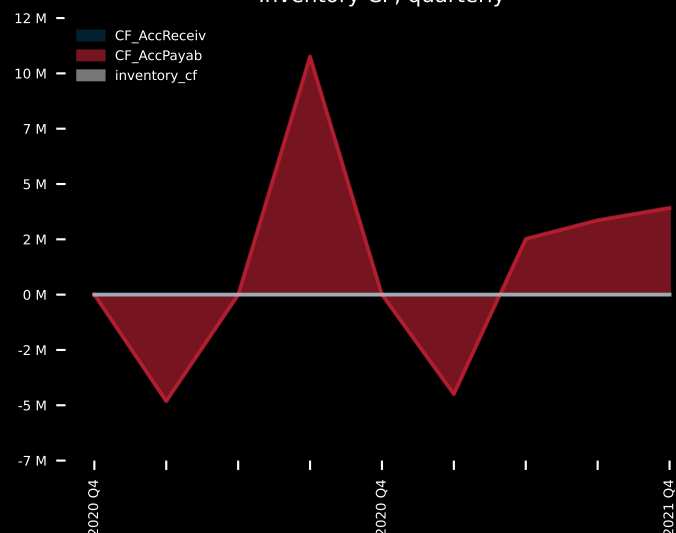
Price vs shares outstanding, quarterly



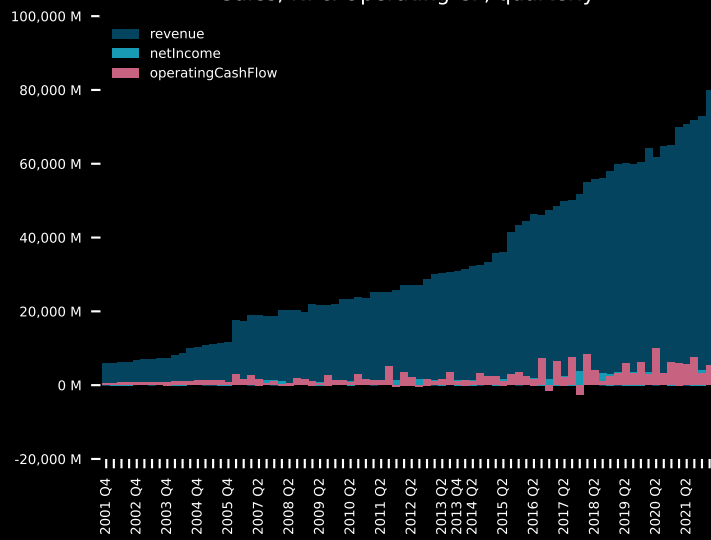
Owners Earnings, annually



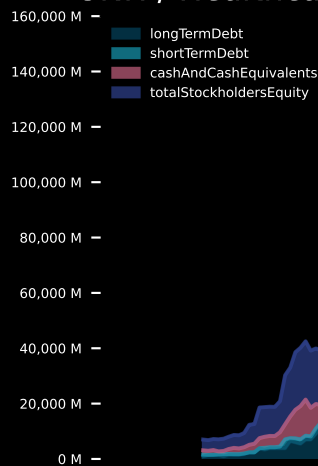
Inventory CF, quarterly



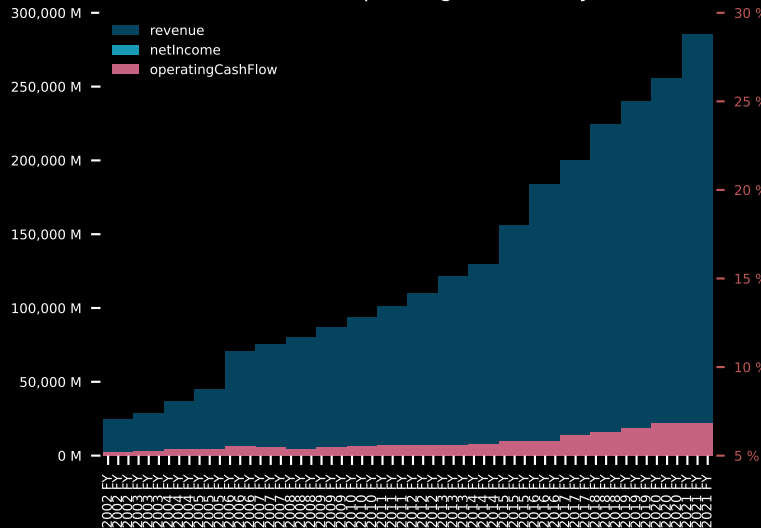
Sales, NI & Operating CF, quarterly



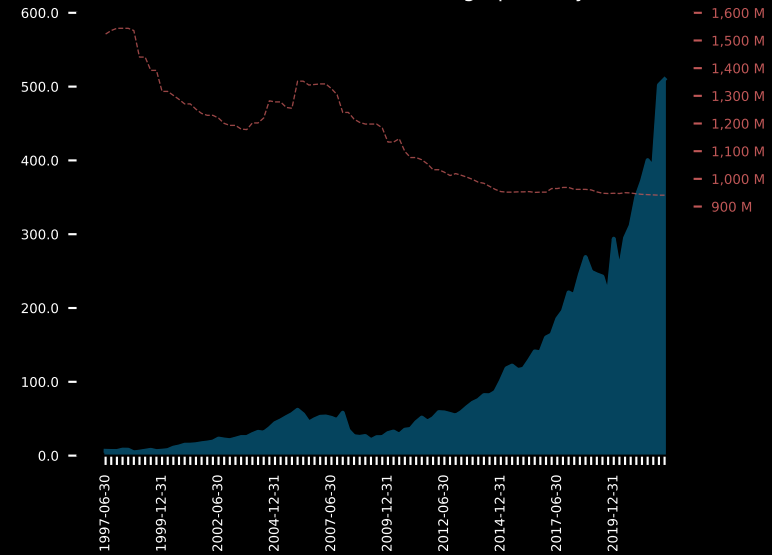
UNH / Healthcare Plans / US / 2022-07-18



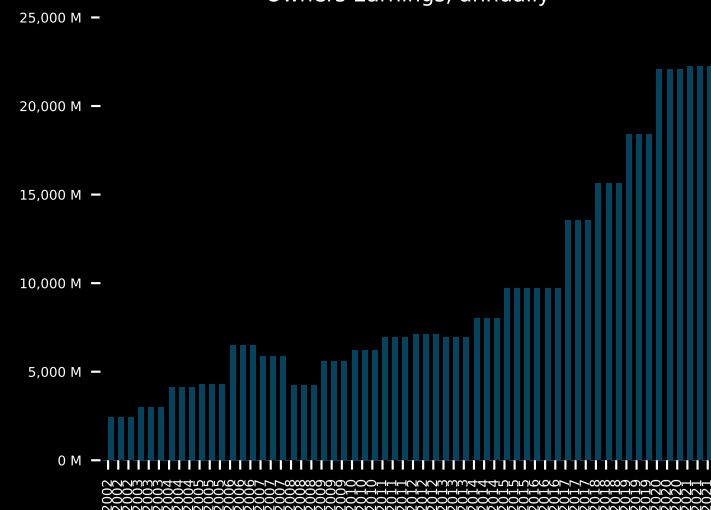
Sales, NI & Operating CF, annually



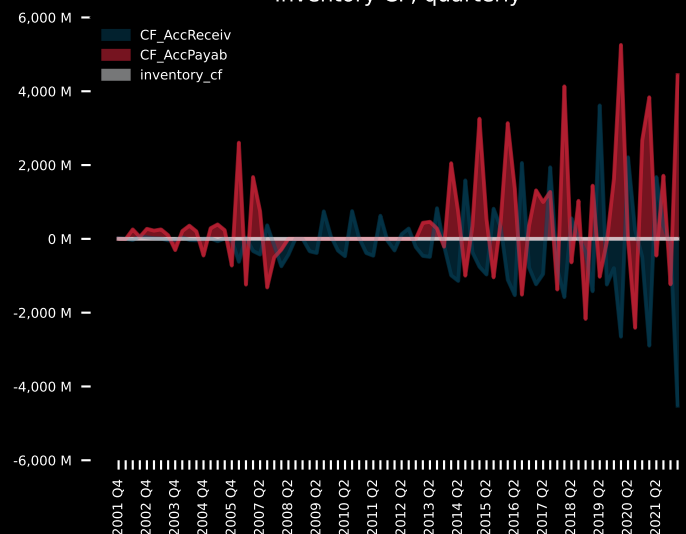
Price vs shares outstanding, quarterly



Owners Earnings, annually

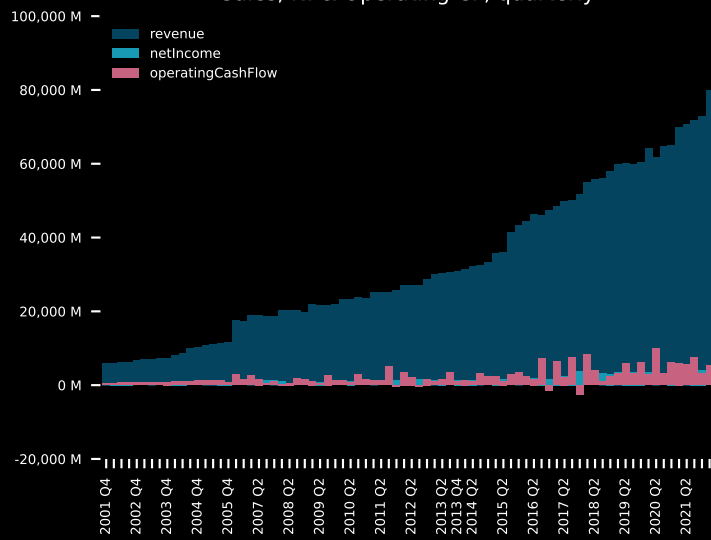


Inventory CF, quarterly

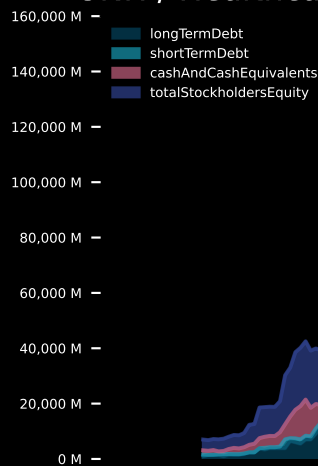


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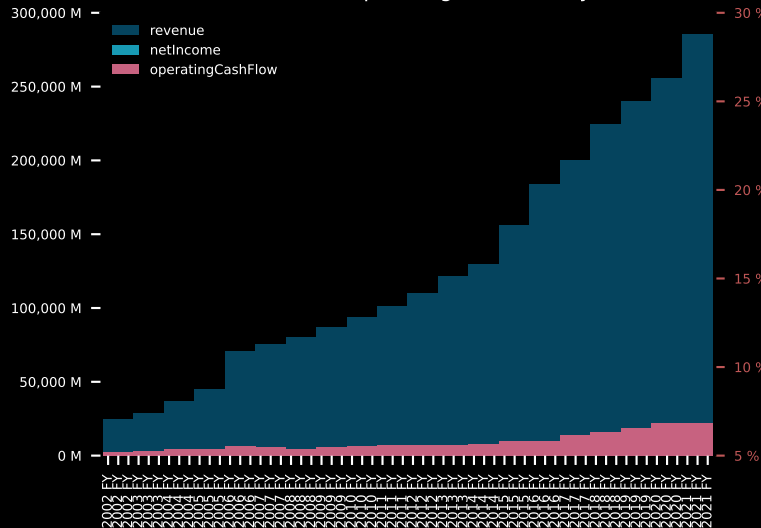
Sales, NI & Operating CF, quarterly



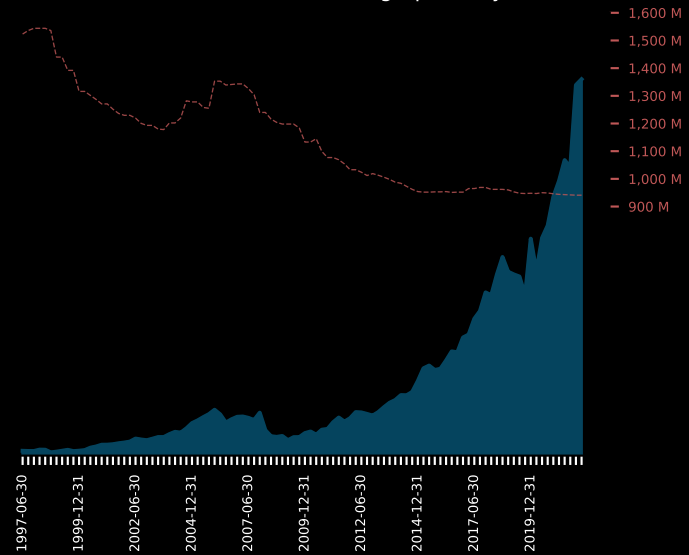
UNH / Healthcare Plans / US / 2022-07-18



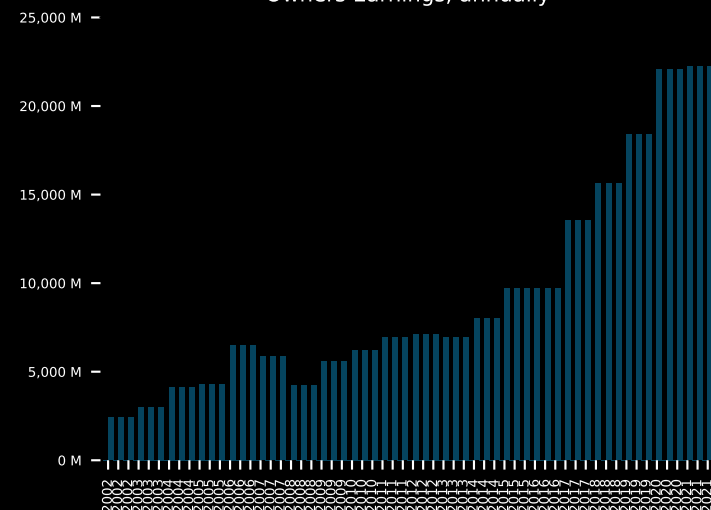
Sales, NI & Operating CF, annually



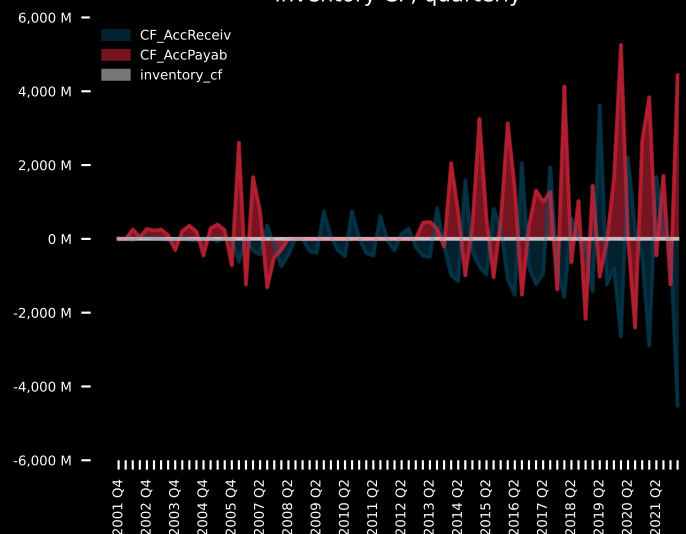
Price vs shares outstanding, quarterly



Owners Earnings, annually

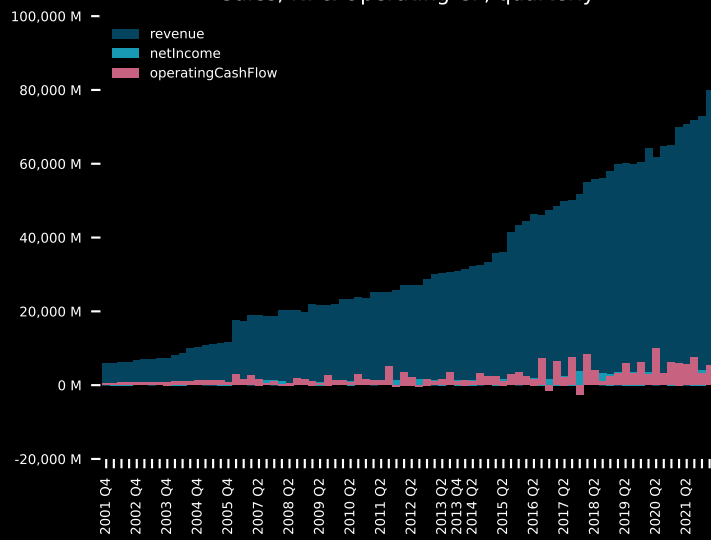


Inventory CF, quarterly

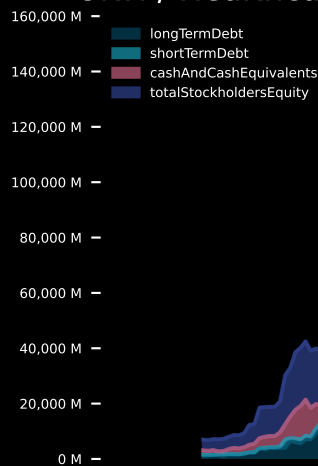


UnitedHealth Group Incorporated operates as a diversified health care company in the United States. It operates through four segments: UnitedHealthcare, Optum Health, Optum Insight, and Optum Rx. The UnitedHealthcare segment offers consumer-oriented health benefit plans and services for national employers, public sector employers, mid-sized employers, small businesses, and individuals; health care coverage and well-being services to individuals age 50 and older addressing their needs for preventive and acute health care services, as well as services dealing with chronic disease and other specialized issues for older individuals; Medicaid plans, children's health insurance and health care programs; health and dental benefits; and hospital and clinical services. The OptumHealth segment provides access to networks of care provider specialists, health management services, care delivery, consumer engagement, and

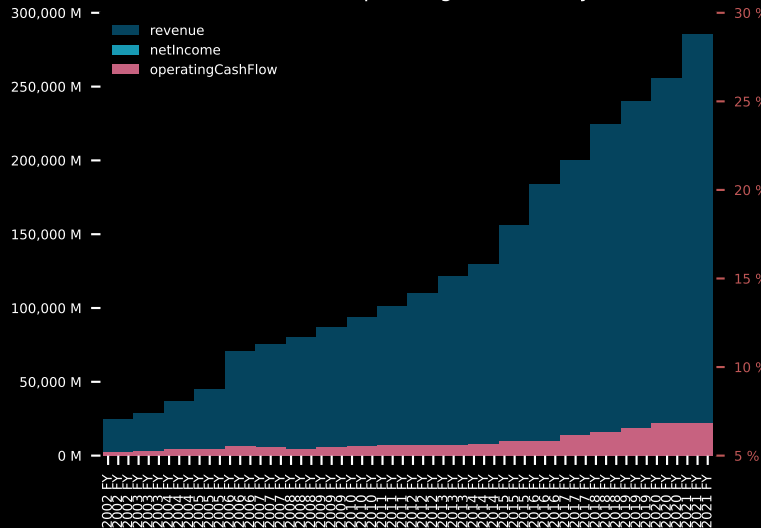
Sales, NI & Operating CF, quarterly



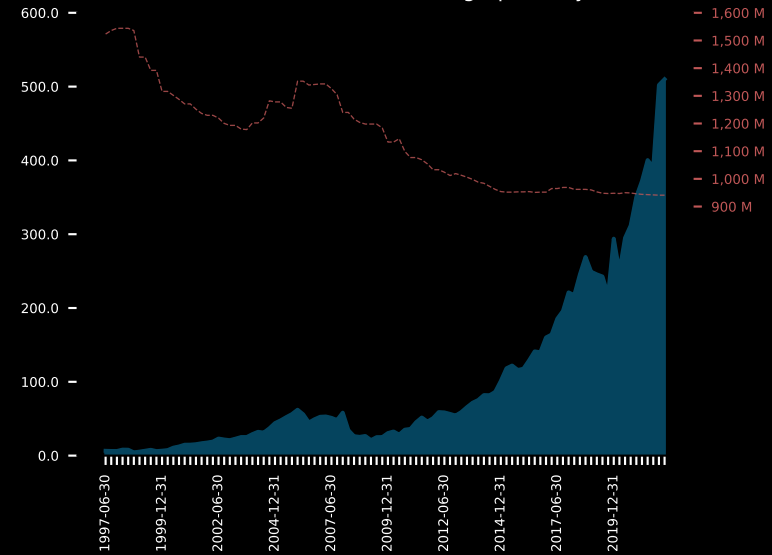
UNH / Healthcare Plans / US / 2022-07-18



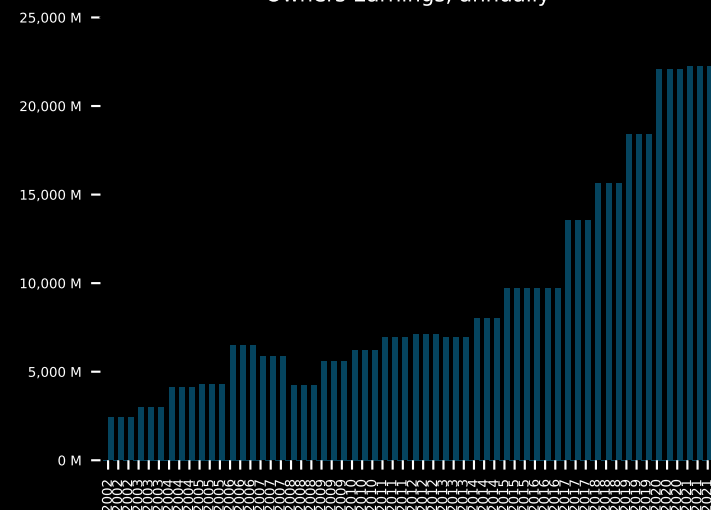
Sales, NI & Operating CF, annually



Price vs shares outstanding, quarterly



Owners Earnings, annually

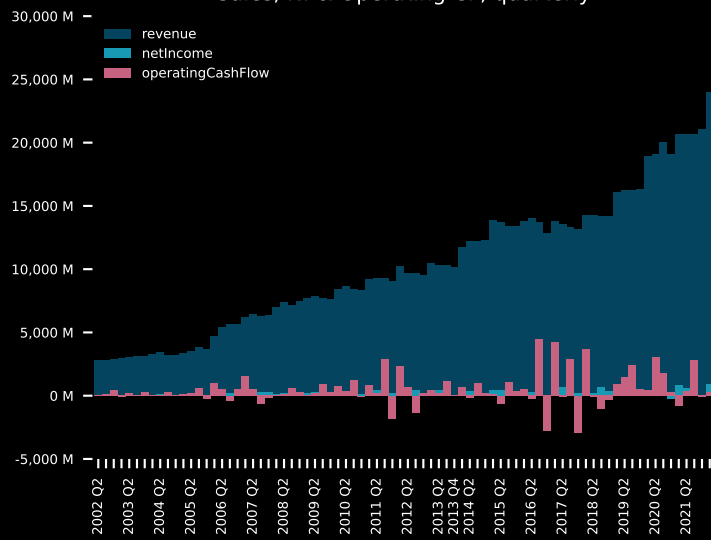


Inventory CF, quarterly

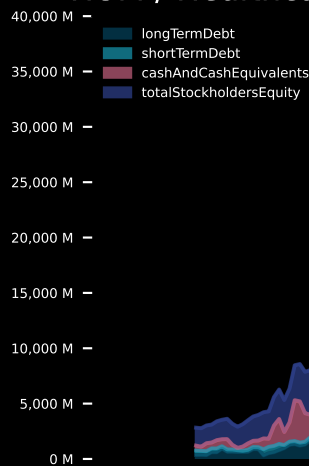


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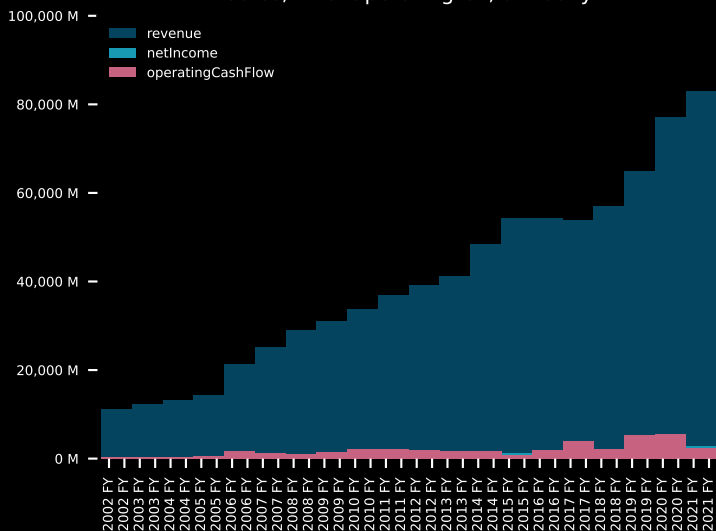
Sales, NI & Operating CF, quarterly



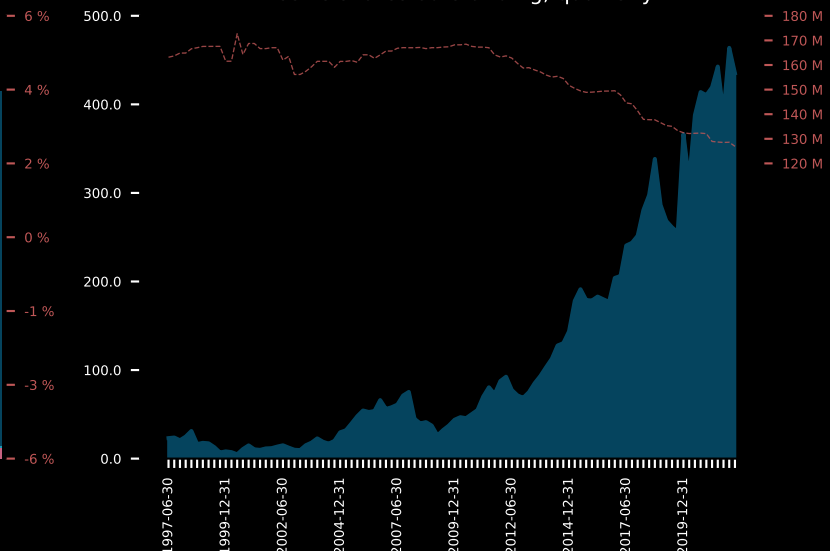
HUM / Healthcare Plans / US / 2022-07-27



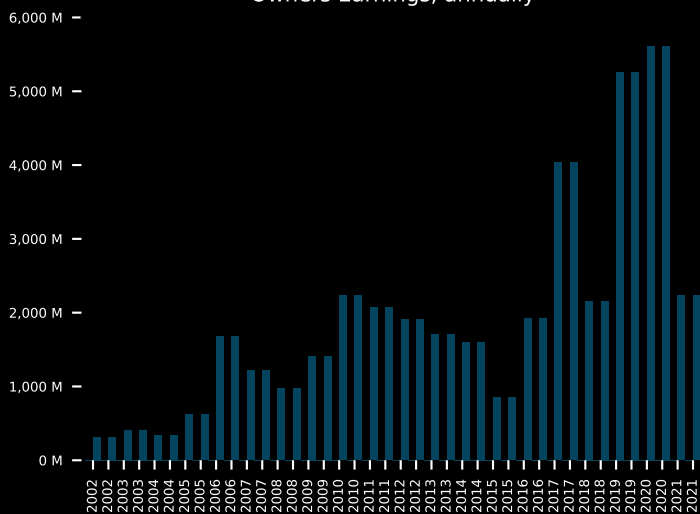
Sales, NI & Operating CF, annually



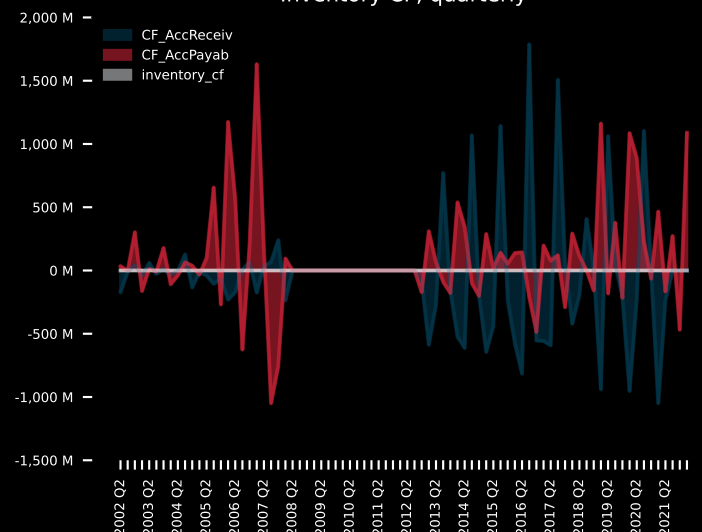
Price vs shares outstanding, quarterly



Owners Earnings, annually

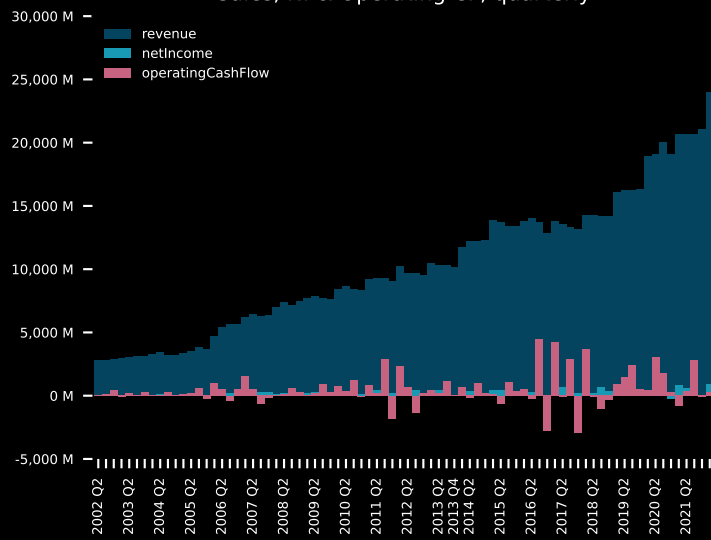


Inventory CF, quarterly

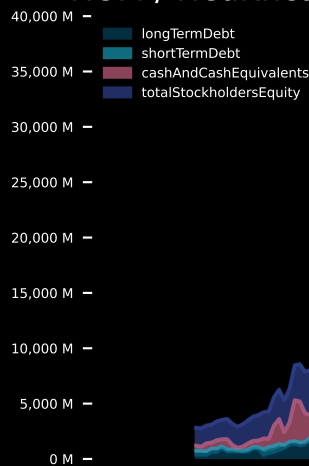


Humana Inc., together with its subsidiaries, operates as a health and well-being company in the United States. It operates through three segments: Retail, Group and Specialty, and Healthcare Services. The company offers medical and supplemental benefit plans to individuals. It also has a contract with Centers for Medicare and Medicaid Services to administer the Limited Income Newly Eligible Transition prescription drug plan program; and contracts with various states to provide Medicaid, dual eligible, and long-term support services benefits. In addition, the company provides commercial fully insured medical and specialty health insurance benefits comprising dental, vision, and other supplemental health benefits; and administrative services only products to individuals and employer groups, as well as military services, such as TRICARE T2017 East Region contract. Further, it offers pharmacy solutions, provider services, and home

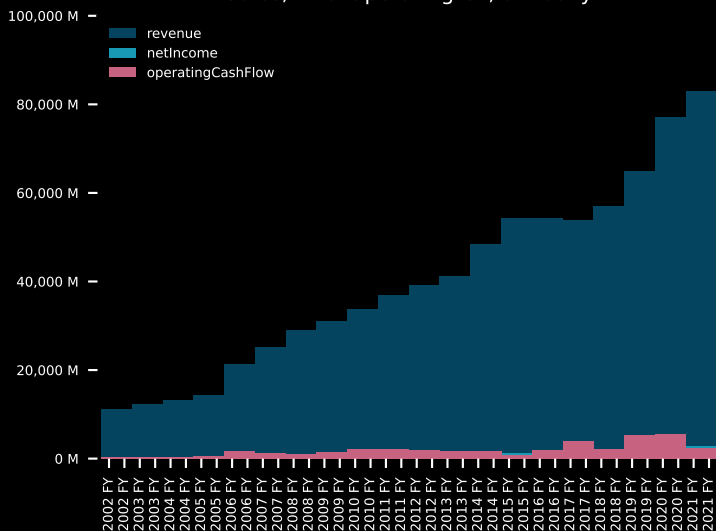
Sales, NI & Operating CF, quarterly



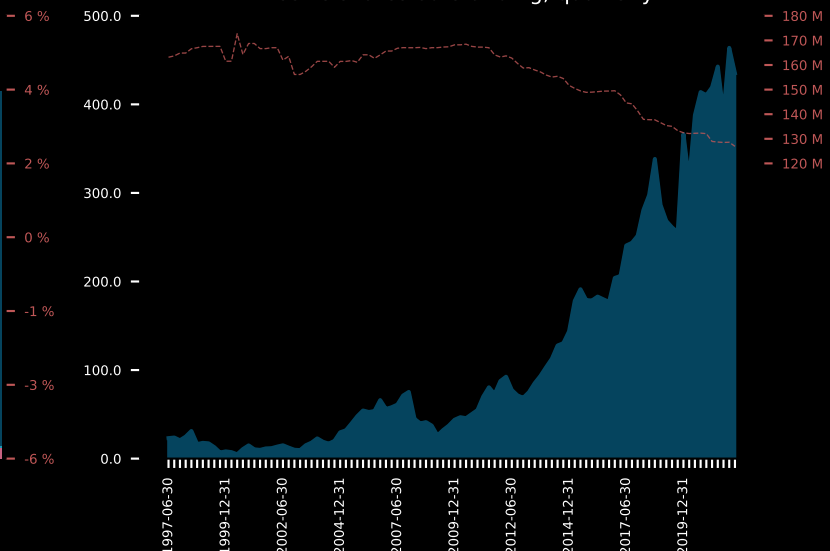
HUM / Healthcare Plans / US / 2022-07-27



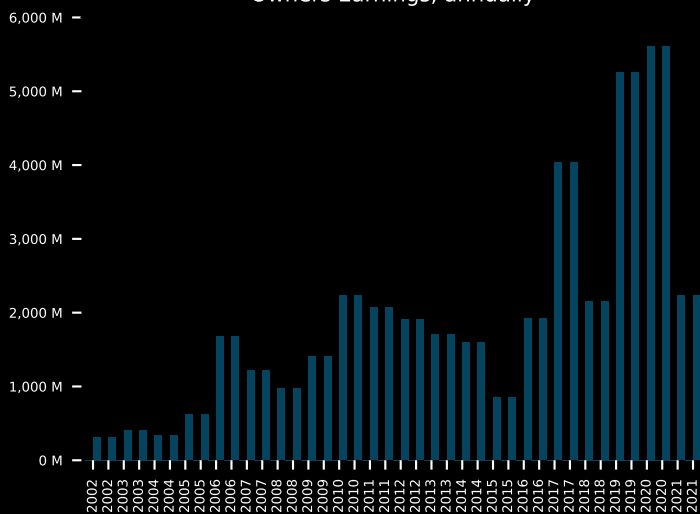
Sales, NI & Operating CF, annually



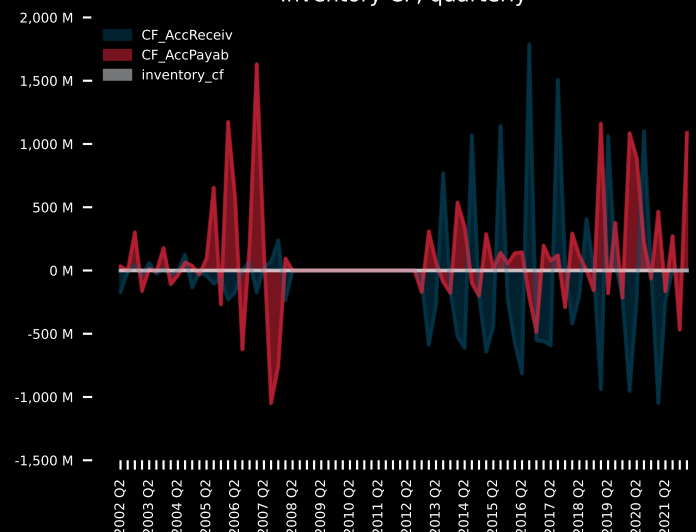
Price vs shares outstanding, quarterly



Owners Earnings, annually

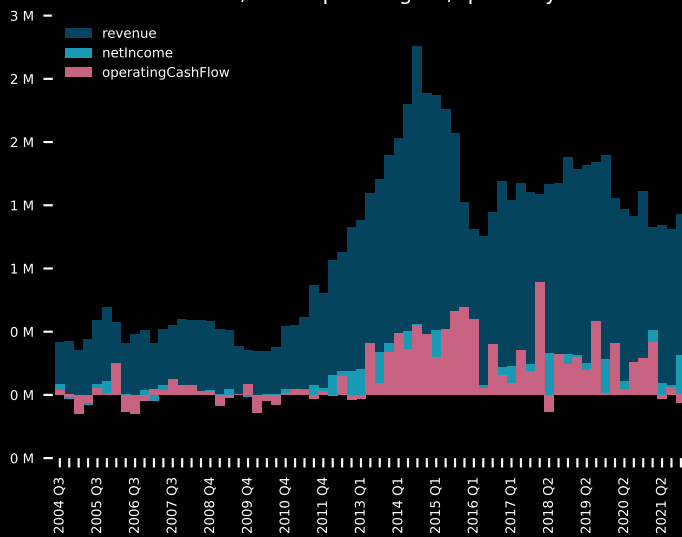


Inventory CF, quarterly

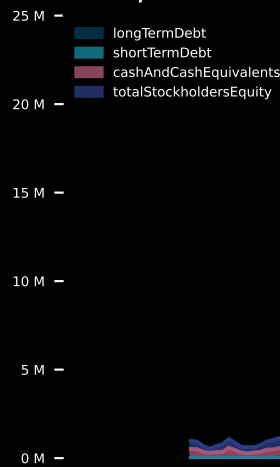


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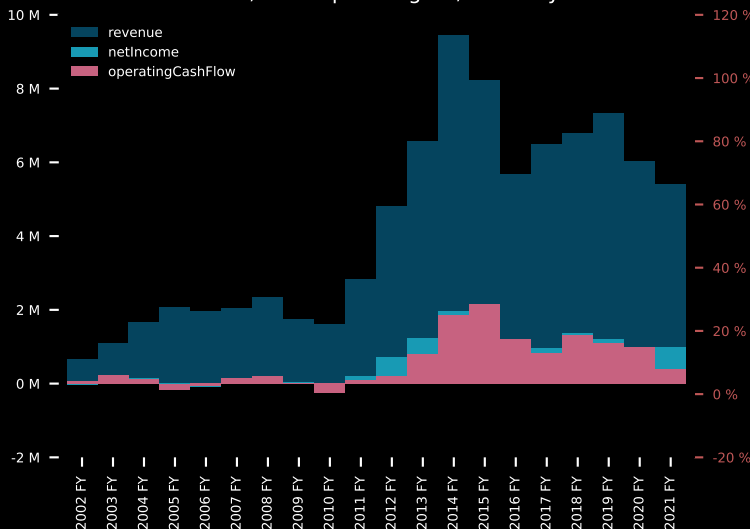
Sales, NI & Operating CF, quarterly



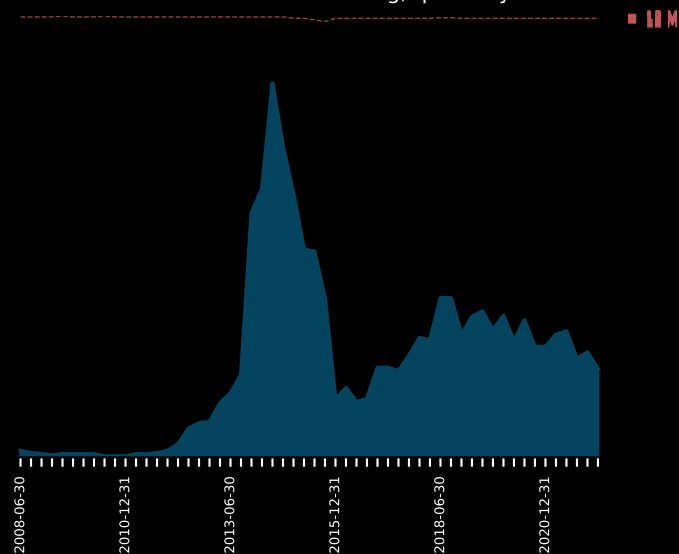
PFHO / Healthcare Plans / US / 2022-06-25



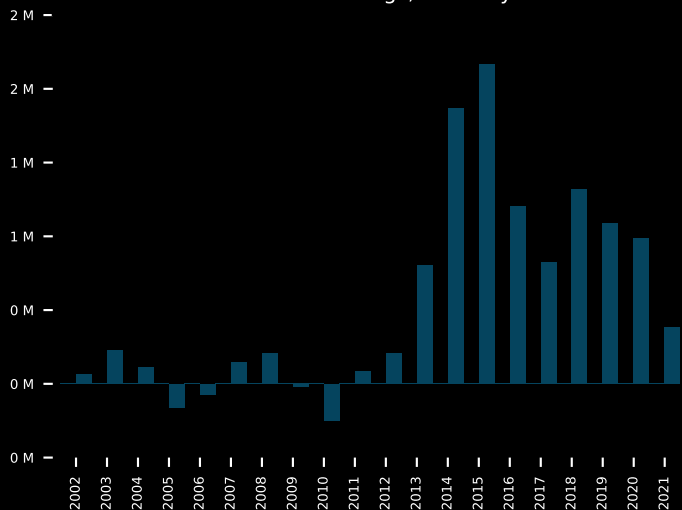
Sales, NI & Operating CF, annually



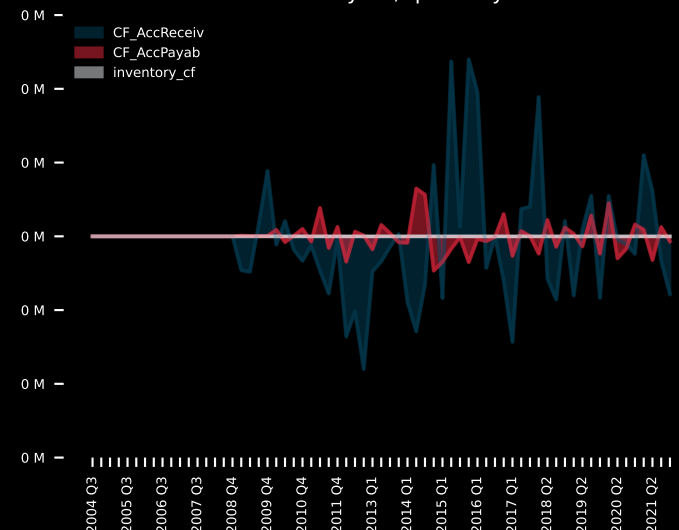
Price vs shares outstanding, quarterly



Owners Earnings, annually

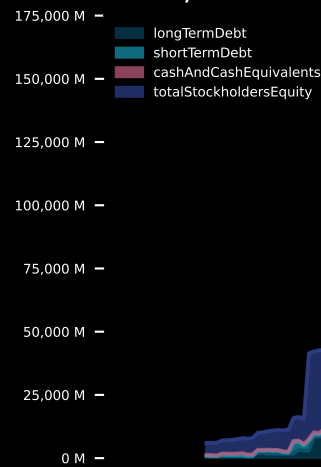
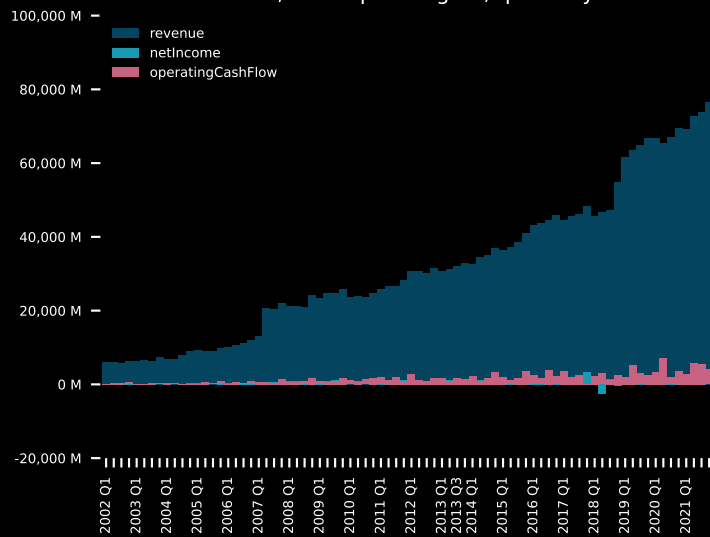


Inventory CF, quarterly

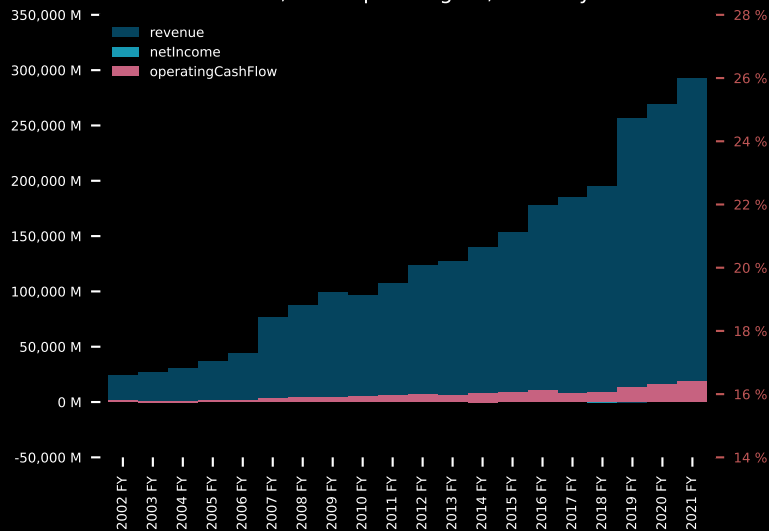


Pacific Health Care Organization, Inc., together with its subsidiaries, provides specialty workers' compensation managed care services for self-administered employers, insurers, third-party administrators, municipalities, and other industries in the United States. The company is involved in managing health care organizations (HCOs) and medical provider networks (MPNs); and negotiates legal agreements for the implementation of workers' compensation carve-outs for California customers. It also offers HCO, MPN, and medical case management programs; and claims-related services, including utilization and medical bill review, medical case management, lien representation, legal support, and Medicare set aside. The company was formerly known as Clear Air, Inc. and changed its name to Pacific Health Care Organization, Inc. in January 2001. Pacific Health Care Organization, Inc. was incorporated in 1970 and is based in Newport Beach

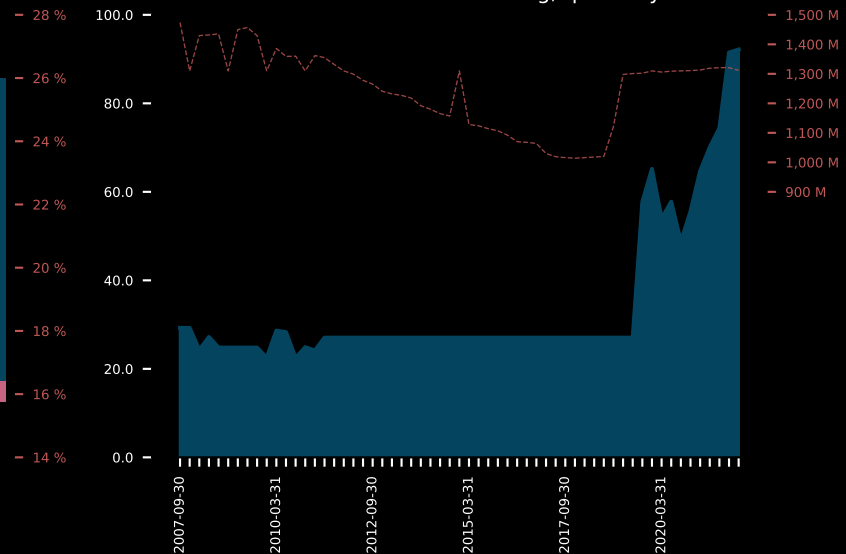
Sales, NI & Operating CF, quarterly



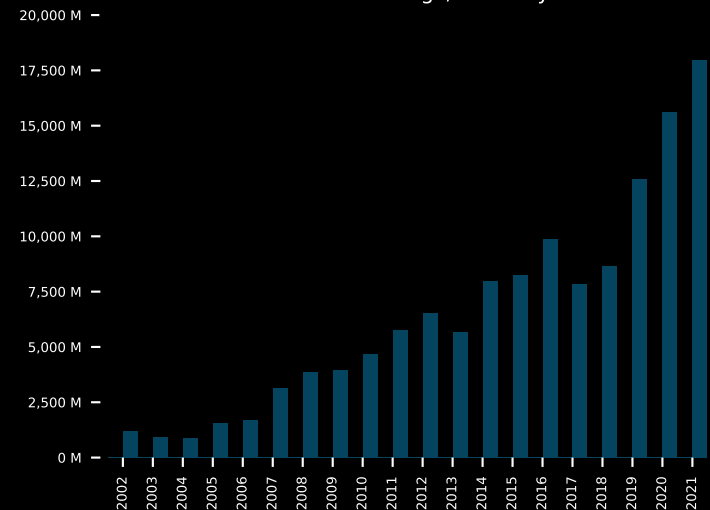
Sales, NI & Operating CF, annually



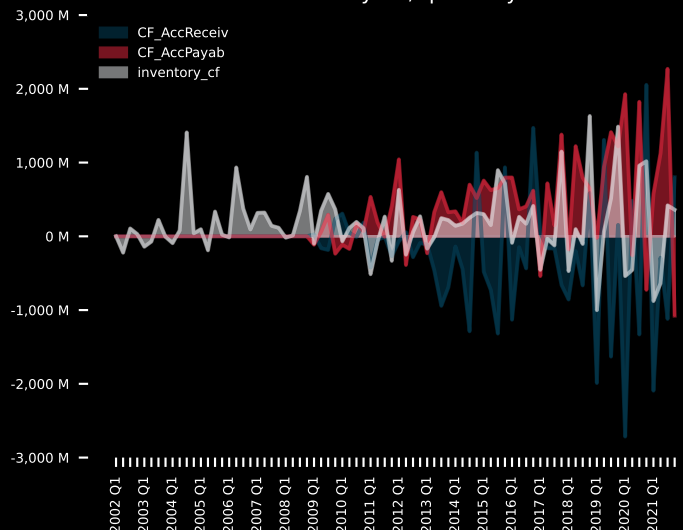
Price vs shares outstanding, quarterly



Owners Earnings, annually



Inventory CF, quarterly



CVS Health Corporation provides health services in the United States. The company's Health Care Benefits segment offers traditional, voluntary, and consumer-directed health insurance products and related services. It serves employer groups, individuals, college students, part-time and hourly workers, health plans, health care providers, governmental units, government-sponsored plans, labor groups, and expatriates. Its Pharmacy Services segment offers pharmacy benefit management solutions, including plan design and administration, formulary management, retail pharmacy network management, mail order pharmacy, specialty pharmacy and infusion, clinical, and disease and medical spend management services. It serves employers, insurance companies, unions, government employee groups, health plans, prescription drug plans, Medicaid managed care plans, plans offered on public health insurance