

2024
**Annual
Report**



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CEO Message

At HCSC, each day our employees serve millions of members across the United States with a deep sense of caring and commitment to enable them to lead their healthiest lives.

For nearly a century, we have expanded access to health care for people in all stages of their lives by serving as their partner of choice for their care coordination and health benefit needs. Today we continue that legacy through trusted partnerships with more than 450,000 providers and 10,500 hospitals and health care facilities.

We combine our national presence and enterprise capabilities with our proven community-first model of member and provider engagement to deliver care with a meaningful understanding of local needs. Our constellation of affiliate companies enables us to provide a unique, complementary set of solutions, from dental to behavioral health, that address whole person health needs. We also lead in the development of value-based care approaches that spur greater collaboration and accountability among health care stakeholders to deliver care with improved quality, value and health outcomes.

As the nation's largest customer-owned health insurer, we take a broad view of health care and make long-term investments in our members, providers, communities and other stakeholders with the aim of making the health care system work better for everyone. In these pages you will see how we continued in 2024 to support our members, engage in our communities, and evolve our products and services to meet the needs of those we serve and live up to the trust they place in us.



Maurice Smith
President,
Chief Executive Officer
and Vice Chair

We take a broad view of health care and make long-term investments in our members, providers, communities and other stakeholders with the aim of making the health care system work better for everyone.

Serving Our Members

We are the largest customer-owned health insurer in the United States, serving 23.2 million members with prudent management of nearly \$123 billion of medical spend in 2024. We offer products and services that empower whole-person health with compassion and innovation. We are advancing our offerings by:

Expanding Access to Care: We offer a range of health benefit products to meet the various needs and care preferences of members across all stages of their lives and across all reimbursement types. We enable access to quality care for members no matter how they attain their health insurance — through employers, the Individual and Family Market, Medicare or Medicaid — and work to create equitable health outcomes for all.

Improving Affordability of Care: Health care costs account for more than 17% of the U.S. economy. Collaborating with doctors, hospitals and other providers, we establish provider networks that connect members with high-quality care.

Enabling Better Health Outcomes: We offer a range of solutions to optimize health outcomes for our members, including care coordination, behavioral health management, and pharmacy management. Our service model and digital tools are designed to provide a superior experience for our members and other stakeholders, fostering trust and collaboration.


Driving Innovation in Care: We continuously enhance our technology, capabilities and programs to improve our products and the member experience. Our broad view of health care needs, combined with long-term investments, provides quality and value to our members, providers, communities and other stakeholders.







Our Subsidiaries

HCSC has a portfolio of wholly owned subsidiaries and strategic investments that offer solutions that complement our health insurance offerings, enabling us to deliver more to our stakeholders. Together, our subsidiaries and strategic investments further empower whole-person health and help members meet their evolving health care needs.

Wholly Owned Subsidiaries

 Dearborn Group	Dearborn Group provides ancillary products and services, including life, disability, critical illness and vision.
 INNOVISTA HEALTH	Innovista Health enables physicians to engage, support and manage value-based savings and shared-risk models.
 luminare health	Luminare Health is a total benefits solution that helps self-funded employers manage their healthcare costs, supports clients' strategic growth goals through white-labeled back-office services, and empowers members to live their healthiest lives.
 medecision	Medecision offers industry-leading, cloud-based care management and utilization management platforms that enable health plans and providers to leverage data for intelligent workflows and member engagement. These platforms facilitate improved outcomes, efficiency, and member satisfaction.

Strategic Investments

 Availity	Availity, LLC operates a health care clearinghouse and provides internet-based e-health information services.
 Collective Health	Collective Health is a technology solutions provider for employer health care.
 PRIME THERAPEUTICS	Prime Therapeutics, LLC is a pharmacy benefit management company for HCSC and other third-party companies.
 Solera	Solera streamlines digital health care with a value-based, on-benefit solution that drives down the total cost of care.

Meeting Member Needs

Members served **23.2M**

Relationships with
care providers

Facilities/hospitals: **Over 10,500**

Providers/physicians: **Over 450,000**

Medical spend managed
for our members **\$122.7B**

Average number of claims
handled each day **1.25M**

Births supported through
our expanded Maternal
and Infant Health program **Over 3,000**

Grants and sponsorships
in support of communities **\$37M**

Recognition

- Computerworld Best Places To Work in IT 2024
- Ethisphere World's Most Ethical Companies 2024
- Fortune Magazine America's Most Innovative Companies 2024
- Modern Healthcare Top 100 Most Influential - Maurice Smith
- Military Friendly Award – Silver Ranking 2024
- Military Friendly Spouse Employer 2024
- Newsweek America's Greatest Workplaces
- The Civic 50 2024



Our History

Pioneering Access to Health Care

- HCSC's predecessor company, Hospital Service Corporation, was incorporated in **1936** in Chicago. The company was founded by visionaries who sought to offer solutions for access to health care using the Blue Cross and Blue Shield models.
- In **1966**, Hospital Service Corporation formed Fort Dearborn Life Insurance Company, which began operations in **1969**.
- The Blue Cross Plan for hospital services and the Blue Shield Plan for physician services operated separately until **1975** when they were merged as Health Care Service Corporation.
- By **1982**, all the smaller Blue Cross Plans in Illinois were also merged with the Chicago-based Plan, and the company operated as Blue Cross and Blue Shield of Illinois.
- In **1998**, Blue Cross and Blue Shield of Texas joined HCSC.
- In **2001**, Blue Cross and Blue Shield of New Mexico joined HCSC.
- In **2005**, Blue Cross and Blue Shield of Oklahoma joined HCSC.
- In **2008**, Medecision joined HCSC.
- In **2013**, Blue Cross and Blue Shield of Montana joined HCSC.
- In **2022**, Trustmark Health Benefits joined HCSC and was rebranded as Luminare Health in **2023**.

**We have been
in business for
nearly a century,
with a deep
heritage and long
track record of
promoting access
to high-quality
health care.**

Our Values

Integrity

Always Do the Right Thing

- Always do the right thing in the right way, even when no one is watching.
- Model the Code of Ethics and Conduct.
- Be a team player, even when it's not the easy choice.

Respect

Everyone Deserves It

- Be thoughtful with our words and actions.
- Have honest conversations that encourage open communication.
- Be inclusive and welcoming of diverse perspectives.

Commitment

We Keep Our Promises

- Act with our members in mind.
- Manage our commitments and deliver on our promises.
- Lead by example in all that we say and do.

Excellence

We Drive Extraordinary Results

- Seek opportunities to learn, network, grow, and develop.
- Embrace change, challenge, and uncertainty through flexibility and resilience.
- Define high performance and then hold yourself accountable for achieving it.

Caring

We Put Our Heart into Our Work

- Place HCSC's members and the communities we serve at the heart of our work.
- Make relationships a priority.
- Think about how our actions and work impact others.

Connection to Our Communities

For decades, we have worked in close collaboration with local partners, leveraging their knowledge, experience and talents to help create healthier communities. In 2024, we awarded more than \$37 million in grants and sponsorships to community organizations to expand access to care in five strategic focus areas:

- Economic Opportunity and Stability
- Food Access and Nutrition
- Locally Defined Health Solutions
- Neighborhood and Local Assets
- Optimal Health Outcomes

By identifying barriers to high-quality health care in our communities, we improve lives and strengthen bonds of trust with our stakeholders in those communities.

Economic Opportunity and Stability

We are working with community organizations to remove barriers to employment and provide people with job training and support their path toward stability. In Illinois we invested in Pullman Tech Workshop with a grant to support its advanced workforce



training program. The nonprofit teaches teenagers and adults woodworking techniques and other practical skills, promotes mental wellness, and assists participants in seeking job and career opportunities. Participants learn from workshop leaders during 6- to 12-week courses.

Food Access and Nutrition

Recognizing that reliable access to nutritious food is essential to health and wellness, we dedicate a substantial portion of our major grants to organizations that purchase and distribute fresh food and provide nutrition education and support.

We awarded Food Bank of Eastern Oklahoma a \$55,000 grant to help fund the food bank's frozen meal program. Launched in 2023, the program supports 150 food insecure students and their families through 10 school and campus pantries. An estimated 17,000 meals were delivered during the most recent school year. This program is among the first of its kind in a network of over 200 food banks partnering with the national hunger-relief organization Feeding America.

In Texas, a \$20,000 grant to the Ascension Seton Foundation was made to their Food Is the Best Medicine program — a collaboration involving health care providers, a nonprofit farm and a meal preparation company to improve health outcomes for moms and babies. Pregnant patients at Ascension Seton Medical Center, who were identified as being food insecure, were invited to take part in the program. The program aims to increase participants' food security and breastfeeding rates, as well as improve their diets, home-cooking rates and mental health. Since its start in 2022, the program has enrolled about 180 moms and delivered more than 10,500 pounds of food.

Locally Defined Health Solutions

Health needs vary from community to community, making the experience and expertise of local organizations and professionals essential in addressing them effectively.

In response to the wildfires throughout New Mexico, HCSC employees mobilized to support communities in need. For two weeks they rotated shifts at a temporary site at a fire evacuee resource center in Roswell. They helped people access care, linking them to critical resources including water and personal items. HCSC outreach specialists and care coordinators also partnered with state agencies and providers to offer health screenings through our Care Van® program.

Neighborhood and Local Assets

Strengthening our members' neighborhoods and improving their living environment is a key focus area of our major grant program.

In Montana, we support Butte Rescue Mission which provides food, clothes and shelter to hundreds of families. Founded in 1976, the mission is open to anyone who needs a meal, clothes and short- or long-term shelter, partnering with other community organizations to provide essential services. A construction project — partly funded with a \$50,000 grant— allowed the mission to create enough living space to offer year-round accommodation to the region's increasing homeless population.

We also continued bringing free outdoor fitness courts to communities across Illinois, Montana, New Mexico, Oklahoma and Texas as a part of our collaboration with the National Fitness Campaign. Fitness Courts® aims to increase access to exercise and reduce barriers to physical and mental health. In 2024 an additional 24 courts were built across these states.

Optimal Health Outcomes

Our grants focus on helping close gaps in immunizations, diabetes care, cardiovascular care, behavioral health, early detection cancer screenings, and maternal and infant health.

HCSC's expanded Maternal and Infant Health program served more than 85,000 people in Illinois, New Mexico and Texas during 2024, its first full year of implementation. By investing in a variety of community organizations and collaborations with clinical partners, these initiatives improved access to quality care and better clinical outcomes for members and non-members, twenty percent of whom were uninsured.

Since the expanded program got underway, over 3,000 babies have been born to women in the program, with a significantly lower preterm birth rate than the overall U.S. rate. Healthcare providers have conducted over 150,000 screenings for sexually transmitted diseases and have distributed 14,000 bottles of prenatal vitamins from Vitamin Angels at no cost to community partners.

In 2024, we awarded more than \$37 million in grants and sponsorships to community organizations to expand access to care.

One of our grantees, Healing Hands Ministry, expanded its services to medically underserved areas of Dallas with a new clinic offering comprehensive maternal care. Its patients benefit from an array of services including prenatal vitamins, pregnancy and postpartum education, and a support group with other moms-to-be. They can also receive bilingual pregnancy care from a doula..

Partnering with Providers

Care is best delivered through close relationships between physicians and their patients. Our strong networks of community providers and our portfolio of health care solutions are key factors in our ability to provide members with access to high-quality care. We make it easy for providers to do business with us, enabling them to spend more time in the exam room and less on administrative activities.

Engaging Providers through Clinical Data Exchange

Effective use of health care data has the power to improve quality, reduce costs and make the experience of receiving and paying for care easier for patients, their doctors and other providers.

Real-time data sharing through the Health Data Exchange has significantly improved our performance on Healthcare Effectiveness Data Information Set (HEDIS) measures of performance and service. The use of real-time data fosters collaboration among physicians, enables providers and HCSC teams to improve patient outcomes, enhances HCSC's operational effectiveness, and reduces the cost of care.

Behavioral Health

As awareness of behavioral health issues and their impact on our members has grown, such as depression, anxiety, substance use disorder, suicide and domestic violence, the provider community has shifted to providing virtual care to support the increasing number of patient visits.



As we continue our commitment to providing broad and seamless access for behavioral health care, we are collaborating with strategic partner Headway to expand and enhance behavioral health care services. Headway offers easy-to-navigate provider access and uses outcome measures to demonstrate improvement. For more specialized and complex care, we are pursuing several additional programs for conditions such as obsessive-compulsive and substance use disorders and are collaborating with Equip Health on treatment of eating disorders.

Value-Based Care and Provider Enablement

HCSC is focused on creating holistic, value-based care models that address fragmentation and gaps in health care. We have a three-pronged approach to address value and increase access to coordinated, high-quality care for our members.

1 We continue offering and improving our broad portfolio of VBC payment models aligned to clinical care models.

We have worked closely with doctors, hospitals and other health care providers since value-based payments were established by the Medicare Access and CHIP Reauthorization Act in 2015. Using a data-driven approach, our VBC contracts positively impact key levers that support clinical best practice care models and care delivery transformation goals.

With both primary care and specialty care models, our programs range from quality improvements, to savings- and risk-sharing arrangements, to full capitation. Depending on the market need, the business case, and provider maturity, we leverage the following models to deliver value for our members and providers.

- **Quality Bonus Programs** reward providers for quality performance and quality reporting data.
- **Patient Center Medical Home** provides patients an ongoing relationship with a primary care physician who coordinates a care team on the patient's behalf.
- **Intensive Medical Home** helps high-risk members with complex and chronic conditions receive greater attention to care, helping to reduce avoidable complications and treatment costs.
- **Accountable Care Organizations** bring together groups of doctors, hospitals and other health care providers to enhance the coordination and quality of patient care.
- **Episodes of Care-Based Reimbursement** compensates providers with a single-negotiated payment for all services related to a specific episode of care. Our Maternity Episode of Care program for both Medicaid and Group members utilizes key metrics from the prenatal through postpartum periods to assist in the reduction of maternal morbidity, mortality and health disparities.
- **Comprehensive Primary Care Initiative** is a multi-payer program to help primary care providers deliver higher quality, better coordinated care.
- **Capitation-Based Reimbursement** provides primary care physicians budgetary direction for patient health care services to manage costs.
- **Hospital and Specialty Performance Programs** are value-focused, clinical-supporting programs that align rate increase to performance improvement.

2 We continually improve provider engagement and insights through enabling analytics and platform solutions that promote care collaboration.

VBC provider services have evolved through investments in enhanced insights and reporting capabilities. This evolution includes an increased focus on data, analytics, actionable insights, and two-way connectivity that is required for providers to be successful in VBC. Our expanded analytics portfolio features single sign on self-service tools spanning the VBC spectrum, including risk, cost, utilization, quality gaps, real-time admission and discharge data, and electronic medical record-driven clinical data.

Actionable insights, when aligned with contract incentives and clinical goals, drive positive change across our provider groups and support collaboration. An example of our evolution is our wholly owned subsidiary Innovista Health, which creates long-term partnerships to help providers better engage, support and manage populations with new value-based savings and shared-risk models.

Our strong networks of community providers and our portfolio of health care solutions are key factors in our ability to provide members access to high-quality care.

3 We continue to increase provider participation in programs that tie network negotiations to performance

Looking ahead, we are focused on increasing our providers' participation across all VBC programs. This ensures our population of providers, including primary care, integrated systems and specialty care, focus on improving quality and care for our members and see the many benefits of VBC compared to the fee-for-service model.

Two major initiatives supporting these efforts are our Hospital Performance Program (HPP) and expansion of our specialty VBC programs. The HPP program ensures hospitals focus on high-quality, appropriate care that lowers the total cost of care by resulting in lower readmissions. Given the significant scale and impact of emergency room, outpatient and inpatient costs, VBC is a major advancement for our members and customers.

Additionally, our specialty portfolio continues to grow, focusing on areas where VBC can better align provider payment with outcomes, such as our Total Joint Replacement model and new Cardiology, Gastroenterology and Orthopedics specialty performance programs.

As we pursue our vision of VBC expansion, we continue to invest in offerings and capabilities that enhance access, improve quality, maximize value, and elevate our members' experience.

Enhancing Value Delivered to Stakeholders

Solutions that Address Whole-Person Health

In addition to health care coverage, we provide our members with access to a variety of programs to help them lead their healthiest lives. These personalized and data-driven experiences aim to provide them with the tools and resources needed to achieve their health care goals. Our market-leading solutions benefit employers by delivering access to quality care, driving innovation, improving health outcomes, and supporting effective cost management.

For all stakeholders – members, providers, brokers, employers and employees – we are committed to delivering a seamless and personalized experience that proactively addresses their needs. We strengthen these relationships by providing accurate and reliable solutions with a digital-first focus, making it easy for them to engage with us.

We effectively address whole-person health through the following solutions.



Advocacy: Health Advocacy Solutions is designed to guide members through the complexities of health care with the goal of helping them make more informed care decisions, getting them on the path to health faster while lowering costs.

Consumer Education and Rewards: Our educational outreach and rewards solutions help members make decisions that lead to healthier lives. Decision support tools and products like Provider Finder®, Member Rewards, and Evive Digital Member Hub enable members to strengthen engagement with their care plan, access quality care at a lower cost, and take greater control of their health and wellness.

Wellbeing and Prevention: Our comprehensive wellbeing and prevention services support both physical and mental health, helping members to stay healthy and detect health problems early to improve their quality of life. We offer members two wellbeing management packages – Enable and Empower+ – along with other solutions such as Employee Assistance Program, Well onTarget®, and Worksite Wellness.

Acute and Chronic Conditions: To support members who have unique health needs and care preferences, we provide access to a wide range of services, including primary care, metabolic health, behavioral health, weight management, oncology care, and musculoskeletal treatment. Many of these services are available to our members through telehealth, providing flexibility and convenient access to care.

Consumer Financial Solutions: Our products BlueEdge HCASM and BlueEdge HSASM empower members to become more informed health care consumers. By utilizing a flexible spending account (FSA) and a health reimbursement arrangement (HRA), these solutions support smarter health and budget decisions as well as encourage members to take a more active role in managing their care.

National Networks: Our relationship with the Blue Cross and Blue Shield Association permits access to the industry's largest national data resources. From this shared information, we have created a set of national products focused on solutions that guide members to high-quality, efficient facilities and physician-established centers of value-based care. These products use our broad BlueCard®PPO network and a smaller subset of select high-performing providers who are committed to enhancing quality and lowering overall total cost of care.

Employer Financial Protection: Our employer financial protection products, which include Advanced Payment Review and Stop Loss, provide additional reviews to ensure billing accuracy, support members in budgeting for unexpected medical costs, and protect employers from catastrophic medical claims.

For all stakeholders – members, providers, brokers, employers and employees – we are committed to delivering a seamless and personalized experience that proactively addresses their needs.

Spotlight on Innovation

We continue to invest in products and solutions that meet evolving employer and member needs, leveraging the latest technological innovations when possible. Our investments aim to provide a better member experience while improving health outcomes and lowering the overall cost of care.

Recent Product Innovations

Cancer Services and Support: We are committed to supporting our members at every stage of their cancer journey. That's why we introduced the Cancer Support Hub designed to simplify navigation and provide guidance on managing care and benefits. Our cancer services anticipate members' needs, proactively delivering care-related information. The Hub provides easily accessible and convenient digital tools, ensuring members receive timely, cost-effective, high-quality care.

Behavioral Health: Our approach to enhanced core behavioral health includes the comprehensive Mental Health Hub, a centralized resource to address the most pressing behavioral issues. This solution provides targeted support for substance use disorders, eating disorders, obsessive compulsive disorder, and pediatric behavioral health needs. We have also launched a digital anti-stigma communications campaign to encourage use of behavioral health resources, and expanded access to specialized providers, mental health first aid training, and critical incident stress management support.

Metabolic Health Management: Our comprehensive metabolic health solution is helping members address obesity and type-2 diabetes. Eligible members can choose the program that fits them best, starting with the highest acuity option and then connecting to other interventions as preferred. This solution leverages AI, health data, and wearable device monitoring to help members optimize their lifestyle while lowering or eliminating long-term health costs related to medications and chronic disease care.

Gene Therapy: We support our members through the complex care journey associated with gene therapies, including enrollment, payment, education and travel. Our program provides improved network rates for gene therapy, reducing member and employer liability on cost.

Health Advocacy and Clinical Support: Our market-leading advocacy product, Health Advocacy Solutions, is now available in an alternative, cost-effective package called Essentials. To further improve clinical outcomes, we introduced Connect to Care, a digital member engagement platform that provide members access to self-management tools.

Musculoskeletal Health: Flex, powered by Airrosti, is the most recent offering within our musculoskeletal health portfolio. It provides virtual treatment for acute and chronic pain. Additionally, Women's Pelvic Pathway is now available within Hinge Health.

Sustainability

As a health care company, we know that taking care of people includes taking care of the planet. We actively pursue ways to make a healthier world for our members and communities. These efforts include:

Renewable Energy: We subscribed to a 4.5-megawatt community solar generation project in Washington, Illinois, supporting equitable access to clean energy in the communities we serve.

Building Design: We subscribed to WELL At Scale, leveraging the International WELL Building Institute's health and wellbeing strategies across our entire building portfolio. Our five headquarters buildings have earned the Well Health-Safety Rating, and our Texas and Montana headquarters are LEED-certified.

Recycling and Waste Reduction: We reduced our environmental impact by limiting paper consumption, recycling paper and electronics, and composting organics from our employee cafes.

Supporting Biodiversity: We refocused our urban beekeeping program on supporting native bee populations. We introduced native bee homes, highlighting 20,000 species of native pollinators and their role in sustaining ecosystems throughout the U.S.

Optimizing Our Resources: We offset 100% of our emissions related to electric power usage with the purchase of Green-e Certified Renewable Energy Certificates. We also reduced our electric power consumption through energy efficiency projects.

Transparency & Engagement: We participate in the Carbon Disclosure Project to measure our environmental impact and support sustainable supply chain practices.

IN 2024, HCSC DEMONSTRATED ITS COMMITMENT TO SUSTAINABILITY BY:

- Saving over 130,000 kilowatt hours through energy efficiency projects.
- Hosting both honeybees and native bees at seven locations in five states.
- Composting 229,809 lbs. of organics.
- Saving more than one million plastic bottles through the use of office water dispensers.
- Offsetting 100% of emissions related to electric power usage through the purchase of Renewable Energy Certificates.



Ethics and Compliance

At HCSC, we strive to act ethically and honestly in everything we do. Working with integrity is one of our core values. We require all employees to operate ethically, with integrity, and according to all applicable laws, regulations and contractual obligations.

Our policy is to prevent unethical or unlawful behavior, detect such behavior as early as possible if it occurs, appropriately disclose to authorities when it happens, and to fully cooperate in any investigation or regulatory inquiry.

HCSC and its subsidiaries, under certain contracts, provide services to various agencies of federal, state, or local governments as either a prime contractor or a subcontractor. We are committed to full and comprehensive compliance with all contractual obligations regarding these services. This includes, but is not limited to, adopting specific policies and procedures for employees who work on such contracts, providing appropriate training and resources, and operating an effective compliance program regarding such contracts.



Our Employees

Our strength lies in our workforce of nearly 30,000 employees who diligently serve our members by answering more than 59,000 phone inquiries and processing on average 1.25 million claims every day. Our employees include nearly 200 doctors and more than 2,700 nurses who help to ensure that our members receive the right care in the right setting at the right time.

Professional Growth

Blue UniversitySM, an internal learning and development institution, equips our employees to adapt to an ever-evolving business environment while promoting their professional growth. Blue University offers employees access to over 100,000 learning activities, ranging from leadership development to computer coding instruction.

Values and Culture

We are intentional in cultivating an environment that creates a sense of belonging and recognizes employee contributions. Through our continued focus on our core values, we promote a culture of caring that is purpose- and values-driven and connects employees to the communities we serve. We invite employees to participate in employee groups, including employee experience councils and our nine business resource groups, which are focused on supporting our organization and the communities we serve.



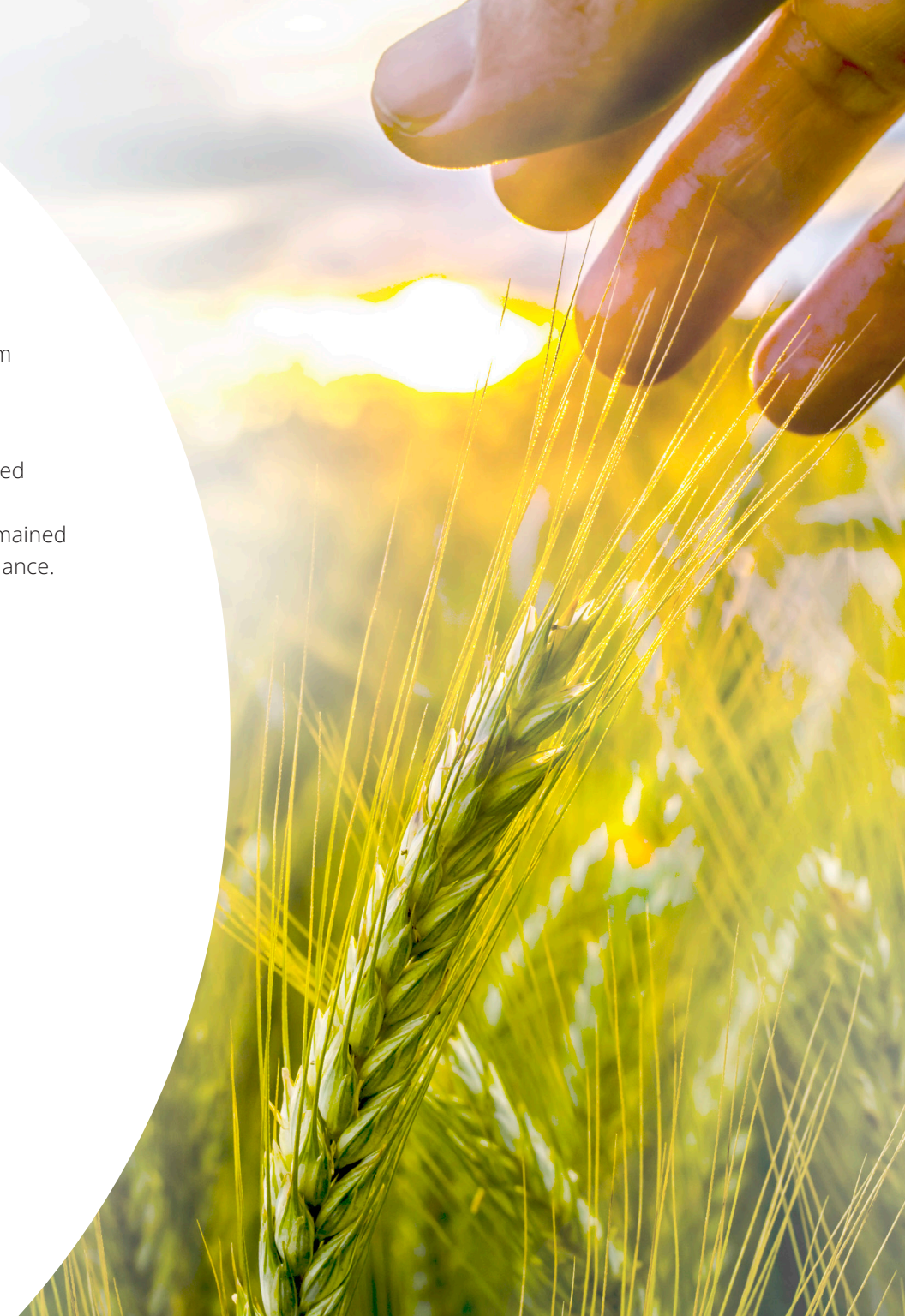
Financial Results

As a customer-owned health insurer, we are not driven by the quarterly earnings cycle. Instead, we take a broad view of health care and make long-term investments in our customers, providers, communities and other stakeholders with the aim of making the health care system work better for everyone.

Our financial strength provides the foundation that allows us to meet and exceed member expectations today while continuing to innovate and grow in meeting the evolving health care needs of the future. In 2024, financial performance remained strong, driven by membership growth and robust investment portfolio performance.

(\$ in millions)	2024	2023
Total revenue	62,824	54,748
Benefit expenses	56,962	48,028
Total administrative and other expenses	6,434	5,712
Net underwriting gain (loss)	(572)	1,008
Net investment income	1,085	926
Net capital losses	(130)	(148)
Income before federal income tax (benefit) expenses	410	1,753
Federal income tax (benefit) expense	(249)	308
Net income	659	1,445

Source: HCSC Statutory filings



Our Leadership Team

Executive Team

Maurice Smith

President, Chief Executive Officer
and Vice Chair

Opella Ernest, M.D.

President, HCSC Markets

Michael Frank

Executive Vice President,
Chief Operating Officer

Catherine Nelson

Executive Vice President,
Chief Legal Officer

Arun Prasad

Executive Vice President,
Chief Strategy Officer & President,
Diversified Businesses

James Walsh

Executive Vice President,
Chief Financial Officer

Jill Wolowitz

Executive Vice President,
Chief Administrative Officer,
Chief Ethics, Compliance & Privacy

Corporate Leaders

Monica Berner, M.D.

Senior Vice President,
Markets & Chief Clinical Officer

Greg Brown

Senior Vice President,
Chief Customer Service Officer

Kevin Cassidy

President, HCSC National Accounts

Stephen Harris

President, Government Markets

Scott Morgan

Senior Vice President,
Chief Information Officer

Manika Turnbull, Ph.D.

Senior Vice President,
Chief Human Resources Officer

Nancy Wohlgart

President, Medicaid

Plan Presidents

Stephanie Grober

President, Oklahoma Plan
& Western Markets

Lisa Kelley

President, Montana Plan

Brian Snell

President, Illinois Plan

James Springfield

President, Texas Plan &
Senior Vice President, Markets

Janice Torrez

President, New Mexico Plan

