## CVS Pharmacy EEO-1 Component 1 Report

## **ADDITIONAL DETAILS**

- This representation data is collected from all US employees of CVS Pharmacy, Inc. and their respective subsidiaries and does not include international employee information.
- CVS Pharmacy, Inc. is a wholly owned subsidiary of CVS Health Corporation and is referred to below using the enterprise brand name CVS Health.
- The job categories in the EEO-1 submissions are not reflective of our workforce or compensation system.
- EEO-1 categories encompass a broad range of grade levels, job titles, technical and non-technical jobs at CVS Health. For example:
  - 1. Executive/Senior Officials & Managers generally align with CVS Health's definition of "Senior Executives and Vice Presidents;"
  - 2. First/Mid Officials & Managers generally align with CVS Health's directors/managers and supervisors;
  - 3. Professionals generally align with individual contributors/non-managers at CVS Health;
  - 4. Technicians generally align with pharmacy technicians (hourly workers);
  - 5. Sales workers align with CVS Health's sales employees;
  - 6. Administrative Support generally align with administration business support;
  - 7. Craft workers generally align with CVS Health's highly skilled distribution center workers;
  - 8. Operatives generally align with CVS Health's semi-skilled distribution center workers;
  - 9. Laborers and Helpers generally align with all remaining distribution center workers at CVS Health; and
  - 10. Service Workers generally align with front store retail workers at CVS Health.
  - As outlined in our EEO statement, CVS Health is committed to the principles of equal employment opportunity, affirmative action, pay equity, and strategic diversity management. Link: <u>https://cvshealth.com/about-cvs-health/diversity/employee-and-consumer-rights</u>

EEO-1 Component 1 Report	Dates of Payroll Period	Date Submitted to the Joint Reporting Committee of the EEOC				
CVS 2022	10/01/2022 THRU 12/31/2022	December 1, 2023				

## 2022 Employer Information Report EEO-1 Consolidated Report

U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB C	Revised ontrol Nu	Form 100 08/2023 umber: 30 ite: 08/31	46-0049
				TION A											
		SECT		B – EMP				ATION							
OFS COMPANY ID		bhei			LOIL		EMPL	LOYER N							
T582863						OF0	01 CVS	B PHAR	MACY	INC					
ADDRESS							С	ITY/TOV	WN			STATE		ZIP CC	DDE
1 CVS DR	IVE						WO	ONSO	CKET			RI 02895			
SECTION C – HI	EADQU	ARTE	RS OR	ESTAB	ABLISHMENT-LEVEL IDENTIFICATION (if applicable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADÇ	UARTE	RS OR E	STABLI	SHMENT	ſ-LEVEL	.NAME				
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADI	ORESS				С	ITY/TOV	WN			STATE ZIP CODE			
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 422424924														
SECTION E – EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS															
			· •	oyer Is N L CONI	-						NGERI	IN BUS	INESS		
SEV				tity ID (					ii applic	able)					
<b>YES</b> (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) X	YES (	Multi-Es	stablishr	nent Em	ployer is	s Federa	l Contra	ctor)		
	Ieadqua	rters is	Federal	Contrac	tor) 🗌	YES (N	lon-Hea	dquarter	rs Establ	ishment	is Feder	al Contr	actor)		
				ne or Mo $\overline{\mathbf{ON} \mathbf{G} - \mathbf{I}}$		-			nments i	s Federa	al Contra	actor)			
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	Hier	anic						Ethnicit	ic or L	atino					-
		atino			Μ	ale		mopu		auno	Fen	nale			1
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	20	12	336	18	47	0	1	4	252	23	16	0	1	6	736
First/Mid-Level Officials and Managers Professionals	1920 1678	2970 3464	8272 15576	1549 2685	1363 6372	57 164	50 73	381 636	12547 31317	3787 6878	1128 8969	111 282	106 160	634 1157	34875 79411
Technicians	2834	10935	6904	2005	3066	101	83	792	27956	11852	8514	432	309	2641	78529
Sales Workers	6298	11785	10477	5320	2345	147	128	1471	21520	10115	3665	459	299	2253	76282
Administrative Support Workers Craft Workers	1343 51	5634 32	3002 194	1344 33	426 9	32 4	37 5	283 9	14278 52	9645 30	1388 4	155 0	216 0	1380 1	39163 424
Operatives	302	115	984	364	125	7	6	79	291	183	17	5	9	37	2524
Laborers and Helpers Service Workers	1266 20	1305 252	1662 21	1192 12	245 4	32 1	23 0	143 2	1198 215	1022 90	178 49	28 10	19 3	109 28	8422 707
CURRENT 2022 REPORTING YEAR TOTAL	15732	36504	47428	14627	14002	545	406	3800	109626	43625	23928	1482	1122	8246	321073
PRIOR 2021 REPORTING YEAR TOTAL	14836	35573	47916		13430	591	404	3479	115067	44800	24037	1582	1186	8226	325148
	ì	SECII	UNI-	WORK 12/1/2		2/31/20		PERIO	D						
SECTION J Not Applicable	– HEA	DQUAI	RTERS	5 OR ES	TABLI	SHME	NT-LE'	VEL CO	OMME]	NTS (op	otional)				

U.S. EQUAL F 2022 EMPLO	OMB C	EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024					
		CERTIFICATION OF SUBMISSION					
OFS COMPANY ID	EMPLOYE	R IDENTIFICATION EMPLOYER NAME					
T582863		OF001 CVS PHARMACY INC					
ADDI	RESS	CITY/TOWN	STATE	ZIP CODE			
1 CVS	DRIVE	WOONSOCKET	RI 02895				
	CERTIFICATIO	N COMMENTS (optional)					
No Certification Comments Provid	ea						
and was prep	luding any workforce demographic ared in conformity with the direction Ifully false statements on this rep	<b>TION STATEMENT</b> c data, provided in this report is correct ons set forth in the form and accompany port are punishable by law, US Code, '	ing instructions	5. "			
		CERTIFICATION					
		10:25 AM [EST] CERTIFYING OFFICIAL					
Name of Employe	er's Certifying Official		tifying Official				
Ivy I	_atimer	Senior Director, EEO/AAP and SDM					
Email Address of	of Certifying Official	Telephone Numbe	r of Certifying Offic	cial			
lvy.Latimer@	CVSHealth.com	401-70	9-9136				
PR	IMARY POINT OF CONTACT (PO	DC) FOR EEO-1 COMPONENT 1 REPOR	TING				
Name of	Primary POC	Title and Emplo	yer of Primary POC				
Ivy I	_atimer		or, EEO/AAP and SDM Pharmacy Inc				
Email Addres	ss of Primary POC		iber of Primary POC				
	lvy.Latimer@CVSHealth.com 401-709-9136						
wy.cauner@		401-70	0.00				