

# 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, and pay equity.

<b>EEO-1 Component 1 Report</b>	<b>Dates of Payroll Period</b>	<b>Date Submitted to the Joint Reporting Committee of the EEOC</b>
CVS 2024	12/01/2024 THRU 12/31/2024	June 20, 2025

# **2024 Employer Information Report EEO-1 Consolidated Report**

<b>U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)</b> <b>2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)</b>										<b>EEOC Standard Form 100 (SF 100)</b> Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
<b>SECTION A – TYPE OF REPORT</b> CONSOLIDATED REPORT															
<b>SECTION B – EMPLOYER IDENTIFICATION</b>															
OFS COMPANY ID T582863				EMPLOYER NAME OFD01 CVS PHARMACY INC											
ADDRESS 1 CVS DRIVE						CITY/TOWN WOONSOCKET				STATE RI		ZIP CODE 02895			
<b>SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)</b>															
HQ/ESTABLISHMENT-LEVEL UNIT ID				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS						CITY/TOWN				STATE		ZIP CODE			
<b>SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)</b> 050340626															
<b>SECTION E – EMPLOYER FILING ELIGIBILITY</b> <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
<b>SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)</b> Unique Entity ID (UEI): TXNJU9N2PHJ7 <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input checked="" type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
<b>SECTION G – NAICS INFORMATION</b> 458110 - Pharmacies and Drug Retailers															
<b>SECTION H – WORKFORCE DEMOGRAPHIC DATA</b>															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino										Row Total		
			Male						Female						
	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
Executive/Senior Level Officials and Managers	20	14	300	16	52	1	1	7	232	21	21	0	0	5	690
First/Mid-Level Officials and Managers	2006	3390	8284	1535	1684	59	60	487	13234	4020	1328	121	109	790	37107
Professionals	2037	4990	14799	3150	6859	137	98	741	32395	9673	9904	233	346	1535	86397
Technicians	2960	10394	6635	2115	2840	100	94	1087	25315	10897	7543	397	337	3049	73763
Sales Workers	6701	9668	9694	4460	2250	157	170	2011	19282	7630	3168	389	290	2693	67633
Administrative Support Workers	1282	6209	2896	1364	407	31	43	374	13794	10746	1418	169	241	1721	40638
Craft Workers	49	16	215	33	11	2	5	7	40	26	6	0	0	3	414
Operatives	314	92	839	396	101	9	8	69	234	148	13	2	4	29	2257
Laborers and Helpers	1188	1172	1512	908	232	30	26	185	1058	710	171	26	16	186	7380
Service Workers	20	284	23	8	2	1	0	5	219	112	45	8	3	61	651
CURRENT 2024 REPORTING YEAR TOTAL	15577	38229	45358	13974	14438	527	505	4973	105863	43983	23217	1305	1246	9932	317127
PRIOR 2023 REPORTING YEAR TOTAL	14710	33913	44103	13465	13391	507	419	3978	102899	40731	22283	1382	1080	8299	301160
<b>SECTION I – WORKFORCE SNAPSHOT PERIOD</b> 12/1/2024 - 12/31/2024															
<b>SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)</b> Not Applicable															

<b>U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)</b> <b>2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)</b>			<b>EEOC Standard Form 100 (SF 100)</b> Revised 08/2023 OMB Control Number: 3045-0049 Expiration Date: 11/30/2026	
<b>SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION</b>				
<b>EMPLOYER IDENTIFICATION</b>				
OES COMPANY ID T582863		EMPLOYER NAME OF001 CVS PHARMACY INC		
ADDRESS 1 CVS DRIVE		CITY/TOWN WOONSOCKET	STATE RI	ZIP CODE 02895
<b>CERTIFICATION COMMENTS (optional)</b>				
No Certification Comments Provided				
<b>CERTIFICATION STATEMENT</b>				
<i>I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions.</i> <b>Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.</b>				
<b>DATE OF CERTIFICATION</b>				
6/20/2025 10:48 AM [EST]				
<b>EMPLOYER'S CERTIFYING OFFICIAL</b>				
Name of Employer's Certifying Official Mondavian Eakins		Title of Certifying Official Manager, EEO/AAP Compliance Reporting & Analytics		
Email Address of Certifying Official Mondavian.Eakins@CVSHealth.com		Telephone Number of Certifying Official 919-579-4386		
<b>PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING</b>				
Name of Primary POC Mondavian Eakins		Title and Employer of Primary POC Manager, EEO/AAP Compliance Reporting & Analytics Mondavian Eakins		
Email Address of Primary POC Mondavian.Eakins@CVSHealth.com		Telephone Number of Primary POC 919-579-4386		