TABLE OF CONTENTS

**Highlights**.....................................................................................................1-3

**SECTION A: SUMMARY OF FORM 5500, SCHEDULE H, AND SCHEDULE I**

A1. Number of Group Health Plans, Total Participants, Active Participants, Assets, Contributions, and Benefits

*by type of benefit and type of insurance, 2021*................................4-5

A2. Number of Group Health Plans, Total Participants, Assets, and Liabilities

*by type of insurance and type of plan, 2021..........*..........................6-7

A3. Number of Participants in Group Health Plans

*by type of insurance, type of plan, and type of participant, 2021*....8-9

A4. Selected Income of Group Health Plans

*by type of insurance and type of plan, 2021*................................10-11

A5. Selected Expenses of Group Health Plans

*by type of insurance and type of plan, 2021*................................12-13

A6. Balance Sheet of Group Health Plans with 100 or More Participants and Trusts

*by type of insurance and type of plan, 2021.....................................*14

A7. Number of Group Health Plans

*by type of insurance, type of plan, and method of funding,*

*2021*.............................................................................................15-18

A8. Number of Group Health Plans and Total Participants

*by collective bargaining status, type of insurance,*

*and type of plan, 2021.............................................................*....19-20

A9. Distribution of Group Health Plans

*by type of insurance, type of plan, and number of participants, 2021*.............................................................................................21-22

A10. Distribution of Group Health Plans

*by type of insurance, type of plan, and industry, 2021*................23-24

A11. Distribution of Group Health Plan Participants

*by type of insurance, type of plan, and number of participants, 2021..*.................................................................................................25

A12. Distribution of Group Health Plan Participants

*by type of insurance, type of plan, and industry, 2021*................26-27

**SECTION B: SUMMARY OF SCHEDULE A**

B1. Number of Group Health Plans and Total Participants

*by type of insurance and type of insurance contracts, 2021*........28-29

B2. Distribution of Group Health Plans

*by type of insurance, type of plan, and number of health insurance contracts, 2021*.............................................................................30-31

B3. Distribution of Group Health Plan Participants

*by type of insurance, type of plan, and number of health insurance contracts, 2021*.............................................................................32-33

B4. Premiums Paid by Group Health Plans

*by type of insurance, type of plan, and type of insurance contracts, 2021*.............................................................................................34-35

**Appendix A1: Plan Funding Classification**..........................................36-41

**Appendix A2: Group Insurance Arrangements**...................................42-46