



NEWS RELEASE

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FOR IMMEDIATE RELEASE

Wellcare Expands Medicare Advantage and Medicare Prescription Drug Plan Offerings for 2023

Wellcare Medicare Advantage plans available in 209 new counties

Wellcare will offer a total of 102 Prescription Drug Plans nationwide

Value Based Insurance Design (VBID) model to improve health outcomes and lower costs for members with low-income subsidy on all Dual Eligible Special Needs Plans (D-SNPs)

Amazon added to preferred retail pharmacy network[†]

TAMPA, Fla. (Oct. 3, 2022) – [Wellcare](#), a wholly owned subsidiary of [Centene Corporation](#) (NYSE: CNC), announced today it will expand its wide range of Medicare Advantage (MA) and Medicare Prescription Drug Plan (PDP) offerings during the 2023 Medicare Annual Enrollment Period (AEP) beginning Oct. 15, 2022.

“As Medicare Advantage enrollment continues to grow across the country, Wellcare is proud to offer more plans, enhanced benefits, and greater choices to help our members and those eligible for Medicare live better, healthier lives,” said Rich Fisher, Chief Executive Officer of Medicare for Centene, Wellcare’s parent company.

Expanded Footprint and New Plan Offerings

Today, Wellcare serves nearly 1.5 million MA members across its 36-state footprint. In 2023, Wellcare will continue to expand its geographic footprint offering plans in 209 new counties. Wellcare will also offer 48 newly designed plans, and 18 of 36 markets will offer at least one new plan. Additionally, Wellcare will continue to expand Preferred Provider Organization (PPO) offerings, including newly launched PPO-D-SNP plans in Connecticut, Indiana, Kansas, Kentucky, Mississippi, Ohio, Oklahoma, Pennsylvania, and South Carolina.

Wellcare’s 2023 MA Plans:

- Health Maintenance Organization (HMO) plans offering access to a network of quality providers
- Local Preferred Provider Organization (LPPO) plans available for members seeking network flexibility
- Giveback plans that reduce some or all of the Part B premium available
- Low-Income Subsidy (LIS) plans give an option to members who qualify for extra help



- Wellcare Patriot plans are available for Veteran members

2023 MA Plan Highlights:

- \$0 premiums on many plans
- No or low copays for primary care physician (PCP) services
- \$0 COVID vaccines and continued COVID testing
- Preferred pharmacy network expansion and innovation to increase member access and cost savings
- New in 2023, Amazon is now a preferred retail pharmacy provider
- Many plans will now offer a national network of providers that accept Medicare; options vary by plan and region
- Smoking cessation, nutritional counseling, and other counseling services offered on many plans
- Flex cards available on many plans for dental, hearing, and vision benefits
- All dental allowances now fall under one singular package for comprehensive dental services
- SSBCI (Special Supplemental Benefits for the Chronically Ill) benefits to include expanded in-home fitness services¹
- Healthy Food Cards with monthly allowances and \$0 prescription co-pays on all tiers for almost all dually eligible members through the Value-Based Insurance Design (VBID) Model

2023 Medicare PDP Highlights:

- Wellcare will offer a total of 102 PDPs nationwide
- Three plans will be offered in all 34 regions across all 50 U.S. states and the District of Columbia.
- All plans will feature a \$0 Tier 1 benefit when filled at preferred pharmacies, including Amazon, Walgreens, CVS, and most grocers
- Part D Senior Savings Model (SSM), which reduces member spending on insulin, will be offered on Value Script and Value Plus products
- A new formulary design will be offered on the Value Script and Value Plus plans; it will contain medications commonly used to treat diabetes and will cost only \$11 per 30-day supply
- Plans offer competitive formularies that are 89% aligned or favorable in coverage and tier placement for the top 400 drugs (96% of Medicare utilization) compared to plans nationwide

The 2023 Medicare AEP begins on October 15 and continues through December 7, 2022. Most plans purchased during AEP are effective January 1, 2023. For more details about Wellcare's Medicare Advantage and Medicare Prescription Drug Plans, visit www.WellcareNow.com.

About Wellcare

For more than 20 years, Wellcare has offered a range of Medicare products, including Medicare Advantage and Medicare Prescription Drug Plans (PDP), which offer affordable coverage beyond Original Medicare. Today, the company offers benefits with every Medicare beneficiary in mind, such as dental, hearing and vision services; Flex cards to assist with co-pays; transportation services; telehealth visits; wellness and fitness programs; in-home support services; and special supplemental benefits for the chronically ill. Wellcare is a wholly owned subsidiary of [Centene Corporation](#), a leading healthcare



enterprise committed to transforming the health of the community, one person at a time. Beginning Jan. 1, 2022, Centene's Medicare brands, including Allwell, Health Net, Fidelis Care, Trillium Advantage, 'Ohana Health Plan, and TexanPlus transitioned to the Wellcare brand. For more information about Wellcare, visit www.wellcare.com.

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.

Washington residents: Health Net Life Insurance Company is contracted with Medicare for PPO plans. "Wellcare by Health Net" is issued by Health Net Life Insurance Company. "Wellcare" is issued by Wellcare of Washington, Inc. "Wellcare" is issued by WellCare Health Insurance Company of Washington, Inc. "Wellcare" is issued by WellCare Prescription Insurance, Inc.

Wellcare is the Medicare brand for Centene Corporation, an HMO, PPO, PFFS, PDP plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in our plans depends on contract renewal.

¹Benefits mentioned may be a part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify.

Arizona D-SNP plans: Contract services are funded in part under contract with the State of Arizona.

New Mexico (NM) Dual Eligible Special Needs Plan (D-SNP) Members: As a Wellcare by Allwell D-SNP member, you have coverage from both Medicare and Medicaid. Medicaid services are funded in part by the state of New Mexico. NM Medicaid benefits may be limited to payment of Medicare premiums for some members.

For Louisiana D-SNP members: As a WellCare HMO D-SNP member, you have coverage from both Medicare and Medicaid. You receive your Medicare health care and prescription drug coverage through WellCare and are also eligible to receive additional health care services and coverage through Louisiana Medicaid. Learn more about providers who participate in Louisiana Medicaid by visiting <https://www.myplan.healthy.la.gov/myaccount/choose/find-provider>. For detailed information about Louisiana Medicaid benefits, please visit the Medicaid website at <https://ldh.la.gov/medicaid> and select the "Learn about Medicaid Services" link.

For Louisiana D-SNP prospective enrollees: For detailed information about Louisiana Medicaid benefits, please visit the Medicaid website at <https://ldh.la.gov/medicaid>.

Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any benefits above and beyond traditional Medicare benefits are applicable to Wellcare Medicare Advantage only and do not indicate increased Medicaid benefits.



For Indiana D-SNP prospective enrollees: For detailed information about Indiana Medicaid benefits, please visit the Medicaid website at <https://www.in.gov/medicaid/>. Wellcare's pharmacy network includes limited lower-cost preferred pharmacies in rural areas of MO and NE. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-833-444-9088 (TTY 711) for Wellcare No Premium (HMO) and Wellcare Giveback (HMO) in MO or consult the online pharmacy directory at www.wellcare.com/medicare; and 1-833-542-0693 (TTY 711) for Wellcare No Premium (HMO), Wellcare Giveback (HMO), and Wellcare No Premium Open (PPO) in NE or consult the online pharmacy directory at www.wellcare.com/NE.

†Other Pharmacies are available in our network.

Wellcare by Allwell (HMO and HMO SNP) includes products that are underwritten by Superior HealthPlan, Inc. and Superior HealthPlan Community Solutions, Inc.

Wellcare (HMO and HMO SNP) includes products that are underwritten by WellCare of Texas, Inc., WellCare National Health Insurance Company, and SelectCare of Texas, Inc.

Please contact your plan for details.

Forward-Looking Statements

All statements, other than statements of current or historical fact, contained in this press release are forward-looking statements. Without limiting the foregoing, forward-looking statements often use words such as "believe," "anticipate," "plan," "expect," "estimate," "intend," "seek," "target," "goal," "may," "will," "would," "could," "should," "can," "continue" and other similar words or expressions (and the negative thereof). Centene (the Company, our, or we) intends such forward-looking statements to be covered by the safe-harbor provisions for forward-looking statements contained in the Private Securities Litigation Reform Act of 1995, and we are including this statement for purposes of complying with these safe-harbor provisions. In particular, these statements include, without limitation, statements about our future operating or financial performance, market opportunity, value creation strategy, competition, expected activities in connection with completed and future acquisitions and dispositions, including statements about the impact of our recently completed acquisition of Magellan Health, Inc. (the Magellan Acquisition), other recent and future acquisitions and dispositions, our investments and the adequacy of our available cash resources. These forward-looking statements reflect our current views with respect to future events and are based on numerous assumptions and assessments made by us in light of our experience and perception of historical trends, current conditions, business strategies, operating environments, future developments and other factors we believe appropriate. By their nature, forward-looking statements involve known and unknown risks and uncertainties and are subject to change because they relate to events and depend on circumstances that will occur in the future, including economic, regulatory, competitive and other factors that may cause our or our industry's actual results, levels of activity, performance or achievements to be materially different from any future results,



levels of activity, performance or achievements expressed or implied by these forward-looking statements. These statements are not guarantees of future performance and are subject to risks, uncertainties and assumptions. All forward-looking statements included in this press release are based on information available to us on the date hereof. Except as may be otherwise required by law, we undertake no obligation to update or revise the forward-looking statements included in this press release, whether as a result of new information, future events or otherwise, after the date hereof. You should not place undue reliance on any forward-looking statements, as actual results may differ materially from projections, estimates, or other forward-looking statements due to a variety of important factors, variables and events including, but not limited to: our ability to accurately predict and effectively manage health benefits and other operating expenses and reserves, including fluctuations in medical utilization rates due to the ongoing impact of COVID-19; the risk that the election of new directors, changes in senior management, and any inability to retain key personnel may create uncertainty or negatively impact our ability to execute quickly and effectively; uncertainty as to the expected financial performance of the combined company following the recent completion of the Magellan Acquisition; the possibility that the expected synergies and value creation from the Magellan Acquisition or the acquisition of WellCare Health Plans, Inc. (the WellCare Acquisition) or other acquired businesses will not be realized, or will not be realized within the respective expected time periods; disruption from the integration of the Magellan Acquisition or the WellCare Acquisition, unexpected costs, or similar risks from other acquisitions or dispositions we may announce or complete from time to time, including potential adverse reactions or changes to business relationships with customers, employees, suppliers or regulators, making it more difficult to maintain business and operational relationships; the risk that the closing conditions, including applicable regulatory approvals, for the pending dispositions of Magellan Rx and our Spanish and Central European businesses, may be delayed or not obtained; impairments to real estate, investments, goodwill and intangible assets; a downgrade of the credit rating of our indebtedness; competition; membership and revenue declines or unexpected trends; changes in healthcare practices, new technologies, and advances in medicine; increased healthcare costs; changes in economic, political or market conditions; changes in federal or state laws or regulations, including changes with respect to income tax reform or government healthcare programs as well as changes with respect to the Patient Protection and Affordable Care Act and the Health Care and Education Affordability Reconciliation Act (collectively referred to as the ACA) and any regulations enacted thereunder that may result from changing political conditions, the new administration or judicial actions; rate cuts or other payment reductions or delays by governmental payors and other risks and uncertainties affecting our government businesses; our ability to adequately price products; tax matters; disasters or major epidemics; changes in expected contract start dates; provider, state, federal, foreign and other contract changes and timing of regulatory approval of contracts; the expiration, suspension, or termination of our contracts with federal or state governments (including, but not limited to, Medicaid, Medicare, TRICARE or other customers); the difficulty of predicting the timing or outcome of legal or regulatory proceedings or matters, including, but not limited to, our ability to resolve claims and/or allegations made by states with regard to past practices, including at Envolve Pharmacy Solutions, Inc. (Envolve), as our pharmacy benefits manager (PBM) subsidiary, within the reserve estimate we recorded in 2021 and on other acceptable terms, or at all, or whether additional claims, reviews or investigations relating to our PBM business will be brought by states, the federal government or shareholder litigants,



or government investigations; the timing and extent of benefits from strategic value creation initiatives, including the possibility that these initiatives will not be successful, or will not be realized within the expected time periods; challenges to our contract awards; cyber-attacks or other privacy or data security incidents; the exertion of management's time and our resources, and other expenses incurred and business changes required in connection with complying with the undertakings in connection with any regulatory, governmental or third party consents or approvals for acquisitions or dispositions; any changes in expected closing dates, estimated purchase price and accretion for acquisitions or dispositions; restrictions and limitations in connection with our indebtedness; our ability to maintain or achieve improvement in the Centers for Medicare and Medicaid Services (CMS) Star ratings and maintain or achieve improvement in other quality scores in each case that can impact revenue and future growth; the availability of debt and equity financing on terms that are favorable to us; inflation; foreign currency fluctuations; and risks and uncertainties discussed in the reports that Centene has filed with the Securities and Exchange Commission. This list of important factors is not intended to be exhaustive. We discuss certain of these matters more fully, as well as certain other factors that may affect our business operations, financial condition and results of operations, in our filings with the Securities and Exchange Commission (SEC), including our annual report on Form 10-K, quarterly reports on Form 10-Q and current reports on Form 8-K. Due to these important factors and risks, we cannot give assurances with respect to our future performance, including without limitation our ability to maintain adequate premium levels or our ability to control our future medical and selling, general and administrative costs.