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Wellcare Offers Simple Tips to Help California Seniors Choose a Medicare Advantage Plan This Holiday Season

SACRAMENTO, Calif. (Nov. 17, 2021) — With Thanksgiving just weeks away, many seniors turn to their trusted family members to help them navigate the Medicare enrollment process. That's why this holiday season, Wellcare, a leading Medicare Advantage provider serving Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, is sharing four important but easy tips to help seniors select a quality plan.

Wellcare recently received a [5-Star Rating](#) (out of a possible five stars) across its five-county service area, according to the Centers for Medicare & Medicaid Services (CMS) annual Star Quality Ratings for Rating Year 2022.

"It's vital that we help our loved ones get the highest quality care – like they did for us for so many years," said Karen M. Johnson, Wellcare's Medicare lead in California. "Our recent Star Ratings reflect our commitment to improving the health and wellbeing of our Medicare members across California. At every phase of the healthcare journey – whether inbound or outbound – we meet our members where they are, with their unique challenges, and then work to remove their barriers to care to help them live better, healthier lives."

1. **Reach for the Stars** – CMS ranks Medicare Advantage plans on up to 38 objective measures and assigns star ratings to empower patients to make healthcare decisions that are best for them. The measures include quality of care, customer service and member complaints. Wellcare was one of five Medicare Advantage plans in California to earn a 5-Star Rating for 2022; it is also the fourth year in a row Wellcare received four or more stars in the state.
2. **Identify Culturally Sensitive Doctors and Providers** – If your loved ones feel most comfortable speaking their native language, find a doctor who can understand the cultural context of their healthcare needs. Wellcare has a wide network of quality primary care physicians and specialists who cater to specific populations, including Seoul Medical Group serving the Korean Community, AltaMed serving the Latinx community, and Allied Pacific of California serving the Chinese community.
3. **Geography Matters** – Not all Medicare Advantage plans are available in all cities and counties. Find a high-quality plan serving your area. For example, Wellcare serves Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties.



4. **Consider Copays** – For 2022, Wellcare has lowered many of its Medicare Advantage prescription copays by \$5 to \$10 dollars when members use preferred pharmacies, including CVS, Walgreens, and other major grocery store chains.

The Medicare Annual Enrollment Period for all Medicare health plans runs now through Dec. 7, 2021. As a 5-Star plan, Wellcare is able to enroll members year-round in California.

Highlights of Wellcare's 2022 Benefit Offerings

In 2022, Wellcare will continue to offer a range of Medicare products, including Medicare Advantage and Medicare Prescription Drug Plans (PDP), which offer affordable coverage beyond Original Medicare.

For 2022, Wellcare has lowered many of its Medicare Advantage prescription copays by \$5 to \$10 dollars when members use preferred pharmacies, including CVS, Walgreens, and other major grocery store chains.[†] Additionally, Wellcare has expanded many of its innovative benefit offerings such as its Flex Card, which can be used for out-of-pocket costs for dental, vision, and hearing. Special Supplemental Benefits for the Chronically Ill (SSBCI) will now include options like a food benefit, a utility benefit, and a care concierge benefit for a number of personal services.

And for those looking for standalone prescription drug coverage, Wellcare's PDPs are available across all 50 U.S. states. Wellcare will offer three types of standalone plans, all of which include \$0 Tier 1 medicines and access to a preferred pharmacy network, including retailers such as Walgreens, CVS, and major grocery store chains.

To learn more about Wellcare, visit www.wellcarenow.com or call 1-877-823-8267 (TTY 711).

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 multi-national 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 will transition to the Wellcare brand. For more information about Wellcare, visit www.wellcare.com.

About Centene Corporation

Centene Corporation, a Fortune 25 company, is a leading multi-national healthcare enterprise that is committed to helping people live healthier lives. The Company takes a local approach –



with local brands and local teams – to provide fully integrated, high-quality, and cost-effective services to government-sponsored and commercial healthcare programs, focusing on under-insured and uninsured individuals. Centene offers affordable and high-quality products to nearly 1 in 15 individuals across the nation, including Medicaid and Medicare members (including Medicare Prescription Drug Plans) as well as individuals and families served by the Health Insurance Marketplace, the TRICARE program, and individuals in correctional facilities. The Company also serves several international markets, and contracts with other healthcare and commercial organizations to provide a variety of specialty services focused on treating the whole person. Centene focuses on long-term growth and the development of its people, systems and capabilities so that it can better serve its members, providers, local communities, and government partners.

Centene uses its investor relations website to publish important information about the Company, including information that may be deemed material to investors. Financial and other information about Centene is routinely posted and is accessible on Centene's investor relations website, <https://investors.centene.com/>.

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, growth strategy, competition, expected activities in completed and future acquisitions, including statements about the impact of our proposed acquisition of Magellan Health (the Magellan Acquisition), our completed acquisition of WellCare Health Plans, Inc. (WellCare and such acquisition, the WellCare Acquisition), other recent and future acquisitions, 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: the impact of COVID-19 on global markets, economic conditions, the healthcare industry and our results of operations and the response by governments and other third parties; 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 impact of COVID-19; the risk that regulatory or other approvals required for the Magellan Acquisition may be delayed or not obtained or are subject to unanticipated conditions that could require the exertion of management's time and our resources or otherwise have an adverse effect on us; the possibility that certain conditions to the consummation of the Magellan Acquisition will not be satisfied or completed on a timely basis and accordingly, the Magellan Acquisition may not be consummated on a timely basis or at all; uncertainty as to the expected financial performance of the combined company following completion of the Magellan Acquisition; the possibility that the expected synergies and value creation from the Magellan Acquisition or the WellCare Acquisition (or other acquired businesses) will not be realized, or will not be realized within the respective expected time periods; the risk that unexpected costs will be incurred in connection with the completion and/or integration of the Magellan Acquisition or that the integration of Magellan Health will be more difficult or time consuming than expected, or similar risks from other acquisitions we may announce or complete from time to time; the risk that potential litigation in connection with the Magellan Acquisition may affect the timing or occurrence of the Magellan Acquisition or result in significant costs of defense, indemnification and liability; disruption from the announcement, pendency, completion and/or integration of the Magellan Acquisition or from the integration of the WellCare Acquisition, or similar risks from other acquisitions 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; a downgrade of the credit rating of our indebtedness; the inability to retain key personnel; 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 have recorded 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; timing and extent of benefits from strategic value creation initiatives; 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, including the Magellan Acquisition; changes in expected closing dates, estimated purchase price and accretion for acquisitions; the risk that acquired businesses will not be integrated successfully; 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; 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.

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.

Every year, Medicare evaluates plans based on a 5-star rating system.

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

Our plans use a formulary.

*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.

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

For New Mexico D-SNP plans: Such services are funded in part with the State of New Mexico.

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 Tennessee D-SNP plans: 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.

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

Supplemental Benefits for the Chronically Ill: benefits mentioned are a part of special supplemental benefits. Not all members will qualify.

†Other <Pharmacies/Physicians/Providers> are available in our network.

Please contact your plan for details.