

**NEWS RELEASE**

Contacts: Media  
Marcela Manjarrez-Hawn  
(314) 445-0790  
[mediainquiries@centene.com](mailto:mediainquiries@centene.com)

Investors  
Jennifer Gilligan  
(212) 459-1306  
[investors@centene.com](mailto:investors@centene.com)

**FOR IMMEDIATE RELEASE**

**Centene to Waive Primary Care, Behavioral Health, and Telehealth Costs for Medicare Advantage Members for Remainder of 2020**

*Company Also Offers Expanded Benefits and Free Help Line to Address Social Determinants of Health*

**ST. LOUIS (May 20, 2020)** — Today, Centene Corporation (NYSE: CNC), which offers Medicare Advantage plans nationally through the WellCare and Allwell brands and locally through the Health Net brand, announced new efforts to help support its nearly 1 million Medicare Advantage members during the COVID-19 pandemic.

Beyond COVID-19-related testing and treatment, the company is waiving all cost sharing for in-network primary care, behavioral health, and telehealth visits for the remainder of the calendar year. WellCare is also offering its Community Connections Help Line, available to anyone in need of help beyond medical care, as well as expanded benefits including extended meal program benefits, over-the-counter (OTC) allowances, and annual wellness visit incentives to help members in need of extra support.



“We believe the last thing people should be worried about during this pandemic is their healthcare,” said Michael Polen, Senior Vice President and Chief Executive Officer, Medicare Solutions. “We want our senior members and other vulnerable populations to know they’re covered.”

**Eliminating Out-of-Pocket Costs, Increasing Access to Care**

In March, Centene [announced](#) it would waive pre-authorizations, co-pays, and other costs related to COVID-19 testing and medically necessary treatment. The company also announced it was waiving prescription refill limits, and members would be able to refill prescriptions prior to their refill date.

The company will now waive in-network primary care costs for all primary care visits, as well as the costs for outpatient, non-facility-based behavioral health visits. It is also extending telehealth cost share waivers for all telehealth visits—PCP and specialty—including behavioral health, for in-network providers through 2020. Medicare members with state benefits will continue to receive support through coordination with their states.

“These actions are the latest in a series of efforts we are taking to help our members manage their conditions and access needed care during the pandemic,” said Polen. “As many states begin to lift shelter-in-place orders and reopen the healthcare system, we want to help our members stay safe while removing any unneeded financial burdens to accessing care.”

### **Addressing Social Determinants of Health**

As seniors face increased social and economic barriers to care amid the pandemic, the company is also offering a number of expanded benefits to help seniors address issues such as food insecurity, out-of-pocket medical costs, and medication assistance.

WellCare’s Community Connections Help Line – a toll-free line available to anyone in need – is staffed by peer coaches and support specialists who can refer individuals and caregivers in need to a database of more than half a million social services in local communities across the country.

Since the beginning of the pandemic, WellCare’s Help Line has fielded nearly 3,000 calls from individuals with Medicare. Between March 8 and May 8, WellCare found the most requested services from these callers included food assistance (29%), medication assistance (19%), utilities assistance (11%), housing (10%) and transportation (7%).

More specifically, many seniors report they are worried about paying their medical bills and affording food during the pandemic. Nearly half (40%) report it is difficult to pay their current medical bills, while 60% report they are worried about running out of food before having enough money to buy more.

“It’s difficult to prioritize your health and healthcare when you don’t have access to healthy food or the ability to pay your bills,” said Polen. “We want to do everything we can to eliminate those social determinants of health – social and economic factors that can have a major impact on overall health and wellbeing – especially during this challenging time.”

To help further remove any financial or food-related barriers to care, Medicare Advantage members may be eligible for the following expanded benefits for the remainder of 2020:

- **Extended Meal Benefits** – Members eligible for meal benefits due to a chronic condition or recent discharge may receive an additional 14 meals delivered to their home at no cost.
- **Annual Wellness Visit Incentives** – Members will be eligible for an increased incentive for completing their Annual Wellness Visits, a benefit offered at no cost to the member.
- **Additional Over-The-Counter (OTC) Benefits** – Plans with an OTC benefit may now receive additional allowance dollars in monthly or quarterly increments, adding up to as much as \$150 for the remainder of 2020, depending on plan.

Centene and WellCare are committed to ensuring continuity of care and services for members and local communities during the COVID-19 pandemic. To learn more, visit [www.WellCareCares.com](http://www.WellCareCares.com).

###

### **About Centene Corporation**

Centene Corporation, a Fortune 100 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, <http://www.centene.com/investors>.

### **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 recently completed acquisition (the WellCare Acquisition) of WellCare Health Plans, Inc. (WellCare), 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 and the healthcare industry and our results of operations, which is unknown, uncertainty as to our expected financial performance following completion and integration of the WellCare Acquisition; the possibility that the expected synergies and value creation from the WellCare Acquisition will not be realized, or will not be realized within the expected time period; the risk that unexpected costs will be incurred in connection with the integration of the WellCare Acquisition or that the integration of WellCare will be more difficult or time consuming than expected; unexpected costs, charges or expenses resulting from the WellCare Acquisition; the inability to retain key personnel; disruption from the completion of the WellCare Acquisition, 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 we may not be able to effectively manage our expanded operations; our ability to accurately predict and effectively manage health benefits and other operating expenses and reserves; 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 Affordable Care Act (ACA) and any regulations enacted thereunder that may result from changing political conditions or judicial actions, including the ultimate outcome in "Texas v. United States of America" regarding the constitutionality of the ACA; 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 on the Health Insurance Marketplaces and other commercial and Medicare products; tax matters; disasters or major epidemics; the outcome of legal and regulatory proceedings; changes in expected contract start dates; provider, state, federal 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 pending or future litigation or government investigations; challenges to our contract awards; cyber-attacks or other privacy or data security incidents; the possibility that the expected synergies and value creation from acquired businesses, including businesses we may acquire in the future, will not be realized, or will not be realized within the expected time period; 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; disruption caused by significant completed and pending acquisitions, including, among others, the WellCare Acquisition, making it more difficult to maintain business and operational relationships; the risk that unexpected costs will be incurred in connection with the completion and/or integration of acquisition transactions; changes in expected closing dates, estimated purchase price and accretion for acquisitions; the risk that acquired businesses will not be integrated successfully; the risk that we may not be able to effectively manage our operations as they have expanded as a result of the WellCare Acquisition; 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.*