

CENTENE SUBSIDIARY BUCKEYE HEALTH PLAN AWARDED CONTRACT TO SERVE DUAL ELIGIBLE MEDICARE AND MEDICAID MEMBERS IN OHIO - Nov 1, 2024

ST. LOUIS, Nov. 1, 2024 /PRNewswire/ -- [Centene Corporation](#) (NYSE: CNC), a leading healthcare enterprise committed to helping people live healthier lives, announced today that its subsidiary, [Buckeye Health Plan](#) (Buckeye), has been selected by the Ohio Department of Medicaid (ODM) to continue providing Medicare and Medicaid services for dually eligible individuals through a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP). FIDE SNPs fully integrate care for dually eligible beneficiaries under a single managed care organization, allowing enrollees to receive all of their medical, behavioral and long-term services and supports through one plan.

MyCare Ohio members will not have any change at this time. Current MyCare Ohio providers will continue to serve MyCare Ohio members as they do today until the transition to the Next Generation MyCare plans in January 2026. At that time, the selected plans will be responsible for supporting Ohioans who are eligible for both Medicare and Medicaid healthcare coverage in the 29 counties where MyCare Ohio is currently available. Statewide expansion of the program will follow as quickly as possible.

"We are proud to be working with ODM to connect Ohio communities with the personal, specialized care they need and deserve," said Centene Chief Executive Officer, Sarah M. London. "With our FIDE SNP program, we will continue to make sure our members get everything they need – under one plan – so they can focus on their health."

Buckeye is among four health plans selected by ODM to deliver high-quality healthcare to Medicare-Medicaid eligible members through the state's new FIDE SNP product. Buckeye's current MMP program serves more than 9,000 members across 12 counties. With the FIDE SNP product offered through the Next Generation MyCare Ohio Program, Buckeye has the potential to expand its reach statewide when the program expands in 2027. Under the new contract, Buckeye will deploy innovative initiatives to meet members' unique needs, addressing barriers to healthcare and critical social drivers of health, and improving care to promote independence.

"As your guide to better health, Buckeye is honored to continue to serve dually eligible Ohioans," said Buckeye Health Plan President and CEO, Steve Province. "After serving this dual-eligible population for over a decade, Buckeye understands the importance of providing innovative solutions to meet the needs of Ohioans with complex healthcare challenges and advocating for support to help them thrive. We look forward to continuing our partnerships with members, providers, caregivers and the State of Ohio under the new contract."

For more information about Buckeye's current MyCare Ohio product, visit mmp.buckeyehealthplan.com.

Meridian Health Plan of Michigan, Inc., a Centene Corporation company, was also [recently selected](#) by the Michigan Department of Health and Human Services to provide highly integrated Medicare and Medicaid services for dually eligible Michiganders through a Highly Integrated Dual Eligible Special Needs Plan.

About Centene Corporation

[Centene Corporation](#), a Fortune 500 company, is a leading 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 more than 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 and the TRICARE program.

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://investors.centene.com/>.

About Buckeye Health Plan

[Buckeye Health Plan](#) offers managed healthcare for Ohioans on Medicaid, Medicare, integrated Medicaid-Medicare (called MyCare Ohio) and the Health Insurance Exchange. Since 2004, Buckeye has been dedicated to improving the health of Ohioans, many with low incomes, by providing coordinated healthcare and other essential support that individuals and families need to grow and thrive. Buckeye Health Plan is a [Centene Corporation](#) company. Follow Buckeye on Twitter [@Buckeye_Health](#) and on Facebook at <http://www.facebook.com/BuckeyeHealthPlan>.

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 Corporation and its subsidiaries (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 expected contract start dates and terms, our future operating or financial performance, market opportunity, competition, expected activities in connection with completed 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 design and price products that are competitive and/or actuarially sound including but not limited to any impacts resulting from Medicaid redeterminations; 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; our ability to accurately predict and effectively manage health benefits and other operating expenses and reserves, including fluctuations in medical utilization rates; competition, including for providers, broker distribution networks, contract procurements and organic growth; our ability to adequately anticipate demand and provide for operational resources to maintain service level requirements; our ability to manage our information systems effectively; disruption, unexpected costs, or similar risks from business transactions, including acquisitions, divestitures, and changes in our relationships with third parties; impairments to real estate, investments, goodwill, and intangible assets; changes in senior management, loss of one or more key personnel or an inability to attract, hire, integrate and retain skilled personnel; membership and revenue declines or unexpected trends; rate cuts or other payment reductions or delays by governmental payors and other risks and uncertainties affecting our government businesses; changes in healthcare practices, new technologies, and advances in medicine; our ability to effectively and ethically use artificial intelligence and machine learning in compliance with applicable laws; increased healthcare costs; inflation and interest rates; the effect of social, economic, and political conditions and geopolitical events, including as a result of changes in U.S. presidential administrations or Congress; changes in 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; uncertainty concerning government shutdowns, debt ceilings or funding; tax matters; disasters, climate-related incidents, acts of war or aggression or major epidemics; changes in expected contract start dates and terms; changes in provider, broker, vendor, state, federal, and other contracts and delays in the timing of regulatory approval of contracts, including due to protests; the expiration, suspension, or termination of our contracts with federal or state governments (including, but not limited to, Medicaid, Medicare or other customers); the difficulty of predicting the timing or outcome of legal or regulatory audits, investigations, proceedings or matters, including, but not limited to, our ability to resolve claims and/or allegations made by states with regard to past practices on acceptable terms, or at all, or whether additional claims, reviews or investigations will be brought by states, the federal government or shareholder litigants, or government investigations; challenges to our contract awards; cyber-attacks or other data security incidents or our failure to comply with applicable privacy, data or security laws and regulations; the exertion of management's time and our resources, and other expenses incurred and business changes required in connection with complying with the terms of our contracts and 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, or accretion for acquisitions or dispositions; losses in our investment portfolio; restrictions and limitations in connection with our indebtedness; a downgrade of our corporate family rating, issuer rating or credit rating of our indebtedness; the availability of debt and equity financing on terms that are favorable to us and risks and uncertainties discussed in the reports that Centene has filed with the Securities and Exchange Commission (SEC). 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 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.

SOURCE CENTENE CORPORATION

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<https://investors.centene.com/2024-11-01-CENTENE-SUBSIDIARY-BUCKEYE-HEALTH-PLAN-AWARDED-CONTRACT-TO-SERVE-DUAL-ELIGIBLE-MEDICARE-AND-MEDICAID-MEMBERS-IN-OHIO>