

CENTENE SUBSIDIARY ARIZONA COMPLETE HEALTH JOINS SETTLEMENT AGREEMENT TO MOVE FORWARD WITH STATEWIDE LONG-TERM CARE MEDICAID CONTRACT - May 2, 2025

ST. LOUIS, May 2, 2025 /PRNewswire/ -- [Centene Corporation](#) (NYSE: [CNC](#)), a leading healthcare enterprise committed to helping people live healthier lives, announced today that its subsidiary, [Arizona Complete Health](#), the largest Medicaid health plan in Arizona, has joined the Arizona Health Care Cost Containment System (AHCCCS) –Arizona's single state Medicaid agency – and three other health plans in reaching a settlement agreement to provide managed care for the Arizona Long Term Care System (ALTCS). The ALTCS program supports nearly 26,000 Arizonans who are elderly and/or have a physical disability (EPD) with physical and behavioral healthcare, as well as pharmacy benefits and home- and community-based services.

Beginning October 1, 2025, Arizona Complete Health will be available statewide, covering services for Arizonans enrolled with the Arizona Long Term Care System-Elderly and/or Physically Disabled (ALTCS-EPD) program. The settlement agreement awards Arizona Complete Health a three-year contract, with the option to extend each year thereafter for three years, for a total contract period of six years.

"We have proudly served AHCCCS members since 2006 and, today, provide health care coverage to more than 400,000 members statewide," said Centene Chief Executive Officer, Sarah M. London. "Reaching this agreement was an incredibly positive step forward and places the focus on the important work of improving the health of ALTCS-EPD members."

AHCCCS will send notices to members about relevant changes, as well as health plan assignment and member choice options, over the coming months.

"It is an honor to have been selected to lead ALTCS-EPD programs statewide," said Arizona Complete Health Plan President and CEO Martha Smith. "This settlement agreement reflects our shared interest in putting ALTCS members first. Now, we can focus our efforts on ensuring a smooth member transition and coordination of care for an October 1, 2025 launch."

For more information, AHCCCS has developed an FAQ document and will make additional information available on its website: www.azahcccs.gov.

ALTCS is one of the oldest Medicaid managed long-term services and supports programs in the country, providing integrated physical health, behavioral health and long-term services and supports to individuals in Arizona. The program places a special emphasis on home- and community-based services that support members' ability to live independently to the greatest extent.

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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.

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 Arizona Complete Health

Arizona Complete Health, a wholly owned subsidiary of [Centene Corporation](#), provides and administers health benefits through individual, Medicaid, Medicare and dual eligible programs. Arizona Complete Health-Complete Care Plan is the state's largest Medicaid plan serving members statewide. Arizona Complete Health also offers Medicare Advantage coverage through its Wellcare program and Marketplace coverage through Ambetter from Arizona Complete Health. For more information on Arizona Complete Health, please visit the company's website at www.azcompletehealth.com.

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 expected contract start dates and terms, our expected future operating or financial performance, changes in laws and regulations (including but not limited to, renewal and modification of the enhanced advance premium tax credits associated with the Marketplace

product), 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 could 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 timely provide for operational resources to maintain service level requirements in compliance with the terms of our contracts and state and federal regulations; 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 party vendors; 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, insufficient rate changes 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; unanticipated increased healthcare costs, including due to inflation and tariffs; changes in macroeconomic conditions, including inflation, interest rates and volatility in the financial markets; the effect of social, economic, and political conditions, geopolitical events and state and U.S. policies, including the amount and terms of state and federal funding for government-sponsored healthcare programs, including as a result of changes in U.S. presidential administrations or Congress; 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, including the timing and terms of renewal or modification of the enhanced advance premium tax credits or program integrity initiatives that could have the effect of reducing membership or profitability of our products; negative public perception of the Company and the managed care industry; 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 and our ability to timely comply with any such changes to our contractual requirements or manage any unexpected delays in regulatory approval of contracts; 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.

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For further information: Media Contact: mediainquiries@centene.com

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