

CENTENE SUBSIDIARY MERIDIAN HEALTH PLAN OF ILLINOIS AWARDED ILLINOIS MEDICAID CONTRACT - Jul 9, 2026

ST. LOUIS, July 9, 2026 /PRNewswire/ -- [Centene Corporation](#) (Centene) (NYSE: CNC), a leading healthcare enterprise committed to helping people live healthier lives, announced today that its Illinois subsidiary, [Meridian Health Plan of Illinois, Inc.](#) (Meridian), has been selected by the Illinois Department of Healthcare and Family Services (HFS) to continue providing services for the HealthChoice Illinois Medicaid managed care program. The four-year contract is expected to begin January 1, 2027, through 2030.

"Centene has a long track record serving Medicaid and dually eligible Medicaid-Medicare members in Illinois," said Chief Executive Officer Sarah M. London. "This award reflects Meridian's strong local partnerships and focus on delivering coordinated, high-quality care while connecting people to the support they need beyond the clinical setting. We value our partnership with the state and look forward to continuing to expand access and strengthen outcomes across Illinois."

Meridian is one of six managed care organizations selected by HFS to deliver access to high-quality managed care services to approximately 2.4 million Medicaid-eligible Illinoisans statewide. As of May 2026, Meridian serves more than 596,000 Medicaid enrollees through the HealthChoice Illinois Medicaid program. Under the new contract, Meridian will continue providing managed care for Medicaid enrollees, including access to integrated primary, maternal, and behavioral health care.

"We are honored to be chosen again by the Illinois Department of Healthcare and Family Services to continue delivering access to high-quality, whole person care through proven performance and building on our strategy to address barriers to care," said Meridian Plan President and Chief Executive Officer Cristal Gary.

In addition to ensuring its members get the medical care they need through its clinical and population health programs, Meridian's whole-person approach also focuses on improving well-being by working with community-based partners to address gaps in social drivers that impact health outcomes. Meridian is recognized for its work with the highest possible 5-star rating in the latest 2024 HealthChoice Illinois Report Card in three critical areas: Access to Care, Living with Illness, and Women's/Children's Health.

Building on nearly 20 years of experience serving Illinois communities, Meridian will continue providing comprehensive, coordinated care for some of the state's most vulnerable populations while advancing programs that address social drivers of health across all 102 counties.

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 teams to provide fully integrated, high-quality, and cost-effective services to government-sponsored and commercial healthcare programs, focusing on under-insured 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 Meridian Health Plan of Illinois

Meridian Health Plan of Illinois, Inc. and its family of health plans provide government-sponsored managed care to families, children, seniors, and individuals with complex medical needs. This includes Meridian's Medicaid and Medicare-Medicaid plans, and YouthCare HealthChoice Illinois. YouthCare is a specialized program designed to address the healthcare needs of Illinois Department of Children and Family Services (DCFS) youth in out-of-home placement and former youth in care. Meridian connects members to care and offers comprehensive services to support lifelong health and wellness. Meridian is a company of [Centene Corporation](#), a leading healthcare enterprise committed to helping people live healthier lives. Learn more at ILmeridian.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," "predict," "intend," "seek," "target," "goal," "potential," "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 future operating or financial performance, changes in laws and regulations, market opportunity, expectations concerning pricing actions, competition, expected contract start dates and terms, 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, performance, or achievements to be materially different from any future results, 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; our ability to accurately predict and effectively manage health benefits and other operating expenses and reserves, including fluctuations in medical costs; rate cuts, insufficient rate changes or other payment reductions or delays by government payors affecting our government businesses; the effect of social, economic, and political conditions, geopolitical events and state and federal 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 (eAPTCs) or program integrity initiatives that could have the effect of reducing membership or profitability of our products; unanticipated increased healthcare costs, including due to changes in consumer and provider behaviors, inflation and tariffs; 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; 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 comply with the terms of our contracts and state and federal regulations and our ability to effectively oversee our third-party vendors to comply with the terms of their contracts with us 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; 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; changes in macroeconomic conditions, including inflation, interest rates and volatility in the financial markets; 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 on acceptable terms, or at all, or whether additional claims, reviews or investigations will be brought; 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 (SG&A) costs.

SOURCE Centene Corporation

For further information: mediainquiries@centene.com

<https://investors.centene.com/2026-07-09-CENTENE-SUBSIDIARY-MERIDIAN-HEALTH-PLAN-OF-ILLINOIS-AWARDED-ILLINOIS-MEDICAID-CONTRACT>