

Wellcare’s *Commitment* to Broker and Service Excellence



At Wellcare, we remain committed to strengthening the service experience. We are proud of our achievements in 2026 and remain steadfast in our commitment to delivering exceptional service and supporting our success. As we approach AEP 2027, we will keep evaluating and enhancing our service experience, investing in our members, providers, and broker partners, and delivering the information and resources you need to serve your clients with confidence. Among the accomplishments we're most proud of are the investments we've made to strengthen broker support and the service enhancements we've implemented to better serve our members. These include:

Broker Support and Resources 	Member Experience 	Medical Management and Quality Strategy 
• Fast Agent Chat Support on Demand: Opportunity for brokers to connect with a live Broker Support Representative in Centene Workbench for quick assistance with no waiting on hold. Chat is well suited for broker maintenance, member inquiries, enrollment questions, and system navigation. • Broker Support AI Assistant: Welly, an AI internal assistant that helps Broker Support provide faster, more consistent, source-based answers to broker questions. Welly uses curated internal knowledge sources and structured instruction, improving consistency across calls/live agent chat interactions and reducing follow-up rework. • Sharper Data, Sharper Oversight: Investing in more robust analysis of complaint, grievance, and enrollment data to better visualize and detect trends. Building real efficiency to produce less noise and more precision for our partners. • Curated training content and resources specific to the needs of our broker community for AIPs. • Deeper Member Insights, More Effective Service: Expanding access to actionable member-level information, including SSBCI eligibility, PCP details, and RFI status, to give brokers greater visibility into the members they serve. These enhanced insights will help brokers more quickly understand member needs, address questions, and provide informed, proactive support—creating a more seamless service experience for both brokers and members.	• Aligned Dual Member Experience • Personalized omni-channel onboarding experience focused on benefit coordination and maximizing plan value. Additional member tracks for a more customized onboarding experience. • Enhanced portal capabilities coupled with member education and assistance to increase digital adoption. • Proactive outreach before members lose eligibility through embedded renewal education and support resources. • Expedited education and transparency around benefits to help members maximize available resources. • Escalation Optimization: Aims to unify escalation handling by consolidating existing models, separating offline work, and standardizing training, KPIs, and dashboards to reduce callbacks and cognitive load on advocates. • CTM Operating Model Maturation: Seeks to standardize CTM categories, reporting, training, and root cause analysis processes across teams for more consistent resolution of high-severity issues and clearer expectations. The operating model seeks to resolve emerging CTM risks proactively and ultimately avoiding CTMs. • Service Transformation and Repeat Caller Reduction: Includes optimizing call flows, consolidating toll-free numbers to reduce misroutes, and establishing analytics and governance to identify and manage repeat callers, thereby enhancing member experience and advocate workflows. • Key Member Customer Service Metrics: • 95% Customer Satisfaction Survey • 97.3% Quality Score • 82% First Call Resolution • 33% reduction in Marketing Misrepresentation CTM volume year over year	• Delivering the right care, at the right time, through connected clinical partnerships that improve outcomes and enhance experiences. • Target impactable risk. Earlier identification of needs and proactive outreach. • Core and complex CM. Support tailored to individual health complexity. • Provider collaboration. Better connected care across providers, partners, and community. • Utilization performance. Fewer avoidable care events and smoother care transitions. • Duals integration. More coordinated Medicare and Medicaid support. • Matching support to member's needs, to create a simpler, more focused care management model that aligns member complexity, clinical resources, and measurable outcomes. • Engaging value-based, delegated, and specialized providers to strengthen care coordination. • Supporting members with quality care. • Personalizing care for every member. • Strengthening partnerships to improve care together. • Improving the experience through quality programs and initiatives. • Delivering trusted insights with accuracy and timelines. • Advocating and modernizing quality to create consistency across markets.

We look forward to keeping the lines of communication open and thank you for your continued partnership. For agent use only. Not for distribution to prospects or members.