



## 2021 BENEFITS

# Benefits at Centene

The health and safety of our employees and those we serve is our uncompromising priority, because transforming the health of our communities starts with you.

Centene is pleased to offer a comprehensive benefits package with interactive wellness programs that focus on your whole health – from preventative care to emotional wellness.

Now more than ever, the Company encourages you and your families to enroll in these benefits to protect your health, stay well and thrive – at home, at work, or wherever you may be.

[Learn More](#)

Enroll in 2021 benefits October 26 – November 6.

# Benefits Made For You.

Centene benefits were designed with you at the center. Be sure to understand your options, including what's new and what's changing for 2021 and select the options that are best for you and your family. Starting October 26, elect your benefits in [BenefitConnect](#).



Print/save guide

## Ways to Make Enrollment Work For You!

1. Find out what is new.

Learn about what is new for 2021.

What is new

2. Consider your needs.

Now is the time to ask yourself if your current coverage is meeting your needs.

Questions to ask

3. Take action.

This is your opportunity to update your benefit elections for 2021. You are unable to update elections throughout the year unless you experience a qualifying life event.

Do I need to enroll?

4. Go back to the basics.

Use your enrollment checklist to ensure you are prepared for what is next.

Enrollment checklist

5. Submit your elections by November 6!

Access BenefitConnect when you are ready to make your selections. Use the tools available to help you choose and enroll.

Steps to take





Important Medical Changes for California Residents

For California residents wanting medical coverage in 2021, Annual Enrollment is active this year as your 2020 medical election will **NOT** roll over to 2021. If you would like medical coverage in 2021 you must take action during this enrollment period.

New Carriers with a Broader Network of Providers – Highmark and Cigna:

- In 2021, you will have more medical choices available. Employees residing in California will now have the option to choose between Highmark Blue Cross Blue Shield or Cigna as your plan administrator. You will continue to have all four current medical plans (Premier/Basic PPO, HDHP \$1500/\$3000) available to you. Employees may no longer choose Health Net as their plan administrator for these options.

New Health Maintenance Organization (HMO) Plan:

- In addition, there is one new plan option available in 2021, an HMO, available through Health Net. The key features of this plan include no deductible, lower copays and coverage is only available in-network.



Important Action for legacy WellCare Employees (except for those in Hawaii)

For legacy WellCare employees wanting medical coverage in 2021, Annual Enrollment is active this year as your Aetna medical coverage will **NOT** continue into 2021. If you would like medical coverage in 2021 **you must take action** during this enrollment period and make a new medical plan selection.



Take a Look at EyeMed

Effective January 1, 2021, vision coverage will be offered through a new partnership, Envolve/EyeMed. We will no longer offer vision coverage through Envolve/ VSP.

With EyeMed’s diverse network, you will have access to quality eye care and eyewear. By offering a mix of retailers and online options, there’s a fit, frame or lens available for everyone. Benefit coverage is similar to 2020.



Give Yourself a Tax Break

With an increase to IRS limits,\* you can contribute more tax-free dollars in 2021 to your Health Savings Account (HSA) if you enroll in a High Deductible Health Plan.

- Employee Only coverage – up to \$3,600
- All other tiers – up to \$7,200
- Age 55 or older – an additional \$1,000

**\*All HSA maximums include employee and employer contributions.**



2021 Medical Plans

Some medical plans have changed from 2020 to 2021. Please review the [medical coverage summary chart](#) for more details.



2021 Annual Notices

To review the 2021 annual plan notices, visit the Resource Center in [BenefitConnect](#).



## When considering your benefit options for 2021, ask yourself:

- Do your current elections meet your needs? Meaning, is the coverage level and carrier network you elected still right for you?
- Will your current elections meet your anticipated needs for the upcoming year? For example, did you or a family member recently experience a health status change which would require a new level of coverage?
- Do you need to add or remove a dependent such as a child or spouse/domestic partner?
- Do you need to adjust the amount of money you set aside to cover future health expenses?



## You **MUST** take action during Annual Enrollment if any of the following apply to you:

- You are a legacy WellCare employee or a California resident and you want medical coverage for you and your family in 2021. **Your 2020 medical election will not roll over to 2021.**
- You want to make changes to current coverage or add or remove a dependent.\*
- You cover a spouse or domestic partner on medical so you must verify they are not eligible for a group plan through their own employer. Employees who cover a spouse or domestic partner on our medical plan are required to complete an online spousal affidavit each year in BenefitConnect.
- You want to enroll in or continue a flexible spending account (FSA) in 2021. Your current FSA elections will not roll over to 2021. If you do not take action during this enrollment, you will not have an FSA for 2021.
  - **Health Care/Limited Purpose FSA:** These plans allow you to set aside money on a pre-tax basis for qualified health care expenses for you and your eligible dependents. The annual limit to contribute to your FSA is increasing to \$2,750 in 2021. The Health Care FSA may be used for those enrolled in a PPO or HMO; the Limited Purpose FSA may be used by employees enrolled in a HDHP (in addition to the Health Savings Account).
  - **Dependent Care FSA:** This plan allows you to set aside money on a pre-tax basis for qualified child and elder day care expenses. The annual limit for dependent care FSA contributions will remain at \$5,000 in 2021.

*\* If you are enrolling a new dependent for 2021 coverage, start gathering your dependent documentation (e.g., valid marriage certificate for spouse, domestic partner certification, birth certificate for child) to be uploaded to the portal by the November 6 deadline.*



## During Your Enrollment Period:

- Sign-in to [BenefitConnect](#) to select your benefits for 2021.
- Review medical providers in each carrier's network to help you choose the best network for you and your family.
- Before submitting your elections, review your confirmation page to verify your elections are correct and the correct dependents are listed as covered.
- Confirm your elections by clicking "Submit Your Elections". Then PRINT or SAVE your confirmation page and keep it for your records.
- Review your alerts in [BenefitConnect](#). You may need to add or designate a beneficiary for life insurance and AD&D coverage or upload documentation for a new dependent.
- Dependent documentation for newly added dependents is due by the November 6 deadline or they will not have coverage in 2021.

Keep in mind, you can make changes to your elections any time during the Annual Enrollment window, October 26th – November 6th. Once the enrollment window closes, you may view your elections but cannot make additional changes to coverage unless you experience a [qualifying life event](#).

## Before Enrollment:

- Learn what's new for 2021.
- Review your 2020 (current) benefit elections.
- Collect a list of the providers and medical facilities you and your family use/plan to use.
- If you plan on enrolling a new dependent, start gathering your required documentation now. A marriage certificate and/or birth certificate must be uploaded into [BenefitConnect](#) by the November 6, 11:00pm CT deadline.



## After Enrollment:

- You will receive a new ID card if you switched medical plans and/or carriers or enrolled in any new coverage for the first time. All employees enrolled in vision coverage will receive a new ID card from EyeMed. If no changes were made during this enrollment period, continue to use your current ID cards in 2021 (except for vision). Please call each relevant vendor if you are expecting but have not received your new ID card by January 1, 2021.
- Please review your first paycheck in January 2021 to verify your benefit deductions are accurate.
- Look for more information on the 2021 Healthy Pathways wellness program later this year.
- If you have a balance in your current Health Care or Limited Purpose FSA you have until March 15, 2021 to incur claims for the 2020 plan year. Receipts must be submitted to ConnectYourCare (CYC) by March 31, 2021. All funds remaining in the account on April 1, 2021 will be forfeited.
- All funds in the 2020 Dependent Care FSA have to be used by December 31, 2020. Receipts must be submitted to CYC by March 31, 2021.





On Monday, October 26, you will be able to start your enrollment in BenefitConnect.

To get started:

1. From CNET, click on the [BenefitConnect](#) link under Company Links
2. Accept the "Online Authorization"
3. Click "Get Started"

When you've finished making your elections, please review your confirmation page carefully before clicking "Submit Your Elections". Remember to SAVE and/or PRINT your confirmation page and keep it for your records.

## What If I Don't Enroll?

- **Medical** – Legacy WellCare employees and all California employees will not have medical coverage in 2021. Medical coverage for all other employees will roll over to 2021.
- **FSA** – your elections will default to zero.
- **Dental/Vision/Health Savings Account/Disability/Life** – your 2020 elections will roll over to 2021.



# Living Healthy

**Medical** — Covers medical services and prescriptions. Several options are available, including two Preferred Plan Options (PPO) and two High Deductible Health Plans (HDHPs) provided nationwide and a Health Maintenance Organization (HMO) in California. *Residents in Hawaii have a different medical plan option.*

**Dental** — Covers a broad range of dental services through Delta Dental of Missouri.

**Vision** — Covers an annual eye exam and eyewear through our new provider, EyeMed. Other savings and discounts are also available.



Centene is pleased to offer you the following medical plan choices, regardless of which medical carrier or network you have.

PPO Plans

- Premier PPO
- Basic PPO

Think of the Premier or Basic PPO plans as a pay up-front approach. You will pay higher premiums, but your costs are generally lower when you receive care.

High Deductible Health Plans

- \$1,500 High Deductible Health Plan
- \$3,000 High Deductible Health Plan

The High Deductible Health Plans (HDHPs) are more of a pay as you go option. You pay less in premiums, so more of your money stays with you until you need care. Also, when you enroll in an HDHP, you have access to a Health Savings Account (HSA), allowing you to save tax-free for your current and future health care needs. Centene will also contribute seed money into your HSA whether you are contributing or not!

Health Maintenance Organization (HMO)

The HMO plan (only available in California) offers a coordinated care approach. You choose a primary care physician (PCP) and will need a referral to see other doctors. Although your access to care is limited to within the network, your premiums and out-of-pocket costs remain low. A PCP should be chosen prior to enrollment if possible.

**If you plan on enrolling new dependents, a valid marriage certificate for spouse, a declaration of domestic partnership for domestic partners and/or birth certificate for child(ren) is required by the November 6, 11:00 pm CT deadline.**

For a quick comparison of the plans, check out the [coverage summary](#) and [2021 medical premiums](#). Review the [glossary](#) for a full list of health care terms.

## Things to know



Access Virtual Care 24/7

Schedule an online visit with a doctor, 24/7, from anywhere. Virtual visits are a fast, reliable and convenient option to get the care you need.

[Learn more](#) and pre-register now for telemedicine services in advance of any health issues arising in order to save you a step when you actually need the care.



Make Your Choice

- We offer a variety of [carriers and networks](#) to give you the best options for you and your family.
- Our coverage extends to you and your family. Learn more about [coverage tiers and eligibility](#).
- For medical cost details, [review 2021 medical premiums](#).
- Review the details. Access [coverage summaries](#).

### Prescription Drug Coverage

- Prescription drug benefits for the PPOs and HDHPs are administered by Envolve Pharmacy Solutions. You should utilize in-network pharmacies; out-of-network pharmacies are not covered. [Learn more](#).
- Prescription drug benefits for the HMO (only available in California) is administered by Envolve Pharmacy Solutions. [Find out more](#).



Other Considerations

- Consider your options. [See how the plans are alike and different](#).
- California residents also have access to an HMO. [Learn about the plan features](#).
- WATCH: [Which is right for you — HDHP or PPO?](#)



## Tools and Resources



Need assistance comparing your medical plans?

Use the Medical Plan Comparison Tools on BenefitConnect.

BenefitConnect



Want to take a closer look at the details?

Check out the Resource Center in BenefitConnect for additional information including Summary of Benefit Coverage (SBCs).

Go to site



Looking to connect with our benefit partners?

Access resources available from our medical and pharmacy partners.

Benefit partner contacts

Changes from 2020 to 2021 are highlighted using blue.

	Premier PPO	Basic PPO	\$1,500 HDHP*	\$3,000 HDHP*	HMO Plan (California only)
Preventive Care	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0
Annual Deductible (Individual / Family) <i>The amount you pay each year before the plan pays certain claims</i>	\$400 / \$800 (embedded)	\$700 / \$1,400 (embedded)	\$1,500 / \$3,000** (aggregate)	\$3,000 / \$6,000** (aggregate)	\$0 / \$0
Out-of-Pocket Maximum (Individual / Family) <i>After you pay this amount for medical services, the plan pays 100%</i>	The most you pay is \$2,500 / \$7,500*	The most you pay is \$3,000 / \$9,000*	The most you pay is \$3,500 / \$7,000**	The most you pay is \$6,000 / \$8,550**	The most you pay is \$3,000 / \$9,000
Primary Care Physician Office Visit (Non-preventive)	\$25 copay	\$25 copay	You pay 15% after deductible	You pay 20% after deductible	\$20 copay
Specialist Office Visit	\$40 copay	\$40 copay	You pay 15% after deductible	You pay 20% after deductible	\$20 copay
Urgent Care	\$40 copay	\$40 copay	You pay 15% after deductible	You pay 20% after deductible	\$20 copay
Hospital Care	You pay \$0 after deductible and \$200 copay	You pay 10% after deductible and \$200 copay	You pay 15% after deductible	You pay 20% after deductible	You pay \$500 per admission
Coinsurance <i>The amount you pay for most covered services after you meet the deductible</i>	You pay 0% after deductible	You pay 10% after deductible	You pay 15% after deductible	You pay 20% after deductible	You pay 0% after applicable cost sharing
Centene Health Savings Account (HSA) Contribution** (Individual / Family)	N / A	N / A	\$750 / \$1,500	\$1,000 / \$2,000	N / A

\* Enrollment in an HDHP allows you access to a tax-advantaged bank account (Health Savings Account) with a contribution from Centene based on the plan and coverage tier you choose.

\*\* In the \$1,500 HDHP and \$3,000 HDHP, the annual deductible and out-of-pocket maximum include the costs of both medical services and prescription drugs.



Medical plan premiums vary based on whom you cover, what plan, carrier and network you choose and where you live. Please note, if you choose a different plan administrator than what is considered best in market for your region, you will have higher bi-weekly premiums than what is shown below. In some areas you may have the option to choose a High Performing Network, which adds a lower cost option. Availability varies by location. To view all of the 2021 medical plan premiums for plans you are eligible for, go to [BenefitConnect](#) between October 26 and November 6.

Premier PPO Best in Market Rates

	No Healthy Pathways Discount	With Healthy Pathways Discount
Employee Only	\$133.63	\$95.17
Employee + Spouse/DP	\$279.30	\$240.84
Employee + Child(ren)	\$235.11	\$196.65
Employee + Family	\$361.73	\$323.27

Basic PPO Best in Market Rates

	No Healthy Pathways Discount	With Healthy Pathways Discount
Employee Only	\$108.67	\$70.21
Employee + Spouse/DP	\$224.40	\$185.94
Employee + Child(ren)	\$190.19	\$151.73
Employee + Family	\$286.86	\$248.40

\$1,500 HDHP Best in Market Rates

	No Healthy Pathways Discount	With Healthy Pathways Discount	Centene's Health Savings Account Contribution
Employee Only	\$103.31	\$64.85	\$28.84
Employee + Spouse/DP	\$212.59	\$174.13	\$57.69
Employee + Child(ren)	\$180.52	\$142.06	\$57.69
Employee + Family	\$270.75	\$232.29	\$57.69

\$3,000 HDHP Best in Market Rates

	No Healthy Pathways Discount	With Healthy Pathways Discount	Centene's Health Savings Account Contribution
Employee Only	\$54.87	\$16.41	\$38.46
Employee + Spouse/DP	\$106.04	\$67.58	\$76.92
Employee + Child(ren)	\$93.35	\$54.89	\$76.92
Employee + Family	\$125.46	\$87.00	\$76.92

Regardless if you choose Highmark Blue Cross Blue Shield or Cigna, the medical plans offered through these administrators have the same deductibles, out-of-pocket maximums and copays. The primary difference is the providers who participate in the network.

HMO Plan (California only)

	No Healthy Pathways Discount	With Healthy Pathways Discount
Employee Only	\$120.19	\$81.73
Employee + Spouse/DP	\$217.22	\$178.76
Employee + Child(ren)	\$195.84	\$157.38
Employee + Family	\$254.04	\$215.58

**Aggregate deductible:** If you are covering any dependents, you will need to meet the family deductible and out-of-pocket maximum before certain claims are covered. At that point, additional plan benefits begin for all covered family members.

**Coinsurance:** Percentage of the cost for eligible medical expenses that you pay after you meet the deductible.

**Co-payment:** A fixed dollar amount you pay for certain medical expenses such as an office visit and prescriptions.

**Deductible:** Dollar amount an individual or family must pay for covered care each calendar year before the medical plan pays benefits (excluding preventive).

**Embedded deductible:** Once the family deductible is met, additional benefits begin for all family members. However, if one family member reaches the individual deductible or out-of-pocket maximum before the family level is reached, additional benefits will begin for that individual.

**Formulary:** A list of your plan's preferred drugs—valued and priced for their cost-effectiveness.

**Generic drug:** A generic drug is identical to a brand-name drug in dosage form, safety, strength, quality, performance characteristics, and intended use, but is less expensive. Ask your doctor or pharmacist if there is a generic drug alternative to your brand-name drug.

**Health Savings Account:** A tax-advantaged savings account for participants enrolled in a high deductible health plan. Funds contributed are not subject to federal income tax and belong to you even if you leave the company.

**In-network:** A group of doctors, hospitals, and other providers contracted with a health plan. A network provider provides care at reduced rates and usually submits your paperwork to the health plan.

**Out-of-network:** Health care services received outside the insurance carrier's approved network. If you use out-of-network providers, you will typically receive less or no coverage and may be responsible for the total cost or the costs in excess of what is considered "reasonable and customary".

**Out-of-pocket maximum:** Annual dollar limit an individual or family pays in deductible, coinsurance and co-payments toward eligible expenses in a calendar year. The plan pays 100% of the eligible expenses once the out-of-pocket maximum is reached. This feature provides financial protection for you by limiting your out-of-pocket expenses in a given calendar year.

**WATCH:** [A few health insurance words you can't live without](#)



# Talk to a doctor or nurse 24/7



If you can't see your regular doctor, talking to a doctor or nurse using Telemedicine is a fast, reliable and convenient option to get the care you need. Cost is the same as in-person office visits but with the convenience of home. Log on to your medical carrier's website to learn more about the options available to you and to pre-register.

- WATCH: [Telemedicine Overview – just what the doctor ordered](#). See how a virtual visit can benefit you at home in the middle of the night, at work or while on vacation.
- [Highmark Amwell Virtual Visits](#)
- [Cigna Telehealth](#)
- [Health Net Babylon Virtual Visits](#)



Medical Carriers and Networks

The 2021 medical carriers for most employees are Highmark Blue Cross Blue Shield and Cigna. Employees in California may also choose the HMO plan, which is administered by Health Net. (Note: Employees who reside in Hawaii will have HMSA as their medical carrier.) During enrollment, all employees outside of Hawaii will have a choice between plans and carriers. The carriers have a lot in common, but there are some differences (e.g., each offer a different network of providers). You may find that one is a better fit for you than the other.

How Can You Compare Carriers and Networks?

Both Highmark and Cigna offer the same four plan designs. However, there are differences between their networks.

- **Check for your providers:** Before you choose a carrier and network, you'll want to be sure the providers and hospitals that are important to you are in-network. Use the provider look-up tool in [BenefitConnect](#) during enrollment to see which carriers and networks include your preferred doctors and facilities.
- **Compare resources:** To make managing your health easier, carriers offer tools and programs like cost look-up tools, telemedicine and nurse line services and care management programs. Link directly to each carrier's website to learn more about the resources they offer. You can also call the carrier directly to talk to a representative to get questions answered before enrollment.
- **Look at cost:** Employee premiums vary based on which carrier and network (broad or high performing) you choose, as well as the region in which you live.



Broad Networks and High Performing Network

In select ZIP code areas, your medical plan carrier choices may include both broad network and high performing network (HPN) options. Broad network options generally have more providers (doctors, specialists, hospitals, etc.) in their networks than the high performing network options. An HPN has a more selective list of participating providers. HPN plan features — deductibles, coinsurance, out-of-pocket maximums, etc. — are the same for both the broad network and HPN plan options. However, the HPN option will cost you less in premium contributions (deductions from your paycheck). That is because you agree to use a narrower list of providers chosen for having met certain measures of medical care quality and efficiency, such as

- Lower hospital readmission rates
- Fewer complications
- Treatments proven to show positive results

High performing network plan providers can help you make the most of your health care dollars. If a Cigna High Performing Network (HPN) is available in your area, **BenefitConnect** will include four Cigna broad network medical plan options plus four Cigna HPN options, in addition to the Highmark choices. **Be sure to carefully review the list of HPN providers and decide if it's right for you and your family.**



If the plan designs between Highmark and Cigna are the same, why do I see a difference in premiums in BenefitConnect?

Centene uses a regional approach to medical plan premiums. For some employees Highmark provides the deeper discounts in their region and for others, Cigna does. If you see lower premiums for the broad Highmark network, then Highmark is offering *best in market* rates in your region; if you see lower rates for Cigna, they are considered best in market for your region. Some areas also offer a Cigna High Performing Network. That plan limits the number of providers you may see in-network but may likely offer the lowest premiums as that network offers the deepest discounts for that particular region.

Considering a Cigna HPN Plan?

Because an HPN has a narrow network of providers, you will want to use the provider look-up tool on [BenefitConnect](#) to verify if your preferred providers are in-network or find one who is.





## Medical Coverage Tiers:

- Employee Only
- Employee + Spouse/Domestic Partner
- Employee + Child(ren)
- Employee + Family

## Medical Eligibility:

**You** are eligible to enroll in Centene medical benefits if you are a regular full-time employee scheduled to work at least 30 hours per week.

**Your Spouse/Domestic Partner** is eligible to enroll in medical benefits ONLY if unemployed or NOT eligible for his or her own employer-sponsored coverage (including retiree coverage).

An eligible domestic partner is someone you have been in a relationship with for a minimum of six months and share a permanent residence with.

*Note: If you enroll your spouse/domestic partner, you are required to complete an annual attestation confirming that your spouse/domestic partner does not have access to medical coverage through another employer group plan (including a retiree health care plan) during the enrollment process.*

**Your Children or Children of Your Spouse/Domestic Partner** are eligible to enroll in medical benefits up to age 26.

**Reminder:** It is important to enroll **ONLY** eligible dependents (spouse/domestic partner and/or child(ren)). If you are enrolling a new dependent during 2021 Annual Enrollment, you will be required to upload documentation (e.g., valid marriage certificate for spouse, certification of domestic partnership, birth certificate for child) to BenefitConnect to confirm dependent eligibility. If you plan on enrolling new dependents for 2021 coverage, please ensure you upload the required documentation by the November 6, 11:00 pm CT deadline. **If the required documentation is not uploaded by the stated deadline, your dependents will not have coverage in 2021.**





Prescription Drugs*	Premier and Basic PPO Plans	\$1,500 and \$3,000 HDHP Plans
Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$4,000	Combined with medical out-of-pocket maximum
Retail Generic (up to 34-day)	\$5 copay	You pay 10% after deductible up to \$100
Retail Brand Formulary (up to 34-day)	\$30 copay	You pay 20% after deductible up to \$100
Retail Non-Formulary (up to 34-day)	\$60 copay	You pay 20% after deductible up to \$100
Mail (90-day)	2 times retail copay	You pay 10% after deductible for generic drugs up to \$200 per drug maximum You pay 20% after deductible for brand drugs up to \$200 per drug maximum
Retail (90-day)	3 times retail copay	You pay 10% after deductible for generic drugs up to \$300 per drug maximum You pay 20% after deductible for brand drugs up to \$300 per drug maximum

*\*All specialty drug medications will be filled through Envolve Pharmacy Solutions Specialty Pharmacy, Acaria.*

## Save on Preventive Medications

The PPO and HDHP Plans use the Envolve Pharmacy Solutions Preventive Medications list. This is the list of preventive medications that are **covered 100% with no cost to you**.

- If you are taking a preventive medication today, you should check the list for your current medication.
- If you participate in one of the HDHP options, the preventive medications on the list will be covered 100%, with \$0 cost to you (even before the deductible).
- If you have questions regarding your prescription drug coverage, please contact Envolve Pharmacy Solutions at **844-262-6337**.

To access the list please log onto the Envolve Pharmacy Solutions website at [www.envolverx.com](http://www.envolverx.com).

## Save on Generics

We encourage the use of lower-cost generic drugs when a generic exists for a brand medication.

- You have the option to choose a brand-name drug over a generic drug, but you pay higher out-of-pocket costs if you do not choose the generic equivalent when one is available.
- You pay the generic copay plus the difference in cost between the brand and generic drug, if a generic equivalent is available (up to the cost of the brand-name drug).
- If you have questions regarding your prescription drug coverage, please contact Envolve Pharmacy Solutions at **844-262-6337**.

Note: The additional charges you pay for having a prescription filled with a brand-name drug that has a generic equivalent (the cost difference) do not count toward the deductible or out-of-pocket maximum. If you reach the prescription drug out-of-pocket maximum in a calendar year, the plan will pay 100% of any covered drugs for the rest of the year. However, you would continue to be responsible for paying the cost difference for any prescriptions that are filled with a brand-name drug that has a generic equivalent.



## Health Net HMO

Prescription Drugs	Health Net HMO
Retail Generic (up to 34-day)	\$10 copay
Retail Brand Formulary (up to 34-day)	\$30 copay
Retail Non-Formulary (up to 34-day)	\$50 copay
Mail (90-day)	2 times retail copay
Specialty drugs	You pay 10% up to \$250 (no mail order)



How they’re alike...

- They keep you and your family healthy by covering preventive care—such as annual physicals, screenings, and immunizations—covered at 100% when visiting an in-network provider.
- They protect you if something unexpected happens by limiting the amount you have to pay out of pocket during a single calendar year. The plan pays 100% of eligible in-network medical and prescription drug expenses for the rest of the year if you reach the out-of-pocket maximum(s).
- They include prescription drug coverage. The prescription drug plan is administered by Envolve Pharmacy Solutions.
- They have similar plan provisions and offer in-network and out-of-network benefits whether you are enrolled in a Highmark or Cigna plan.
- Freedom to choose your provider. You can choose to see in-network or out-of-network providers.

How they’re different...

PPO plans		HDHPs
Medical Premium	You pay <b>more</b> per paycheck	You pay <b>less</b> per paycheck
Deductible	<p><b>Lower deductible</b> (what you pay out-of-pocket for receiving care before the plan starts to pay)</p> <p><b>Embedded deductible:</b> If one family member reaches the individual deductible or out-of-pocket maximum before the family level is reached, additional benefits will begin for that individual. Once the family deductible is met, additional benefits begin for all family members.</p> <p>Deductible <b>does not include</b> prescription drugs</p>	<p><b>Higher deductible</b> (what you pay out-of-pocket for receiving care before the plan starts to pay)</p> <p><b>Aggregate deductible:</b> If covering any dependents, you will need to meet the family deductible and out-of-pocket maximum before the plan starts paying. At that point, additional plan benefits begin for all covered family members.</p> <p>Deductible <b>includes</b> prescription drugs</p>
Coverage After You Meet Your Annual Deductible	<p>Premium PPO: Centene pays 100% of eligible in-network expenses</p> <p>Basic PPO: Centene pays 90% of eligible in-network expenses and you pay the other 10%</p>	<p>\$1,500 HDHP: Centene pays 85% of eligible in-network expenses and you pay the other 15%</p> <p>\$3,000 HDHP: Centene pays 80% of eligible in-network expenses and you pay the other 20%</p>
Out-of-Pocket Maximum	Out-of-pocket maximum <b>does not include</b> prescription drugs	Out-of-pocket maximum <b>includes</b> prescription drugs
Copay/Coinsurance	You pay a <b>copay</b> for many covered services	You pay the <b>full cost</b> until you meet your deductible – you then pay coinsurance until you meet your out-of-pocket maximum
Health Savings Account (HSA)	<b>No access</b> to an HSA	Access to an <b>HSA</b> and Centene contributes money each year into your account (even if you do not contribute)



# Learn about the plan features



## HMO Plan features

- The HMO is only available in California.
- You must use network providers for your care (there is no coverage for non-network care unless you receive a referral to an outside provider or it is an emergency).
- A primary care physician (PCP) will coordinate all of your care.
- Eligible preventive care expenses are covered in full.

# Access Resource Center



Go to [BenefitConnect](#) > Benefits > Resources

# Access Benefit Connect



Access [BenefitConnect](#) during Annual Enrollment (October 26 – November 6). You can check your costs for all medical plans under each carrier and choose the plan and carrier that works best for you.

Also featured is our provider look-up tool to help you see which carriers and networks include your preferred doctors and facilities.



## Medical

### Cigna

[www.cigna.com](http://www.cigna.com)

855-881-7925

### Highmark Blue Cross Blue Shield

[www.highmarkbcbs.com](http://www.highmarkbcbs.com)

888-431-6659

### Health Net HMO

[www.healthnet.com](http://www.healthnet.com)

800-223-7691

## Prescription Drug

### Envolve Pharmacy Solutions

[www.envolverx.com](http://www.envolverx.com)

844-262-6337

### CVS Caremark

[www.healthnet.com](http://www.healthnet.com)

800-223-7691 (TTY: 711)



# Dental



Keep your smile bright and your gums and teeth healthy by visiting your dental provider regularly. Coverage is provided by Delta Dental of Missouri and includes services such as:

- Diagnostic and Preventive Care
- Basic Services (e.g. fillings and root canals)
- Major Restorative Services (e.g. bridges and crowns)
- Orthodontia (for dependent children only)

Check out the [in-network coverage levels](#) and [dental premiums](#).

## Things to know



### Coverage

- Our coverage extends to you and your eligible family members. Learn more about [coverage tiers and eligibility](#).
- Review the details. Access [in-network coverage levels](#).
- Your cost depends on the coverage tier you elect. [Review dental premiums](#).



### Other Considerations

- Receive your preventive and diagnostic services without reducing your plan year maximum benefit amount when you use [Delta Dental MAXAdvantage](#).
- Take advantage of [Healthy Smiles, Healthy Lives](#) to help reduce the risks associated with periodontal disease and certain existing medical conditions.

## Tools and Resources



### Ready to enroll in dental coverage?

Make your election in BenefitConnect

BenefitConnect



### Want to take a closer look at the details?

Check out the Resource Center in BenefitConnect for additional information including Summary Plan Descriptions.

Go to site



### Looking to connect with our benefit partner?

Access resources available from Delta Dental of Missouri.

Benefit partner contacts



## Dental Coverage Tiers:

- Employee Only
- Employee + Spouse/Domestic Partner
- Employee + Child(ren)
- Employee + Family

## Dental Eligibility:

**You** are eligible to enroll in Centene dental benefits if you are a regular full-time employee scheduled to work at least 30 hours per week.

**Your Spouse/Domestic Partner** is eligible to enroll in dental benefits.

**Your Children or Children of Your Spouse/Domestic Partner** are eligible to enroll in dental benefits, up to age 26, as long as the child is unmarried.



## In-Network Coverage Levels

For dental coverage through Delta Dental of Missouri, you have the following coverage levels:

- **Annual Deductible (Individual/Family):** \$50/\$150
- **Diagnostic and Preventive Care (e.g. cleanings and x-rays):** \$0
- **Basic Services (e.g. fillings and root canals):** 90% after deductible
- **Major Restorative Services (e.g. bridges and crowns):** 60% after deductible
- **Annual Maximum Benefit (per calendar year, per person)\*:** \$2,000
- **Orthodontia (children only):** 50% after \$50 deductible per child
- **Maximum Lifetime Orthodontia Benefit (per dependent child):** \$1,500

\*Preventive services do not apply toward the annual maximum benefit.

# Dental Premiums



2021 bi-weekly premiums for your dental coverage are:

- **Employee Only:** \$5.52
- **Employee + Spouse/Domestic Partner:** \$10.98
- **Employee + Child(ren):** \$10.47
- **Employee + Family:** \$15.91

# Access Benefit Connect



Access [BenefitConnect](#) during Annual Enrollment (October 26 – November 6).



# Access Resource Center



Go to [BenefitConnect](#) > Benefits > Resources



## Dental

**Delta Dental of Missouri**

[www.deltadentalmo.com](http://www.deltadentalmo.com)

800-335-8266

# Vision



Take a look at vision coverage through our new provider, EyeMed. Coverage includes services such as:

- Eye Exams
- Lenses (both eyeglass and contact)
- Discounts on second pair of glasses and LASIK surgery

Check out the [in-network coverage levels](#) and [vision premiums](#).

## Things to know



### Coverage

- Our coverage extends to you and your eligible family members. Learn more about [coverage tiers and eligibility](#).
- Review the details. Access [in-network coverage levels](#).
- Your cost depends on the coverage tier you elect. [Review vision premiums](#).

## Tools and Resources



### Ready to enroll in vision coverage?

Make your election in BenefitConnect

BenefitConnect



### Want to take a closer look at the details?

Check out the Resource Center in BenefitConnect for additional information including Summary Plan Descriptions.

Go to site



### Looking to connect with our benefit partner?

Access resources available from EyeMed.

Benefit partner contacts



## Vision Coverage Tiers:

- Employee Only
- Employee + Spouse/Domestic Partner
- Employee + Child(ren)
- Employee + Family

## Vision Eligibility:

**You** are eligible to enroll in Centene vision benefits if you are a regular full-time employee scheduled to work at least 30 hours per week.

**Your Spouse/Domestic Partner** is eligible to enroll in vision benefits.

**Your Children or Children of Your Spouse/Domestic Partner** are eligible to enroll in vision benefits, up to age 26, as long as the child is unmarried.

## In-Network Coverage Levels

For vision coverage through EyeMed's Insight Network, you have the following coverage levels:

- **Eye Exams:** \$10 copay
- **Eyeglass Lenses (single vision, lined bifocal, lined trifocal and lenticular):** \$25 copay
- **Eyeglass Lenses (progressive):** \$80 - \$200 copay
- **Conventional Contact Lenses:** \$0 copay; \$150 allowance + 15% discount on amount over allowance; Contact lens fitting fee may also apply
- **Disposable Contact Lenses:** \$0 copay; \$150 allowance; Contact lens fitting fee may also apply
- **Eyeglass Frames\*:** \$130 retail allowance + 20% discount on amount over allowance
- **LASIK Surgery:** 15% average discount from in-network facilities
- **Second Pair Discount:** 20% savings on additional glasses and sunglasses, including lens enhancements to 40%
- **Lens Options:** Covered lens options include polycarbonate lenses, scratch-resistant coating and UV coating. Anti-reflective coating is also available, but is subject to a \$40 copay; average savings of 20%-25% on other lens enhancements

*\*The eyeglass frame benefit is only available every 24 months.*



# Vision Premiums



2021 bi-weekly premiums for your vision coverage are:

- **Employee Only:** \$3.35
- **Employee + Spouse/Domestic Partner:** \$6.69
- **Employee + Child(ren):** \$7.16
- **Employee + Family:** \$11.45

# Access Benefit Connect



Access [BenefitConnect](#) during Annual Enrollment (October 26 – November 6).

# Access Resource Center



Go to [BenefitConnect](#) > Benefits > Summary of Benefits and Coverage



## Vision

**EyeMed**

[www.eyemed.com](http://www.eyemed.com)

866-804-0982



# Succeeding Together

**Health Savings Account (HSA)** — Contribute tax-free dollars to pay or save for your health care expenses. Note that the HSA is only available if you are enrolled in one of the HDHP plans.

**Flexible Spending Accounts (FSA)** — Save money by using tax-free dollars to pay for eligible health care expenses. There is a Health Care FSA and a Limited Purpose FSA. Your eligibility will be determined by which medical plan you choose.

**Other** — Develop a financially secure future with the help of Centene's 401(k) and employee stock purchase program.



# Health Savings Account



If you enroll in one of the High Deductible Health Plans, a Health Savings Account (HSA) will be automatically opened for you (if eligible). You and Centene can both contribute to your account through convenient tax-free payroll deductions.

You can choose the amount you want to contribute (up to IRS limits\*) for 2021:

- Employee Only coverage – up to \$3,600
- All other coverage tiers – up to \$7,200
- Age 55 or older – up to an additional \$1,000

*\*Includes both Centene and your contributions*

Your HSA is opened automatically for you with ConnectYourCare (CYC) and Centene will start contributing money into it.

### \$1,500 HDHP

- If you have individual coverage, Centene contributes up to \$750 annually to your HSA on a per pay period basis (\$28.85)
- For any other coverage levels, Centene contributes up to \$1,500 annually to your HSA on a per period basis (\$57.69)

### \$3,000 HDHP

- If you have individual coverage, Centene contributes up to \$1,000 annually to your HSA on a per pay period basis (\$38.46)
- For any other coverage levels, Centene contributes up to \$2,000 annually to your HSA on a per period basis (\$76.29)

## Things to know



- The HSA works for you. With its triple-tax advantage and the option to save, use or take it with you, it makes it one of the best saving tools out there.

**Learn ways the HSA could benefit you.**

- **WATCH:** **See how an HDHP and HSA work together.**



You can use your tax-free HSA dollars to pay for your deductible or other qualified out-of-pocket medical, dental or vision expenses allowed by the IRS. For all qualifying expenses, refer to **IRS Publication No. 502** or review a quick list of **eligible expense examples**.

## Tools and Resources



### Want to take a closer look at the details?

You can learn more about HSAs through these helpful resources

Go to Resources



### Looking to connect with our benefit partner?

Access resources available from ConnectYourCare.

Benefit partner contacts

# Ways the HSA could benefit you



**Save it.** The HSA has tax advantages that help you keep more of your hard-earned money through pre-tax contributions and tax-free earnings on the money in your HSA.

**Use it.** With an HSA you can make tax-free withdrawals to pay for qualified medical expenses such as doctor visits, prescriptions and out-of-pocket dental & vision expenses. An HSA can also cover a variety of medical expenses not typically covered by insurance like over-the-counter medication if you have a prescription from your doctor.

**Never lose it.** The money in your HSA is yours to keep. You won't lose it if you don't spend it by a certain date or if you change jobs.

There are also triple tax advantages when you use an HSA, including:

- Pre-tax contributions
- Potential for tax-free interest and investment earnings
- Tax-free payments for qualified medical expenses

# HSA Resources



For a brief overview of how the HSA works and its benefits see the [HSA brochure](#) or [Handbook](#).

Need a bit more detail? Check out the [HSA for Dummies](#).

# Benefit Partners



**ConnectYourCare**

[www.connectyourcare.com](http://www.connectyourcare.com)

844-286-3324

# Flexible Spending Accounts (FSA)



Centene offers you a tax free way to spend your money on eligible health care expenses, day care expenses or expenses related to your work commute.

- **Health Care FSA** – Can be used to reimburse yourself for out-of-pocket medical, prescription drug, dental and vision expenses. Only employees enrolled in the Premier PPO, Basic PPO or HMO plans are eligible to participate. See a list of [Health Care eligible expenses](#).
- **Limited Purpose FSA** – Can be used to reimburse yourself for out-of-pocket dental and vision expenses. Employees enrolled in a High Deductible Health Plan are eligible to participate. This account is separate from the Health Savings Account.
- **Dependent Care FSA** – For expenses incurred at day care, after school care and care of adult dependents who are physically or mentally unable to take care of themselves. You can use this account to reimburse yourself for certain childcare or other dependent day care expenses. See a list of [Dependent Care eligible expenses](#).
- **Commuter Benefit** – Available for qualified transit expenses related to work commute, such as bus, subway or parking. Enrollment for this benefit is completed on [ConnectYourCare's website](#).

## Things to know



### Ready to save?

**You must enroll.** Elections made for 2020 will not carry over to the 2021 plan year.

Select an amount for convenient pre-tax payroll deductions, up to the 2021 limits.

- Health Care FSA: \$100 to \$2,750
- Limited Purpose FSA: \$100 to \$2,750
- Dependent Care FSA: \$100 to \$5,000 (per household)
- Commuter Benefit: Parking \$270 per month or Transportation: \$270 per month



### Other Considerations

- What you do not use, **you will lose**.
- Changes to annual contribution amounts for FSAs can only be made during Annual Enrollment or if you experience a **qualifying life event**.
- Changes to Commuter FSA elections can be made each month. Changes must be submitted on [www.connectyourcare.com](#) prior to the 10th of each month, for the following month.

## Tools and Resources



### Ready to enroll in an FSA?

Make your election in BenefitConnect

BenefitConnect



### Need help making your FSA decisions?

Use the Reimbursement calculator from ConnectYourCare to calculate how much to contribute and estimate your tax savings.

Learn More



### Looking to connect with our benefit partner?

Access resources available from ConnectYourCare.

Benefit partner contacts



# What you do not use, you will lose



For 2021 contributions, you must use all the money in your dependent care account by December 31, 2021. Funds in your health care or limited purpose flexible spending account(s) must be spent by March 15, 2022. All expenses must be submitted to ConnectYourCare by March 31, 2022. IRS rules require forfeiture of any money remaining in your 2021 account(s) on April 1, 2022. So, plan carefully to ensure you do not lose any of your FSA dollars.

# Qualifying Life Event



If you experience a qualifying life event during the plan year, you will have 31 days from the event date to make necessary changes to coverage and provide proper documentation in [BenefitConnect](#). If you are outside the 31 day window, your next opportunity to make changes to coverage will be the next Annual Enrollment period.

Examples of a qualifying life event are:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Death of a spouse or child
- Change in employment status for you or your spouse
- Loss of benefit coverage for you, your spouse, or child under another plan

# Access Benefit Connect



Access [BenefitConnect](#) during Annual Enrollment (October 26 – November 6).

# FSA Resources



Use the [ConnectYourCare calculator](#) to calculate how much to contribute and estimate your tax savings. Or view the [FSA brochure](#) or [FSA for dummies](#) for a detailed overview of how the FSA works.



## Flexible Spending Accounts

**ConnectYourCare**

[www.connectyourcare.com](http://www.connectyourcare.com)

844-286-3324

# Other Benefits



We do more than just help you plan for your retirement: we share our success with our employees with the 401(k) retirement match and employee stock purchase plan.

**The 401(k) Retirement Plan:** While the benefits we just reviewed are important in the event of something unexpected happening, the 401(k) plan helps you plan for what you DO expect—a long and happy life after retirement.

When you contribute to the 401(k) retirement plan, Centene helps you save through a matching contribution by matching 50% of the first 6%, deposited each pay period you contribute.

**The Employee Stock Purchase Plan (ESPP):** All employees, except interns, Per Diem and Project Employees, have the opportunity to share in the company’s success and enroll in the ESPP. Employees who have been employed with the company for 90 days prior to the offering period can elect to participate in the ESPP through Centene’s stock plan administrator, Fidelity Stock Plan Services.

## Things to know



You can enroll and start saving in the 401(k) at any time of the year. To start, stop, or change your election, visit Fidelity (our plan administrator) at [www.401k.com](http://www.401k.com).



Enrollment in ESPP is quarterly. You benefit from purchasing Centene shares of stock at 95% of the closing stock price on the last business day of the offering period.

## Tools and Resources



Looking to connect with our benefit partners?

Access resources available from Fidelity.

Benefit partner contacts



## 401(k) Retirement Plan

**Fidelity**

[www.401k.com](http://www.401k.com)

800-835-5097

## Employee Stock Purchase Plan

**Fidelity Stock Plan Services**

[www.netbenefits.com](http://www.netbenefits.com)

800-544-9354



# Finding a Balance

## [Life and Accidental Death and Dismemberment Insurance](#) —

Offers a financial benefit in case of serious injury or death. You receive a base level of life insurance protection automatically, with options to purchase additional coverage.

[Short and Long-Term Disability Coverage](#) — Provides income protection in the event you need a leave of absence for your own serious medical condition.

[Other programs](#) — Programs such as the Healthy Pathways Wellness Program, the Employee Assistance Program and the Employee Discount Program are here to provide additional support when you need it.

# Life and Accidental Death and Dismemberment Insurance



We know how important financial security is to you and your family. That's why Centene provides many benefits to help you protect your family's income and save for the future. Lincoln Financial is Centene's life, accidental death and dismemberment (AD&D), and disability carrier.

**Basic Life Insurance:** Centene provides basic life insurance at no cost to you.

- The benefit for an employee is 1x annual salary up to a \$500,000 maximum.
- Spouse/domestic partner coverage is \$15,000 and the coverage for each dependent child is \$6,000.

**Supplemental Life Insurance:** You may choose to purchase additional life insurance to supplement the basic life policy that is provided by Centene. You must purchase supplemental life coverage for yourself in order to purchase supplemental coverage for your spouse, domestic partner or children.

- For employee coverage, you can elect 1x-6x your annual salary, up to a maximum of \$1,000,000.
- For spouse/domestic partner coverage, you can elect up to 50% of your employee supplemental coverage amount in \$5,000 increments up to a \$500,000 maximum.
- For unmarried dependent children up to age 26, you can elect supplemental life in \$2,000 increments, up to a \$10,000 maximum.

All new enrollments or increases to employee or spousal supplemental life insurance during this enrollment will be subject to evidence of insurability (EOI).

## Life and Accidental Death and Dismemberment (AD&D) Insurance

Centene also offers AD&D insurance to provide coverage if you are seriously injured or die due to the result of an accident. You can purchase AD&D insurance coverage for yourself in increments of 1x-6x your salary up to a maximum of \$1,000,000.

## Things to know



If you are currently enrolled in Supplemental Life and/or AD&D Insurance, your 2020 elections will roll over to 2021.

Note: All full-time regular employees are eligible for these benefits.



During the 2021 Annual Enrollment period, all new elections and increases to existing Supplemental Life Insurance for employee, spouse or domestic partner are subject to evidence of insurability (EOI).

In late November, Lincoln Financial Group will send an email to employees who are required to go through the EOI process with steps on how to complete it.

View the [2021 life insurance rates](#).

## Tools and Resources



### Ready to enroll in Supplemental Life/AD&D Insurance?

BenefitConnect is ready to help.

BenefitConnect



### Have questions?

Please call Ask HR at 833-462-7547 if you have questions about life or AD&D coverage.



To calculate your bi-weekly premium, take the dollar amount of life insurance you are electing, divide it by 1,000, multiply by the age rate from the table, multiply by 12 (months), and divide by 26 (paychecks).

Employee		Spouse/Domestic Partner	Child(ren)
Insurance amount available:	1x-6x annual salary, to a maximum of \$1,000,000; the guaranteed issue* is \$500,000	Increments of \$5,000, not to exceed the lesser of 50% of employee amount, or \$500,000; the guaranteed issue* is \$75,000	Increments of \$2,000, not to exceed \$10,000

Age (as of 1/1/2021)	Employee Rate per \$1,000	Spouse/Domestic Partner Rate per \$1,000	Child Rate per \$1,000
< 25	\$0.03	\$0.05	\$0.05
25 to 29	\$0.03	\$0.06	\$0.05
30 to 34	\$0.05	\$0.08	\$0.05
35 to 39	\$0.05	\$0.09	\$0.05
40 to 44	\$0.07	\$0.13	\$0.05
45 to 49	\$0.10	\$0.23	\$0.05
50 to 54	\$0.17	\$0.39	\$0.05
55 to 59	\$0.28	\$0.60	\$0.05
60 to 64	\$0.43	\$0.80	\$0.05
65 to 69	\$0.84	\$1.29	\$0.05
70 to 74	\$1.36	\$2.31	\$0.05
75+	\$1.36	\$4.03	\$0.05

\*Guaranteed issue amounts are available to employees who enroll in coverage when they are first eligible. If you elect no coverage when eligible to do so and later opt for coverage or elect to increase your coverage, you will be required to submit Evidence of Insurability (EOI).

# Access Benefit Connect



Access [BenefitConnect](#) during Annual Enrollment (October 26 – November 6).



# Short-Term and Long-Term Disability Coverage



Centene provides Short-Term Disability (STD) and Long-Term Disability (LTD) insurance at no cost to you. You may choose to pay LTD premiums in order to receive the benefit tax-free.

**Short-Term Disability:** A company-paid benefit that provides you with 60% of base weekly earnings with a maximum of \$2,500 per week for up to 26 weeks.

**Long-Term Disability:** A company (or employee) paid benefit that provides you with 60% of base monthly earnings with a maximum of \$11,000 per month up to Social Security Retirement age.

## Things to know



### Waiting Period

- **STD:** 7 calendar days, accident, illness or maternity
- **LTD:** 180 calendar days



### Full-time Employees

Full-time regular employees are eligible for these benefits.

### New Hires

New hires are eligible for STD pay the first of the month after 90 days of employment.

## Tools and Resources



### Looking for more detail?

Review the [Leave of Absence](#) section on CNET under Life & Career.

**Paid Time Off:** The Centene paid time off program offers employees flexibility to balance personal needs with job requirements. We believe that when you take time off, you return refreshed and more engaged in your work.

Full-time employees are eligible for vacation, sick and company paid holiday time. Part-time employees with a regular work schedule between 20-29 hours per week are eligible for vacation time.

**Paid Parental Leave:** The Centene Paid Parental Leave program, offered to full-time employees after 90 days of employment, offers employees three weeks off of work with full pay so you can take time to bond with your new child.

**Employee Assistance Program:** When you need a helping hand, the EAP provides free, confidential counseling and referrals for all Centene employees and their household family members. The EAP provides assistance with stress, substance abuse related issues, work/life balance, child and elder care, and more.


**Healthy Pathways Wellness Program:** Look for 2021 program details in early 2021.

**Tuition Reimbursement Program:** Tuition assistance is available for full-time employees with a minimum of six months service to cover college tuition and books to further their education.

**Adoption Reimbursement Program:** To assist employees who are building a family through adoption, the Company provides financial reimbursement for adoption related expenses. This benefit is available to full-time employees.


**Abenity Employee Discount Program:** Want to get a deal on movie tickets, restaurants, travel plans, or even flowers for a loved one? All Centene employees can take advantage advantage of the nationwide employee discount program through Abenity.

## Things to know



### Paid Time Off

- Brush up on these [basic rules](#) around our paid time off program.
- Planning to take time off, but not sure how many days you can take? See the [Full-time](#) and [Part-time](#) Paid Time Off summaries.



### Employee Discounts

Through our discount program you can receive hundreds of discounts from hotels, retailers, florists [and more](#).

For additional information on these benefits, visit the Benefits Overview page in the Life & Career section of [CNET](#).

## Tools and Resources



### Looking to connect with our benefit partners?

Access resources, including websites and more.

Benefit partner contacts

# Paid Time Off Overview

- Vacation time accrues each pay period you are actively working.
- No carryover is allowed, except as required by law, such as in Alaska, California, Montana and Nebraska.
- Accruals increase on January 1 of your 8th year of service.
- Sick time is granted on 1/1 each year.
- Sick time rolls over from year to year, up to a maximum of 120 hours.

For more detailed information, please review the CC.HUMR.41 Paid Time Off Policy on CNET.



# Full-Time Employees

Full-time employees with a regular schedule of 30 or more hours per week are eligible for vacation, sick and company holiday time.

	0-7 Years of Service	8+ Years of Service
Vacation Days	18	23
Bi-weekly Accrual	5.54 hours	7.08 hours
AK, CA, MT, NE Only Maximum PTO Balance Allowed (150% of annual accrual amount)	216 hours	276 hours
Sick Days*	4	4
Holidays	11	11
Total	33	38

*\*Sick days are granted on January 1 each year for active employees. Newly hired full-time employees receive sick time after 90 days of employment. Sick time rolls over from year to year up to a maximum of 120 hours.*

*\*\*Centene adheres to all federal, state, and local sick leave laws. Employees who work in jurisdictions with greater paid sick leave requirements and who work on certain federal contracts will be granted all sick hours and leave to which they are entitled.*

Directors and above are not granted an official allotment of vacation or sick days but may take time as needed as long as they are keeping the needs of the business in mind.

Vacation time does not roll over from year to year except in states that require it.

## Part-Time Employees (20-29 hours/week)

Part-time employees with a regular work schedule between 20-29 hours per week are eligible for vacation time. Part-time employees are not eligible for sick or paid holiday time unless state specific regulations apply.

	0-7 Years of Service	8+ Years of Service
<b>Vacation Days</b>	8	10
<b>Bi-weekly Accrual</b>	2.46 hours	3.08 hours
<b>AK, CA, MT, NE Only Maximum PTO Balance Allowed (150% of annual accrual amount)</b>	96 hours	120 hours

# Employee Discounts

## Receive discounts on:

- Movie tickets
- Florists
- Hotels
- Theme parks
- Restaurants
- National attractions
- Car dealers
- Concerts
- Retailers
- Events, and more!

# Benefit Partners

## Employee Assistance Program

**Cigna**

[www.mycigna.com](http://www.mycigna.com) | The employer ID is centene.

888-371-1125

## Employee Discount Program

**Abenity**

<https://centene.abenity.com>

855-223-6489

## Healthy Pathways Wellness Program

**Virgin Pulse**

[app.member.virginpulse.com](http://app.member.virginpulse.com)

888-671-9395

## Tuition Reimbursement

**Edcor**

<https://centene.tap.edcor.com>

877-742-4183



# Contact Us

Need help? If you need help along the way, we're a phone call away. Call Ask HR at 833-462-7547 and choose the Annual Enrollment prompt from 7:30 am – 7:00 pm CT.

You can change your benefit elections any time during the enrollment window: October 26 - November 6 in BenefitConnect. After the window closes, you are able to view your elections, but will be unable to make changes. Your next opportunity to make changes will be the next Annual Enrollment period or if you experience a qualifying life event.

**Enroll October 26 – November 6**

Go to the [Enrollment site](#)

Want to talk with a vendor? See the [contact resource page](#).

*This guide provides an overview of your benefit options for 2021. The complete provisions of the plan are set forth in the plan documents and insurance contracts, and are available for review on CNET or by contacting Ask HR. If the information in this guide is inconsistent with the plan documents, the plan documents will govern. This guide is not intended as a contract of employment or a guarantee of current or future employment. The plan sponsor(s) reserves the right to amend or terminate each plan at any time.*



Medical (except HI)	Cigna	<a href="http://www.cigna.com">www.cigna.com</a>	855-881-7925
	Highmark Blue Cross Blue Shield	<a href="http://www.highmarkbcbs.com">www.highmarkbcbs.com</a>	888-431-6659
Medical (CA only)	HealthNet	<a href="http://www.healthnet.com">www.healthnet.com</a>	800-223-7691
Medical (HI only)	HMSA	<a href="http://www.hmsa.com">www.hmsa.com</a>	800-776-4672
Prescription Drug (except HI)	Envolve Pharmacy Solutions	<a href="http://www.envolverx.com">www.envolverx.com</a>	844-262-6337
Dental	Delta Dental of Missouri	<a href="http://www.deltadentalmo.com">www.deltadentalmo.com</a>	800-335-8266
Vision	EyeMed	<a href="http://www.eyemed.com">www.eyemed.com</a>	866-804-0982
Health Savings Account	Connect Your Care (CYC)	<a href="http://www.connectyourcare.com">www.connectyourcare.com</a>	844-286-3324
Flexible Spending Accounts	Connect Your Care (CYC)	<a href="http://www.connectyourcare.com">www.connectyourcare.com</a>	844-286-3324
Healthy Pathways Wellness Program	Virgin Pulse	<a href="http://app.member.virginpulse.com">app.member.virginpulse.com</a>	888-671-9395
Life and Accidental Death and Dismemberment (AD&D)	Lincoln Financial	<a href="http://www.mylincolnportal.com">www.mylincolnportal.com</a>	888-787-2129
Disability Insurance	Lincoln Financial	<a href="http://www.mylincolnportal.com">www.mylincolnportal.com</a>	800-213-7649
401(k) Retirement Plan	Fidelity Investment	<a href="http://www.401k.com">www.401k.com</a>	800-835-5097
Employee Stock Purchase Program (ESPP)	Fidelity Stock Plan Services	<a href="http://www.netbenefits.com">www.netbenefits.com</a>	800-544-9354
Employee Assistance Program (EAP)	Cigna	<a href="http://www.mycigna.com">www.mycigna.com</a>	888-371-1125
Tuition Reimbursement	Edcor	<a href="https://centene.tap.edcor.com">https://centene.tap.edcor.com</a>	877-742-4183
Employee Discount Program	Abenity	<a href="https://centene.abenity.com">https://centene.abenity.com</a>	855-223-6489