



# Bank of America Merrill Lynch 2016 Health Care Conference

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**May 10, 2016**

# Cautionary Statement

This presentation contains “forward-looking” statements that are made pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995. Statements that are predictive in nature, that depend upon or refer to future events or conditions, or that include words such as “expects,” “anticipates,” “intends,” “plans,” “believes,” “estimates,” and similar expressions are forward-looking statements. For example, statements regarding the Company’s financial outlook, the start dates of new Medicaid programs, and the timing and closing of pending acquisitions contain forward-looking statements. Forward-looking statements involve known and unknown risks and uncertainties that may cause WellCare’s actual future results to differ materially from those projected or contemplated in the forward-looking statements. These risks and uncertainties include, but are not limited to, WellCare’s progress on top priorities such as improving health care quality and access, ensuring a competitive cost position, and delivering prudent, profitable growth, WellCare’s ability to effectively estimate and manage growth, the outcome of any protests and litigation related to Medicaid awards, CMS approval of Medicaid contracts, any changes to the programs or contracts, WellCare’s ability to address operational challenges related to new business, WellCare’s ability to meet the requirements of readiness reviews, the satisfaction of closing conditions for pending acquisitions, the timing and receipt of regulatory approval for pending acquisitions, WellCare’s ability to effectively execute and integrate acquisitions, potential reductions in Medicaid and Medicare revenue, WellCare’s ability to estimate and manage medical benefits expense effectively, including through its vendors, its ability to negotiate actuarially sound rates, especially in new programs with limited experience, and WellCare’s ability to comply with the terms of the Corporate Integrity Agreement. Given the risks and uncertainties inherent in forward-looking statements, any of WellCare’s forward-looking statements could be incorrect and investors are cautioned not to place undue reliance on any of our forward-looking statements.

Additional information concerning these and other important risks and uncertainties can be found in the Company’s filings with the U.S. Securities and Exchange Commission (the “SEC”), included under the captions “Forward-Looking Statements” and “Risk Factors” in the Company’s Annual Report on Form 10-K for the year ended December 31, 2015, and in the Company’s Quarterly Report on Form 10-Q for the quarter ended March 31, 2016 and other filings by WellCare with the SEC, which contain discussions of WellCare’s business and the various factors that may affect it. Subsequent events and developments may cause actual results to differ, perhaps materially, from WellCare’s forward-looking statements. WellCare’s forward-looking statements speak only as of the date on which the statements are made. WellCare undertakes no duty, and expressly disclaims any obligation, to update these forward-looking statements to reflect any future events, developments or otherwise.

Our 2016 financial guidance is as of May 3, 2016, and is not being updated in conjunction with this presentation.

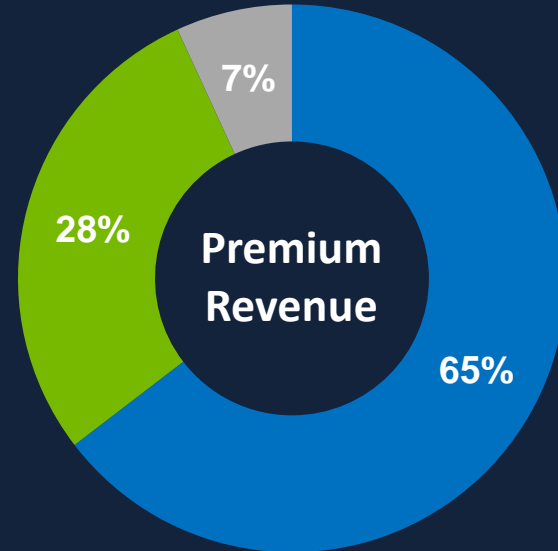
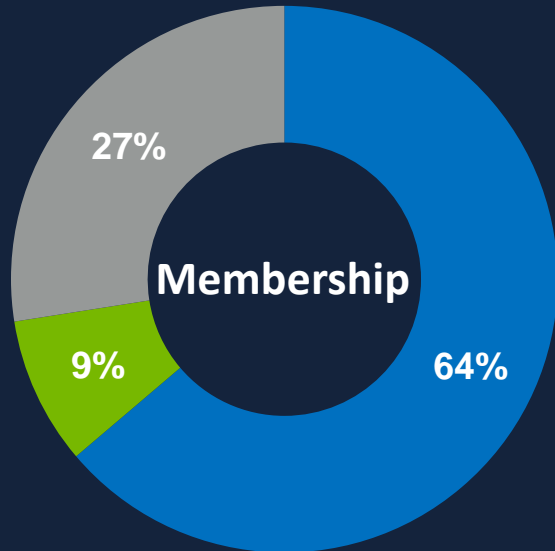
Please refer to our press release dated May 3, 2016 for a reconciliation of adjusted metrics to GAAP metrics.

# Diversified Government Programs Portfolio



*Focused on government-sponsored managed care programs, serving medically complex and economically challenged populations*

Medicaid	Medicare Advantage	Medicare PDP
<b>9</b> states	<b>15</b> states	<b>50</b> states



Medicaid Health Plans	2,379,000
Medicare Health Plans	326,000
Medicare PDP	1,025,000

**Total membership 3,730,000**

Medicaid Health Plans	\$8.8 billion
Medicare Health Plans	\$3.9 billion
Medicare PDP	\$937.5 million

**Total premium revenue \$13.7 billion**

Membership as of March 31, 2016

Medicaid Health Plans premium revenue adjusted to exclude Medicaid ACA industry fee reimbursement and Medicaid premium taxes

Premium revenue for each segment based on midpoint of full-year 2016 guidance as of May 3, 2016

*Serving approximately 2.4 million members in 9 states across a broad spectrum of eligibility groups*

- #1 membership market share in Florida, Georgia and Kentucky
  - Local market presence and community advocacy
  - Strong, enduring relationships with state partners
  - Improved pharmacy cost structure in 2016
  - Expect continued improvement in 2016
- 
- Long-term growth opportunities (organic and through M&A)
  - Selected to participate in Nebraska's Medicaid managed care program
    - Expected launch on January 1, 2017
  - Recently announced acquisition of Advicare assets in South Carolina
    - Expected to close in second quarter of 2016

*Serving approximately 326,000 members in 15 states  
with a focus on dual-eligible beneficiaries*

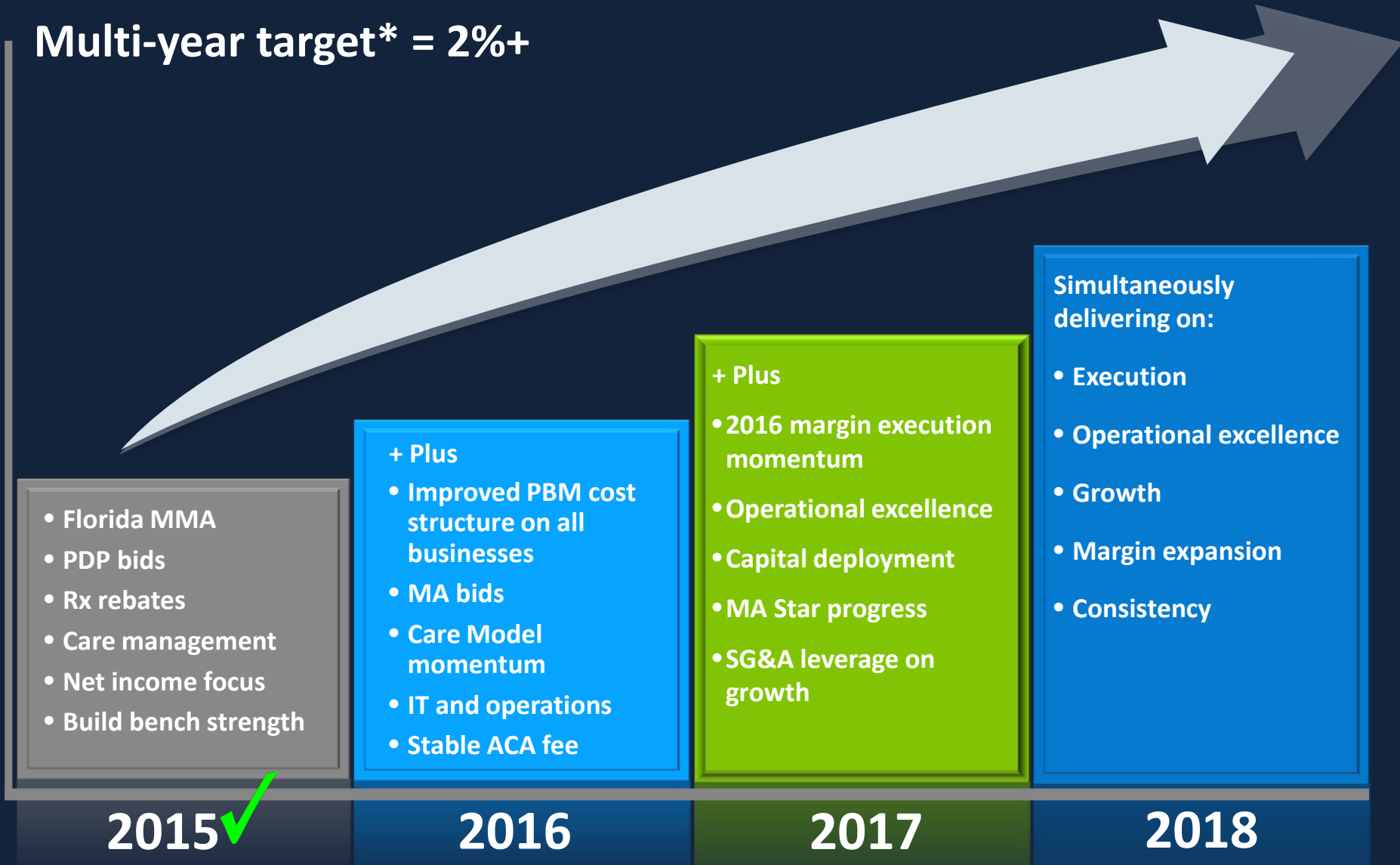
- Core competency in serving medically complex members
  - Approximately half of WCG MA members are dually eligible
- Expect continued improvement in 2016 driven by bid, clinical enhancements and operational execution
- Focused on quality to improve Star ratings; gaining momentum on efforts to recognize disparities in socioeconomic status
- Complement improved performance of existing business with growth opportunities in 2017 and beyond

## *Serving 1.0 million members nationwide*

- Successful PBM conversion on January 1, 2017
- Improved cost structure, including rebate management
- Focused on balance between margin and volume
- Increased auto-assign footprint in 2016 as a result of bids

# Net Income Margin Expansion

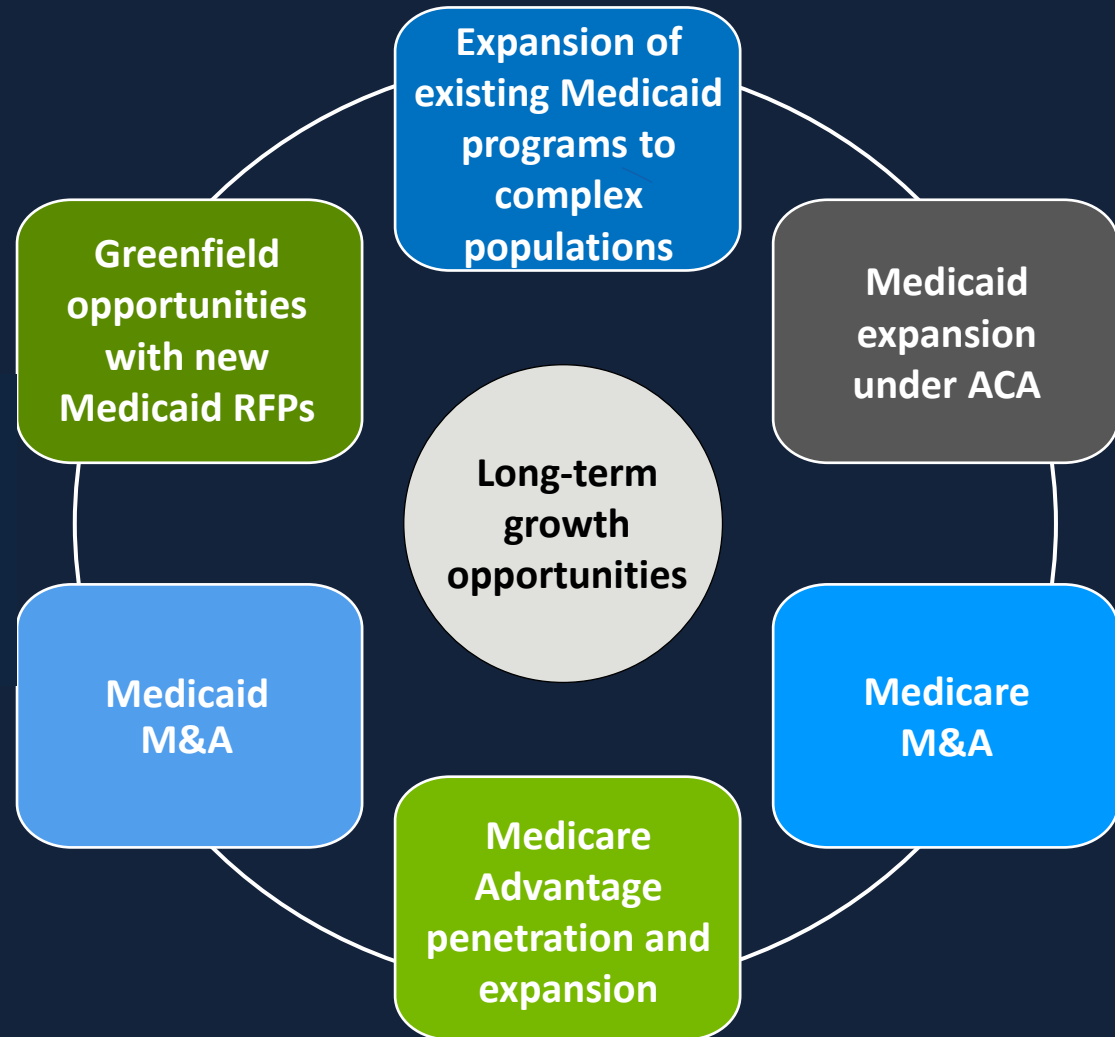
Multi-year target\* = 2%+



\*On composition of current business

# Focus on Long-Term Growth

Well-positioned  
for future  
growth  
opportunities





- **Solely focused on the growth “sweet spot” of managed care**
  - **Government-sponsored managed care**
  - **Serving medically complex populations provides significant value to government customers and members**
  - **Significant penetration opportunity in Medicaid and Medicare Advantage**
- **Disciplined focus on operational and financial execution**
- **Strong balance sheet**
- **Combination of margin expansion and growth opportunity**