



Anthem, Inc. to acquire Integra Managed Care

INDIANAPOLIS— November 10, 2021 —Anthem, Inc. (NYSE: ANTM) today announced that the company has entered into an agreement to acquire Integra Managed Care, a Managed Long-Term Care Plan in New York that helps adults with long term care needs and disabilities live safely and independently in their own home.

Integra currently serves 40,000 Medicaid members who benefit from a dedicated care management team that includes a Registered Nurse, Social Worker, and Coordinator who work in partnership with members, their families, and health care providers to ensure their long-term care needs are met.

“This acquisition aligns with our goal of growing Anthem’s Medicaid business, while serving our members with a comprehensive and coordinated approach to care,” said Felicia Norwood, Executive Vice President of Anthem’s Government Business Division. “Like Anthem, Integra has established connections with community groups to gain a deeper understanding of how to best support the whole-health needs of the people we are privileged to serve.”

Anthem is acquiring Integra from a wholly-owned indirect subsidiary of Personal Touch Holding Corporation. Integra has been serving communities by providing government sponsored coverage for a full range of long-term care services including services in the home, such as nursing, licensed physical, occupational and speech therapy services, and home health aide services. The acquisition is expected to close by the end of the second quarter of 2022 and is subject to customary closing conditions. Upon closing, Integra will join Anthem’s Government Business Division. Financial terms of the transaction were not disclosed. Anthem’s legal advisors are White & Case, Hinman Straub, and Lewis Rice. Ruskin Moscou Faltischek, Greenberg Taurig, and ESOP Law Group are acting as legal advisors for Integra. Stifel acted as the exclusive financial advisor to Integra in this transaction.

About Anthem, Inc.

Anthem is a leading health benefits company dedicated to improving lives and communities, and making healthcare simpler. Through its affiliated companies, Anthem serves more than 117 million people, including more than 45 million within its family of health plans. We aim to be the most innovative, valuable and inclusive partner. For more information, please visit www.antheminc.com or follow @AnthemInc on Twitter.

About Integra Managed Care

Integra Managed Care is a New York State Managed Long Term Care Plan designed for adults living with long-term disabilities. Integra’s goal is to help members live safely and independently in the comfort of their own home with a dedicated team of nurses and social workers who will ensure the care and services that will help individuals live as independently as possible.

Forward-Looking Statements

This document contains certain forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. Forward-looking statements reflect our views about future events and financial performance and are generally not historical facts. Words such as “expect,” “feel,” “believe,” “will,” “may,” “should,” “anticipate,” “intend,” “estimate,” “project,” “forecast,” “plan” and similar expressions are intended to identify forward-looking statements. These statements include, but are not limited to: financial projections and estimates and their underlying assumptions; statements regarding plans, objectives and expectations with respect to future operations, products and services; and statements regarding future performance. Such statements are subject to certain risks and uncertainties,

many of which are difficult to predict and generally beyond our control, that could cause actual results to differ materially from those expressed in, or implied or projected by, the forward-looking statements. You are cautioned not to place undue reliance on these forward- looking statements that speak only as of the date hereof. You are also urged to carefully review and consider the various risks and other disclosures discussed in our reports filed with the U.S. Securities and Exchange Commission from time to time, which attempt to advise interested parties of the factors that affect our business. Except to the extent otherwise required by federal securities laws, we do not undertake any obligation to republish revised forward-looking statements to reflect events or circumstances after the date hereof. These risks and uncertainties include, but are not limited to: the impact of large scale medical emergencies, such as public health epidemics and pandemics, including COVID-19, and catastrophes; trends in healthcare costs and utilization rates; our ability to secure sufficient premium rates, including regulatory approval for and implementation of such rates; the impact of federal and state regulation, including ongoing changes in the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, as amended; changes in economic and market conditions, as well as regulations that may negatively affect our liquidity and investment portfolios; our ability to contract with providers on cost-effective and competitive terms; competitive pressures and our ability to adapt to changes in the industry and develop and implement strategic growth opportunities; reduced enrollment; unauthorized disclosure of member or employee sensitive or confidential information, including the impact and outcome of any investigations, inquiries, claims and litigation related thereto; risks and uncertainties regarding Medicare and Medicaid programs, including those related to non-compliance with the complex regulations imposed thereon; our ability to maintain and achieve improvement in Centers for Medicare and Medicaid Services Star ratings and other quality scores and funding risks with respect to revenue received from participation therein; a negative change in our healthcare product mix; costs and other liabilities associated with litigation, government investigations, audits or reviews; risks and uncertainties related to our pharmacy benefit management (“PBM”), business including non-compliance by any party with the PBM services agreement between us and CaremarkPCS Health, L.L.C.; medical malpractice or professional liability claims or other risks related to healthcare and PBM services provided by our subsidiaries; general risks associated with mergers, acquisitions, joint ventures and strategic alliances; changes in U.S. tax laws; possible impairment of the value of our intangible assets if future results do not adequately support goodwill and other intangible assets; possible restrictions in the payment of dividends from our subsidiaries and increases in required minimum levels of capital; our ability to repurchase shares of our common stock and pay dividends on our common stock due to the adequacy of our cash flow and earnings and other considerations; the potential negative effect from our substantial amount of outstanding indebtedness; a downgrade in our financial strength ratings; the effects of any negative publicity related to the health benefits industry in general or us in particular; failure to effectively maintain and modernize our information systems; events that may negatively affect our licenses with the Blue Cross and Blue Shield Association; the impact of international laws and regulations; intense competition to attract and retain employees; and various laws and provisions in our governing documents that may prevent or discourage takeovers and business combinations.

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