Humana

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92% of Humana's Medicare Advantage Members are in 4-Star and Above Contracts for 2020, Reflecting an Enterprise-Wide Focus on Improved Health Outcomes and the Member Experience

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- *Humana received a 5 out of 5-star rating for its CarePlus Health Plans, Inc. Medicare Advantage HMO contract in Florida for 2020, covering approximately 138,600 members*
- *3.7 million, or approximately 92%, of Humana Medicare Advantage members are currently enrolled under contracts with 4-stars and above for 2020*
- *Humana received a 4.5-star rating for six Medicare Advantage contracts offered in 19 states, covering approximately 1.2 million members*
- *18 Humana Medicare Advantage contracts received a 4-star rating or above*
- *Over 99% of retirees in Humana's Group Medicare Advantage plans remain in 4-star and above contracts for 2020*

LOUISVILLE, Ky.--(BUSINESS WIRE)--Humana Inc. (NYSE: HUM), one of the nation's leading health and well-being companies, announced today the Medicare Star Ratings for its Medicare Advantage (MA) plans, effective January 1, 2020, from the Centers for Medicare and Medicaid Services (CMS).

Humana currently serves more than 8.4 million Medicare members in all 50 states, Washington D.C. and Puerto Rico; 4 million of which are Medicare Advantage members and 4.4 million are stand-alone Prescription Drug Plan (PDP) members. CMS posts Star Ratings at www.medicare.gov.

Humana received a 5-star rating on CMS's 5-star rating system for its CarePlus Health Plans, Inc. MA plan in Florida. In addition, Humana received a 4.5-star rating for six MA contracts offered in 19 states, up from two such contracts in 2019. Humana has 18 contracts rated 4-stars or above and 3.7 million members in 4-star or above rated contracts to be offered in 2020, representing 92% of its existing MA membership as of August 2019. Over 99% of retirees in Humana's Group Medicare Advantage plans remain in 4-star or above contracts for 2020. This continued improvement in Humana's Star Ratings demonstrates the company's ongoing commitment to quality care for its members.

"Our entire organization is rallied around efforts to continuously raise the bar on quality so that we can help the millions of members we serve achieve their best health," said Alan Wheatley, President, Retail Segment at Humana "We are pleased that this relentless, enterprise-wide focus on driving quality and improved health outcomes was evidenced through strong Star Ratings."

The Medicare 5-star rating system rates the excellence of Medicare plans nationally. A plan may receive a rating between one and five stars, with five stars representing the highest rating. Star Ratings are calculated each year and may change from one year to the next.

CMS uses information from member-satisfaction surveys, health plans, and health care providers to assign overall Star Ratings to plans. The rating system uses more than 40 different quality measures in nine categories, including:

- Staying Healthy: Screenings, Tests and Vaccines
- Managing Chronic (Long Term) Conditions

- Member Experience with Health Plan
- Member Complaints and Changes in the Health Plan's Performance
- Health Plan Customer Service
- Drug Plan Customer Service
- Member Complaints and Changes in the Drug Plan's Performance
- Member Experience with Drug Plan
- Drug Safety and Accuracy of Drug Pricing

Listed below is a breakdown of Humana's contracts that achieved a rating of 5.0, 4.5 and 4.0-stars:

Humana 5.0-Star Rated Contracts

- H1019 CarePlus Health Plans, Inc. (FL HMO)

Humana 4.5-Star Rated Contracts

- H0028 CHA HMO, Inc. (AZ, CO, HI, IA, IL, KS, MO, NE, NM, SD, TX HMOs)
- H1036 Humana Medical Plan, Inc. (FL, KY, MS, NC, OR HMOs)
- H1468 Humana Benefit Plan of Illinois, Inc. (IL HMO)
- H1951 Humana Health Benefit Plan of Louisiana, Inc. (LA HMO)
- H4461 Cariten Health Plan, Inc. (TN HMO)
- H5970 Humana Insurance Company of New York (NY PPO)

Humana 4.0-Star Rated Contracts

- H2029 Humana Insurance of Puerto Rico, Inc. (PR PPO)
- H2486 Humana Medical Plan of Utah, Inc. (UT HMO)
- H4007 Humana Health Plans of Puerto Rico, Inc. (PR HMO)
- H4141 Humana Employers Health Plan of Georgia, Inc. (GA HMO)
- H5216 Humana Insurance Company (AL, AR, AZ, CO, DE, FL, GA, HI, IA, ID, IL, IN, KY, KS, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, WI, WV PPOs)
- H5525 Humana Benefit Plan of Illinois, Inc. (AL, GA, IL, IN, KY, LA, MT, NC, OH, PA, SC, WV PPOs)
- H5619 Arcadian Health Plan, Inc. (AL, AR, CA, ID, IN, KY, ME, NH, SC, VA, WA, WV HMOs)
- H6622 Humana WI Health Organization Insurance Corp (DE, KY, MN, MS, MT, NC, NJ, NV, OH, OK, PA, VA, WI HMOs)
- R0865 Humana Insurance Company (IN, KY PPOs)
- R1390 Humana Insurance Company (NC, VA PPOs)
- R3392 Humana Insurance Company (GA, SC PPOs)

About Humana

Humana Inc. is committed to helping our millions of medical and specialty members achieve their best health. Our successful history in care delivery and health plan administration is helping us create a new kind of integrated care with the power to improve health and well-being and lower costs. Our efforts are leading to a better quality of life for people with Medicare, families, individuals, military service personnel, and communities at large.

To accomplish that, we support physicians and other health care professionals as they work to deliver the right care in the right place for their patients, our members. Our range of clinical capabilities, resources and tools – such as in-home care, behavioral health, pharmacy services, data analytics and wellness solutions – combine to produce a simplified experience that makes health care easier to navigate and more effective.

More information regarding Humana is available to investors via the Investor Relations page of the company's website at humana.com, including copies of:

- Annual reports to stockholders;
- Securities and Exchange Commission filings;
- Most recent investor conference presentations;
- Quarterly earnings news releases and conference calls;
- Calendar of events; and
- Corporate Governance information.

Humana is a Medicare Advantage HMO, PPO and PFFS organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Every year, Medicare evaluates plans based on a 5-star rating system.

Language:

English

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