



Medicare Star Quality Ratings Reflect Humana's Commitment to Quality Care for Its Members

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- 2.4 million, or approximately 74%, of Humana Medicare Advantage members are in 4-plus star contracts
- Humana received a 4.5-star rating for five Medicare Advantage contracts offered in 8 states
- All Humana Medicare Advantage HMO membership in Florida received a 4.5-star rating
- 12 Humana Medicare Advantage contracts received a 4-star rating or above
- All Humana Medicare Advantage contracts received a 3.5-star rating or above

LOUISVILLE, Ky.--(BUSINESS WIRE)--Oct. 11, 2017-- 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 from the Centers for Medicare and Medicaid Services (CMS).

Humana currently serves more than 8.5 million Medicare members in all 50 states, Washington D.C. and Puerto Rico, 3.3 million of which are Medicare Advantage members and 5.2 million are stand-alone PDP members. The star ratings were posted at www.medicare.gov.

Humana received a 4.5 star rating on CMS's 5-Star Rating System for five MA contracts offered in FL, IL, KY, MS, NC, NY, OR, and TN, an increase from one such contract last year. Humana has 12 contracts rated 4 Stars or above and 2.4 million members in 4 Star or above rated contracts to be offered in 2018, representing 74% of our MA membership as of July 31, 2017. All of Humana's MA contracts were rated 3.5 Stars or higher, including the company's Regional PPO contracts that were previously rated 3-Stars. The increase in 4.5 Star contracts, as well as the higher 3.5 Star rating for certain contracts, including the company's Regional PPO contracts, are expected to result in positive rebate implications for Humana in 2019.

"Many people with Medicare are living with one or more chronic health conditions," said Alan Wheatley, president, Retail Segment at Humana. "These Star Ratings are the result of Humana's ongoing work with physicians and other health care professionals to improve outcomes and quality of life for our members. In addition, we have invested in programs, services and tools designed to help people achieve their best health, and Humana's Star Quality Ratings reflect that ongoing commitment."

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 five categories, including:

- Staying healthy: screening tests and vaccines
- Managing chronic (long-term) conditions
- Member experience with the health plan
- Member complaints and changes in the health plan's performance
- Health plan customer service

Listed below is a breakdown of Humana's plans that achieved a rating of 4.5 and 4.0 Stars:

Humana 4.5 Star Rated Plans

- H1019 CarePlus Health Plans, Inc. (FL HMO)
- H1036 Humana Medical Plan, Inc. (FL, KY, MS, NC, OR HMOs)
- H1468 Humana Benefit Plan of Illinois, Inc. (IL HMO)
- H4461 Cariten Health Plan, Inc. (TN HMO)
- H5970 Humana Insurance Company of New York (NY PPO)

Humana 4.0 Star Rated Plans

- H0028 CHA HMO, Inc. (HI, IA, NE, SD HMOs)
- H1951 Humana Health Benefit Plan of Louisiana, Inc. (LA HMO)
- H4007 Humana Health Plans of Puerto Rico (PR HMO)
- H5216 Humana Insurance Company (AL, AZ, AR, CO, DE, FL, GA, HI, IA, ID, IL, IN, KY, KS, LA, MD, MI, MN, MS, MO, MT, NE, NV, NH, NM, NC, ND, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, WV, WI LPPOs)
- H5525 Humana Benefit Plan of Illinois, Inc. (AL, GA, IL, IN, KY, LA, MT, NC, OH, PA, SC, WV LPPOs)
- H5619 Arcadian Health Plan, Inc. (AL, AR, CA, ID, IN, KY, ME, NE, NH SC, VA, WA HMOs)
- H6622 Humana WI Health Organization Insurance Corp (DE, KY, MS, MT, NV, NC, OH, OK, PA, VA, WI HMOs)

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 web site at humana.com, including copies of:

- Annual reports to stockholders;
- Securities and Exchange Commission filings;
- Most recent investor conference presentations;
- Quarterly earnings news releases;
- Calendar of events
- 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. Medicare evaluates plans based on a 5-Star rating system. Stars Ratings are calculated each year and may change from one year to the next.

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