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97% of Humana’s Medicare Advantage Members are in contracts rated 4-Star or Higher for 2022, Reflecting Strong Commitment to Quality of Care, Patient-Centered Clinical Outcomes and Customer Service

- *Humana received a 5 out of 5-star rating for four of its contracts for 2022, the most in company history, which include HMO plans in Florida, Louisiana, Tennessee and Kentucky, covering approximately 527,000 members*
- *Humana received a 4.5-star rating for eight Medicare Advantage contracts offered in 33 states and Puerto Rico, covering more than 1.6 million members*
- *4.8 million, or approximately 97%, of Humana Medicare Advantage members are currently enrolled across 32 contracts with 4-stars and above for 2022*
- *Over 99% of retirees in Humana’s Group Medicare Advantage plans remain in contracts rated 4-star or higher for 2022*

Louisville, KY – October 8, 2021 – Humana Inc. (NYSE: HUM), one of the nation’s leading health and well-being companies, today announced the Medicare Star Ratings for its Medicare Advantage (MA) plans, effective January 1, 2022, from the Centers for Medicare and Medicaid Services (CMS). CMS posts Star Ratings at www.medicare.gov. With these results, Humana’s Star Ratings continue to reflect the company’s strong focus on ensuring high quality of care, patient-centered clinical outcomes and reliable customer service for its members.

Humana increased the number of contracts that received a 5-star rating on CMS’s 5-star rating system from one contract in 2021 to four contracts in 2022, the most in the company’s history, including HMO plans in Florida, Louisiana, Tennessee and Kentucky covering approximately 527,000 members. These plans include CarePlus Health Plans, Inc. in Florida, which received a 5-star rating for the fourth consecutive year, Cariten Health Plan Inc. in Tennessee, which previously received a 5-star rating in 2019, as well as Humana Health Benefit Plan of Louisiana, Inc. in Louisiana and Humana Health Plan of Ohio, Inc. in Kentucky, both of which received a 5-star rating for the first time.

In addition, Humana received a 4.5-star rating for eight MA contracts offered in 33 states and Puerto Rico. In all, Humana has 41 rated contracts to be offered in 2022, 32 of which are rated 4-stars or higher and currently cover 4.8 million members, representing 97% of its existing MA membership in rated contracts as of September 2021. Over 99% of retirees in Humana’s Group Medicare Advantage plans remain in 4-star or above contracts for 2022.

“Humana is committed to helping our members achieve their best health by ensuring high quality of care, improved clinical outcomes that are patient-centered, and strong customer service,” said Alan Wheatley, President, Retail Segment at Humana. “Our goal in Medicare Advantage is to offer industry-leading health plan options for people with Medicare that allow them to enjoy all the security of Original Medicare plus valuable added benefits. We are pleased to once again be recognized by CMS with such high ratings for our Medicare Advantage plan offerings.”

Throughout the COVID-19 pandemic, Humana has worked to overcome challenges in health care delivery in order to provide full support for its members’ health and wellbeing. During this time, Humana sent reusable face masks to MA and Prescription Drug Plan (PDP) members, mailed over one million preventive care colon cancer screening and diabetic condition management in-home test kits to eligible members, and proactively called and scheduled approximately 65,000 members in 46 states to receive COVID-19 vaccinations, with a focus on individuals with societal barriers to scheduling and receiving the vaccine. Commenting on her experiences with Humana at a vaccination clinic earlier this year, Betty P., a Humana Medicare Advantage member in Tennessee, said “Humana was putting my health first, they were trying to help me. They had my health in their interest. I've been with them almost 10 years and they have never failed me.”

About Medicare Advantage

Medicare Advantage’s unique public-private structure creates an atmosphere of competition that spurs innovation that can help drive down costs and focus care on a person’s whole health.

Medicare Advantage plans are focused on coordinating care for those with multiple chronic conditions, helping lead to cost-effective interventions to address the unique health needs of aging or disabled Americans. These are a few reasons why more than [40 percent](#) of all Medicare beneficiaries choose to be covered by Medicare Advantage plans.

About Medicare Advantage Enrollment

The Medicare Advantage and Prescription Drug Plan Annual Election Period (AEP) begins Oct. 15 and continues through Dec. 7, 2021. During this enrollment period, people eligible for Medicare can choose Medicare Advantage and Prescription Drug Plans for the upcoming year – with coverage that takes effect on Jan. 1, 2022.

People eligible for Medicare may make a one-time election to enroll in a plan offered by an MA organization with a Star Rating of 5 Stars during the year in which that plan has the 5-star overall performance rating, provided the enrollee meets the other requirements to enroll in that plan. This 5-star special election is available December 8 through November 30 of the following year.

For more information about Humana’s 2022 Medicare offerings, visit www.Humana.com/Medicare or call toll-free 1-800-213-5286 (TTY: 711). Licensed sales agents are available 8 a.m. to 8 p.m. local time, seven days a week.

About CMS Star Ratings

The CMS rating system measures the excellence of Medicare plans nationally each year. A plan may receive a rating between one and five stars, with five stars representing the highest rating. 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 across 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

Additional information about the CMS Star Ratings can be found at: www.medicare.gov.

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

- H0292 HUMANA HEALTH PLAN OF OHIO, INC. (KY HMO)
- H1019 CAREPLUS HEALTH PLANS, INC. (FL HMO)
- H1951 HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC. (LA HMO)
- H4461 CARITEN HEALTH PLAN INC. (TN 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)
- H4007 HUMANA HEALTH PLANS OF PUERTO RICO, INC. (PR HMO)
- H5525 HUMANA BENEFIT PLAN OF ILLINOIS, INC. (AL, GA, IL, IN, KY, LA, MT, NC, OH, PA, SC, WV LPPOs)
- H5970 HUMANA INSURANCE COMPANY OF NEW YORK (NY LPPO)
- H6622 HUMANA WI HEALTH ORGANIZATION INSURANCE CORP. (DE, KY, MN, MS, MT, NC, NJ, NV, OH, OK, PA, VA, WI HMOs)
- R5495 HUMANA INSURANCE COMPANY (OH RPPO)

Humana 4.0-Star Rated Contracts

- H0473 HUMANA INSURANCE COMPANY OF KENTUCKY (TX LPPO)
- H2237 INDEPENDENT CARE HEALTH PLAN (WI HMO)
- H2486 HUMANA MEDICAL PLAN OF UTAH, INC. (ID, UT, WA HMOs)
- H2944 HUMANA INSURANCE COMPANY (GA, KS, MO, OK PFFS – Partial Networks)
- H3533 HUMANA HEALTH COMPANY OF NEW YORK, INC. (NY HMO)
- H4141 HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC. (GA HMO)
- H4623 HUMANA REGIONAL HEALTH PLAN, INC. (MO HMO)
- H5216 HUMANA INSURANCE COMPANY (AL, AZ, AR, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KY, KS, LA, MA, MD, ME, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NC, ND, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, VT, WA, WV, WI LPPOs)
- H5619 ARCADIAN HEALTH PLAN, INC. (AL, AR, CA, ID, IN, KY, ME, NH, OK, SC, VA, WA, WV HMOs)
- H7284 HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC. (FL LPPO)
- H8087 HUMANADENTAL INSURANCE COMPANY (MI LPPO)
- H8145 HUMANA INSURANCE COMPANY (AR, CO, FL, GA, IL, IN, IA, KS, KY, MI, MN, MO, MT, NM, NC, ND, OH, OK, PA, SC, SD, TX, VA, WV, WI PFFS – Full Networks)
- R0110 HUMANA INSURANCE COMPANY (LA, MS RPPOs)
- R0865 HUMANA INSURANCE COMPANY (IN, KY RPPOs)
- R0923 HUMANA INSURANCE COMPANY (PA, WV RPPOs)
- R1390 HUMANA INSURANCE COMPANY (NC, VA RPPOs)
- R3392 HUMANA INSURANCE COMPANY (GA, SC RPPOs)
- R3887 HUMANA INSURANCE COMPANY (MI RPPO)
- R4182 HUMANA INSURANCE COMPANY (TX RPPO)

- R5361 HUMANA INSURANCE COMPANY (IL, WI RPPOs)

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.

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