

Co-Hosting Firms:

Credit Suisse

Susquehanna Financial Group **On-Site Visit with Humana Management**

> Louisville, KY February 11, 2014

Cautionary Statement

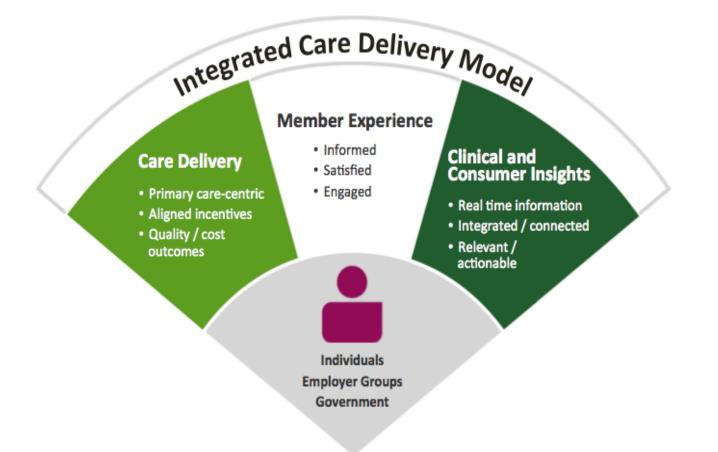
This presentation includes forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. When used in investor presentations, press releases, Securities and Exchange Commission (SEC) filings, and in oral statements made by or with the approval of one of our executive officers, the words or phrases like "expects," "anticipates," "believes, " "intends," "likely will result," "estimates," "projects" or variations of such words and similar expressions are intended to identify such forward-looking statements. These forward-looking statements are not guarantees of future performance and are subject to risks, uncertainties, and assumptions, including, among other things, information set forth in the "Risk Factors" section of our SEC filings, as listed below.

In making these statements, Humana is not undertaking to address or update these statements in future filings or communications regarding its business or results. In light of these risks, uncertainties and assumptions, the forward-looking events discussed herein might not occur. There also may be other risks that we are unable to predict at this time. Any of these risks and uncertainties may cause actual results to differ materially from the results discussed in the forward-looking statements.

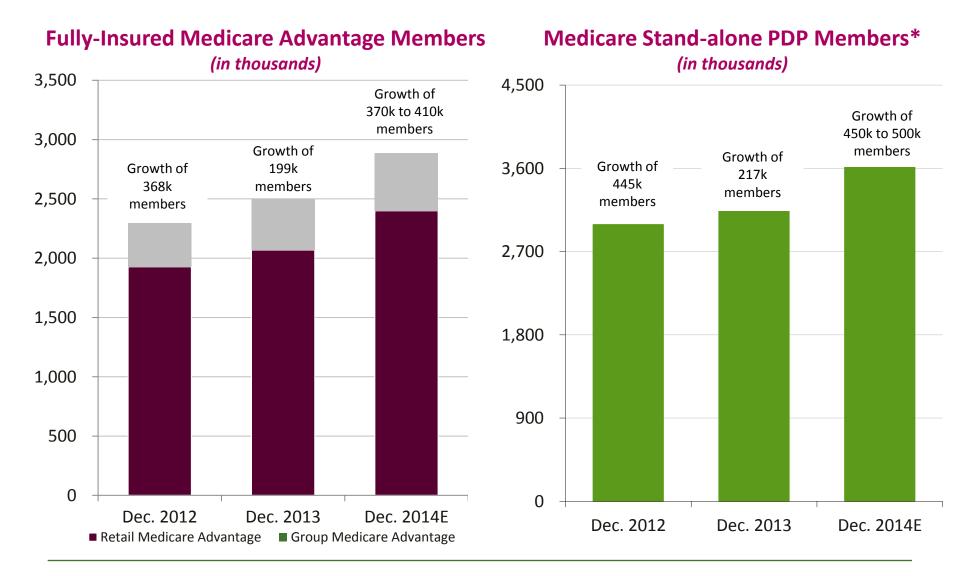
Humana advises investors to read the following documents as filed by the company with the SEC:

- 1. Form 10-K for the year ended December 31, 2012 (as amended),
- 1. Form 10-Qs for the periods ended March 31, 2013, June 30, 2013, September 30, 2013, and
- 2. Form 8-Ks filed during 2013 and 2014.

Integrated Care Delivery Model Leverages our Capabilities



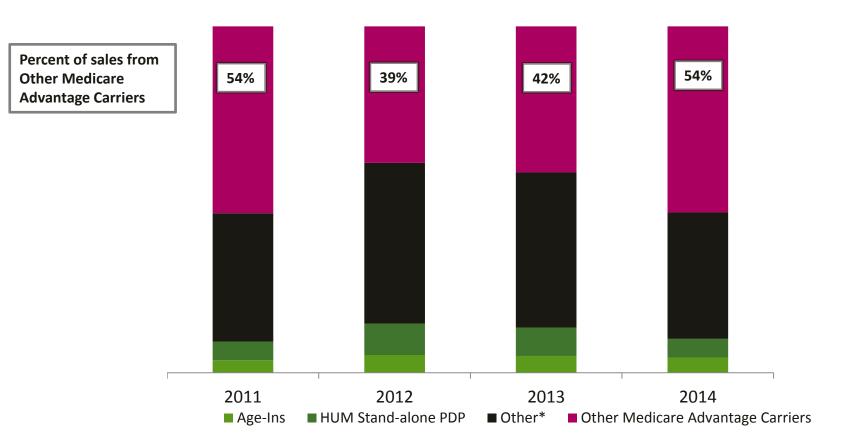
Continuing Growth In Our Medicare Products



Humana

* Excludes membership associated with Humana's contract with CMS to administer the Limited Income Newly Eligible Transition, or LI-NET, program

New Members from Annual Election Period by Source

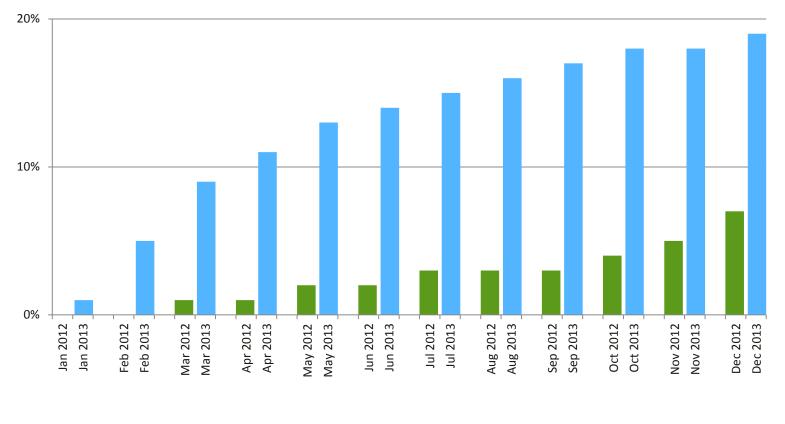


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* Other primarily includes members that had no previous MA or PDP coverage, members who came from a competitor stand-alone PDP, or newly disabled individuals.

Clinical Identification – Then versus Now Farly Identification The 15 Percent		
	January 2012 Clinical Integration and Guidance Claims Cost Management	January 2014
Welcome calls and Health Risk Assessments	 8 simple questions primarily focused on high healthcare utilization Completion rates averaged 20% (60k members) 	 32 questions encompassing function, physical and behavioral risks Completion rates averaging 40% (170k members)
Predictive modeling	 Models used when utilization development emerged 5k new members identified for clinical intervention 	 More sophisticated predictive modeling using early indicator data 40k new members identified for clinical intervention
Provider risk arrangements	 429k members covered by risk arrangements (4,700 providers) 199k members covered by path-to-risk arrangements (12,000 providers) 	 646k members covered by risk arrangements (11,000 providers) 464k members covered by path-to-risk arrangements (22,000 providers)

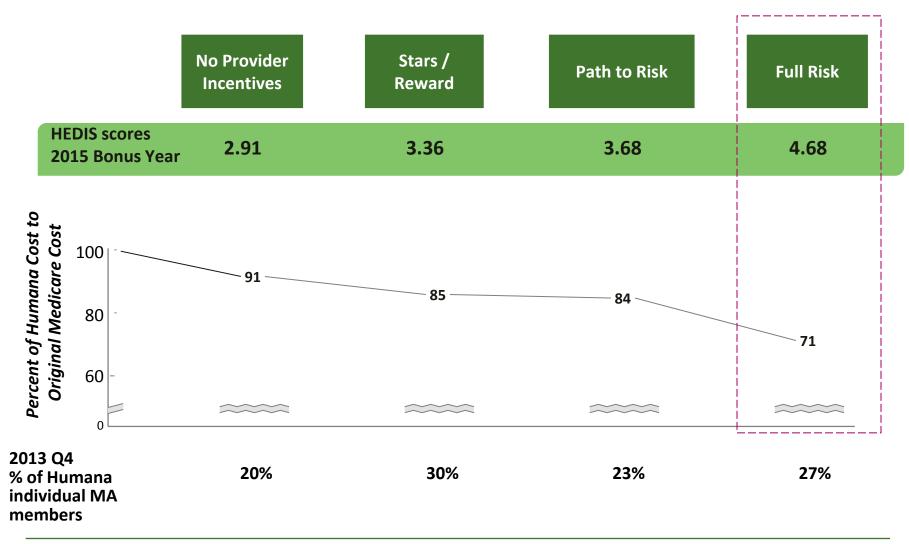
Percent of New Members Enrolled in Humana Chronic Care Programs (HCCP)



2012 New Members

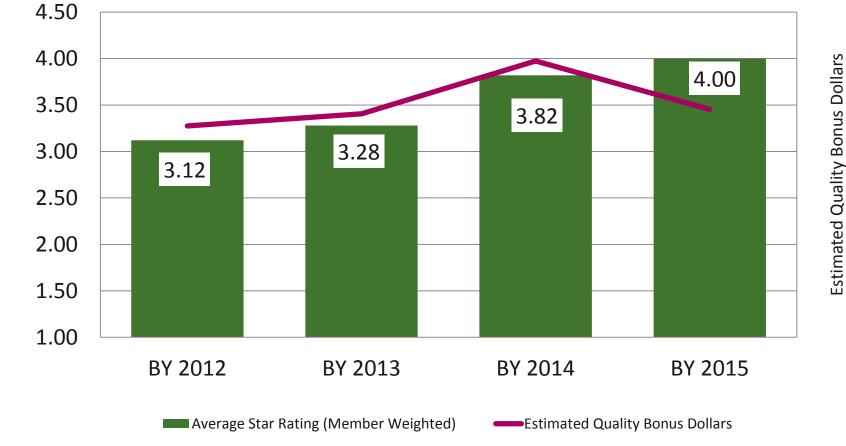
2013 New Members

Improved Outcomes For Our Medicare Consumers And Lower Costs Versus Original Fee-For-Service



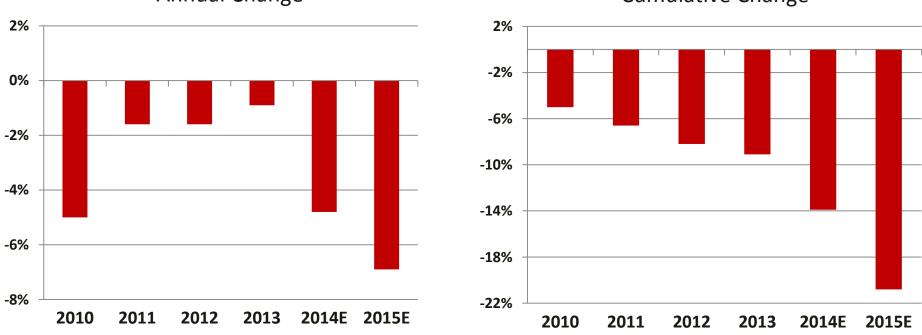
Star Ratings Show Continuing Improvement In Quality And Satisfaction For Our Medicare Consumers

Expiration of CMS Star demonstration lowers quality bonus dollars



Medicare Consumers Negatively Impacted By Volatile Funding For Medicare Advantage

Change in Humana Medicare Advantage Funding by CMS



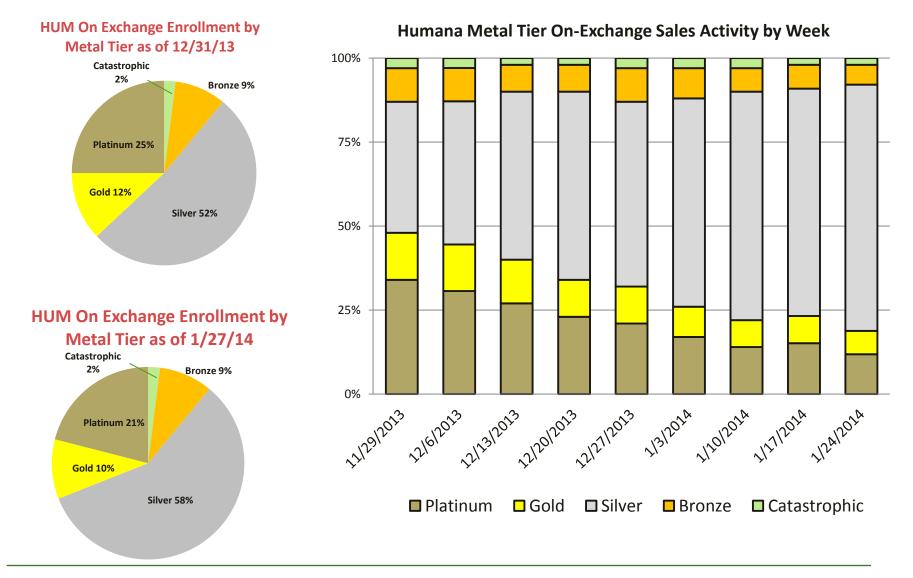
Annual Change

Cumulative Change

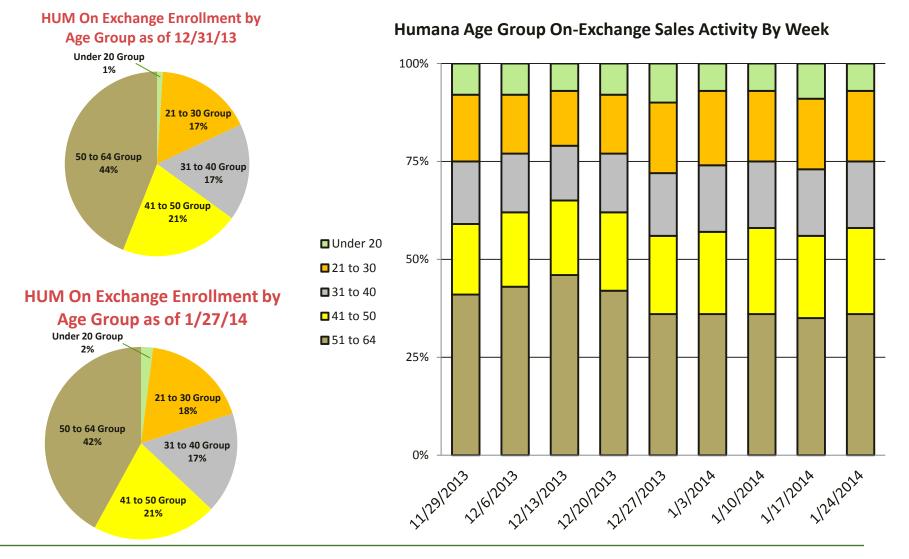
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Source: Rate Book published each year by the Centers for Medicare and Medicaid Services, updated medical cost trend enrollment data released by CMS in a December 2013 conference call and Humana analyses. Primarily includes CMS fee-for-service cost trend estimates, impact of payment cuts associated with health care reform, quality bonuses, sunset of the Star quality CMS demo in 2015, risk coding and recalibration, and the impact of the health insurance industry fee.

Mix of Health Care Exchange Metal Tier Enrollment



Mix of Health Care Exchange Age Group Enrollment



Diluted Earnings per Common Share

