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For Second Time, Humana Kentucky Medicare Advantage HMO Plan Achieves Prestigious 5-Star Rating

LOUISVILLE, Ky. – October 7, 2022 – [Humana Inc.](#) (NYSE: HUM), one of the nation’s leading health and well-being companies, has announced that its Kentucky HMO plan has received the highest possible quality rating for the 2023 plan year from the Centers for Medicare and Medicaid Services (CMS).

The Humana Health Plan of Ohio, Inc., an HMO plan offered in Boone, Campbell, Grant, Kenton and Pendleton counties in Kentucky, is one of three of Humana’s Medicare Advantage plans in the nation that received a 5-star rating, reflecting Humana’s commitment to high-quality care, patient-centered clinical outcomes and reliable customer service.

“We’re proud to receive this prestigious achievement for the second year in a row,” said Kathie Mancini, Medicare East Central Region President for Humana. “This rating reflects our strong collaboration with local health providers to help our members get the care they need and deliver the best health outcomes for our members. It recognizes our dedication to the well-being and health of Humana Medicare Advantage members and the Northern Kentucky communities we serve.”

Humana Medicare Advantage member Pat Dillon of Erlanger, Kentucky, said the 5-star rating is well-deserved.

“Responsiveness is the word I would use to sum up Humana,” Dillon said. “When something happens, you can depend on them to follow through. They will contact you regarding any benefit you might be eligible for so that you don’t have to sit and page through material trying to find something that you’re entitled to. They reach out to let you know something is offered, as opposed to you trying to find it on your own.”

Bill Banks, Vice President of Managed Care for St. Elizabeth Healthcare in northern Kentucky, said the health system is proud to work with Humana to provide high quality care. “We’re thrilled that this plan has received the highest possible quality rating as we focus on value-based care and patient-centered programs for area residents.”

About Medicare Advantage

Medicare Advantage delivers financial savings to members in the form of lower out-of-pocket costs and reduced premiums. Medicare Advantage members reported spending [nearly \\$2,000 less on out-of-pocket costs](#), compared to fee-for-service Medicare. Medicare Advantage plans also have limits on out-of-pocket costs. These financial protections may be critical for older Americans on fixed incomes.

news release

Unlike fee-for-service Medicare, Medicare Advantage plans often include affordable prescription drug coverage. For Humana members, 100 percent of the savings achieved through manufacturer rebates and discounts in pharmacy programs are returned to members through lower premiums and improved benefits.

Medicare Advantage plan members had more than a [30 percent lower level of emergency room visits, and 40 percent lower level of inpatient hospital care](#), compared to beneficiaries with fee-for-service Medicare. In addition to improving health, these outcomes demonstrate real savings for people with Medicare and the health system. Medicare Advantage plans reinvest these savings by expanding supplemental benefits, supporting providers and coordinating care.

About Medicare Advantage Enrollment

The Medicare Advantage and Prescription Drug Plan Annual Election Period (AEP) begins Oct. 15 and continues through Dec. 7, 2022. 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 Jan. 1, 2023.

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 Dec. 8 through Nov. 30 of the following year.

For more information about Humana's 2022 Medicare offerings, visit www.Humana.com/Medicare or call toll-free 1-888-372-2614 (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.

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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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