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Humana Received 5-Star Quality Ratings for Two Medicare Contracts Reflecting the Company's Focus on Quality in both Member Experience and Clinical Outcomes

- *Humana received a 5-star rating for its Medicare Advantage HMO contract in Tennessee and its CarePlus Health Plans, Inc. Medicare Advantage HMO contract in Florida for 2019*
- *3 million, or approximately 84%, of Humana Medicare Advantage members are currently enrolled under contracts with 4-plus stars for 2019, including approximately 225,000 members in 5-star contracts*
- *Humana received a 4.5-star rating for two Medicare Advantage contracts offered in 6 states, covering approximately 550,000 members*
- *All Humana Medicare Advantage HMO membership in Florida is in 4.5 or 5-star rated contracts*
- *12 Humana Medicare Advantage contracts received a 4-star rating or above*
- *Over 99% of retirees in Humana's Group Medicare Advantage plans are in 4-plus star contracts*

Louisville, KY – October 10, 2018 – 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, 2019, 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, 3.5 million of which are Medicare Advantage members and 5 million are stand-alone PDP members. The star ratings were posted at www.medicare.gov.

Humana received a 5-star rating on CMS's 5-star rating system for two MA contracts offered in Florida and Tennessee. In addition, Humana received a 4.5-star rating for two MA contracts offered in Florida, Illinois, Kentucky, Mississippi, North Carolina, and Oregon. Humana has 12 contracts rated 4-star or above and 3 million members in 4-star or above rated contracts to be offered in 2019, representing 84% of our MA membership as of July 2018. The achievement of a 5-star rating for two MA contracts in Florida and Tennessee provides Humana the ability to market for these contracts throughout the year, creating an opportunity for increased penetration in these important geographies.

“The continued improvement in Humana’s star quality ratings and the achievement of two 5-star contracts is a reflection of Humana’s unwavering commitment to drive quality and improved clinical outcomes for those we serve.” said Alan Wheatley, President, Retail Segment at Humana “Quality is at the forefront of everything we do and we are pleased that this steadfast commitment throughout the organization is reflected in our 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 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 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)
- H4461 Cariten Health Plan, Inc. (TN HMO)

Humana 4.5-Star Rated Contracts

- H1036 Humana Medical Plan, Inc. (FL, KY, MS, NC, OR HMOs)
- H1468 Humana Benefit Plan of Illinois, Inc. (IL HMO)

Humana 4.0-Star Rated Contracts

- H0028 CHA HMO, Inc. (AZ, CO, HI, IA, IL, KS, MO, NE, NM, SD, TX 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, ME, MI, MN, MS, MO, MT, NE, NJ, 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, NH, SC, VA, WA, WV HMOs)
- H5970 Humana Insurance Company of New York (NY PPO)
- 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 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.