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## For Third Time, Humana Tennessee Medicare Advantage HMO Attains Medicare's Highest Rating for 2023

*Achieving the highest possible rating of 5 stars means members in the statewide plan are not only highly satisfied with Humana, but are also receiving quality health care from clinicians who make them feel respected and valued*

**NASHVILLE, Tenn.** — Oct. 7, 2022 – Leading health and well-being company [Humana Inc.](#) (NYSE: HUM) today announced that, for the second year in a row, and the third time overall, its statewide Humana HMO Medicare Advantage plan in Tennessee has achieved the highest possible 5-star rating from the Centers for Medicare & Medicaid Services (CMS).

Humana's Cariten Health Plan Inc. in Tennessee, an HMO plan offered in all of Tennessee's 95 counties, is one of three Humana plans in the nation to receive the 5-star rating, which reflects the company's commitment to high quality medical care and reliable customer service.

"I tell everyone that they need Humana because they really care about my health," said Tennessee Humana member Patricia K. "I really enjoy the personal customer service and the walking incentive on my plan keeps me motivated to live healthier."

Doug Haaland, Humana's Medicare President for Tennessee and Alabama, said achieving this rating for 2023 is significant because CMS increased its focus on patient experience with increased weighting for consumer satisfaction when assessing the quality of plans.

"We are grateful to the doctors and their medical teams who are treating our members in a way that makes them feel valued, respected and not rushed, while providing the quality health care they need," Haaland said. "We're also incredibly proud of our entire Tennessee team as this score means that our members believe we're easy to do business with and would recommend our plans to others."

### **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.

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](http://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](http://www.medicare.gov).

### **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 [www.humana.com](http://www.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
- Corporate Governance information

*Humana is a Medicare Advantage HMO 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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