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**92% of Humana's Medicare Advantage Members are in  
4-Star and Above Contracts for 2021, Reflecting Ongoing Commitment to Quality  
Care and Improved Health Outcomes**

- *Humana received a 5 out of 5-star rating for its CarePlus Health Plans, Inc. Medicare Advantage HMO contract in Florida for the third consecutive year in 2021, covering approximately 164,300 members*
- *4.1 million, or approximately 92%, of Humana Medicare Advantage members are currently enrolled across 15 contracts with 4-stars and above for 2021*
- *Humana received a 4.5-star rating for three Medicare Advantage contracts offered in 7 states, covering approximately 796,000 members*
- *Over 99% of retirees in Humana's Group Medicare Advantage plans remain in 4-star and above contracts for 2021*

Louisville, KY – October 8, 2020 – 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, 2021, from the Centers for Medicare and Medicaid Services (CMS). CMS posts Star Ratings at [www.medicare.gov](http://www.medicare.gov).

Humana received a 5-star rating on CMS's 5-star rating system for its CarePlus Health Plans, Inc. MA plan in Florida for the third consecutive year, which currently covers approximately 164,300 members. In addition, Humana received a 4.5-star rating for three MA contracts offered in 7 states. In all, Humana has 15 contracts rated 4-stars or above and 4.1 million members in 4-star or above rated contracts to be offered in 2021, representing 92% of its existing MA membership in rated contracts as of September 2020. Over 99% of retirees in Humana's Group Medicare Advantage plans remain in 4-star or above contracts for 2021. With these results, Humana's Star Ratings continue to reflect the company's focus on quality in both member experience and clinical outcomes.

Also notable is Humana had nine new contracts in 2019 that did not have enough data available to receive individual Star Ratings for 2021, which cover approximately 119,300 members. However, CMS will apply the Humana company average Star Rating of 4.0 to these contracts for the purpose of calculating Quality Bonus Payments in 2022.

“We are pleased that our Stars scores reflect the company’s unwavering commitment to quality care and improved health outcomes for our members,” said Alan Wheatley, President, Retail Segment at Humana. “The member’s ability to receive quality care has remained our top priority throughout the global coronavirus pandemic. As we continue to navigate the pandemic, we are committed to ongoing investments in benefits and initiatives designed to improve access to care and ease the financial burden for our members and appreciate CMS’ shared commitment to putting the member first.”

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 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

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)

#### **Humana 4.5-Star Rated Contracts**

- H1036 Humana Medical Plan, Inc. (FL, KY, MS, NC, OR HMOs)
- H1951 Humana Health Benefit Plan of Louisiana, Inc. (LA HMO)
- H4461 Cariten Health Plan, Inc. (TN HMO)

#### **Humana 4.0-Star Rated Contracts**

- H0028 CHA HMO, Inc. (AZ, CO, HI, IA, IL, KS, MO, NE, NM, SD, TX HMOs)
- H1468 Humana Benefit Plan of Illinois, Inc. (IL HMO)
- H2029 Humana Insurance of Puerto Rico, Inc. (PR PPO)
- H2486 Humana Medical Plan of Utah, Inc. (ID, UT, WA HMOs)
- H4007 Humana Health Plans of Puerto Rico, Inc. (PR HMO)
- H4141 Humana Employers Health Plan of Georgia, Inc. (GA HMO)
- H5216 Humana Insurance Company (AL, AZ, AR, CO, DE, FL, GA, HI, ID, IL, IN, IA, KY, KS, LA, ME, MD, MA, 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 PPOs)
- H5525 Humana Benefit Plan of Illinois, Inc. (AL, GA, IL, IN, KY, LA, MT, NC, OH, PA, SC, WV PPOs)
- H5619 Arcadian Health Plan, Inc. (AL, AR, CA, ID, IN, KY, ME, NH, OK, SC, VA, WA, WV HMOs)
- H5970 Humana Insurance Company of New York (NY PPO)
- H6622 Humana WI Health Organization Insurance Corp (DE, KY, MN, MS, MT, NV, NJ, NC, OH, OK, PA, VA, WI HMOs)

### **Humana Unrated Contracts**

- H0292 Humana Health Plan of Ohio, Inc. (KY HMO)
- H0473 Humana Insurance Company of Kentucky (TX PPO)
- H2463 Humana Health Plan of Texas, Inc. (AZ HMO)
- H4623 Humana Regional Health Plan, Inc. (MO HMO)
- H5377 Humana Medical Plan of Pennsylvania, Inc. (VA HMO)
- H7284 Humana Health Insurance Company of Florida, Inc. (FL PPO)
- H7621 Humana Health Plan of California, Inc. (CA, KS, MO HMOs)
- H8087 HumanaDental Insurance Company (MI PPO)
- H9070 CompBenefits Insurance Company (AR, KS, MO, OK PPOs)

### **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](http://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.