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Humana Kentucky Medicare Advantage HMO Plan Receives Prestigious 5-Star Rating

Louisville, KY – October 8, 2021 – [Humana Inc.](#) (NYSE: HUM), one of the nation’s leading health and well-being companies, has announced that its Kentucky HMO plan offered through Humana Health Plan of Ohio, Inc. has received the highest possible quality rating for the 2022 plan year from the Centers for Medicare and Medicaid Services (CMS). The Kentucky HMO plan, which is offered in Boone, Campbell, Grant, Kenton and Pendleton counties in Kentucky, is one of four 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.

“Receiving the 5-star rating for this plan is a tremendous honor that recognizes our longtime dedication to the health and wellbeing of Humana Medicare Advantage members and the Northern Kentucky communities we serve,” said Kathie Mancini, Medicare East Central Region President for Humana. “We have developed strong collaborations with local health providers that have helped our members get the care they need and drive positive health outcomes through a value-based strategy.”

“Throughout the pandemic, our goal has been to meet our members’ needs where it is safest for them and encourage the use of masks and vaccinations to lower the spread of the COVID-19 virus. We have mailed thousands of masks and proactively reached out to our members to help them get the care and resources they need to thrive during these challenging times,” added Mancini. “In addition, our members were able to utilize the Covington Neighborhood Center for virtual outreach needs to address key social determinants of health, thanks in large part to our partnership with the St. Elizabeth Physicians and local community organizations.”

“St. Elizabeth Healthcare is proud to partner with Humana to provide high quality care and patient-centered programs for the residents of Northern Kentucky,” said Bill Banks, Vice President of Managed Care for St. Elizabeth Healthcare. “We worked closely with Humana to establish an HMO plan built around our health system and focused on value-based care, and are pleased that this plan has now been recognized with a 5-Star rating.”

About Medicare Advantage

Medicare Advantage’s unique public-private structure creates an atmosphere of competition that spurs innovation that can help drive down costs and focus care on a person’s whole health.

Medicare Advantage plans are focused on coordinating care for those with multiple chronic conditions, helping lead to cost-effective interventions to address the unique health needs of aging or disabled Americans. These are a few reasons why more than [40 percent](#) of all Medicare beneficiaries choose to be covered by Medicare Advantage plans.

About Medicare Advantage Enrollment

The Medicare Advantage and Prescription Drug Plan Annual Election Period (AEP) begins Oct. 15 and continues through Dec. 7, 2021. 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 on Jan. 1, 2022.

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 December 8 through November 30 of the following year.

For more information about Humana's 2022 Medicare offerings, visit www.Humana.com/Medicare or call toll-free 1-800-213-5286 (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.

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, 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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