

FOR MORE INFORMATION CONTACT:

Lisa Stoner
Humana Investor Relations
(502) 580-2652
e-mail: lstanper@humana.com



Kelli LeGaspi
Humana Corporate Communications
(502) 519-5161
e-mail: klegaspi1@humana.com

96% of Humana’s Medicare Advantage Members are in Contracts rated 4-Star or Above for 2023; 66% are in Contracts Rated 4.5-Star or Higher

- *Humana received a 5 out of 5-star rating for HMO plans in Louisiana, Tennessee and Kentucky, covering approximately 356,000 members*
- *Humana received a 4.5-star rating for Medicare Advantage contracts offered in 46 states and Puerto Rico, covering more than 3 million members, nearly double last year’s members in plans with this rating*
- *4.9 million, or approximately 96%, of Humana Medicare Advantage members are currently enrolled across in plans rated 4 stars and above for 2023*
- *99% of Humana’s Group Medicare Advantage members in rated contracts will be in 4-star plans or higher for 2023*

LOUISVILLE, Ky. – October 7, 2022 – 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 plans](#), effective Jan. 1, 2023, from the Centers for Medicare and Medicaid Services (CMS).

With 4.9 million of Humana’s Medicare Advantage members enrolled in plans rated 4 stars and above, Humana’s Star Ratings continue to reflect the company’s strong focus on ensuring high quality of care, patient-centered clinical outcomes and reliable customer service for its members.

“We are proud of Humana’s historical Star Ratings performance, which we have achieved through diligent pursuit of excellence in quality and customer experiences,” said Alan Wheatley, President, Retail Segment at Humana.

Even before COVID-19, Humana’s strong ratings were a testament to its industry-leading Medicare Advantage plan options, according to George Renaudin, President, Medicare at Humana.

“We are pleased to see our ratings have remained strong coming out of the pandemic, particularly as CMS has heightened its focus on patient experience with increased weighting for consumer satisfaction when assessing the quality of plans,” Renaudin said.

Three of Humana's contracts received a 5-star rating on CMS's 5-star rating system, including HMO plans in Louisiana, Tennessee and Kentucky covering approximately 356,000 members. These plans include Cariten Health Plan Inc. in Tennessee, as well as Humana Health Benefit Plan of Louisiana, Inc. in Louisiana and Humana Health Plan of Ohio, Inc. in Kentucky, all of which are receiving the 5-star rating for the second year in a row.

In addition, Humana received a 4.5-star rating for seven Medicare Advantage contracts offered in 46 states and Puerto Rico covering more than 3 million members, which is nearly double the number of members in 4.5-star plans in 2022. In all, Humana will offer plans under 47 Medicare Advantage contracts in 2023, 30 of which are rated 4-stars or higher and currently cover 4.9 million members, representing 96% of its existing Medicare Advantage membership in rated contracts as of September 2022. More than 99% of retirees in Humana's Group Medicare Advantage rated plans remain in 4-star or above contracts for 2023.

Humana Medicare Advantage member Alan Grofe says he stays with Humana because it consistently has the best plan options for him.

"Every time I would take a look at the Medicare opportunities and plans, the first thing I realized (is) that the Advantage plan was the best plan for the dollar. It just really fit well," said Grofe, a Vietnam veteran and National Senior Games athlete. "It's got the best coverage at the best price. And it's proven to be the case. I've stayed with Humana now for years just because of that, and every year I reanalyze and see if there's anything better. But every year Humana has been the one."

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 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.

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

- H0292 HUMANA HEALTH PLAN OF OHIO, INC. (KY HMO)
- H1951 HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC. (LA HMO)
- H4461 CARITEN HEALTH PLAN INC. (TN HMO)

Humana 4.5-Star Rated Contracts

- H0473 HUMANA INSURANCE COMPANY OF KENTUCKY (TX LPPO)
- H1036 HUMANA MEDICAL PLAN, INC. (FL, KY, MS, NC, OR HMOs)
- H1468 HUMANA BENEFIT PLAN OF ILLINOIS, INC. (IL HMO)
- H4007 HUMANA HEALTH PLANS OF PUERTO RICO, INC. (PR HMO)
- H5216 HUMANA INSURANCE COMPANY (AL, AZ, AR, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KY, KS, LA, MA, MD, ME, 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, WY LPPOs)
- H6622 HUMANA WI HEALTH ORGANIZATION INSURANCE CORP. (DE, KY, MD, MN, MS, MT, NC, NJ, NV, OH, OK, PA, VA, WI HMOs)
- R0865 HUMANA INSURANCE COMPANY (IN, KY RPPOs)

Humana 4.0-Star Rated Contracts

- H0028 CHA HMO, INC. (AZ, CO, HI, IA, IL, KS, MO, NE, NM, SD, TX HMOs)
- H1019 CAREPLUS HEALTH PLANS, INC. (FL HMO)
- H2237 INDEPENDENT CARE HEALTH PLAN (WI HMO)
- H2486 HUMANA MEDICAL PLAN OF UTAH, INC. (ID, OR, UT, WA HMOs)
- H3533 HUMANA HEALTH COMPANY OF NEW YORK, INC. (NY HMO)
- H4141 HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC. (GA HMO)
- H4623 HUMANA REGIONAL HEALTH PLAN, INC. (MO HMO)

- H5525 HUMANA BENEFIT PLAN OF ILLINOIS, INC. (AL, CA, GA, ID, IL, IN, KY, LA, MT, NC, ND, OH, OR, PA, RI, SC, SD, WV, WY LPPOs)
- 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 LPPO)
- H7284 HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC. (FL LPPO)
- H8145 HUMANA INSURANCE COMPANY (AR, CO, GA, IL, IN, IA, KS, KY, MI, MN, MO, MT, NM, NC, ND, OH, OK, PA, SC, SD, TX, VA, WV, WI, WY PFFS – Full Networks)
- R0110 HUMANA INSURANCE COMPANY (LA, MS RPPOs)
- R0923 HUMANA INSURANCE COMPANY (PA, WV RPPOs)
- R1532 (HUMANA INSURANCE COMPANY (AR, MO RPPOs)
- R3392 HUMANA INSURANCE COMPANY (GA, SC RPPOs)
- R3887 HUMANA INSURANCE COMPANY (MI RPPO)
- R4182 HUMANA INSURANCE COMPANY (TX RPPO)
- R5361 HUMANA INSURANCE COMPANY (IL, WI RPPOs)
- R5495 HUMANA INSURANCE COMPANY (OH RPPO)

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.