

**Humana.**

**Brian Kane**  
*Chief Financial  
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*Chief Accounting  
Officer*

# UBS Investor Meetings

Minneapolis, MN  
Denver, CO  
August 14, 2014

# Cautionary Statement

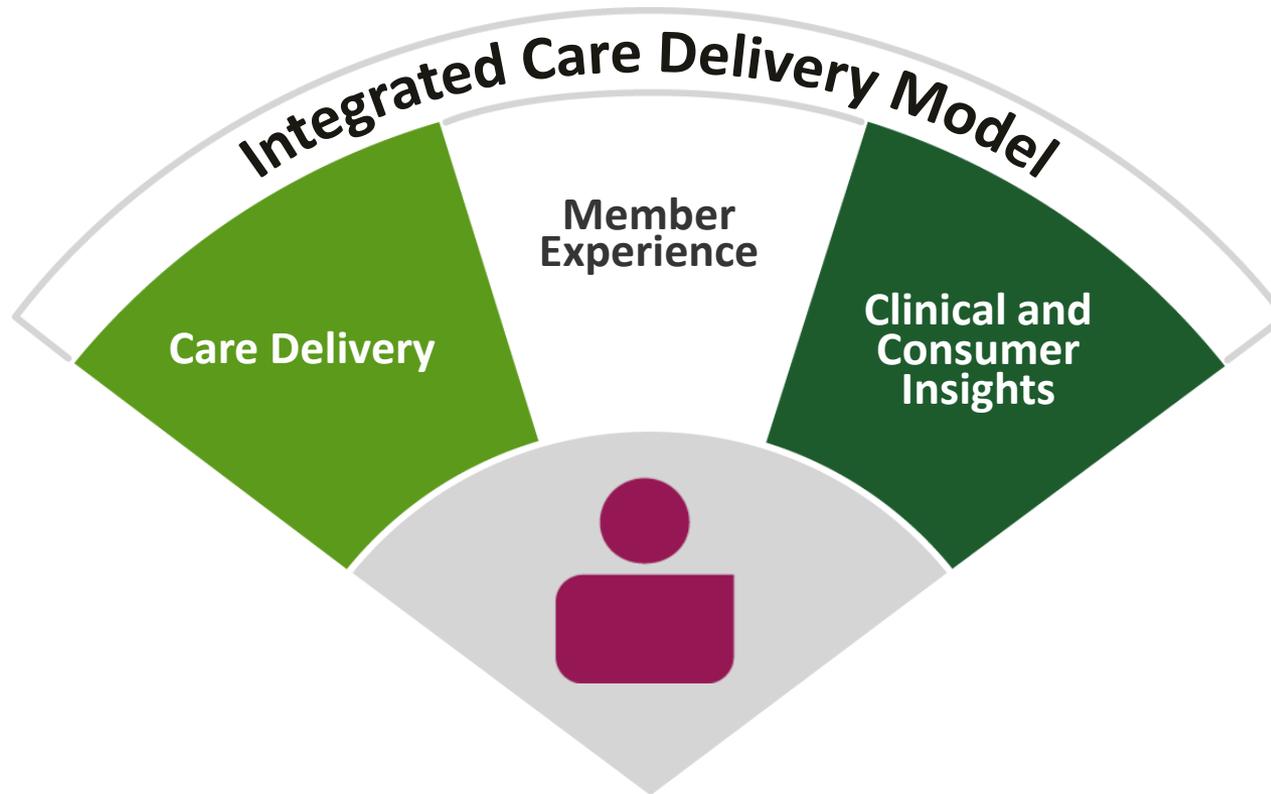
This presentation includes forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. When used in investor presentations, press releases, Securities and Exchange Commission (SEC) filings, and in oral statements made by or with the approval of one of our executive officers, the words or phrases like "expects," "anticipates," "believes," "intends," "likely will result," "estimates," "projects" or variations of such words and similar expressions are intended to identify such forward-looking statements. These forward-looking statements are not guarantees of future performance and are subject to risks, uncertainties, and assumptions, including, among other things, information set forth in the "Risk Factors" section of our SEC filings, as listed below.

In making these statements, Humana is not undertaking to address or update these statements in future filings or communications regarding its business or results. In light of these risks, uncertainties and assumptions, the forward-looking events discussed herein might not occur. There also may be other risks that we are unable to predict at this time. Any of these risks and uncertainties may cause actual results to differ materially from the results discussed in the forward-looking statements.

Humana advises investors to read the following documents as filed by the company with the SEC:

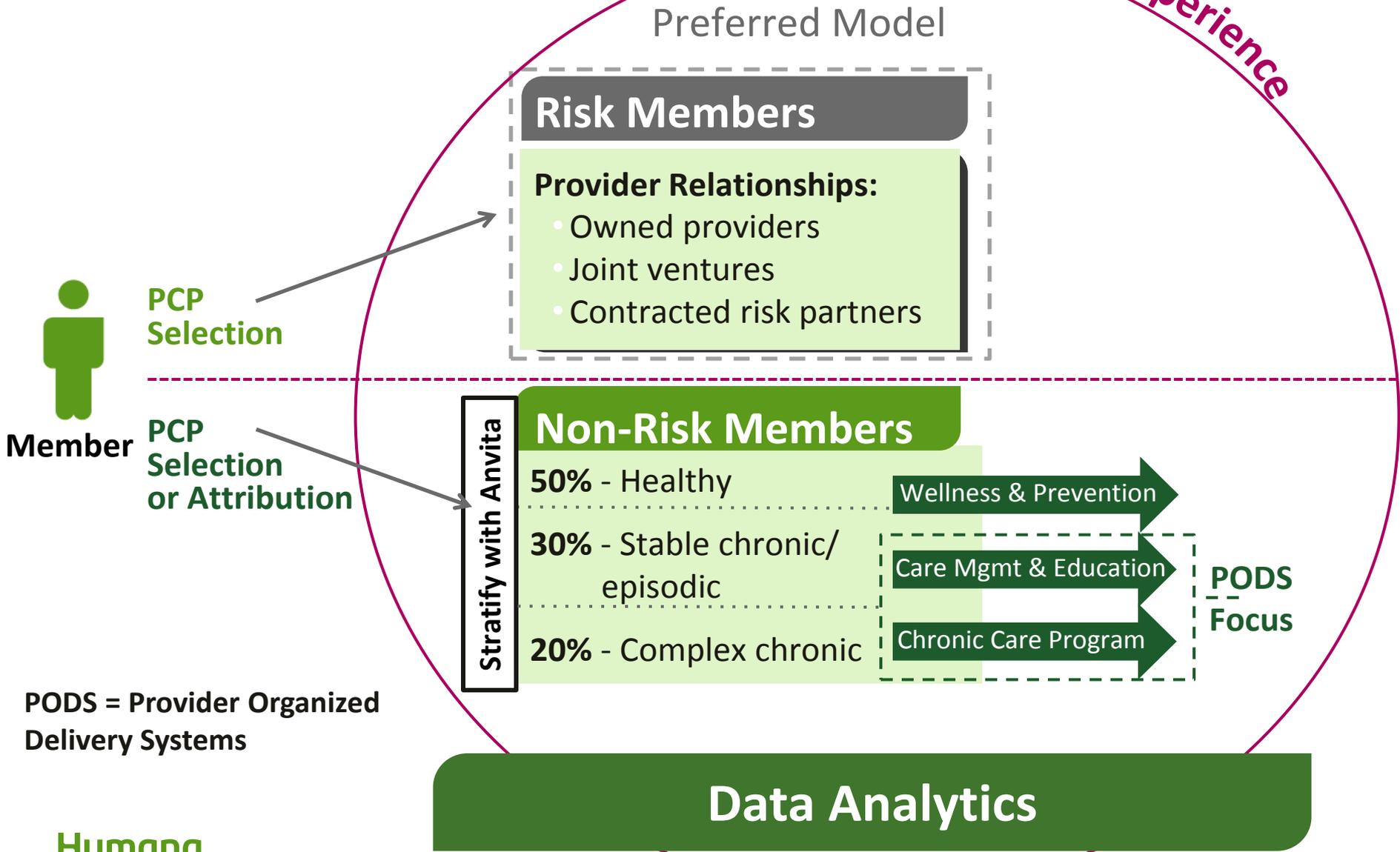
1. Form 10-K for the year ended December 31, 2013,
2. Form 10-Qs for the periods ended March 31, 2014 and June 30, 2014,
3. Form 8-Ks filed during 2014.

# Our Integrated Approach to Health is Demonstrating Meaningful Impacts on Quality and Costs



# Member Experience Consistent Across Provider Models

Consistent Member Experience



Preferred Model

**Risk Members**

**Provider Relationships:**

- Owned providers
- Joint ventures
- Contracted risk partners

PCP Selection

PCP Selection or Attribution

Stratify with Anvita

**Non-Risk Members**

50% - Healthy

30% - Stable chronic/episodic

20% - Complex chronic

Wellness & Prevention

Care Mgmt & Education

Chronic Care Program

PODS Focus

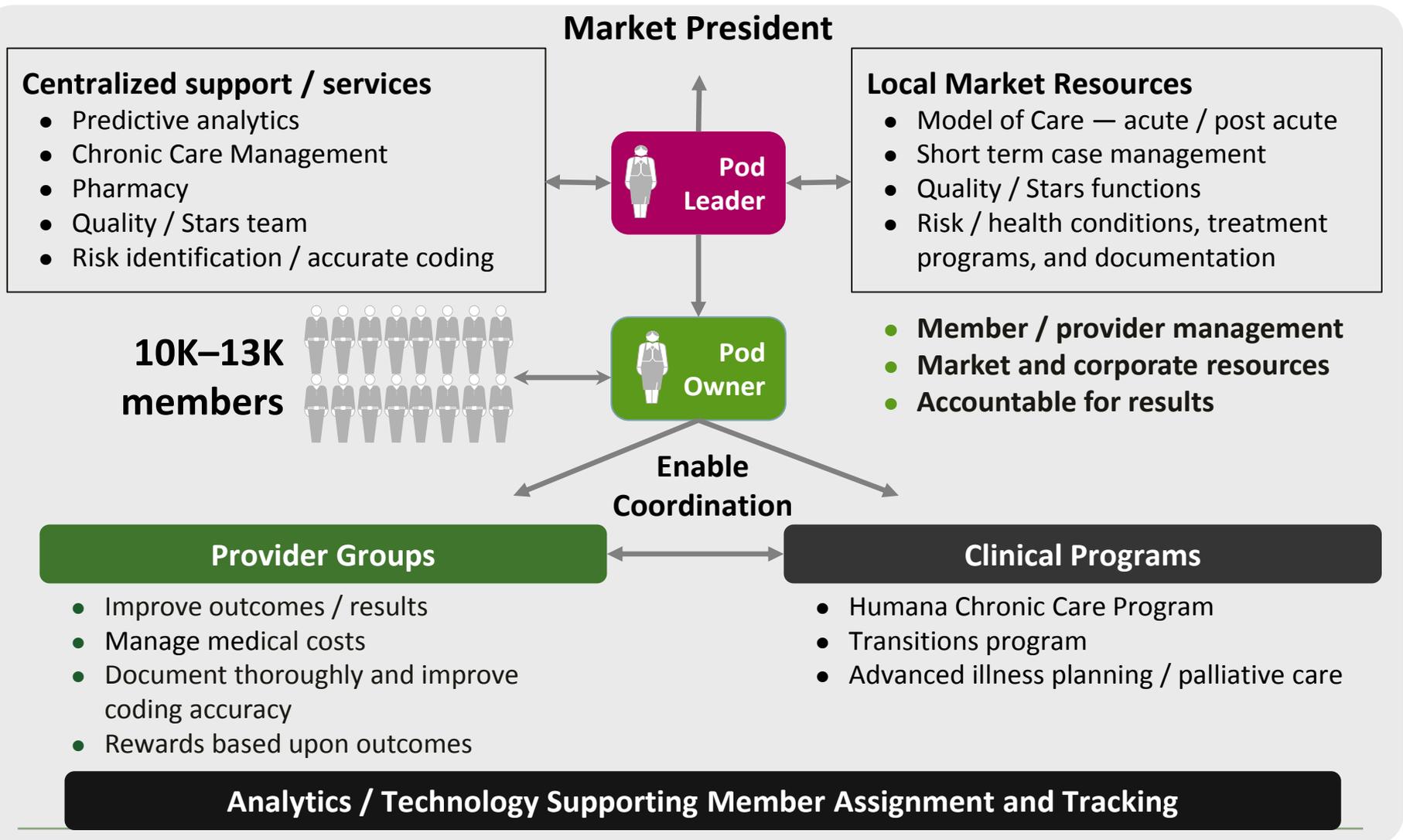
PODS = Provider Organized Delivery Systems

Data Analytics

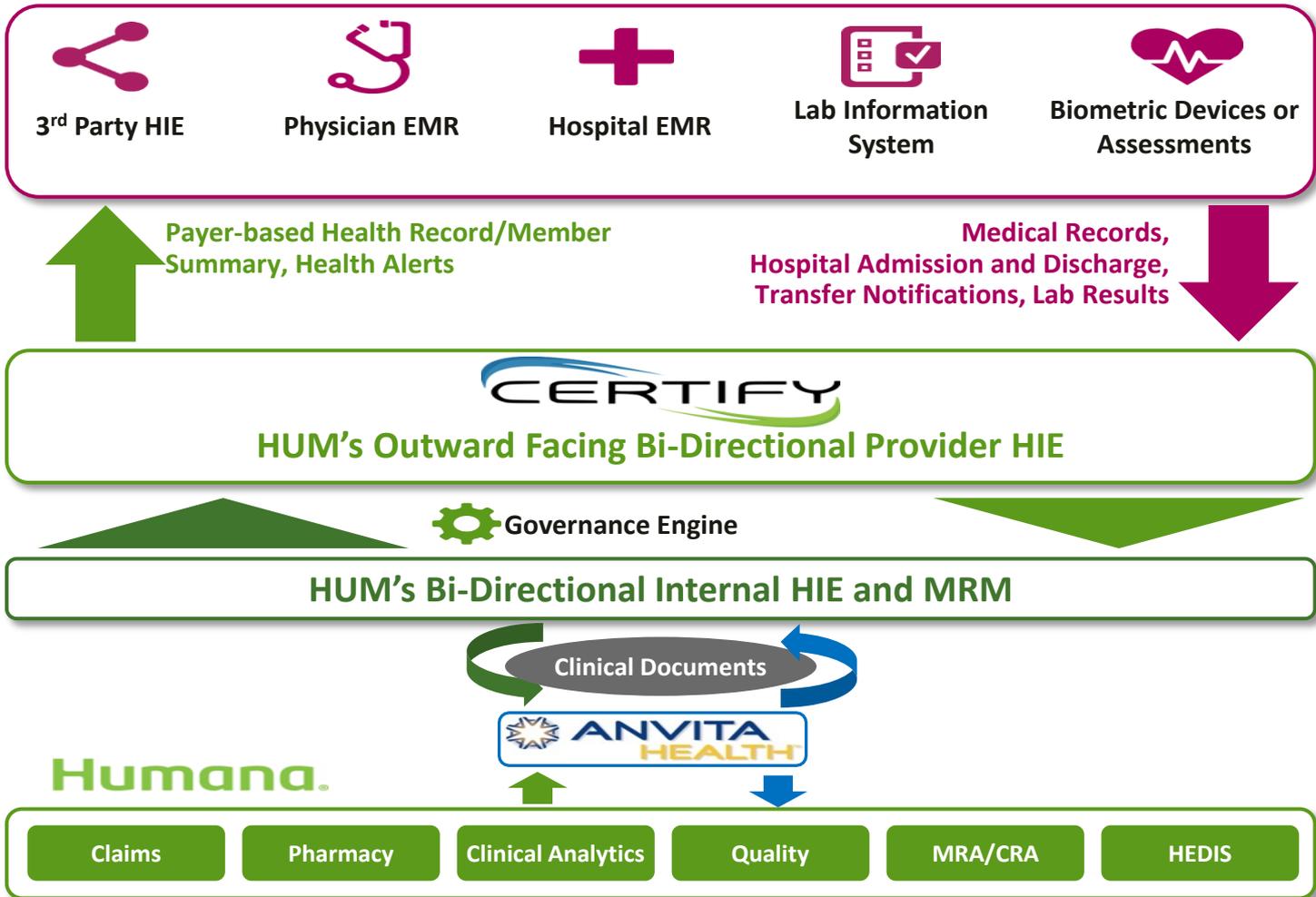
Humana

# PODs Help Manage Non-risk Membership

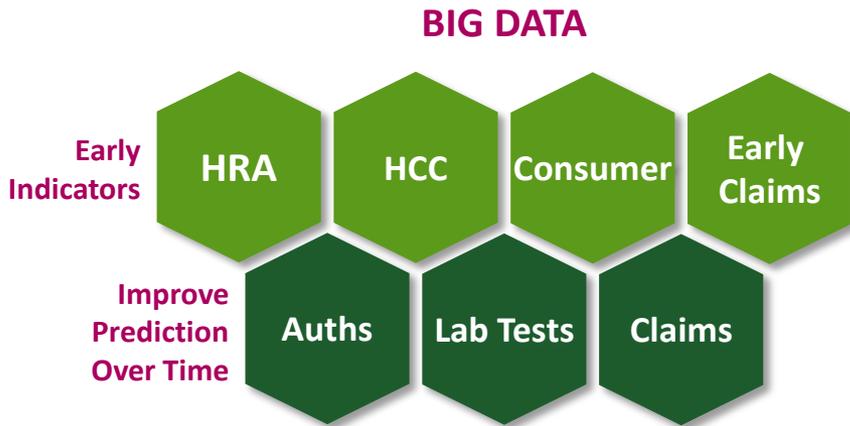
## Integrated Care Delivery in Fee For Service Environment



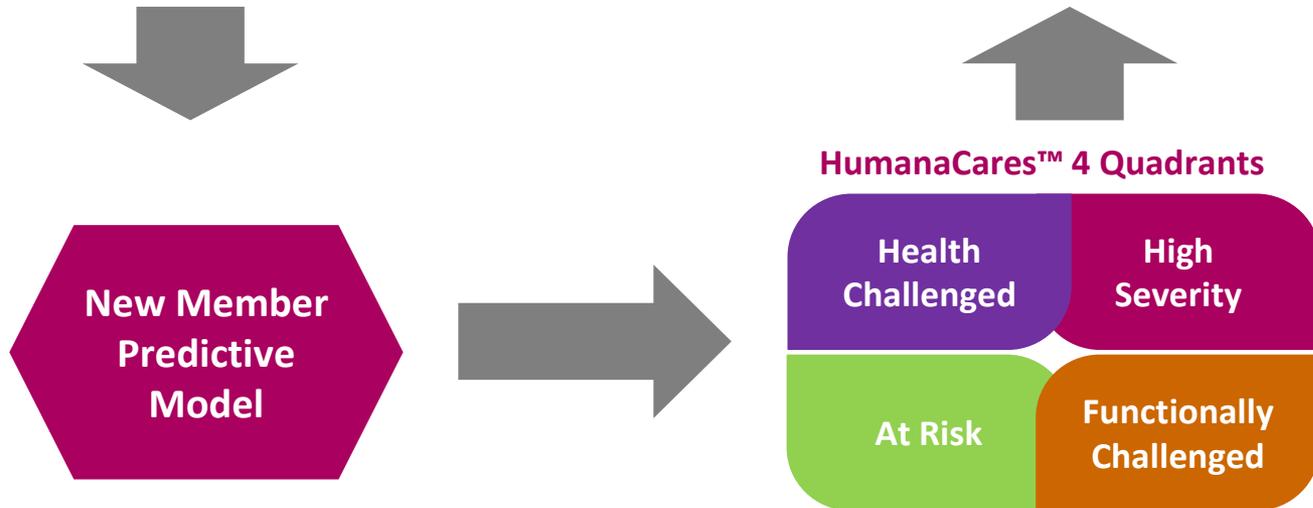
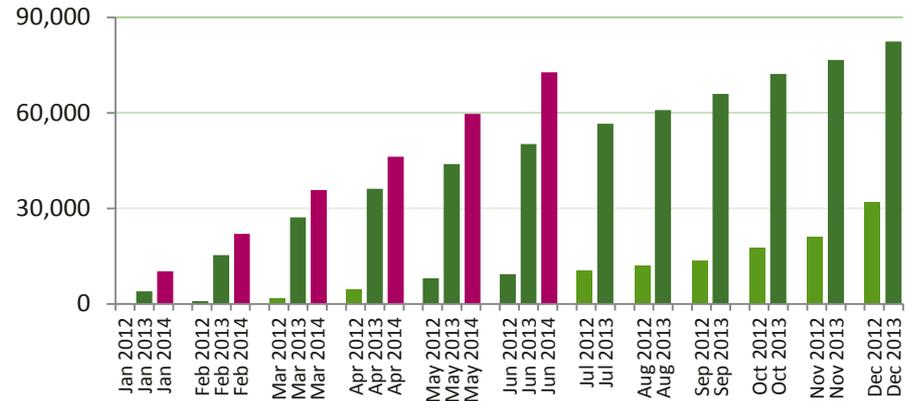
# Integration of Data Allows for Both Clinical and Financial Insights



# Our Members with Chronic Conditions are Benefiting from Increased Data and Analytics



**New Members Enrolling in HCCP**



# Better Identification of Members for Our HCCP and Transitions Programs has Reduced Hospital Stays

**Humana Chronic Care Program (HCCP) reduces** hospital admissions and readmissions

**Humana's Transitions Program helps members stay at home longer**, avoiding high cost/low satisfaction options like long-term care and skilled nursing facilities

Overall, **HCCP members costs are 40% less than** than comparable non-members

In 2013, **participation in HCCP increased 86%** to 280,200 members

**Humana Transitions** program members are

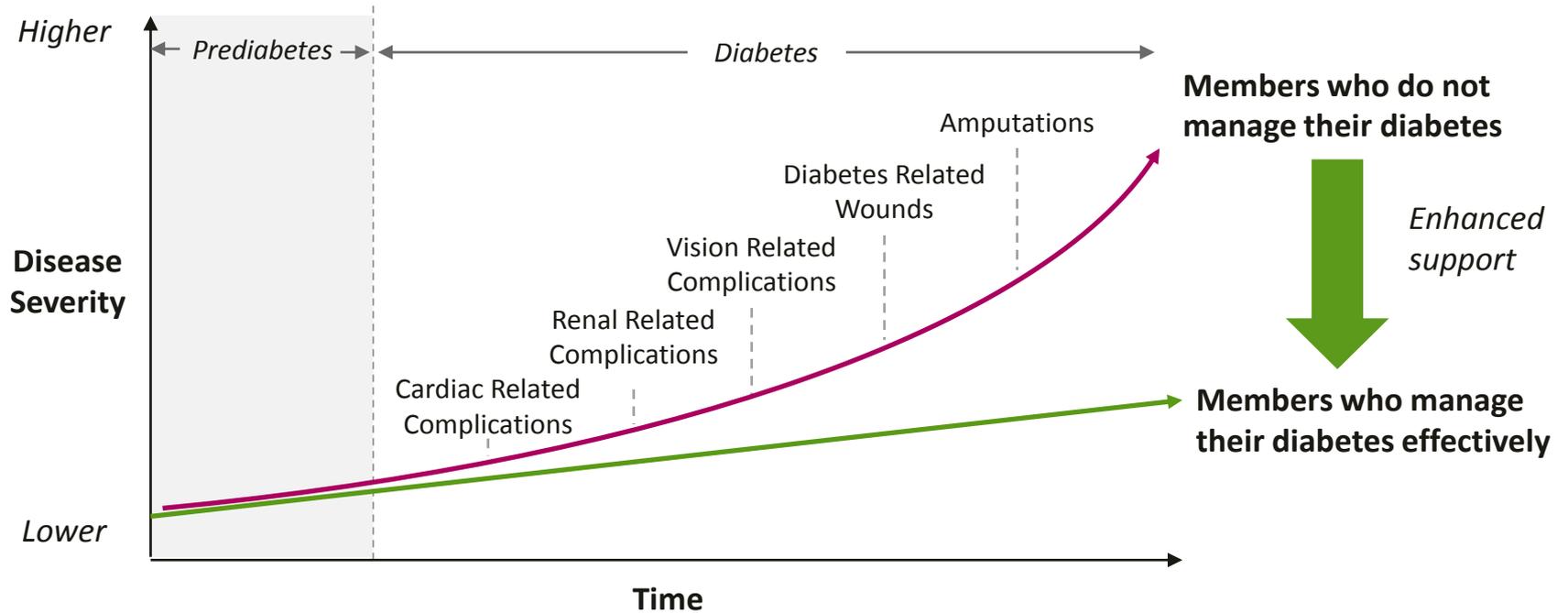
**50% less likely to be readmitted to the hospital** within 30 days than non-members

By end of 2013, **Transitions participation increased to**

**18,500** members

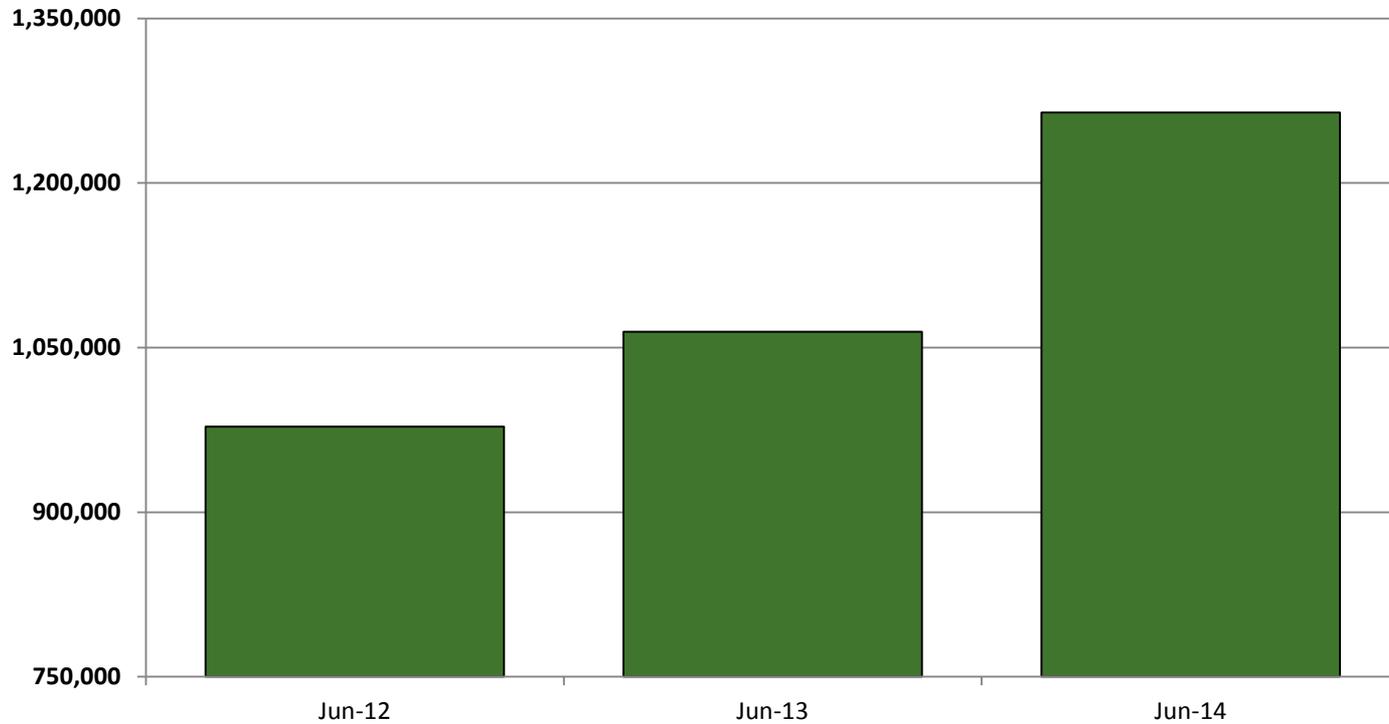
# Increasing Our Focus on Prevention and Wellness to Reduce Disease Progression

Illustrative Prediabetes and Diabetes Progression



*Slowing progression creates improved member health outcomes*

# Growth in Compliance with Quality Measures Means Better Health Outcomes for our Members



**Medical members who had preventive and care adherence measures performed prior to there being a care gap**

# High Star Ratings Show Our Focus on Quality Care

## Fifty Measures across Three Categories

### Clinical

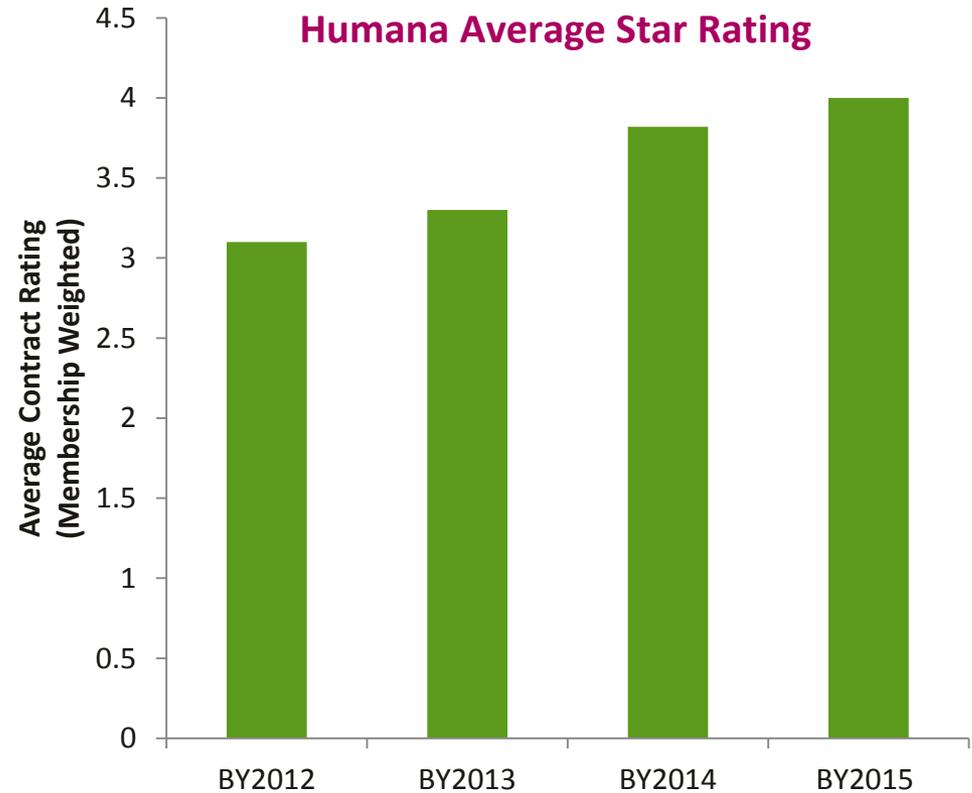
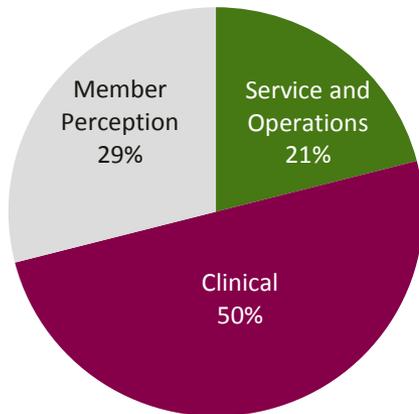
- HEDIS, Medication Adherence and Drug Safety

### Member Perception

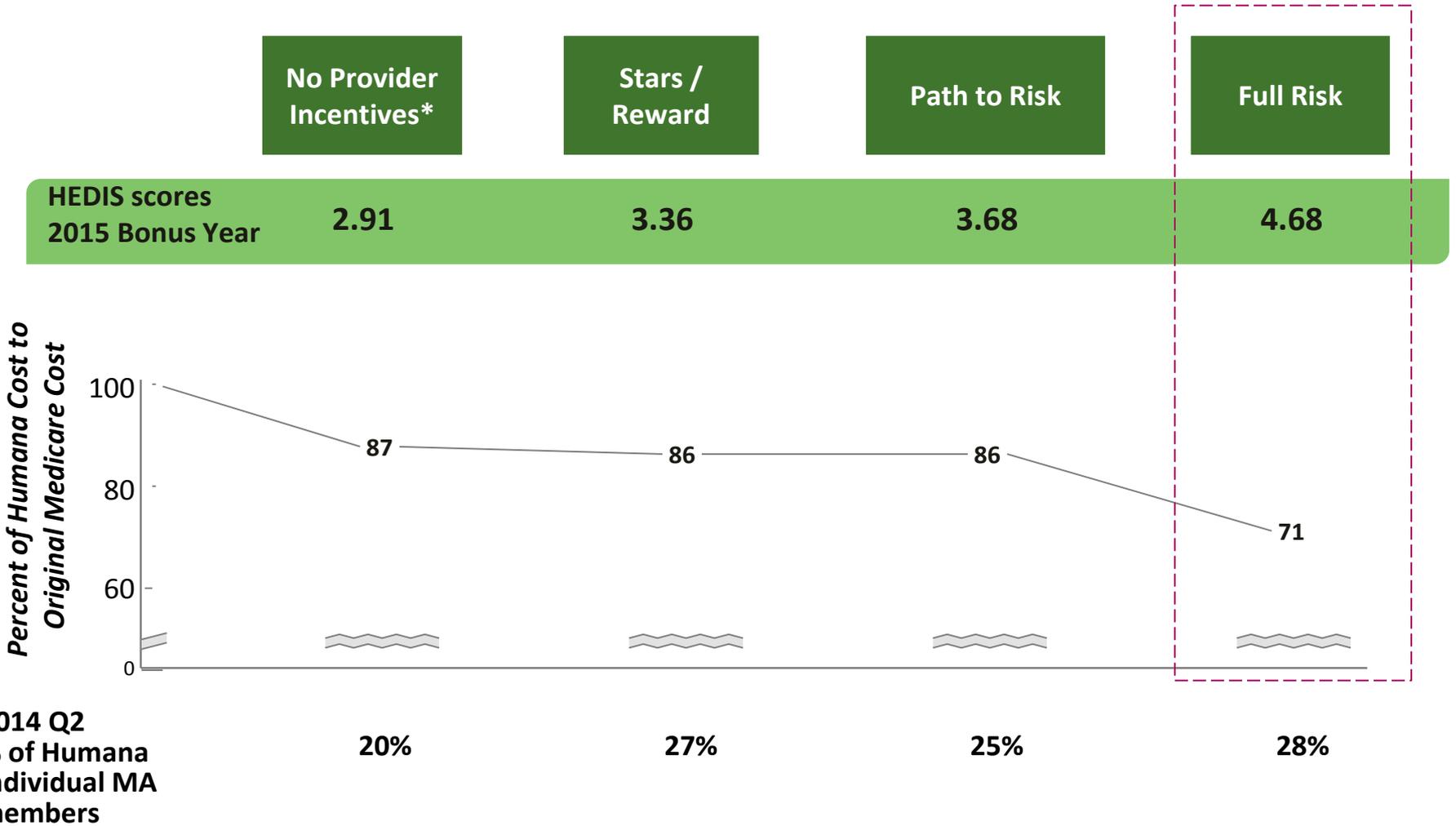
- CMS Surveys on Member Satisfaction and Health Outcomes

### Service and Operations

- Call Center Metrics, Complaints, Grievances/Appeals



# Improved Outcomes for Our Medicare Consumers and Lower Costs versus Original Fee-For-Service

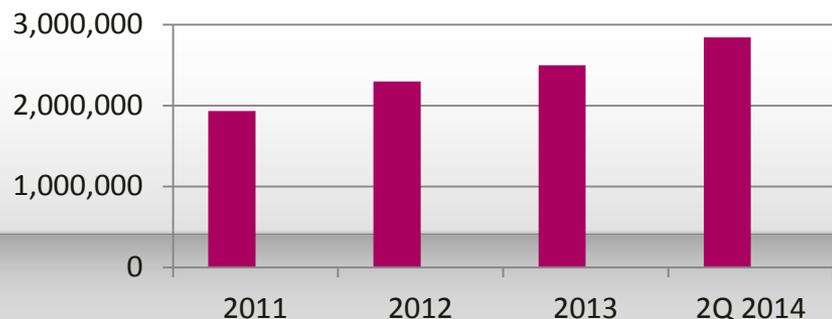


# Humana's Base Business is Strong

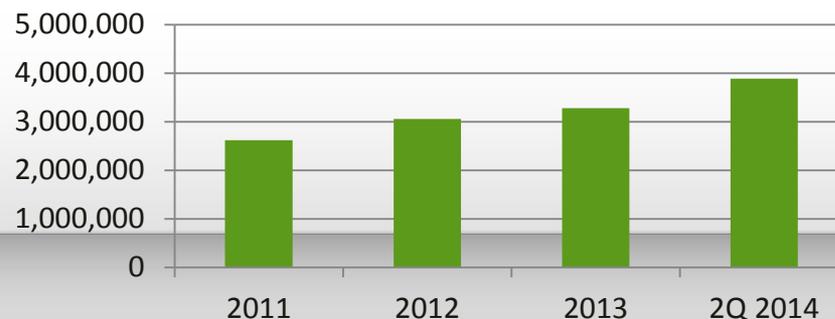
- Strong membership growth in Medicare Advantage, stand-alone PDP, individual commercial and state-based contracts
- Higher Health Care Services segment earnings driven by successful member engagement in clinical programs and higher medical membership
- Integrated care delivery model addressing rate pressures while absorbing significant membership growth
- Implementation of multiple state-based contracts on track
- Growth in individual commercial business provides long-term opportunity for Medicare Advantage age-ins and leveraging clinical programs
- Reviews are underway of financial leverage and capital return policies as well as the operating PBM

# Medical Membership Growth Enabled by Demographics and Focus on Emerging Markets

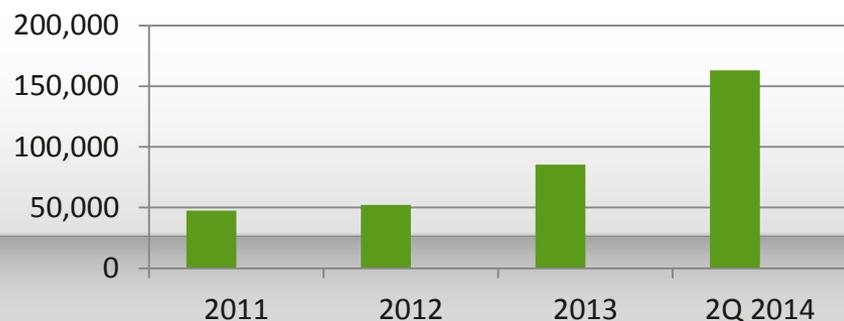
## Medicare Advantage Membership\*



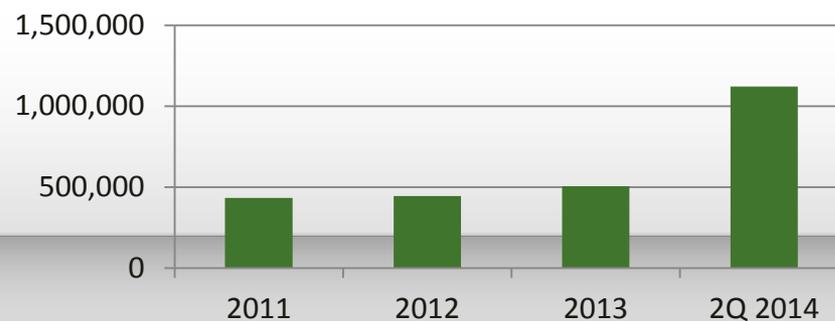
## Stand-alone PDP Membership\*



## State-based Medicaid Membership\*\*



## Individual Commercial Medical Membership



# Strength of Business Demonstrated in Diluted Earnings per Common Share



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