Humana Group Medicare Savings, simplicity, and service for your retirees





Group Medicare 🦷



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Humana is a Group Medicare Advantage leader

How does Humana Group Medicare Advantage work?

Our Group Medicare Advantage plans combine all of the benefits of Original Medicare – Part A and Part B – into a single plan that Humana underwrites and administers. Many include a Part D rider, eliminating the need for freestanding pharmacy benefits.

Humana offers additional benefits such as wellness programs and case management services. The result: more efficient – and often less costly – retiree medical benefits.

Humana provides real solutions to help improve your bottom line, deliver a better healthcare experience, and enrich the lives of your retirees.

With your claims data, our underwriting staff can model benefits scenarios and create premiums specific to you. Humana Group Medicare Advantage offers plan sponsors and retirees:

- Savings: Broad benefits, often at lower cost for you and your retirees. Humana plans often cost less than secondary coverage. Your retirees' money goes further because they enjoy wide-ranging benefits, predictable out-of-pocket costs, and extra services. Our clinical analytic engine, Anvita, and our comprehensive suite of clinical programs help identify gaps in care. Humana's systems may save money – and lives.
- Simplicity: Easy for you to implement, easy for retirees to use. Our Medicare Advantage-dedicated team handles all aspects of enrollment and installation for you. With Humana's integrated plans, your members use one card and can get help with just one call.
- Service: Support and guidance all year long. Humana has experience in the complex and ever-changing world of Medicare. Nearly 10,000 Humana associates are dedicated to our Medicare business, and our customer service teams are trained to communicate with and understand the needs of Medicare beneficiaries.

Savings* More benefits, often at lower cost for you and your retirees

Humana plan sponsors may reduce their per-member per-month costs by moving from Original Medicare and secondary coverage to full-replacement Group Medicare Advantage. They also enjoy annual savings and reduced Financial Accounting Standards Board (FASB) and Government Accounting Standards Board (GASB) liability.

Many Humana plans have received high quality ratings from the Centers for Medicare & Medicaid Services (CMS). Plans with the highest ratings are rewarded with higher government reimbursements. This allows us to offer more robust programs and lower costs to our Medicare plan sponsors. Once again, Humana's national average rating has increased and is now at the 4.0 Star level.** Our Medicare HMO contract in Wisconsin received 4.5-Star rating.

Manage care and its cost with Humana's Integrated Care Model

Humana's broad portfolio of programs and deep experience working with Medicare members may help you and your retirees save money. Our proprietary resources identify retirees who need special care to manage their serious conditions. We can also find "at risk" members and help them prevent serious health problems from striking.

Our professional medical associates – doctors, nurses, and care specialists – are located across the country to monitor the care of patients with chronic conditions. They help area providers reduce or even prevent hospital stays by offering alternatives such as in-home care. They can reduce costs by monitoring care and billing to comply with Medicare's requirements.

We identify gaps in care through our comprehensive Humana CareHubSM system of data integration, analytics, and predictive modeling. Our systems track health assessment responses, pharmacy claims, medical claims, external data sources, lab and other test results, personal health profiles, biometrics, and health fairs. From this data, Humana associates can:

- Remind members of the need for tests, exams, and immunizations
- Recommend treatment for conditions indicated by the data such as hypertension and diabetes
- Alert members and their providers to potentially dangerous drug interactions
- And much, much more.

Our systems let us get needed information to those involved in a member's care and benefits including providers, Humana nurses, and Customer Care representatives. This coordinated system works to deliver the information everyone needs with the goal of high-quality care.

Best of all, Humana's Integrated Care Model helps Medicare members progress from passive healthcare users to active healthcare consumers.

See the Integrated Care Model at Work

After joining Humana in January 2010, one employer saw retirees use primary care doctors more, while reducing acute hospital admissions, ER visits, and specialty doctors, when compared with its previous carrier. Humana's outreach efforts and Integrated Care Model made the difference! The statistics showed:



Primary office visits per thousand Up 10.1%

Acute hospital admits per thousand Down 15.4%



Emergency room visits per thousand **Down 6.8%**

Specialist office visits per thousand Down 11.9%

*Savings may vary according to plan choice

** Plan performance Star ratings are assessed each year and may change from one year to the next.

Simplicity Easy to implement and use

Healthcare providers and plans where you need them

Because Humana's clinical expertise is respected by healthcare providers, our relationship with doctors and hospitals allows us to create strong provider networks. We offer the full spectrum of provider organizations for Group Medicare Advantage and prescription drug plans:

- Local and regional preferred provider organization (PPO): Members get covered services from any provider willing to accept Medicare and who agrees to Humana's terms and conditions of payment, but generally covers a larger portion of costs for services from in-network providers.
- Health maintenance organization (HMO): Helps control medical costs through an established network of providers and guidance from primary care physicians
- Reach your retirees outside network boundaries We can cover your retirees who live outside of our service areas with Humana's Group Medicare Service Area Expansion waiver
- Prescription drug plans (PDPs): Available with any Group Medicare Advantage plan or as a freestanding plan

We can tailor benefits to fit specific circumstances, and we may be able to match your current plan designs. We can also offer creative, alternative costsavings solutions for most groups.

With local PPOs in 1,497 counties, regional PPOs in 23 states, and other plan options, Humana has one of the largest national footprint of any Group Medicare carrier. Our Medicare PPO network includes more than 480,000 providers in 41 states.

How Humana educates and engages your retirees

Humana gives members the resources, tools, information, and help they need to make our plans easy to use and understand. This service starts before your retirees enroll, with enrollment kits and guidance available by phone so they know the plan benefits.

A team of Humana associates is dedicated to our Medicare customers and members. All associates who directly work with Medicare beneficiaries have been trained to help them effectively communicate with Medicare-eligible seniors and understand their unique needs.

Our Group Medicare Advantage members appreciate how easy our plans are to use. One card, one claim, and one place to call for help – Humana simplifies retiree coverage for everyone.

Humana.com offers a wealth of information including health tools, wellness programs, personal medical and pharmacy data, plan benefits, claims information, and health conditions. We even send reminders for health screenings and checkups.

We use a variety of resources to help members integrate healthy choices into their daily lives. Many plans include:

- Humana Active Outlook[®], an exclusive lifeenrichment program that focuses on body fitness, nutrition, exercise, motivation, caregiving, and an overall healthy lifestyle
- Fitness programs such as SilverSneakers® that promote health and flexibility through low-impact exercise
- Tobacco cessation, including a stop-smoking program with Web-based support, a printed guide and telephone coaching

Service Supporting you and your retirees all year long

Enrollment support and ongoing guidance

We make it easy for you and your eligible retirees to choose and use Humana Group Medicare Advantage plans. Your resources include:

- Dedicated account team to implement your plan and keep it running all year long
- Your choice of enrollment options, ranging from general guidance to telephonic application with the assistance of Humana's knowledgeable enrollment representatives.
- Wide variety of billing and payment options, with employer-issued, individual, or split billing; members can pay by coupon book, automatic deduction, or credit card

Your retirees receive valuable information and support before, during, and after enrollment including:

- Our dedicated Customer Care call center, staffed with knowledgeable specialists who are trained to communicate with seniors
- Coordinated and customized communications during enrollment and throughout the plan year

What members say about Humana's member service

Humana conducts ongoing member surveys so we can improve our processes and product offerings. The recent survey of Group Medicare members found:

- Humana meets my needs overall 92%
- The enrollment/re-enrollment process effectively meets my needs 96%
- I received my ID card on time 100%
- Summary Rx[®], a health finance and benefits statement, meets my needs – 99%
- Humana is well-regarded for processing claims as expected – 95%
- My claims are paid in a timely manner 96%

Note: Member service survey of 571 members January – December 2012. Percentages represent those who said Humana mostly met, fully met, or exceeded their needs on the measures.



Sponsors trust Humana for Group Medicare Advantage plans

Why Humana is a Medicare Advantage leader

Medicare is a significant part of Humana's business and a major contributor to our success. Our 29 years of involvement in Medicare and deep understanding of how the Centers for Medicare & Medicaid Services (CMS) works allow us to be pioneers in Medicare product design and operation. That experience, combined with our investment in data management, enable us to provide at least the same level of services and benefits as members would receive under Original Medicare at a cost that averages 15 percent less than Original Medicare.



What plan sponsors say about Humana's customer service

Humana annually surveys Group Medicare plan sponsors to improve processes and update our product offerings. The most recent survey found:

- Humana is meeting our Group Medicare needs overall – 96%
- The overall value of Humana's plans and services relative to the cost meets their needs 97%
- Humana's plans are easy to understand 95%
- Humana's overall customer service (when calling in the previous three months) met their needs 95%
- Humana's premium invoice is timely and easy to understand – 98%

Humana's awards and recognition include:

- Humana Active Outlook, which has won more than 100 major national publishing awards, including the APEX Awards for Publication Excellence.
- RightSource[®], the Humana-owned mail-order pharmacy, received the highest national ranking in the "Cost Competitiveness" category among mailorder pharmacies in the J.D. Power and Associates 2011 National Pharmacy StudySM. RightSource also ranked second in overall customer satisfaction among mail-order pharmacies, and ranked above the industry average in other key factors of the study, including prescription ordering and delivery.
- PayerView Ranking (2013): Humana was ranked No. 1 major payer among U.S. health insurers in athenahealth's PayerView ranking for four of the last five years.
- Web Health Awards (2012): The MyHumana Mobile app was the bronze award winner (patient adherence/compliance category).
- DALBAR Excellence in Communications Award (2012): Awarded to Humana's "smart" Explanation of Benefits.

Note: Plan sponsor survey of 80 employers in April 2012. Percentages represent those who said Humana mostly met, fully met, or exceeded their needs.

Group Health Benefits

Medicare

Individual Health

Specialty Benefits

Pharmacy Solutions

Humana is a Medicare Advantage organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in a Humana plan depends on contract renewal.



Humana.com