



Administrative Services Only (ASO)

Available for self-funded employers with 100+ eligible employees

PLAN FLEXIBILITY | FINANCIAL SUSTAINABILITY | RELIABLE ADMINISTRATION | OPTIMIZED EXPERIENCES

Humana[®]

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Healthcare for today and tomorrow

Managing a health plan requires a long-term strategy, one that strives to make every year healthier than the last. Humana’s forward-looking approach doesn’t only help preserve budget sustainability, it can have a positive contribution towards talent acquisition and retention, workplace productivity, mental health, and overall well-being.

Our offering is built upon what we believe are the four essentials of a great ASO relationship:

- **Plan flexibility:** Availability of options for building the right health plan for employers
- **Financial sustainability:** Create a “health surplus” to maximize an employer’s investment year over year
- **Reliable administration:** Employers can trust we’ll stay focused on making sure their plan administration runs steady
- **Optimized experiences:** Day-to-day experiences with Humana designed to get the most out every interaction

With this, we can leverage better health to impact your benefit goals today and tomorrow.

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Self-funded benefit plan design and strategy

Designing and administering benefits to complement an employer's strategy and meet their financial objectives is our primary goal. As your partner in care, we'll work to select the right mix of benefits paired with a network to meet the evolving needs of an employer's business and the needs of their employees.

BENEFIT DESIGN CONFIGURATION

Fully-configurable plan design allows an employer to design benefits in addition to selecting cost management options to help them meet their financial targets today and tomorrow. Whether desiring a High-Deductible Health Plan (HDHP) or a benefit design customized to incent and drive specific member behavior, we'll help design and administer the plan that's right for them.

New to self-funding? Select a pre-designed plan from our most popular options that also allows an employer to select other cost management options in order to meet their financial targets for the long term.

- **On Hand** - On Hand is a revolutionary new virtual-first primary care medical plan. With On Hand, members can take all their appointments with board-certified Doctor On Demand primary care physicians via video chat. By getting members face-to-face with a primary care provider in a virtual setting first, we're able to reduce costs and provide a better member experience.
- **Simplicity** – With this no-deductible, no-surprises plan, members know exactly what they'll pay for in-network care before they see the doctor. This all-copay design makes it easier for members to prepare for any health need. It's that simple!
- **Canopy** – Canopy makes routine care affordable by offering a simple plan to maintain good health. It offers members low copays for the healthcare services they use most, as well as coverage in the event of an emergency.
- **Copay** – Great for those who visit the doctor more frequently, like families with children. Copay plans mean members will know their costs before they see the doctor. Members pay a set dollar amount, or copay, for routine services like office visits and prescriptions. For other covered services, members pay their deductible and then the plan pays a percentage of the cost.
- **HDHP** – High-deductible health plans (HDHPs) are great for those who want to save on premiums, but still be covered for unforeseen emergencies and health events. Members pay for care until they meet their deductible amount. After that, the plan pays a percentage of covered services and prescriptions. With HDHPs, members can also put pre-tax dollars into a Health Savings Account (HSA), to help cover these out-of-pocket costs.

Networks and network services

Our network options offer access to affordable providers who together with our care management programs, are designed to support the physician-patient relationship over time, and result in the health and financial outcomes employers desire.

We are continually developing forward-thinking capabilities to support providers as they move from pay-for-service to pay-for-value, and our provider-centric Accountable Care Reward Continuum meets providers where they are on this transformational journey.

NETWORK ACCESS AND CONFIGURATION

- PPO, National POS (open access, no PCP selection required), HMO (as available by state)
- Networks include access to Complementary and Alternative Medicine (CAM) providers including chiropractic, massage therapy, and acupuncture
- Value-based contract initiatives
- Flexible network and benefit configuration*

FOR MEMBERS - HUMANA CARE HIGHLIGHT™ PROGRAM

Humana's Find a Doctor tool on [Humana.com](https://www.humana.com) makes searching for the right provider easy by giving members easy access to the information they need. Built into this tool is Humana's Care Highlight™ program, which shows members provider ratings using data from the National Committee for Quality Assurance's Physician and Hospital Quality Certification program (NCQA-PQ). With this information, members can compare in-network providers based on quality and cost-efficiency ratings to make the best decision for them.

MANAGEMENT

- Recruitment, credentialing, and contracting
- Quality and accreditation
- Provider education and communications
- For providers - Care Decision Insights – an online provider tool allowing providers to address gaps in care, encourage preventive visits, manage chronic conditions together with specialists, Rx interactions, vaccinations, etc.

Claims administration

With Humana, employers can expect claims payment and administration to be dependable, prompt, and accurate.

We are proud to have exceeded performance guarantee standards by having a financial accuracy rate of 99.2% (goal of 99%) and having an claim payment accuracy rate of 99.3% (goal of 98%).¹

¹2018 Commercial claim metrics

CLAIMS ADJUDICATION

- Processing, payment, and coordination of benefits
- Run-in and run-out administration
- Distribution of explanation of benefits (EOB) to members
- Smart EOB
- Distribution of explanation of remittance (EOR) to providers

CLAIM FIDUCIARY*

OUT-OF-NETWORK REIMBURSEMENT STRATEGIES:

- Maximum allowable fee (MAF)
- Various shared savings options*

PRE AND POST IMPLEMENTATION AUDITS*

- Claims testing

*Service requires or may require a fee in addition to the base administrative only service (ASO) fee.

Humana Pharmacy Solutions

As the fourth largest pharmacy benefits manager (PBM), Humana Pharmacy Solutions (HPS) administers over 420 million prescriptions annually. Our mission is to guide members to safe, effective, and cost-effective medications without compromising the level of care or the employer's bottom line.

Because we are a carrier-based PBM, we understand focusing on member health is the best approach to managing costs long term. Our utilization programs are innovative and clinically-based for improved outcomes. This helps us guide members to safe, quality, and cost-effective medication.

RETAIL

- Administer over 420 million prescriptions
- Access to 67,000 pharmacies nationwide
- 90-day retail network
- Preferred pharmacy networks

HUMANA PHARMACY (mail order)

- Dispense more than 40 million annually
- Ranked #1 in Customer Satisfaction in 2018 and 2019 (J.D. Power Survey)
- Better medication adherence (82% vs 57% at retail)

HUMANA SPECIALTY PHARMACY

- Personalized interventions
- Patient assistance programs (Secured \$138 million in funding)

INTEGRATED PHARMACY ADMINISTRATION

- Claims administration for retail and mail delivery
- Real-time data integration

UTILIZATION MANAGEMENT

- Prior authorization
- Rx utilization management
- Step therapy
- Quantity limits
- Maximize Your Benefits (MYB) program
- Concurrent and retrospective drug utilization review (DUR)

FORMULARY MANAGEMENT

- 3, 4, and 5-tier formulary benefits
- Enhanced formulary development and management*
- Patient assistance programs
- Enhanced member communications*
- Coordination of benefits
- Fraud, waste, and abuse programs

WEB AND MOBILE TOOLS

- MyHumana
 - Look up drug coverage
 - Drug pricing tool
 - Search for lower-cost drug equivalents
 - Find a pharmacy
 - Research drug interactions
 - Refill reminders
- Humana Pharmacy mobile app
 - Order prescriptions
 - Take a picture or scan of prescription to transfer it to Humana Pharmacy
 - View medication list
 - Track order status

DRUG DISCOUNT CARD/WRAP PROGRAM

- Integrated benefit design for non-covered drugs provides discount to member's out-of-pocket expense

THIRD PARTY INTEGRATION

- Third party integration with preferred vendors* (Please check with your sales representative for the most up-to-date list of preferred vendors.)
- Non-preferred vendor integration*

Humana Access spending account administration*

Humana makes it easy for employers to offer healthcare benefits that help manage their costs while protecting their employees' financial well-being. With Humana Access spending accounts, employees will be engaged and empowered to take charge of their health and wealth for the long term.

Employers can save even more when offering more than one type of spending accounts to their employees. Choose from:

- Health savings account
- Health reimbursement arrangement
- Healthcare flexible spending account
- Limited flexible spending account
- Dependent care flexible spending account

SIMPLE ADMINISTRATION

- Dedicated customer care
- Consolidated billing
- Integrated enrollment and eligibility
- Flexible funding options in a real-time environment
- Easy-to-navigate employer portal
- Complete reporting package
- Educational resources and materials to help drive enrollment and utilization

HUMANA ACCESS CARD

- One debit card for all accounts
- Convenient way to use spending account funds
- Eliminates need to pay out of pocket and wait for reimbursement
- Built-in fraud protection features

MEMBER PORTAL

- Members can check balances, submit reimbursement requests, manage communication preferences, use self-service tools, and more
- Accessible from any device, such as a laptop, tablet, or mobile phone
- The Marketplace connects members to trusted online retailers and discount programs to help them find and purchase spending account-eligible products and services, including FSA Store, Doctor On Demand, Humana Pharmacy, Health Credit Services, and more

*Service requires or may require a fee in addition to the base administrative only service (ASO) fee.

Billing and banking services

Our billing and banking processes are equipped to deliver timely and accurate reporting with all of the detail needed to help employers carefully manage and monitor their cash flow.

- Banking administration that accommodates flexible timing needs such as daily or weekly funding
- Transparent and detailed banking and financial reports
- Billing administration
 - Invoicing
 - Coordination with enrollment status
 - e-Billing tools and reports
 - Self-billing

Provider payment integrity and financial recovery

Our in-house Provider Payment Integrity (PPI) department is integral to cost containment and the responsibility we have to protect employer and member healthcare financial resources. We proactively review, apply edits, and audit claims. Whether unintentional or willful payment issues occur, we are committed to identifying and remediating them as an employer's partner in administering their self-funded plan.

Offered in a shared savings model

- Subrogation
- Enhanced claim code edits
- Overpayment recoveries, including but not limited to:
 - coordination of benefits recoveries
 - provider credit balance recoveries
 - fraud and abuse management
- Medical record review and audits, including but not limited to:
 - Bill review and audits
 - Diagnostic related group (DRG) validation
 - Inpatient admission retrospective reviews
- Other overpayment identification using datamining tools and other investigative means, including but not limited to:
 - Overpayments due to participant retroactive terminations
 - Reasonable and customary determinations

Stop loss coverage*

Integrating stop loss with Humana means optimizing an employer's cash flow, because we provide immediate reimbursement whenever a claim exceeds the specific deductible.

- Integrated stop loss administration
- Competitive specific and aggregate stop loss rates with flexible trigger levels
- Flexible stop loss reporting
- Third-party stop loss coordination with preferred carriers*
- Third-party stop loss coordination with non-preferred carriers*
(Please check with your Sales representative for the most up-to-date list of preferred carriers.)

Clinical programs and care management

We offer a full suite of innovative clinical programs and services to provide education and address member needs at all points on the health and well-being spectrum, even as their needs change. We help members stay well when they are healthy and navigate the healthcare system when they are ill or injured. Our health resources promote a healthier population, address the need for cost control, and deliver a better experience for both members and employers for the long term.

Humana members participating in our Personal Nurse program experience a number of better outcomes when compared to self-funded members who qualify but do not participate in the program, including:

- 35% fewer admits/1000
- 22% fewer ER visits/1000
- 20% lower medical PMPM spend

SOURCE: Internal Personal Nurse Utilization Reporting Dashboard.

- Predictive modeling to deliver proactive clinical interventions
- Utilization management
 - Pre-determination
 - Pre-certification
 - Concurrent review
 - Clinical claims review
 - Behavioral health
- Provider-focused enhanced utilization management*
 - Cardiac consultation
 - Oncology quality management
 - Radiology review
 - Radiation therapy management
 - Therapeutic and musculoskeletal/pain management review
 - Sleep apnea site of service optimization
- Case management – helps members navigate the hospital experience and improve outcomes
 - Acute
 - Transitional
 - Complex
- Maternity Program: HumanaBeginnings®* – prenatal education and support for expectant mothers
- NICU Management – care coordination for families and their newborns who are facing complicated health situations
- Transplant management – care manager-led guidance for members undergoing organ and tissue transplants
- Chronic Condition Management* – ongoing relationship with a clinician who supports education about the healthcare system, choices and self-management, and support positive behavior change
 - Personal Nurse®*
 - Humana Cancer Program*
 - ESRD Support*
- Humana Health Alerts (gaps in care) – proactive member communications are sent when preventive, disease-specific, or care modification gaps are identified (e.g., potentially harmful drug-to-drug or drug-to-disease interactions)

Transplant management and national transplant network

Selecting the most appropriate facility to provide organ and stem cell transplantation services is one of the most important decisions one can make for their transplant needs. With Humana's National Transplant Network and the dedicated Transplant Management team, members will receive the highest of quality care at facilities with proven/exceptional outcomes. This comprehensive approach unites care management and claims administration to provide outstanding member service and cost optimization. Our network defines value in terms of post-transplant thriving, not just surviving, by:

- Putting patient outcomes first
- Building its reputation on provider satisfaction
- Offering broadly accessible transplant services
- 127 transplant centers across the US, for both adult and pediatric procedures, reviewed annually
- Single point of contact for all transplant needs throughout the entire process
- Registered nurses with transplant/critical care experience that follow the member and provider through the process, from pre-transplant through one-year post-transplant follow up
- Nurses and claims experts who interpret and reimburse transplant claims specific to the contract terms, assuring accurate and timely payment for both the plan sponsor and the member

Virtual visits

To better serve members with low-cost, easy-to-obtain care from board-certified doctors, Doctor On Demand® is fully-integrated and embedded into Humana's self-funded offering.

Doctor On Demand's telehealth services are included with Humana's services, and offer a convenient alternative for common medical and mental health needs.

Doctor On Demand:

- 18 of 20 Top ER cases treated
- 4-minute average wait time
- 400+ board-certified physicians
- 4.9 of 5 average customer rating

MEDICAL & MENTAL HEALTH VISITS

- Doctor On Demand is considered an in-network provider with member cost share between \$0 and \$56² for acute and urgent care medical needs such as cold and flu, allergies, insect bites, UTIs and pink eye
- Doctor On Demand allows members to see a board-certified doctor for non-emergency medical care 24/7
- Behavioral health services are available by appointment

VIRTUAL PRIMARY CARE

Humana's On Hand medical plan provides a virtual medical home experience for coordinated and continuous care. Members receive a single primary care provider through Doctor On Demand. They also receive a full-service concierge team to guide members to in-person care locations. Doctor On Demand build relationships with members to help them manage their whole person health, including preventive care, chronic condition management such as hypertension and diabetes, and behavioral health.

²as of April 2020, may be subject to change

Wellness – Go365

Go365® is an NCQA-accredited, innovative and comprehensive wellness solution that rewards participants for making healthy choices. By utilizing behavioral economics, individualized goals, and an effective incentive program, we motivate members to make positive lifestyle changes that impact health today and tomorrow. Integrating Go365 with an employer's medical plan can also help members get more out of their benefits.

The [Go365 Five-Year Study](#) published in 2019 demonstrates positive outcomes related to employee health, minimized healthcare cost increases, and productivity including:

- A 22% decline in healthcare costs by the fifth year
- 55% fewer unhealthy days than low-engaged members
- 35% fewer emergency room (ER) visits
- Reduced lifestyle risk factors for chronic conditions for all Go365 members by the fifth year

Currently, Go365 serves more than 5 million members and 50,000 employers.

Go365*

- Health assessment
- Biometric screening
- Healthy Food program
- Go365 Kids program
- Go365 mobile app

Go365 can be offered standalone or fully integrated with our medical, dental, or vision plans. Go365 is not an insurance product and is not available with all Humana health plans.

WELLNESS PACKAGE*

- Humana Health Assessment
- Targeted communications
- Wellness calendar program
- Preventive care reminders to members
- Employer-specific wellness challenges and events

Wellness - Employee Assistance Program and Work-Life*

Humana's Employee Assistance Program (EAP) and Work-Life philosophy reflects the mission—changing behaviors, improving lives. Our EAP does more than provide online resources and a toll-free number—we seek to increase productivity, improve employee retention, reduce absenteeism, and improve overall morale, which ultimately improves the bottom line.

- Multiple counseling session models available (3, 5, 6, or 8 sessions)
- Phone- and video-based sessions with EAP professionals
- Integrated provider network with the medical behavioral health network
- Referrals to in-person contracted counselors
- Critical incident response (CIR) services
- Management consultations and supervisory referrals
- Legal and financial benefit
- Access to our free EAP mobile app

In a survey, 94 percent of respondents were satisfied with their EAP experience overall and 82 percent felt more confident in their ability to handle the situation for which they called EAP. Survey respondents also reported 49.7 percent fewer mental unhealthy days.

Source: Wellness Outcomes & Science – EAP Service Requests Q3-Q4 2016 Outcomes.

Website services

Members and employers can visit

Humana.com to get care support, manage plan administration, or learn more about our company. We're improving our online tools every day to get every visitor what they need, right when they need it. Employers and their members can expect their website and mobile experience to be:

- ✓ Easy to use
- ✓ Meaningful
- ✓ Transparent
- ✓ Convenient
- ✓ Intuitive

MYHUMANA MEMBER PORTAL

- Access to claim history, EOB, ID card, and plan documents
- Health and wellness resources including
 - a dynamic health assessment
 - personal health record to share with physicians
 - Healthwise health library
- Financial functions and decision tools including
 - Care Highlights to give guidance on provider clinical quality and cost efficiency
 - Rx Calculator
 - Current deductible and out-of-pocket costs and copayment history
 - Savings center for access to discounts on various lifestyle services and products
- Online Live Chat

MOBILE APPS

- MyHumana
- Humana Pharmacy
- Humana RxMentor
- Go365®
- Doctor On Demand
- EAP

EMPLOYER PORTAL

- Billing
 - Enrollment
 - Reporting
 - Benefits management
 - Financial tools
 - Health and wellness information
-

Customer service

More than a decade ago, we began our relentless pursuit of perfection because the people we serve deserve nothing less. From Humana’s operational procedures to the recruitment and training of our Customer Care specialists, Humana is organized around a client-focused approach. As a consumer-centric company, we strive for proactive, personalized service through a key metric we brand internally as the Perfect Experience. We are proud to have exceeded performance guarantee standards by answering 76% of calls within 30 seconds (goal of >70%) and having an abandonment rate of only 4% (goal of <5%).³

In 2019, Newsweek ranked Humana #1 in Customer Service among health insurance companies in the magazine’s “America’s Best Customer Service 2019” rankings.

MEMBER CUSTOMER SERVICES

- Live calls with Humana’s Customer Care team
- Spanish speaking agents available in the call center
- Ability to service members in any language through a translator service
- Online live chat through the MyHumana dashboard
- Interactive voice response (IVR) access
- Visual interactive voice response (VIVR) access

³ 2019 Commercial call metrics

EMPLOYER SERVICES

Data-driven analytics

Our reporting is designed to deliver a deeper understanding of what drives claims. PlanCompass, as well as on-demand reporting through ePlanCompass, allows agents or employers to pull meaningful drill-down reports that are valuable in making benefit design decisions or co-creating strategies that achieve higher engagement, improved outcomes, sustainable cost controls, and return on investments.

- Monthly or quarterly PlanPulse
- Annual PlanCompass
- ePlanCompass on-demand
- Ad-hoc reporting available upon request
- Complex ad-hoc reporting*
- Pharmacy and clinical resources dedicated to delivering data-driven insights

EMPLOYER SERVICES

Administrative & group set-up

Employers want to manage and monitor plan data and financials in the way that is best for their business. A partnership with Humana accommodates simple or complex group configuration and the supporting administration requirements, so the plan can be managed and monitored in just the right way.

- Enrollment files, Web, or EDI
- Group configuration < 25 classes
- Group configuration > 25 classes*
- External data feeds*
- Standard ID cards
- Custom ID cards *
- COBRA administration Services*

EMPLOYER SERVICES

Account management

Humana's strategic Account Management team is supported by medical directors and pharmacists, and will deliver a suite of meaningful and actionable insights around trends, cost drivers and clinical engagement results to help employers build a multi-year strategy.

In addition, our relationship-based model provides one associate to coordinate the service for all of an employer's products with Humana. This model provides a more streamlined and personal approach to answer questions about a complex business, and simplifies the service experience by creating a trusted, long-term relationship.

EMPLOYER ACCOUNT MANAGEMENT

- Single point of contact to handle administration from implementation through seamless support for ongoing, evolving administrative support
- Local client executive
- Clinical expertise
- WELCOA-certified Consumer Engagement Professional
- Implementation support and communications
- Open enrollment support

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Regulatory & compliance support

Maintaining regulatory and administrative compliance is a critical function for plan sponsors. Humana is committed to supporting employers in that endeavor with accuracy and timeliness as a hallmark of the services we provide.

PLAN DOCUMENTS

- Summary of Benefits and Coverage (SBC) creation
- Summary Plan Description (SPD) development and delivery of master document to employer

REPORTING

- Financial reporting to support government filings (Form 5500, Schedule A, Schedule C, etc.)
- Surcharge reports for New York City and Massachusetts
- SOC 1 Report
- Providing of claim or other data in support of the plan sponsor's MHPAEA testing obligation*

SERVICES

- Internal grievance handling
 - First level
 - Second level
- Coordination of external review*
- Appeals
- Claim fiduciary*

*Service requires or may require a fee in addition to the base administrative only service (ASO) fee.

Advocacy, Navigation and Population Health

Humana Impact with Accolade is an ASO offering in partnership with Accolade. It combines high-touch service with data and leading-edge technology to drive engagement, manage costs, and influence member behavior for the better. It fully integrates advocacy, navigation and population health with Humana’s core ASO services.

Humana Impact with Accolade offers a personalized and high-touch member experience, designed to eliminate the barriers to care that often prevent healthcare consumers from accessing the right care at the right time, and improve the employees’ experience while reducing unnecessary costs. Accolade’s proprietary engagement model couples leading-edge technology with proven science and practices in empathy, influence, trust, and customer service.

- 66% of members engage with their Accolade Health Assistant prior to making a healthcare decision⁴

This member-centric model can strengthen any self-funded plan structure and effectively reduces waste in the healthcare system by optimizing utilization, care coordination, and site-of-care decisions.

⁴ *Accolade 2016-2017 customer book of business*

TECHNOLOGY DRIVING PERSONALIZED ADVOCACY

The Humana Impact with Accolade technology platform enables employers to promote their benefits through member-facing online and mobile tools, with personalized communications that maximize awareness of and engagement in all of the medical and non-medical programs employers have invested in. Members receive both inbound and outbound support through mobile, secure messaging, online portal and/or telephonic channels.

Through technology and people, this solution helps members navigate the complex world of benefits. The following benefits can be offered by the employer. They include but are not limited to::

- Humana Medical
- Humana or other third party Pharmacy, Dental, Vision or EAP or Wellness products
- Other third party point solutions purchased by the employer*
- Other benefits offered by the employer

POPULATION HEALTH

Humana Impact with Accolade offers population health to address member needs at every point of the healthcare continuum – helping members and their families stay well when they are healthy while giving them the tools and resources to navigate the healthcare system when they are ill, injured, or in need of care. Multi-disciplinary teams work together to provide comprehensive and personalized clinical support for members.

Health Assistant

A Health Assistant is a single point of entry to help members navigate the complex world of healthcare so they become more efficient and informed healthcare consumers. Health Assistants are trained to recognize opportunities to identify member interactions that may begin as a transactional need (e.g. “Can you help me order a new member ID card?”) and enhance those opportunities to a Clinical Health Assistant when a clinical need is presented.

Clinical Health Assistant

Clinical Health Assistants are registered nurses who provide individualized population health to members throughout their healthcare experience – offering clinical support before, during, and after a clinical event – from acute to chronic conditions, and regardless of clinical level of need or severity. This proven care model leads to better health outcomes, extraordinary satisfaction, and lower health costs.

DATA DRIVEN ANALYTICS

The monthly Plan Pulse and annual Plan Compass are supplemented with robust engagement metrics, including families assisted, by topic and stage of care. Employers are empowered with knowledge of member behavior and needs to make benefit strategy decisions effective in impacting health outcomes and managing costs.

Humana's self-funded plans are administered by Humana Insurance Company or Humana Health Plan, Inc.
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