



## FREQUENTLY ASKED QUESTIONS FOR BENEFITS ADMINISTRATORS:

# Humana's Employer Group Commercial Medical Products exit

Revised 4/22/2024

### Overview:

After a strategic and financial review of our business, Humana has decided to exit the Employer Group Commercial Medical Products business. This includes all fully insured, self-funded and Federal Employee Health Benefit medical plans, as well as Commercial embedded and standalone Go365®.

Taking into account valuable feedback from our customers and members, among other considerations, we determined that we were not able to meet the long-term needs of our Employer Group Commercial Medical customers.

The exit from this line of business will be phased over the next 18 to 24 months. Our goal is to always provide the best experience to our members, and, in this case, we are not able to continue to do that in a manner that is sustainable for Humana long term.

**No other Humana health plan offerings – including Individual / Group Specialty (Dental, Vision, Disability, Life), Medicare Advantage, Medicare Supplement, Group Medicare, Medicare Prescription Drug Plans, Medicaid and Military – or any of our CenterWell healthcare services lines of business are materially impacted by this decision. It also does not impact our FEDVIP program.**

### BENEFITS & SERVICE

#### I offer a Humana Medical plan to my employees. What do I need to do?

**No immediate action is necessary.** You can first assure your employees that there is no immediate need to change their coverage and they can continue to use the benefits. We will continue to provide the care, support, customer service and assistance you are accustomed to during this transition.

#### I have Humana Medical AND Dental, Vision, Disability or Life benefits. What will happen to my Dental, Vision, Disability and/or Life plans?

This decision does not impact any other lines of business Humana offers and we will continue to offer Employer Group Commercial Dental, Vision, Disability and Life plans for businesses of all sizes.

## When will be our last day of coverage for our Humana Medical benefits?

Your last day of coverage depends upon your current policy. Humana will honor all in-force policies medical coverage through the termination date.

- **Fully insured customers:** Humana will offer renewals as required through either October, November or December 2023 effective dates depending on when the exit process begins for a given state. Note: There will be exceptions based on state requirements for Small Group (1-50).
- **For self-funded customers (ASO and LFP):** Humana will honor in-force Plan Management Agreements (PMAs) and renewals will continue through either October, November, or December 2023 effective dates depending on when the exit process begins for a given state.

## Will you automatically terminate my Humana Medical plan(s), or do I have to notify Humana to term my coverage?

You do not need to contact Humana to terminate your Employer Group Commercial Medical plan. Be assured that nothing changes today, and we will continue to provide the care, support, customer service and assistance you are accustomed to during this transition. For now, it will be business as usual, and nothing is needed from you at this time. If, and when, anything is required of you we will let you know in advance.

## Upon my group's last Humana renewal can I only renew our current Humana Medical plan(s), or can I select other Medical plans?

As the benefit administrator, you may elect to renew on your groups current plan(s) or elect alternate plan(s).

## If I decide to terminate my Humana Medical benefits off renewal, will my Humana Dental and/or Vision plans remain on the same renewal cycle? Can I also move my Humana Dental and/or Vision coverage off renewal to align with my new Medical benefit's effective date?

Your Humana Dental and/or Vision plans will remain on their current policy period if you terminate your Humana Medical plan off renewal. If you want to align your Humana Dental and/or Vision policy period with a new Employer Group Commercial Medical policy period, the current premium rate guarantee period will need to be reviewed to determine a possible new policy period.

## How will impacted Medical groups and members be notified?

- **Fully insured groups:** Humana will mail written notification to impacted employer groups at least 180 days before the group's renewal date affected by the exit. This notification letter will confirm when the group's Medical coverage will end. Employees will be notified – either by their employer or directly from Humana – at least 180 days prior to the group's renewal date affected by the exit.
- **Self-funded Administrative Services Only (ASO) and Level Funded Premium (LFP) groups:** Humana will mail written notification to impacted employer groups at least 180 days before the group's renewal date affected by the exit. The letter will confirm when the group's Medical coverage will end and inform each employer that it is their responsibility to notify their employees of the Medical nonrenewal. Humana will not be notifying employees of ASO and LFP groups.

## How will Humana support employers and members during this transition?

Providing a high level of customer care is of great importance to Humana. Employers and members can be assured we intend to maintain our service levels and benefit payments during this transition period.

## Do you have suggestions for alternative carriers I should move my Medical benefits to?

We recommend speaking with your agent or broker to transition your Medical benefits upon non-renewal. They will be able to provide you with information about the different Medical carrier options available to you in your area and share guidance about which one would be the best fit for you and your employees.

### Will my Single Point of Contact (SPOC) change or be discontinued?

No, if you have a SPOC, they will remain in place and will continue to provide you the same service you get today.

### Will my employees get new ID Cards?

Our normal ID card processes will remain as they do today. If you, as the benefit administrator, make a change that warrants a new card, a card will be produced and mailed to members. If a member loses their card, they can request a replacement by calling customer service for assistance or through their online MyHumana account.

### Will my employees be eligible for COBRA or Continuation benefits after we term?

Employees will continue to be eligible for COBRA coverage or Continuation benefits based on Federal and state guidelines. Humana is not a COBRA Administrator; you can select your own administrator if you don't already have one.

### What will happen to members with a COBRA or mini-COBRA policy?

COBRA members' coverage would cease at the same time your coverage is terminated with Humana. COBRA members can go to [HealthCare.gov](https://www.healthcare.gov) to look for individual insurance options during the yearly Open Enrollment Period for 1/1 effective dates, or a Special Enrollment Period for other effective dates (available 60 days before or after loss of health coverage). Or, if the member's prior employer replaces coverage with similar coverage under another group insurance policy without interruption, the COBRA member may obtain an extension under the replacement group insurance policy.

### How does Humana's Employer Group Commercial Medical exit affect a group's active members with State Continuation of Coverage?

Members on State Continuation of Coverage will terminate on the group's next renewal date (also referred to as "non-renewal date") or sooner if the member's State Continuation of Coverage is exhausted prior to the group's non-renewal date.

*Examples below are for illustration purposes only:*

Group's non-renewal date due to Humana's medical exit	Group's medical coverage termination date	Member's State Continuation of Coverage termination date*
1/1/24	12/31/23 (per Humana's medical exit)	12/31/23
2/1/24	10/31/23 (group elects to terminate early)	10/31/23 <i>Note: For members on a policy issued in Kansas or Kentucky, members may elect to remain on State Continuation of Coverage with Humana in specific situations. If eligible, State Continuation of Coverage with Humana will terminate by the group's non-renewal date as part of Humana's medical exit.</i>

*\*State Continuation of Coverage may be exhausted prior to the group's actual or scheduled non-renewal date*

### If a group decides not to elect Medical coverage from another carrier upon their non-renewal date with Humana, would the group's members who are not currently enrolled in COBRA or State Continuation of Coverage be eligible for COBRA or State Continuation of Coverage?

If the group does not offer medical coverage from another carrier upon their non-renewal date with Humana, the group's members are not eligible for COBRA or State Continuation of Coverage. Members can go to [HealthCare.gov](https://www.healthcare.gov) to look for individual insurance options during the yearly Open Enrollment Period for 1/1 effective dates, or a Special Enrollment Period for other effective dates (available 60 days before or after loss of health coverage).

### If a group decides not to elect medical coverage from another carrier upon their non-renewal date with Humana, would the group's members be eligible for a conversion policy?

A conversion policy will not be available to a group's member upon the group's non-renewal date with Humana. Members can go to [HealthCare.gov](https://www.humana.com/healthcare) to look for individual insurance options during the yearly Open Enrollment Period for 1/1 effective dates, or a Special Enrollment Period for other effective dates (available 60 days before or after loss of health coverage).

### What is the impact to my legacy Humana Short Term Disability (STD) plan?

There is no impact to your Short-Term Disability plan at this time.

## BILLING & CLAIMS

### How long do I have to pay my outstanding premium after my Humana Medical plan is terminated?

If there is a debit balance on your account, you will receive a final invoice within 35 days of your termination date, and the final invoice will indicate due upon receipt.

### What will be the run-out period for claims?

The claims run-out will vary based on your plan contract. Please refer to your plan document for more details or you can call your service team with questions.

## GO365

### Is Go365 going away for Humana Employer Group Commercial Medical plan members?

#### If so, when will it no longer be available?

Embedded Go365 will be available for Employer Group Commercial Medical plan members until their Humana Medical plan(s) terminate. Additionally, Go365 will no longer be available as a standalone product. Standalone renewals for clients with renewal dates through July 2023 will be honored, otherwise groups will terminate on their next renewal date. However, Go365 by Humana will still be available for Humana Medicare Advantage, Group Medicare and Medicaid members.

### Will Go365 be going away for employer groups that have Go365 standalone Wellness plans?

Yes, Go365 will no longer be available as a standalone product for employer groups. Standalone renewals for clients with renewal dates through July 2023 will be honored, otherwise groups will terminate on their next renewal date.

### How will impacted Go365 standalone clients be notified?

Humana will mail written notification to impacted clients at least 90 days before the date that client's agreement would otherwise renew and will now be terminated due to this exit. Initial notifications are expected to begin April 1, 2023 for all groups with a follow up reminder 90 days before agreement termination date.

### Will Go365 be going away for Medicare or Medicaid members?

No, Go365 by Humana will still be available for Humana Medicare Advantage, Group Medicare and Medicaid members.

### Will I still have access to a Humana representative to support wellness engagement for my company?

Yes, groups with Go365 tied to a Humana Employer Group Commercial Medical plan will be supported by account management teams with virtual capabilities for wellness engagement.

## What will happen to the wellness engagement incentives or wellness premium discounts companies have earned?

**Wellness Engagement Incentive credits** (for fully insured and Level Funded Premium businesses with fewer than 100 employees) will be honored and applied until the Go365 program ends.

**Wellness Premium Discounts** (fully insured businesses with 100 or more employees) will be applied at the next eligible renewal of the employer's Humana contract. If the company chooses not to renew with Humana prior to their renewal date, or their Humana medical plan is not eligible to renew due to the discontinuance of commercial medical plans, then premium discounts will not apply.

## MEMBERS

### How will Humana support members during this transition?

We have a long history of caring for people and continuing to provide a high level of customer care is of great importance to Humana. Members can be assured we are committed to maintaining our service levels and benefit payments during this transition period. **In the immediate term, members do not need to take any action.**

### Is there information I can share with my employees?

We are providing this [Member FAQ](#) you can share with your employees, if appropriate, or use to help answer their questions.

