



Humana Inc.
004/10275
1100 Employers Blvd
Green Bay WI 54344

Group Number: [Group ID](#)

[Date](#)

[Group Name](#)

Attn: [Benefit Administrator](#)
[123 Main St.](#)
[City State ZIP](#)

Important changes to your Humana medical plan administrative services and stop loss insurance

Dear [Benefit Administrator](#),

Thank you for selecting Humana for your Medical plan administrative services. We are contacting you because after a thoughtful strategic and financial review, and taking into account valuable feedback from our customers and members, **Humana has decided to no longer offer Employer Group Commercial administrative services or insured medical products in [State Name](#).**

What this means

Humana will not be renewing your Plan Management Agreement for Administrative Services and your Stop Loss insurance so your Medical coverage will terminate on [Month DD, YYYY](#). Until then, all administrative services will continue. Please refer to the "Termination" article of the Plan Management Agreement for events that could cause the Plan Management Agreement to terminate sooner.

Any non-insurance products, such as Humana Access[®] spending account services and any Wellness programs (e.g., Go365[®]), will also terminate when the Plan Management Agreement terminates.

Humana will reimburse any surplus funds after the Settlement Period, as outlined in the Plan Management Agreement, if you remain with Humana for the duration of your plan year.

Any renewal letter provided to you for your Medical plan year starting on [Month DD, YYYY](#) or any reinstatement of your Medical coverage after your termination on [Month DD, YYYY](#) would be in error and will not be honored.

Please note this change does not impact any Dental, Vision or Life insurance plans that you may have with Humana. If you have questions about your existing Dental, Vision or Life insurance plans with Humana, or wish to speak to a Humana representative about our Dental, Vision or Life insurance products, please call **800-232-2006**.

What happens next

You may be able to obtain more information about other Medical plans available in your state offered by another carrier from your agent or broker.

Small employers (generally those with 1-50 employees) may be eligible to purchase Medical coverage through the Small Business Health Options Program (SHOP) Marketplace. Enrolling in a SHOP plan is generally the only way for a small business or non-profit to claim the Small Business Health Care Tax Credit. To learn about the tax credit, go to <https://www.HealthCare.gov/small-businesses/provide-shop-coverage/>. Contact the SHOP Call Center at **800-706-7893 (TTY: 888-201-6445)**. To view medical plan options on the SHOP Marketplace, please go to <https://www.HealthCare.gov>.

Since your current Medical plan administrative services with Humana will no longer be available, we have enclosed a sample employee letter for you to share with your impacted employees.



Call with questions:


- Contact your agent, [Agent Name](#), at **555-555-5555**.
- Contact Humana at **800-232-2006 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m.

Are you registered with the state of New York for HCRA Surcharge reporting?

If you elected to register with the New York Public Goods Pool (PGP) established under the New York Health Care Reform Act (HCRA), you must remove Humana as your Third Party Administrator (TPA) since our services will end on [Month DD, YYYY](#). Please submit the appropriate forms to change your payor status or TPA registration. More information is available at <https://www.health.ny.gov/regulations/hcra/einfo/index.htm>.

We value our long-term relationships with our customers and apologize in advance for any inconvenience to you or your employees. We understand you may have questions – visit huma.na/medicalexit_FAQ to view a helpful Frequently Asked Questions (FAQ) or scan the QR code below. Please be assured we'll continue to provide you with the customer service and assistance you need during this transition.

Sincerely,



Leann Hutchinson
Vice President, Group Business Operations



Scan this code
to view the FAQ

Enclosure: Sample letter to distribute to your employees

Administrative services provided by Humana Insurance Company or Humana Health Plan, Inc. and Stop Loss is underwritten by Humana Insurance Company, Humana Health Plan, Inc., Humana Health Insurance Company of Florida, Inc., Humana Insurance Company of Kentucky, Humana Health Benefit Plan of Louisiana, Inc., or Humana Wisconsin Health Organization Insurance Corporation.



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Important changes to your Humana medical coverage

Dear Medical Plan Member and any Covered Dependents:

Thank you for choosing Humana for your current Medical coverage. We are writing to let you know that Humana will no longer offer Employer Group Medical plans in [State Name](#). This decision, made after much consideration, means your current Humana Medical coverage will end on [Month DD, YYYY](#).

This decision only applies to your employer's Medical plan. This decision does not impact any Humana Dental, Vision or Life plans through your employer or other insurance coverage you or your family may have with Humana, including Humana's Medicare Advantage plans.

Your employer has been notified of this change and may offer you a new Medical plan. Please check with your employer about other coverage options.

If you have any questions:

- Contact your employer or benefit administrator.
- Call Humana at the number located on the back of your ID card Monday – Friday, 8 a.m. – 6 p.m. or visit **Humana.com**.

Please note that your group's Medical plan, including all provisions of the Summary Plan Description explaining your Medical coverage, will continue through [Month DD, YYYY](#). Therefore, you may continue to receive communication from Humana.

Sincerely,

A handwritten signature in black ink that reads "Leann Hutchinson".

Leann Hutchinson
Vice President, Group Business Operations

Administrative services provided by Humana Insurance Company or Humana Health Plan, Inc.

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable federal civil rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call the number on your ID card or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call the California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. Call the number on your ID card (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711)

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (**TTY: 711**)... ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (**TTY: 711**)... 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼 (**TTY: 711**)... CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị (**TTY: 711**)... 주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. ID 카드에 적혀 있는 번호로 전화해 주십시오 (**TTY: 711**)... PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card (**TTY: 711**)... ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении (**телетайп: 711**)... ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou (**TTY: 711**)... ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre (**ATS: 711**)... UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej (**TTY: 711**)... ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação (**TTY: 711**)... ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa (**TTY: 711**)... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet (**TTY: 711**)... 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちの ID カードに記載されている電話番号までご連絡ください (**TTY: 711**)...

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره تلفن روی کارت شناسایی تان تماس بگیرید (**TTY: 711**)...

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hólq, námboo ninaaltsoos yézhí, bee nées ho'dółzin bikáá'ígíí bee hólne' (**TTY: 711**)...

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك (**TTY: 711**).