

Today's agenda

- Welcome & introductions
- Humana and Kenosha Unified School District (KUSD): A shared commitment to excellence
- Member service and client management that look to the future
- Clinical and pharmacy excellence that drives better health outcomes
- ➤ Go365: A Member Specific Health Journey
- Financial Performance: provider network, plandesign, rate summary and performance guarantee
- Enrollment capabilities and implementation timeline



Ryan Zikeli

Market President

Erin Jeffrey

Large Group Sales Executive

Shari Stoltmann

Senior Client Executive

Chip Gardner

Regional Product Director

Humana and KUSD: A shared commitment to excellence

Presented by Ryan Zikeli







A little extra care for a safer and healthier community





Human care

- Both 2020 and 2021 were years of great challenge, but also of great innovation
- A strong drive to stay social, active and healthy has led to creative solutions and thoughtful resources across Humana and the world
- Humana has enhanced our focus on human care – offering above and beyond support to members

Donated over 23 million masks nationally



Launched COVID-19 thought leadership program



- Webinar series& information hub
- Return to workplace tools & guides
- Medical white papers

Continued community giving

- Over 500,000 meals collected for families in need nationally and in partnership with Feeding America
- Humana Foundation has contributed a total of \$50 million to COVID-19 relief and recovery
- Focus on health equity, improving disparities in health care system







Humana's commitment to Wisconsin, rooted in common values & goals



Join us!

We're committed to serving you with care that goes beyond just physical health. We want to support those who care for the community we both serve.



Humana's commitment to a shared purpose

- Population health strategy focused on both community and business integration to improve the clinical and social health outcomes of KUSD
- Emphasis on continued growth and development
- Enhanced products and innovations to complement KUSD's core offering
- A culture of care, meeting KUSD where they are, no matter where they fall on the health spectrum

Achieving strength in numbers



OVER

12.4M

MEMBERS

In Humana commercial and military plans



1.2M

MEDICAL MEMBERS



5.3M

SPECIALTY MEMBERS



5.9M

MILITARY BENEFICIARIES

WITH A FOCUS ON AN EDUCATION VERTICAL



WINNING MARQUEE ACCOUNTS & PRIORITIZING UNIQUE NEEDS

- Prioritize community providers
- Expertise with educators as consumers

- Desire for market-competitive benefits
- Innovative care experiences

- Maximize multi-year partnership
- Integration with group clinical programs

Member Service and Client Management that look to the future

Presented by Shari Stoltmann







Proven satisfaction

- Industry-leading NPS performance among employers and employees
- Highest customer recommendation score among health insurers¹

point increase in Single Point of Contact NPS score from 2015-2019

98%
improvement in
NPS member score
over past 2 years

in customer satisfaction from 2017-2020¹

Unified service model

Humana delivers high quality member service that simplifies the healthcare experience



Focused on experience

Customer care representatives

- 7am 5pm CST, Monday through Friday
- Inbound calls and Web chat support (chat support available Saturday & Sunday 7am – 4pm CST)
- Designated on-shore staffing
- Associate progression focused on perfect experience

Perfect experience

- Group culture and plan specific training throughout the year
- Contacts answered by tenured associates (best of the best)



Focused on quality

Quality monitoring

- · Weekly auditing of contacts
- Identify Insights based on call type
- Voice of Customer survey
- Real time associate feedback
- Performance reviews monthly

Innovative technology

- Predictive behavioral routing
- Prompts representative based on voice analysis
- Social Community available 24/7
- Virtual Assistant (IBM Watson) available 24/7
- Real time coaching through Cogito

KUSD's Dedicated Account Management team

Elizabeth Michels

Client Single Point of Contact

- 22 years healthcare experience
- Experienced in operational systems & implementation of complex plans

Melissa Feigl

Manager, Group Services Operations

• Coordination and execution of Call Center Support

Dale Rennie

Customer Support Executive, Account Installation

20+ years industry experience in managing custom installations

Stacey Sinkula

Regional Vice President of Operations

Jason Lyvers

Regional Vice President, Provider Strategy

Client Experience Management

Client Relationship Management

Provider Network Management Clinical Management Support

Shari Stoltmann

Senior Client Executive

- Over 30 years healthcare experience
- · Focus on custom key accounts in WI

Maggie Wieland

Consumer Experience Professional

· Responsible for member education and engagement

Jill Mudge

Director of Client Management

- 19+ years healthcare experience
- Oversee large group new business implementation and client retention

Anita Holloway, MD

Market Medical Director

• Dedicated Clinical Support Team

Chelse Hounshell

Clinical Optimization Consultant

• Dedicated Clinical Support Team

We provide an unmatched level of personal support

Account team

Responsible for program operations and overall program strategy and success



Director of Client Management (Jill Mudge)

Responsible for account leadership, program strategy, deployment and overall account success



Senior Client Executive (Shari Stoltmann)

Development and activation of the strategic and tactical program plans. Delivery of utilization and financial data on a regular basis



Single point of contact (SPOC); account installation (Elizabeth Michels)

Owns installation, renewal and service experience

Engagement support team

Will provide onsite and virtual KUSD support, including program education and promotion in conjunction with KUSD Human Resources and Benefits Team



Client Engagement Professional (Maggie Wieland)

Provides onsite and virtual KUSD support, assists with education and program promotion, supplements standard KUSD touch points, such as:

- Unlimited phone and email support
- Onsite support



Member Services Team

Handles all member-specific questions and concerns, as well as provider search, cost transparency and care decision support for KUSD and their families via web, phone call or chat.

HUMANA SERVICE MODEL

Single Point of Contact (SPOC)

Implementation and Service for KUSD



MEET ELIZABETH

What makes the Single Point of Contact (SPOC) a differentiator?

KUSD has a <u>DEDICATED RESOURCE</u> for day-to-day service-related inquiries. Elizabeth will also manage your installation and renewal implementation experience.

What makes Elizabeth unique?

With 22 years of experience in claims, customer service, and sales, Elizabeth has connectivity and contacts within all areas at Humana. Elizabeth has unique experience servicing school districts.

She is passionate about providing a perfect experience while building positive client relationships.

What can I expect from my SPOC?

- Commitment to exceptional customer service
- Prompt resolution (generally same day)
- Friendly and knowledgeable assistance
- Approachable and available

Our streamlined service model



Monthly financial reports

Giving you full account activity details to maximize your dollars

Capabilities include:

Annually

 Humana Smart Insights Review with Senior Client Executive and Medical Director

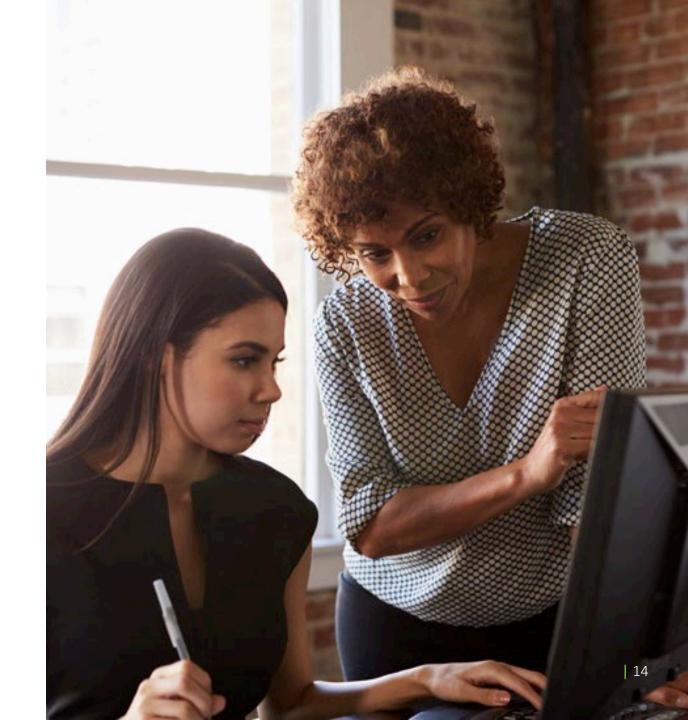
Quarterly

 Humana Smart Insights Review with Senior Client Executive and Medical Director

Monthly

- Premium Versus Claims
- Large Claimant Report
- Covid 19 tracking Vaccines, Testing and Costs

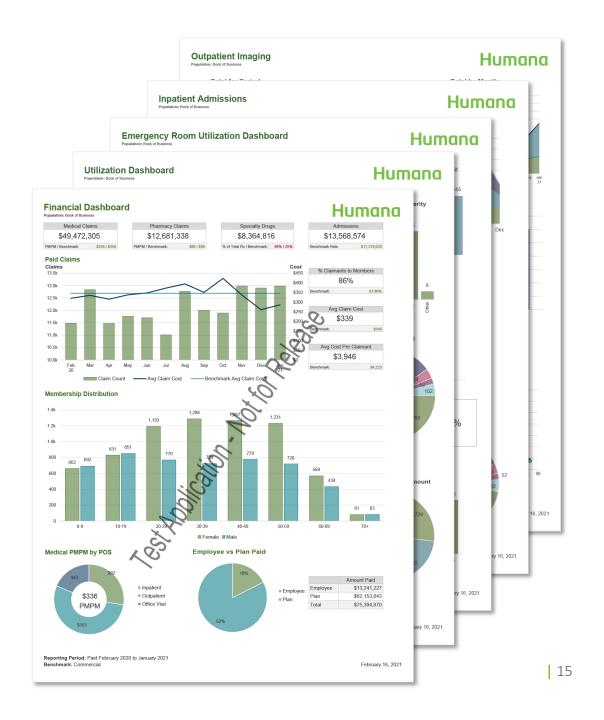
Ad Hoc Reporting Available Upon Request



Humana Smart Insights

Flexible and dynamic reporting analytics to help you manage healthcare costs and utilization by identifying your company's clinical and financial risk.

- Quickly access insights that can be easily shared with your organization to better inform your benefits strategies
- Integrates member demographics and utilization patterns compared to peer groups to provide actionable insights
- Provides expanded plan analytics and tools to analyze healthcare data from both the clinical and financial perspective
- Streamlined, on-the-fly analysis, from the aggregate book of business level down to the individual member



Humana Smart Insights – Executive Analysis

Interactive, customizable dashboards by stakeholder

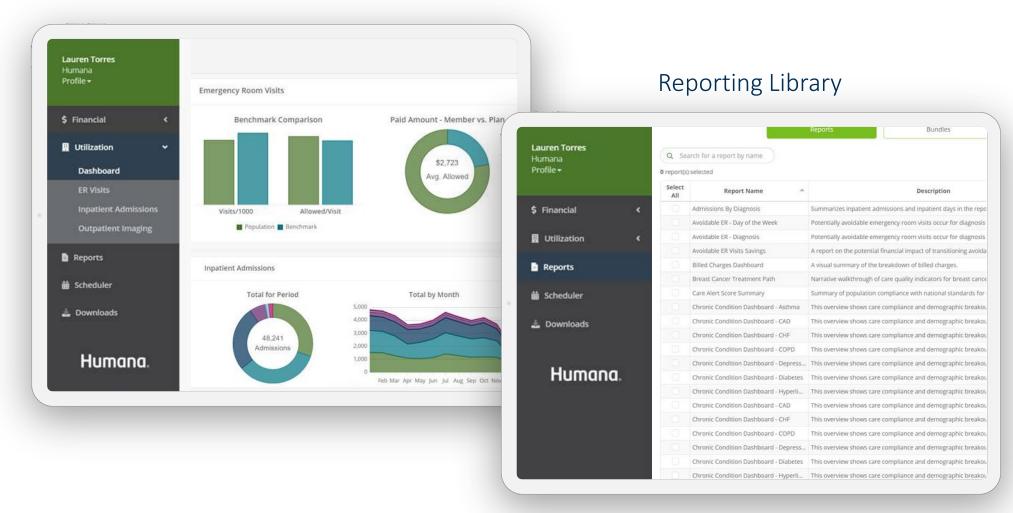
Robust report library

On-demand access to plan insights



Humana Smart Insights – Executive Analysis

Utilization Dashboard



Humana Smart Insights – Plan Analytics

Interactive, customizable dashboards

Robust report library

Extensive drilldown and query functionality

Comprehensive data exploration



Clinical excellence that drives better outcomes

Presented by Chip Gardner and Erin Jeffrey







Our principles of care



Meet members where they are with a personalized, targeted and integrated solutions



Support the **relationship** between the employee and their healthcare providers



Engage members in appropriate clinical support, pharmacy solutions, and wellness programs

Integrated care for the whole person

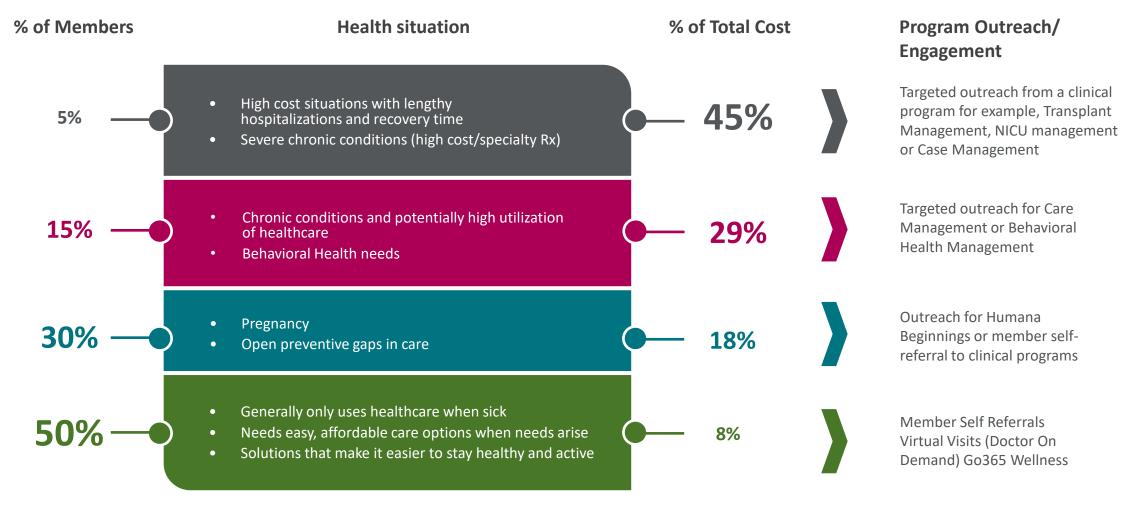
- Utilization Management
- Case Management
- Transplant Management
- Chronic Condition Management
- Medical Virtual Visits
- Community resource engagement
- Integration of SDOH into care management models

- HumanaBeginnings Program
- NICU Case Management



- Go365
- EAP / Work life
- Consumer Experience Professionals
- Integration of Pharmacy Data
- One Medication List
- Medication Adherence Reviews
- Pharmacist Consultations
- Behavioral Health Virtual Visits
- Behavioral and Clinical Integration
- Behavioral Health Care Coordination
- Licensed Clinical Social Workers

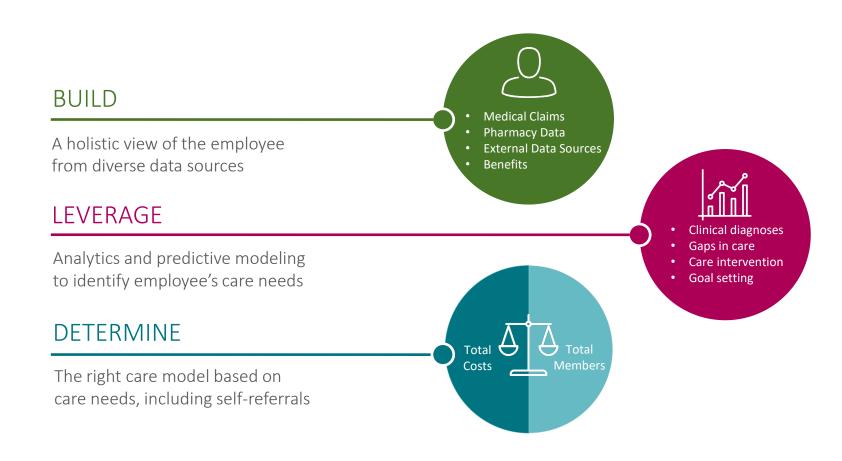
A clinical delivery model that addresses members at risk



The top 20% of Humana's membership accounts for 74% of medical and pharmacy costs ¹

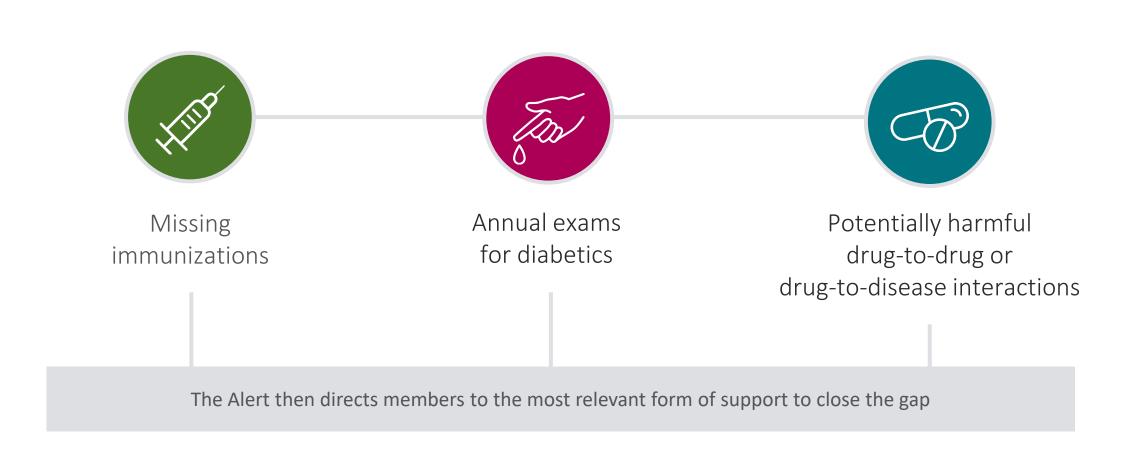
Advanced analytics match members with targeted outreach

Your employees will benefit from the holistic understanding we strive for to determine their care needs and match them with the right level of support to keep them healthy



Identifying and closing gaps in care for all members

Humana Health Alerts develops a digital thumbprint of each member using Rx claims, lab results, biometrics and more to proactively identify gaps like:



Medical and Behavioral Health Utilization Management services that ensure appropriate, necessary care and savings for your health plan



Preauthorization with medical necessity review



Concurrent Review by Acute
Case Management nurses



Retrospective Review

Plus, enhanced programs available

- ✓ Cardiac consultation
- ✓ Oncology quality management
- ✓ Radiation therapy management
- ✓ Radiology review
- ✓ Therapeutic, musculoskeletal, and pain management review
- ✓ Sleep studies

Delivering at-school care for educators and staff

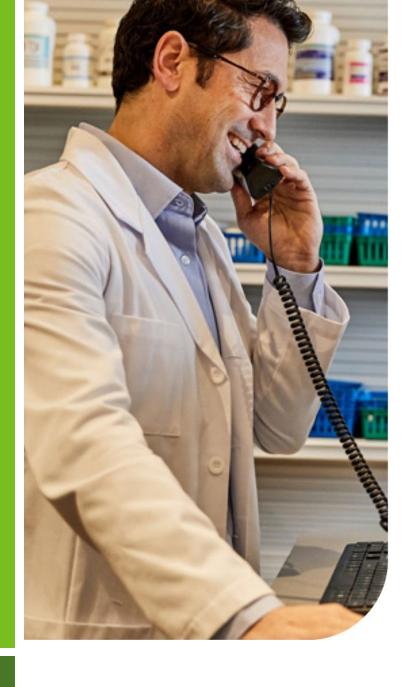
Humana is helping a large fully insured public school district provide better care to female staff.

- The district's population is predominantly female with an average age of 43
- 12,295 members eligible for mammograms
- In 2017, only 4 of the 231 female employees diagnosed with breast cancer had a mammogram prior to the diagnosis
- Educators and school staff are challenged to prioritize their own health, especially when school is in session
- Humana's clinical team recognized that gap-incare and found a better way of informing and empowering educators by arranging a mammogram bus to go to school locations

ACCESSIBLE CARE, MORE ENGAGEMENT

Since 2017, the program has become more popular with increases in bus sites and participation.





Humana Pharmacy Solutions

Guiding employees to safe, effective, and cost-effective medications without compromising your bottom line.

Pharmacy plan paid represents a significant portion of the total healthcare expenditure.



National network of over 67,000 pharmacies



Member education and guidance to safe, effective, and low-cost drugs



Coordinated Specialty
management with
Humana Specialty
Pharmacy



Humana Pharmacy home delivery for convenience



Full integration with your medical benefits

Specialty and high-cost pipeline management



Our approach

Forecast and track pharmaceutical pipeline

Develop trend management strategies

Review and maintain utilization management programs



Our focus

Pipeline agents that could contribute to significant spend

Drugs for a small population that meets an unmet need or shifts treatment paradigm and likely high cost

High degree of uncertainty around drug uptake/expectations



Pipeline considerations

Clinical merit

Place in therapy

Utilization Management

Competitive environment

Easing the formulary transition for your members



Formulary disruption analysis*

We can proactively provide an in-depth formulary analysis to assist in identifying the full member impact of transitioning to Humana



Humana joint communication plan

We can work closely with you to construct a robust member communication plan as a precursor your effective date



MyHumana.com

Member-friendly web tools available for members to verify their drug coverage



Formulary change letter

We can help educate impacted members to changes in formulary and utilization management as a component of the communication plan

Go365: A Member Specific Health Journey

Presented by Shari Stoltmann



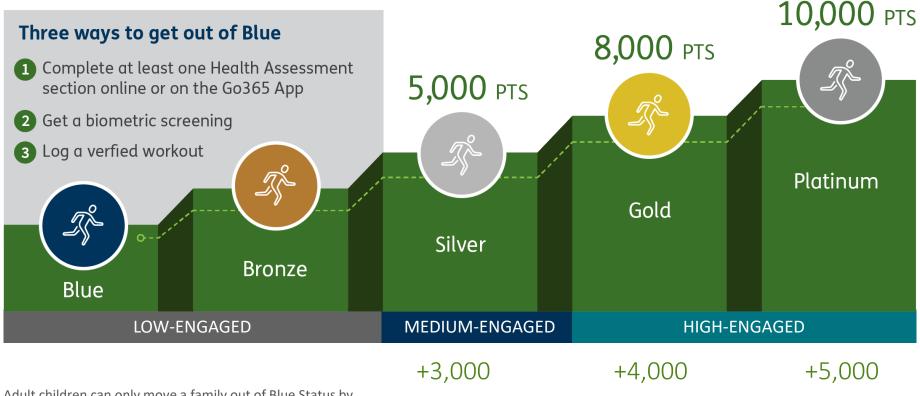




What is Go365?

Go365 is a workplace wellness and rewards program that inspires members to take steps along their wellness journey through a secure website and mobile app. It's NCQA-accredited and utilizes behavioral economics to drive industry-leading member engagement through personalized recommendations, tools and earned rewards.

Members unlock activities to earn more Points and move up to higher Status levels.



Adult children can only move a family out of Blue Status by completing a verified workout.

For each additional member 18 years and older per policy

The Go365 App





Easy to use | Touch ID capability | Convenient, on-the-go access

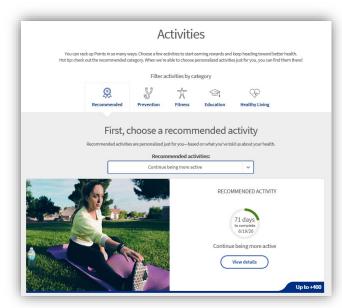
ACCESS Go365 ON THE GO TO:

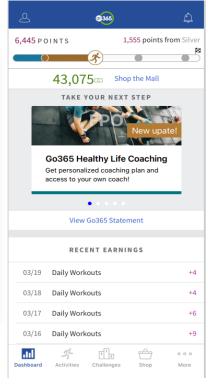
- Confirm Points/Bucks/Status and recent earnings
- Complete the **Health Assessment**
- Shop the Go365 Mall
- Join **Challenges** and check leaderboards
- Find activities to complete
- **Submit proof** of activities, like home workouts and the COVID-19 vaccine

Bucks have no monetary value and can only be used in the Go365 Mall.

Explore your recommended activities

These personalized activities are created just for YOU. Recommended activities are designed to jump-start your health, and they're worth more Points!





RECOMMENDED ACTIVITIES MAY INCLUDE:

- Fitness activities (athletic events, sports leagues, verified workouts, etc.)
- Prevention activities (flu shot, health screenings, biometric screening, etc.)

- Education activities (CPR & first aid certification, Health Assessment, etc.)
- Healthy Living activities (blood donations, in-range results, etc.)
- Self-help tools (calculators and online courses, etc.)
- Lifestyle activities (getting more active, lowering biometrics, quitting smoking, etc.)



Go365 Mall

Bucks add up for you to spend in the Go365 Mall on products from popular brands and retailers.



Financial Performance

Presented by Erin Jeffrey







A partner who understands public sector employers

The road to persistent cost control is striving to make every year healthier than the last



Provider Network

Contracting with providers who achieve better health outcomes, resulting in a higher quality of life for your employees.

- National network with no primary care physician (PCP) selection or referrals
- Access to more than 800,000 in-network providers nationwide
- Accredited by NCQA



Reliable administration

Administering a health plan is complex. Employers want a **trusted partner devoted to keeping their plan performing efficiently**

- Communication continuity
- Regulatory and administrative compliance
- Accurate claims administration
- Integration that simplifies administration

A partner who understands public sector employers

The road to persistent cost control is striving to make every year healthier than the last



Plan flexibility

Customize your health plan to create **the right mix of benefits and network coverage** to best impact financial and health outcomes

- Administrative flexibility
- Benefits plan flexibility
- Cost containment thru product innovation



Optimized experiences

Day-to-day experiences with Humana designed to get the most out every interaction

- Boost plan engagement and satisfaction for employees and their family
- Proactive approach to work with members to direct them to the right resource
- Dedicated service team

A partner who understands public sector employers



Financial sustainability

A long-term, sustainable health plan means managing short-term care costs and long-term trend

- Customized benefits
- Claims cost controls
- Proactive wellness strategy
- Transparent reporting analysis

Year One: July 2022	9.9% increase to current		
Year Two: July 2023	Not to exceed 9.5%		
Year Three: July 2024	Not to exceed 9.5%		

- Includes \$350,000 wellness fund
- Includes \$150,000 technology credit



How does the Humana Wellness Premium Discount work?

- · Available to fully insured businesses with 100 or more employees
- · Discount achieved when 10 percent of employees reach Silver Status or higher
- The more employees participate, the higher your discount—up to 8 percent in a single plan year



Financial Performance guarantees

Committed to cost management strategies that deliver financial sustainability and outstanding health outcomes

	Performance Guarantee Propos	al - Medical						
	Kenosha Unified School Distr	ict						
ccount Management								
SubCategory	Definition	Goal	Amount at Risk	Metric Report Type	ing			
Account Management Satisfaction	Humana will agree to provide an annual Account Management Satisfaction Survey to be completed by designated members of the client's benefits staff. The survey will address technical knowledge, accessibility, interpersonal skills, communication skills and overall performance. A scale from 1 to 5 will be used to measure performance; where 1 means "very unsatisfied" and 5 means "extremely satisfied". The survey tool will be provided to the client 30 days after the end of the third quarter of the guarantee period. Humana's goal is an overall satisfaction score of 3 or higher with results averaged based on responses to ALL questions. The survey results will be reported in the client's annual report card.	Refer to Definition	\$5,000	Client Specifi	c			
				Cla	ims Processing			
				_	SubCategory	Definition	Goal	Amount Risk
					lean Claim Turnaround - 14 alendar Days	Humana agrees to a cycle time of 90% within 14 calendar days. Cycle time is measured from the date a clean claim is received to the date it is processed. "Processed" means paid or denied without requiring additional information from an external source.	90% within 14 calendar days	\$2500
					inancial Accuracy	Humana agrees to a financial accuracy rate of 99%. The financial accuracy rate is defined as the percentage of dollars paid correctly. It is calculated by dividing the total claim dollars paid less the absolute value of overpayments and underpayments by	99%	\$250
					ayment Accuracy	Humana agrees to a payment accuracy rate of 97%. Payment accuracy is defined as the percentage of claims paid correctly. It is calculated by dividing the total number of correctly paid claims by the total number of claims paid.	97%	\$250
				Cu	stomer Service			
				_	SubCategory	Definition	Goal	Amount Risk
				A	bandonment Rate	Humana agrees to an abandonment rate of 5%. Abandonment rate is defined as the percent of callers that ended the call prior to reaching a customer service	5%	\$2500

Enrollment and Implementation Capabilities

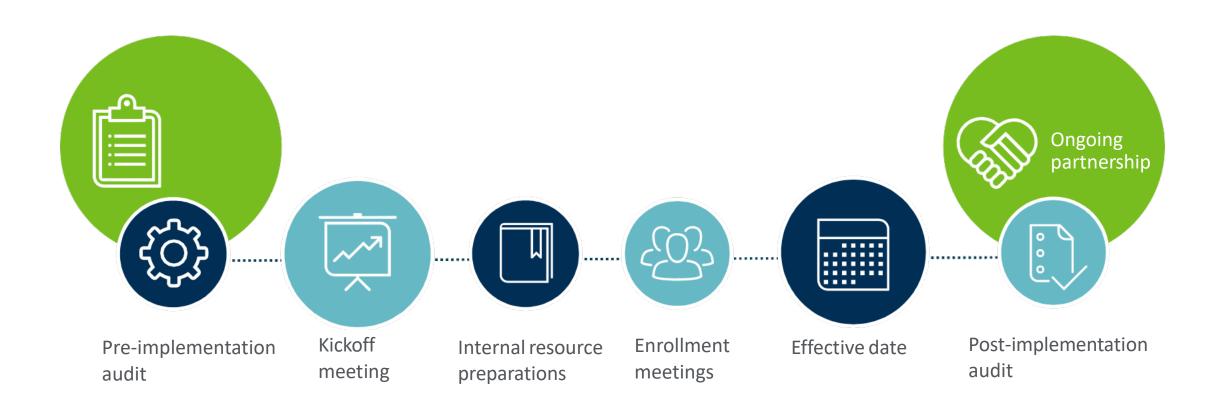
Presented by Erin Jeffrey







By your side through every step of the transition



Enrollment capabilities: a collaborative approach



Your Sales and Account
Management team will be by
your side offering support at
every step

Enrollment meeting support

- On-site/webinar/Brainshark/email
- Benefit packets
- Transition of care both medical and pharmacy

Ongoing education and support

Employer portal

- ID Cards
- Reports medical and Go365
- Managing your bill
- Submitting employee changes with online enrollments

Proposed implementation timeline

Account Implementation Project Timeline Fully Insured Key Account



Kenosha Unified School District

	Plan Effective Date:	July 1, 2022	
#	Task	Responsible Parties	Target Dates
1	Carrier Selection	KUSD	April 2, 2022
2	Plan Enrollment Meetings -Sales may work with the client prior to carrier selection.	KUSD / Humana	April 2, 2022
3	KUSD Detail Meeting: -Confirm Plan Designs -Discuss Plan Structure	KUSD / Humana	April 8, 2022
4	Finalize and Order Benefit Summaries / Enrollment Kits / Employee Meeting Materials	KUSD / Humana	April 9, 2022
5	Confirm KUSD Approval of: -Mock Structure -Mock Bill	KUSD	April 10, 2022
6	Conduct Enrollment Meetings	KUSD / Humana	
7	Weekly Implementation Meetings or Conference Calls	KUSD / Humana	April 15, 2022
8	Confirm Eligibility, Run Test Tape(s) Applies to Automated Enrollment	KUSD / Humana	April 17, 2022
9	Open Enrollment Begins	KUSD	May 20, 2022
10	Open Enrollment Ends	KUSD	May 27, 2022
11	Finalize Eligibility: Apply Production File	Humana	June 1, 2022
12	Mail ID Cards to Employees	Humana	June 10, 2022
13	Verify ID Cards Received	Humana	June 24, 2022
14	Post final Certificate of Coverage to the Web	KUSD or Humana	June 26, 2022
15	Plan Effective Date	KUSD	July 1, 2022
16	Conduct Wrap-up Meeting	KUSD / Humana	July 31, 2022

Highlights of Humana's KUSD HealthCare offering





Contemporary clinical & pharmacy care management



Team Partnership
Approach



Provider network management & consult



Transparent financial & utilization reporting



Competitive, cost-efficient administrative plan services













Thank you.

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