



Group Medicare Insights: Plan sponsor experience

How Humana solves HR challenges at midsize organizations



The challenge:

Jess, an HR manager, works at a midsize organization where resources are stretched thin.

Her company offers a group plan to retirees with a carrier that has weak customer service support. As a result, Jess finds herself spending a good portion of her days fielding calls from retirees who have questions about the group plan—how it works, what benefits are available and how to access those benefits.

On top of this, Jess also struggles to keep up with processing the many claims from retirees who suffer from multiple chronic conditions. Jess is the only one handling claims at her company and she can barely keep up.

How Humana helps:

Humana's Custom Connect™ concierge model offers a solution.

Jess' burden would be eased if her company switched to Humana Group Medicare Advantage (Group MA). Humana's member service model, Custom Connect, is designed to independently handle members' questions and resolve issues, freeing up valuable time for HR managers.

Custom Connect prioritizes end-to-end service and first-call resolution. It emphasizes a single point of contact over call transfers—call center representatives spend as much time as needed to successfully resolve a member's issue, including making outbound calls to get the right answers. Call center reps also provide proactive guidance so that there's no need for members to call back for answers. Beyond Custom Connect, Humana also provides plan education for members, taking the burden of explaining benefits off the plate of HR personnel.

Humana Group MA plans include rich supplementary benefits that aim to keep retirees healthy—and out of hospitals—by focusing on preventive care. Beyond medical coverage, plans include vision, dental and hearing coverage, as well as access to fitness and wellness programs that help members improve their health outcomes.

Humana also follows a value-based care (VBC) approach to healthcare. VBC-aligned providers are rewarded for patient outcomes and quality of care—this is in stark contrast to the fee-for-service model, in which compensation is tied to the amount of services provided.

Members who have access to preventive care services and are aligned with VBC providers tend to be healthier. As an example, Medicare Advantage patients are up to 43% less likely than traditional Medicare patients to be hospitalized for acute and chronic conditions. MA patients are also 39% less likely to be readmitted to a hospital within 30 days of being discharged.¹ A preventive, value-based care approach not only leads to healthier retirees—it translates into fewer claims that need to be processed by HR managers.

The bottom line

With a growing senior population and more Medicare-eligible Americans than ever before, Humana Group MA plans can help organizations stretch resources while still providing better outcomes.



1. Kenneth Cohen et al., “[Health Outcomes Under Full-Risk Medicare Advantage vs Traditional Medicare](#),” *The American Journal of Managed Care* 31 (October 2025), no. 10, accessed November 28, 2025.

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