

HUMANA INC
Form 8-K
September 27, 2007

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

FORM 8-K

CURRENT REPORT Pursuant to Section 13 or 15(d) of the
Securities Exchange Act of 1934

Date of report (Date of earliest event reported) **September 25, 2007**

Humana Inc.

(Exact Name of Registrant as Specified in Its Charter)

Delaware

(State or Other Jurisdiction of Incorporation)

I-5975N1-0647538

(Commission File Number) (IRS Employer Identification No.)

M00 West Main Street, Louisville, KYL0202

(Address of Principal Executive Offices) (Zip Code)

502-580-1000

(Registrant's Telephone Number, Including Area Code)

(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2. below):

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

- o Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- o Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 8.01 Other Events

On September 25, 2007, Humana Inc. (the "Company" or "Humana") received approval from The Centers for Medicare & Medicaid Services (CMS) of its Medicare benefit plans for 2008. The related 2007 written agreements between the Company's subsidiaries and CMS have been renewed for another one-year term, and nine new contracts allowing the Company to offer benefit plans in Arkansas, Colorado, Iowa, Michigan, New Mexico, Oklahoma, Puerto Rico, South Carolina and Utah are now effective. The renewed 2007 contracts and the nine new agreements are collectively referred to herein as the "CMS Contracts."

Humana will offer the following plans for its Medicare members effective beginning January 1, 2008:

Medicare Advantage Private Fee-for-Service (PFFS) plans, statewide in 40 states, select counties in the remaining 10 states, and Puerto Rico;

Regional Medicare Advantage Preferred Provider Organization (PPO) plans in 23 states across 14 Medicare Advantage regions;

Local Medicare Advantage PPO plans in 241 counties across 21 states and Puerto Rico;

Medicare Advantage Health Maintenance Organization (HMO) plans in 88 counties across 9 states and Puerto Rico; and

Medicare Prescription Drug Plans (PDP) statewide in 50 states, the District of Columbia, and Puerto Rico.

The marketing process for the Company's 2008 Medicare offerings begins on October 1, 2007, with enrollment beginning November 15, 2007.

Each of the CMS Contracts was effective when signed, has a termination date of December 31, 2008, and may be renewed for successive one-year terms subject to the consent of the parties and their agreement on a bid as submitted by Humana or its subsidiaries. Each of the CMS Contracts may be terminated by either party in the event of the failure by the other to substantially carry out its obligations under the CMS Contracts, and by CMS in the event of a violation by Humana of relevant CMS regulations. The above summary is qualified by reference to the CMS Contracts, forms of which were attached as exhibits to Humana's Quarterly Report on Form 10-Q for the quarter ended September 30, 2005.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this Report to be signed on its behalf by the undersigned hereunto duly authorized.

HUMANA INC.

BY: /s/ Kathleen Pellegrino

Kathleen Pellegrino
Vice President & Acting General Counsel

Dated: September 27, 2007