MISSION
Our **mission** at Network Health is to create **healthy** and **strong Wisconsin communities**.

VISION
Network Health will transform our industry by **collaborating** with the **highest-quality health care providers** to deliver **innovative health plan solutions** that provide **exceptional value** to our customers and owners.

BRAND POSITION
We **understand** health insurance can be complex. As your **partner**, we **promise** to be more than a typical health plan, bringing **value** to our **relationship**.

CONTACT INFORMATION
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Visit us on the web at networkhealth.com
VALUES

INNOVATION
Bringing ideas to life

SERVICE EXCELLENCE
Providing exceptional service at the right time, right place and with the right attitude

INTEGRITY
Demonstrating honesty in every action

COLLABORATION
Working as one team toward a common goal

ACCOUNTABILITY
Honoring and respecting the trust people place in us
Our members rate Network Health and our providers higher than national averages in the following categories.

### Commercial

- Claims handled correctly: 91.4%
- Personal doctor showed respect for what patient had to say: 97.0%
- Personal doctor listened carefully to patient: 93.4%
- Personal doctor spent enough time with patient: 90.0%
- Customer Service Composite: 89.5%
- Getting Needed Care Composite: 90.9%

### Medicare

- Customer Service Composite: 93.7%
- Getting Needed Care Composite: 94.6%
- Personal doctor showed respect for what patient had to say: 99.0%
- Personal doctor listened carefully to patient: 98.0%
- Personal doctor spent enough time with patient: 96.3%
- Personal doctor showed respect for what patient had to say: 97.3%

### Individual and Family (Marketplace)

- Personal doctor showed respect for what patient had to say: 92.3%
- Personal doctor listened carefully to patient: 90.9%
- Personal doctor explained things in a way that was easy to understand: 92.0%
- Personal doctor spent enough time with patient: 89.4%
- Health plan’s customer service staff treated patient with courtesy and respect: 88.2%
- Health plan’s customer service wait time: 77.1%

The source for data contained in this publication is Quality Compass® 2018 and is used with the permission of the National Committee for Quality Assurance (NCQA). Any analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA.

Due to COVID-19, NCQA will not release 2020–2021 Health Plan Ratings for any product line. This rating is based upon 2019-2020 Health Plan Ratings.
1982

NOVEMBER
Network Health Plan (first known as Nicolet Health Plan) is incorporated by the Physicians of Nicolet Clinic as a group Health Maintenance Organization (HMO).

1983

APRIL
Nicolet Health Plan becomes operational. Nicolet Clinic was the plan’s first group customer.

1986

MAY
Nicolet Health Plan becomes Network Health Plan.

1991

SEPTEMBER
The new management team for Network Health Plan is established, overseeing the member services, Management Information System (MIS), claims processing, network development, marketing and health services departments.

1994

MARCH
La Salle Clinic’s ownership structure changes as St. Elizabeth Hospital, Wheaton Foundation and La Salle Clinic form Network Health System.

1995

OCTOBER
Network Health Plan receives an amended certificate of authority to operate as an indemnity insurer, allowing it to offer indemnity products including point-of-service plans, preferred provider organization and third-party agreement product lines, as well as a variety of ancillary products.

1998

AUGUST
Network Health System merges with Affinity Health System, which then included La Salle Clinic, St. Elizabeth Hospital and Network Health Plan.

2001

DECEMBER
Network Health Plan receives an amended certificate of authority reverting it to an HMO. Network Health Plan also establishes Network Health Insurance Corporation as a wholly owned subsidiary.

2005

FEBRUARY
Medicare Advantage PPO launch.

2012

FEBRUARY
Ministry Health Care, Inc. becomes the sole sponsor of Affinity Health System.

2013

AUGUST
Individual and Family Plan launch.

2014

OCTOBER
MSA Medicare product launch statewide.

2015

NOVEMBER
Froedtert Health purchases 50 percent of Network Health.

APRIL
Ministry Holdings, Inc. is established as a parent company of sister companies Network Health Plan and Network Health Insurance Corporation, and Ascension Health becomes the sole corporate member of Ministry Health Care, Inc.

2016

OCTOBER
Medicare service area expansion into southeast Wisconsin.

Assure Level-Funded product launch.

2018

OCTOBER
Health Insurance Exchange product launch.

OCTOBER
Medicare HMO in southeast Wisconsin product launch.

2019

OCTOBER
Family Savings Plan™ launch.
### Membership by County

<table>
<thead>
<tr>
<th>County</th>
<th>Members</th>
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<tbody>
<tr>
<td>Brown</td>
<td>9,223</td>
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<tr>
<td>Calumet</td>
<td>5,637</td>
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<tr>
<td>Dodge</td>
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<tr>
<td>Door</td>
<td>211</td>
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<td>Fond du Lac</td>
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<td>Green Lake</td>
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<tr>
<td>Kenosha</td>
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<tr>
<td>Kewaunee</td>
<td>693</td>
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<tr>
<td>Manitowoc</td>
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<tr>
<td>Marinette</td>
<td>117</td>
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<td>Outagamie</td>
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<tr>
<td>Winnebago</td>
<td>16,202</td>
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</tbody>
</table>

#### Commercial Insured, Individual and Medicare Advantage Products
- **Commercial**
  - 752 employer groups with more than 40,826 members
- **Medicare Advantage**
  - 4.5 Star plan with more than 66,646 members
- **Individual and Family Plan Members**
  - 3,849 members
- **Wellness**
  - 16,962 participants

#### Commercial
- 2,081 Personal Doctors
- 14,926 Specialists
- 48 Hospitals
- 1,901 Ancillary Services Providers

#### Medicare
- 1,897 Personal Doctors
- 12,366 Specialists
- 46 Hospitals
- 1,807 Ancillary Services Providers
Your local health insurance partner

We’re more than your typical health plan, bringing value to our relationship by providing exceptional one-on-one service that helps our members live healthier lives while reducing health care costs.

We’re a locally owned, Wisconsin-based company that’s been around for more than three decades. We partner with and live in the communities we serve.

Provider-owned, we offer a fully integrated provider network with deep discounts.

We have a strong reputation for one-on-one, quality service and members rate us higher than national averages.

Our sales team works with agents on tailored implementations and we provide high-touch service that extends long after the sale.
Medicare evaluates plans based on a 5-Star rating system. Star ratings are calculated each year and may change from one year to the next.

Due to COVID-19, NCQA will not release 2020-2021 Health Plan Ratings for any product line. This rating is based on 2019-2020 Health Plan Ratings.

ACCOLADES

Recipient of four Healthcare Advertising Awards, including:
- Gold Award
- Silver Award
- Silver and Merit awards were also received

Medicare Advantage Plans
CMS (Centers for Medicare and Medicaid Services) – 2021
Rated 4.5 out of 5 Stars*

Medicare Advantage Plans
CMS (Centers for Medicare and Medicaid Services) – 2021
Rated 4.5 out of 5 Stars*

ACA Plans
CMS (Centers for Medicare and Medicaid Services) – 2021
Rated 4 out of 5 Stars*

Commercial Plans
NCQA’s Private Health Insurance Plan Ratings 2019-2020
Top 32 in the nation
Rated 4.5 out of 5 Stars*

Medicare Advantage Plans
NCQA’s Medicare Health Insurance Plan Ratings 2019-2020
Top 25 in the nation
Rated 4.5 out of 5 Stars*
Coreen Dicus-Johnson

President and Chief Executive Officer (CEO)

Coreen earned a bachelor’s degree in communications and public relations from Marquette University and a Juris Doctor from DePaul University College of Law. She has guest lectured at Marquette Law School on various health law topics. Coreen was nominated and received the BizTimes 2018 Health Care Heroes Executive Leadership Award. In 2015, she was selected as a Woman of Influence, and received Donald Driver’s Driven to Achieve Award. She received the Marquette University Alumni National Award in 2014, and was inducted into The Fellows Wisconsin Law Foundation in 2012. Coreen was named one of Milwaukee’s “Forty Under 40” in 2007.

Current board appointments include Habitat for Humanity Fox Cities, JP Cullen Advisory Council, New North, Inc., ReMed, Town Bank, Waukesha County Community Foundation and Wisconsin Association of Health Plans. Coreen also serves on committees for the American Heart Association Women Executive Leadership Council, 2019 Chair for Feeding America Grateful Plate Gala, 2020 Chair Go Red campaign and CEOs Against Cancer. She previously served on the LUNG Force Oxygen Ball, Meta House Campaign for a Sustainable Future and Sojourner Family Peace Center.

Penny Ransom

Chief Administrative Officer (CAO)

Penny Ransom leads Network Health’s efforts in sales, marketing, customer experience, communications, human resources, enrollment, payment integrity, claims, member and customer service, organizational development, facilities and workplace culture. Penny has over 20 years of insurance industry experience.

Prior to joining Network Health in 2010, Penny was the director of communications at Health Alliance Medical Plans in Urbana, IL. She earned a bachelor’s degree from the University of Illinois at Urbana–Champaign.

Gregory Buran, MD

Chief Medical Officer (CMO)

Prior to joining Network Health, Dr. Buran served as vice president and senior medical director of Health Alliance Plan in Detroit, MI. Over the course of his career, Dr. Buran has held multiple positions at Henry Ford Medical Group including research director of the division of hospital medicine, medical director of the hospitalist inpatient unit at Henry Ford Hospital, medical director for utilization management and associate medical director of managed care services.

Dr. Buran attended Kalamazoo College and University of Michigan Medical School.
LEADERSHIP TEAM

**Brian Ollech**

**Chief Financial Officer (CFO)**

Brian joined Network Health in 2017. He previously served as senior vice president and global controller at The Warranty Group, Inc. in Chicago. Brian also served as the corporate controller with WellCare Health Plans, Inc. in Tampa, FL, and director of finance at WellPoint, Inc. in Milwaukee. Brian holds an undergraduate degree from the University of Wisconsin-Milwaukee and is a Certified Public Accountant in the state of Wisconsin. He is a former national board member of the Insurance Accounting and Systems Association and member of the Chicagoland Insurance Accounting and System Association.

**Kevin Borchert**

**Chief Actuary**

Kevin holds an Undergraduate degree from the University of Wisconsin– Madison and a master’s in finance from Rockhurst University in Kansas City, MO. Prior to joining Network Health, Kevin served as vice president of product, risk and analytics at Dean Health Plan in Madison, WI. Over the course of his career, Kevin has held multiple leadership positions including senior manager of health care with Deloitte Consulting, vice president and chief actuary with Transamerica Reinsurance and vice president of strategic development at Assurant Health.

**Kathryn Finerty**

**General Counsel**

Prior to joining Network Health, Kate served in a number of positions with Anthem Blue Cross Blue Shield, most recently as Associate General Counsel. Kate previously was the senior division and compliance counsel at Sensient Technology and an environmental law and litigation attorney at Davis & Kuelthau, S.C. Kate is a member of the Association for Corporate Counsel and the Wisconsin State Bar Association Health Law Section. She is a graduate of the University of Wisconsin–Madison and Marquette University Law School, cum laude.