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.
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**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims handled correctly</td>
<td>91.4%</td>
</tr>
<tr>
<td>Personal doctor seemed informed and up-to-date about the care patient got from doctor or other health providers</td>
<td>88.3%</td>
</tr>
<tr>
<td>Personal doctor explained things in a way that was easy to understand</td>
<td>97.0%</td>
</tr>
<tr>
<td>Personal doctor spent enough time with patient</td>
<td>93.4%</td>
</tr>
<tr>
<td>Customer Service Composite</td>
<td>90.0%</td>
</tr>
<tr>
<td>Getting Needed Care Composite</td>
<td>89.5%</td>
</tr>
</tbody>
</table>

**Medicare**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer Service Composite</td>
<td>93.7%</td>
</tr>
<tr>
<td>Getting Needed Care Composite</td>
<td>94.6%</td>
</tr>
<tr>
<td>Personal doctor explained things in a way that was easy to understand</td>
<td>99.0%</td>
</tr>
<tr>
<td>Personal doctor listened carefully to patient</td>
<td>98.0%</td>
</tr>
<tr>
<td>Personal doctor spent enough time with patient</td>
<td>96.3%</td>
</tr>
<tr>
<td>Personal doctor showed respect for what patient had to say</td>
<td>97.3%</td>
</tr>
</tbody>
</table>

**Individual and Family (Marketplace)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal doctor showed respect for what patient had to say</td>
<td>92.3%</td>
</tr>
<tr>
<td>Personal doctor listened carefully to patient</td>
<td>90.9%</td>
</tr>
<tr>
<td>Personal doctor explained things in a way that was easy to understand</td>
<td>92.0%</td>
</tr>
<tr>
<td>Personal doctor spent enough time with patient</td>
<td>89.4%</td>
</tr>
<tr>
<td>Health plan's customer service staff treated patient with courtesy and respect</td>
<td>88.2%</td>
</tr>
<tr>
<td>Health plan's customer service wait time</td>
<td>77.1%</td>
</tr>
</tbody>
</table>

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.
1982
Network Health Plan (first known as Nicolet Health Plan) is incorporated by the Physicians of Nicolet Clinic as a group Health Maintenance Organization (HMO).

1986
Nicolet Health Plan becomes Network Health Plan.

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).

1986
MAY
Nicolet Health Plan becomes Network Health Plan.

1986
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.

1991
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.

1994
AUGUST
Network Health System merges with Affinity Health System, which then included La Salle Clinic, St. Elizabeth Hospital and Network Health Plan.

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.

2001
FEBRUARY
Medicare Advantage PPO launch.

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.

2005
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.

2012
FEBRUARY
Ministry Health Care, Inc. becomes the sole sponsor of Affinity Health System.

2012
AUGUST
Individual and Family Plan launch.

2013
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.

2014
OCTOBER
MSA Medicare product launch statewide.

2014
NOVEMBER
Froedtert Health purchases 50 percent of Network Health.

2015
APRIL
Commercial service area expansion to southeast Wisconsin.

2015
OCTOBER
Health Insurance Exchange product launch.

2015
APRIL
Commercial service area expansion to southeast Wisconsin.

2015
OCTOBER
Health Insurance Exchange product launch.

2018
OCTOBER
Medicare HMO in southeast Wisconsin product launch.

2018
OCTOBER
Medicare HMO in southeast Wisconsin product launch.

2019
OCTOBER
Family Savings Plan™ launch.
**Membership by County**

<table>
<thead>
<tr>
<th>County</th>
<th>Commercial Insured, Individual and Medicare Advantage Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown</td>
<td>10,230</td>
</tr>
<tr>
<td>Calumet</td>
<td>5,272</td>
</tr>
<tr>
<td>Dodge</td>
<td>2,726</td>
</tr>
<tr>
<td>Door</td>
<td>354</td>
</tr>
<tr>
<td>Fond du Lac</td>
<td>9,446</td>
</tr>
<tr>
<td>Green Lake</td>
<td>2,027</td>
</tr>
<tr>
<td>Kenosha</td>
<td>872</td>
</tr>
<tr>
<td>Kewaunee</td>
<td>752</td>
</tr>
<tr>
<td>Manitowoc</td>
<td>4,594</td>
</tr>
<tr>
<td>Marquette</td>
<td>765</td>
</tr>
<tr>
<td>Milwaukee</td>
<td>9,571</td>
</tr>
<tr>
<td>Oconto</td>
<td>1,771</td>
</tr>
<tr>
<td>Outagamie</td>
<td>16,765</td>
</tr>
<tr>
<td>Ozaukee</td>
<td>1,849</td>
</tr>
<tr>
<td>Portage</td>
<td>2,061</td>
</tr>
<tr>
<td>Racine</td>
<td>2,262</td>
</tr>
<tr>
<td>Shawano</td>
<td>2,167</td>
</tr>
<tr>
<td>Sheboygan</td>
<td>3,879</td>
</tr>
<tr>
<td>Washington</td>
<td>2,472</td>
</tr>
<tr>
<td>Waukesha</td>
<td>3,874</td>
</tr>
<tr>
<td>Waupaca</td>
<td>4,062</td>
</tr>
<tr>
<td>Waushara</td>
<td>1,677</td>
</tr>
<tr>
<td>Winnebago</td>
<td>15,897</td>
</tr>
</tbody>
</table>

**Network Health at a Glance**

- **Commercial**: 2,082 Personal Doctors, 14,100 Specialists, 49 Hospitals, 1,731 Ancillary Services Providers
- **Medicare**: 1,931 Personal Doctors, 11,890 Specialists, 47 Hospitals, 1,665 Ancillary Services Providers
- **Wellness**: 14,215 participants
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.
ACCOLADES

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.

Medicare Advantage Plans
NCQA’s Medicare Health Insurance Plan Ratings 2019-2020
Top 25 in the nation
Rated 4.5 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

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

Rated 4 out of 5 Stars*
ACA Plans
CMS (Centers for Medicaid and Medicare Services) – 2020

Rated 4.5 out of 5 Stars*
Medicare Advantage Plans
CMS (Centers for Medicaid and Medicare Services) – 2020

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
Commercial Plans
NCQA’s Private Health Insurance Plan Ratings 2019-2020
Top 32 in the nation

Winner of 9 National Creative Awards, including:
- Well Workplace Platinum
  Wellness Council of America

*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.
LEADERSHIP TEAM

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.