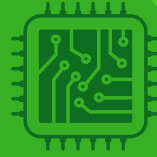


# Innovation



- Customer experience
- Customer health and wellness
- Community impact and support
- Inclusive access to digital economy



**eHealth significantly advanced the health insurance distribution industry through innovation by leveraging our technology platform to transform what used to be a complex, non-transparent process of researching and enrolling in a health plan.**

Our technology is helping to solve critical challenges often experienced by consumers in the health insurance market by bringing choice, transparency, and decision support tools into this high-stakes process. Our innovation has not only benefited over 8 million customers served by us, but also the broader community. Technologies pioneered by eHealth, such as

online plan selection assistance and enrollment, are now used by other companies in the private sector and by federal and state governments. But we did not stop there. Innovation is in our DNA, and we will continue to invest in developing advanced technology solutions and work with insurance carriers and our partners in the provider and pharmacy areas to further enhance consumer experience and contribute to a broader mission of connecting all Americans with quality, affordable health insurance.

**Customer Experience**

A customer-centric approach to health insurance distribution, excellent customer service, and ease of use are central to our mission. These principles apply across our online platform and the telephonic experience staffed by a team of highly trained benefit advisors and retention agents. We believe in meeting customers on their terms.

Our omnichannel consumer engagement platform differentiates

our offering from other brokers and enables consumers to use our services online, by telephone with a licensed insurance agent, or through a hybrid online assisted interaction that includes live agent chat and co-browsing capabilities. We have created a consumer-centric marketplace that offers consumers a broad choice of insurance products that includes thousands of Medicare Advantage, Medicare Supplement, Medicare Part D prescription drug, individual, family, small business, and other ancillary health insurance products from more than 180 health insurance carriers across all fifty states and the District of Columbia. Our plan recommendation tool curates this broad plan selection by analyzing customer health-related information against plan data for insurance coverage fit. This tool is supported by a unified data platform and is available to our ecommerce customers and our licensed agents. We strive to be the most trusted partner to the consumer in their life's journey through the health insurance market.



**Innovation Relevant SDGs**

**3** GOOD HEALTH AND WELL-BEING



**9** INDUSTRY, INNOVATION AND INFRASTRUCTURE



**11** SUSTAINABLE CITIES AND COMMUNITIES



**17** PARTNERSHIPS FOR THE GOALS



Our goal is to build a leadership position in our industry by establishing our omnichannel distribution platform as the gold standard for customer experience. We believe that success and sustainability of Medicare brokers is increasingly determined by customer satisfaction, retention, and other quality tracking metrics. This trend is redefining the competitive landscape in our business and has created significant competitive advantages for agents and brokers that emphasize member experience and collaborate with carriers on attaining quality goals.

**Through continued improvements to our online experience and plan recommendation engine, enhancement to agent training, and comprehensive post-enrollment retention strategy, we strive to present Medicare beneficiaries with choices that best align with their unique circumstances and assist them in making future decisions should their insurance plan needs or personal circumstances change.**



As a next phase of our retention strategy, we have introduced additional initiatives including targeted and personalized communications over a variety of channels meant to foster year-round awareness of eHealth and the services we provide. We also plan to introduce a more personalized customer support strategy for our new customers, providing them with increasingly seamless methods to reach dedicated support agents with any questions or concerns.

### **Compliance**

The Medicare market is subject to stringent regulations by CMS, state departments of insurance, and other regulatory bodies. It is the policy of eHealth to promptly respond to any compliance related issues discovered including customer complaints. Furthermore, it is our policy to have disciplinary standards for eHealth employees and downstream entities to promote compliance with all applicable regulatory requirements.

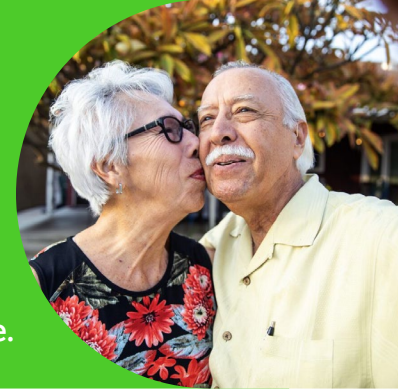
It is the policy of eHealth to establish and maintain an effective Medicare Compliance Committee that oversees the Compliance Program activities in accordance with the CMS guidance and Chapter 42 of the Code of Federal Regulations (Parts 422 and 423). The Medicare Compliance Committee consists of eHealth employees and executives with decision making authority and/or in-depth knowledge in their respective areas of expertise including, compliance, human resources, sales, customer care, Medicare operations, product management and insurance carrier relations. The committee is chaired by our Chief Medicare Compliance Officer, who serves effectively as eHealth's ombudsman on behalf of our customers. The committee reports to and takes direction from the Board of Directors of eHealth Insurance Services, Inc., a subsidiary of eHealth, Inc. The Board is currently comprised of our Chief Executive Officer and Chief Financial Officer.

The Compliance Committee meets at least once a quarter or more frequently as necessary. The Committee's responsibilities include but are not limited to:

- Overseeing the Medicare Compliance Program.
- Updating Compliance Program as well as written policies and procedures that promote and pertain to compliance.
- Review and approval of regular, effective education and training programs addressing compliance issues and responsibilities.
- Development of a system for confidential reporting of instances of noncompliance and investigating and responding to these reports.
- Development of protocols for consistent enforcement of appropriate disciplinary action against persons who have engaged in acts or omissions constituting non-compliance.
- Assisting with the development and implementation of risk assessment associated with eHealth Medicare operations and the use of audits, investigations and other evaluation techniques to assess the effectiveness of compliance corrective measures.

We make customer needs our priority and take any consumer complaints extremely seriously. We view any indication of dissatisfaction from eHealth customers as a complaint and have a policy in place that outlines the process for complaint investigation and remediation. Reported concerns are logged in our database and tracked until resolved. As of December 31, 2022, our compliance department had 39 total employees. Our Medicare Compliance Officer or designee creates corrective action plans tailored to address the particular complaint and related compliance issues if any. In addition to internal review, eHealth reports any customer complaints that represent potential noncompliance to insurance carriers to allow for further investigation and self-reporting as required to CMS or other law enforcement bodies. All of our customer calls are recorded, and the recordings are maintained for a minimum of 10 years for Medicare products and 7 years for IFP and other products for the purpose of compliance and quality review.

We place a significant emphasis on responsible marketing practices with a goal to educate our customers and provide them with decision-support tools and information to help navigate the complex world of health insurance.



As part of our consumer-centric approach, we place a significant emphasis on responsible marketing practices with a goal to educate our customers and provide them with decision-support tools and information to help navigate the complex world of health insurance. It is the policy of eHealth to refrain from engaging in any marketing activities that may mislead or confuse a Medicare beneficiary – our key customer group. In addition to internal reviews, all of our Medicare advantage marketing materials go through a review process with the CMS and carriers that we represent.

In addition to providing Medicare beneficiaries with the necessary information to make a fully informed decision with respect to their enrollment in a plan, eHealth agents are required to conduct themselves in a manner consistent with applicable state laws, regulations and guidelines and our policies, procedures and Code of Business Conduct.

eHealth agents are required to complete annual training on our product offerings, sales and marketing practices, as well as on prevention, detection and reporting of Medicare Fraud, Waste and Abuse. In addition, regular training on a variety of topics is conducted based on trend identification and monitoring of social risk and impact of our products.



Our Medicare experience was rated 4.7 out of 5 stars on the Trustpilot online consumer review platform, with customers saying,

“The care I received was excellent,”

eHealth “calmed my nerves instantly and got me through the process seamlessly”

and was “a great help” in “an overwhelming sea of Medicare information.”

As part of our monitoring of risk and the impact of the products we sell, we conduct an annual risk assessment that involves evaluation of our business for non-compliance with CMS requirements that can result in risk to our enrollees/customers. Risk is assessed through review of audit and monitoring results, interviews with relevant staff, evaluation of the effectiveness of systems, changes in laws, regulations and policy, and evaluation of eHealth resources.

As of June 2023, our Medicare experience was rated 4.7 out of 5 stars on the Trustpilot online consumer review platform, with customers saying, “The care I received was excellent,” eHealth “calmed my nerves instantly and got me through the process seamlessly” and was “a great help” in “an overwhelming sea of Medicare information.”

We believe there may be more we can do in the future to improve the health and well-being of our customers by addressing social determinants of health, conditions that affect health and quality-of-life risks and outcomes. To address these issues, some health insurance plans that we offer now include benefits such as gym memberships, transportation to medical appointments, and access to healthy food.

### Access to an Inclusive Digital Economy

Our accomplishments in creating a digital platform to provide health insurance-related educational resources and support plan enrollment has expanded accessibility for groups of consumers who were previously underserved. However, we believe there is still work to be done to ensure that all consumers are able to access online health insurance tools and information and to help customers navigate the choices they face. For example, older, disabled, and low-income Americans are more likely than others to lack computer skills or access to the Internet. Health literacy could also be a problem for people of color who are more likely to be unfamiliar with health insurance terms, according to a study by the Urban Institute. Those customers are also less likely to take advantage of the savings from Medicare Advantage plans. To enhance the accessibility of our platform, we offer our customers a variety of ways to engage with us, from calling one of our licensed agents to connecting with us online using a computer or a mobile device to a hybrid online/ telephonic approach. We have a specialized team of agents focused on making sure that the needs of our existing customers are met and that they are aware of the features and benefits of their insurance plans.