

Responsible Business



- Ethical and responsible business conduct
- Human rights
- Data privacy and information security
- Supply chain management
- Economic performance
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eHealth’s commitment to our customers, our employees, and our stakeholders goes beyond the mission of connecting consumers with the right insurance coverage. We connect them safely and ethically. One of the signs of our success in delivering superior customer experience is our 4.7 out of 5-star Trustpilot consumer rating as of April 2023 for eHealth Medicare.

We also set high standards for the insurers whose plans we offer. eHealth stands out among our competitors because of the large choice of health insurance plans we carry on our platform, but we only partner with those insurance carriers who pass our vetting process. We also carefully review our plan selection to ensure we offer quality insurance products that benefit our customers. Our practice is to market plans using transparent messaging and in compliance with relevant laws and regulations. Protecting the privacy and security of our customers’ data is crucial for delivering on our mission, and we have a broad program of safeguards, audits, and employee training in place to do just that. Our practices are rooted in globally recognized standards and third-party certifications to assure our customers that their information is secure with us.

Governance

Good governance is essential for managing a business successfully. It serves as the foundation for leading and directing the company. It is our Board of Directors that has ultimate oversight over eHealth’s business strategy. Together, the Board and its committees ensure safeguards and management policies are in place to maintain business continuity and succeed in an ever-changing business environment. The Board and its Compensation Committee also annually review the performance of our executive officers in connection with the determination of the salary and other compensation of our executive officers (including the Chief Executive Officer). The Chief Executive Officer reviews succession planning and management development with the Board on a regular basis.

The members of our Board of Directors represent the diverse perspectives needed to steer a company in an ever-changing business environment. The Board currently is made up of eight members and has always included a majority of independent directors (7 out of 8). The membership of our Board currently includes three women, one director that is a member of the LGBTQ+ community and one director who is of Hispanic and Asian heritage.

The regular committees of the Board are the Audit Committee, the Compensation Committee, the Nominating and Corporate Governance Committee, and the Government and Regulatory Affairs Committee. Interested parties can learn more about the individual members and committees of our Board on our Investor Relations website under the Governance section.



Responsible Business Relevant SDGs

8 DECENT WORK AND ECONOMIC GROWTH



9 INDUSTRY, INNOVATION AND INFRASTRUCTURE



10 REDUCED INEQUALITIES



11 SUSTAINABLE CITIES AND COMMUNITIES



16 PEACE, JUSTICE AND STRONG INSTITUTIONS



Risk Management

Enterprise Risk Management (ERM) is a company-wide initiative that involves the Board, eHealth's management, Chief Information Security Officer, and internal audit functions. The Board of Directors takes an active role, as a whole and at the committee level, in overseeing management of the company's risks. Specifically, strategic risks are overseen by the full Board of Directors; regulatory risks are overseen by the Government and Regulatory Affairs Committee; financial and cybersecurity risks are overseen by the Audit Committee; risks relating to compensation plans and arrangements are overseen by the Compensation Committee; and risks associated with director independence and potential conflicts of interest are overseen by the Nominating and Corporate Governance Committee.

Our senior leadership team is closely involved, and our management keeps the Board apprised periodically of significant risks facing the company and the approach being taken to understand, manage, and mitigate such risks. Additional review or reporting on enterprise risks is conducted as needed or as requested by the full Board of Directors or the appropriate

committee. Our chairperson of the Board promotes communication and consideration of matters presenting significant risks to us through his role in contributing to agendas for meetings of our Board and acting as a conduit between our independent directors and our Chief Executive Officer on sensitive issues.

Managing privacy and information security risks is particularly important for our company. We are committed to maintaining information security through responsible management, appropriate use, and protection in accordance with legal and regulatory requirements and our agreements. This is an integral part of our organization, and eHealth employees understand that information security is everyone's responsibility.

Ethical and Responsible Business Conduct

We are committed to honest and ethical conduct as outlined in our Code of Business Conduct. The code includes broad principles in relation to discrimination, including an anti-discrimination policy, which all employees are trained in at point of hire and through periodic mandatory training, including annual acknowledgment of the Code of Business Conduct.

Responsible Product Offering

As of December 31, 2022, eHealth's Compliance Department had 39 people with a departmental mandate of making sure the company remains in compliance with CMS regulations and rules from our carrier partners. The Compliance Department is led by eHealth's Vice President Compliance, Chief Medicare Compliance Officer who reports to our General Counsel. eHealth's Medicare compliance program is overseen by the company's Medicare Compliance Committee.

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.

Membership of the Medicare Compliance Committee consists of individuals with decision-making authority and/or in-depth knowledge in their respective areas of expertise from the following areas:



eHealth’s employees are also required to participate in Medicare Compliance Program, FWA, privacy, corporate governance, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) training shortly after commencing employment and annually thereafter. eHealth’s licensed insurance agents, or benefit advisors, are required to participate in these trainings as well as additional training sessions in order to qualify to sell Medicare plans.

Beyond these training mandates, the company also internally tracks a host of metrics that are indicative of customer satisfaction, including but not limited to, our plan retention rates and Complaint Tracking Module, or CTM scores. The CTM tracks beneficiary complaints filed directly with the CMS. We have aggressive goals to improve these metrics and as of October 2023, eHealth has observed a 50% decrease in its CTM rates from January – September 2022 compared to the same period in 2021. eHealth continues to receive positive feedback from carriers with respect to the significant progress we’ve achieved over the past 2 years in driving our enrollment quality and CTM scores.

With respect to the marketing rules that the CMS introduced in early 2023 and finalized in May, we believe they are generally in line with the recent trends towards greater emphasis by regulators and carriers on the beneficiary experience and enrollment quality. This includes increased scrutiny of our marketing materials and sales practices for Medicare products. Most of the rules are aligned with our own goals as we support rigorous protections for the customers we serve. Ultimately, we expect these rules, and the corresponding industry-wide operating adjustments to be a positive for beneficiaries and the health of our sector.



Additionally, on a quarterly basis, we publish updates to our lifetime value estimates for each of our commission-based products. We believe lifetime value is one of several ways to gauge long-term customer satisfaction as it is influenced by the amount of time a beneficiary remains enrolled in a specific plan. It is in the combined interest of the beneficiary, eHealth, and the carrier to create long lasting enrollments. Because of this, eHealth goes above and beyond the requirements of the CMS and our carrier partners in our goal of creating high quality and long-lasting enrollments. One of these actions includes a verification step at the end of each enrollment call where a second agent reviews the plan with the beneficiary. We are also pursuing additional services to impact this. These include finding primary care practitioners for our beneficiaries, scheduling initial appointments, conducting health risk assessments (HRAs), activating covered benefits, as well as other services, with the goal of helping members get the most of their coverage.

We believe lifetime value is one of several ways to gauge long-term customer satisfaction. It is in the combined interest of the beneficiary, eHealth, and the carrier to create long lasting enrollments.



eHealth also maintains an Investigation, Remediation and Disciplinary Standards policy which guides the company's process for promptly responding to compliance concerns as they are identified or reported, conducting a thorough and documented investigation of reported concerns as well as identifying compliance concerns through the course of routine monitoring and audits, and correcting confirmed compliance violations promptly and thoroughly to reduce the potential for recurrence and to promote ongoing compliance with CMS requirements. Additionally, the policy guides eHealth's disciplinary standards to remediate confirmed compliance violations. The procedures described under eHealth's Investigation, Remediation, and Disciplinary Standards policy are below:

1. Investigation

- a. eHealth conducts timely, reasonable inquiries into any conduct where evidence suggests there has been misconduct related to services performed under the MA and the Medicare Part D contract and supply such research to applicable Medicare Advantage Organizations and Prescription Drug Plan Sponsors ("Carriers") with which eHealth contracts for further investigation and corrective action.
- b. The Chief Compliance Officer or their designee initiates a reasonable inquiry immediately, but no later than two (2) days from the date the potential misconduct is identified.
- c. A reasonable inquiry will include a preliminary investigation of the matter by the Chief Compliance Officer or their designee.
- d. As a result of the outcome of the investigation, eHealth will implement appropriate corrective actions (for example: disciplinary actions against responsible individual(s)) in response to a confirmed violation.

2. Remediation

- a. The Chief Compliance Officer or designee designs any corrective action plan to be tailored to the determined root cause of the misconduct and to address the particular misconduct identified.

- b. All corrective action plans will indicate timeframes. When developing corrective actions for misconduct by a Downstream Entity, the elements of the corrective action may be detailed in a written agreement with the entity. These elements include all ramifications should the subcontractor fail to satisfactorily implement the corrective action(s).
- c. The elements of the corrective action plan that address misconduct committed by employees will be documented and include disciplinary actions should employee(s) fail to satisfactorily implement the corrective actions.
- d. Corrective actions will be evaluated upon implementation and may continue to be monitored after implementation to validate effectiveness.

3. Disciplinary Actions

- a. When a compliance investigation results in the need to assess individual disciplinary actions, eHealth's Compliance will consult with Human Resources (HR) the individual's manager, and on an as-needed basis, Legal. eHealth's HR Department retains records of all disciplinary actions taken to address confirmed compliance violations. These records include, but are not limited to, the following information:
 - i. The date the violation was reported;
 - ii. A description of the violation;
 - iii. The date of the investigation;
 - iv. A summary of the findings;
 - v. Any disciplinary action taken and the date it was taken.
- b. To promote consistency and fairness in relation to agent disciplinary action, eHealth has established an Agent Oversight and Terminations Committee, serving as a subcommittee to the Medicare Compliance Committee. In addition, HR periodically reviews records of discipline for compliance violations.

4. Reporting

- a. As appropriate, eHealth will forward potential cases of FWA and noncompliance to the Carrier to allow for investigation and self-reporting as required to CMS, the MEDIC, OIG and/or other law enforcement entities.

5. Dissemination of Disciplinary Standards

- a. The eHealth Medicare Compliance and FWA training module outlines the expectations for all employees, governing body members, and downstream entities to report compliance concerns and cooperate and assist in the resolution of any reported non-compliance issue. Additionally, the Code of Business Conduct further defines eHealth's commitment to ethical business practices and compliance, emphasizing the importance to report compliance concerns and the disciplinary actions that may result from confirmed compliance violations.
- b. To further encourage the reporting of compliance related issues, eHealth may use one of the following methods to publicize how to report the issue and what the potential disciplinary guidelines would be in a case of non-compliance:
 - i. Newsletters and/or Very Important Bulletins (VIB) which explain compliance issues and methods;
 - ii. Regular presentations at department staff meetings;
 - iii. General compliance training;
 - iv. Compliance Departmental website; and
 - v. Prominently displayed posters or other such vehicles which emphasize the importance of compliance.

Human Rights & Key Stakeholders

eHealth supports worker rights by ensuring that fair wages, benefits, decent working conditions, and overall human rights are respected across our global workforce. Terms are specified within our Code of Business Conduct and Employee Handbook. In addition, we adopted the Global Human Rights Policy and the Vendor Code of Conduct in June 2021, in which we communicate our commitments and expectations to our vendor base, reflect values and policies included in specific human rights conventions, such as the United Nations Universal Declaration on Human Rights, International Labor Organization Conventions, and the Organization for Economic Co-operation and Development's Guidelines for Multinational Enterprises.

At eHealth, we partner with a large network of approximately 180 reputable insurance carriers to ensure our customers have access to a broad choice of quality Medicare, individual and family, small business, and ancillary health insurance plans. We are uniquely positioned between consumers and carriers as a

technology-powered marketplace. Our multi-channel marketing organization communicates our value proposition to consumers and drives visits to our online platforms and calls to the licensed agents at our customer care centers. Our Human Resources team assists in attracting and cultivating talent, while our legal department ensures that we maintain our strong track record of compliance with federal, state, and local regulations in the insurance industry. Our internal product and technology team, consultants, and third-party information technology service providers help us offer industry-leading technological capabilities while at the same time remaining vigilant in the areas of data security and privacy.

We are committed to working with the leading carriers in the country and before adding any carrier to our platform, we conduct a vetting process. Factors we consider include AM Best ratings of financial stability, quality of customer service, product offerings, and rate stability. We also closely monitor performance and adherence to best practices and conduct detailed business reviews with our leading carriers on a regular basis. In our largest

business segment, Medicare, plan quality and performance metrics are guided and controlled by CMS. State departments of insurance also have the power to provide standards that plans are required to meet in order to be offered.

Our culture is one that focuses on nurturing relationships, and therefore, we work closely with our supply chain partners to correct problems and strengthen efforts so that we can reduce risks and achieve our shared objectives.

Data Privacy and Information Security

At eHealth, information security is everyone's responsibility, and we value the trust our customers and business partners place in us to protect their sensitive information. We maintain data privacy and security through a robust program of safeguards, including responsible management, appropriate use, and protection in accordance with legal and regulatory requirements.

Early on, we identified information security as a salient risk as described in our filings with the Securities and Exchange Commission. We also have an established Privacy Policy, which applies to all eHealth operations.



At eHealth, we partner with a large network of approximately 180 reputable insurance carriers to ensure our customers have access to a broad choice of quality Medicare, individual and family, small business, and ancillary health insurance plans.


eHealth maintains an Office of the Chief Information Security Officer (CISO), focusing on information and systems technology, corporate governance, and behaviors to drive security best practices and safeguard information from unauthorized or inappropriate access, use, or disclosure. eHealth also has a Privacy Office led by eHealth's Privacy Officer who advises the company on privacy-related laws and regulations, provides guidance on privacy compliance, drives privacy policy, creates and delivers privacy training across the organization, and oversees the privacy program.

eHealth's Board of Directors has ultimate oversight over our privacy, information security, governance, risk management and compliance programs and strategies. The Board executes this oversight both directly and through its Audit Committee. Together, the Board and the Audit Committee ensure that eHealth has privacy and information protection management policies and processes in place. The Audit Committee is regularly briefed on issues related to eHealth's risk profile. These briefings are designed to provide visibility about the identification, assessment, and management

of critical risks, audit findings, and management's risk mitigation strategies. Management briefs the Audit Committee on a periodic basis about eHealth's protection programs, with a focus on items such as current trends in the environment, incident preparedness, business continuity management, program governance, and program components, including updates on security processes, external testing, and employee training and awareness initiatives.

We are subject to various federal and state privacy and security laws, regulations and requirements. These laws govern our collection, use, disclosure, protection and maintenance of the individually identifiable information that we collect from consumers. We regularly assess our compliance with privacy and security requirements and will continue doing so as requirements evolve.

eHealth is committed to implementing leading data protection standards. Our Information Security statement describes the globally trusted industry-recognized frameworks we use, which include AICPA's SOC-2, Health Information Trust



Our Medicare business was recertified for SOC2 in 2022 and will continue to be independently assessed and SOC2 recertified annually.

Alliance (HITRUST), National Institute of Standards and Technology (NIST), Payment Card Industry Data Security Standard (PCI DSS), and Center for Internet Security (CIS) Controls and Benchmarks. At eHealth, we believe aligning with and leveraging these frameworks is critical in light of changes to the security landscape, new technologies, and emerging legal and regulatory requirements.

Our security policies and procedures are built upon these frameworks. They are reviewed and updated regularly to facilitate compliance with regulatory, industry, and contractual requirements and recommendations and address new and emerging security

threats. In 2021, we completed our first independent audit using AICPA's SOC2 comprehensive and certifiable security framework used by service organizations and their business associates to efficiently approach regulatory compliance and risk management. We have committed to renewing our SOC2 Type II independent certification each year, and to enhance our efforts further, we have added HITRUST to our annual independent auditor's review, which requires additional audits of our controls related to security, availability, processing integrity, and confidentiality of information.

We also conduct weekly scans of our technical infrastructure and continuous penetration audit to check for vulnerabilities and meet our governance and compliance requirements. Training our employees and contractors is a crucial aspect of eHealth's governance and compliance requirements. All employees and contractors with access to an eHealth IT system complete security awareness training during onboarding and annually thereafter. Developers and privileged users are subject to additional security training requirements due to the increased inherent risk associated with these roles.

Every person with access to eHealth IT systems undergoes monthly phishing simulations and receives personalized tools to improve their security behavior. Performance is measured both individually and by functional groups to manage the maturity and improvement of eHealth's overall security posture. Employees must also acknowledge receipt and understanding of their responsibility to comply with eHealth's Code of Business Conduct, including the eHealth Information Security and Acceptable Use Policies, during onboarding and annually thereafter.

Despite our rigorous efforts, incidents may occur, and we are prepared to deal with them through our formal Incident Response Plan. Events such as human errors, computer viruses or other malicious code, unauthorized access, cyber-attacks, or phishing attempts are a concern for all organizations. Our Incident Response Team is trained to contain any incident, mitigate impact, resolve or remediate issues, and notify affected parties as quickly as possible. The team is made up of key security, privacy, and legal professionals who work with eHealth Technology and Business Teams and our managed security services.

Additionally, in August 2023 eHealth engaged CYGNVS, a guided cyber crisis response platform, to lead a mock cyber-attack exercise in order to build crisis management experience for our senior leadership and cybersecurity teams. This voluntary skill building exercise took most of the day and we believe it put our teams in a better position to manage a potential cybersecurity crisis.

Additional information about eHealth's data privacy policy can be found on our website under the About eHealth section.



Our comprehensive data security strategy includes:

- Regular critical security assessments such as advanced attack simulations and vulnerability scans.
- A comprehensive System Development Life Cycle (SDLC) framework to assess applications and related infrastructure before implementation to ensure our security standards are met.
- Use of a Role Based Access Control (RBAC) methodology, which defines the access a user receives to eHealth's information systems based on job function.
- Requirements that third-party vendors that host, transmit, or have access to eHealth data comply with our policies and undergo reviews.
- Monitoring of security event data and the security industry to flag anomalies and be aware of potential threats.
- Dedicated domestic and international liaisons who help ensure that business and functional area employees have easy access to experts for guidance and assistance mitigating privacy and information protection risks.
- Encryption of customer data both in transit and at rest.
- A broad spectrum of technical controls, including data loss prevention, role-based access, application/desktop logging, and data encryption as well as multi-factor authentication and enhanced web application firewall controls.

Economic Performance

We are pursuing sustainable, profitable growth by scaling our membership and revenue while focusing on enhancing enrollment quality and member retention. We seek to employ cost-effective member acquisition strategies that rely on a diversified portfolio of marketing channels. In addition to Medicare Advantage which represents the largest share of our revenues, we are diversifying our business by expanding our presence in the Medicare Supplement and individual and family health insurance markets, including the emerging Individual Coverage Health Reimbursement Arrangement (ICHRA) opportunity. As part of the diversification initiative, we are also assessing new products and services to further support health and wellness goals of our customers.

Another diversification initiative underway includes pursuing dedicated selling arrangements for our carrier partners to participate in and leverage their direct channel efforts. Under this model eHealth answers calls generated by carriers through their marketing campaigns, advising customers

on best plans within that carrier's portfolio and assisting them with enrollment. In 2022 eHealth won its first major RFP for a dedicated arrangement and plans to scale this initiative to additional carrier partners going forward. To support the dedicated carrier strategy and mitigate any conflict of interest with our multi-carrier choice model, we created a separate business unit.

In 2022, we launched a multi-year transformation plan to increase our effectiveness in generating and converting consumer demand, right-size our cost structure and drive future profitability. This plan incorporated a number of operational and cost savings initiatives, including a reduction in fixed costs such as vendor-related spend outside of mission critical areas and our real-estate footprint as we become a remote first workplace. We have also made changes to variable cost management primarily related to a more responsible approach to marketing which places greater emphasis on the enrollment quality and building brand loyalty vs. pursuing volume at the expense of lasting customer relationships and profitability.

Through this transformation plan, we have achieved significant cost savings while preserving and enhancing our competitive differentiation. In 2022, we generated over \$110 million in annualized cost savings compared to 2021. The reduction in marketing and advertising spend resulted in a decline in our enrollments and revenue in 2022. However, we believe that such decline is temporary before a planned return to enrollment growth in 2023 on a significantly improved operational and cost foundation. Our reengineered marketing initiatives are increasingly driven by audience segmentation and targeting, leveraging differentiated messages that highlights what's unique about eHealth and extending touch points with non-converting website visitors as well as our existing customers.

In addition to Medicare Advantage which represents the largest share of our revenues, we are diversifying our business by expanding our presence in the Medicare Supplement and individual and family health insurance markets, including the emerging Individual Coverage Health Reimbursement Arrangement (ICHRA) opportunity.



We view our omnichannel online enrollment platform as a key differentiator for our business, which offers significant value to eHealth customers, and will continue making targeted investments to introduce new features and capabilities and make the user experience even more frictionless and intuitive. Our platform allows customers to seamlessly shift between telephonic, self-serve online, and online-assisted interactions with eHealth while researching and enrolling into plans. In 2022, we introduced features including co-browsing and chat capabilities, which are supporting customers who want to conduct their own research and use our online tools but at the same time value live agent advice or need that final validation before enrolling in coverage. We are seeing seniors increasingly use omnichannel tools including digital channels to search for and interact with their Medicare coverage, which should allow eHealth to capture a larger share of this market given that most of our competitors are not able to offer online enrollment at scale and are lagging in terms of technology investment and consumer-facing technology tools.

We ended 2022 in a strong liquidity position with \$144.4 million in cash, cash equivalents and marketable securities, which we believe is sufficient to support our business needs and objectives in 2023 and beyond. This compares to \$123.2 million at the end of 2021. Our balance sheet at the end of 2022 also reflects \$242.8 million in short-term commissions receivable expected to be collected over the next 12 months and \$641.6 million in long-term commissions receivable.

For corporate bonds and corporate debt securities, eHealth considers credit ratings, but also strives to invest in sustainable investments that are included in environmental, social, and governance indexes such as the MSCI KLD 400 Social Index and Barron's 100 Most Sustainable Companies. Additionally, eHealth's Corporate Cash Management and Investment Policy, initially adopted in June of 2021 and updated in August 2023, prohibits eHealth from investing in corporate bonds and corporate debt securities for companies that operate in the following business sectors: Tobacco, Liquor, Cannabis, Gambling, Pornography, and Weapons/Defense.

The eHealth platform has a strong positive financial impact on our customers, many of whom are retired and living on fixed incomes. With many Medicare beneficiaries living on an annual income of less than \$30,000, it's crucial that seniors have access to reliable tools that help them find the lowest cost and most comprehensive Medicare Advantage and Medicare Part D prescription drug plans for their personal needs. eHealth has published several studies describing how much a customer can save by enrolling in a plan that best fits their needs in terms of the drugs they are taking, their primary care physician and specialists, and other factors.

Outside of Medicare, connecting small business employees and non-Medicare eligibles with quality, affordable health insurance is equally impactful. A single hospitalization can lead to bankruptcy for uninsured or under-insured Americans. By connecting these customers to high-quality medical insurance, including subsidy-eligible ACA plans, we help them access healthcare while minimizing their out-of-pocket expenses.

The Medicaid redetermination is expected to increase the number of Americans looking for affordable healthcare coverage including qualified individual health plans subsidized by the government. Further, we extend blue chip insurance options to our employees and their families to help ensure they don't have to worry about taking care of their health or the financial consequences of medical care.

Recapping 2022, it was a pivotal year in progressing toward our goal of sustainable, profitable growth while strengthening our standing as a gold standard in health insurance and ancillary product distribution and demonstrating eHealth's value proposition to our customers and partners. While we are pleased with our progress, we believe there is so much more to do.

2023 Operational Priorities

Our four operational priorities for 2023 are meant to build on the success of the transformational initiatives implemented in 2022 and reflect our commitment to continued improvement across all areas of operations.

The four objectives are as follows:

1. To continue to build on last year's progress within eHealth's omnichannel marketing and lead generation engine.

In 2023 we see an opportunity to diversify our marketing channel mix through a disciplined, test-based approach. Under the strong leadership of our Chief Marketing Officer, Michelle Barbeau, our marketing initiatives will be increasingly driven by our new brand, as well as analytically rooted audience segmentation and channel attribution models. Ultimately the goal is to further customer engagement and establish a strong, distinct brand that effectively communicates our differentiated value proposition as a fully transparent advisor to customers in a complex health insurance industry.

2. To improve conversion rates across our entire enrollment platform regardless of how the customer chooses to interact with eHealth.

In 2023, we are further refining our online platform to make the customer experience even more simple and transparent. On the tele-sales side, we plan to make further changes to the hiring and training protocol for our licensed benefit advisors to empower them in providing the best-in-class customer experience and data-driven plan advisory and related services. We are also expanding the team of advisors who specialize in specific geographies to reflect the local market nature of healthcare.

3. To introduce the next phase of our customer retention strategy.

Our retention program starts before the enrollment—through marketing and branding built to create long-lasting impressions. One of the keys to our branding strategy is to create lasting awareness of who eHealth is and what we do, with the ultimate goal of long-term customer loyalty. The retention effort continues during the enrollment process by providing an excellent customer experience and optimal plan matching through enhanced recommendation analytics tools; and carries on post-enrollment through continued engagement using a data driven approach, targeting the optimal times to engage our existing customers.

4. To further diversify eHealth's revenue streams.

While we continue to hold the utmost conviction in the Medicare Advantage opportunity, we believe supplementing broker-of-record Medicare Advantage sales with other revenue streams will help us reach sustainable profitability while providing further value to our customers and partners. This includes introduction of new products and services on eHealth's platform and our plan to expand dedicated carrier arrangements.