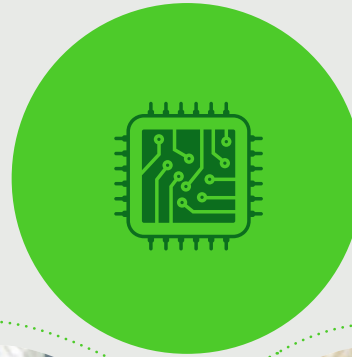


# Innovation

- 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**

Our mission is centered on a customer-focused approach to health insurance distribution, exceptional customer service, and user-friendly experiences. These principles are upheld across our online platform and in our telephonic services, which are supported by a team of highly trained benefit advisors and retention agents. We are committed to meeting customers on their terms.

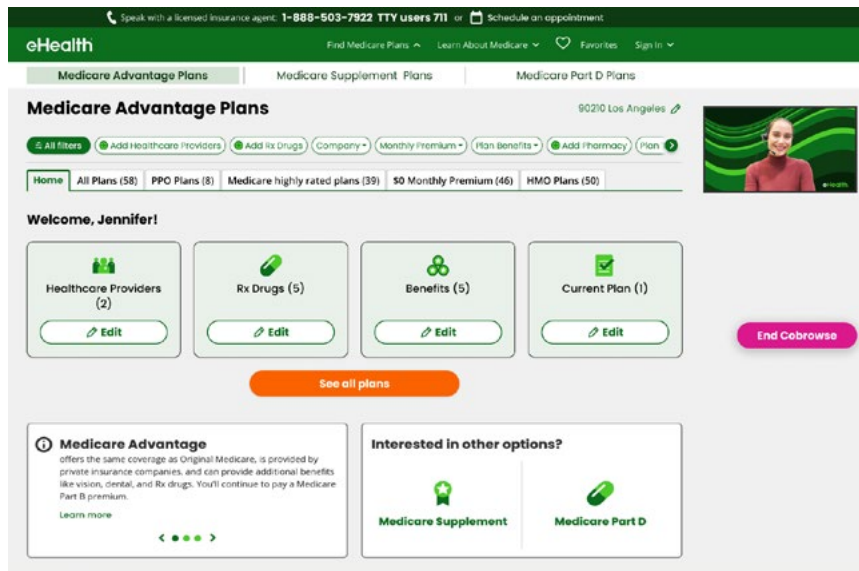
Our omnichannel consumer engagement platform differentiates our offering from other brokers and enables consumers to use our services online, by telephone with a licensed insurance agent, or through a hybrid online assisted interaction that includes live agent chat and co-browsing capabilities. We have 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 about 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 information and preferences against plan data to determine 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 journey through the health insurance market.

**Innovation Relevant SDGs**

<b>3</b> GOOD HEALTH AND WELL-BEING	<b>9</b> INDUSTRY, INNOVATION AND INFRASTRUCTURE	<b>11</b> SUSTAINABLE CITIES AND COMMUNITIES	<b>17</b> PARTNERSHIPS FOR THE GOALS

Our objective is to establish a leadership position in our industry by setting the gold standard for customer experience through our omnichannel distribution platform. We believe that the success and sustainability of Medicare brokers increasingly hinge on customer satisfaction, retention, and other quality tracking metrics. This trend is reshaping the competitive landscape in our business, offering significant advantages to agents and brokers who prioritize member experience and collaborate with carriers on achieving quality goals.

To better serve Medicare beneficiaries, we are continuously improving our online experience, refining our plan recommendation engine, enhancing agent training, and implementing a comprehensive post-enrollment retention strategy. Our goal is to provide beneficiaries with choices that best match their unique needs and to assist them in making future decisions should their insurance needs or personal circumstances change.



New Live Advise feature screenshot example

**In 2023 and 2024, we have introduced several cutting-edge features that further advance our goal of product innovation within our omnichannel enrollment platform:**

- **Co-browsing:** Allows a screenshare between licensed benefit advisors and beneficiaries so that the advisor can walk through plan options with a visual aid.
- **Agent Chat:** Our website offers live chat windows with real licensed agents who can help facilitate the process of an online enrollment via instant messaging.
- **Live Advise:** One-way video chat capabilities that allows the beneficiary to view a live video feed of their advisor during the enrollment call.
- **ePerks:** Loyalty program that offers our members a seamless start to access their plan benefits and services, a plan check-up, and offers & discounts on partner services.
- **MatchMonitor:** MatchMonitor helps beneficiaries understand the implications of changes to their plans, delivered in the Annual Notice of Changes (ANOC). It offers beneficiaries a clear comparison between their current plan and how that plan will change in the upcoming year.
- **Application Tracker:** Application Tracker shows beneficiaries the real-time status of their application as it is being processed and approved by their carrier. Provides beneficiaries helpful resources if they have questions at any point in the approval process.

## Compliance

The Medicare market is heavily regulated by CMS, state insurance departments, and other governing bodies. At eHealth, it is our policy to address any compliance-related issues, including customer complaints, promptly. Additionally, we enforce disciplinary standards for eHealth employees and downstream entities to ensure adherence to 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, legal, 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. That 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 the Compliance Program as well as written policies and procedures that promote and pertain to compliance.
- Reviewing and approving regular, effective education and training programs that address compliance issues and responsibilities.
- Developing a system for confidential reporting of instances of noncompliance and investigating and responding to these reports.
- Developing 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, 2023, our compliance department had 43 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 sales within our Employer and Individual segment and for other products for the purpose of compliance and quality review.



As part of our consumer-focused approach, we prioritize responsible marketing practices aimed at educating our customers and providing decision-support tools to help them navigate the complexities of health insurance. At eHealth, it is our policy to avoid any marketing activities that could mislead or confuse Medicare beneficiaries, our primary customer group. To ensure compliance, all our Medicare Advantage marketing materials undergo thorough internal reviews as well as assessments by CMS and the carriers we represent.

eHealth is committed to equipping Medicare beneficiaries with the information they need to make fully informed decisions about their plan enrollment. Our agents are required to adhere to applicable state laws, regulations, guidelines, and our internal policies, procedures, and our Code of Business Conduct.

eHealth agents must complete annual training on our product offerings, sales and marketing practices, and the prevention, detection, and reporting of Medicare Fraud, Waste, and Abuse. We also conduct regular training sessions on various topics based on trend analysis and the monitoring of social risks and the impact of our products.

As part of our ongoing risk assessment, we conduct an annual evaluation of our business to identify any non-compliance with CMS requirements that could pose risks to our enrollees and customers. This risk assessment includes reviewing audit and monitoring results, interviewing relevant staff, evaluating the effectiveness of our systems, staying updated on changes in laws, regulations, and policies, and assessing eHealth's resources.

As of September 2024, our Medicare experience was rated 4.6 out of 5 stars on the Trustpilot online consumer review platform, with customers saying, for example, "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 success in developing a digital platform for providing health insurance education and supporting plan enrollment has increased accessibility for previously underserved consumer groups. However, we recognize that more needs to be done to ensure that all consumers can access online health insurance tools and information, and to assist them in navigating their options. For example, older adults, individuals with disabilities, and low-income Americans are more likely to lack computer skills or internet access. Additionally, health literacy challenges, particularly among people of color, can make it harder to understand health insurance terms, as highlighted by a study from the Urban Institute. These demographics are also less likely to benefit from the savings offered by Medicare Advantage plans.

To improve the accessibility of our platform, we provide multiple engagement options for our customers, including speaking with one of our licensed agents, connecting online via computer or mobile device, or using a hybrid online/telephonic approach. We also have a dedicated team of agents focused on ensuring that our existing customers' needs are met and that they fully understand the features and benefits of their insurance plans.

