These slides contain forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. All statements other than statements of historical facts contained in this Press Release may be forward-looking statements. Statements regarding the Company's future results of operations and financial position, business strategy and plans and objectives of management for future operations, including, among others, statements regarding expected financial performance, growth, level of cash flow, future capital expenditures, debt service obligations and operational performance for the fiscal year 2023 and the quarters therein, including with respect to revenue and Adjusted EBITDA, are forward-looking statements. In some cases, you can identify forward-looking statements by terms such as "may," "will," "should," "aim," "expects," "plans," "anticipates," "could," "intends," "targets," "projects," "contemplates," "believes," "estimates," "predicts," "potential," "likely," "future" or "continue" or the negative of these terms or other similar expressions. Accordingly, we caution you that any such forward-looking statements are not guarantees of future performance and are subject to risks, assumptions and uncertainties that are difficult to predict. Although the Company believes that the expectations reflected in these forward-looking statements are reasonable as of the date made, actual results may prove to be materially different from the results expressed or implied by the forward-looking statements.

These forward-looking statements speak only as of the date of this Press Release and are subject to a number of important factors that could cause actual results to differ materially from those in the forward-looking statements, including, but not limited to, the following: the marketing and sale of Medicare plans are subject to numerous, complex and frequently changing laws, regulations and guidelines; our operating results have been, and may continue to be, adversely impacted by factors that impact our estimate of LTV (as defined below); our gradual expansion of the Encompass Solution may not be as successful as we expect; our business may be harmed if we lose our relationships with health plan partners or if our relationships with health plan partners change; health plan partners may reduce the commissions paid to us and change their underwriting practices in ways that reduce the number of, or impact the renewal or approval rates of, insurance policies sold through our platform; our management identified a material weakness in our internal controls over financial reporting, and we may be unable to develop, implement and maintain appropriate controls in future periods, which may lead to errors or omissions in our financial statements; we currently depend on a small group of health plan partners for a substantial portion of our revenue and losing our relationships with any of these health plan partners may disproportionately impact our financial position and performance; changes and developments in the health insurance system and laws and regulations governing the health insurance markets in the United States could materially adversely affect our business, operating results, financial condition and qualified prospects; we rely on certain services from the Centers for Medicare & Medicaid Services, and a federal government shutdown that impedes our ability to use these services may materially impact our business; information technology system failures could interrupt our operations; volatility in general economic conditions, including inflation, interest rates, and other commodity prices and exchange rates may impact our financial position and performance; we may lose key employees or fail to attract qualified employees; our failure to grow our customer base or retain our existing customers; we may not realize the benefits we expect from our strategic cash flow optimization and other cash management initiatives; our ability to sell Medicare-related health insurance plans is largely dependent on our licensed health insurance agents; operating and growing our business may require additional capital; and the Founders and Centerbridge have significant influence over us, including control over decisions that require the approval of stockholders.

The foregoing factors should not be construed as exhaustive and should be read together with the other cautionary statements included in this Press Release, as well as the cautionary statements and other risk factors set forth in the Company's Form 10-K for fiscal year 2022, our Quarterly Report on Form 10-Q for the first fiscal quarter ended March 31, 2023, our Quarterly Report on Form 10-Q for the second fiscal quarter ended June 30, 2023, our Quarterly Report on Form 10-Q for the third quarter ended September 30, 2023, and our other filings with the Securities and Exchange Commission. If one or more events related to these or other risks or uncertainties materialize, or if the Company's underlying assumptions prove to be incorrect, actual results may differ materially from what the Company anticipates. Many of the important factors that will determine these results are beyond the Company's ability to control or predict. Accordingly, you should not place undue reliance on any such forward-looking statements. Any forward-looking statement speaks only as of the date on which it is made, and, except as otherwise required by law, the Company does not undertake any obligation to publicly update or review any forward-looking statement, whether as a result of new information, future developments or otherwise. New factors emerge from time to time, and it is not possible for us to predict which will arise. In addition, the Company cannot assess the impact of each factor on its business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements.
Non-GAAP Financial Measures and Key Performance Indicators

In these slides, we use supplemental measures of our performance that are derived from our consolidated financial information, but which are not presented in our Consolidated Financial Statements prepared in accordance with Generally Accepted Accounting Principles (“GAAP”). These non-GAAP financial measures include net income (loss) before interest expense, income tax (benefit) expense and depreciation and amortization expense, or EBITDA; Adjusted EBITDA; Adjusted EBITDA margin; Sales per Submission; Cost per Submission and Adjusted Gross Margin per Submission. Adjusted EBITDA is the primary financial performance measure used by management to evaluate the business and monitor its results of operations. Sales per Submission, Cost per Submission and Adjusted Gross Margin per Submission are key operating metrics used by management to understand the Company's underlying financial performance and trends.

Additional non-GAAP financial measures, including net revenue excluding the Lookback Adjustments, Adjusted EBITDA excluding the Lookback Adjustments, net revenue excluding both the Non-Encompass BPO services revenue and the Lookback Adjustments and Adjusted EBITDA excluding both the Non-Encompass BPO services gross margin and the Lookback Adjustments, are also included in this Press Release. The Lookback Adjustments are revenue adjustments that represent changes in estimates relating to performance obligations satisfied in prior periods and relate to the fiscal years 2021 and prior.

Adjusted EBITDA represents EBITDA as further adjusted for certain items summarized in the appendix to these slides. Adjusted EBITDA margin represents Adjusted EBITDA divided by net revenues. Sales per Submission represents Medicare Revenue per Submission as further adjusted for certain items summarized in the appendix to these slides. Cost per Submission represents Operating Expense per Submission as further adjusted for certain items summarized in the appendix to these slides. Adjusted Gross Margin represents Sales per Submission less Cost per Submission. We use non-GAAP financial measures to supplement financial information presented on a GAAP basis. We believe that excluding certain items from our GAAP results allows management to better understand our consolidated financial performance from period to period and better project our future consolidated financial performance as forecasts are developed at a level of detail different from that used to prepare GAAP-based financial measures. Moreover, we believe these non-GAAP financial measures provide our stakeholders with useful information to help them evaluate our operating results by facilitating an enhanced understanding of our operating performance and enabling them to make more meaningful period to period comparisons. There are limitations to the use of the non-GAAP financial measures presented in these slides. For example, our non-GAAP financial measures may not be comparable to similarly titled measures of other companies. Other companies, including companies in our industry, may calculate non-GAAP financial measures differently than we do, limiting the usefulness of those measures for comparative purposes. The non-GAAP financial measures are not meant to be considered as indicators of performance in isolation from or as a substitute for the most directly comparable measures prepared in accordance with GAAP, and should be read only in conjunction with financial information presented on a GAAP basis. Reconciliations of each of EBITDA, Adjusted EBITDA, net revenue excluding the Lookback Adjustments, Adjusted EBITDA excluding the Lookback Adjustments, net revenue excluding both the Non-Encompass BPO services revenue and the Lookback Adjustments, Adjusted EBITDA excluding both the Non-Encompass BPO Services gross margin and the Lookback Adjustments, Sales per Submission, Cost per Submission and Adjusted Gross Margin per Submission to its most directly comparable GAAP financial measure are presented in the table below. We encourage you to review the reconciliations in conjunction with the presentation of the non-GAAP financial measures for each of the periods presented. In future periods, we may exclude similar items, may incur income and expenses similar to these excluded items and include other expenses, costs and non-recurring items. Management has provided its outlook regarding total net revenue and adjusted EBITDA, which is a non-GAAP financial measure and excludes certain charges. Management has not reconciled these non-GAAP financial measures to the corresponding GAAP financial measures because guidance for the various reconciling items is not provided. Management is unable to provide guidance for these reconciling items because it cannot determine their probable significance, as certain items are outside of our control and cannot be reasonably predicted since these items could vary significantly from period to period. Accordingly, reconciliations to the corresponding GAAP financial measures are not provided without unreasonable effort.

The Company is unable to provide a full reconciliation of guidance for Adjusted EBITDA without unreasonable effort because it is not possible to predict certain adjustment items with a reasonable degree of certainty since they are not yet known or quantifiable, and do not relate to the Company's routine activities. This information is dependent upon future events, which may be outside of the Company's control and could have a significant impact on its GAAP financial results for fiscal 2023.
Management Team
Seasoned leadership team with broad experience in healthcare, technology, consumer experience

Vijay Kotte | CHIEF EXECUTIVE OFFICER
- 20+ years of healthcare exp.
- 15+ years of public company exp.

Michael Hargis | CHIEF OPERATING OFFICER
- 17+ years of public company exp.
- 20+ years direct to consumer exp.

Steve Moffat | CHIEF MARKETING OFFICER
- 20+ years consumer marketing leadership
- 15+ years of public company exp.

Jason Schulz | CHIEF FINANCIAL OFFICER
- 20+ years of healthcare exp.
- 15+ years of public company exp.

Jay Sreedharan | CHIEF TECHNOLOGY OFFICER
- 25+ years of technology transformation exp.
- 20+ years of public company exp.

Alison Moriarty | CHIEF PEOPLE OFFICER
- 30+ years of public company exp.
- 15+ years in corporate transformations
Investment Highlights

1. Large and Growing Market
   30M+ Americans in MA plans and nearly 11,000 aging in daily

2. Unbiased Shopping Experience
   Pressure-free marketplace platform for senior citizens

3. Unique Encompass Offering
   Provides predictability, resilience against market changes, and differentiated cash flows

4. Proprietary Tech and Data Platform
   Powered by machine learning ‘PlanFit’ model and optimized with over 20+ years of data from consumer interactions

5. Experienced Management
   Proven team with exceptional track record of results

6. Internal Marketing Engine
   Drives best-in-class CAC and mitigates regulatory risk

7. Aligned Health Plan Partners
   Sustainable and market-leading relationships with health plans

8. Resilient Balance Sheet
   Incoming cash flows to enable attractive growth for the foreseeable future
GoHealth is a high-quality consumer marketplace for Medicare Advantage plans

<table>
<thead>
<tr>
<th>Medicare Market</th>
<th>GoHealth History</th>
<th>FY 2023 Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>65M+</strong> Medicare Eligible Lives(^1)</td>
<td><strong>11k</strong> New Medicare Eligible Members Each Day</td>
<td></td>
</tr>
<tr>
<td><strong>28M+</strong> Americans Have Had a Shopping Experiences with GoHealth</td>
<td><strong>10M</strong> Americans Have Selected a Medicare Plan with GoHealth</td>
<td></td>
</tr>
<tr>
<td><strong>$800-850M</strong> Total Net Revenue(^2)</td>
<td><strong>$120-140M</strong> Adj. EBITDA(^2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>$75-115M</strong> Cash Flow From Operations</td>
<td></td>
</tr>
</tbody>
</table>

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1 Centers for Medicare & Medicaid Services.
2 Total Net Revenue and Adj. EBITDA numbers are provided on a go-forward basis, excluding the Lookback Adjustments and non-Encompass BPO Services. These are non-GAAP numbers. Total Net Revenue excluding Non-Encompass BPO Services is a non-GAAP measure. Non-Encompass BPO Services refer to programs in which GoHealth-employed agents are dedicated to certain health plans and agencies we partner with outside of the Encompass Solution.
3 Guidance provided as of earnings release on August 10, 2023
Why GoHealth?
A leading insurance marketplace, relentlessly ensuring consumer peace of mind with their Medicare decisions

Scaled, end-to-end platform uniquely positioned to offer broad choice for the 65M+ consumers eligible to shop for Medicare Advantage

Sustainable and market-leading relationships with health plans resulting in unique Encompass contracts that align incentives to put beneficiaries at the center

Tech-enabled operating model combining marketing expertise and tenured agents to deliver a consistent and unbiased beneficiary experience

Compelling financial position due to significant improvements in cash flow from operations and Adj. EBITDA supporting our long-term investment in the organization

Proprietary Encompass technology platform powered by machine learning ‘PlanFit’ model and optimized with over 20+ years of data from consumer interactions
The Medicare Advantage market is growing
We serve an outsized share of special needs consumers, the highest margin segment for Health Plans

**Medicare Advantage (MA) Enrollment Growth**

<table>
<thead>
<tr>
<th>Year</th>
<th>MA Enrollment</th>
<th>Traditional Medicare Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>23</td>
<td></td>
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<tr>
<td>2019</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>2021</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>2022</td>
<td>32</td>
<td></td>
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<tr>
<td>2023</td>
<td>33</td>
<td></td>
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<tr>
<td>2024</td>
<td>35</td>
<td></td>
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<tr>
<td>2025</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>2026</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>2027</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>2028</td>
<td>35</td>
<td></td>
</tr>
</tbody>
</table>

**Industry Data on Health Plan MA Margins**

- **Institutional Special Needs Plan**: 2.8%
- **Chronic Condition Special Needs Plan**: 11.2%
- **Dual Eligible Special Needs Plan**: 10.7%
- **Non-Special Needs Plan**: 6.5%

**Distribution of Special Needs Plans – MA Market vs GoHealth**

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>MA Market</th>
<th>GoHealth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional Special Needs Plan</td>
<td>77%</td>
<td>21%</td>
</tr>
<tr>
<td>Chronic Condition Special Needs Plan</td>
<td>33%</td>
<td>4%</td>
</tr>
<tr>
<td>Dual Eligible Special Needs Plan</td>
<td>63%</td>
<td>33%</td>
</tr>
<tr>
<td>Non-Special Needs Plan</td>
<td>21%</td>
<td>4%</td>
</tr>
</tbody>
</table>

**Sources:**
2. 2020 MedPAC data, published in 2022. Note that I-SNP margins are low due to COVID’s effect on nursing homes.
3. 2023 data from CMS and GoHealth internal information. D-SNP consumers are dually eligible for Medicare and Medicaid. C-SNP consumers have an eligible chronic condition. I-SNP consumers reside in long-term care settings (e.g., long-term nursing facilities)
We have an appealing value proposition for Health Plans

Health plans and consumers appreciate the benefits of GoHealth’s independent, multi-carrier third-party marketplace

- Predictable customer acquisition at scale
- Ability to gain members who want shopping options and transparency
- Access to difficult-to-reach, but valuable beneficiary segments (e.g., DSNP)
- Medicare market and product insights
- Robust compliance oversight of internal and downline agencies

Health Plan Partners Include:
The Medicare landscape can be abrasive and disjointed for consumers. GoHealth’s unbiased, tech-driven marketplace and highly-trained agents solve consumer pain points.

Consumer Pain Points in the Health Plan Direct Sales Model...

- **Overwhelmed with Information**
  Limited awareness of coverage options, benefits of Medicare Advantage vs. Original Medicare, significant increase in supplemental benefits drive confusion

- **Endless Number of Plan Options**
  Proliferation of Medicare Advantage plans to 5,500+ in the U.S. – the average eligible consumer has over 50 MA plan options available to them in their market

- **Lack of Trust with Sales Process**
  Endless marketing campaigns and the inability to transparently compare plan options leaves beneficiaries frustrated with their shopping experience

... Drive Demand for a Technology-Driven, Unbiased Third-Party Marketplace

- **Proprietary consumer-agent matching technology**
  Identifies and dynamically routes calls to the agent best-equipped to meet consumer needs

- **PlanFit tool**
  Evaluates over 180 factors to determine the MA plan that best fits the beneficiary’s unique needs

- **Unified Agent Experience**
  Delivers a consistent, high-quality experience for every beneficiary regardless of agent tenure

- **Customer 360**
  Provides a unified view of the consumer across every touchpoint, every year to ensure personalized service at every point in the consumer journey

- **Consumers are confident**
  That they have received unbiased guidance to enroll in the optimal MA plan for their needs due to PlanFit CheckUp

Source: CMS Monthly Enrollment by Contract/Plan/State/County
We have disrupted the traditional Medicare Advantage broker model. Only 1 in 3 Medicare eligible customers shop for Medicare using an insurance broker.¹

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Sources: ¹ The Commonwealth Fund: “Traditional Medicare or Medicare Advantage: How Older Americans Choose and Why”
Our operating model drives a high-quality enrollment experience

1. Shop
Eligible consumers shop for a Medicare plan with us annually based on their evolving needs. Initial contact is supported by our Connect Team.

- Broad selection of 5-star plan choices
- Consumer-agent matching technology
- Proprietary marketing automation

2. Match
Our unbiased Advocate team empowers consumers to match with the right plan for their needs – even if it’s the same plan they already have – using our proprietary PlanFit technology.

- PlanFit Technology
- PlanFit Checkup
- Unified Agent Experience

3. Confirm
Consumers confirm that they’ve selected the right plan with education and reassurance from our health-plan dedicated Resolve team.

- Health Plan Dedicated resources

4. Activate
Consumers activate benefits in the first 90 days of their plan with the help of our Engage team, who provides personalized onboarding for each consumer.

- Personalized Action Plans

5. Access
As consumers access their benefits throughout the year, our Engage team is on standby to answer key questions, enable plan usage, and monitor evolving consumer needs.

- Customer 360
We support consumers throughout their Medicare journey
Consumers shop and switch policies as their needs change; GoHealth aims to be their trusted partner

**Overview**
- At GoHealth, we expect that Ann will shop as her needs change.
- We build a relationship with Ann and she completes a PlanFit CheckUp annually to assess her current plan against her needs
- If Ann’s current plan is the best fit, our agents advise her to stay in her plan and are compensated for doing the right thing
- If Ann needs a new policy based on her changing needs, our agents help her switch

**Benefits**
- Ann builds a new level of trust with GoHealth, unique in the industry
- Agent wins on every call, not just when they make a sale
- GoHealth captures valuable data for Ann’s Customer 360 profile, powering a more efficient future experience with Ann
We have evolved in the last year
Building on a founder-led culture of innovation to drive today’s consumer-centric, market leading solution

**GoHealth of the Past**

**Value-Add**
- Pioneered new approach to high-volume Medicare distribution through a Health Plan-centric telephonic sales approach

**Operational Model**
- Large sales & marketing spend to meet annual enrollment period volume targets

**Scale**
- Partnerships with most major health plans

**Cash Flow**
- Negative cash flow from new policies enrolled due to high upfront costs and long-tail commission structure

**GoHealth Today**

**Consumer-centric approach to function as a trusted, high-quality enrollment partner for both consumers and health plans**

**Streamlined, standard Encompass operating model driving both high quality and efficiency to de-risk revenue**

**Access to high quality five-star plans across all 50 states**

**Diversified cash inflow timing from innovative contracting approaches and high-quality enrollments supplemented by cash flow from back book**
Our KPIs and financials vary with Medicare seasons

<table>
<thead>
<tr>
<th>Open Enrollment Period</th>
<th>Special Enrollment Period</th>
<th>Annual Election Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q1</strong></td>
<td><strong>Q2</strong></td>
<td><strong>Q4</strong></td>
</tr>
<tr>
<td>Only Medicare Advantage enrollees as of January 1st of that year</td>
<td>Only those with special circumstances; such as dually eligible members, members with chronic conditions, or others</td>
<td>All Medicare eligible members</td>
</tr>
<tr>
<td>~32M Medicare members enrolled in MA</td>
<td>~10M Medicare eligible members</td>
<td>~65M consumers annually 100% of Market</td>
</tr>
<tr>
<td>~50% of Market</td>
<td>~15% of Market</td>
<td>~50% of Market</td>
</tr>
<tr>
<td>~20% of yearly submissions</td>
<td>~35% of yearly submissions</td>
<td>~45% of yearly submissions</td>
</tr>
<tr>
<td><strong>Total Net Revenue:</strong> ~20% of annual Adj. EBITDA: ~15% of annual CFFO: ~20% of annual</td>
<td><strong>Total Net Revenue:</strong> ~35% of annual Adj. EBITDA: ~(5%) of annual CFFO: ~100% of annual; Increases in Q3 due to pre-bill for AEP</td>
<td><strong>Total Net Revenue:</strong> ~45% of annual Adj. EBITDA: ~(90%) of annual CFFO: ~(20%) of annual</td>
</tr>
</tbody>
</table>

Notes:
1 These statistics are for illustrative purposes only and may not represent GoHealth’s actual experience
2 Newly eligible Medicare members can enroll 3 months before and after their birthday month and / or during AEP. There are ~4M consumers who become Medicare eligible annually, representing ~7% of the market and ~1.5% of GoHealth annual submissions
Q3 Medicare Unit Economics
Improving YoY unit economics driven by a reduction of variable costs and a more efficient operating model

UNIT ECONOMICS PER SUBMISSION\(^{1,3}\)

<table>
<thead>
<tr>
<th></th>
<th>Q3'22</th>
<th>Q3'23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales(^{1})</td>
<td>$91</td>
<td>$68</td>
</tr>
<tr>
<td>Cost(^{2})</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjusted Gross Margin(^{4})</td>
<td>25% Decline</td>
<td>15% Decline</td>
</tr>
<tr>
<td></td>
<td>($866)</td>
<td>($745)</td>
</tr>
</tbody>
</table>

1. See tables in the Appendix for reconciliation of Sales per Submission to the GAAP comparison. This revenue includes a higher Commission revenue constraint.
2. Cost refers to the aggregate cost to convert prospects into Submissions for a particular period. This cost includes revenue share (formerly cost of revenue), marketing and advertising expenses, and customer care and enrollment expenses, excluding such expenses related to Non-Encompass BPO services (i.e., dedicated services programs where GoHealth-employed agents are dedicated to certain carriers and agencies with which we partner) and share-based compensation expense. See tables in the Appendix for reconciliation of Cost per Submission to the GAAP comparison.
3. Q3 Medicare Unit Economics represents GoHealth’s consolidated financials excluding the Lookback Adjustments and Non-Encompass BPO services (see definition above in #2).
4. Adjusted Gross Margin per Submission refers to Sales per Submission less Cost per Submission. See tables in the Appendix for reconciliation of Adjusted Gross Margin per Submission to the GAAP comparison.
Q3’23 TTM Cash Flow from Operations Bridge to Q3’22

(*): Cash flow from operations was lower than expected because approximately $72.0 million of payments from health plan partners, due in the third quarter, were received shortly after quarter end.

1. **Non-Agency**: This improvement shows the change in cash on a per submission basis for Non-Agency revenue (formerly Encompass revenue). This number is an estimate, is a non-GAAP calculation and is provided for illustrative purposes only.
2. **Encompass Model**: This improvement shows the change in cash value associated with a streamlined agent workforce, higher quality submission volume and lower cost per submission, all a result of a more efficient operating model.
3. **Agency**: This reduction shows the change in cash on a per submission basis for commission and partner marketing revenue (formerly Traditional revenue). This number is an estimate, is a non-GAAP calculation and is provided for illustrative purposes only.
4. **Interest Expense**: Interest expense has increased due to higher interest rates despite a reduction in debt outstanding. For more information on the interest rate and expense, please refer to our Annual Report on Form 10-K and our Quarterly Report on 10-Q.
Investment Highlights

**Large and Growing Market**
30M+ Americans in MA plans and nearly 11,000 aging in daily

**Unbiased Shopping Experience**
Pressure-free marketplace platform for senior citizens

**Unique Encompass Offering**
Provides predictability, resilience against market changes, and differentiated cash flows

**Proprietary Tech and Data Platform**
Powered by machine learning ‘PlanFit’ model and optimized with over 20+ years of data from consumer interactions

**Experienced Management**
Proven team with exceptional track record of results

**Internal Marketing Engine**
Drives best-in-class CAC and mitigates regulatory risk

**Aligned Health Plan Partners**
Sustainable and market-leading relationships with health plans

**Resilient Balance Sheet**
Incoming cash flows to enable attractive growth for the foreseeable future
Appendix
~65M Americans are eligible for Medicare
Nearly half of eligible consumers are enrolled in Medicare Advantage

Medicare Overview & Eligibility

Medicare is a federal health insurance program largely for senior citizens, funded by tax revenue by all working adults in the US

Distribution of Medicare Population by Eligibility Criteria

- 85% (~57M) Aged 65 or older
- 13% (~8M) Younger than 65 with a disability
- 2% (~1M) Any age with End Stage Renal Disease or ALS

Medicare Options

Option 1:
‘Original Medicare’ + additional optional coverage
Other coverage includes Medicare Supplement (private coverage), Employer Coverage (private coverage), prescription drug plans (private coverage), or Medicaid (low-income public coverage)

Option 2:
Medicare Advantage
Combines ‘Original Medicare’ with prescription drug coverage into one plan alongside other supplemental benefits such as dental, vision, and hearing insurance

Distribution of Medicare Coverage (2020)

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Medicare Only</td>
<td>8.00%</td>
</tr>
<tr>
<td>Original Medicare + Medicare</td>
<td>9.40%</td>
</tr>
<tr>
<td>Original Medicare + Medicare Supplement or Employer Coverage</td>
<td>38.00%</td>
</tr>
<tr>
<td>Medicare Advantage</td>
<td>44.40%</td>
</tr>
</tbody>
</table>

Sources: 1 Kaiser Family Foundation; 2 National Institute of Diabetes and Digestive and Kidney Diseases; 3 CDC
Medicare Advantage is expected to be the largest and fastest growing contributor to health plan earnings over the next 3+ years

Medicare Advantage Market Benefits

- For the two largest health plans (UnitedHealthcare & Humana), 35% and 81% of their enterprise revenue is from their Medicare business respectively.

- For the market, government insurance lines-of-business present largest margin contributing segment vs. other lines-of-business (e.g., commercial insurance, ACA market).

- Within the government line-of-business, Medicare Advantage represents the largest & fastest growing EBITDA profit pool out of all other segments (~$23bn EBITDA market)

Growth and distribution of Government EBITDA margins across health plan segments

Sources / Notes: ¹ McKinsey Profit Pool Analysis; ² MA-PD: Medicare Advantage prescription drug plan; PDP: prescription drug plan; ³ FY2022 10-K SEC Filings for UnitedHealthCare and Humana
# Economics of GoHealth’s Encompass Operating Model

Strategic positioning of contracts with health plans to de-risk timing of cash for GoHealth

## Agency: Illustrative Cash Flow Per Submission (AEP Example)

Agency includes our commission-based Encompass business

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Total Sales Per Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3</td>
<td>$95</td>
</tr>
<tr>
<td>Q4 (AEP)</td>
<td>-$700</td>
</tr>
<tr>
<td>Q1</td>
<td>$120</td>
</tr>
<tr>
<td>Q2</td>
<td>$120</td>
</tr>
<tr>
<td>Q3</td>
<td>$120</td>
</tr>
<tr>
<td>Q4</td>
<td>$425</td>
</tr>
</tbody>
</table>

### Financial Summary

Total Sales Per Submission

~$850 - $1,050+1,2,3

### Agency: Illustrative Cash Flow Per Submission (AEP Example)

Pre-billed marketing services

~$700 expense incurred for sales & marketing costs

Trailing commission payments made monthly on Agency submissions

## Non-Agency: Illustrative Cash Flow Per Submission (AEP Example)

Non-agency includes our fair market value-based Encompass business

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Total Sales Per Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3</td>
<td>$1,150</td>
</tr>
<tr>
<td>Q4 (AEP)</td>
<td>-$700</td>
</tr>
<tr>
<td>Q1</td>
<td>$0</td>
</tr>
<tr>
<td>Q2</td>
<td>$0</td>
</tr>
<tr>
<td>Q3</td>
<td>$0</td>
</tr>
<tr>
<td>Q4</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Non-Agency: Illustrative Cash Flow Per Submission (AEP Example)

~$700 expense incurred for sales & marketing costs

~100% of revenue pre-billed and collected in advance of AEP

### Financial Summary

Total Sales Per Submission

~$1,150 - $1,2501,2,3

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1. This amount is an approximation of upfront expenses, with actual expenses by MAPD, D-SNP, regional and national customers varying meaningfully

2. These illustrative fees are based on the fair market value of the marketing and administrative services GoHealth provides. We are entitled to receive, and are beginning to seek, similar fees for marketing and administrative services related to our Agency commissions sales.

3. Amounts are approximate annualized figures and used for illustrative purposes only.
2023 Financial Guidance Compared to 2022 Go-Forward Financials

1. Total Net Revenue and Adj. EBITDA numbers are provided on a go-forward basis, excluding the Lookback Adjustments and Non-Encompass BPO Services. These are non-GAAP numbers.
## Appendix - Reconciliation of Net Revenue and Adjusted EBITDA to Go-Forward Financials

<table>
<thead>
<tr>
<th>($ in thousands)</th>
<th>Q3 2023</th>
<th>Q3 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net revenues</td>
<td>$132,307</td>
<td>$133,052</td>
</tr>
<tr>
<td>Lookback Adjustments reported during the indicated periods(^1)</td>
<td>-</td>
<td>2,788</td>
</tr>
<tr>
<td>Net revenue excluding Lookback Adjustments</td>
<td>132,307</td>
<td>135,840</td>
</tr>
<tr>
<td>Exit of Non-Encompass BPO services</td>
<td>-</td>
<td>(17,554)</td>
</tr>
<tr>
<td>Net revenues excluding Lookback Adjustments and Non-Encompass BPO Services</td>
<td>$132,307</td>
<td>$118,286</td>
</tr>
<tr>
<td>Adjusted EBITDA</td>
<td>($11,475)</td>
<td>($14,327)</td>
</tr>
<tr>
<td>Lookback Adjustments reported during the indicated periods(^1)</td>
<td>-</td>
<td>1,938</td>
</tr>
<tr>
<td>Adjusted EBITDA excluding Lookback Adjustments</td>
<td>(11,475)</td>
<td>(12,389)</td>
</tr>
<tr>
<td>Exit of Non-Encompass BPO services</td>
<td>(851)</td>
<td>(2,511)</td>
</tr>
<tr>
<td>Adjusted EBITDA excluding Lookback Adjustments and Non-Encompass BPO Services</td>
<td>($12,326)</td>
<td>($14,900)</td>
</tr>
</tbody>
</table>

\(^1\) Excludes the impact of Lookback Adjustments on Non-Encompass BPO Services.