

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934  
or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL                                    |           |
|---|-----------|
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|   |   |  |  |
|---|---|--|--|
| 1. Name and Address of Reporting Person*<br><u>Hurley Robert S</u><br><br>(Last) (First) (Middle)<br><u>C/O EHEALTH, INC.</u><br><u>2625 AUGUSTINE DRIVE, SECOND FLOOR</u><br><br>(Street)<br><u>SANTA CLARA CA 95054</u><br><br>(City) (State) (Zip) | 2. Date of Event Requiring<br>Statement (Month/Day/Year)<br><u>02/01/2022</u> | 3. Issuer Name <b>and</b> Ticker or Trading Symbol<br><u>eHealth, Inc. [ EHTH ]</u>  |  |
|   |   | 4. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>Director 10% Owner<br><input checked="" type="checkbox"/> Officer (give title below) Other (specify below)<br><u>Interim Chief Revenue Officer</u> |  |
|   |   | 5. If Amendment, Date of Original Filed (Month/Day/Year)   |  |
|   |   | 6. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br>Form filed by More than One Reporting Person  |  |

| Table I - Non-Derivative Securities Beneficially Owned |  |  |   |
|--|--|--|---|
| 1. Title of Security (Instr. 4)                        | 2. Amount of Securities Beneficially<br>Owned (Instr. 4) | 3. Ownership Form:<br>Direct (D) or Indirect (I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
| <u>Common Stock</u>                                    | <u>28,221<sup>(1)</sup></u>                              | <u>D</u>   |   |

| Table II - Derivative Securities Beneficially Owned<br>(e.g., puts, calls, warrants, options, convertible securities) |  |                    |  |                                  |  |
|---|--|--------------------|--|----------------------------------|--|
| 1. Title of Derivative Security (Instr. 4)  | 2. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 3. Title and Amount of Securities Underlying Derivative<br>Security (Instr. 4) |                                  | 6. Nature of Indirect Beneficial<br>Ownership (Instr. 5) |
|   | Date<br>Exercisable  | Expiration<br>Date | Title  | Amount or<br>Number of<br>Shares |  |

Explanation of Responses:

1. Includes unvested restricted stock units of 3,750 and 4,250 shares previously granted on 4/17/2018 and 4/16/2019, respectively.

Remarks:

/s/ Scott Giesler, as attorney-in-fact for 02/09/2022  
Robert S. Hurley  
\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  
\* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).  
\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).  
Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.  
Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

POWER OF ATTORNEY

The undersigned, as a Section 16 reporting person of eHealth, Inc. (the "Corporation") under the Securities Exchange Act of 1934, as amended (the "Act"),

.. to complete and execute Forms 3, 4 and 5 and other forms and all amendments thereto as such attorney-in-fact shall in his discretion determine; and  
.. to do all acts necessary in order to file such forms with the Securities and Exchange Commission, any securities exchange or national association of securities exchanges;

The undersigned hereby ratifies and confirms all that said attorneys in-fact and agents shall do or cause to be done by virtue hereof. The undersigned

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with respect to the Corporation.

I hereby revoke any and all powers of attorney relating to the foregoing actions that previously have been signed by me. However, the preceding shall not affect the validity of any action taken by the undersigned or the Corporation.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of Feb 6, 2022.

Signature: /s/ Robert S. Hurley

Print Name: Robert S. Hurley