What happens after someone signs up with Devoted Health?

We want joining Devoted to be easy. The following touchpoints help members to know what to expect.

Days after application is submitted	Onboarding touchpoint
0 – 1 days	**Text message, email, phone: Enrollment verification** We may reach out to members to: • Confirm that we've received their application • Encourage them to call in and cancel if they didn't intend to apply • Explain how their Medicaid status could impact their benefits
1 – 3 days	**Text message: Enrollment confirmation and digital ID card** All members who included their mobile number in their application get a text message after their enrollment is approved. The text includes: • A link to their digital ID card (which has their Devoted Health ID number) • The date their plan will become effective
4 – 7 days	**Mail: Outbound Enrollment Verification (OEV) and Combo Letters** These letters confirm their enrollment in the plan and let them know where to find critical plan details. **Text message: Care transitions** This message asks members if they have continuing care needs — like durable medical equipment rentals, upcoming surgeries, and/or follow-up visits with specialists — as they transition to Devoted. It invites members to read digital instructions (at devoted.com/new-member-care) and call if they have questions. **Text message: Member Health Connections checklist** All members receive a message asking them to head to their member portal and go through a checklist where they can: • Confirm demographic data, including address and mailing preferences • Provide details about their health and their quality of life • Complete a Health Risk Assessment (HRA) (*SNP members only*) • Sign up for a Devoted to Me™ visit*

4 – 7 days (continued)

Text message: Food & Home Card attestation SMS

For members on non-SNP plans with the Food & Home Card benefit, we reach out to confirm that they have a qualifying condition. Once we have the required details, we send the card so they can use it as soon as their plan starts.

Text message and email: HRA SMS

For members on SNP plans who didn't complete their initial HRA at Point of Sale or in the Member Health Connections checklist, we send a final reminder to complete it in their member portal and earn a reward.

10 – 14 days

Mail: ID card

We know this card unlocks members' access to their benefits and that having it in hand offers peace of mind as they approach their effective date. So, we make sure to get it out the door first thing.

14 – 21 days

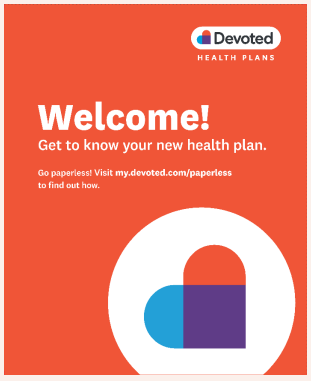
Text message: Welcome Kit coming soon!

We've sent out ID cards, and welcome kits are a fast follow. While members wait, we remind them that their member portal has rich details about their plans as well.

Mail: Welcome Kit

We start shipping in mid-to-late October, then regularly after that. It includes:

- A colorful branded rigid mailer package to make sure it stands out
- A "Let's get started" trifold with important actions members can take to get set up with their plan, an introduction to Devoted Medical™, and more
- A "Your guide to care" booklet with benefit overview
- A magnet with our 3 most important phone numbers



14 – 21 days (continued)	**Text message: Food & Home Card coming soon**  For members who qualify for the Food & Home Card benefit, we let them know that we've sent them their Food & Home Card. While they wait, we remind members that their member portal has a page where they can find participating stores, activate their cards, and read more about the benefit.
15 days	***[from Devoted Medical]* SMS & email: Schedule a Devoted to Me visit*** Devoted to Me visits are a member favorite! In this telehealth visit, members spend 30 to 60 minutes with a Devoted Medical clinician to make sure that they get all the right care and take full advantage of their benefits. This visit is especially valuable for C-SNP members who need to attest to a qualifying condition.
50 days	**SMS: Add a loved one to your profile** We want members and their loved ones to have a seamless experience managing their benefits and care. If a member has friends or family who help with their care, we want to be able to speak with them if they call us. To make that happen, we need a Protected Health Information (PHI) consent release on file. Members can do this on their member portal or by mail — but the portal is easier, so we drive them there.

After this initial period, we continue to reach out and anticipate key member needs or possible friction points — helping to ensure a smooth transition. We also ask members for their feedback, so we can assess the ease of onboarding at Devoted and if our team is providing the service we expect.

Here are a few examples of ways we support our members as they onboard to Devoted Health:

- Our **Devoted Medical** teams provide no-cost services that supplement the care members get from their primary care providers (PCPs) and other doctors, like:
  - **Devoted to Me** visits: personalized health check-ins and clinical support*
  - **Post-hospital check-ins**: A series of follow-ups for the first month after coming home from a hospital stay
  - **Specialty clinics:** support for health conditions like diabetes and high blood pressure
  - **Medication consults:** guidance for members with multiple prescriptions and/or chronic conditions

  Plus, with Devoted Medical Primary Care, eligible members can access high-quality virtual care from home, all for $0 out-of-pocket per visit. devoted.com/medical/primary-care/
- Our **Community Guide team** helps members apply for financial assistance and connect with benefit programs & community resources for food, housing, transportation, and more

How can members contact our Guide team?

Our members can call or text us. We're here to help! From October to March, Guides are here 8am to 8pm, 7 days a week. From April to September, Guides are here 8am to 8pm, Monday to Friday.

Call us at 1-800-338-6833 (TTY 711).

- All our member-facing customer service is located in the United States.
- The service team, called Guides, answers more than 96% of calls in 30 seconds or less.**
- Guides solve members' problems: 94% of members' issues are resolved the same day.***

Text us at 866-85.

Our Digital Guides are real, bilingual (English and Spanish), highly trained service representatives who reply to texts, referring members to call in if their question requires a phone conversation.

We can handle many common questions or requests entirely by text — including questions like these:

- Can I see Dr. Ze, DDS at 123 Bird Lane?
- Can I use my Devoted ID card for OTC?
- Can you switch my PCP please?
- What are Wellness Bucks?
- How does my dental plan work?
- Can you help me find a dermatologist?
- What SilverSneakers® gym can I go to?
- How can I submit a reimbursement online?

Our member materials include handy "keywords" that members can text to 866-85, including:	
PAYMEBACK or **REEMBOLSO**	Get a link to the reimbursement form in the member portal
FOODCARD or **ALIMENTOS**	Get a link to our member portal to check if you qualify for the Food & Home Card benefit (if your plan offers this benefit)
SHARE or **COMPARTIR**	Get a link to give Devoted permission to speak with a member's loved one
SNEAKERS	Request your SilverSneakers ID number
RXPLAN	Get a link to sign up for the Medicare Prescription Payment Plan
MEDSAVER	Learn about ways to save money on Part D drugs

*Devoted to Me visits are conducted by a Devoted Medical provider. Not all members are eligible. Devoted Health and Devoted Medical are under common control or ownership and part of the Devoted Health, Inc. family of companies. Devoted Health accepts other providers.

** Based on internal call center data, 96.6% of calls are answered in 30 seconds or less. Wait time may vary throughout the year.

***Based on internal data for 2025, our "First Call Resolution" rate for inbound member calls is 94%.

The Food & Home Card is a special supplemental benefit offered on certain plans and available only to chronically ill members with conditions like diabetes, high blood pressure, high cholesterol, heart

problems, stroke. All applicable plan coverage criteria must be met and other conditions are eligible. Not all members qualify.