Dear Provider:

Please review the formulary changes which pertain to the Pharmacy Benefit unless denoted otherwise. If you have questions, contact Affinity Health Plan’s Provider line Monday-Friday 9am-7pm at 1-877-432-6793. Information can also be found on our website at www.affinityplan.org.

<table>
<thead>
<tr>
<th>Date Effective</th>
<th>Product Name</th>
<th>Change</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/21/2020</td>
<td>Masks</td>
<td>TERM</td>
<td>Not covered per the FFS DME list</td>
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</tbody>
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Key:
- PA = Prior Authorization
- ST = Step Therapy
- HRM = High risk med requires PA for age 65 and older
- SP = Specialty Drug with Network Requirement
- QL = Quantity Limits
- AL = Age Limits
- OTC = Over the Counter
- B/D = PA needed to determine Part B vs. D coverage