2019 Tier Labels and Hierarchy

Non-Defined Standard Part D Plans

2019 Tier Label

| 2019 Tier S Tier 4 | Structure Tier 5 | 2019 Option Tier Tier 6 | 1 Tier 2 | Tier 3 | |
|-----------------------|---------------------|----------------------------|-------------------|---------|--|
| 2 Tiers | A Gener | ic Brand | | | |
| В | Generic | Preferred Brand | | | |
| | | | | | |
| 3 Tiers | A Gener | ic Brand | Specialty Tier | | |
| В | Generic | Preferred Brand | Specialty Tier | | |
| С | Generic | Preferred Brand | Non-Preferred Bra | and | |
| D | Preferred (| Generic Preferred E | Brand Non-Preferr | ed Drug | |

E Generic Preferred Brand Non-Preferred Drug --- ---

4 Tiers A Generic Preferred Brand Non-Preferred Brand Specialty Tier Optional * ---

B Preferred Generic Generic Preferred Brand Non-Preferred Brand Optional * ---

C Preferred Generic Generic Preferred Brand Specialty Tier Optional * ---

D Generic Preferred Brand Non-Preferred Brand Injectable Drugs Optional * ---

E Preferred Generic Preferred Brand Non-Preferred Drug Specialty Tier Optional * ---

F Preferred Generic Preferred Brand Non-Preferred Drug Injectable Drugs Optional * ---

G Preferred Generic Generic Preferred Brand Non-Preferred Drug Optional * ---

H Generic Preferred Brand Non-Preferred Drug Specialty Tier Optional * --- New for CY2019

I Generic Preferred Brand Non-Preferred Drug Injectable Drugs Optional * --- New for CY2019

5 Tiers A Preferred Generic Generic Preferred Brand Non-Preferred Brand Specialty Tier Optional * B Preferred Generic Generic Preferred Brand Non-Preferred Brand Injectable Drugs Optional *

C Preferred Generic Generic Preferred Brand Injectable Drugs Specialty Tier Optional *

D Generic Preferred Brand Non-Preferred Brand Injectable Drugs Specialty Tier Optional *

E Preferred Generic Preferred Brand Non-Preferred Drug Injectable Drugs Specialty Tier Optional *

F Preferred Generic Generic Preferred Brand Non-Preferred Drug Specialty Tier Optional *

G Preferred Generic Generic Preferred Brand Non-Preferred Drug Injectable Drugs Optional *

H Generic Preferred Brand Non-Preferred Drug Injectable Drugs Specialty Tier Optional * New for CY2019

6 Tiers A Preferred Generic Generic Preferred Brand Non-Preferred Brand Injectable Drugs Specialty Tier

B Preferred Generic Generic Preferred Brand Non-Preferred Drug Injectable Drugs Specialty Tier Formerly 6C for CY2018

"*The optional 5th or 6th tier can be used as an excluded-drug-only tier or for other meaningful offerings such as a \$0 vaccine-only tier, Select Care or Select Diabetes Drugs."