

2019 Tier Labels and Hierarchy

Non-Defined Standard Part D Plans

2019 Tier Label

| 2019 Tier | Structure | 2019 Option | Tier 1 | Tier 2 | Tier 3 |
|------------------|-----------|-------------------|-----------------|---------------------|----------------|
| Tier 4 | Tier 5 | Tier 6 | | | |
| 2 Tiers | A | Generic | Brand | --- | --- |
| | B | Generic | Preferred Brand | --- | --- |
| 3 Tiers | A | Generic | Brand | Specialty Tier | --- |
| | B | Generic | Preferred Brand | Specialty Tier | --- |
| | C | Generic | Preferred Brand | Non-Preferred Brand | --- |
| --- | | | | | |
| | D | Preferred Generic | Preferred Brand | Non-Preferred 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."