



## and Medicare Working Together

### What is EPIC?

The Elderly Pharmaceutical Insurance Coverage (EPIC) program is a New York State program administered by the Department of Health. It provides seniors with co-payment assistance for Medicare Part D covered prescription drugs **after any Part D deductible is met**. EPIC also covers many Medicare Part D excluded drugs.

- **Fee Plan** members pay an annual fee to EPIC based on their income. The EPIC co-payments range from \$3 - \$20 based on the cost of the drug. Those with Full Extra Help from Medicare have their EPIC fee waived.
- **Deductible Plan** members must meet an annual out-of-pocket deductible based on their income before paying EPIC co-payments for drugs.

EPIC also pays Medicare Part D plan premiums, up to the amount of a basic plan, for members with annual income below \$23,000 if single or \$29,000 if married.

Those with higher incomes must pay their Part D plan premiums.

- To help them pay, their EPIC deductible is lowered by the annual cost of a Medicare Part D basic plan.
- EPIC deductibles for income in shaded areas on the Deductible Plan schedule will be less than the amounts shown.

### Who can join?

- A resident of New York State 65 or older with annual income up to \$75,000 if single or \$100,000 if married.
- An eligible senior with a Medicaid spend down not receiving full Medicaid benefits.

### Medicare Part D Enrollment

**All EPIC members must have Part D** in order to receive EPIC benefits. Because EPIC is a qualified State Pharmaceutical Assistance Program, members are able to join a Part D plan during the year once enrolled in EPIC. They also can change their Medicare Part D plan one time during the year.

### “Extra Help” can save money!

If EPIC determines a senior may be eligible for Extra Help, EPIC will mail a Request for Additional Information (RAI) form. The senior is then required, by law, to provide the additional information to obtain EPIC coverage.

- Seniors who already receive Extra Help can send a copy of their determination letter from Social Security Administration with their form.
- If approved for full Extra Help, the senior will have lower co-payments and will not have a Medicare Part D coverage gap. Medicare and EPIC will pay all or most of the monthly Part D plan premium.
- EPIC will use the information on the RAI form to apply for Extra Help on the senior's behalf and it will not be used for EPIC determination.

### How to Apply

- Complete the application, sign it and mail it to the address below.
- Apply separately or spouses living together can both use the same form.
- Report the total income for you and your spouse if living together (even if only one is applying) and both must sign the form.

For more information call the toll-free EPIC Helpline at **1-800-332-3742 (TTY 1-800-290-9138)**  
Download an application at: [http://health.ny.gov/health\\_care/epic/application\\_contact.htm](http://health.ny.gov/health_care/epic/application_contact.htm)  
*choose which language version or write:*

**EPIC**  
**P.O. Box 15018**  
**Albany, New York 12212-5018**



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# Application

**Please print clearly!**

Who is applying?  Yourself **only**  Yourself **and your spouse**

Your Last Name			First	Middle Initial	<b>Social Security Number</b>
_____			_____	_____	_____ _____ _____ _____ _____ _____
c/o Name (if different from above)					
_____					
<b>Sex</b>					
<input type="checkbox"/> Female <input type="checkbox"/> Male					
<b>Your Date of Birth</b>					
Address Where You Live (not P.O. Box)		Month	Day	Year	
_____		____/____/____			
City			State	ZIP	<b>Your Telephone Number</b>
_____			_____	_____	Area Code Number
( )					
<b>Marital Status</b>					
<input type="checkbox"/> Widowed, Single or Divorced					
<input type="checkbox"/> Married					
<input type="checkbox"/> Married, Living Separately					
<b>Spouse's Name (If Living)</b>					
Last Name			First	Middle Initial	<b>Spouse's Social Security Number</b>
_____			_____	_____	_____ _____ _____ _____ _____ _____
<b>Spouse's Date of Birth</b>					
Address Where You Get Your Mail (if different from above)		Month	Day	Year	
_____		____/____/____			
City			State	ZIP	
_____			_____	_____	

Enter your Medicare Claim Number (red, white and blue card) \_\_\_\_\_

Enter your Spouse's Medicare Claim Number (red, white and blue card) \_\_\_\_\_

(Please fill in page 2)

**NEED HELP? CALL TOLL-FREE: 1-800-332-3742**  
**¿NECESITA AYUDA? LLAME AL: 1-800-332-3742**

**Report your total income for the previous calendar year.**

- If you are married, and living together, you must report the combined yearly income for you and your spouse even if only one of you is applying. If married but living apart, report only your yearly income.
- Multiply monthly amounts by 12 to get yearly income.

	<b>Your Yearly Income</b>	<b>Spouse's Yearly Income</b>
<b>1.</b> Social Security and/or Railroad Retirement Benefits, (less Medicare Part B premiums) paid to you by check or direct deposit.	\$ _____	\$ _____
<b>2.</b> Other Income: Include Pensions, Annuities, Interest, Dividends, IRA Distributions, Capital Gains, Wages, Business Income or Losses, Net Rental Income, etc.	\$ _____	\$ _____
<b>3. TOTAL YEARLY INCOME</b> (Add lines <b>1</b> and <b>2</b> )	\$ _____	\$ _____

**Read carefully and sign below:**

**I certify that the information on this form is correct. I reside in New York State and am not currently receiving full Medicaid benefits.** I know that I am required to give proof of my age, income, residency, Medicare status and Medicare Part D drug plan, if any. I also know that I am required to enroll in a Medicare Part D drug plan in order to be enrolled in EPIC. I understand that failure to provide identifying information necessary to enroll in a Part D plan, or the Medicare subsidy (Extra Help), if eligible, may result in termination of EPIC coverage. I consent to the exchange of all information necessary to verify my eligibility among and between EPIC, the Social Security Administration, Medicare, the NYS Medicaid Program, the NYS Tax Department, Medicare Part D drug plans, and any other necessary entities. In the event of duplicate or overpayment by EPIC, I assign to EPIC any drug benefits that I may be entitled to under any Part D or governmental plan. I authorize my health care providers to release to the EPIC program my medical information pertaining to prescriptions and/or diagnosis to be used for payment, audit or related health care operations.

**You (and your spouse if living together) must sign below:**

\_\_\_\_\_  
Your signature (legal representation)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's signature (legal representation)

\_\_\_\_\_  
Date

**Authorization (OPTIONAL):** I agree that EPIC can disclose my information to the following persons/family members who are involved in my health care as necessary to process my EPIC benefits.

\_\_\_\_\_  
Please print names

**Mail this completed form to:**

**EPIC  
P.O. Box 15018  
Albany, NY 12212-5018**



**or Fax: (518) 452-3576**

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		<b>Annual Income</b>	<b>Annual Fee</b>
<b>Single</b>		Up to \$6,000	\$8
		\$ 6,001 – \$ 7,000	\$16
		\$ 7,001 – \$ 8,000	\$22
		\$ 8,001 – \$ 9,000	\$28
		\$ 9,001 – \$10,000	\$36
		\$10,001 – \$11,000	\$40
		\$11,001 – \$12,000	\$46
		\$12,001 – \$13,000	\$54
		\$13,001 – \$14,000	\$60
		\$14,001 – \$15,000	\$80
		\$15,001 – \$16,000	\$110
		\$16,001 – \$17,000	\$140
		\$17,001 – \$18,000	\$170
		\$18,001 – \$19,000	\$200
		\$19,001 – \$20,000	\$230
	Over \$20,000	See Deductible Plan	

		<b>Joint Annual Income</b>	<b>Annual Fee (Each Person)</b>
<b>Married</b>		Up to \$ 6,000	\$ 8
		\$ 6,001 – \$ 7,000	\$12
		\$ 7,001 – \$ 8,000	\$16
		\$ 8,001 – \$ 9,000	\$20
		\$ 9,001 – \$10,000	\$24
		\$10,001 – \$11,000	\$28
		\$11,001 – \$12,000	\$32
		\$12,001 – \$13,000	\$36
		\$13,001 – \$14,000	\$40
		\$14,001 – \$15,000	\$40
		\$15,001 – \$16,000	\$84
		\$16,001 – \$17,000	\$106
		\$17,001 – \$18,000	\$126
		\$18,001 – \$19,000	\$150
		\$19,001 – \$20,000	\$172
		\$20,001 – \$21,000	\$194
		\$21,001 – \$22,000	\$216
		\$22,001 – \$23,000	\$238
		\$23,001 – \$24,000	\$260
		\$24,001 – \$25,000	\$275
	\$25,001 – \$26,000	\$300	
	Over \$26,000	See Deductible Plan	



**EPIC**  
**Elderly Pharmaceutical**  
**Insurance Coverage**  
**Program**

and **Medicare**  
**Working Together**

## EPIC Rate Schedules

## Deductible Plan Schedule

Shaded areas – Your EPIC deductible will be less than the amount shown.

	Annual Income	Annual Deductible		Joint Annual Income	Annual Deductible (Each Person)		Joint Annual Income	Annual Deductible (Each Person)
Single	Under \$20,000	See Fee Plan	Married	Under \$26,000	See Fee Plan	Married	Under \$26,000	See Fee Plan
	\$20,001 – \$21,000	\$530		\$26,001 – \$27,000	\$650		\$63,001 – \$64,000	\$2,135
	\$21,001 – \$22,000	\$550		\$27,001 – \$28,000	\$675		\$64,001 – \$65,000	\$2,165
	\$22,001 – \$23,000	\$580		\$28,001 – \$29,000	\$700		\$65,001 – \$66,000	\$2,195
	\$23,001 – \$24,000	\$720		\$29,001 – \$30,000	\$725		\$66,001 – \$67,000	\$2,225
	\$24,001 – \$25,000	\$750		\$30,001 – \$31,000	\$900		\$67,001 – \$68,000	\$2,255
	\$25,001 – \$26,000	\$780		\$31,001 – \$32,000	\$930		\$68,001 – \$69,000	\$2,285
	\$26,001 – \$27,000	\$810		\$32,001 – \$33,000	\$960		\$69,001 – \$70,000	\$2,315
	\$27,001 – \$28,000	\$840		\$33,001 – \$34,000	\$990		\$70,001 – \$71,000	\$2,345
	\$28,001 – \$29,000	\$870		\$34,001 – \$35,000	\$1,020		\$71,001 – \$72,000	\$2,375
	\$29,001 – \$30,000	\$900		\$35,001 – \$36,000	\$1,050		\$72,001 – \$73,000	\$2,405
	\$30,001 – \$31,000	\$930		\$36,001 – \$37,000	\$1,080		\$73,001 – \$74,000	\$2,435
	\$31,001 – \$32,000	\$960		\$37,001 – \$38,000	\$1,110		\$74,001 – \$75,000	\$2,465
	\$32,001 – \$33,000	\$1,160		\$38,001 – \$39,000	\$1,140		\$75,001 – \$76,000	\$2,495
	\$33,001 – \$34,000	\$1,190		\$39,001 – \$40,000	\$1,170		\$76,001 – \$77,000	\$2,525
	\$34,001 – \$35,000	\$1,230		\$40,001 – \$41,000	\$1,200		\$77,001 – \$78,000	\$2,555
	\$35,001 – \$36,000	\$1,260		\$41,001 – \$42,000	\$1,230		\$78,001 – \$79,000	\$2,585
	\$36,001 – \$37,000	\$1,290		\$42,001 – \$43,000	\$1,260		\$79,001 – \$80,000	\$2,615
	\$37,001 – \$38,000	\$1,320		\$43,001 – \$44,000	\$1,290		\$80,001 – \$81,000	\$2,645
	\$38,001 – \$39,000	\$1,350		\$44,001 – \$45,000	\$1,320		\$81,001 – \$82,000	\$2,675
	\$39,001 – \$40,000	\$1,380		\$45,001 – \$46,000	\$1,350		\$82,001 – \$83,000	\$2,705
	\$40,001 – \$41,000	\$1,410		\$46,001 – \$47,000	\$1,380		\$83,001 – \$84,000	\$2,735
	\$41,001 – \$42,000	\$1,440		\$47,001 – \$48,000	\$1,410		\$84,001 – \$85,000	\$2,765
	\$42,001 – \$43,000	\$1,470		\$48,001 – \$49,000	\$1,440		\$85,001 – \$86,000	\$2,795
	\$43,001 – \$44,000	\$1,500		\$49,001 – \$50,000	\$1,470		\$86,001 – \$87,000	\$2,825
	\$44,001 – \$45,000	\$1,530		\$50,001 – \$51,000	\$1,500		\$87,001 – \$88,000	\$2,855
	\$45,001 – \$46,000	\$1,560		\$51,001 – \$52,000	\$1,530		\$88,001 – \$89,000	\$2,885
	\$46,001 – \$47,000	\$1,590		\$52,001 – \$53,000	\$1,560		\$89,001 – \$90,000	\$2,915
	\$47,001 – \$48,000	\$1,620		\$53,001 – \$54,000	\$1,590		\$90,001 – \$91,000	\$2,945
	\$48,001 – \$49,000	\$1,650		\$54,001 – \$55,000	\$1,620		\$91,001 – \$92,000	\$2,975
	\$49,001 – \$50,000	\$1,680		\$55,001 – \$56,000	\$1,650		\$92,001 – \$93,000	\$3,005
	\$50,001 – \$51,000	\$1,710		\$56,001 – \$57,000	\$1,680		\$93,001 – \$94,000	\$3,035
	\$51,001 – \$52,000	\$1,740		\$57,001 – \$58,000	\$1,710		\$94,001 – \$95,000	\$3,065
	\$52,001 – \$53,000	\$1,770		\$58,001 – \$59,000	\$1,740		\$95,001 – \$96,000	\$3,095
	\$53,001 – \$54,000	\$1,800		\$59,001 – \$60,000	\$1,770		\$96,001 – \$97,000	\$3,125
	\$54,001 – \$55,000	\$1,830		\$60,001 – \$61,000	\$1,800		\$97,001 – \$98,000	\$3,155
	\$55,001 – \$56,000	\$1,860		\$61,001 – \$62,000	\$1,830		\$98,001 – \$99,000	\$3,185
	\$56,001 – \$57,000	\$1,890		\$62,001 – \$63,000	\$1,860		\$99,001 – \$100,000	\$3,215
	\$57,001 – \$58,000	\$1,920			\$1,890			
	\$58,001 – \$59,000	\$1,950			\$1,920			
	\$59,001 – \$60,000	\$1,980			\$1,950			
	\$60,001 – \$61,000	\$2,010			\$1,980			
	\$61,001 – \$62,000	\$2,040			\$2,010			
	\$62,001 – \$63,000	\$2,070			\$2,040			
	\$63,001 – \$64,000	\$2,100			\$2,070			
	\$64,001 – \$65,000	\$2,130			\$2,100			
	\$65,001 – \$66,000	\$2,160			\$2,130			
\$66,001 – \$67,000	\$2,190		\$2,160					
\$67,001 – \$68,000	\$2,220		\$2,190					
\$68,001 – \$69,000	\$2,250		\$2,220					
\$69,001 – \$70,000	\$2,280		\$2,250					
\$70,001 – \$71,000	\$2,310		\$2,280					
\$71,001 – \$72,000	\$2,340		\$2,310					
\$72,001 – \$73,000	\$2,370		\$2,340					
\$73,001 – \$74,000	\$2,400		\$2,370					
\$74,001 – \$75,000	\$2,430		\$2,400					
Over \$75,000	Not Eligible							