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.

- See attached Fee Plan and Deductible Plan schedules.

EPIC also pays the 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 drug plan.
- EPIC deductibles for incomes in shaded areas on the Deductible Plan schedule will be approximately $519 less than amounts shown.

Who Can Join?

- a resident of New York State 65 or older with annual income up to $35,000 if single or $50,000 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.

How to Apply

- Fill out the attached application completely and sign it.
- If married, you and your spouse can both use the same form.
- If married and living together, both must sign the form.
- Fill in your total income for the previous calendar year.
- If married and living together, report the total income for both you and your spouse even if only one person is applying.

For more information call the toll-free EPIC Helpline at **1-800-332-3742 (TTY 1-800-290-9138)**

Download an application in English or Spanish at **http://www.health.ny.gov**
Click on EPIC for Seniors

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

Fee Schedule

Single

Annual Income	Annual Fee
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

Married

Joint Annual Income	Annual Fee (Each Person)
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

Deductible Schedule

Single

Annual Income	Annual Deductible
Under $20,000	See Fee Plan
$20,001 – $21,000	$530
$21,001 – $22,000	$550
$22,001 – $23,000	$580
$23,001 – $24,000	$720
$24,001 – $25,000	$750
$25,001 – $26,000	$780
$26,001 – $27,000	$810
$27,001 – $28,000	$840
$28,001 – $29,000	$870
$29,001 – $30,000	$900
$30,001 – $31,000	$930
$31,001 – $32,000	$960
$32,001 – $33,000	$1,160
$33,001 – $34,000	$1,190
$34,001 – $35,000	$1,230
Over $35,000	Not Eligible

Your EPIC deductible will be approx. $519 less than amount shown.

Married

Joint Annual Income	Annual Deductible (Each Person)
Under $26,000	See Fee Plan
$26,001 – $27,000	$650
$27,001 – $28,000	$675
$28,001 – $29,000	$700
$29,001 – $30,000	$725
$30,001 – $31,000	$900
$31,001 – $32,000	$930
$32,001 – $33,000	$960
$33,001 – $34,000	$990
$34,001 – $35,000	$1,020
$35,001 – $36,000	$1,050
$36,001 – $37,000	$1,080
$37,001 – $38,000	$1,110
$38,001 – $39,000	$1,140
$39,001 – $40,000	$1,170
$40,001 – $41,000	$1,200
$41,001 – $42,000	$1,230
$42,001 – $43,000	$1,260
$43,001 – $44,000	$1,290
$44,001 – $45,000	$1,320
$45,001 – $46,000	$1,575
$46,001 – $47,000	$1,610
$47,001 – $48,000	$1,645
$48,001 – $49,000	$1,680
$49,001 – $50,000	$1,715
Over $50,000	Not Eligible

Your EPIC deductible will be approx. $519 less than amount shown.

New York State and Medicare EPIC Working Together

Application

Please print clearly!

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

Your Last Name **First** **Middle Initial**

c/o Name (if different from above)

Address Where You Live (not P.O. Box)

City **State** **ZIP**

Address Where You Get Your Mail (if different from above)

City **State** **ZIP**

Social Security Number

Sex

☐ **Female** ☐ **Male**

Your Date of Birth

Month **Day** **Year**

Your Telephone Number

Area Code **Number**

( )

Marital Status

☐ **Widowed, Single or Divorced**

☐ **Married**

☐ **Married, Living Separately**

Spouse's Name (If Living)

Last Name **First** **Middle Initial**

Spouse's Social Security

Spouse's Date of Birth

Month **Day** **Year**

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

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

(Please turn over and fill in other side)

NEED HELP? CALL TOLL-FREE: 1-800-332-3742
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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.**

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

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, 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 married and 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

The information on this application is kept strictly confidential and is used only to determine your eligibility for EPIC.