



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!

EPIC will use the information on this application to apply for Extra Help on the senior's behalf, if income eligible, and only lines 1-3 will be used for EPIC determination.

- 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.

How to Apply

- Complete the application, sign it and mail it to the address below.
- Report the total income for you and your spouse if living together (even if only one is applying) and both must sign the form.
- Apply separately or spouses living together can both use the same form. Check 'Single' if you are single, divorced, widowed, or your spouse does not live with you (example: in a nursing home). Check 'Married' if you and your spouse live in the same household.

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
choose which language version

or write to: **EPIC**
P.O. Box 15018
Albany, NY 12212-5018.

Previous Year Income

Lines 1-3 are used for your EPIC determination. If you are MARRIED and living with your spouse, fill in information for both of you. Using the amount(s) on Line 3, refer to the EPIC Rate Schedule on the reverse of this page to determine your Plan and based on your income, your annual fee or your annual deductible.

Qualifying for Extra Help

Seniors already qualified for Medicare Savings Programs are automatically qualified for Extra Help. Please send a copy of your determination letter. You may skip Lines 4 through 22 if you are qualified.

Current Monthly Income

- Lines 4-9. Please enter the current monthly income before deductions for each type i.e., social security, veterans. If the amount changes month to month, estimate the average monthly income for the past 12 months for each line. Do NOT include wages and self-employment, interest income, dividends, public assistance, medical reimbursements or foster care payments. Please enter \$0 if you have no income to report on that line.
- Line 8a. Please specify the TYPE of other income that you or your spouse is reporting on Line 5, such as alimony, net rental income, workers compensation, or private or state disability payments, etc.
- Line 10. Indicate whether any of the amounts reported on lines 4-8 decreased in the last two years.

Assets

- Lines 11-14. Please report the current balance (or estimate) for the bank accounts, investments or cash that either you, your spouse (if married and living together) or both of you own. Include cash or investments that either of you own with another person. **Do NOT include your home, vehicles, burial plots, personal possessions, or back payment from Social Security or Social Security Income (SSI). On each line, enter \$0 if none.**

Other Expenses and Earnings

If you are SINGLE, please answer questions (12-14) based on your income and assets.

If you are MARRIED and living with your spouse, please answer questions (12-14) based on your COMBINED income and assets, where applicable.

- Line 15. Please check yes if you expect cash or money from any investments listed under Assets on lines (8-10) will be used to pay for funeral or burial expenses for you or your spouse. Otherwise, check no.
- Line 16. Please check yes if you or your spouse own real estate other than your home (examples: summer home, rental properties or undeveloped land which is separate from your home). Otherwise, check no.
- Line 17. Please enter the number of relatives that live with you that depend on you or your spouse to provide at least one-half of their financial support. Relatives may include anyone related to you by blood, marriage or adoption. Enter a 0 if this question is not applicable.

Answer questions 18-22 only if you and your spouse (if living together) HAVE worked in the last two years. Otherwise, please leave questions 18-22 blank.

- Line 18. Please estimate the amount you or your spouse expect to earn in wages **before taxes and deductions** this calendar year.
- Line 19. If self-employed, please estimate the amount you or your spouse expect to earn or lose this calendar year. Please enter a negative number if you expect a loss.
- Line 20. Please check yes if the amounts reported on Lines 18 or 19 decreased in the last two years. Otherwise, check no.
- Line 21. Please enter the month and year (MM/YYYY) that you stopped working or plan to stop working. Please leave this blank if you or your spouse plan to continue working.
- Line 22. Please check either yes or no if you or your spouse pay for things that allow your spouse to work. Examples of such expenses are: a wheelchair; cost of medical treatment and drugs for illnesses; personal attendant services; vehicle modifications or other transportation needs; work-related assistive technology; guide dog expenses; sensory and visual aids; and Braille translations. Please check N/A (not applicable) if single or your spouse is 65 or older.
- Line 23. Please ensure you attach a copy of your determination letter should you already be receiving "Extra Help" benefits.

EPIC Rate Schedules

Fee Plan Schedule

Single	Annual Income	Annual Fee
		Up to \$6,000
	\$ 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
	\$ 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

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		\$60,001 – \$61,000	\$2,045
	\$20,001 – \$21,000	\$530		\$26,001 – \$27,000	\$650		\$61,001 – \$62,000	\$2,075
	\$21,001 – \$22,000	\$550		\$27,001 – \$28,000	\$675		\$62,001 – \$63,000	\$2,105
	\$22,001 – \$23,000	\$580		\$28,001 – \$29,000	\$700		\$63,001 – \$64,000	\$2,135
	\$23,001 – \$24,000	\$720		\$29,001 – \$30,000	\$725		\$64,001 – \$65,000	\$2,165
	\$24,001 – \$25,000	\$750		\$30,001 – \$31,000	\$900		\$65,001 – \$66,000	\$2,195
	\$25,001 – \$26,000	\$780		\$31,001 – \$32,000	\$930		\$66,001 – \$67,000	\$2,225
	\$26,001 – \$27,000	\$810		\$32,001 – \$33,000	\$960		\$67,001 – \$68,000	\$2,255
	\$27,001 – \$28,000	\$840		\$33,001 – \$34,000	\$990		\$68,001 – \$69,000	\$2,285
	\$28,001 – \$29,000	\$870		\$34,001 – \$35,000	\$1,020		\$69,001 – \$70,000	\$2,315
	\$29,001 – \$30,000	\$900		\$35,001 – \$36,000	\$1,050		\$70,001 – \$71,000	\$2,345
	\$30,001 – \$31,000	\$930		\$36,001 – \$37,000	\$1,080		\$71,001 – \$72,000	\$2,375
	\$31,001 – \$32,000	\$960		\$37,001 – \$38,000	\$1,110		\$72,001 – \$73,000	\$2,405
	\$32,001 – \$33,000	\$1,160		\$38,001 – \$39,000	\$1,140		\$73,001 – \$74,000	\$2,435
	\$33,001 – \$34,000	\$1,190		\$39,001 – \$40,000	\$1,170		\$74,001 – \$75,000	\$2,465
	\$34,001 – \$35,000	\$1,230		\$40,001 – \$41,000	\$1,200		\$75,001 – \$76,000	\$2,495
	\$35,001 – \$36,000	\$1,260		\$41,001 – \$42,000	\$1,230		\$76,001 – \$77,000	\$2,525
	\$36,001 – \$37,000	\$1,290		\$42,001 – \$43,000	\$1,260		\$77,001 – \$78,000	\$2,555
	\$37,001 – \$38,000	\$1,320		\$43,001 – \$44,000	\$1,290		\$78,001 – \$79,000	\$2,585
	\$38,001 – \$39,000	\$1,350		\$44,001 – \$45,000	\$1,320		\$79,001 – \$80,000	\$2,615
	\$39,001 – \$40,000	\$1,380		\$45,001 – \$46,000	\$1,575		\$80,001 – \$81,000	\$2,645
	\$40,001 – \$41,000	\$1,410		\$46,001 – \$47,000	\$1,610		\$81,001 – \$82,000	\$2,675
	\$41,001 – \$42,000	\$1,440		\$47,001 – \$48,000	\$1,645		\$82,001 – \$83,000	\$2,705
	\$42,001 – \$43,000	\$1,470		\$48,001 – \$49,000	\$1,680		\$83,001 – \$84,000	\$2,735
	\$43,001 – \$44,000	\$1,500		\$49,001 – \$50,000	\$1,715		\$84,001 – \$85,000	\$2,765
	\$44,001 – \$45,000	\$1,530		\$50,001 – \$51,000	\$1,745		\$85,001 – \$86,000	\$2,795
	\$45,001 – \$46,000	\$1,560		\$51,001 – \$52,000	\$1,775		\$86,001 – \$87,000	\$2,825
	\$46,001 – \$47,000	\$1,590		\$52,001 – \$53,000	\$1,805		\$87,001 – \$88,000	\$2,855
	\$47,001 – \$48,000	\$1,620		\$53,001 – \$54,000	\$1,835		\$88,001 – \$89,000	\$2,885
	\$48,001 – \$49,000	\$1,650		\$54,001 – \$55,000	\$1,865		\$89,001 – \$90,000	\$2,915
	\$49,001 – \$50,000	\$1,680		\$55,001 – \$56,000	\$1,895		\$90,001 – \$91,000	\$2,945
	\$50,001 – \$51,000	\$1,710		\$56,001 – \$57,000	\$1,925		\$91,001 – \$92,000	\$2,975
	\$51,001 – \$52,000	\$1,740		\$57,001 – \$58,000	\$1,955		\$92,001 – \$93,000	\$3,005
	\$52,001 – \$53,000	\$1,770		\$58,001 – \$59,000	\$1,985		\$93,001 – \$94,000	\$3,035
	\$53,001 – \$54,000	\$1,800		\$59,001 – \$60,000	\$2,015		\$94,001 – \$95,000	\$3,065
	\$54,001 – \$55,000	\$1,830					\$95,001 – \$96,000	\$3,095
	\$55,001 – \$56,000	\$1,860					\$96,001 – \$97,000	\$3,125
	\$56,001 – \$57,000	\$1,890					\$97,001 – \$98,000	\$3,155
	\$57,001 – \$58,000	\$1,920					\$98,001 – \$99,000	\$3,185
	\$58,001 – \$59,000	\$1,950					\$99,001 – \$100,000	\$3,215
	\$59,001 – \$60,000	\$1,980						
	\$60,001 – \$61,000	\$2,010						
	\$61,001 – \$62,000	\$2,040						
	\$62,001 – \$63,000	\$2,070						
	\$63,001 – \$64,000	\$2,100						
	\$64,001 – \$65,000	\$2,130						
	\$65,001 – \$66,000	\$2,160						
\$66,001 – \$67,000	\$2,190							
\$67,001 – \$68,000	\$2,220							
\$68,001 – \$69,000	\$2,250							
\$69,001 – \$70,000	\$2,280							
\$70,001 – \$71,000	\$2,310							
\$71,001 – \$72,000	\$2,340							
\$72,001 – \$73,000	\$2,370							
\$73,001 – \$74,000	\$2,400							
\$74,001 – \$75,000	\$2,430							
Over \$75,000	Not Eligible							