What is EPIC:

The Elderly Pharmaceutical Insurance Coverage (EPIC) program is a New York State program for seniors administered by the Department of Health. It helps more than 270,000 income-eligible seniors aged 65 and older to supplement their out-of-pocket Medicare Part D drug plan costs. Seniors can apply for EPIC at any time of the year and must be enrolled or eligible to be enrolled in a Medicare Part D drug plan to receive EPIC benefits and maintain coverage.

EPIC provides secondary coverage for Medicare Part D and EPIC-covered drugs purchased after any Medicare Part D deductible is met. EPIC also covers approved Part D-excluded drugs once a member is enrolled in Part D.

EPIC helps pay the Medicare Part D drug plan premiums for members with income up to $23,000 if single or $26,000 if married. Higher income members are required to pay their own Part D premiums but EPIC provides premium assistance by lowering their EPIC deductible.

EPIC has two plans based on income. The Fee Plan is for members with income up to $20,000 if single or $26,000 if married. The Deductible Plan is for members with incomes ranging from $20,001 to $35,000 if single or $26,001 to $50,000 if married.

Eligibility Requirements:

To join EPIC, a senior must:

- be a New York State resident age 65 or older
- have an annual income below $35,000 if single or $50,000 if married
- be enrolled or eligible to be enrolled in a Medicare Part D plan (no exceptions), and
- not be receiving full Medicaid benefits.

Note:

1. You can join EPIC at any time during the year. Once enrolled, you will receive a ‘Special Enrollment Period’ to join a Medicare Part D drug plan. You are not eligible to receive EPIC benefits until you are enrolled in a Part D drug plan.
2. Seniors who are not eligible to join a Medicare Part D drug plan cannot join EPIC (e.g., seniors with a union/retiree drug subsidy program that is not a Part D plan, seniors without Medicare Part A or Medicare Part B).
3. Seniors with Medicare Advantage (HMO) health insurance can only join EPIC if they have Part D drug coverage with their HMO.
Residency:

To enroll in EPIC, you must be a resident of New York State. This means that your permanent home (not a summer or winter home) is located in New York State. It also means you live in the State on a regular, ongoing basis, and your New York State address is listed as your home address on official and legal documents. You need to notify EPIC whenever you change your address.

Income:

For purposes of your EPIC enrollment, household gross income is the previous year’s total annual income of the senior or married spouses. It includes, but is not limited to:

- Federal adjusted gross household income as reported on your income tax return;
- Social Security payments (less Medicare premiums);
- Railroad retirement benefits;
- The taxable amount of IRA distributions and retirement annuities;
- Support money, including foster care support payments;
- Supplemental Security income;
- Tax-exempt interest;
- Worker’s compensation;
- Gross amount of loss-of-time insurance;
- Cash public assistance and relief, other than medical assistance for the needy;
- Non-taxable strike benefits;
- Veterans’ disability pensions;
- Lottery winnings.

It does not include:

- Food stamps;
- Medicare premiums;
- Medicaid;
- Scholarships;
- Grants;
- Surplus food;
- Payments made to veterans under the federal Veterans’ Dioxin and Radiation Exposure Compensations Standards Act (Agent Orange);
- Payments made to individuals because of their status as victims of Nazi persecution.

EPIC Fee Plan:

The Fee Plan is for members with income up to $20,000 if single or $26,000 if married. Members pay an annual fee to EPIC ranging from $8 to $300 based on their prior year’s income (see Fee Plan schedule). This fee is billed in quarterly installments or can be paid annually. After any Part D deductible is met, if the member has one, Fee Plan members only pay the EPIC co-payment for drugs. Co-payments range...
from $3 to $20 based on the drug cost not covered by Part D. An EPIC identification card is mailed to the member upon successful enrollment. This card is issued once and should be kept and used for subsequent years. The coverage year runs through December 31st each year.

EPIC pays the Medicare Part D plan premiums up to $43.22 per month in 2013 for members in the Fee plan.

This is how EPIC works for Fee Plan members:

- Show both your Medicare Part D drug plan and EPIC ID cards when you go to the pharmacy to purchase your drugs.
- Your Medicare Part D drug plan is your primary drug coverage and you must maintain enrollment in a Part D drug plan to receive EPIC benefits.
- EPIC provides secondary coverage for Medicare Part D- and EPIC-covered drugs after you meet your Medicare Part D-deductible if you have one.
- Once enrolled in a Medicare Part D drug plan, EPIC also covers approved Medicare Part D-excluded drugs such as prescription vitamins and prescription cough and cold preparations.
- You will only pay the EPIC co-payments ranging from $3 to $20 based on the cost of your drug.
- If you have the full Extra Help Low-Income Subsidy (LIS) from Medicare, you will not be required to pay any EPIC fees and your co-payments will be lower.

**EPIC Deductible Plan:**

The Deductible Plan is for members with income ranging from $20,0001 to $35,000 if single or $26,001 to $50,000 if married. Members must meet an annual EPIC deductible based on their prior year’s income before they pay EPIC co-payments for drugs (see Deductible Plan schedule). An EPIC identification card is mailed to the member upon successful enrollment. This card is issued once and should be kept and used for subsequent years. The coverage year runs through December 31st each year.

EPIC pays the Medicare Part D drug plan premiums up to $43.22 in 2013 for members in the Deductible Plan with incomes ranging from $20,001 to $23,000 if single or $26,001 to $29,000 if married.

Deductible Plan members with income between $23,001 to $35,000 if single or $29,001 to $50,000 if married are required to pay their Medicare Part D plan premium each month. To provide Part D premium assistance, the EPIC deductible shown on the Deductible Plan schedule is further reduced by $519 per year, the annual cost of a basic benchmark Part D drug plan.

This is how EPIC works for Deductible Plan members:

- Show both your Medicare Part D drug plan and EPIC ID cards when you go to the pharmacy to purchase your drugs.
- Your Part D drug plan is your primary drug coverage and you must maintain enrollment in a Part D drug plan in order to receive EPIC benefits.
- EPIC provides secondary coverage for Medicare Part D- and EPIC-covered drugs after you meet your Medicare Part D deductible if you have one.
- Once enrolled in a Part D drug plan, EPIC also covers approved Part D-excluded drugs such as prescription vitamins and prescription cough and cold preparations.
After you meet any Part D deductible if you have one, out-of-pocket drug costs for covered Part D and EPIC medications will be applied to your EPIC deductible.

Once you are enrolled in a Part D drug plan, drug costs for approved Part D-excluded drugs will be applied to your EPIC deductible.

After you meet your EPIC deductible, you will only pay the EPIC co-payments ranging from $3 to $20 based on the cost of your drug.

How does the Medicare Part D drug plan requirement work:

EPIC members are required to be enrolled in a Medicare Part D drug plan or a Medicare Advantage (HMO) health plan with Part D (with no exceptions). Enrolling in EPIC will give a member a Special Enrollment Period (SEP) to join a Medicare Part D drug plan. Medicare Part D provides primary drug coverage for EPIC members. After a Part D deductible is met, if a member has one, EPIC provides secondary coverage for approved Part D and EPIC covered drugs. EPIC also covers approved Part D-excluded drugs such as prescription vitamins as well as cough and cold preparations after enrolling in a Part D drug plan.

The New York State EPIC program is not Creditable Coverage (primary coverage) for members. This means that EPIC benefits are not as generous as Medicare Part D. If a member is not enrolled in a Medicare Part D drug plan, the member will not have any prescription coverage from EPIC or receive any EPIC benefits.

Because EPIC is a State Pharmaceutical Assistance Program, EPIC can provide:

- a Medicare Special Enrollment Period (SEP) so that a new member may enroll in a Part D drug plan at any time during the year;
- a Medicare one-time plan change per calendar year for existing members;
- Medicare Part D drug plan premium assistance;
- co-payment assistance after the Medicare Part D deductible is met, if the member has one. EPIC also covers approved Part D-excluded drugs once a member is enrolled in a Part D drug plan.

How is EPIC used with Medicare Part D:

EPIC supplements Medicare Part D drug coverage for greater annual benefits and savings. When purchasing prescription drugs, the member shows both their EPIC and Medicare Part D drug plan cards at the pharmacy. After any Medicare Part D deductible is met, if the member has one, drug costs not covered by Part D (including co-payments/co-insurance) can be submitted to EPIC for payment. The member will pay an EPIC co-payment ranging from $3 to $20 based on the cost of the drug. For example, if the EPIC member’s out-of-pocket drug cost is $100, the member will pay $20.

How does Extra Help work:

*Extra Help* from Medicare comes in two levels – full and partial. All levels of *Extra Help* provide a Low Income Subsidy (LIS) with reduced co-payments for approved drugs. Drug co-payments are as low as $6.60 for brand or $2.65 for generic drugs in 2013 when enrolled in a Part D drug plan.
How does EPI C help members apply for Extra Help:

EPI C seniors who are income eligible for Extra Help are required to complete a Request for Additional Information (RFAI) to enable EPI C to apply for this federal benefit on their behalf. The application for Extra Help will also be submitted to the New York State Medicaid program for eligibility in a Medicare Savings Program that provides additional benefits as well as LIS for approved members.

Eligibility for Extra Help:

Individuals with limited income and resources who are receiving Medicare may qualify for Extra Help to lower drug costs if your annual income level is up to $16,755 if single or $22,695 if married in 2013. Resources (such as savings, CDs, IRAs, stocks, bonds – not your home or car) can be no more than $13,070 if single and $26,170 if married in 2013. If assets are higher, they may qualify for partial Extra Help.

The benefits of Extra Help and EPI C:

Those approved for full Extra Help, a Medicare Savings Program or a Medicaid Spenddown do not have to pay any EPI C fees. EPI C will continue to pay Medicare Part D plan premiums for LIS members, and those with Full LIS in enhanced plans or Medicare Advantage plans up to the basic amount ($43.22 per month in 2013) after Medicare premium subsidization.

EPI C Medicare Part D Premium Assistance:

EPI C will pay the Medicare Part D premium up to the benchmark amount of $43.22 in 2013 per month for members with incomes up to $23,000 if single or $29,000 if married. The benchmark amount is equivalent to the average cost of a Medicare Part D drug plan in New York State. It changes each year. If your Part D plan premium is higher than this amount, you are responsible to pay the difference each month.

If EPI C is paying your Part D premium and you currently have your premium deducted from your Social Security check, you must contact your Part D drug plan to stop the deduction.

If an EPI C member's income is above $23,000 if single or $29,000 if married then the member is required to pay their Part D premium each month. To help them pay, their EPI C deductible on the Deductible Plan schedule is further reduced by $519, the annual cost of a benchmark Part D plan in 2013.

When a member is approved for the full Medicare Low Income Subsidy (LIS) from Extra Help from Medicare, the Medicare Savings Program, or a Medicaid Spenddown, EPI C will also provide additional premium assistance up to the benchmark amount of $43.22 in 2013 if Medicare does not cover the entire premium.
When a member is approved for Extra Help from Medicare with a partial (25%, 50%, or 75%) LIS, EPIC will provide additional premium assistance towards the member's Medicare Part D plan drug premium up to the benchmark amount of $43.22 per month in 2013.

EPIC Drug Coverage

Coverage Period:

EPIC provides secondary coverage for Medicare Part D- and EPIC-covered drugs after any Part D deductible is met. EPIC also covers approved Part D-excluded drugs such as prescription vitamins as well as prescription cough and cold preparations once a member is enrolled in a Part D drug plan. EPIC coverage runs from January 1st to December 31st of each year. If enrolled after January 1st, coverage will still end on December 31st.

Members must maintain EPIC coverage and be enrolled in a Medicare Part D drug plan in order to receive benefits. If you disenroll from your Part D drug plan either by request or due to failure to pay, you must re-enroll in a Part D plan or you will not receive EPIC benefits for the remainder of the year.

How to use EPIC:

- Show both your Medicare Part D drug plan and EPIC cards to your pharmacist. Tell your pharmacist that you have prescription coverage through both plans.
- Tell your pharmacist that your Medicare Part D drug plan is your primary prescription coverage, and all claims for prescription medications must be submitted to Medicare Part D first and then to EPIC.
- EPIC will cover Medicare Part D- and EPIC-covered drugs deductible is met.
- EPIC will also cover approved Part-D excluded drugs once a member is enrolled in a Part D plan.

What Is Covered By EPIC:

For Part D- and EPIC-covered drugs after any Medicare Part D deductible is met or approved Part D-excluded drugs, EPIC will cover:

- New prescriptions and refills;
- Insulin, insulin syringes and needles;
- Brand name and generic prescription drugs;
- Quantities up to your Part D plan's limits.

What Is Not Covered By EPIC:

- Any drug purchases before a member joins EPIC;
- Any drug purchases before an EPIC member joins Part D;
- Any drug purchases made in the Medicare Part D deductible;
- Drugs not covered by Part D unless it is an approved Part D-excluded drug;
- Medicines that do not require a prescription (such as aspirin or vitamins);
- A small number of drugs, known as DESI drugs (ask your pharmacist for more information on these particular drugs);
- The purchase of medical devices (for example: diabetes supplies, test strips, glucometers, walkers, wheel chairs), medical supplies (cotton balls, Band-Aids®, eyeglasses and oxygen) **NOTE:** Check with your Medicare carrier to see if any of these items are covered by your Medicare benefits;
- Prescriptions purchased at a pharmacy not participating in EPIC or located outside of New York State. (Please refer to Out-of-State Travel below);
- Drugs sold by manufacturers that do not participate in EPIC's Manufacturer's Rebate Program.

**Participating Pharmacies:**

You must use a participating pharmacy in New York State to receive EPIC benefits. You should choose a pharmacy that participates in both EPIC and your Medicare Part D drug plan to maximize benefits. Check with your local pharmacy to be sure they are participating before making your purchase.

**Mail-Order Pharmacies:**

Medications may be purchased from an EPIC participating, mail-order pharmacy located in New York State, or an EPIC-participating, Medicare Part D drug plan, mail-order pharmacy. Check with the mail-order pharmacy for any special requirements. The EPIC Helpline can answer any questions you have or provide you with a list of EPIC participating mail-order pharmacies.

**Out-of-State Travel:**

When traveling outside of New York State, you should make sure to bring ample supplies of all medications you will need with you. You should contact your Part D drug plan before you leave to find out their policy on refilling prescriptions while you are out of the state. Please note that EPIC only pays for Part D- and EPIC-covered drugs after any Medicare deductible is met or approved Part D-excluded drugs purchased from an EPIC participating pharmacy.

**Keeping Track of Your Drug Costs:**

It is helpful for you to keep your receipts and a running total of your purchases. You will need to contact your Medicare Part D drug plan to ensure they have knowledge of all your purchases and to tell you where you stand with regards to your Medicare Part D drug coverage.

**Renewing Your EPIC Coverage:**

Every two years, we will request that you provide EPIC updated enrollment information to renew your coverage. You may be required to provide updated income documentation to EPIC.
EPI C Co-payments:

At the pharmacy, seniors present both their EPIC and Medicare Part D drug identification to their pharmacist. The EPIC co-payment is based on the cost of the prescription remaining after billing the Medicare Part D drug plan.

Co-payments for approved drugs purchased after any Medicare Part D deductible is met or approved Part D - excluded drugs

<table>
<thead>
<tr>
<th>Prescription Cost (after submitted to Medicare)</th>
<th>EPIC Co-Payment</th>
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</thead>
<tbody>
<tr>
<td>Up to $ 15</td>
<td>$ 3</td>
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<tr>
<td>$ 15.01 to $ 35</td>
<td>$ 7</td>
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<tr>
<td>$ 35.01 to $ 55</td>
<td>$ 15</td>
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<tr>
<td>Over $ 55</td>
<td>$ 20</td>
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EPIC Application and Contact Information:

- Website: [https://www.health.ny.gov/health_care/epic/](https://www.health.ny.gov/health_care/epic/)
  - Download and print the EPIC Application form in English, Spanish, Arabic, Chinese (traditional), Haitian Creole, Italian, Korean, Polish, Russian
  - Request an EPIC Application using the on-line Application Request Form on the website
- Call 1-800-332-3742 (TTY 1-800-290-9138) for more information or an application
To find out more about EPIC:

- EPIC operates a toll-free Helpline which is available from 8:30AM to 5:00PM, Monday through Friday. Call 1-800-332-3742 (TTY 1-800-290-9138) for more information or to request an application.

- You can also write:
  EPIC
  P.O. Box 15018
  Albany, NY 12212-5018

- email: epic@health.state.ny.us.

Reporting Problems:

If at any time you disagree with any decision affecting your enrollment in the program, you have the right to request that the issue be reviewed. This process is called a reconsideration. Some examples of decisions that you may question are:

- The disapproval of your application or renewal form;
- The amount of your income that we record to determine your eligibility or premium assistance;
- Cancellation of your EPIC coverage because you have not completed, signed and returned the Request for Additional Information form to EPIC.

You will always receive a written response to your inquiry. If you still disagree with our action, you have the right to a formal administrative hearing conducted by an independent hearing judge. This process is meant to protect your rights. You are encouraged to use it if you do not agree with a decision.

To ask for a reconsideration, you can write to the address above or call our toll-free Helpline at 1-800-332-3742. Please include your name and EPIC identification number on all letters sent to the EPIC program. This will help us respond quickly to your request.

If You Lose Your Card:

If you lose your card, just call our toll-free Helpline at 1-800-332-3742 to report the loss, and we will mail you a new card.

Your EPIC Records:

All EPIC records are kept strictly confidential and are maintained by EPIC in Albany. You may obtain copies of your records by writing to:

EPIC
Records Access Officer
P.O. Box 15091
Albany, NY 12212-5091
If You Want To Cancel Your EPIC Coverage:

To cancel your coverage you can call our toll-free Helpline at **1-800-332-3742**.

**Fraud And Abuse Hotline:**

If you think that an EPIC participant or a pharmacy is misusing or abusing the program, you can call the Fraud and Abuse Hotline by dialing toll-free **1-800-542-0424**. You will not be asked for your name or any other personal data. All calls are strictly confidential.