EPIC

EPIC is New York State’s prescription plan for seniors. It helps more than 330,000 income-eligible New Yorkers aged 65 and older supplement their out-of-pocket Medicare Part D drug plan. It provides copayment assistance for Medicare Part D-covered prescription drugs after any Part D deductible is met. EPIC also covers many Medicare Part D-excluded drugs. It’s easy to join the program. Just complete the application inside and mail or fax it to EPIC.

For more information on the 2022 EPIC program, visit www.health.ny.gov/health_care/epic/member_info/program_highlights_2022.htm or call 1-800-332-3742 (TTY 1-800-290-9138).

Eligibility

New York State residents aged 65 and older who are not receiving full Medicaid benefits and whose income is under $75,000 if single or $100,000 if married, are eligible.

You 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.

Since EPIC is a qualified State Pharmaceutical Assistance Program (SPAP), EPIC members can change their Medicare Part D plan one time during the year, in addition to the open enrollment period.

EPIC and Medicare Part D

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

Those with higher incomes must pay their Part D plan premiums. Therefore, to help seniors with incomes higher than $23,000 if single or $29,000 if married, EPIC will lower the deductible to help them pay.

EPIC Copayments

<table>
<thead>
<tr>
<th>Up to:</th>
<th>You pay:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$15</td>
<td>$3</td>
</tr>
<tr>
<td>$15.01-$35</td>
<td>$7</td>
</tr>
<tr>
<td>$35.01-$55</td>
<td>$15</td>
</tr>
<tr>
<td>$55.01 and over</td>
<td>$20</td>
</tr>
</tbody>
</table>
### EPIC Determination: Report your total income for the previous calendar year.

If you are married, and living together, you must report the combined yearly income for the previous year 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. Lines 1-3 are used only for your EPIC determination.

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

(Please fill in pages 2 and 3)

### EPIC has two plans:

#### FEE PLAN

Members pay an annual fee to EPIC based on their previous year’s income (see chart to the right). Those with Full Extra Help from Medicare have their fee waived. Members will pay EPIC co-payments for Part D and EPIC covered drugs after the Part D deductible, if any, is met. Members will pay EPIC co-payments for Part D excluded drugs.

<table>
<thead>
<tr>
<th>Annual income range</th>
<th>Annual fee range</th>
<th>Annual fee range</th>
<th>Annual fee per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>$6,000 or less</td>
<td>$8</td>
<td>$6,001-$10,000</td>
<td>$12-$24</td>
</tr>
<tr>
<td>$6,001-$9,000</td>
<td>$16-$28</td>
<td>$10,001-$13,000</td>
<td>$28-$36</td>
</tr>
<tr>
<td>$9,001-$11,000</td>
<td>$36-$40</td>
<td>$13,001-$15,000</td>
<td>$40</td>
</tr>
<tr>
<td>$11,001-$17,000</td>
<td>$46-$80</td>
<td>$15,001-$18,000</td>
<td>$84-$126</td>
</tr>
<tr>
<td>$17,001-$20,000</td>
<td>$170-$200</td>
<td>$18,001-$21,000</td>
<td>$150-$194</td>
</tr>
<tr>
<td>Over $20,000</td>
<td>$230</td>
<td>$21,001-$24,000</td>
<td>$216-$260</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$24,001-$26,000</td>
<td>$275-$300</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Over $26,000</td>
<td>See Deductible Plan</td>
</tr>
</tbody>
</table>

Under the fee plan EPIC pays the Part D monthly drug plan premiums up to the average cost of a basic Medicare drug plan ($42.43 per month in 2022).
"Extra Help" Determination: Report your total current monthly income.

EPIC will use your answers to lines 4-22 to apply for a federal benefit called "Extra Help" on your behalf. This is required by law to obtain EPIC benefits. If you already receive "Extra Help" benefits proceed to line 23 (skip lines 4-22) to indicate that you are providing a copy of your determination letter.

**CURRENT MONTHLY AMOUNTS**
(Enter $0 if no income)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Your Income</th>
<th>Spouse’s Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Monthly Social Security before deductions</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>5.</td>
<td>Monthly Railroad Retirement before deductions</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>6.</td>
<td>Monthly Veterans Benefits before deductions</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>7.</td>
<td>Monthly – Other pensions and annuities before deductions (not including any amount reported in the <strong>Assets</strong> section below)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>8.</td>
<td>Monthly – Other income not listed above (including alimony, net rental income, workers’ compensation, private or state disability payments)</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

| 8A. Specify **TYPE** of other income (line 8): |

| Line 9 | Total MONTHLY Income (Add lines 4-8) | $           | $               |

**If your income exceeds the limit placed on "Extra Help" for the calendar year you are applying in (see EPIC’s web site at http://health.ny.gov/health_care/epic/medicare.htm or the Social Security Administration web site at http://www.ssa.gov), please skip lines 10-22 then continue. If you do not have Internet access, call the EPIC Helpline at: 1-800-332-3742 (TTY 1-800-290-9138).**

| 10. | Have any amounts reported on lines 4-8 decreased during the last two years? | Yes | No |
| 11. | Bank accounts – total current balance (checking, savings, money market, certificates of deposit) | $ |     |
| 12. | Stocks, bonds, savings bonds, mutual funds                                  | $ |     |
| 13. | Individual Retirement Accounts or other similar investments                | $ |     |
| 14. | Cash at home or anywhere else                                               | $ |     |

**Total Assets (Add lines 11-13):**

|             | $ |

**If your assets exceed the limit placed on "Extra Help" for the calendar year you are applying in (see EPIC’s web site at http://health.ny.gov/health_care/epic/medicare.htm or similar information at CMS’s web site), please skip lines 15-22 and proceed with signing.**

| 15. | Will your assets be used for funeral or burial expenses?                   | Yes | No |
| 16. | Do you own real estate other than your home?                               | Yes | No |
| 17. | How many relatives living with you depend on you to provide at least one-half of their financial support? (do not include you or your spouse) |     |     |
| 18. | What do you expect to earn in wages before taxes and deductions this calendar year? | You: $ | Spouse: $ |
| 19. | If self-employed, what are your expected net earnings or loss this calendar year? | You: $ | Spouse: $ |
| 20. | Have the amounts reported for lines 18 or 19 decreased in the last two years? | Yes | No |
| 21. | If you recently stopped working or plan to stop working, enter the month and year (example: 09/2018) | You: __/20 __ | Spouse: __/20 __ |

**DEDUCTIBLE PLAN**

Members must meet an annual out-of-pocket deductible based on their previous year’s income (see chart to the right), after which they will pay EPIC co-payments for covered drugs. Drug costs in the Part D deductible phase cannot be applied to the EPIC deductible.

**If you are single:**

<table>
<thead>
<tr>
<th>Annual income range</th>
<th>Deductible range</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20,001-$23,000</td>
<td>$530-$580</td>
</tr>
<tr>
<td>$23,001-$28,000</td>
<td>$720-$840</td>
</tr>
<tr>
<td>$28,001-$36,000</td>
<td>$870-$1,260</td>
</tr>
<tr>
<td>$36,001-$44,000</td>
<td>$1,290-$1,500</td>
</tr>
<tr>
<td>$44,001-$52,000</td>
<td>$1,530-$1,740</td>
</tr>
<tr>
<td>$52,001-$60,000</td>
<td>$1,770-$1,980</td>
</tr>
<tr>
<td>$60,001-$68,000</td>
<td>$2,010-$2,220</td>
</tr>
<tr>
<td>$68,001-$75,000</td>
<td>$2,250-$2,430</td>
</tr>
<tr>
<td>Over $75,000</td>
<td>Not Eligible</td>
</tr>
</tbody>
</table>

**If you are married:**

<table>
<thead>
<tr>
<th>Joint annual income range</th>
<th>Deductible per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>$26,001-$29,000</td>
<td>$650-$700</td>
</tr>
<tr>
<td>$29,001-$40,000</td>
<td>$725-$1,170</td>
</tr>
<tr>
<td>$40,001-$50,000</td>
<td>$1,200-$1,715</td>
</tr>
<tr>
<td>$50,001-$60,000</td>
<td>$1,745-$2,015</td>
</tr>
<tr>
<td>$60,001-$68,000</td>
<td>$2,045-$2,315</td>
</tr>
<tr>
<td>$68,001-$75,000</td>
<td>$2,345-$2,615</td>
</tr>
<tr>
<td>$75,001-$80,000</td>
<td>$2,645-$2,915</td>
</tr>
<tr>
<td>$80,001-$90,000</td>
<td>$2,945-$3,215</td>
</tr>
<tr>
<td>Over $90,000</td>
<td>Not Eligible</td>
</tr>
</tbody>
</table>

*For deductible plan members with income up to $23,000 single and $29,000 married EPIC pays the monthly Part D drug plan premiums up to the average cost of a basic Part D drug plan. Members with higher incomes must pay their Part D premium each month. Their EPIC deductible will be lowered by the annual cost of a basic Part D plan (approximately $510 in 2022) to help them pay.*
To find out more information about the EPIC program or request a form in another language, please visit: www.health.ny.gov/health_care/epic

Toll-free EPIC Helpline
1-800-332-3742
TTY 1-800-290-9138
8:30 a.m.–5 p.m. Mon.–Fri.