



Module 11: ELDERLY PHARMACEUTICAL INSURANCE COVERAGE (EPIC) PROGRAM

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MODULE 11 LEARNING OBJECTIVES

1. Explain how the EPIC program can support Medicare beneficiaries in New York.
2. Review benefits and eligibility.

ELDERLY PHARMACEUTICAL INSURANCE COVERAGE (EPIC) BASICS

EPIC is the New York State Pharmaceutical Assistance Program (SPAP) that helps older adults with Medicare pay for prescription drug costs. More than 325,000 income-eligible older adults benefit from this program. EPIC is available to New York State residents who:

- Are 65 years old or older
- Have annual incomes below \$75,000 if single or \$100,000 if married
- Do not receive full Medicaid benefits (individuals enrolled in the Medicare Savings Program or Medicaid spend-down are eligible)
- And, are enrolled, or eligible to be enrolled, in a Medicare Part D drug plan or Medicare Advantage Plan that provides prescription drug coverage

EPIC primarily provides secondary coverage for Medicare Part D and EPIC-covered drugs after the Part D plan deductible is met, if applicable. EPIC also provides the following benefits:

- Covers certain approved Part D-excluded drugs (e.g. prescription vitamins, prescription cough medications).
- Covers almost all prescription drugs (including brand name and generic drugs) as well as insulin, insulin syringes, and needles.

Counselors should encourage older adults who need prescription drug assistance or have high out-of-pocket drug costs to learn more about EPIC. A beneficiary can have EPIC and also be enrolled in Extra Help or other assistance programs. EPIC enrollment can also be useful for clients who need to change Part D plans or enroll in Part D for the first time, outside of Fall Open Enrollment.

Note: Those ineligible for Part D cannot enroll in EPIC.

Pharmacies Participating in EPIC

Beneficiaries must purchase their prescriptions at a pharmacy participating in EPIC in order to use their EPIC coverage. Almost all pharmacies in New York State participate in EPIC. If the Part D plan has an out-of-state mail order option and the drug the beneficiary needs is covered by Part D they may be able to use that mail order service to fill their prescription. Clients can call the EPIC toll-free Helpline at 1-800-332-3742 to inquire if their pharmacy is participating in EPIC. Prescriptions purchased at a non-participating pharmacy will not be covered.

EPIC BENEFITS

EPIC benefits are determined by whether an individual is eligible for the Fee Plan or Deductible Plan.

Fee Plan

To qualify for the EPIC Fee plan, the client's income must be less than \$20,000/year if single or less than \$26,000/year if married. For those who qualify for the EPIC Fee plan:

- They must pay an annual fee based on their income in the previous year (fees range from \$8 to \$300). EPIC will mail bills to pay this annual fee in quarterly installments (every three months). This fee is waived for Extra Help recipients.
- EPIC will pay the Part D premium up to the state benchmark (\$48.72/month in New York in 2024). Client will be responsible for any excess premium cost. If Extra Help is also paying their Part D premium, EPIC and Extra Help will both pay \$48.72 towards the Part D premium. In other words, EPIC and Extra Help will pay up to \$97.44 toward the Part D premium.
- They must pay their Part D plan's deductible, if it has one. EPIC will not pay for this cost. After meeting the Part D deductible, EPIC copayments will range from \$3 to \$20. EPIC members will also pay copays for Part D-excluded drugs.

The chart below shows the deductible amount based on your client's income and marital status.

SINGLE Annual Income	Annual Fee	MARRIED Joint Annual Income	Annual Fee (Each Person)
Up to \$6,000	\$8	Up to \$6,000	\$8
\$6,001 - \$7,000	\$16	\$6,001 - \$7,000	\$12
\$7,001 - \$8,000	\$22	\$7,001 - \$8,000	\$16
\$8,001 - \$9,000	\$28	\$8,001 - \$9,000	\$20
\$9,001 - \$10,000	\$36	\$9,001 - \$10,000	\$24
\$10,001 - \$11,000	\$40	\$10,001 - \$11,000	\$28
\$11,001 - \$12,000	\$46	\$11,001 - \$12,000	\$32
\$12,001 - \$13,000	\$54	\$12,001 - \$13,000	\$36

SINGLE Annual Income	Annual Fee	MARRIED Joint Annual Income	Annual Fee (Each Person)
\$13,001 - \$14,000	\$60	\$13,001 - \$14,000	\$40
\$14,001 - \$15,000	\$80	\$14,001 - \$15,000	\$40
\$15,001 - \$16,000	\$110	\$15,001 - \$16,000	\$84
\$16,001 - \$17,000	\$140	\$16,001 - \$17,000	\$106
\$17,001 - \$18,000	\$170	\$17,001 - \$18,000	\$126
\$18,001 - \$19,000	\$200	\$18,001 - \$19,000	\$150
\$19,001 - \$20,000	\$230	\$19,001 - \$20,000	\$172
Over \$20,000	See Deductible Plan	\$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 Copayment Schedule

For Each Prescription Costing:	EPIC Enrollee Pays:
Up to \$15	\$3
\$15.01 to \$35	\$7
\$35.01 to \$55	\$15
Over \$55.01	\$20

Deductible Plan

To qualify for the EPIC Deductible plan, the client's income must range from \$20,001-\$75,000/year if single and \$26,001-\$100,000/year if married.

For incomes between \$20,001-\$23,000 if single, or \$26,001-\$29,000 if married:

- Client will not have to pay an annual fee to have EPIC.
- EPIC will pay the Part D premium up to the state benchmark (\$48.72 /month in New York in 2024). Client will be responsible for any excess premium cost. If Extra Help is also paying the Part D premium, EPIC and Extra Help will both pay \$48.72 towards their Part D premium. In other words, EPIC and Extra Help will pay up to \$97.44 towards the Part D premium.
- Client must pay the Part D deductible, if applicable. EPIC will not pay it.
- In addition to paying their Part D plan's deductible (if applicable), the client must also pay an EPIC deductible, which is separate from their Part D plan's deductible. The amount paid toward the Part D deductible does not count toward the EPIC deductible. However, the out-of-pocket amounts

paid for covered drugs (copays, coinsurance) after meeting the Part D plan's deductible will count toward the EPIC deductible. After meeting both the Part D and EPIC deductibles, your client will pay EPIC copays (ranging from \$3 to \$20) for drugs.

For incomes over \$23,001 and if single, or over \$29,001 if married:

- Client will not have to pay an annual fee to have EPIC.
- EPIC will not pay the part D premium.
- Client must pay the Part D deductible, if applicable. EPIC will not pay it.
- In addition to paying their Part D plan's deductible (if applicable), the client must also pay an EPIC deductible, which is separate from their Part D plan's deductible. The amount paid toward the Part D deductible does not count toward the EPIC deductible. However, the out-of-pocket amounts paid for covered drugs (copays, coinsurance) after meeting the Part D plan's deductible will count toward the EPIC deductible. After meeting both the Part D and EPIC deductibles, your client will pay EPIC copays (ranging from \$3 to \$20) for drugs.
- Client's EPIC deductible will be lowered by the annual premium cost of a benchmark Part D plan (\$584.64 in 2024).

Deductible plan enrollees should show the pharmacist their EPIC identification card each time they purchase a prescription to ensure it counts towards their EPIC deductible.

The chart below shows the deductible amount based on your client's income and marital status.

SINGLE Annual Income	Annual Deductible	MARRIED Joint Annual Income	Annual Deductible (Each Person)
Under \$20,000	See Fee Plan	Under \$26,000	See Fee Plan
\$20,001 - \$21,000	\$530	\$26,001 - \$27,000	\$650
\$21,001 - \$22,000	\$550	\$27,001 - \$28,000	\$675
\$22,001 - \$23,000	\$580	\$28,001 - \$29,000	\$700
\$23,001 - \$24,000	\$720	\$29,001 - \$30,000	\$725
\$24,001 - \$25,000	\$750	\$30,001 - \$31,000	\$900
\$25,001 - \$26,000	\$780	\$31,001 - \$32,000	\$930
\$26,001 - \$27,000	\$810	\$32,001 - \$33,000	\$960
\$27,001 - \$28,000	\$840	\$33,001 - \$34,000	\$990
\$28,001 - \$29,000	\$870	\$34,001 - \$35,000	\$1,020
\$29,001 - \$30,000	\$900	\$35,001 - \$36,000	\$1,050
\$30,001 - \$31,000	\$930	\$36,001 - \$37,000	\$1,080
\$31,001 - \$32,000	\$960	\$37,001 - \$38,000	\$1,110
\$32,001 - \$33,000	\$1,160	\$38,001 - \$39,000	\$1,140

SINGLE Annual Income	Annual Deductible	MARRIED Joint Annual Income	Annual Deductible (Each Person)
\$33,001 - \$34,000	\$1,190	\$39,001 - \$40,000	\$1,170
\$34,001 - \$35,000	\$1,230	\$40,001 - \$41,000	\$1,200
\$35,001 - \$36,000	\$1,260	\$41,001 - \$42,000	\$1,230
\$36,001 - \$37,000	\$1,290	\$42,001 - \$43,000	\$1,260
\$37,001 - \$38,000	\$1,320	\$43,001 - \$44,000	\$1,290
\$38,001 - \$39,000	\$1,350	\$44,001 - \$45,000	\$1,320
\$39,001 - \$40,000	\$1,380	\$45,001 - \$46,000	\$1,575
\$40,001 - \$41,000	\$1,410	\$46,001 - \$47,000	\$1,610
\$41,001 - \$42,000	\$1,440	\$47,001 - \$48,000	\$1,645
\$42,001 - \$43,000	\$1,470	\$48,001 - \$49,000	\$1,680
\$43,001 - \$44,000	\$1,500	\$49,001 - \$50,000	\$1,715
\$44,001 - \$45,000	\$1,530	\$50,001 - \$51,000	\$1,745
\$45,001 - \$46,000	\$1,560	\$51,001 - \$52,000	\$1,775
\$46,001 - \$47,000	\$1,590	\$52,001 - \$53,000	\$1,805
\$47,001 - \$48,000	\$1,620	\$53,001 - \$54,000	\$1,835
\$48,001 - \$49,000	\$1,650	\$54,001 - \$55,000	\$1,865
\$49,001 - \$50,000	\$1,680	\$55,001 - \$56,000	\$1,895
\$50,001 - \$51,000	\$1,710	\$56,001 - \$57,000	\$1,925
\$51,001 - \$52,000	\$1,740	\$57,001 - \$58,000	\$1,955
\$52,001 - \$53,000	\$1,770	\$58,001 - \$59,000	\$1,985
\$53,001 - \$54,000	\$1,800	\$59,001 - \$60,000	\$2,015
\$54,001 - \$55,000	\$1,830	\$60,001 - \$61,000	\$2,045
\$55,001 - \$56,000	\$1,860	\$61,001 - \$62,000	\$2,075
\$56,001 - \$57,000	\$1,890	\$62,001 - \$63,000	\$2,105
\$57,001 - \$58,000	\$1,920	\$63,001 - \$64,000	\$2,135
\$58,001 - \$59,000	\$1,950	\$64,001 - \$65,000	\$2,165
\$59,001 - \$60,000	\$1,980	\$65,001 - \$66,000	\$2,195
\$60,001 - \$61,000	\$2,010	\$66,001 - \$67,000	\$2,225
\$61,001 - \$62,000	\$2,040	\$67,001 - \$68,000	\$2,255
\$62,001 - \$63,000	\$2,070	\$68,001 - \$69,000	\$2,285
\$63,001 - \$64,000	\$2,100	\$69,001 - \$70,000	\$2,315
\$64,001 - \$65,000	\$2,130	\$70,001 - \$71,000	\$2,345
\$65,001 - \$66,000	\$2,160	\$71,001 - \$72,000	\$2,375
\$66,001 - \$67,000	\$2,190	\$72,001 - \$73,000	\$2,405
\$67,001 - \$68,000	\$2,220	\$73,001 - \$74,000	\$2,435
\$68,001 - \$69,000	\$2,250	\$74,001 - \$75,000	\$2,465

SINGLE Annual Income	Annual Deductible	MARRIED Joint Annual Income	Annual Deductible (Each Person)
\$69,001 - \$70,000	\$2,280	\$75,001 - \$76,000	\$2,495
\$70,001 - \$71,000	\$2,310	\$76,001 - \$77,000	\$2,525
\$71,001 - \$72,000	\$2,340	\$77,001 - \$78,000	\$2,555
\$72,001 - \$73,000	\$2,370	\$78,001 - \$79,000	\$2,585
\$73,001 - \$74,000	\$2,400	\$79,001 - \$80,000	\$2,615
\$74,001 - \$75,000	\$2,430	\$80,001 - \$81,000	\$2,645
Over \$75,000	Not Eligible	\$81,001 - \$82,000	\$2,675
		\$82,001 - \$83,000	\$2,705
		\$83,001 - \$84,000	\$2,735
		\$84,001 - \$85,000	\$2,765
		\$85,001 - \$86,000	\$2,795
		\$86,001 - \$87,000	\$2,825
		\$87,001 - \$88,000	\$2,855
		\$88,001 - \$89,000	\$2,885
		\$89,001 - \$90,000	\$2,915
		\$90,001 - \$91,000	\$2,945
		\$91,001 - \$92,000	\$2,975
		\$92,001 - \$93,000	\$3,005
		\$93,001 - \$94,000	\$3,035
		\$94,001 - \$95,000	\$3,065
		\$95,001 - \$96,000	\$3,095
		\$96,001 - \$97,000	\$3,125
		\$97,001 - \$98,000	\$3,155
		\$98,001 - \$99,000	\$3,185
		\$99,001 - \$100,000	\$3,215
		Over \$100,000	Not Eligible

Special Enrollment Period

As a qualified State Pharmaceutical Assistance Program (SPAP), EPIC provides beneficiaries with a Special Enrollment Period (SEP) to **join or switch** their Medicare Part D drug plan once per year, at any time during the year. Coverage is effective the first of the following month.

EPIC ENROLLMENT

Eligible individuals can apply for EPIC at any time during the year. Applicants must report their household income from the previous calendar year, including Social Security income (without Medicare Part B premiums).

NYS Law requires EPIC members be enrolled in Medicare Part D prescription drug plans to receive the EPIC benefit. However, beneficiaries do not have to be enrolled in a Medicare Part D plan before applying for EPIC, but they must enroll in a Part D drug plan before they can receive EPIC benefits. **There are no exceptions to this requirement.**

The EPIC application includes questions to determine Extra Help eligibility. Enrollees must complete this portion to be eligible for EPIC benefits or indicate that they are already receiving Extra Help and provide a copy of their Social Security determination letter with the EPIC application. An individual may receive a Request for additional information (RAI) for Extra Help, which they should fill out and return in a timely manner. EPIC will use this information to fill out an Extra Help application on the applicant's behalf. Not returning the RAI can result in the loss of EPIC benefits. For eligible low-income individuals, Extra Help can further reduce prescription drug costs and waive EPIC fees. For information about Extra Help, see HIICAP Notebook Module 10: Extra Help.

Verification of date of birth and income may be required at a later time if the information cannot be verified through Social Security Administration or NYS Tax Department.

Note: Married couples must report joint annual income, even if only one spouse is applying for EPIC. Recent widows who apply for EPIC need only report their own previous year income including one-half of any interest from joint accounts.

Enrollment applications are available in English, Spanish, Arabic, Chinese (simplified), Haitian Creole, Italian, Korean, Polish Yiddish, Bengali, and Russian.

Sources of Assistance

NYSOFA HIICAP Hotline

1-800-701-0501

NY Connects

1-800-342-9871

Elderly Pharmaceutical Insurance Coverage (EPIC) Program

1-800-332-3742

TTY: 1-800-290-9138



P.O. Box 15018

Albany, New York 12212-5018

E-mail: nysdohepic@magellanhealth.com

Additional Resources

More information about EPIC: https://www.health.ny.gov/health_care/epic/

EPIC application and contact information: www.health.ny.gov/health_care/epic/application_contact.htm

EPIC outreach inbox (to request EPIC trainings, workshops, conferences, and brochures)
NYSEPICOutreach@primetherapeutics.com