

**PUBLIC ADVOCATE FOR THE CITY
OF NEW YORK**

BETSY GOTBAUM, PUBLIC ADVOCATE

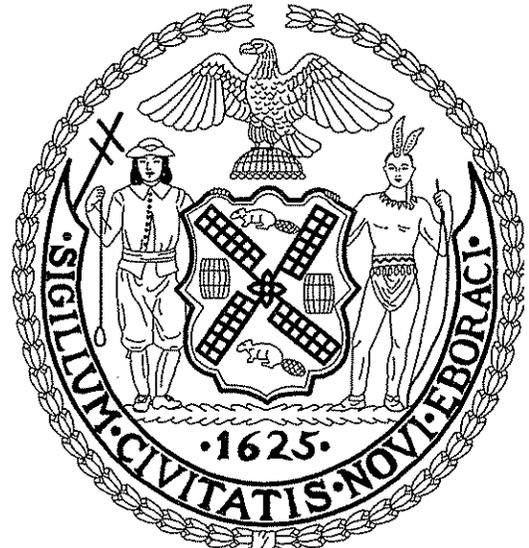
**Senior's Guide to Prescription Drug
Plans in New York City
2005**

UPDATED!

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Betsy Gotbaum, the Public Advocate for the City of New York, is pleased to offer this updated guide to explain the prescription drug plans available to New Yorkers for 2005 and to help seniors (age 65 and above)¹ choose the one that saves them the most money.²

With so many new and existing options and ways to combine the programs, it's easy to feel confused. Eligibility is usually determined by gross income, so to **find the program that best suits your income range**, use the descriptions or the comparison chart in this guide (Appendix D) to compare coverage options. Of course, **your best option depends on how much you spend on prescription drugs over the course of a year, as well as which prescriptions you take**, so read closely. We also include a list of useful phone numbers and resources you can turn to if you need more information or guidance.

The following two main options, along with Medicaid, are available to New York City Seniors:

New Medicare-approved Drug Discount Cards

There are two kinds of cards in effect until December 31, 2005: low-income assistance cards, which give financially-eligible seniors a \$600 credit to spend on drug costs each year, and general cards available to anyone on Medicare that offer 10-25% off retail drug prices. Note that the cards may cover different drugs, offer different discounts, be accepted at different pharmacies, and charge different fees. Once you sign up you cannot switch cards.

Elderly Pharmaceutical Insurance Coverage (EPIC)

New York State's Elderly Pharmaceutical Insurance Coverage (EPIC), a state-sponsored prescription drug plan that you can use at any pharmacy is arguably the most generous program of its kind in the country, offers more savings than Medicare discount cards for most senior New Yorkers after annual fees or deductibles. Studies show that, on average, EPIC saves seniors 80% on their drug costs. EPIC goes unused by many seniors who qualify for its benefits, so it pays to find out if you are eligible to take part.

¹ The focus of this guide is New York City seniors (age 65 and above). Medicare beneficiaries not 65 or over should contact the Mayor's Office for People with Disabilities at (212) 788-2830 or the Medicare Rights Center at (212) 869-3850 for assistance with choosing prescription drug coverage options.

² Retiree benefits programs usually require enrollees to participate in certain programs or use particular pharmacies. If an individual has retiree benefits, do not use recommendations in this guide that would change your retiree benefits enrollment or otherwise jeopardize your benefits.

\$20 is the maximum co-pay for each individual drug using EPIC, and almost all drugs (generic and brand name) are covered.

Coming in 2006: Medicare Part D

On January 1, 2006, Medicare Part D will begin and replace Medicare-approved Discount Drug cards. It is still in your best interest to **sign up now for a prescription discount program because it will save you money this year.** In 2006 and thereafter, EPIC expects to continue to offer big savings on drugs that are not covered by Medicare Part D.

**I. Plans Recommended if your annual income is below: \$20,000
or you and your spouse's annual income is below: \$26,000**

Medicaid

Medicaid is a comprehensive program that pays for medical care, services, and

supplies (including prescription drugs) for the lowest income populations. Medicaid provides full drug coverage and cannot be combined with any other prescription drug plan. Medicaid has other eligibility requirements. Some individuals with excess income may also be able to participate in Medicaid. Find out if you are eligible by contacting the New York City Medicaid Infoline at (877) 472-8411.

If your income is: less than \$667 each month and your assets are below \$4,000
or you and your spouse's income is: less than \$975 each month and your assets are under \$5,850

***Low-Income Assistance
Medicare-Approved Drug
Discount Cards***

The low-income assistance Medicare-Approved Drug

Discount card gives you up to a \$600 credit toward prescription drug costs. The credit will be reduced over the next few months. **Enroll in a plan as soon as possible to make the most use of this credit.** You may apply through the end of 2005, but the longer you wait to enroll, the smaller the credit you will receive.

Recommended if your annual income is:
\$8,005 - \$12,852
or you and your spouse's annual income is:
\$11,701 - \$17,253

If Your Application is Received by:	You will Receive a Credit of:
March 31, 2005	\$600
June 30	\$450
September 30	\$300
December 31 ³	\$150

You will have until December 31, 2005 to use your discount. The low-income assistance card works with all Medicare-approved plans including EPIC and several Medicare+Choice plans.

The Low-Income Assistance credit is available with either of these plans:

EPIC:

If you are enrolled in EPIC, the plan's administrators will automatically enroll you for the First Health Services low-income assistance card, and your annual EPIC fee will be waived and co-payments lowered. After you use up your drug credit, EPIC co-pays will apply. Almost all drugs (generic and brand) are covered, and co-pays range from \$3 to \$20. If you do not want EPIC to enroll you for the First Health card, contact EPIC at (800) 332-3742.

Medicare+Choice:

If you are enrolled in one of the following Medicare HMOs: GHI, HealthNet, HIP, Independent Health Association, United HealthCare, or WellCare, your HMO will apply the drug credit to your coverage. After you use up your drug credit, coverage varies. See your plan for details. If you qualify for a low-income assistance card, contact your plan directly.

EPIC Fee Plan

To join EPIC, you must pay an annual fee ranging from \$8 to \$230 (\$8-\$300 for couples) depending

Recommended if your annual income is:
\$12,853 - \$20,000
 or you and your spouse's annual income is:
\$17,254 - \$26,000

on your income. Your prescription co-pays will range between \$3 and \$20. See Appendix B to find your exact cost to join.

³ Apply before the end of the year to give yourself time to use your credit before it expires on December 31.

To apply, contact EPIC at (800) 332-3742. The enrollment form can be found at the end of this guide (Appendix A).

Using EPIC with other insurance:

EPIC can be used as a supplement to other insurance that either has no prescription coverage or limited prescription coverage. Prescription plans that do not cover brand prescriptions, have spending limits, cover less than 80% of drug costs, or have higher co-pays for non-formulary prescriptions are considered limited. For instance, pension plans and veteran's benefits have limited prescription coverage; however, EPIC may not be combined with TRICARE (the Military Health Plan) or Medicaid.

**II. Plans Recommended if your annual income is above: \$20,000
or you and your spouse's annual income is above: \$26,000**

To pick the best option, know your drug costs and the types of discounts you currently receive from other discount programs.

EPIC

Deductible Plan

The EPIC Deductible Plan is most advisable for

seniors who are paying for prescriptions out of pocket or have high drug costs. There is no fee to join. While you work toward your deductible, you will pay EPIC discount prices which range from 12 to 40% off each prescription, depending on the drug. Once you reach your deductible, you will pay no more than \$20 for prescriptions. Your deductible, based on your income, can be found in Appendix E. See the EPIC Fee Plan (above) for ways to combine EPIC coverage with other programs. To apply, contact EPIC at (800) 332-3742. The enrollment form can be found at the end of this guide (Appendix A).

If your annual income is:

\$20,001 - \$35,000

or you and your spouse's annual income is:

\$26,001 - \$50,000

Medicare-Approved Drug Discount Cards

Medicare-Approved Drug Discount Cards are

Recommended if you or you and your spouse are on **Medicare**, and don't spend much on prescriptions or other limited coverage plans

recommended for seniors with very low drug costs, those whose other options may not cover all the drugs they need, and seniors who find that a certain Medicare-Approved Drug Discount card provides them with the best options.

Discount cards save cardholders 10-25% off the retail prices of certain drugs. Each card works with its own list of prescription drugs (called a formulary list). Cards are available in many varieties from healthcare providers and pharmaceutical companies and cost \$30 or less per year. Your healthcare provider may send you information about its Medicare-approved card. Use the Medicare-Approved Discount Card search tool on www.accesstobenefits.org or the Prescription Drug search tool on www.medicare.gov or call 800-MEDICARE to see which plan offers the best coverage and savings for the drugs you take. Remember that each of the cards covers different drugs, offers different discounts, is accepted at different pharmacies, and charges different fees (up to \$30 per year). The enrollment form can be found at the end of this guide (Appendix C).

Medicare+Choice

Healthcare providers offer managed plans that work in conjunction with Medicare as well as certain Medicare-

Recommended if you or you and your spouse would prefer to receive **Medicare** through an **HMO** or **PPO**

approved Discount Drug cards. Private plans offer centrally managed care. Costs of joining a Medicare HMO or PPO may include monthly premiums that range from \$0 to \$170 for New York City residents in addition to the \$78.20 Medicare Part B monthly premium, annual deductibles, and co-pays as applicable.

In addition to HMOs, there are also Medicare supplemental insurance plans ("Medigap"). Some Medigap plans coordinate prescriptions, but their supplemental premiums come at additional cost. Medigap groups H, I, and J include drug cards. Like the Medicare-Approved cards, they will be phased out on January 1, 2006. These plans offer different ranges of prescription drug coverage. To receive an updated list of plans available in New York

City, contact the City's Health Insurance Information Counseling & Assistance Program (HIICAP) at (212) 333-5511.

Other Sources for Discounted Drugs



Commercial discounts are available for many drugs. Some mail-order pharmacies offer discounts of up to 60%, and some online pharmacies discount up to 75%. There has also been a trend of filling prescriptions in Canada (in person, mail-order, and online). **For all online purchasing, and especially for prescription drugs, it is of utmost importance that you buy from a trustworthy merchant.** Before ordering prescriptions, take the precaution of checking out the merchant with the FDA, the National Association of Boards of Pharmacy, or the Canadian International Pharmacy Association. To read more about some of the pitfalls of buying online, refer to the *Internet Drugs Report* by Office of the New York City Public Advocate (6/18/03)⁴.

It is important to know the costs of drugs you take to determine if the internet can give you a better price. You may compare prices on a prescription search engine such as New York State Attorney General Eliot Spitzer's new statewide prescription drug price comparison tool: www.nyagrnx.org; Destination Rx, an online pharmacy search engine of Verified Internet Pharmacy Practice Sites (VIPPS) and other vendors at www.destinationrx.com; or Needy Meds, an index of patient assistance programs organized by prescription at www.needymeds.com. Most internet pharmacies do not require membership, though there may be additional costs for shipping and handling. There are also prescription drug discount cards that do have monthly premiums and discount particular drugs. If you have internet access, refer to the Medicare Rights Center's *Guide to Discount Drugs*, a national guide to the many sources for discounted prescription drugs.

⁴ *Internet Drugs Report* by Office of the New York City Public Advocate (6/18/03) can be found at www.pubadvocate.nyc.gov.

Useful Online Resources:

The FDA Guide to Buying Medicines and Medical Services Online

<http://www.fda.gov/oc/buyonline/>

The FDA Guide to Buying Prescriptions Online: A Consumer Safety Guide

<http://www.fda.gov/cder/consumerinfo/buyOnlineGuide.htm>

The Medicare Rights Center's Guide to Discount Drugs

<http://www.medicarerights.org/rxframeset.html>

The National Association of Boards of Pharmacy

<http://www.nabp.net/>

The Canadian International Pharmacy Association

<http://www.ciparx.ca/>

Additional Contacts for Information and Assistance

Official Government Sources:

Medicaid Infoline

(877) 472-8411 M-F 8:00a-5:00p
www.health.state.ny.us

Medicare

(800) 633-4227 M-F 8:30a-1:00a
www.medicare.gov

New York State Elderly Pharmaceutical Insurance Coverage (“EPIC”)

(800) 332-3742 M-F 8:30a-5:00p
www.health.state.ny.us

Individual Counseling:

It’s very important to get individual counseling to select the best coverage for your situation. Individuals seeking objective counseling should call the HIICAP (Health Insurance Information Counseling & Assistance Program) lines below. They are funded by federal, state, and city governments.

New York State Medicare Rights Center HIICAP

(800) 333-4114 M-Th 9:00a-3:00p
www.medicarerights.org

New York City Department for the Aging HIICAP

(212) 333-5511 M-F 10:00a-4:00p
<http://www.hiicap.state.ny.us/>

Institute for the Puerto Rican/Hispanic Elderly HIICAP
(Instituto Puertorriqueño/Hispano Para Personas Mayores)

(212) 677-4181 M-F 9:00a-5:00p

New York City Managed Care Consumer Assistance Program
(Community Service Society of New York)

(212) 614-5400 M-F 9:00a-5:00p
<http://www.nycmccap.org/>

APPENDICES

- A. EPIC APPLICATION (NON DOH-3409)⁵
- B. STANDARD ENROLLMENT FORM FOR THE MEDICARE-APPROVED DRUG DISCOUNT CARD AND ADDITIONAL ASSISTANCE IN PAYING FOR YOUR PRESCRIPTION DRUGS (CMS-20016-B)⁶
- C. STANDARD ENROLLMENT FORM FOR THE MEDICARE-APPROVED DRUG DISCOUNT CARD (CMS-20016-A)[†]
- D. PRESCRIPTION DRUG PLANS FOR NEW YORK CITY SENIORS, 2005⁷
- E. EPIC FEE, DEDUCTIBLE, AND CO-PAY SCHEDULES, 2005[‡]

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⁵ Source: EPIC website. <http://www.health.state.ny.us/nysdoh/epic/faq.htm>

⁶ Source: Medicare website. <http://www.medicare.gov/MedicareReform/formsandinstructions.asp>

⁷ Prepared by the Office of the Public Advocate, January 2005.



APPLICATION

PLEASE PRINT CLEARLY

FILL OUT
 THIS FORM
 COMPLETELY.

ENTER THE
 ADDRESS THAT
 WE SHOULD
 USE WHEN WE
 SEND YOU
 INFORMATION.

REMEMBER:

- YOU MUST BE 65 OR OLDER TO ENROLL.
- YOU MUST SEND PROOF OF AGE WITH YOUR APPLICATION.

Who is applying? <input type="checkbox"/> Yourself only <u>or</u> <input type="checkbox"/> Yourself and your spouse			
Your Last Name	First	Middle Initial	Social Security Number
c/o Name (if different from above)			Your Date of Birth
Mailing Address	Box # or Apt. #		Month / Day / Year
City	County	Zip	Telephone Number
Marital Status		Sex	Ethnic Information (Optional)
<input type="checkbox"/> Widowed, Single or Divorced		<input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic
<input type="checkbox"/> Married		<input type="checkbox"/> Male	<input type="checkbox"/> Asian <input type="checkbox"/> Native American
<input type="checkbox"/> Married, Living Separately			<input type="checkbox"/> Other
Spouse's Last Name (if living)		First	Initial Social Security Number
Spouse's Birthdate		Spouse's Ethnic Information (Optional)	
Month / Day / Year	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian		
	<input type="checkbox"/> Native American <input type="checkbox"/> Other		
Do you have other insurance that covers prescriptions?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of other insurance _____			
Does your spouse have other insurance that covers prescriptions?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of other insurance _____			
Do you have Medicaid? (Not Medicare)			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you have a Medicaid spenddown? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your spouse have Medicaid? (Not Medicare)			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does your spouse have a Medicaid spenddown? <input type="checkbox"/> Yes <input type="checkbox"/> No			

(Please turn over and fill in other side)

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

¿ NECESITA AYUDA? LLAME 1-800-332-3742

Report your total income for the previous calendar year.

- If you are married, you must report the joint income of you and your spouse.
- Fill in each line. Where you did not have income, check the NONE box.
- Report all income including Social Security (without Medicare Premiums), pensions, interest from savings, IRA distributions, wages, etc. Multiply monthly amounts by 12 to get yearly income.
- Your income information may be verified with the Social Security Administration, the NYS Department of Taxation and Finance and others. We may ask for copies of documents that verify your income.

	YOUR YEARLY INCOME	NONE	SPOUSE'S YEARLY INCOME	NONE
1. Social Security (without Medicare) and/or Railroad Retirement Benefits	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
2. Pensions and Annuities	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
3. Other Income (Net Rental Income, IRA, Capital Gains, Wages, Business Income or Loss, etc.)	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
4. Interest and Dividends	\$ _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
5. TOTAL YEARLY INCOME (Add lines 1-4)	\$ _____		\$ _____	

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 Medicaid benefits. I know that I may be required to give proof of my age, income, residency and other prescription insurance. I know that I do not have to disclose my Social Security number; but if provided, it will be used to verify my eligibility under Article 19-K of the Executive Law. I consent to the exchange of all information necessary to verify my eligibility between EPIC and the Social Security Administration, NYS Medicaid Program, NYS Tax Department, private insurance companies and others. In the event of duplicate or overpayment by EPIC, I assign to EPIC any drug benefits that I may be entitled to under any other private insurance or governmental plan. I authorize my health care providers to release to the EPIC program my medical information pertaining to prescriptions to be used for authorized program purposes.

You or your representative must sign below:

_____ Your signature	_____ Date
_____ Spouse's signature	_____ Date

Mail this form with proof of age, and income documentation if available, to:

**EPIC
P.O. Box 15018, Albany, NY 12212-5018**

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

STANDARD ENROLLMENT FORM FOR THE MEDICARE-APPROVED DRUG DISCOUNT CARD AND ADDITIONAL ASSISTANCE IN PAYING FOR YOUR PRESCRIPTION DRUGS



Drug Card Sponsor Name	Drug Card Product Name
Enrollment Fee	CMS Sponsor ID Number

STEP 1: PLEASE ANSWER THE FOLLOWING STATEMENTS

I have Medicare Part A or Medicare Part B. Yes No

I **do not** have outpatient prescription drug benefits under my State Medicaid Program. Yes No

If you answered YES to BOTH of the statements above, continue to STEP 2.

If you answered NO to either of the statements above, you may not be eligible for this program. Please see the information on page 1 of the instructions or call the Medicare-approved drug discount card sponsor you have selected for assistance.

STEP 2: PLEASE COMPLETE THIS INFORMATION ABOUT YOURSELF

First Name	Middle Initial	Last Name	Date of Birth (month/day/year)	Sex	
Residence Street Address			City	State	ZIP Code
Social Security Number	Medicare ID Number		Telephone Number (with area code)		

STEP 3: PLEASE ANSWER THE FOLLOWING QUESTIONS

Do you have TRICARE (military health insurance)? Yes No

Do you have Federal employee or retiree health insurance (FEHBP)? Yes No

Do you have other health coverage that includes outpatient prescription drugs, such as employer or retiree plans? Yes No

NOTE: If your health coverage is through a Medicare+Choice (M+C) plan or Medigap plan, answer "no" to this question.

If you answered YES to any of the statements above, you may not be eligible for the \$600 credit. Please see the information on page 2 of the instructions, or call the Medicare-approved drug discount card sponsor you have selected for assistance.

If you answered NO to all of these questions, please continue to the next page.

Step 4: Please answer the following questions about your income

Does your state help you pay your Medicare Part A or Part B premiums? Yes No

If you answered YES, please complete the following then SKIP to STEP 5:

Please indicate your income here: \$ _____

Please check one: Single Married

If your state helps pay your Medicare Part A or Part B premiums you may still qualify if your income is above \$12,569 if single or \$16,862 if married (*your coinsurance at the pharmacy would be 10%*).

If you answered NO, please complete the remaining questions in this Step.

I am single and my income is: \$12,569 or less (*10% coinsurance at the pharmacy*)
 \$9,310 or less (*5% coinsurance at the pharmacy*)

I am married and my income, including my spouse's income, is:
 \$16,862 or less (*10% coinsurance at the pharmacy*)
 \$12,490 or less (*5% coinsurance at the pharmacy*)

If married, please include your spouse's Social Security Number: _____

Have you recently (*within the last 2 years*) retired or been widowed or divorced? Yes No

Step 5: Read all the information and sign your form

Release of Information: By applying for enrollment in this company's Medicare-approved drug discount card, I allow the Centers for Medicare & Medicaid Services (CMS) to give information to the company of the Medicare-approved drug discount card. The information will say whether I have Medicare Hospital Insurance Benefits (Part A) and/or Supplementary Medical Insurance Benefits (Part B). I also allow the State Medicaid Program, Social Security Administration, and Internal Revenue Service, or any other agency with relevant information about me to give CMS or CMS' agents the information needed to determine if I am eligible for the Medicare-approved drug discount card and, if applying, for a credit of up to \$600 toward prescription drugs.

Review of Eligibility: I understand that my application will be considered without regard to race, color, sex, age, handicap, religion, national origin, or political belief. I also understand that by signing this application I am agreeing to a full investigation or review of my eligibility by states, federal agencies, or their contractors and, if requested, I agree to provide the documents necessary to confirm the accuracy and completeness of the information provided in this application. If documents aren't available, I agree to give the name of the person or organization that can provide and release this necessary information.

By signing below, you certify that you have read and understand the information on this entire enrollment form. If you can't sign, a representative may sign for you.

Federal law provides for fine or imprisonment, or both, for any person who withholds or gives false information to obtain assistance to which (s)he is not entitled. I understand the questions on this application and I certify, under penalty of perjury, that the information given by me on this form is correct and complete to the best of my knowledge.

Signature _____ Date _____

Your enrollment form is not complete unless it is signed.

Return your completed enrollment form to the Medicare-approved drug discount card sponsor you selected.

**STANDARD ENROLLMENT FORM FOR THE
MEDICARE-APPROVED DRUG DISCOUNT CARD**



Drug Card Sponsor Name	Drug Card Product Name
Enrollment Fee	CMS Sponsor ID Number

STEP 1: PLEASE ANSWER THE FOLLOWING STATEMENTS

I have Medicare Part A or Medicare Part B. Yes No

I **do not** have outpatient prescription drug benefits under my State Medicaid Program. Yes No

If you answered YES to BOTH of the statements above, continue to STEP 2.

If you answered NO to either of the statements above, you may not be eligible for this program. Please see the information on page 1 of the instructions or call the Medicare-approved drug discount card sponsor you have selected for assistance.

STEP 2: PLEASE COMPLETE THIS INFORMATION ABOUT YOURSELF

First Name	Middle Initial	Last Name	Date of Birth (month/day/year)	Sex	
Residence Street Address			City	State	ZIP Code
Social Security Number	Medicare ID Number		Telephone Number (with area code)		

Step 3: Read all the information

Release of Information: By applying for enrollment for a Medicare-approved drug discount card, I allow the Centers for Medicare & Medicaid Services (CMS) to give information to the company of the drug discount card. The information will say whether I have Medicare Hospital Insurance Benefits (Part A) and/or Supplementary Medical Insurance Benefits (Part B). I also allow the State Medicaid Program or any other agency with relevant information about me to give CMS or CMS' agents the information needed to determine if I am eligible for a drug discount card.

Review of Eligibility: I understand that my application will be considered without regard to race, color, sex, age, handicap, religion, national origin, or political belief. I understand that by signing this application I am agreeing to a full investigation or review of my eligibility by states, federal agencies, or their contractors and, if requested, I agree to provide the documents necessary to confirm the accuracy and completeness of the information provided in this application. If documents aren't available, I agree to give the name of the person or organization that can provide and release this necessary information.

By signing below, you certify that you have read and understand the information on this enrollment form. If you can't sign, a representative may sign for you. Federal law provides for a fine or imprisonment, or both, for any person who withholds or gives false information to obtain assistance to which (s)he is not entitled. I understand the questions on this application and I certify, under penalty of perjury, that the information given by me on this form is correct and complete to the best of my knowledge.

Signature _____ Date _____

Please return your completed enrollment form to the
Medicare-approved drug discount card sponsor you selected.

NOTE: If you would like to apply for the Medicare-approved drug discount card AND a credit of up to \$600 toward your prescription drugs, please fill out and return the Form CMS-20016-B if you live in the 48 states, Form CMS-20016-D if you live in Alaska, or Form CMS-20016-C if you live in Hawaii.

PRESCRIPTION DRUG PLANS IN NEW YORK CITY, 2005

Eligibility Requirements	Combining Prescription Coverage	The cost to you of a \$100 prescription after discounts
<p>Income limits: \$667 per month for single seniors; \$975 per month for married seniors. Cannot have assets greater than \$4,000 (\$5,850 for couples). Other eligibility requirements include assets and other special categories. <i>*Some individuals with excess income may be eligible for coverage. Call Medicaid's hotline to find out if you qualify.</i></p>	<p>Cannot be combined with any other drug coverage program.</p>	<p>Co-pays vary, but are very low compared to other plans. Some individuals may be exempt from co-pays entirely.</p>
<p>Income limits: \$12,852 for single seniors; \$17,253 for married seniors.</p> <p>You must be a New York State resident: age 65 or above.</p> <p>You must receive Medicare coverage.</p> <p>Not eligible if you have drug coverage from Medicaid, TRICARE, an employer, union, private insurance company (HMOs, etc.) or the Federal Employee Health Benefit Program (FEHBP).</p>	<p>EPIC can be combined with any "limited" prescription drug plan that either: does not cover brand prescriptions, has spending limits, covers less than 80% of drug costs; or has no coverage or higher co-pays for non-formulary prescriptions.</p> <p>Veteran's and other state pharmaceutical benefits may be combined with EPIC.</p>	<p>If more than \$100 remains on your subsidized Medicare card: \$3 co-pay</p> <p>If you have finished your \$600 allowance: \$20 co-pay</p> <p>90-95% of drug price is paid by the low-income assistance card up to \$600 per year. EPIC works as supplemental insurance after Medicare to lower your co-pay.</p>
<p>Income limits: \$20,000 for single seniors; \$26,000 for married seniors.</p> <p>You must be a New York State resident: age 65 or above.</p> <p>Not eligible if you are a private insurance subscriber (HMOs, etc.) or have Medicaid.</p>	<p>You cannot combine EPIC with a Medicare-Approved Drug Discount Card.</p>	<p>\$20 co-pay</p>
<p>Income limits: \$35,000 for single seniors; \$50,000 for married seniors.</p> <p>You must be a New York State resident: age 65 or above.</p> <p>Not eligible if you are private insurance subscriber (HMOs, etc.) or have Medicaid.</p>	<p>You cannot combine EPIC with a Medicare-Approved Drug Discount Card.</p>	<p>If you haven't reached your deductible (Appendix B): The EPIC price (12-40% off).</p> <p>If you have reached your deductible: \$20 co-pay.</p>
<p>Open to all Medicare beneficiaries, but access to plans may vary by service area and cost.</p>	<p>Many private insurance plans offer a Medicare-Approved Drug Discount Card as an option. See plan details for information about plan combinations.</p>	<p>Varies by plan.</p>
<p>You must receive Medicare coverage.</p> <p>You must be age 65 or above.</p> <p>Not eligible if you have Medicaid, or already have another Medicare-Approved Drug Discount card.</p>	<p>You cannot combine EPIC with a Medicare-Approved Drug Discount Card.</p>	<p>10-25% off the drug's retail price, depending on whether the card you choose discounts the drug you are purchasing.</p>

AND CO-PAY SCHEDULES, 2005

EPIC DEDUCTIBLE PLAN

SINGLE SENIOR	
Annual Income	Deductible
Under \$20,000	Not Available
\$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

MARRIED COUPLES	
Joint Annual Income	Deductible (Each Person)
Under \$26,000	Not Available
\$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

Prepared by the Office of the Public Advocate, January 2005.
 (Sources: EPIC website: www.health.state.ny.us/nysdoh/epic/newfees.htm and
www.health.state.ny.us/nysdoh/epic/newded.htm; and Informational Packet.)