

<Date>

<EPIC Participant Name>

<Address 1>

<Address 2>

<City, State, Zip>

Dear EPIC Participant:

According to Medicare, you have been approved for extra help with the new Medicare prescription drug coverage. This coverage is available to you at no additional cost and will not affect your enrollment in EPIC. While it is a voluntary benefit, enrolling in this new Medicare coverage and using it with EPIC will save you even more money. For drugs covered by the Medicare plan, your co-payments may be as low as \$2 for generics and \$5 for brand drugs. Also, your EPIC enrollment fee will be waived, and you can continue to use your EPIC coverage for drugs not covered by the Medicare plan.

To help you select the Medicare prescription drug plan that best fits your needs, we matched the prescription drugs and pharmacies you use against those offered by each Medicare drug plan available to you with no additional monthly premium. Based on this match, we have determined the following plan would be a good choice for you:

<plan name here BOLDDED>

To help you enroll in the new Medicare drug benefit so you can start saving money as soon as possible, EPIC will automatically enroll you into the above plan unless you call and advise us otherwise. A listing of the plans available to you with no additional monthly premium is provided on the back of this letter. Please note if you did not have any prescriptions filled during our review period, the above plan was randomly selected. **You should notify us if you have already enrolled in a Medicare drug plan, or are enrolled in a Medicare Advantage Plan, or have prescription coverage considered “creditable” through an employer or union. Our EPIC Helpline number is 1-800-332-3742 (TTY 1-800-290-9138).**

If we do not hear from you within ten days from the date of this letter, you will be enrolled into the above plan and will receive correspondence confirming your enrollment. You will also receive an ID card from the Medicare drug plan as well as a new EPIC ID card, both of which you should show at the pharmacy to ensure you pay the lowest possible co-payment.

Sincerely,



Julie Naglieri
Director

Medicare Prescription Drug Plans

(available to you for no extra cost)

Company Name	Medicare Prescription Drug Plan Name	Plan Telephone Number
American Progressive Life & Health Ins. Co. of NY	Prescription Pathway Bronze Plan	(800) 825-8200
First Health Premier	First Health Premier	(800) 588-3322
GHI Medicare Prescription Drug Plan	GHI Medicare Prescription Drug Plan	(800) 611-8454
Health Net	Health Net Orange – 2 Tier	(800) 547-8734
Health Net	Health Net Orange – 3 Tier	(800) 547-8734
Humana Insurance Company of New York	Humana PDP Standard	(800) 281-6918
PacifiCare Life and Health Insurance Company	PacifiCare Select Plan	(800) 943-0399
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	(800) 943-0399
SilverScript	SilverScript	(866) 552-6106
Simply Prescriptions (Excellus)	Rx 1	(800) 659-1986
Unicare	Medicare RX Rewards	(866) 892-5335
United Healthcare	AARP MedicareRx	(888) 556-7052
Wellcare	Wellcare Signature	(888) 423-5252

Please note, married couples enrolled in EPIC will receive a separate notice for each spouse, but the plan selected should be identical if we were able to match your drug needs to the plans as a couple.

If you have questions about this information or about EPIC and the Medicare prescription drug benefit, please call the EPIC Helpline at 1-800-332-3742 (TTY 1-800-290-9138). If you have specific questions about any of the Medicare drug plans listed, including the plan we have selected for you, please directly call the company at the number provided in the table. Additional information regarding the new Medicare drug benefit is available by calling 1-800-MEDICARE (1-800-633-4227).