



NEW YORK STATE SENIOR PRESCRIPTION PLAN

P.O. BOX 15018, ALBANY, NY 12212-5018

1-800-332-3742

Date

EPIC Participant Name

Address 1

Address 2

City, State, Zip

EPIC ID Number

Dear (Personalize the Greeting):

You may have received a notice from your Medicare prescription drug plan that the monthly plan premium will increase beginning January 1, 2008. Because you receive Extra Help from both Medicare and EPIC, the higher premium will be paid for you. **You will continue to pay no Part D premium.** And, if you receive full Extra Help from Medicare, your EPIC enrollment fee will continue to be waived.

Please be sure to show both your Medicare Part D and EPIC ID cards at the pharmacy so they know what prescription coverage you have. By using both Medicare and EPIC together, you will pay lower co-payments for greater savings.

If you have any questions about your EPIC coverage, or how to use EPIC with your Medicare Part D plan, please call the EPIC Helpline at 1-800-332-3742 (TTY 1-800-290-9138).

Sincerely,

Julie Naglieri
Director

R50 LIS

¿Necesita ayuda? Llame 1-800-332-3742



NEW YORK STATE SENIOR PRESCRIPTION PLAN

P.O. BOX 15018, ALBANY, NY 12212-5018

1-800-332-3742

Date

EPIC Participant Name
Address 1
Address 2
City, State, Zip

EPIC ID Number

Dear (Personalize the Greeting):

The monthly premium for the Medicare drug plan that you are currently enrolled in will increase beginning January 1, 2008. You may have received notification about this from your Part D plan. Unfortunately, the new premium will be higher than the average cost for a basic plan, which is the most EPIC can pay toward your premium. To avoid any additional cost to you, EPIC would like to enroll you in a different Part D plan as of January 1, 2008.

We have selected a new Medicare drug plan for you based on the drugs and pharmacy you use. EPIC will pay the full premium for this Part D plan, as we are doing this year, so there will be no added cost to you. Unless we hear from you, we will automatically enroll you in the following plan: **plan name**

If you prefer, you can stay enrolled in your current Part D plan. However, you will have to pay the difference between the \$24.18 that EPIC will pay and the new premium announced by your Part D plan. You also have the option of selecting a different plan, at no added cost, from the list on the back of this letter.

You must call us by November 26th if you want to stay in your current plan or join a different plan than the one we selected. **Otherwise, we will enroll you in the above plan as of January 1st.** You will receive information from that plan during December about your new Medicare drug benefits. The EPIC Helpline number is **1-800-332-3742** (TTY 1-800-290-9138).

Please be assured that your EPIC coverage is not changing. By using Medicare and EPIC together to pay for your prescriptions, you save even more!

Sincerely,

Julie Naglieri
Director

R51 Fee

¿Necesita ayuda? Llame 1-800-332-3742

2008 Medicare Prescription Drug Plans

(available at no added cost to you)

Company Name	Medicare Prescription Drug Plan Name	Plan Telephone Number
Aetna Medicare	Aetna Medicare Rx Essentials	(800) 213-4599
American Progressive Life & Health Ins. Co. of NY	Prescription Pathway Bronze Plan	(800) 978-9500
Bravo by Elder Health	Bravo Rx	(800) 723-9209
CIGNA Healthcare	CIGNA Medicare Rx Plan One	(800) 735-1459
Health Net	Health Net Orange Option 1	(800) 606-3604
HealthSpring Prescription Drug Plan	HealthSpring Prescription Drug Plan - Reg 3	(800) 331-6293
Medco Medicare Prescription Plan	Medco Medicare Prescription Plan – Value	(800) 758-3605
MemberHealth	Community CCRx Basic	(866) 684-5353
RxAmerica	Advantage Star Plan by RxAmerica	(800) 429-6686
SilverScript Insurance Company	SilverScript	(866) 552-6106
Unicare	MedicareRx Rewards Value	(866) 892-5334
Unicare	Medicare Rx Rewards Standard	(866) 892-5334

If you have any 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 call the company directly at the number provided in the table. Additional information regarding the Medicare drug benefit is available by calling 1-800-MEDICARE (1-800-633-4227).



NEW YORK STATE SENIOR PRESCRIPTION PLAN

P.O. BOX 15018, ALBANY, NY 12212-5018

1-800-332-3742

Date

EPIC Participant Name

Address 1

Address 2

City, State, Zip

EPIC ID Number

Dear (Personalize the Greeting):

The monthly premium that you pay for your current Medicare Part D drug plan will increase on January 1, 2008. You may have received notification about this from your plan. We help you pay for the Part D premium by lowering your EPIC deductible at the time of renewal each year. However, in 2008 the premium will be higher than the amount EPIC is allowed to credit your deductible, which means you will be paying slightly more.

If you find the increased premium unacceptable, EPIC will be happy to help you enroll in a lower cost Medicare drug plan as of January 1, 2008. A list of basic plans with premiums below \$24.18 per month, the average premium that we are allowed to lower your deductible by, is printed on the back of this letter. To help you select a plan, we reviewed the prescription drugs and pharmacy you use and determined the following plan would be a good choice for you:

Plan Name Bolded

If you want EPIC to enroll you in this new Part D plan, you need to contact us before November 26, 2007. We will not enroll you unless you contact us. You can either call the EPIC Helpline at **1-800-332-3742** (TTY 1-800-290-9138), or sign and return this letter in the enclosed postage-paid envelope so we receive it by November 26th.

By signing and returning this letter, I am requesting that EPIC enroll me in the Medicare Part D drug plan listed above. I understand that I will be required to pay the Medicare Part D premium each month.

Signature of Participant

Medicare Claim Number

If we do not hear from you by November 26th, we will assume that you will be staying in your current plan and paying the higher premium.

Sincerely,

Julie Naglieri
Director

R 52 Ded

¿Necesita ayuda? Llame 1-800-332-3742

2008 Medicare Prescription Drug Plans

Company Name	Medicare Prescription Drug Plan Name	Premium	Plan Telephone Number
Aetna Medicare	Aetna Medicare Rx Essentials	* \$24.10	(800) 213-4599
American Progressive Life & Health Ins. Co. of NY	Prescription Pathway Bronze Plan	\$20.40	(800) 978-9500
Bravo by Elder Health	Bravo Rx	\$20.40	(800) 723-9209
CIGNA Healthcare	CIGNA Medicare Rx Plan One	\$21.60	(800) 735-1459
Health Net	Health Net Orange Option 1	* \$20.70	(800) 606-3604
HealthSpring Prescription Drug Plan	HealthSpring Prescription Drug Plan - Reg 3	\$17.70	(800) 331-6293
Medco Medicare Prescription Plan	Medco Medicare Prescription Plan – Value	* \$23.00	(800) 758-3605
MemberHealth	Community CCRx Basic	*\$19.90	(866) 684-5353
RxAmerica	Advantage Star Plan by RxAmerica	\$17.20	(800) 429-6686
SilverScript Insurance Company	SilverScript	*\$22.60	(866) 552-6106
Unicare	MedicareRx Rewards Value	\$23.00	(866) 892-5334
Unicare	Medicare Rx Rewards Standard	*\$20.00	(866) 892-5334

* Original mailing had the incorrect premium. This is the accurate price per month.

If you have any 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 call the company directly at the number provided in the table. Additional information regarding the Medicare drug benefit is available by calling 1-800-MEDICARE (1-800-633-4227).



NEW YORK STATE SENIOR PRESCRIPTION PLAN

P.O. BOX 15018, ALBANY, NY 12212-5018

1-800-332-3742

Date

EPIC Participant Name
Address 1
Address 2
City, State, Zip

EPIC ID Number

Dear (Personalize the Greeting):

According to our records, you are currently enrolled in the Humana Standard Medicare Part D drug plan. Because of changes in the Humana Part D plans for 2008, **we will be moving you from Humana Standard to the new Humana Enhanced plan effective January 1, 2008.** And with the Extra Help you receive from both Medicare and EPIC, the monthly Part D premium will be paid for you. **You will continue to pay no Part D premium.** And, if you receive full Extra Help from Medicare, your EPIC enrollment fee will continue to be waived.

The Humana Enhanced plan offers better benefits than the Humana Standard plan, because it has no deductible and lower co-payments, and covers the same drugs. EPIC will continue to cover the Humana co-payments and any drugs not covered by Humana, while you pay only the EPIC co-payment.

Please remember to show both your Humana and EPIC prescription ID cards at the pharmacy, so they know what drug coverage you have. If you have any questions, you can call the EPIC Helpline at **1-800 -332-3742** (TTY 1-800-290-9138).

Sincerely,

Julie Naglieri
Director

R53 Humana

¿Necesita ayuda? Llame 1-800-332-3742



NEW YORK STATE SENIOR PRESCRIPTION PLAN

P.O. BOX 15018, ALBANY, NY 12212-5018

1-800-332-3742

Date

EPIC Participant Name
Address 1
Address 2
City, State, Zip

EPIC ID Number

Dear (Personalize the Greeting):

The monthly premium for the Medicare drug plan that you are currently enrolled in, WellCare Signature, will increase beginning January 1, 2008. You may have received notification about this from WellCare. Unfortunately, the new premium will be higher than the average cost for a basic plan, which is the most EPIC can pay toward your premium. To avoid any added cost to you, EPIC will change your Medicare drug coverage to the WellCare Classic plan effective January 1, 2008. The full monthly premium for the WellCare Classic plan will be paid for by EPIC, as we are doing this year for your current coverage.

If you prefer, you can stay enrolled in the WellCare Signature Plan. However, you will have to pay \$4.82 each month, which is the difference between the \$24.18 that EPIC can pay and the new \$29.00 premium for the WellCare Signature plan. You also have the option of selecting a different plan, at no added cost, from the list on the back of this letter.

You must call us by November 26, 2007 if you want to stay in WellCare Signature or join a different plan. **Otherwise, we will enroll you in WellCare Classic as of January 1st.** You will receive information from WellCare during December describing your new Medicare drug benefits. The EPIC Helpline number is **1-800-332-3742** (TTY 1-800-290-9138).

Please remember to show both your WellCare and EPIC cards at the pharmacy. By using both plans to pay for your prescriptions, you save even more!

Sincerely,

Julie Naglieri
Director

R54 WC Fee

¿Necesita ayuda? Llame 1-800-332-3742

2008 Medicare Prescription Drug Plans

(available at no added cost to you)

Company Name	Medicare Prescription Drug Plan Name	Plan Telephone Number
Aetna Medicare	Aetna Medicare Rx Essentials	(800) 213-4599
American Progressive Life & Health Ins. Co. of NY	Prescription Pathway Bronze Plan	(800) 978-9500
Bravo by Elder Health	Bravo Rx	(800) 723-9209
CIGNA Healthcare	CIGNA Medicare Rx Plan One	(800) 735-1459
Health Net	Health Net Orange Option 1	(800) 606-3604
HealthSpring Prescription Drug Plan	HealthSpring Prescription Drug Plan - Reg 3	(800) 331-6293
Medco Medicare Prescription Plan	Medco Medicare Prescription Plan – Value	(800) 758-3605
MemberHealth	Community CCRx Basic	(866) 684-5353
RxAmerica	Advantage Star Plan by RxAmerica	(800) 429-6686
SilverScript Insurance Company	SilverScript	(866) 552-6106
Unicare	MedicareRx Rewards Value	(866) 892-5334
Unicare	Medicare Rx Rewards Standard	(866) 892-5334

If you have any 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 call the company directly at the number provided in the table. Additional information regarding the Medicare drug benefit is available by calling 1-800-MEDICARE (1-800-633-4227).

Date

EPIC Participant Name

Address 1

Address 2

City, State, Zip

EPIC ID Number

Dear (Personalize the Greeting):

The monthly premium that you pay for your current Medicare Part D drug plan, WellCare Signature, will increase on January 1, 2008. You may have received notification about this from WellCare. As you know, we help you pay for the WellCare premium by lowering your EPIC deductible at the time of renewal each year. However, in 2008 the WellCare premium will be higher than the amount EPIC is allowed to credit your deductible.

WellCare offers another plan, WellCare Classic, which has a lower premium than the WellCare Signature plan. But since we can only credit your EPIC deductible by \$24.18 per month (\$291 per year), even the WellCare Classic premium of \$24.70 per month is slightly higher than the credit toward your EPIC deductible. And, the Classic plan has a \$250 Medicare deductible which the Signature plan does not have.

If you want to switch to the WellCare Classic plan or another plan with a lower premium, you need to contact us before November 26, 2007. A list of basic plans is printed on the back of this letter. In order to change to any other plan, you can call the EPIC Helpline at **1-800-332-3742** (TTY 1-800-290-9138). To switch to WellCare Classic, you can just sign and return this letter in the enclosed postage-paid envelope.

By signing and returning this letter, I am requesting that EPIC enroll me in the WellCare Classic Medicare Part D drug plan. I understand that I will be required to pay the Medicare Part D premium each month.



Signature of Participant

Medicare Claim Number

If we do not hear from you by November 26th, we will assume that you will be staying in WellCare Signature and paying the higher premium.

Sincerely,

Julie Naglieri
Director

R55 WC Ded

¿Necesita ayuda? Llame 1-800-332-3742

2008 Medicare Prescription Drug Plans

Company Name	Medicare Prescription Drug Plan Name	Premium	Plan Telephone Number
Aetna Medicare	Aetna Medicare Rx Essentials	* \$24.10	(800) 213-4599
American Progressive Life & Health Ins. Co. of NY	Prescription Pathway Bronze Plan	\$20.40	(800) 978-9500
Bravo by Elder Health	Bravo Rx	\$20.40	(800) 723-9209
CIGNA Healthcare	CIGNA Medicare Rx Plan One	\$21.60	(800) 735-1459
Health Net	Health Net Orange Option 1	* \$20.70	(800) 606-3604
HealthSpring Prescription Drug Plan	HealthSpring Prescription Drug Plan - Reg 3	\$17.70	(800) 331-6293
Medco Medicare Prescription Plan	Medco Medicare Prescription Plan – Value	* \$23.00	(800) 758-3605
MemberHealth	Community CCRx Basic	*\$19.90	(866) 684-5353
RxAmerica	Advantage Star Plan by RxAmerica	\$17.20	(800) 429-6686
SilverScript Insurance Company	SilverScript	*\$22.60	(866) 552-6106
Unicare	MedicareRx Rewards Value	\$23.00	(866) 892-5334
Unicare	Medicare Rx Rewards Standard	*\$20.00	(866) 892-5334

* Original mailing had the incorrect premium. This is the accurate price per month.

If you have any 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 call the company directly at the number provided in the table. Additional information regarding the Medicare drug benefit is available by calling 1-800-MEDICARE (1-800-633-4227).