

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Bowling</i>	DATE <i>8-28-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000178</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Checked 9/5/06 &amp; this attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-8-06</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

PATRICIA P. BUNCH  
720 Surfside Drive  
Surfside Beach, SC 29575

**RECEIVED**

AUG 28 2006

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

STATE OF South Carolina  
Dept. of Health & Human Affairs  
P. O. Box 8206  
Columbia, SC 29202-8206

*Doc. Bowling*  
*Wagner-Sing*

Att: Robert M. Kerr, Director

Dear:

With reference to your letter of August 8, 2006, please furnish me with the following information on the named Ins. Companies:

Amount of deductible; is there a hole in center of payment period where I have to pay the full amount of premium; and anything else you feel I need to know:

Community Care RX (Member Health, Inc.)) (5803) (Community Care RX Gold

Instill Health Insurance Company (S5946) (InstillRX Plus (003)

Wellcare (S5967) Wellcare Premier (112)

If you know any other company with better Gap Assistance Program for Seniors (GAPS), please advise.

✓ I am enclosing a list of my prescriptions for your information.

Sincerely,

*Patricia P. Bunch*  
Patricia P. Bunch

PPB  
EMC:PSIRE

PATRICIA P. BUNCH  
720 Surfside Drive  
Surfside Beach, SC 29575

July 15, 2006: Present medication

Prilosec	40 mg	1 daily
Synthroid	125 mcg	1 daily
Citracal + D	250 mg	2 daily
Citracal + Mag	250 mg	2 daily
Klor-Con	10 meq	2 daily
Methyldopa	250 mg	1 daily
Duragesic Pain Patch	50 mg	change every 3 days
Requip	0.5 mg	4 daily
Klonopin	1 mg	1 at bedtime
Xanax	.25 mg	3 daily
Zoloft	100 mg	1 daily
Magsol	600/25 USP	2 daily
Premarin	.625 mg	1 at night
Glucophage	1000 mg	1 each morning & 1 at night as needed
Macrobid (chronic cystitis	100 mg	1 daily
Advil (occasional for headache in place of ultram)		1 daily
Bayer Aspirin	325 mg	1 daily
Milk of Magnesia	1 tablespoon	as needed
Hydrocodone Naprosen	when needed	2 daily
Glipizide	2.5 mg	3 each morning & 2 each night
Vytorin	10/20	1 each night



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

September 5, 2006

Robert M. Kerr  
Director

Ms. Patricia P. Bunch  
720 Surfside Drive  
Surfside Beach, South Carolina 29575

Dear Ms. Bunch:

Thank you for your letter to Director Robert M. Kerr requesting additional information as to which Medicare Part D Prescription Drug Plan (PDP) best suits your needs. Mr. Kerr has asked that I research this matter and respond to you.

The information you seek is best provided by the representatives of the respective PDPs that coordinate the Gap Assistance Pharmacy Program for Seniors (GAPS) with Medicare Part D. The PDPs vary in the premium they charge and the lists of drugs they cover. The GAPS benefit provided you by the state of South Carolina will be the same regardless of which coordinating PDP you select. You will be responsible for 5% of the cost if your PDP-covered prescription expenses are between \$2,250 and \$5,100 and South Carolina will be responsible for the remaining 95%. Listed below are the Customer Service contact numbers for the PDPs that coordinate with the GAPS program:

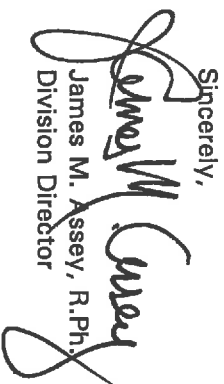
PARTICIPATING PROVIDERS		Name of Plan	Phone Number
BlueCross BlueShield of SC (S5953)		MedBlue Rx (001)	1-800-930-2836
BlueCross BlueShield of SC (S5953)		MedBlue Rx Plus (002)	1-800-930-2836
Community Care Rx [Member Health, Inc.] (S5803)		Community Care Rx Basic (078)	1-866-684-5353
Community Care Rx [Member Health, Inc.] (S5803)		Community Care Rx Choice (146)	1-866-684-5353
Community Care Rx [Member Health, Inc.] (S5803)		Community Care Rx Gold (112)	1-866-684-5353
First Health Life and Insurance Company (S5768)		First Health Premier (012)	1-800-588-3322
InStil Health Insurance Company (S5946)		InStil Rx (001)	1-877-446-7845
InStil Health Insurance Company (S5946)		InStil Rx Plus (003)	1-877-446-7845
WellCare (S5967)		WellCare Signature (043)	1-888-481-5252
WellCare (S5967)		WellCare Complete (077)	1-888-481-5252
WellCare (S5967)		WellCare Premier (112)	1-888-481-5252

Log #178

Ms. Patricia P. Bunch  
September 5, 2006  
Page 2

Carefully review your medications and select the plan that best meets your individual prescription needs. You may call 1-800 MEDICARE (1-800-633-4227) or the Region 8 Waccamaw Office on Aging at 1-843-546-4231 for further assistance in the selections.

I apologize for the difficulties you have experienced in this matter. I hope this information is of assistance to you. Should further assistance be needed, you may contact me at (803) 898-2875.

Sincerely,  
  
James M. Assey, R.Ph.  
Division Director

JMA/m