


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Bowling</i>	DATE <i>11/2/06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000339</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Change to NA per Manga on 11/3/06</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11/3/06</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.			

GAPS-Participating Part D Drug Plans	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
InStill Health Insurance Company (S5946)	InStill Rx (001)	1-877-446-7845
InStill Health Insurance Company (S5946)	InStill Rx Plus (003)	1-877-446-7845
WellCare (S5967)	WellCare Signature (043)	1-888-423-5252
WellCare (S5967)	WellCare Complete (077)	1-888-423-5252
WellCare (S5967)	WellCare Premier (112)	1-888-423-5252

11-1-06

Bentham Dr.,

Please note that I do have
extra Rx coverage.

Thank you,
Rita J Lee

RECEIVED

NOV 02 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

InStill Health.

InStill Rx Plus Prescription Drug Coverage

RxBin: 003585
RxPCN: 98544
RxGrp: 98544
Issuer: (80840)
ID: 067393419284
Name: RITA J LEE

MedicareRx
Prescription Drug Coverage

S5946 1009-06 (09/2005)



State of South Carolina

Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

August 8, 2006

Dear Former SILVERCARD Member:

In November and December of 2005, I mailed information to you regarding South Carolina's Gap Assistance Pharmacy Program for Seniors (GAPS). Many seniors may be helped by GAPS since it provides relief for those faced with costly drug bills. Since you participated with SILVERCARD before the Medicare Part D prescription drug program replaced it, you may be eligible for the GAPS program.

Under the new Medicare prescription drug program that began January 1, 2006, many people who enrolled in a plan such as the one in which you are currently enrolled, will be responsible for 100% of the drug costs during the coverage gap that occurs when prescription expenses are between \$2,250 and \$5,100. South Carolina's GAPS benefit helps seniors with this break in coverage since GAPS pays 95% of the prescription costs during the coverage gap.

If you want to take advantage of the GAPS benefit, you must be enrolled in a Medicare Part D prescription drug plan that participates in GAPS. *However, according to our records, you are enrolled in a drug plan that does NOT coordinate with GAPS.* It may be helpful for you to know that a special enrollment period has been established that allows you to make a change in your Medicare Part D prescription plan without having to pay a penalty charge on your monthly premium. This means that, without a penalty charge, you may change to a prescription plan that coordinates with the state-sponsored GAPS benefit. If you would like to change from your current GAPS non-participating drug plan to a GAPS-participating plan, then you must enroll in one of the GAPS-participating plans listed on the reverse side of this letter.

You should carefully select a plan that best meets your individual needs. Remember, seniors who enrolled earlier this year in a GAPS non-participating drug plan now have an opportunity to switch without penalty to a plan that does participate with the GAPS program if they choose to do so.

I hope this information is of assistance to you and encourage you to take appropriate action. The reverse side of this letter has a list of the Medicare prescription drug plans that coordinate with the GAPS benefit and toll-free contact telephone numbers for your use. Please call the telephone number indicated on the list if you need further assistance. Should you have questions concerning this letter, you may call the Medicaid Beneficiary Services toll-free telephone number at 1-888-549-0820.

Sincerely,

A handwritten signature in dark ink, appearing to read "Robert M. Kerr".

Robert M. Kerr
Director

RMK/lm

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Bouling / Giese</i>	DATE <i>11/2/06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
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2. DATE SIGNED BY DIRECTOR _____	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11/1</i> _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

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