

Introducing the Prescription Savings Card Program

What is the Prescription Savings Card Program?

- It is a program designed to provide savings of up to 10% to 50% on prescription drugs.

Who is eligible?

- All residents and their dependents (living in the same household) are eligible for this program.

Are there any other restrictions?

- There are no age requirements.
- There are no income requirements.
- There are no exclusions for pre-existing conditions.

Is this insurance?

- The Prescription Savings Card Program is not a supplemental insurance program.
- The Prescription Savings Card Program is not a managed care program.

Why should I apply for the Prescription Savings Card ?

- For a small fee, you and your eligible dependent(s) receive special discounted pricing on prescription medications.
- You can save up to 10% to 50% off regular retail prescription prices.

What limitations apply to the Prescription Savings Card?

- There are no quantity limits, receive as much medication as prescribed.
- There are no limits on the number of prescriptions filled or refilled.
- There are no deductibles to meet.
- There are no forms to fill out.



Do I have to change medications in order to receive my savings?

- No. All brand name and generic drugs which require a prescription are included; there are no exclusions.
- Medication switches or calls to your physician are not necessary.

Do I have to mail my prescriptions in order to receive my savings?

- No. Your Prescription Savings Card is accepted throughout an extensive network of participating chain and independent pharmacies in New Jersey and nationwide.
- Save at pharmacies in town or across the country.
- No mail-order is required.



How do I use the Prescription Savings Card?

- Present your Prescription Savings Card to your pharmacy along with your prescriptions to be filled.
- Your pharmacy will notify you of your special discounted price.
- You pay just this price!

How do I apply?

- To apply, complete the attached membership application (on the reverse of this panel).
- Include the applicable membership fee and mail as indicated.

The Township of Clark

Prescription Savings Card Program

Please complete the application and return with check for membership fee made payable check to:

GSPO Provider Services Corp.
P.O. Box 4190
Hamilton, NJ 08610

MEMBERSHIP APPLICATION

Please check one of the following:
Membership Fee (per household):

- 1 year \$20.00
- 3 years \$40.00 (get 1 year free!)

CARDHOLDER INFORMATION

Last Name: _____
 First Name: _____
 Street: _____
 City, ST, Zip: _____
 Phone: _____
 Birthdate: _____ Male/Female: _____

DEPENDENT INFORMATION

Last Name: _____
 First Name: _____
 Birthdate: _____ Male/Female: _____

DEPENDENT INFORMATION

Last Name: _____
 First Name: _____
 Birthdate: _____ Male/Female: _____

(For additional dependents, please attach sheet)

By signing below, I attest that the persons listed above:

- are residents of the Township of Clark
- understand that this is a discount savings card and not a managed care or supplemental insurance program
- understand that this program cannot be used in combination with other programs for the same prescription purchase.

Signature: _____

CUT ALONG DOTTED LINE

A Message From The Mayor and Council

The Township of Clark is pleased to offer this innovative prescription savings card program to all Township residents.

We are fully aware that the costs of prescription medications are continually escalating while many of our valued residents live on a fixed incomes. This program might not be a solution for everyone, nor is it intended to totally eliminate the financial burden. However, it certainly represents a significant step in the right direction.

We hope that you will take advantage of this opportunity and should you have any questions or concerns, please do not hesitate to contact GS-POPS at 800-633-0037.

Thank you.

IMPORTANT
(PLEASE READ)

- The Prescription Savings Card is a discount savings card and not a managed care or a supplemental insurance program.
- The Prescription Savings Card cannot be used in combination with other programs for the same prescription purchase.
- The Prescription Savings Card membership fee is non-refundable.

Please allow 10 to 15 business days for your application to be processed and your Prescription Savings Card to be mailed to your home.

GSPO Provider Services Corp.
P.O. Box 4190
Hamilton, NJ 08610



www.gspops.com
Toll-Free Customer Service:
1-800-633-0037



*The Township of
Clark
Prescription
Savings Card
Program*

SAL BONACCORSO
MAYOR

COUNCIL

Alvin Barr, Councilman-at-Large
Angel Albanese, Councilwoman-at-Large
Sheila Whiting, Councilwoman-at-Large
Frank G. Mazzarella, Councilman (First Ward)
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