

## *Introducing the Senior Preferred Prescription Savings Card*

### *What is the Senior Preferred Prescription Savings Card?*

- It is a program designed to provide savings of up to 10% to 50% on prescription drugs for Senior and Disabled citizens.

### *Who is eligible?*

- Residents age 55 or older.  
OR
- Residents of any age who are disabled and receiving Social Security Disability Benefits.

### *Are there any other restrictions?*

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

### *Is this insurance?*

- The Senior Preferred Prescription Savings Card is not a supplemental insurance program.
- The Senior Preferred Prescription Savings Card 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 City of Garfield  
Senior Preferred Prescription Savings Card**

Please complete the application and return to:

**City of Garfield  
111 Outwater Lane • Garfield, N.J. 07026  
Attention: Borough Clerk  
Make Check payable to GS-POPS**

**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: \_\_\_\_\_

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

- are residents of the City of Garfield
- are at least 55 years of age AND/OR receive Social Security Disability Benefits
- 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**

It is a pleasure to offer to our senior and disabled residents a low cost option for prescription drugs. Keeping in mind the escalating costs of prescription drugs in today's economy, this discount card program is being offered to you through the City and GS-POPS and has the potential to make prescription drugs much more affordable to you.

With changes to the State prescription programs and tighter eligibility guidelines, this program offers those who do not qualify for those programs, or those who do not have prescription drug coverage, the ability to receive needed prescription drugs at substantial discounted pricing.

We are pleased that this program is being offered to our seniors and disabled citizens and we hope that, if qualified, you will take advantage of this program and the financial assistance that it provides.

If you have any questions, please call the GS-POPS tollfree customer phone number below. Please allow 10 to 14 business days for your application to be processed. Your Senior Preferred Prescription Savings Card will be delivered directly to your home via U.S. Mail.

**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 14 business days for your application to be processed and your Senior Preferred Prescription Savings Card to be mailed to your home.**



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

**www.gspops.com**

**Toll-Free Customer Service:  
1-800-633-0037**

Form SP-H03

**GS  
POPS**



*The City of  
Garfield  
Senior Preferred  
Prescription  
Savings Card*

**CITY OF GARFIELD**  
*"City of Champions"*

**FRANK J. CALANDRIELLO  
MAYOR**

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