

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 Borough of Glen Ridge
Senior Preferred Prescription Savings Card**

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

**Borough of Glen Ridge
825 Bloomfield Avenue
Glen Ridge, NJ 07028**

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 Borough of Glen Ridge
- 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

The Mayor and Council are pleased to introduce the Borough of Glen Ridge Senior Preferred Prescription Savings Card, a program designed to provide special discounted pricing on prescription drugs for Senior and/or Disabled citizens. Eligibility for this Program is limited to senior Glen Ridge residents who are 55 years of age or older, as well as Glen Ridge residents of any age who are disabled and receiving Social Security Disability Benefits.

As an eligible member of the Program, you receive discounted pricing on all of prescriptions for brand name and generic drugs. You can save up to 10% to 50% off regular retail prices. Membership in the Program gives you access to a nationwide network of approximately 55,000 chain and independent pharmacies. This means that you will receive your special discounted pricing at your neighborhood pharmacy or even at a pharmacy far away from home.

Best of all, membership is \$20 for 1 year or \$40 for 3 years (1 year FREE).

**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.



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

www.gspops.com

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



*The Borough of
Glen Ridge
Senior Preferred
Prescription
Savings Card*

**PETER A. HUGHES
MAYOR**

**COUNCIL
Linda W. Seyffarth
Arthur D. Dawson
Elizabeth K. Baker
Paul A. Lisovicz
Stuart K. Patrick
Yvonne Provost**