

Please complete the following application and mail along with membership fee to:
GSPO Provider Services Corp.
P.O. Box 4190
Hamilton, NJ 08610

MEMBERSHIP APPLICATION

Please check one of the following:

- 1 year membership \$20.00
 3 year membership \$40.00

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 above persons:

- are residents of Hudson County.
- understand that this is a discount savings program and not a managed care, insurance 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 County Executive Tom DeGise and the

Hudson County Board of Chosen Freeholders

We recognize that the price of prescription drugs is of major concern to our residents, whether they are senior citizens on a fixed retirement income, or young families just starting out. The County has recently learned of a privately operated prescription savings program that can benefit all Hudson County residents.

That is why we're endorsing the Hudson County Prescription Savings Program brought to you by the Garden State Pharmacy Owners Providers Service. The Prescription Savings Card that you will obtain from this program can provide Hudson County residents and their dependents (living in the same household) a savings on prescription drug costs of between 10% and 50%. All that is required is a completed application form and an annual \$20 fee per household (\$40 for three years).

The Hudson County Prescription Savings Program Card is accepted at thousands of participating pharmacies, both local and nationwide. It will help in making prescription drugs more affordable for all of our residents.

For further information, please call the toll-free customer service number below.

PRIVACY POLICY

As part of our required policy to protect our members' privacy, all information provided will be kept strictly confidential.

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

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

GS
POPS



The Hudson County Prescription Savings Program

Thomas A. DeGise
County Executive

Board of Chosen Freeholders

Silverio Vega, Chairman

Barry Dugan, Vice-Chairman

Thomas Liggio, Chairman Pro Tempore

William Braker

Al Cifelli

Maurice Fitzgibbons

William O'Dea

Tilo Rivas

Radames Velazquez

1-800-633-0037



The Hudson County Prescription Savings Program

What is the Hudson County Prescription Savings Program?

- It is a program designed to provide Hudson County residents with savings of up to 10% to 50% on prescription medications.

Who is eligible ?

- All residents of Hudson County and their dependents (living in the same household).

Are there any other restrictions?

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

Is this insurance?

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

Why should I apply for this Program?

- For a small annual membership fee, you will receive a Hudson County Prescription Savings Card which provides special discounted pricing on prescription medications for all members of your household.
- You can save up to 10% to 50% off regular retail prescription prices.

What limitations apply to the Prescription Savings Program?

- There are no quantity limits, receive as much medication as prescribed.
- There are no limits on the number of prescriptions you can fill or refill.
- 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.

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 independent and chain 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?

- Complete the attached application (on the reverse of this panel).
- Attach your membership fee and mail as indicated.