

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 Borough of Kenilworth
Prescription Savings Card Program**

Please complete the application and return 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 Borough of Kenilworth
- 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: _____

PLEASE NOTE: You must attach proof of residency (copy of cardholder's driver's license or recent utility bill) for your enrollment to be processed.

*A Message From The Mayor and Council
of the Borough of Kenilworth*

Many of us struggle with the rising costs of health care and especially the costs of prescription drugs. A large number of our residents, including many senior citizens, are without any prescription drug plans at a time when they find themselves needing more and more medications. Others, including those who are jobless or with limited incomes, face the same dilemma.

As a municipal governing body we cannot bring about any widespread change in this area. We have, however, adopted a plan which may provide some relief to our residents.

The governing body has approved the Borough of Kenilworth Resident Prescription Savings Program. The Prescription Savings Card that accompanies the Program will provide Borough residents and their dependents living in the same household with a discount of up to 10% to 50% off retail prices on prescription drugs. To participate you must complete an application form, provide proof of residency and a fee of \$20.00 per household (\$40.00 for 3 years). This brochure provides further information about the program and participation requirements.

An application to participate in this Program is provided here for your convenience. For further information, please call the toll-free customer service number below.

The Borough of Kenilworth does not receive any benefit from anyone's participation in this program, nor has it done any research into any other competitive programs. The governing body is bringing this program to your attention in order that you may be aware of a potential cost savings opportunity. The program will not reduce the cost to residents participating in New Jersey's Pharmaceutical Assistance to the Aged and Disabled (PAAD) or Medicaid recipients.

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**

GS
POPS



*The Borough of
Kenilworth
Prescription
Savings Card
Program*

**KATHI FIAMINGO
MAYOR**

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CUT ALONG DOTTED LINE