

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 Little Ferry
Senior Preferred Prescription Savings Card**

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

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

- are residents of the Borough of Little Ferry
- 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 Little Ferry
Mayor and Council**

The Mayor and Council are aware of the rising cost each year of prescription drugs. While some of us have a form of insurance to offset these expenses, most senior and disabled residents do not have any coverage to assist them with the mandatory need of these prescriptions. The financial burden of these prescriptions causes some to forego the required medications because of prohibited costs.

The Mayor and Council of the Borough of Little Ferry are extremely pleased to present a program that can help those who have no help in paying for these necessary drugs. The Borough of Little Ferry Senior Preferred Prescription Savings Card is designed to offer savings on prescription drugs. An annual fee of \$20.00 per household will enroll

you in this program, designed to save up to 10% to 50% off the regular retail price of your prescriptions. Please read this brochure for more details.

It is our pleasure to present this program to the senior and disabled residents of the Borough of Little Ferry.

Thank you,
Mayor Thomas Quirico

**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**

Form SP-H03

**GS
POPS**



*The Borough of
Little Ferry
Senior Preferred
Prescription
Savings Card*

THE BOROUGH OF LITTLE FERRY

**MAURO D. RAGUSEO
MAYOR**

COUNCIL

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