

## *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 Township of Lyndhurst  
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 Township of Lyndhurst
- 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: \_\_\_\_\_

*A Message From Mayor Richard J. Dilascio*

The Board of Commissioners and I are aware of the escalating cost of drugs in today's economy. We know that while many seniors have insurance or other programs to help pay for their prescription drugs, many do not. Without assistance, they must pay for expensive prescriptions from their own personal funds, which often causes financial hardship. Some seniors may even limit their medicinal purchases or go without the help their prescriptions provide.

Because of this, the Board of Commissioners and I have approved the Township of Lyndhurst Senior Preferred Prescription Savings Card. An alternative course to help people in need, this program is designed to give those who are eligible a savings on all prescription drugs. A simple annual fee of \$20 per household (or \$40 for three years) is all you need to begin realizing savings of up to 10% to 50% off regular retail prices for prescription drugs. Please read this brochure carefully for full details.

We are pleased to offer this program to our seniors and disabled citizens. We hope that, if qualified, you will take advantage of this program and the financial assistance it provides. If you have any questions, please contact the Township Clerk's Office at 201-804-2457, extension 3.

**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](http://www.gspops.com)

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

CUT ALONG DOTTED LINE

GS  
**POPS**



*The Township of  
Lyndhurst  
Senior Preferred  
Prescription  
Savings Card*

**RICHARD J. DILASCIO, MAYOR**

**TOWNSHIP COMMISSIONERS**

**Joseph Abruscato  
Thomas DiMaggio  
Robert B. Giangeruso  
Brian Haggerty**