

## *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 Township of Middletown  
Prescription Savings Card Program**

Please complete the application and return with  
check for membership fee made payable check 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 Township of Middletown
- 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 Mayor Pamela M. Brightbill and  
the Township Committee*

Middletown Township, like communities around the nation, continues to be confronted with escalating health care costs that place an undue financial burden on Middletown residents, especially our seniors, our disabled residents and our unemployed. To help residents combat these ever-rising costs, the Township Committee and I are proud to present a new savings program that can help every resident save up to 10% to 50% on prescription medications. The Middletown Township Prescription Saving Card Program is available to all residents and their dependents (living in the same household) regardless of age, income or health.

The Middletown Township Prescription Savings Card is designed to provide help to those who get little or no assistance when it comes to paying for any number of necessary medications. It is accepted at thousands of participating pharmacies locally and nationally. All that is required to join the program is a completed application form, proof of residence and a small annual fee. Use of this card will pay for itself very quickly and there is no limit on the number of prescriptions on which you can save money.

We encourage you to read this brochure, talk to your pharmacist and take advantage of this new program. It is our hope that the Middletown Township Prescription Savings Card program will lend a helping hand to any community member who may be in need of a way to better afford prescription drugs.

As always, we will continue to work on your behalf to find meaningful programs that help residents remain healthy, live well, and enjoy our community. For further information, please call the toll-free customer service number below.

**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**

CUT ALONG DOTTED LINE

GS  
**POPS**



Organized December 14, 1667  
"Pride in Middletown"

*The Township of  
Middletown  
Prescription  
Savings Card  
Program*

**PAMELA M. BRIGHTBILL  
MAYOR**

**GERARD P. SCHARFENBERGER  
DEPUTY MAYOR**

**COMMITTEE MEMBERS**

**SEAN F. BYRNES  
ANTHONY P. FIORE  
PATRICK SHORT**