

## *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 Mine Hill  
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 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 Mayor and Council**

The Township of Mine Hill is pleased to offer this prescription savings program to all of our residents over the age of 55 or disabled. With the costs of prescriptions continually rising, causing increasing financial pressure on so many of our long time residents on fixed incomes, we have adopted this program to help you realize significant savings on vital prescription medications.

We hope that you will take advantage of this opportunity and begin saving money on your medications, and we remain committed to pursuing all available programs that can assist our valued senior and disabled residents.

If you have any questions or concerns, please call the program coordinator at 973-366-9031, Ext 62.

**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**

Form SP-H03

**GS  
POPS**



*The Township of  
Mine Hill  
Senior Preferred  
Prescription  
Savings Card*

**THE TOWNSHIP OF MINE HILL**

**Richard E. Leary, Mayor**

**Township Council**

**Marc S. Sovelove, Council President  
Steven P. Cicchetti, Council Vice-President  
Michael J. Giordano, Councilman  
Cindy Collins, Councilwoman  
Michael Warholak, Councilman**