

## *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.
- There are no exclusions for participation in other prescription programs.

### *Is this insurance?*

- The Senior Preferred Prescription Savings Card is NOT a managed care or insurance program.

### *Why should I apply for the Prescription Savings Card ?*

- For a small fee, you (and your spouse, if applicable) 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 Moonachie  
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:** \_\_\_\_\_

**SPOUSE INFORMATION**

**First Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Male/Female:** \_\_\_\_\_

By signing below, I attest the following:

- I am a resident of the Borough of Moonachie
- I am at least 55 years of age AND/OR receive Social Security Disability Benefits
- I/we understand that this is a prescription discount savings card and not an insurance program or managed care program.

**Signature:** \_\_\_\_\_

**A Message From The Moonachie  
Mayor and Council**

We are all very much aware that the cost of prescription drugs is becoming a tremendous problem for those of us who do not have insurance coverage to offset these costs. We realize also that without some form of coverage, many people will be forced to do without the medicine they require to maintain their health.

After researching the availability of prescription drug plans as part of the Borough's ongoing efforts to reduce operating costs, this program was found to provide a significant benefit to anyone eligible to participate. It provides for the purchase of prescription drugs at substantially discounted prices.

*The Borough of Moonachie Senior Preferred Prescription Savings Card Program* is being offered to Moonachie Senior Citizens over age 55 or any resident receiving Social Security Disability benefits. The annual cost for membership in the program is only \$20.00 per eligible household. You should begin to realize savings ranging from up to 10% to 50% off of regular retail prices on drug purchases. Additionally, if you enroll for three years, you will only be charged \$40.00, which means you receive one year at no cost.

It pleases us to be able to offer our senior citizens and disabled residents a low cost prescription drug discount card program that will help to control the spiraling drug and pharmaceutical costs facing us daily.

If you are interested in the Program, please contact the Borough Hall for further information at 201/641-1813.

**Please allow 7 to 10 business days for your application to be processed. Your Senior Preferred Prescription Savings Card will be delivered directly to your home via U.S. Mail.**

**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**



***The Borough of Moonachie  
Senior Preferred  
Prescription Savings Card  
Program***

**BOROUGH OF MOONACHIE**

**Mayor Frederick J. Dressel**

**COUNCIL**

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