

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 Rutherford
Senior Preferred Prescription Savings Card**

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

**Borough of Rutherford
176 Park Avenue
Rutherford, N.J. 07070**

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

Last Name: _____

First Name: _____

Birthdate: _____

Male/Female: _____

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

- are a residents of the Borough of Rutherford
- 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 Borough of Rutherford is deeply concerned about skyrocketing healthcare costs, especially how these costs affect the quality of life of our senior citizens. Many of our seniors are on fixed incomes and are unable to afford prescription coverage. Many others are forced to do without important essentials in order to pay for their prescription drugs. It is because of this that we have sought a way to provide help to those who have no other means of assistance.

The *Borough of Rutherford Senior Preferred Prescription Savings Card* is designed to provide discounted pricing on prescription drugs for seniors and disabled citizens. A small annual fee of \$20 per household is all that is required to realize savings of up to 10% to 50% off regular retail prices on prescription drug purchases.

Please read this brochure carefully to see if you qualify for this program and to learn how you can obtain your Prescription Savings Card. We sincerely hope that this program is right for you and provides you with lower healthcare costs. For more information, please contact the Borough Administrator's office at 201-460-3004.

**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.



**GSPPO Provider Services Corp.
P.O. Box 4190
Hamilton, NJ 08610**

**www.gspops.com
Toll-Free Customer Service:
1-800-633-0037**



***The Borough of
Rutherford
Senior Preferred
Prescription
Savings Card***

**JOHN F. HIPPI
MAYOR**

COUNCIL

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