

Please complete the following application and mail along with membership fee to:

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

MEMBERSHIP APPLICATION

Membership Fee (per household):

Please
check
one:

- 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: _____

(For additional dependents, please attach sheet)

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

- are residents of Salem County
- 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 County residency (copy of cardholder's drivers license or utility bill) for your enrollment to be processed.



CUT ALONG DOTTED LINE

A Message from the Salem County Board of Chosen Freeholders

On behalf of the Salem County Board of Chosen Freeholders, I am pleased to announce the Salem County Prescription Savings Card Program (SCPSCP).

We recognize that the escalation of prescription drug costs is a major concern to all Salem County Residents, especially our senior citizens, our disabled residents and our unemployed. As part of our on-going commitment by the Board to help stabilize and reduce the healthcare costs borne by our residents, we have added the SCPSCP to our extensive cadre of programs. This program enhances existing coverage for those already insured and provides access to those without insurance as well. The program provides ALL Salem County Residents and their dependents (living in the same household) with discounts of between 10% and 50% on ALL prescription drugs. This savings program is accepted at thousands of participating pharmacies, both locally and nationwide. There are no age limits or income requirements. All that is required is a completed application form, proof of residence and a small annual fee.

We encourage you to read this brochure, talk to your pharmacist and take advantage of this new program. For further information, please call the toll-free customer service number below.

Sincerely,
Jack Kugler
Director, Salem County Board of Chosen Freeholders

IMPORTANT

- 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.

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Hamilton, NJ 08610



Toll-Free Customer Service:
1-800-633-0037
WWW.GSPOPS.COM

Please allow 10 to 14 business days for your application to be processed and your Prescription Savings Card to be mailed to your home.

Introducing...



The Salem County Prescription Savings Card Program

LEE R. WARE
Freeholder Director

BETH R. TIMBERMAN
Deputy Freeholder Director

FREEHOLDERS

BRUCE L. BOBBIT
DAVID LINDENMUTH
JEFFREY J. HOGAN
JULIE A. ACION
DALE CROSS





The Salem County Board of Chosen Freeholders is pleased to present the Prescription Savings Card

What is the Salem County Prescription Savings Card?

- It is a program designed to provide savings of up to 10% to 50% on prescription drugs for all Salem County residents, including Senior and Disabled citizens.

Who is eligible?

- All Salem County residents and their eligible dependents (living in the same household) are eligible.

Are there any other restrictions?

- There are no income requirements.
- There are no exclusions for pre-existing conditions.

Is this insurance?

- The Prescription Savings Card is not a managed care program.
- The Prescription Savings Card is not a supplemental insurance program.

Why should I apply for the Prescription Savings Card?

- For a small fee, you and your eligible dependents (living in the same household) 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.

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.