

*The Warren County
Board of Chosen Freeholders
is pleased to present the
Warren County
Prescription Savings Program*

*What is the Warren County
Prescription Savings Program?*

- It is a program designed to provide eligible residents of Warren County with savings of potentially up to 50% on prescription medications.

Who is eligible ?

- All residents of Warren County and their dependents (living in the same household) who are not currently covered through any government sponsored or employer based prescription insurance program.

Are there any other restrictions?

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

Is this insurance?

- The Warren County Prescription Savings Program is NOT a managed care, insurance, or supplemental insurance program.

*Why should I apply
for this Program?*

- For a small annual membership fee, you will receive a Warren County Prescription Savings Card which provides special discounted pricing on prescription medications for all members of your household.
- You can save up to 50% off regular retail prescription prices.

*What limitations apply to the
Prescription Savings Program?*

- There are no quantity limits, receive as much medication as prescribed.
- There are no limits on the number of prescriptions you can fill or refill.
- There are no deductibles to meet.
- There are no forms to fill out.



*Do I have to change my medications
in order to receive my savings?*

- No. All brand name and generic drugs which require a prescription under Federal and State laws are included; there are no exclusions.

*Do I have to mail my prescriptions
away in order to receive my savings?*

- No. Your Prescription Savings Card is accepted throughout an extensive network of participating independent and chain pharmacies in New Jersey and nationwide.
- Save at pharmacies in town or across the country.
- Mail order services are available.



*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?

- Complete the attached application (on the reverse of this panel).
- Attach required proof of residency along with your membership fee and mail as indicated.