

## *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 Washington  
Senior Preferred Prescription Savings Card**

Please complete the application and return  
with check for membership fee made payable to:  
**GSPPO 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 residents of the Township of Washington
- 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*

As Mayor and Council of the Township of Washington, we are pleased to present information regarding the Senior Preferred Prescription Savings Card Plan. This program allows you to realize a savings on prescription drugs of up to 10% to 50% off regular retail prescription prices. Since prescription drugs are a major concern to those over the age of 55 and those receiving Social Security Disability Benefits, a program such as this could benefit many residents in our community. It is offered with no income limitations.

We are all familiar with the constant increase in the cost of drugs today. Even though many of us are fortunate to have insurance or other prescription programs allowing us to defray prescription costs, there are as many who must pay for prescriptions out of pocket. The Township of Washington Senior Preferred Prescription Savings Card is designed to alleviate some of the financial stress. The GSPPO Provider Services Corp. (GS-POPS) will issue the cards and cover administrative costs with the twenty dollars (\$20) you expend as your annual fee per household. Membership in this program will give you access to a nationwide network of chain and independent pharmacies. You can use your card even on vacations!

Please return the attached application with your check to GSPOPS. Feel free to call the Township Administrator's Office with any questions at 201-664-4404.

*Mayor Rudolph J. Wenzel, Jr.  
and Council Members*

**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**

Form SP-H03

GS  
**POPS**



*The Township of  
Washington  
Senior Preferred  
Prescription  
Savings Card*



**RUDOLPH J. WENZEL, JR**  
**MAYOR**

**COUNCIL PERSONS**

**Charles Devine**  
**Joseph Giardina**  
**Richard Hrbek**  
**Robert Schroeder**  
**Janet Sobkowicz**

**Agnes Smith, Business Administrator**