

Introducing the Prescription Savings Card Program

What is the Prescription Savings Card Program?

- It is a program designed to provide savings of up to 10% to 50% on prescription drugs.

Who is eligible?

- All residents and their dependents (living in the same household) are eligible for this program.

Are there any other restrictions?

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

Is this insurance?

- The Prescription Savings Card Program is not a supplemental insurance program.
- The Prescription Savings Card Program 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 West Paterson
Prescription Savings Card Program**

Please complete the application and return with
check 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: _____

DEPENDENT INFORMATION

Last Name: _____

First Name: _____

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 the Borough of West Paterson
- 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

Dear Residents:

We are pleased to announce a new prescription savings plan in which the residents of West Paterson can participate for a small fee.

The Borough of West Paterson Prescription Savings Card Program has been created to assist any resident in town by reducing the financial burden of prescription purchases.

Your participation in this innovative program is recommended by Mayor Lepore and the Council.

It will only cost you \$20 for an annual registration fee or \$40 for a full three-year membership. The best news is that joining the program will provide you with significant discounts on name brand and generic drugs.

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 15 business days for your application to be processed and your Prescription Savings Card to be mailed to your home.

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



www.gspops.com

**Toll-Free Customer Service:
1-800-633-0037**



***The Borough of
West Paterson
Prescription
Savings Card
Program***

**PAT LEPORE
MAYOR**

COUNCIL

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