

City of Hercules Prescription Discount Card Program

The City of Hercules has a new program to offer savings on prescription drugs to residents who are without health insurance, a traditional benefits plan, or have prescriptions that are not covered by insurance. The card is free to all Hercules residents, regardless of age, income or existing health insurance. By using the card, residents may save an average of 20% off the regular retail price of prescription drugs at participating pharmacies. Businesses who offer medical services involving prescriptions are being asked to participate as a card pick up location.

What do I have to do to be a pick up location?

All you have to do is complete and submit the information below and make the cards available to any community member during regular business hours. The stand is less than 1' tall and 6" wide, so it can easily be placed on a table or reception desk.

What if I run out of cards?

Just call the City of Hercules at 510-245-6533. We'll come and drop them off or you can pick them up anytime at City Hall.

Where do I direct residents if they have questions?

Residents can visit the City's website at www.ci.hercules.ca.us/prescriptiondrugcard to learn more about the program. They can also call 1-800-620-1749.

Do I have to monitor who picks up a card?

No, anyone can pick up a card. There are no restrictions and the card is free for all Hercules residents.

How will residents know where they can pick up a card?

All pick up sites will be listed on our website, including yours. If you provide your business website address, we will include a link on the Prescription Drug Card information page to be posted on the City website.

If you would like your business to be a pick up location, please complete the following information and submit to Michelle Harrington, Community Relations Officer by email at mharrington@ci.hercules.ca.us or by fax at 510-799-2521.

Business Name _____

Address _____

Contact Person _____

Contact Number _____

Business Website (if you want it to be linked) _____

Signature _____

Date _____