

Effective
1/1/11 - 12/31/11



ACUVUE®
SEE WHAT COULD BE™

Exclusive Offer for VSP Members:

Receive higher rebates when you purchase
ACUVUE® Brand Contact Lenses from your VSP Doctor.*
(Recent eye exam required)



\$125 New Wearer Rebate*
with purchase of 24 boxes (30 count size)
or 8 boxes (90 count size)
For new wearers of 1-DAY ACUVUE® MOIST®

\$85 New Wearer Rebate*
with purchase of 12 boxes (30 count size)
or 4 boxes (90 count size)
For new wearers of 1-DAY ACUVUE® MOIST®

\$50 Rebate*
with purchase of 12 boxes (30 count size)
or 4 boxes (90 count size)
For current wearers of 1-DAY ACUVUE® MOIST®



\$85 New Wearer Rebate*
with purchase of 8 boxes
New Wearer rebate only for New Wearers
of ACUVUE® OASYS®, ACUVUE® OASYS® for
ASTIGMATISM, ACUVUE® OASYS® for PRESBYOPIA

\$50 Rebate*
with purchase of 8 boxes
For current wearers of ACUVUE® OASYS®, ACUVUE®
OASYS® for ASTIGMATISM, ACUVUE® OASYS® for
PRESBYOPIA



\$50 Rebate*
with purchase of 12 boxes (30 count size)
or 4 boxes (90 count size)
For all wearers of 1-DAY ACUVUE® TruEye™

GET YOUR REBATE IN 5 EASY STEPS

- 1. EYE EXAM AND PURCHASE-** You must have a recent eye exam and purchase the required number of ACUVUE® Brand Contact Lenses from a VSP doctor within 90 days after the eye exam (*eye exam receipt required*). Limit one rebate per customer, per offer, per ACUVUE® Brand purchase, per yearly eye exam visit.
- 2. COMPLETE REBATE FORM** - Fully complete the rebate form on the back.
- 3. ATTACH BOX TOPS AND RECEIPTS** - Attach two (2) eligible box tops, eye exam receipt and product purchase receipt(s).
- 4. MAIL TO:** - 2011 ACUVUE® VSP National Rebate 386-178
P.O. Box 49134 DEPT A • Strongsville, OH 44149-0134
(Mail must be received by 1/31/12**)
- 5. KEEP A COPY** - Keep a copy of your paperwork for your records. See rebate terms and conditions below.
(Please allow 6-8 weeks for delivery of your Visa® Prepaid card.)



SAMPLE
BOXTOP

Money
Back
Guarantee

We are so certain you will love your ACUVUE® Brand Contact Lenses that if for any reason you are not 100% satisfied, return them within 90 days and get your money back. Additional terms and conditions apply. See acuvue.com for details, or call 1-888-565-8474.

REBATE TERMS AND CONDITIONS: Rebate request must be received at the specified address and by the specified date on rebate form. Purchases of 1-DAY ACUVUE® TruEye™, 1-DAY ACUVUE® MOIST®, ACUVUE® OASYS®, ACUVUE® OASYS® for ASTIGMATISM and ACUVUE® OASYS® for PRESBYOPIA must be made 1/1/11 through 12/31/11 and rebate requests received at the mailing address on or before 1/31/12**. Product purchase must be made within 90 days after eye exam. Limit one rebate per customer, per offer, per ACUVUE® Brand purchase, per yearly eye exam visit. This offer not valid in combination with any other offer or rebate. Offer valid for U.S. residents only. Offer not valid where prohibited by law. Only original printed form, as downloaded, is valid for redemption. Allow 6-8 weeks for delivery. No P.O. boxes, only street or rural addresses are acceptable. Fraudulent submissions could result in federal prosecution under the U.S. Mail Fraud Statutes (18 U.S. Code Section 1341 and 1342). Not responsible for lost, late or undelivered responses. Only purchases made from a VSP network doctor are eligible for this offer.

NOTICE TO CONSUMERS: If you are personally filing a claim for reimbursement from a third-party payer (e.g., insurance company, employer group, etc.) for the purchase of this product, your claim must be based upon your payment less the amount of this rebate. If your doctor is filing the claim, you must notify the doctor's office of the need to deduct this rebate amount from the purchase price used in calculating the claim.

*VSP Rebate is \$25 more than the 2011 ACUVUE® National Rebate; total rebate value reflected in amounts listed above. Recent Eye Exam Required. Rebate is in the form of a Visa® Prepaid card which expires 1 year after issuance. Cards are issued by Citibank, N.A. pursuant to license from Visa U.S.A. Inc. and managed by Citi® Prepaid Services. Cards will not have cash access and can be used everywhere Visa® debit cards are accepted. Limit 1 combined VSP rebate form per customer, per offer, per ACUVUE® Brand purchase, per yearly eye exam visit. Other terms and restrictions apply.

**Johnson & Johnson Vision Care, Inc., or VSP Service Plan reserves the right to cancel this rebate program at any time without notice.

VSP and ACUVUE® Contact Lens Rebate Form

By submitting this required information, and any optional information below, you agree that it will be governed by the Privacy Policy outlined on www.acuvue.com.

For whom are you completing this form?† Myself My Child

*Required Field

If you selected Myself

Patient's First Name† Patient's Last Name†
Date of Birth† MM DD YYYY Gender† Male Female
Mailing Address†
City† State† ZIP†






If you selected My Child

Parent's First Name† Parent's Last Name†
Date of Birth (parent)† MM DD YYYY Gender (parent)† Male Female
Mailing Address†
City† State† ZIP†
Patient's First Name (child)† Patient's Last Name (child)†

Doctor's First Name† Doctor's Last Name†
Practice Name† Phone†
City† State† ZIP†
Date of Purchase† MM DD YYYY My Coverage is Through†
(List Name of Employer, Association, or Health Plan)

Check box to indicate product purchased*

*Mail must be received by date specified. Refer to Rebate Terms and Conditions

 <input type="checkbox"/> \$50 Rebate* With a recent eye exam and purchase of 12 boxes (30 count size) or 4 boxes (90 count size) (send in 2 box tops) (For current wearers of 1•DAY ACUVUE® TruEye™)	 <input type="checkbox"/> \$125 New Wearer Rebate* With a recent eye exam and purchase of 24 boxes (30 count size) or 8 boxes (90 count size) (send in 2 box tops) (For new wearers of 1•DAY ACUVUE® MOIST®) <input type="checkbox"/> \$85 New Wearer Rebate* With a recent eye exam and purchase of 12 boxes (30 count size) or 4 boxes (90 count size) (send in 2 box tops) (For new wearers of 1•DAY ACUVUE® MOIST®) <input type="checkbox"/> \$50 Rebate* With a recent eye exam and purchase of 12 boxes (30 count size) or 4 boxes (90 count size) (send in 2 box tops) (For current wearers of 1•DAY ACUVUE® MOIST®)	 <input type="checkbox"/> \$85 New Wearer Rebate* With a recent eye exam and purchase of 8 boxes (send in 2 box tops) (For new wearers of ACUVUE® OASYS®) <input type="checkbox"/> \$50 Rebate* With a recent eye exam and purchase of 8 boxes (send in 2 box tops) (For current wearers of ACUVUE® OASYS®)	 <input type="checkbox"/> \$85 New Wearer Rebate* With a recent eye exam and purchase of 8 boxes (send in 2 box tops) (For new wearers of ACUVUE® OASYS® for ASTIGMATISM) <input type="checkbox"/> \$50 Rebate* With a recent eye exam and purchase of 8 boxes (send in 2 box tops) (For current wearers of ACUVUE® OASYS® for ASTIGMATISM)	 <input type="checkbox"/> \$85 New Wearer Rebate* With a recent eye exam and purchase of 8 boxes (send in 2 box tops) (For new wearers of ACUVUE® OASYS® for PRESBYOPIA) <input type="checkbox"/> \$50 Rebate* With a recent eye exam and purchase of 8 boxes (send in 2 box tops) (For current wearers of ACUVUE® OASYS® for PRESBYOPIA)
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Optional Information:

By providing my email address, I agree that Johnson & Johnson Vision Care, Inc., may contact me by email to provide messages or other information that may be of interest to me.

Email: Birthdate: MM / DD / YYYY

I agree that Johnson & Johnson Vision Care, Inc., may contact me by mail at the address above to provide messages or other information that may be of interest to me.

IMPORTANT NOTICE: If you redeem for the Money-Back Guarantee, you will not be eligible to receive a rebate. If you redeem for a rebate and then redeem for the Money-Back Guarantee, you will receive the full amount of the Money-Back Guarantee minus the rebate amount already issued to you. If your purchase is reimbursed by an insurance plan, you must notify the plan of your rebate or refund. See terms and conditions.

IMPORTANT INFORMATION FOR CONTACT LENS WEARERS: ACUVUE® Brand Contact Lenses are available by prescription only for vision correction. An eye care professional will determine whether contact lenses are right for you. Although rare, serious eye problems can develop while wearing contact lenses. To help avoid these problems, follow the wear and replacement schedule and the lens care instructions provided by your doctor. Do not wear contact lenses if you have an eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. If one of these conditions occurs, contact your eye doctor immediately. For more information on proper wear, care and safety, talk to your eye care professional and ask for a Patient Instruction Guide, call 1-800-843-2020 or visit acuvue.com.

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VSP® is a registered trademark of Vision Service Plan.

VSP® Rebate Form — AS061105