

Save up to
\$75
when you buy
ACUVUE® Brand Contact Lenses

Now Available at
visionessentials
by KAISER PERMANENTE.

ACUVUE®

SEE WHAT COULD BE®

SAVE when you purchase ACUVUE® Brand Contact Lenses.

Rebate is in the form of a Visa® Prepaid card. Other terms and restrictions apply. See below for more details.

Complete your rebate form on back.

ACUVUE®
OASYS®
with HYDRACLEAR® Plus

\$75 New Wearer Rebate*
with purchase of 8 boxes

New Wearer rebate only for new ACUVUE® OASYS® Brand with HYDRACLEAR® Plus wearers. ACUVUE® OASYS® Brand for ASTIGMATISM and ACUVUE® OASYS® Brand for PRESBYOPIA are not eligible for this rebate.

\$25 Rebate*
with purchase of 8 boxes
(for current wearers of ACUVUE® OASYS®)

ACUVUE®
OASYS®
for ASTIGMATISM

\$60 Rebate*
with purchase of 8 boxes
(for new and current wearers of ACUVUE® OASYS® Brand for ASTIGMATISM)

\$20 Rebate*
with purchase of 4 boxes
(for new and current wearers of ACUVUE® OASYS® Brand for ASTIGMATISM)

ACUVUE®
OASYS®
for PRESBYOPIA

\$25 Rebate*
with purchase of 8 boxes
(for new and current wearers of ACUVUE® OASYS® Brand for PRESBYOPIA)

5 EASY STEPS TO GET YOUR REBATE

- 1. PURCHASE** - Purchase the required number of ACUVUE® Brand Contact Lenses (refer to the list of products on the reverse side). 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.
- 2. COMPLETE REBATE FORM** - Fully complete the rebate form on the back.
- 3. ATTACH BOX TOPS AND RECEIPT(S)** - Attach two (2) eligible box tops and product purchase receipt(s) to your completed rebate form.
- 4. MAIL TO:** - 2010 ACUVUE® VE National Rebate 386-161
P.O. Box 440016 Dept VE • El Paso, TX 88544-0016 (Mail must be received by 10/31/10.**)
- 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 rebate card.)



SAMPLE
BOXTOP

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® MOIST®, ACUVUE® OASYS®, ACUVUE® OASYS® for ASTIGMATISM and ACUVUE® OASYS® for PRESBYOPIA must be made 1/1/10 through 9/30/10 and rebate requests received at the mailing address on or before 10/31/10**. 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. Rebate valid only for purchase made from Vision Essentials by Kaiser Permanente. Photocopy of the certificate is not 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.

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 eye care professional is filing the claim, you must notify the eye care professional's office of the need to deduct this rebate amount from the purchase price used in calculating the claim.

*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 a 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.

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

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† 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)† 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†

Check box to indicate product purchased†

Mail must be received by 10/31/10.**

ACUVUE® OASYS™
with HYDRACLEAR™ Plus

\$75 New Wearer Rebate*
With a recent eye exam and purchase of 8 boxes (send in 2 box tops)
New Wearer rebate only for new ACUVUE® OASYS™ Brand with HYDRACLEAR™ Plus wearers. Wearers of ACUVUE® OASYS™ Brand for ASTIGMATISM and ACUVUE® OASYS™ Brand for PRESBYOPIA are not eligible for this rebate.

\$25 Rebate*
With a recent eye exam and purchase of 8 boxes (send in 2 box tops)
(for current wearers of ACUVUE® OASYS™)

ACUVUE® OASYS™
for ASTIGMATISM

\$60 Rebate*
With a recent eye exam and purchase of 8 boxes (send in 2 box tops)
(for new and current wearers of ACUVUE® OASYS™ Brand for ASTIGMATISM)

\$20 Rebate*
With a recent eye exam and purchase of 4 boxes (send in 2 box tops)
(for new and current wearers of ACUVUE® OASYS™ Brand for ASTIGMATISM)

ACUVUE® OASYS™
for PRESBYOPIA

\$25 Rebate*
With a recent eye exam and purchase of 8 boxes (send in 2 box tops)
(for new and current wearers of ACUVUE® OASYS™ Brand for PRESBYOPIA)

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:

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.

Is this the first time you purchased ACUVUE® Brand Contact Lenses? Yes No

When was the last time you purchased ACUVUE® Brand Contact Lenses? MM ____ YY ____



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 eye care professional. 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 care professional 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 or kp.org/2020.

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