

**NEW WEARER EXTRA \$85 REWARD**

**Shopko Optical.**

ACUVUE® VITA® new wearers  
can receive up to  
**\$100 IN REWARDS\***

**EXCEPTIONAL  
COMFORT<sup>1,2</sup>**

**SUPERIOR  
QUALITY OF VISION**  
Among leading  
monthly lenses<sup>1†</sup>

**HIGHEST  
CLASSIFICATION  
OF  
UV BLOCKING<sup>†,‡</sup>**

**Also available for astigmatism**



Scan here for ACUVUE® LensAssist®  
program for contact lens tips & tricks,  
how-to videos, live support, and more!

**VITA®**

**ACUVUE®**

\*Up to \$100 in Rewards with this \$85 mail-in reward plus up to \$15 MyACUVUE® Rewards. Must get eye exam & purchase from participating provider. Original receipt required. Reward amount dependent on ACUVUE® product & quantity purchased & if you are a new wearer. For rewards info & terms, visit <https://www.acuvue.com/myacuvue-rewards-benefits>. Valid through 12/31/2023.

† Leading monthly contact lenses: Air Optix® Aqua, Biofinity®, and Ultra®. Superior "overall quality of vision" based upon pre-specified analysis of all patient responses provided on a 5 point scale. Ratings reflect the "Top 2 Box" (T2B) responses ("Excellent"/"Very Good") used in the analysis.

‡ Helps protect against transmission of harmful UV radiation to the cornea and into the eye.

^ WARNING: UV-absorbing contact lenses are NOT substitutes for protective UV-absorbing eyewear such as UV-absorbing goggles or sunglasses because they do not completely cover the eye and surrounding area. You should continue to use UV-absorbing eyewear as directed. NOTE: Long-term exposure to UV radiation is one of the risk factors associated with cataracts. Exposure is based on a number of factors such as environmental conditions (altitude, geography, cloud cover) and personal factors (extent and nature of outdoor activities). UV-blocking contact lenses help provide protection against harmful UV radiation. However, clinical studies have not been done to demonstrate that wearing UV-blocking contact lenses reduces the risk of developing cataracts or other eye disorders. Consult your eye care practitioner for more information.

References: 1. JJV Data on File 2016. 30-day dispensing evaluation, monthly replacement DW study, n = 533 soft silicone hydrogel CL wearers in the U.S. 2. JJV Data on File 2017. 30-day dispensing evaluation, monthly replacement DW study, n = 226 soft toric CL wearers in the U.S. 3. JJV Data on File 2022. Material Properties -ACUVUE® VITA® with HydraMax™ Technology & other monthly, reusable contact lenses.

# Claim your \$85 reward\*

STEP  
1

## PURCHASE ACUVUE® VITA® BRAND CONTACT LENSES

Get a contact lens evaluation/fitting and purchase an annual supply of ACUVUE® VITA® Brand Contact Lenses. An annual supply is two 12-pack boxes or four 6-pack boxes.

STEP  
2

## COMPLETE THE FORM

Follow these quick and easy instructions to get your reimbursement. By submitting this required information you agree that it will be governed by the Privacy Policy outlined on ACUVUE.com.

*(All fields below are required to disburse reward payment.)*

Patient's Name

Patient's Address

City

State

Zip (P.O. Box not accepted)

Birth Date

Gender

M

F

Are you new to the ACUVUE® VITA® Brand Family?

Y

N

Submitter's Name (If patient is under the age of 18)

This offer is only valid for those new to the ACUVUE® VITA® Brand

Doctor's Name

Doctor's Office Zip Code

Email Address (Required. Your reward confirmation and payment will be delivered via email to this email address.)

I agree that Johnson & Johnson Vision Care, Inc. may contact me by email to provide information that may be of interest to me, including marketing communications. Your personal information will be governed by the Privacy Policy at [www.acuvue.com](http://www.acuvue.com).  
I understand I can opt out at any time.

STEP  
3

## ATTACH PURCHASE RECEIPT

Attach a copy of your product purchase receipt to your completed reimbursement form. Receipt must show purchase location name, patient name, product purchased, quantity purchased, purchase date, and proof of purchase. Please ensure all information is legible.

STEP  
4

## SEND IN

(Mail must be received within 60 days of purchase)

Mail all documents to:  
ACUVUE® VITA® New Wearer  
P.O. Box: 5964  
Dept: 851824  
Kalamazoo, MI 49003-5964

\*Visit [MyACUVUERewards.com](http://MyACUVUERewards.com) for details on additional \$15 MyACUVUE® Rewards. Reward paid in the form of an ACUVUE® Prepaid Mastercard®.\*

### ACUVUE® VITA® Reward Terms and Conditions

Only available through participating locations and only annual supplies of ACUVUE® VITA® Brand Contact Lenses, and ACUVUE® VITA® for ASTIGMATISM are eligible. **Reward is available to New Wearers only; Existing MyACUVUE® Rewards members who wear ACUVUE® VITA® Brand Contact Lens Family are not eligible.** Purchases of ACUVUE® VITA® must be made in-office or in-store at select retail locations between July 1, 2023 and December 31, 2023. Purchase quantity of ACUVUE® VITA® must be either 4 boxes of 6 lenses per box, or 2 boxes of 12 lenses per box. Quantity requirements are based on typical purchase of lenses for two eyes. Reward requests obtained from place of purchase must be received within 60 days of purchase. Offer valid for U.S. residents only. Offer not valid where prohibited by law. Reward is not valid for internet purchases and purchases made at large retailers including (but not limited to) Costco® Optical, Sam's Club® Optical, BJ's® Optical, Walmart® Optical or Target® Optical, but other offers may be available for ACUVUE® Brand purchases at these retailers. Requires submission of product purchase receipt showing (a) purchase location name, (b) patient name, (c) product purchased, (d) number of boxes purchased, and (e) date of purchase. Limit one reimbursement claim per person and three per household.

If you submit a claim for this reward, you may not submit for the Comfort Promise Program. This offer can be combined with MyACUVUE® Rewards. Photocopy of this form is not valid for redemption. Allow 6-8 weeks for delivery. No P.O. boxes; only street or rural addresses are acceptable for mail-in requests. 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, undelivered responses and/or incomplete forms. Johnson & Johnson Vision Care, Inc. reserves the right to cancel this rewards program and institute fraud prevention measures at any time without notice.

**Notice to Consumers:** If you or your doctor filed a claim for reimbursement from a third-party payer (e.g., insurance company, employer group, etc.) for the purchase of this product, the claim must be based upon your payment less the amount of this reward. Johnson & Johnson Vision Care, Inc. reserves the right to cancel this program at any time without notice.

# Reward is paid in the form of an ACUVUE® Prepaid Mastercard®. Your reward confirmation and payment will be delivered via email. Follow the instructions in the email to select between a virtual or physical Prepaid Mastercard. You must select your card type (virtual or physical) within three (3) months from the date these instructions are sent via email. Your right to the payment expires after that time. Once card type is selected, the funds must be used within six (6) months or the card will expire. Use your ACUVUE® Prepaid Mastercard everywhere Mastercard is accepted in the U.S. Issued by The Bancorp Bank, Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard is a registered trademark, and the circles design is a trademark of Mastercard International Incorporated. Your use of the prepaid card is governed by the Cardholder Agreement, and some fees may apply. This is not a gift card. Please note that prepaid cards are subject to expiration, so pay close attention to the expiration date of the card.

**Be sure to keep a copy of your paperwork for your records. See terms and conditions above. Please allow 6-8 weeks for delivery of your rebate.**

**Important information for contact lens wearers:** ACUVUE® VITA® Contact Lenses are only available by prescription for vision correction as a daily wear lens with one-month recommended replacement. 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 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, remove the lens and 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 [www.acuvue.com](http://www.acuvue.com).

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