

# SAVE UP TO \$220\*

When You Purchase an Annual Supply of **Unity BioSync® with HydraMist®** from a VSP® Network Doctor.  
Go to [vsprebates.com](https://vsprebates.com) to submit your rebate online or complete this form.

**VSP VISION CARE MEMBERS EXCLUSIVE:** \$220 mail-in rebate on an annual supply of Unity BioSync Contact Lenses

**NON-VSP MEMBERS/OTHER CONSUMERS:** \$200 mail-in rebate on an annual supply of Unity BioSync Contact Lenses

## GETTING YOUR UNITY BIOSYNC CONTACT LENSES REBATE IS SIMPLE

**STEP 1—Purchase:** Purchase an annual supply of Unity BioSync Contact Lenses (eight 90-pack boxes) from a VSP Network Doctor\*\* between September 1, 2020 and June 30, 2021.

**STEP 2—Complete Rebate Form:** Within 60 days of your purchase, submit your rebate at [vsprebates.com](https://vsprebates.com) (enter code BIOSYNC2020), OR submit rebate by mail by completing this form and mailing it to: Unity BioSync Rebate #BIOSYNC2020, PO Box 54007, El Paso, TX 88554.

**STEP 3—Attach Receipt and Proof of Purchase:** Attach Unity BioSync Contact Lenses purchase receipt and two Unity BioSync Contact Lenses box tops showing UPC symbol (one for each eye). Receipt must include doctor's office name, purchase date, and purchase price circled. Photocopies of receipts are acceptable.

For more information or to track the status of your rebate, visit [vsprebates.com](https://vsprebates.com).



## YOUR INFORMATION

Patient is a VSP Member:

No  Yes, Patient receives VSP coverage through:

\_\_\_\_\_  
*(List name of employer, association, health plan, or VSP Individual Plan)*

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## REBATE REWARD

Please choose how you'd like to receive your rebate reward:

Physical prepaid card by mail

Virtual prepaid account by email

## YOUR DOCTOR'S INFORMATION

Dr.'s First Name: \_\_\_\_\_

Dr.'s Last Name: \_\_\_\_\_

Location Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

*\*\$220 rebate eligibility limited to VSP Members. Actual amount of rebate will equal VSP Member's or Consumer's out-of-pocket costs after insurance is applied to purchase. \*Rebate paid in the form of a VSP Prepaid Mastercard® or Virtual Account. Card/Virtual Account is issued by MetaBank, N.A., 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. No cash access or recurring payments. Card can be used where Debit Mastercard is accepted. Virtual Account can be used where Debit Mastercard is accepted for online, mail/phone purchases, or in stores that accept mobile wallet. Card/Virtual Account valid for up to six months; unused funds will forfeit after the valid thru date. Card terms and conditions apply. Please allow six to eight weeks for delivery of your VSP Prepaid Mastercard. Excessive submissions constitute fraud and may result in federal prosecution under the U.S. mail fraud statutes (Title 18, USC 1341 and 1342).*

**\*\*VSP Network Doctor locations can be found on [vsp.com/eye-doctor](http://vsp.com/eye-doctor).**

**NOTICE TO CONSUMERS:** The amount of the rebate will not exceed your total out-of-pocket costs. 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 the 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.

This rebate is only payable when you incur an out-of-pocket cost on your Unity BioSync Contact Lenses. For example, if after your insurance is applied you only had a \$150 out-of-pocket cost, you would receive \$150. Plexus Optix, Inc. reserves the right to change, modify, or discontinue this rebate program at any time without notice and at its sole discretion and to enforce reasonable fraud prevention measures at any time without notice and to enforce reasonable fraud prevention measures at any time without notice.

Excessive submissions constitute fraud and may result in federal prosecution under the U.S. mail fraud statutes (Title 18, USC 1341 and 1342). Only purchases made at a VSP Network Doctor are valid for this offer.

**ELIGIBILITY:** Eligibility is limited to VSP members and consumers with a mailing address anywhere in the United States and Puerto Rico. Offer not valid anywhere prohibited by law. This form may only be submitted by a person 18 years of age or older. If the patient is a minor, a parent or legal guardian may submit this form on behalf of a minor patient so long as submitter agrees to be bound by offer terms and all requirements set forth herein are satisfied.

**TERMS AND CONDITIONS:** Your right to receive this rebate will not be earned unless you satisfy each of the conditions described above. Your failure to follow each of these steps is a rejection of this rebate offer. Resolution of any disputes will be governed by California law.

Purchase of the qualifying products is required in order for you to qualify for this rebate offer; no product substitutions, deletions, or additions are allowed, regardless of information learned from other sources. This offer is available to all VSP members and customers with mailing addresses in the U.S. and Puerto Rico. Purchases made in or for delivery to other countries are not eligible. Plexus Optix, Inc. is not responsible for lost, late, damaged, illegible, misdirected, or postage-due submissions. Your rights to this offer cannot be assigned or transferred, and this offer is void where taxed, restricted, or prohibited by law. All submitted materials become Plexus Optix, Inc. property and will not be returned. You may wish to make a copy of all submitted materials for your records. One (1) rebate per person. Limit two (2) rebates per address, except where prohibited. See information accompanying your Prepaid Mastercard for all terms and conditions. Only purchases made at a VSP Network Doctor are valid for this offer. VSP Network Doctor locations can be found on [vsp.com/eye-doctor](http://vsp.com/eye-doctor).

**PROMOTION PERIOD:** This rebate offer is valid on the purchase of eight 90-pack boxes (annual supply) of Unity BioSync Contact Lenses from a VSP Network Doctor from September 1, 2020 through June 30, 2021, and redeemed by August 31, 2021.

**SPONSOR:** The Sponsor of this Rebate is Plexus Optix, Inc., 10875 International Drive, Rancho Cordova, California 95670 ("Plexus"). Note: When choosing to submit your rebate by mail, please mail your rebate to the address on the front of this form.

**ARBITRATION PROVISION:** By participating in this Promotion, each consumer agrees that **(1)** any claim, dispute, or controversy (whether in contract, tort, or otherwise) the consumer may have against Plexus Optix, Inc. arising out of, relating to, or connected in any way with the Promotion, the rebate(s), and/or the determination of the scope or applicability of this agreement to arbitrate, will be resolved exclusively by final and binding arbitration administered by JAMS and conducted before a sole arbitrator in accordance with the rules of JAMS; **(2)** this arbitration agreement is made pursuant to a transaction involving interstate commerce, and shall be governed by the Federal Arbitration Act ("FAA"), 9 U.S.C. §§ 1-16; **(3)** the arbitration shall be held in Sacramento, California; **(4)** the arbitrator's decision shall be controlled by the terms and conditions of these Official Rules and any of the other agreements referenced herein that the applicable consumer may have entered into in connection with the Promotion; **(5)** the arbitrator shall apply California law consistent with the FAA and applicable statutes of limitations, and shall honor claims of privilege recognized at law; **(6)** there shall be no authority for any claims to be arbitrated on a class or representative basis, arbitration can decide only the consumer's and/or Plexus Optix, Inc.'s individual claims; the arbitrator may not consolidate or join the claims of other persons or parties who may be similarly situated; **(7)** the arbitrator shall not have the power to award punitive damages against the consumer and Plexus Optix, Inc.; **(8)** in the event that the administrative fees and deposits that must be paid to initiate arbitration against Plexus Optix, Inc. exceed \$125 USD, and the consumer is unable (or not required under the rules of JAMS) to pay any fees and deposits that exceed this amount, consumer agrees to pay them and/or forward them on the consumer's behalf, subject to ultimate allocation by the arbitrator. In addition, if consumer is able to demonstrate that the costs of arbitration will be prohibitive as compared to the costs of litigation, Plexus Optix, Inc. will pay as much of the consumer's filing and hearing fees in connection with the arbitration as the arbitrator deems necessary to prevent the arbitration from being cost-prohibitive; and **(9)** with the exception of subpart (6) above, if any part of this arbitration provision is deemed to be invalid, unenforceable, illegal, or otherwise conflicts with the rules of JAMS, then the balance of this arbitration provision shall remain in effect and shall be construed in accordance with its terms as if the invalid, unenforceable, illegal, or conflicting provision were not contained herein. If, however, subpart (6) is found to be invalid, unenforceable, or illegal, then the entirety of this Arbitration Provision shall be null and void, and neither entrant nor consumer shall be entitled to arbitrate their dispute. For more information on JAMS and/or the rules of JAMS, visit their website at [jamsadr.com](http://jamsadr.com).

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