

Make the  
**Alcon Choice**  
today and  
save



**\$200\***

on an annual supply purchase  
(eight 90-ct boxes)

DAILIES TOTAL1®  
DAILIES TOTAL1® Multifocal  
DAILIES® AquaComfort Plus®  
DAILIES® AquaComfort Plus® Multifocal  
DAILIES® AquaComfort Plus® Toric

**\$75\***

on an annual supply purchase  
(four 6-ct boxes)

AIR OPTIX® plus HydraGlyde®  
AIR OPTIX® plus HydraGlyde® Multifocal  
AIR OPTIX® NIGHT & DAY® AQUA  
AIR OPTIX® for Astigmatism  
AIR OPTIX® COLORS  
AIR OPTIX® AQUA Multifocal

Offer only valid on purchases made in-office through participating eye care providers.  
Purchases from internet retailers do not qualify for this offer.

\*Savings via online (or mail-in) rebate in the form of an Alcon VISA® prepaid card. Valid on annual supply lens purchases between 2/1/19 and 7/31/19 from your eye care provider. An eye exam or lens fitting is required and must occur within ninety (90) days prior to your contact lens purchase. Rebate claim must be submitted within sixty (60) days of your purchase. Additional restrictions apply. See full Terms and Conditions on the reverse side.

**Alcon** A Novartis  
Division

**DAILIES®**  
brand lenses

**AIR  
OPTIX®**  
brand contact lenses

Thank you for purchasing an annual supply of Alcon contact lenses!

Your Unique Rebate Code is  
XXXXXXXXXXXX

Please note this code is for a one time use and cannot be copied or shared. This code is required for a rebate submission. Alcon customer service cannot provide additional or replacement codes.

Valid on purchases made  
2/1/19 – 7/31/19

## Before you submit your rebate:

Please read the full Rebate Terms and Conditions below, and ensure:

1. You are submitting within sixty (60) days of purchase and your purchase was made within ninety (90) days of your exam/lens fitting
2. You have your Unique Rebate Code (see below in left-hand column)
3. You have clear and legible copies of:
  - ✓ The UPC from one box of qualifying lenses
  - ✓ Your sales receipt showing lens purchases and purchase date
  - ✓ Your eye exam/lens fitting receipt from your eye care provider

## Submit online at [AlconChoice.com](http://AlconChoice.com)

### After your rebate is submitted:

1. Note your claim number here \_\_\_\_\_
2. Processing updates will be sent to your email address from [AlconChoice@360incentives.com](mailto:AlconChoice@360incentives.com)
3. You may check the status of your rebate at [AlconChoice.com](http://AlconChoice.com) at any time
4. Once your rebate is received and approved, you will receive an email from [notification@AlconChoicePayments.com](mailto:notification@AlconChoicePayments.com) with instructions on how to obtain your rebate payment
5. Rebate will be paid in the form of an Alcon Visa® prepaid card. You will be able to select either a physical or virtual card

If you prefer to mail in your rebate submission, you may download an Official Rebate Form from [www.AlconChoice.com](http://www.AlconChoice.com). Mail-in submission must be postmarked within sixty (60) days of your purchase.

**PROMOTIONAL PERIOD: FEBRUARY 1, 2019 THROUGH JULY 31, 2019**  
**PURCHASE MUST OCCUR DURING THE PROMOTIONAL PERIOD AND REBATE SUBMISSION MUST BE MADE WITHIN SIXTY (60) DAYS OF PURCHASE. PURCHASES MUST BE MADE WITHIN NINETY (90) DAYS OF CONTACT LENS FITTING/EXAM.**

**VALID ONLY ON PURCHASES THROUGH EYE CARE PROVIDERS:** Offer only valid on purchases made in-office from participating Eye Care Providers. Offer not valid on purchases from Internet retailers or purchases made through large retailers including, but not limited to, Walmart® Vision Centers, Target® Optical, and Costco® Optical.

#### REBATE TERMS AND CONDITIONS.

1. Purchase an annual supply of qualifying lenses between February 1, 2019 and July 31, 2019. Purchases made before or after these dates will not be eligible for this rebate. Purchase date is determined by the date on your sales receipt. No late submissions will be accepted. 2. Eye exam or lens fitting is required and must occur within 90 days prior to lens purchase. 3. Submissions must be made (and postmarked, if by mail) within sixty (60) days of lens purchase. All rebate submissions must be made by the patient or purchaser. Rebate submissions by an eye care provider or staff member on behalf of a patient or purchaser are not eligible. 4. All rebate submissions require a valid rebate code and the following documentation: (A) a valid sales receipt that includes: (i) patient or purchaser name; (ii) Alcon contact lens product purchased; (iii) purchase location; (iv) number of boxes purchased; and (v) date of purchase; (B) an eye exam/lens fitting receipt with name of patient and date of exam/fitting; (C) a UPC/barcode label from one purchased product box; and (D) if submitting by mail, a completed Alcon Rebate Redemption Form. One (1) mail-in rebate per envelope. Alcon is not responsible for lost, late, illegible, postage-due or misdirected mail. We suggest that you make a copy of all rebate materials for your records. All material submitted becomes property of Alcon and will not be returned. Online rebate submissions must contain legible images of required documentation. 5. All rebate submissions are subject to purchase validation. Alcon reserves the right to request additional information in connection with each rebate submission. 6. Limit of one (1) Alcon rebate per person, per 12-month period. 7. Limit of five (5) rebates per household per 12-month period, except where prohibited by law. 8. Not valid on purchases made on a subscription basis (i.e., when payment is made in installments) and cannot be combined with any other promotional offer, including any other rebate or instant savings promotion. 9. Valid only in the fifty (50) United States, District of Columbia ("U.S.") and U.S. Territories (Puerto Rico, Guam and U.S. Virgin Islands). Void where prohibited by law. 10. **If these terms and conditions are not met, a rebate will not be issued.** 11. Allow approximately eight (8) weeks for delivery of your rebate following receipt and verification of all required rebate documentation. Rebates are payable in U.S. dollars in the form of a Visa® prepaid card.\*\* No P.O. boxes (except in ND and where required by law). 12. State and federal laws prohibit acts designed to defraud or to obtain money or property by false or fraudulent means, including, among other things, the use of fictitious names or addresses. 13. Alcon reserves the right to cancel, modify or change this rebate program and institute fraud prevention measures at any time without notice. 14. You may call the support line at 1-855-344-6871 for assistance. Please note that rebate claims cannot be submitted by phone.

**NOTICE TO CONSUMERS:** If you are personally filing a claim for reimbursement from a third-party payer (e.g., insurance company, employer group, flexible spending account, etc.) for the purchase of these contact lenses, your claim must be based upon your payment less the value of this rebate. If your doctor is filing the claim for reimbursement from a third-party payer on your behalf, you must notify the doctor'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 issued by The Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A., Inc. The Visa® prepaid card can be used at any merchant that accepts Visa® debit cards. The Visa® prepaid card is not redeemable for cash or usable at any ATM. Pay close attention to the expiration date of the prepaid card, which is valid through the last day of the month printed on the front of the prepaid card. You will not have access to any unused funds after expiration, subject to applicable law, and lost or expired cards will not be replaced. For complete terms, conditions and fees, see the Cardholder Agreement, which may include the imposition of certain fees.