## 2H26 NEW WEARER PREMIER REBATE

# Outsmart Digital Device Dryness with WATERINNOVATIONS™



**SAVE UP TO**

# $250

on an annual supply of **WaterInnovations™ Contact Lenses**

**OR**

**SAVE UP TO**

# $75

on a save as you go plan

*See back for details*




**SUBMIT ONLINE**

at AlconChoice.com and get paid faster!
Easy Submission, Fast Processing and 24/7 Tracking

Alcon

| WATERINNOVATIONS™ PORTFOLIO | SAVE AS YOU GO | | BEST VALUE |
|---|---|---|---|
| | 3 Months | 6 Months | Annual Supply |
| DAILIES TOTAL1® FAMILY<br>*Sphere, Multifocal and Toric*<br>*Annual Supply = 720 lenses* | $25 | $75 | **$250** |
| PRECISION1® FAMILY<br>*Sphere and Toric*<br>*Annual Supply = 720 lenses* | | $50 | **$200** |
| PRECISION7® FAMILY<br>*Sphere and Toric*<br>*Annual Supply = 108 lenses* | | $25 | **$100** |
| TOTAL30® FAMILY<br>*Sphere, Multifocal, Toric, and Multifocal Toric*<br>*Annual Supply = 24 lenses* | | | |

# EASY AS 1, 2, 3 SUBMISSION

## 1. Qualify for a rebate

- Read the full rebate terms and conditions
- Visit your eye doctor for a contact lens fitting
- Purchase a minimum 2-boxes of a qualifying WaterInnovations™ contact lens in a single transaction
- All purchases must be from the same eye care practitioner who prescribed your contact lenses, or from an affiliated location with that practitioner

**Need Assistance?**
Please call our support line at 1-855-344-6871

Your Offer Code: **NWAC - 26H2**

## 2. Gather the required documents

- Submit electronic copies of the following documents within 60 days of purchase:
  - Sales receipt
  - Eye exam / lens fitting receipt
  - UPC from contact lens box




## 3. Submit your rebate

- Complete the online claim form at AlconChoice.com. You are required to upload images of the documents via mobile device or computer and have a valid email address to receive claim notifications
- During the submission, you will be required to select a rebate payment method that will be delivered once your rebate is approved:
  - Physical Alcon Prepaid Visa Card (mailed within 4-6 weeks)
  - Virtual Alcon Prepaid Visa Card (e-mailed within 5-7 business days)
- You will receive a confirmation email after submission and claim status notifications from AlconChoice@360incentives.com. Please continue to monitor your claim status online to ensure your rebate is processed in a timely manner

**PROMOTIONAL PERIOD:** JULY 1, 2026 - DECEMBER 31, 2026
**PURCHASE MUST OCCUR DURING THE PROMOTIONAL PERIOD AND REBATE SUBMISSION MUST BE MADE WITHIN SIXTY (60) DAYS OF PURCHASE.**
**VALID ON ELIGIBLE PURCHASE MADE IN A QUALIFYING TRANSACTION FROM AN APPROVED ALCON PARTNER:** Offer valid on purchases made in-office from participating Eye Care Providers including platforms tied directly to the provider. Offer not valid on purchases from any Internet retailers or purchases made through select large retailers including, but not limited to, Walmart® Vision Centers, Sam's Club® Optical and Costco® Optical.
**REBATE TERMS AND CONDITIONS 1.** Purchase a supply of qualifying lenses between July 1, 2026 – December 31, 2026. Purchase date is determined by the date on your sales receipt. No late submissions will be accepted. **2.** (A) Must be a new wearer to the qualifying lenses. (B) For purposes of this offer, a "new wearer" is a lens wearer who is new to the respective DAILIES TOTAL1®, PRECISION1®, PRECISION7® or TOTAL30® brand of contact lenses that are the subject of this offer, or an existing lens wearer who switches to a different type of qualifying lenses within that same brand family. **3.** Eye exam or lens fitting receipt is required. **4.** 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. **5.** All rebate submissions require a valid rebate code and legible images of 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. **6.** All rebate submissions are subject to purchase validation. Alcon reserves the right to request additional information in connection with each rebate submission.
**7.** Submission limits: (A) Annual Supply limit of one annual (1) Alcon rebate per person, per 12-month period (B) Six (6) month supply for up to two (2) submissions per 12-month period (C) Three (3) month supply for up to four (4) submissions per 12-month period. **Households limit shall not exceed an annual supply for up to four household members per 12-month period except where prohibited by law. 8.** Valid only in the United States, and U.S. Territories (Puerto Rico, Guam and U.S. Virgin Islands). No P.O. boxes (except in ND and where required by law). Void where prohibited by law. **9.** Allow 2 to 6 weeks for delivery of your rebate following receipt and verification of all required rebate documentation. Rebates are payable in the form of a Visa prepaid card. **10.** Fraudulent submissions could result in federal prosecution under the U.S. Mail Fraud Statutes (18 U.S. Code Section 1341 and 1342).
**11.** Alcon reserves the right to cancel, modify or change this rebate program and institute fraud prevention measures at any time without notice.
**NOTICE TO CONSUMER:** 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.
Use your Visa prepaid card anywhere Visa debit cards are accepted in the U.S. The card may not be used at any merchant, including internet and mail or telephone order merchants, outside of the U.S. Card is issued by The Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc. 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.**

**Important information for PRECISION7® (serafilcon A) contact lenses:** For daily wear or extended wear up to 6 nights for near / far-sightedness.
Risk of serious eye problems (i.e., corneal ulcer) is greater for extended wear. In rare cases, loss of vision may result. Side effects like discomfort, mild burning, or stinging may occur.
Ask your eye care professional for complete wear, care, and safety information. Rx only

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