Buy Now, Save More Year-End Rebate

MiSight®*
NEW WEARER REBATE



Limited-Time Offer. Flexible Options.

Whether you choose a 3-month supply, a 6-month supply, or a full year of MiSight® 1 day contact lenses, eligible new wearers can enjoy enhanced rebate savings for a limited time.†

Start with the option that fits your needs and take advantage of today's highest rebate values before December 31, 2026.

Rebate Savings Available‡	
November 1 – December 31, 2026 ‡Promotions available for MiSight® 1 day purchases made between 11/1/2026-12/31/2026 only. Proof of purchase required.	
Annual Supply	$250
6-Month Supply	$100
3-Month Supply	$50

1. Submit claim at **CooperVisionPromotions.com** by completing the online form
2. Track status using the claim number in the confirmation email from **CooperVisionPromos@360incentives.com**
3. Redeem CooperVision® Prepaid Mastercard® using the instructions in the approval email from **Notification@CooperVisionDigitalRewards.com**

Scan QR code or visit
CooperVisionPromotions.com
Enter offer code:

MSBN-2H26

SUBMISSIONS MUST BE MADE WITHIN 60 DAYS OF LENS PURCHASE. INTERNET RETAILER PURCHASES ARE NOT ELIGIBLE.

***INDICATIONS AND BRIEF SAFETY INFORMATION for MiSight® 1 day soft contact lens:**
INDICATIONS: MiSight® 1 day (omafilcon A) Soft (Hydrophilic) Contact Lenses for Daily Wear are indicated for the correction of myopic ametropia and for slowing the progression of myopia in children with non-diseased eyes, who at the initiation of treatment are 8-12 years of age and have a refraction of -0.75 D to -4.00 D (spherical equivalent) with ≤ 0.75 diopters of astigmatism. The lens is to be discarded after each removal. **BRIEF SAFETY INFORMATION:** Rx only; results may vary. **ATTENTION:** Reference the Patient Information Brochure or visit misight.com/safety for a complete listing of Indications and Important Safety Information. **WARNINGS:** Problems with contact lenses could result in serious injury to the eye. Do not expose contact lenses to water while wearing them. Under certain circumstances MiSight® lenses optical design can cause reduced image contrast/ghosting/halo/glare in some patients that may cause difficulty with certain visually-demanding tasks. **PRECAUTIONS:** Daily wear single use only. Patient should always dispose when lenses are removed. No overnight wear. Patients should exercise extra care if performing potentially hazardous activities. **ADVERSE EVENTS:** Including but not limited to infection/inflammation/ulceration/abrasion of the cornea, other parts of the eye or eyelids. Some of these adverse reactions can cause permanent or temporary loss of vision. If you notice any of the stated in your child, immediately have your child remove the lenses and contact your eye care professional.

†See full Terms and Conditions and minimum purchase requirements on back.

CooperVision®

Purchase Dates:	Submit Date:	Offer Code:
11/01/2026 – 12/31/2026	**Within 60 days of lens purchase**	**MSBN-2H26**

VISIT an eye care practitioner for a contact lens fitting

PURCHASE the required number of products listed below in a single transaction
(All purchases must be from the same eye care practitioner who prescribed your contacts, or from an affiliated location with that practitioner.)

UPLOAD required documents when submitting claim: **dated sales receipt with eligible lens purchase(s)**, and **two product box end panels** (one for each eye) showing prescription information

DONATE an optional gift of sight to millions
Learn more at **coopervision.com/ogs**

OPTOMETRY giving sight

MiSight® 1 day

PURCHASE SUPPLY AMOUNTS	PURCHASE DATES: NOVEMBER 1 – DECEMBER 31, 2026
Annual Supply (4) 180-packs or (8) 90-packs	**$250**
6-Month Supply (2) 180-packs or (4) 90-packs	**$100**
3-Month Supply (1) 180-pack or (2) 90-packs	**$50**

Questions? Visit us at CooperVisionPromotions.com and click Help Center or call 1-877-875-6043

†**REBATE TERMS & CONDITIONS:** To receive your rebate, you must satisfy each of the rebate requirements and provide the following documentation within 60 days of qualified contact lens purchase: (A) a valid sales receipt for a qualifying MiSight® contact lens purchase that includes: (i) patient name; (ii) purchase location; (iii) MiSight® contact lenses purchased; (iv) number of boxes purchased; and (v) date of purchase; and (B) photo of product box end panels (one for each eye). Failure to follow each of these steps is a rejection of this rebate offer. Offer valid only for residents of the U.S., Puerto Rico and U.S. Virgin Islands. Offer valid only when contact lenses are purchased from prescribing eye care professional or affiliated location. Offer not valid where prohibited by law and not valid with any other MiSight® offer or rebates. CooperVision reserves the right to cancel, suspend, or modify part of or this entire rebate program at any time without notice, for any reason in its sole discretion including for fraud prevention measures. CooperVision is not responsible for lost, late, illegible, stolen, or incomplete requests. All submitted materials become property of CooperVision and will not be returned.

This MiSight® New Wearer Rebate (MSBS-2H26) may only be used once per person and five (5) rebates per address and/or email address per twelve (12) month period, except where prohibited by law. Excessive submissions and/or other fraudulent activities may result in federal prosecution under the U.S. mail fraud statutes (Title 18 United States Code Sections 1341 and 1342). You represent that you are legally competent and have the legal authority to submit this rebate application. Submissions made on behalf of a consumer by an eyecare provider may result in the rejection of this rebate offer. If you elect to donate part of your rebate amount, all donated rebate money submitted between 09/01/26-12/31/26 will be contributed by CooperVision to Optometry Giving Sight.

- If you don't have access to the internet, please call 1-877-875-6043 for assistance.

NOTICE TO CONSUMERS: If you are personally filing a claim for reimbursement with 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. The rebate amount cannot exceed the final purchase price. If the rebate amount exceeds the final purchase price, the claim will be denied, and no rebate will be paid.

Rebate paid in the form of a CooperVision® Prepaid Mastercard®. If a valid email address is not provided, a physical prepaid card will be automatically selected and sent to your mailing address on file. Card is issued by Pathward®, N.A., Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard and the circles design are registered trademarks of Mastercard International Incorporated.

Your use of the prepaid card is governed by the Cardholder Agreement, and some fees may apply. Card can be used everywhere Mastercard Prepaid Cards are accepted. Virtual card can be used everywhere Mastercard Prepaid Cards are accepted online, or phone/mail orders. Physical/Virtual card valid for up to 6 months; unused funds will forfeit after the valid thru date. Card is valid through the last day of the expiration month. You will not have access to the funds after expiration. **This is not a gift card.** Cards will not have cash access. Visit myprepaidcenter.com to activate and manage your card.

©2026 CooperVision, Inc. 20145-2 MSBN 2H26 10/26