

# Current Wearer Rebate

## Alcon

CURRENT WEARERS CAN

SAVE UP TO

**\$150\***

ON CONTACT LENSES

YOUR REBATE CODE IS:  
**EXPP-24H1**

Current patients of Alcon contact lenses can save from **January 1<sup>st</sup> – June 30<sup>th</sup>, 2024**

**SAVE \$150** DAILIES TOTAL1® (Eight 90-ct boxes)  
DAILIES TOTAL1® for Astigmatism (Eight 90-ct boxes)  
DAILIES TOTAL1® Multifocal (Eight 90-ct boxes)

**SAVE \$125** PRECISION1® (Eight 90-ct boxes)  
PRECISION1® for Astigmatism (Eight 90-ct boxes)

**SAVE \$75** TOTAL30® (Four 6-ct boxes)  
TOTAL30® for Astigmatism (Four 6-ct boxes)  
TOTAL30® Multifocal (Four 6-ct boxes)

*Purchase must be for a lens not previously worn and purchase must be made in a single transaction. No product substitutions allowed.*

Without Rebate or Discounts				With Rebate or Discounts			
Product	First 6 Month Cost	Second 6 Month Cost	Full Year Cost	Annual Supply Cost	Additional Rebate	Additional Savings	NEW Full Year Cost
Brand							
Product	First 6 Month Cost	Second 6 Month Cost	Full Year Cost	Annual Supply Cost	Additional Rebate	Additional Savings	NEW Full Year Cost
Brand							

\*Savings via online (or mail-in) rebate in the form of an Alcon Visa® Prepaid card. See full Terms and Conditions on the reverse side.

Purchase Dates: 01/01/2024 – 6/30/2024

Submit within **60 days** of Lens Purchase

Offer Code:  
EXPP-24H1



Scan Me!

# Submit online at **AlconChoice.com** and get paid faster!

From your computer or mobile device! Fast Processing, 24/7 Tracking and Easy 1, 2, 3 Submission!

## STEP 1

### TO QUALIFY FOR A REBATE

- Read the full rebate terms and conditions below.
- Visit your eye care practitioner for a contact lens fitting.
- Purchase the required number of products listed on the front 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.

## STEP 2

### REQUIRED DOCUMENTS

Submit electronic copies of the following documents within 60 days of purchase:

- ✓ Sales Receipt
- ✓ Eye Exam/Lens Fitting Receipt
- ✓ UPC from Contact Lense Box



## STEP 3

### TO SUBMIT A REBATE

1. 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.
2. During claim 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)
3. 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: JANUARY 1, 2024 – JUNE 30, 2024

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 SINGLE TRANSACTION FROM YOUR EYE CARE PROVIDER, OR FROM A LOCATION AFFILIATED WITH THAT PROVIDER:** 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, LensCrafters® Corporate locations, and Costco® Optical.

**REBATE TERMS AND CONDITIONS** 1. Purchase an annual supply of qualifying lenses between **January 1, 2024 – June 30, 2024**. Purchase date is determined by the date on your sales receipt. No late submissions will be accepted. 2. Eye exam or lens fitting receipt is required. 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. 4. 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. 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 and up to five (5) rebates per household per 12-month period except where prohibited by law. 7. Purchase must be made in a single transaction. 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 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.

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.

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**Alcon**

DAILIES  
**TOTAL 1**  
ONE-DAY CONTACT LENSES

DAILIES  
**TOTAL 30**  
ONE-DAY CONTACT LENSES

**PRECISION 1**  
ONE-DAY CONTACT LENSES