

# MyACUVUE® Rewards

Scan below and see  
what you can **SAVE!**<sup>+</sup>



**REWARDS<sup>+</sup> AVAILABLE ACROSS ALL  
ACUVUE® BRAND CONTACT LENSES**

<sup>+</sup>Offer valid January 1, 2026 - June 30, 2026. Reward amount dependent on ACUVUE® product and quantity purchased, if you are a new wearer and promo code offer eligibility. Must get an eye exam and purchase from participating provider. If eligible for promo code offer(s), must apply promo code at time of purchase submission confirmation. See full Terms and Conditions on back. For minimum purchase and promo code offer requirements, visit [MyACUVUERewards.com](https://MyACUVUERewards.com).

# ACUVUE®

# How to receive your reward\*

1

**Purchase** your eligible supply of ACUVUE® branded contact lenses

2

**Register** for MyACUVUE® on MyAcuvueRewards.com and complete online reward form within 60 days of purchase

3

**Mail** in product-purchase receipt† to complete submission: Merkle Inc. PO Box 5085, Kalamazoo, MI 49003-5085.

## You'll love your lenses. It's our Comfort Promise

If you are not 100% satisfied with your ACUVUE® contact lenses within 90 days, we promise your money back‡, no questions asked. We're confident you'll love them.

Thank you for choosing ACUVUE®!



**MyACUVUE® Rewards Terms & Conditions:** Qualifying purchases of ACUVUE® OASYS MAX 1-Day Family, ACUVUE® OASYS 1-Day Family, 1-DAY ACUVUE® MOIST Family, ACUVUE® OASYS 2-Week Family and ACUVUE® VITA® must be made in-office or in-store between January 1, 2026 – June 30, 2026\*. Because the reward amount depends on the ACUVUE® product purchased, quantity purchased and whether you are a new or current wearer of ACUVUE® contact lenses, reward amount will be confirmed at time of purchase submission. To view your estimated reward value, visit MyAcuvueRewards.com. Reward requests must be submitted online within 60 days of purchase. Quantity requirements are based on purchase of lenses for two eyes.

Consumer must register online for MyACUVUE® at [www.myacuvuerewards.com](http://www.myacuvuerewards.com). As a MyACUVUE® member, the consumer agrees to receive promotional communications, including offers, rebates, surveys, and other communications. Consumer may opt out of these communications at any time by visiting [acuvue.com/en-us/contact-us](http://acuvue.com/en-us/contact-us). Online submission must include: (a) submitter first and last name, (b) address, (c) birthdate, (d) email address, (e) mobile phone number.

To submit for a reward online at [www.myacuvuerewards.com](http://www.myacuvuerewards.com), proof of purchase must be submitted including digital scan or photo of products, and upload of product purchase receipt. Product purchase receipt must include (a) patient name, (b) name of seller, (c) ACUVUE® product purchased, (d) number of boxes/lenses purchased, (e) date of purchase, (f) proof of purchase, and (g) online confirmation code. Failure to provide all required information will prevent receipt approval. If you purchased an annual supply OR if you are submitting your reward for the first time for a 3-Month or 6-Month supply, then after completing an online submission, you must mail in your original unaltered receipt to complete your submission. Failure to provide all required information or failure to complete all necessary steps will prevent receipt approval. Allow 6-8 weeks for delivery of mail and processing of online submission.

**Reward Limit for Annual Purchase:** One reward per consumer, per offer, per yearly eye exam visit.

**Reward Limit for 3-Month, 6-Month, and/or 9-Month Purchase:** Rewards per consumer, per offer, are not to exceed an annual supply in a rolling 365-day year. Household limit shall not exceed an annual supply for up to four household members in a rolling 365-day year.

Offer valid for U.S. residents only. Offer not valid where prohibited by law. The reward will be processed after the consumer's order has shipped. Allow 14 days for electronic reward delivery from approval date; if physical rewards card is selected, allow 6-8 weeks for delivery. No P.O. boxes, only street or rural addresses are acceptable for mail-in requests. Fraudulent submissions could result in federal prosecution under the U.S. Mail Fraud Statutes (18 U.S. Code Section 1341 and 1342). Not responsible for lost, late, undelivered responses and/or incomplete forms. Johnson & Johnson Vision Care, Inc. reserves the right to cancel this rewards program and institute fraud prevention measures at any time without notice.

ACUVUE® Rewards are only valid on in-office purchases; purchases made at select retail locations and purchases made via ACUVUE® Shop. Rewards are not valid for internet purchases (except via ACUVUE® Checkout and ACUVUE® Shop) and purchases made at large retailers including (but not limited to) Costco® Optical, Sam's Club® Optical, BJ's® Optical, Walmart® Optical, Target® Optical, or LensCrafters® Corporate locations, but other offers may be available for ACUVUE® purchases at these retailers.

**NOTICE TO CONSUMERS:** 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 reward. If your doctor is filing the claim, you must notify the doctor's office of the need to deduct this reward amount from the purchase price used in calculating the claim. If you file a claim for reimbursement from the Comfort Promise program after redeeming rewards, your reimbursement will be based upon purchase price less the amount of your total rewards. For full Comfort Promise program Terms and Conditions, see <https://www.acuvue.com/en-us/acuvue-comfort-promise/>.

\* Rewards paid in the form of an ACUVUE® Prepaid Mastercard®. Your reward confirmation and payment will be delivered via email. Follow the instructions in the email to select between a virtual or physical Prepaid Mastercard. You must select your card type (virtual or physical) within three (3) months from the date these instructions are sent via email. The link to access your payment expires after that time. Once card type is selected, the funds must be used within six (6) months or the card will expire. Use your card anywhere Mastercard is 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. Issued by The Bancorp Bank, 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. 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.

† Please retain a copy of purchase receipt.

‡ Available on up to two opened boxes of contacts. Copy of purchase and fitting fee receipt required. Refund by e-mail within 6 to 8 weeks. If you submit a claim for this Money Back Guarantee you may not submit for rewards. If you file a claim for reimbursement from the Comfort Promise program after redeeming rewards, your reimbursement will be based upon purchase price less the amount of your total rewards. If rewards exceed reimbursement, your claim may be rejected. For info and terms, visit <https://www.acuvue.com/en-us/acuvue-comfort-promise>. Offer valid through 12/31/2026.

**Important Information for Contact Lens Wearers:** ACUVUE® Contact Lenses are available by prescription only for vision correction. An eye care professional will determine whether contact lenses are right for you. Although rare, serious eye problems can develop while wearing contact lenses. To help avoid these problems, follow the wear and replacement schedule and the lens care instructions provided by your eye doctor. Do not wear contact lenses if you have an eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. If one of these conditions occurs, remove the lens and contact your eye doctor immediately. For more information on proper wear, care and safety, talk to your eye care professional and ask for a Patient Instruction Guide, call 1-800-843-2020, or visit [www.acuvue.com](http://www.acuvue.com).

All third party trademarks herein are the intellectual property of their respective owners.

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AS112500  
2025PF16799

Up to  
**\$225**  
in Rewards!†

**NEW  
WEARER  
REWARD**

**January 1, 2026 – December 31, 2026**

SAVINGS ARE FOR PATIENTS NEW TO BRANDS IN THIS PROMOTION

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



Scan QR code or visit  
[CooperVisionPromotions.com](https://CooperVisionPromotions.com)

Enter offer code:

**NWVOYANT26**

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

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



CooperVision®

Purchase Dates:  
01/01/2026 – 12/31/2026

Submit Date:  
Within 60 days of lens purchase

Offer Code:  
NWVOYANT26

**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](http://coopervision.com/ogs)



NEW WEARER	6-MONTH SUPPLY	ANNUAL SUPPLY
MiSight® 1 day' brand	–	<b>\$200</b> (8) 90-packs or (4) 180-packs
VOYANT™ Monthly / Biofinity® / Biofinity® XR	–	<b>\$30</b> (4) 6-packs
VOYANT™ Monthly Toric / Biofinity® toric VOYANT™ Monthly Multifocal / Biofinity® multifocal (excludes Biofinity® XR toric and Biofinity® toric multifocal)	–	<b>\$50</b> (4) 6-packs
VOYANT™ Monthly Premium / Biofinity Energys®	–	<b>\$75</b> (4) 6-packs
VOYANT™ 1-Day brand / clariti® 1 day brand (excludes clariti® 1 day multifocal)	<b>\$75</b> (2) 180-packs, (4) 90-packs, or (12) 30-packs	<b>\$175</b> (4) 180-packs, (8) 90-packs, or (24) 30-packs
VOYANT™ 1-Day Premium brand / MyDay® brand	<b>\$100</b> (2) 180-packs or (4) 90-packs	<b>\$225</b> (4) 180-packs or (8) 90-packs

Questions? Visit us at [CooperVisionPromotions.com](http://CooperVisionPromotions.com) and click Help Center  
or call 1-877-875-6043

**\*INDICATIONS AND BRIEF SAFETY INFORMATION for MiSight® 1 day soft contact lens:**

**INDICATIONS:** MiSight® 1 day (ornafalcon 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  $\leq 0.75$  diopters of astigmatism. The lens is to be discarded after each removal. **BRIEF SAFETY INFORMATION:** Rx only; results may vary. **ATTENTION:** Reference 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.

**\*REBATE TERMS & CONDITIONS:** To receive your rebate, you must satisfy each of the rebate requirements and provide the following documentation: (A) a valid sales receipt for a qualifying contact lens purchase that includes: (i) patient name; (ii) purchase location; (iii) CooperVision® contact lens product purchased; (iv) number of boxes purchased; and (v) date of purchase; and (B) 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 offer or rebates. Rebate not valid in combination with purchase at 1-800 CONTACTS, Costco or Internet Retailers. Allow up to 6 weeks to receive the payment email with instructions for redeeming a physical or virtual prepaid card. 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. Reward limit for annual supply purchase: one rebate per person per twelve (12) month period based on purchase date and five (5) rebates per address and/or email address per twelve (12) month period, except where prohibited by law. Reward limit for 6-month supply purchase: two rebates per person per twelve (12) month period based on purchase date and ten (10) 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 1/1/26-12/31/26 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®. Your rebate will be delivered via email with instructions for selecting your prepaid card. You must select your card within 3 months from the date these instructions are sent via email. Your right to the payment may expire after that time. If a valid email address is not provided, a physical prepaid card will be automatically selected and sent to your mailing address on file. Use your card everywhere Mastercard is accepted in the U.S. Issued by The Bancorp Bank, 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. 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. Cards will not have cash access and can be used everywhere debit Mastercard is accepted. Card is valid through the last day of the expiration month. You will not have access to the funds after expiration. The Cardholder Agreement can be found at [coopervisiondigitalrewards.com](http://coopervisiondigitalrewards.com) once you receive your payment notification.

# CURRENT WEARER REWARD

Up to  
**\$200**  
in Rewards!†

**January 1, 2026 – December 31, 2026**

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



Scan QR code or visit

[CooperVisionPromotions.com](https://CooperVisionPromotions.com)

Enter offer code:

**CWVOYANT26**



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

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



CooperVision®

Purchase Dates:  
01/01/2026 – 12/31/2026

Submit Date:  
Within 60 days of lens purchase

Offer Code:  
CWVOYANT26

**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](http://coopervision.com/ogs)



OPTOMETRY  
giving sight

CURRENT WEARER	6-MONTH SUPPLY	ANNUAL SUPPLY
MiSight® 1 day*	\$75 (4) 90-packs or (2) 180-packs	\$200 (8) 90-packs or (4) 180-packs
VOYANT™ Monthly / Biofinity® / Biofinity® XR	—	\$30 (4) 6-packs
VOYANT™ Monthly Toric / Biofinity® toric VOYANT™ Monthly Multifocal / Biofinity® multifocal (excludes Biofinity® XR toric and Biofinity® toric multifocal)	—	\$50 (4) 6-packs
VOYANT™ Monthly Premium™ / Biofinity Energys®	—	\$75 (4) 6-packs
VOYANT™ 1-Day brand / clariti® 1 day brand (includes clariti® 1 day multifocal 3 Add; excludes clariti® 1 day multifocal)	—	\$75 (4) 180-packs, (8) 90-packs, or (24) 30-packs
VOYANT™ 1-Day Premium brand / MyDay® brand	—	\$100 (4) 180-packs or (8) 90-packs

180-packs and 30-packs where available

Questions? Visit us at [CooperVisionPromotions.com](http://CooperVisionPromotions.com) and click Help Center or call 1-877-875-6043

**\*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  $\leq 0.75$  diopters of astigmatism. The lens is to be discarded after each removal. **BRIEF SAFETY INFORMATION:** Rx only; results may vary. **ATTENTION:** Reference [MiSight.com/safety](http://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.

**\*REBATE TERMS & CONDITIONS:** To receive your rebate, you must satisfy each of the rebate requirements and provide the following documentation: (A) a valid sales receipt for a qualifying contact lens purchase that includes: (i) patient name; (ii) purchase location; (iii) CooperVision® contact lens product purchased; (iv) number of boxes purchased; and (v) date of purchase; and (B) 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 offer or rebates. Rebate not valid in combination with purchase at 1-800 CONTACTS, Costco or Internet Retailers. Allow up to 6 weeks to receive the payment email with instructions for redeeming a physical or virtual prepaid card. 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. Limit one rebate per person per twelve (12) month period based on purchase date 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 1/1/26-12/31/26 will be contributed by CooperVision to Optometry Giving Sight.

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Rebate paid in the form of a CooperVision® Prepaid Mastercard®. Your rebate will be delivered via email with instructions for selecting your prepaid card. You must select your card within 3 months from the date these instructions are sent via email. Your right to the payment may expire after that time. If a valid email address is not provided, a physical prepaid card will be automatically selected and sent to your mailing address on file. Use your card everywhere Mastercard is accepted in the U.S. Issued by The Bancorp Bank, 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. 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. Cards will not have cash access and can be used everywhere debit Mastercard is accepted. Card is valid through the last day of the expiration month. You will not have access to the funds after expiration. The Cardholder Agreement can be found at [coopervisiondigitalrewards.com](http://coopervisiondigitalrewards.com) once you receive your payment notification.

RECEIVE UP TO  
**\$250**  
IN REWARDS\*

# BAUSCH+LOMB

CONTACT LENS EXPERTS SINCE 1971

JAN 1 - JUNE 30, 2026

## Redeem Your Rewards

SCAN 



OR

TEXT<sup>†</sup>  
46230 

Enter code:  
**VSS-PTF**

**48**  
HOURS

Most claims approved  
in as little as 48 hours<sup>†</sup>

<sup>†</sup>From the time of submission.



*VISION SOURCE*

<sup>†</sup>Rewards points can be received in as little as 48 hours from the time of submission.

<sup>†</sup>SEE REVERSE SIDE FOR FULL TERMS & CONDITIONS.

<sup>†</sup>Message and data rates may apply.

## YOUR REWARDS<sup>‡</sup> ARE JUST A FEW STEPS AWAY!



Three easy ways to redeem:

1. Scan the QR code, OR
2. Text VSS-PTF to 46230, OR
3. Go to [BauschRewards.com](https://BauschRewards.com)

For more info on how to submit, go to [Bauschrewards.com/smshowto](https://Bauschrewards.com/smshowto)

Qualifying Products	New Wearer <sup>1</sup>	Existing Wearer <sup>1</sup>
INFUSE <sup>®</sup> contact lenses (SVS, Multifocal, for Astigmatism)	2,500 points (\$250 in rewards on 8 boxes <sup>2</sup> of 90-pks) - OR - 1,000 points (\$100 in rewards on 4 boxes <sup>3</sup> of 90-pks INFUSE Multifocal only)	1,500 points (\$150 in rewards on 8 boxes <sup>2</sup> of 90-pks) - OR - 1,000 points (\$100 in rewards on 4 boxes <sup>3</sup> of 90-pks INFUSE Multifocal only)
Biotrue <sup>®</sup> ONEday contact lenses (SVS, for Astigmatism, for Presbyopia)	2,000 points (\$200 in rewards on 8 boxes <sup>2</sup> of 90-pks)	1,000 points (\$100 in rewards on 8 boxes <sup>2</sup> of 90-pks)
Bausch + Lomb ULTRA <sup>®</sup> contact lenses (SVS, for Astigmatism, Multifocal for Astigmatism, for Presbyopia)	600 points (\$60 in rewards on 4 boxes <sup>2</sup> )	400 points (\$40 in rewards on 4 boxes <sup>2</sup> )

<sup>1</sup>As defined in the terms and conditions. <sup>2</sup>Annual supply purchase requirement. <sup>3</sup>INFUSE Multifocal 6-month purchase requirement.  
All purchases must be from the same eye care practitioner who prescribed your contacts or from an affiliate's location with that eye care practitioner.

Help support the partnerships below by donating some — or all — of your points. If you'd like to donate your points, simply go to the rewards section of [BauschRewards.com](https://BauschRewards.com) and click on the donate box.<sup>†</sup>



**TWO BLIND  
BROTHERS**

### SUMMARY TERMS AND CONDITIONS

†All claims must comply with the Full Terms and Conditions set forth at [BauschRewards.com](https://BauschRewards.com). Visit: [BauschRewards.com/contactus](https://BauschRewards.com/contactus) or call 866-490-5741 for all questions. Annual supply purchase required, and Annual supply purchase must be made between 1/17/26-6/30/26. For purposes of this offer (i) a "new wearer" is someone who has not previously purchased the respective contact lens brands (including modality, e.g., SVS, for Astigmatism or for Presbyopia) subject to the claim being submitted and who has not submitted a claim for rewards for such purchase to BAUSCH + LOMB<sup>®</sup> horizon rewards within the two-year period preceding the current purchase of qualifying lenses subject to the current claim for rewards and (ii) an "existing wearer" is anyone who does not qualify as a new wearer. An "existing wearer" is anyone who has made an annual supply purchase of the same modality and same qualifying brand(s) OR does not meet the definition of a new wearer. Purchase must be made in a single transaction. All Claims must be submitted within sixty days of your purchase. Your right to receive this offer will not be earned unless you satisfy each of the conditions of acceptance and eligibility requirements. Your failure to follow each of these steps is a rejection of this offer. Resolution of any disputes will be governed by New Jersey law. The offer is valid on purchase of the following Bausch + Lomb contact lenses: Bausch + Lomb ULTRA SVS, For Astigmatism, For Presbyopia, ULTRA Multifocal For Astigmatism; Biotrue ONEday SVS, for Astigmatism, for Presbyopia; and INFUSE SVS, for Astigmatism, and Multifocal. No product substitutions, deletions, or additions allowed, regardless of information learned from other sources. Purchases made in or for delivery to other countries are not eligible. 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 Bausch + Lomb property and will not be returned. One submission per person per 12-month period. Limit five submissions per address per 12-month period except where prohibited. Offer paid in the form of reward points. Rewards points earned from this offer may be redeemed for a BAUSCH + LOMB<sup>®</sup> Visa<sup>®</sup> Reward Card or other gift card options from select merchandisers. A \$5.00 fee will be automatically deducted from the card balance of any physical BAUSCH + LOMB<sup>®</sup> Visa<sup>®</sup> Reward Card ordered (for card production and mailing).

Visa<sup>®</sup> Reward Card is issued by Pathward<sup>®</sup>, N.A., Member FDIC, pursuant to a license from Visa U.S.A. Inc. Terms and conditions apply to Reward Cards. This Card may be used everywhere Visa debit cards are accepted in the U.S. and District of Columbia. See Cardholder Agreement for details. No Cash or ATM Access. Virtual Account is issued by Pathward<sup>®</sup>, N.A., Member FDIC, pursuant to a license from Visa U.S.A. Inc. Terms and conditions apply. Virtual Account can be used online, via phone, or in store with a digital wallet everywhere Visa debit cards are accepted in the U.S. and District of Columbia. See Virtual Accountholder Agreement for details. No Cash or ATM Access. Excessive submissions constitute fraud and may result in federal prosecution under the U.S. mail fraud statutes (18 USC § 1341, 1342). Offer valid only when contact lenses are purchased from a prescribing ECP. All Instant Savings customers will not be eligible. Eligibility included for the Vision Center brought to you by Walmart, operated by National Vision, Inc. Offer not eligible for purchases at Costco, Target, Walmart Vision Center, LensCrafters Corporate Locations or online retailers. Accounts that are signed up for Opal by Bausch + Lomb are not eligible for this rebate offer and must submit via [opales.com](https://opales.com).

#BAUSCH + LOMB<sup>®</sup> horizon rewards: Starts July 17, 2017 at 9:00:00 AM CT and ends December 31, 2026 at 11:59:59 PM CT. Open to residents of the 50 U.S./D.C. and Puerto Rico 18 years of age or older (19 in AL and NE). Void where prohibited. Sponsor: Bausch + Lomb.

BAUSCH + LOMB, Biotrue, "inspired by the biology of your eyes," Bausch + Lomb ULTRA, MoistureSeal and the MoistureSeal drop design, and INFUSE are trademarks of Bausch & Lomb Incorporated or its affiliates.

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**NEW WEARER PARTNER REBATE**

**Outsmart Digital Device Dryness  
with WATERINNOVATIONS™**



**SAVE UP TO  
\$300**

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

**OR**

**SAVE UP TO  
\$125**

**on a save as  
you go plan**

*See back for details*



**SUBMIT ONLINE**

at [AlconChoice.com](http://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 <i>Sphere, Multifocal and Toric</i> Annual Supply = 720 lenses	\$25	\$125	\$300
PRECISION1® FAMILY <i>Sphere and Toric</i> Annual Supply = 720 lenses		\$50	\$250
PRECISION7® FAMILY <i>Sphere and Toric</i> Annual Supply = 108 lenses		\$25	\$100
TOTAL30® FAMILY <i>Sphere, Multifocal and Toric</i> 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: **NWPP - 26H1**

### 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](http://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](mailto: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, 2026 - JUNE 30, 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 only valid on purchases made in-office from participating Eye Care Providers including platforms directly tied to the provider. Offer not valid on purchases from 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 January 1, 2026 - June 30, 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 the 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 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 the calculating 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.

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**Alcon**

CURRENT WEARER REBATE

Outsmart Digital Device Dryness  
with WATERINNOVATIONS™



SAVE UP TO  
**\$200**

on an annual supply  
of WaterInnovations™  
Contact Lenses

OR

SAVE UP TO  
**\$50**

on a save as  
you go plan

*See back for details*



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PRECISION1® FAMILY <i>Sphere and Toric</i> Annual Supply = 720 lenses			\$150
PRECISION7® FAMILY <i>Sphere and Toric</i> Annual Supply = 108 lenses		\$25	\$100
TOTAL30® FAMILY <i>Sphere, Multifocal and Toric</i> Annual Supply = 24 lenses			\$75

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### Need Assistance?

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Your Offer Code: **EXAC - 26H1**

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- UPC from contact lens box



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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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