

Special Offer for EyeMed Patients

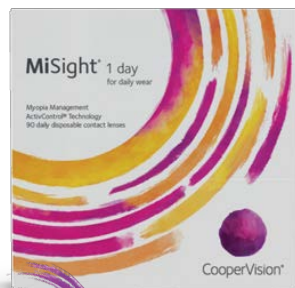
PURCHASE DATES: 02/01/2023 - 06/30/2023

MiSight® 1 day brand:
\$300 off (8) 90-packs or (4) 180-packs

MiSight® 1 day

It's the **ONLY ONE** designed
for children with myopia.*†

MiSight® 1 day contact lenses are the first and only FDA-approved soft contact lenses proven to slow myopia progression in children, aged 8-12 at the initiation of treatment*†§1,2



Indications and Important Safety Information. Rx only. Results may vary. ATTENTION: Reference the Patient Information Booklet for a complete listing of Indications and Important Safety Information.

† **Indications for Use:** 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 to 4.00 diopters (spherical equivalent) with ≤ 0.75 diopters of astigmatism. The lens is to be discarded after each removal.

* Only FDA approved soft contact lens designed for myopia control in the U.S.

§ Compared to a single vision 1 day lens over a 3 year period.

1. Chamberlain P et al. A 3-year Randomized Clinical Trial of MiSight® Lenses for Myopia Control. *Optom Vis Sci.* 2019;96(8):556-567
2. Chamberlain P, Arumugam B, Jones D et al. Myopia Progression in Children wearing Dual-Focus Contact Lenses: 6-year findings. *Optom Vis Sci* 2020;97(E-abstract):200038.



CooperVision®

MiSight® 1 day
for daily wear

\$300 Prescription Savings Card

FOR EYEMEDSM PATIENTS ONLY

eye
Med

23-12448

- Simple mobile-friendly submission
- Quick processing
- Track status anytime at [CooperVisionPromotions.com](https://www.CooperVisionPromotions.com)



Submit your rebate now at
[CooperVisionPromotions.com](https://www.CooperVisionPromotions.com)

🔒 Look for the padlock in your browser.



Submit Date: Within 60 days of lens purchase

To Qualify for a Rebate

(read the full 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.**
- **Must have EyeMed insurance to qualify.**

Rebate paid in the form of a convenient CooperVision® Prepaid Mastercard*.

Required Documents

(must be clear and legible)

Upload the following **itemized** receipts:

- Dated eye exam receipt with fitting fee exam and date circled.
- Dated sales receipt with eligible lens purchase(s) and date circled.
- Two product box end panels (one for each eye) showing prescription information.

End Panel

Example:

COOPERVISION PRODUCT			
BC	DIA	PWR	
8.7	14.4	-3.00	

To Submit a Rebate

(must be within 60 days of purchase)

- 1 Complete the online claim form at [CooperVisionPromotions.com](https://www.CooperVisionPromotions.com). You will be required to upload images of the required documents via either mobile device or computer and have a valid and accessible email address.
- 2 You will receive a confirmation email from CooperVisionPromos@360incentives.com with your claim number that you can use to track anytime.
- 3 Once your claim has been reviewed and approved, you will receive an email from notification@coopervisiondigitalrewards.com with the details on how to redeem your physical or virtual CooperVision® Prepaid Mastercard*.

Questions? Visit us at [CooperVisionPromotions.com](https://www.CooperVisionPromotions.com) and click [Help Center](#)

REBATE TERMS & CONDITIONS: To receive your rebate payment, you must satisfy each of the requirements and have the following documentation: (A) an eye exam/lens fitting receipt with name of patient; (B) a valid sales receipt 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 (C) a product box end panel (one for each eye). Must have Eyemed vision insurance to qualify. 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 or Internet Retailers. Allow up to 8 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 (12) twelve-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. You further represent that you are a current EyeMed Member. Submissions made on behalf of a consumer by an eye care provider may result in the rejection of this rebate offer. If you elect to donate a portion, or your entire rebate amount, all donated rebate money submitted between 02/01/2023 - 06/30/2023 will be contributed by CooperVision to Optometry Giving Sight. © 2023 CooperVision.

- 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.

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, 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](https://www.coopervisiondigitalrewards.com) once you receive your payment notification.

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Scan code to submit your claim

Offer Code: 23-12448

Terms and conditions apply.

