







## USE THIS CARD TO START SAVING TODAY

ELIGIBLE COMMERCIALLY-INSURED PATIENTS MAY PAY AS LITTLE AS

\$15\* PER 90-DAY PRESCRIPTION FILL

THAT'S AS LITTLE AS \$5 PER MONTH FOR A 90-DAY SUPPLY

## SCAN THIS CODE TO BEGIN ENROLLMENT



\*Maximum savings limits apply; patient out-of-pocket expense will vary depending on insurance coverage. Offer valid for patients with commercial prescription insurance coverage and a valid prescription for LUMIGAN® 0.01%, COMBIGAN®, or ALPHAGAN® P 0.1%. Offer not valid for patients enrolled in Medicare, Medicaid, or any other federal, state, or government-funded healthcare program. See At Your Service Savings Program Terms, Conditions, and Elioibility Criteria by scanning the OR code or visiting SaveWithAYS.com.







## ENROLL IN SAVINGS BEFORE YOU VISIT THE PHARMACY



SCAN
THIS CODE
TO BEGIN ENROLLMENT

TEXT SAVINGS TO 72428<sup>†</sup>

OR

CALL 1-833-DIAL-AYS (1-833-342-5297)

For more information, talk to your doctor, visit **savewithays.com**, or call Allergan At Your Service Customer Service at **1-833-Dial-AYS (1-833-342-5297)** 

†AYS Alerts: Msg and data rates apply. Msg frequency depends on user. Reply HELP for help; reply STOP to cancel. Consent to texts not required to sign up for offer. Visit SaveWithAYS.com to view our Mobile Terms & Conditions and Privacy Policy.



