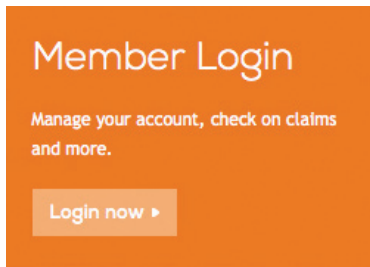


We make it easy
with **Member Web**
on eyemed.com



Step 1

Visit eyemed.com
and click on **Member Login**.



Step 2

If you're an existing user, welcome back!
Just log in with your **username** and **password**.

Welcome back. Please login below

If you're starting a new plan period, you may need to register as a new user

***If you registered after Dec 8, 2013 your user ID is your e-mail address. you created your own user ID during registration. Still need help? Click**

User ID/E-mail Address [Forgot User ID](#)

Password [Forgot Password](#)

Log In

If you're a new user, click on **create an account**

New User?

Getting set up is quick and easy!
Just [create an account](#) and you can:

- Check your claim status
- Print your member ID card
- Review your benefit details
- And more!

Step 3

New users will need to create an account using your member ID or the last four digits of your social security number*. You'll then receive a registration email in your inbox to confirm your account.

Register for an Account

Enter your member information below to begin. Please note that all fields are required.

First Name [?](#) Last Name [?](#)

Date of Birth (mm/dd/yyyy) [?](#)

Last 4 Digits of SSN [?](#) OR Member ID [?](#)

Cancel **Next**

Need Assistance? Visit our [Help & Resources](#) pages. Call us at 1.866.939.3633
Mon-Sat 7:30AM to 11:00PM ET
Sun 11:00AM to 8:00PM ET

*The use of either your SSN # or Member ID is determined by how your benefit administrator registered you in the system.

Step 4

After registration, you'll be able to set up your new account. Enter your email and desired password. Passwords must be a minimum of 8 characters, include at least 1 uppercase and 1 lowercase letter and a number or special character. Confirm your password and hit register for instant access.

Create your account

Enter your e-mail address and create a password for instant access. Your e-mail address will be your user ID.

E-mail Address [?](#)

Confirm E-mail Address

Password [?](#)

Password Requirements:

- Passwords **MUST** be a minimum of 8 characters and a maximum of 32.
- Passwords **MUST** include at least 1 Uppercase letter and 1 lowercase letter.
- Passwords **MUST** include either a number or a special character. Use special characters: ! @ # \$ % & * +

Confirm Password

Cancel **Register**

Step 5

Once your profile is all set up, you can manage your profile at any time from the Manage Profile link at the top right of the page.

Within Manage Profile, you can:

- Choose to go paperless and receive communications electronically.
- Opt into emails on your vision benefits and vision wellness.
- Change your password.
- Update your email address.
- When you're finished, be sure to click **Update**.

 **Go Green.
Go Paperless.**

Reduce your environmental impact by signing up to receive communications from us electronically. Place a checkmark to select the option; remove the checkmark to deselect it.

☒ **Yes, I'd like to receive my EOBs electronically.** By checking this option you are requesting to NOT receive paper-based EOBs anymore.

☒ **Yes, I'd like to receive information regarding my vision care benefits and vision wellness via email.** We will never sell your email address to a third party.

By selecting "Yes" I have read and agree with the [Terms and Conditions](#).

Update

Log in at any time to:

- View your benefit details.
- Verify your eligibility.
- Check claim status.
- Print replacement ID cards
- Locate a provider
- Schedule an appointment online at participating in-network providers
- View health and wellness information

Vision Care Services	In-Network Member Cost
Exam With Dilation as Necessary	\$0 Copay
Contact Lens Fit and Follow-Up	
Standard Contact Lens Fit & Follow-Up	\$0 copay paid in full and two follow up visits
Premium Contact Lens Fit & Follow-Up	\$0 copay, 10% off retail price, then apply \$40 allowance
Frames	\$0 Copay, \$150 allowance; 80% of charge over \$150
Standard Plastic Lenses	
Single Vision	\$10 Copay
Bifocal	\$10 Copay
Trifocal	\$10 Copay
Standard Progressive Lens	\$10 Copay
Premium Progressive Lens	\$10, 80% of charge less \$120 Allowance
Lenticular	\$10 Copay
Lens Options (paid by the member and added to the base price of the lens)	
UV Treatment	\$0
Tint (Solid and Gradient)	\$0
Standard Plastic Scratch Coating	\$0
Standard Polycarbonate	\$0
Standard Polycarbonate - Kids under 19	\$0
Standard Anti-Reflective Coating	\$45
Polarized	20% off retail price
Other Add-Ons and Services	20% off retail price
Contact Lenses	
Conventional	\$0 Copay, \$150 allowance; 85% of charge over \$150
Disposable	\$0 Copay, \$150 allowance; plus balance over \$150
Medically Necessary	\$0 Copay, Paid in Full

Visit eyemed.com today



The biggest network and the most choice. Because more is more.