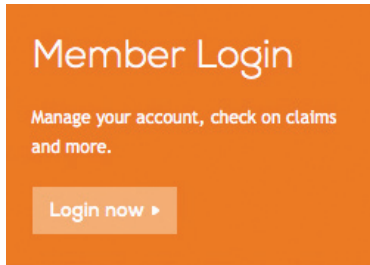


We make it easy  
with **Member Web**  
on eyemed.com



## Step 1

Visit [eyemed.com](http://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** [Help](#)

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
<b>Exam With Dilation as Necessary</b>	\$0 Copay
<b>Contact Lens Fit and Follow-Up</b>	
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
<b>Frames</b>	\$0 Copay, \$150 allowance; 80% of charge over \$150
<b>Standard Plastic Lenses</b>	
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
<b>Lens Options (paid by the member and added to the base price of the lens)</b>	
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
<b>Contact Lenses</b>	
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](http://eyemed.com) today



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