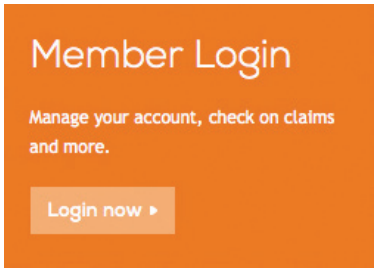
# We make it easy with **Member Web** on eyemed.com

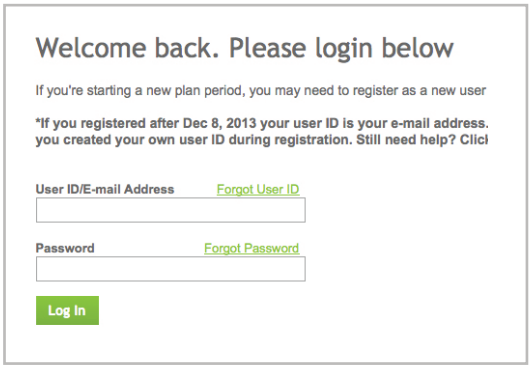
## Step 1

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

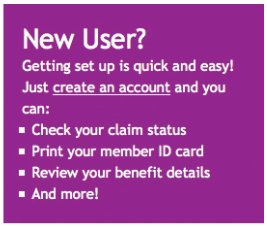



## Step 2

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

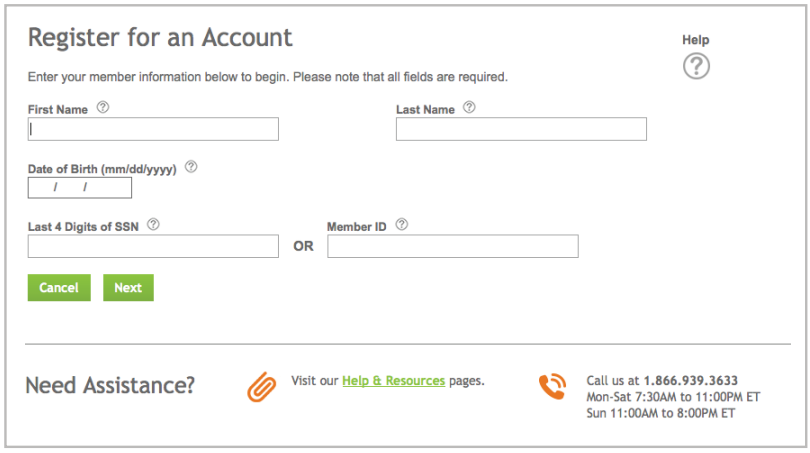



If you're a new user, click on **create an account**




## Step 3

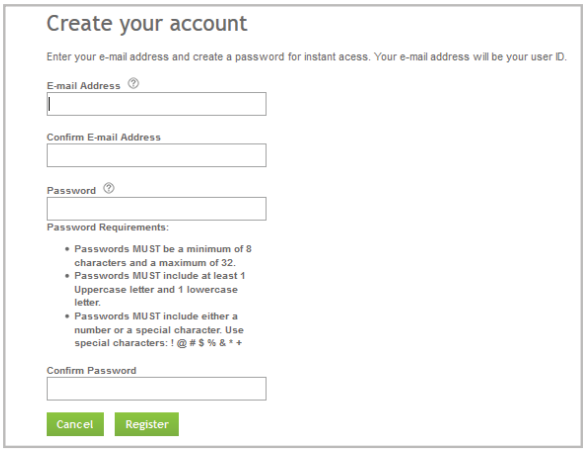
New users will need to create an account using your member ID or the last four digits of your social security number*. You'll then receive a registration email in your inbox to confirm your account.




*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.



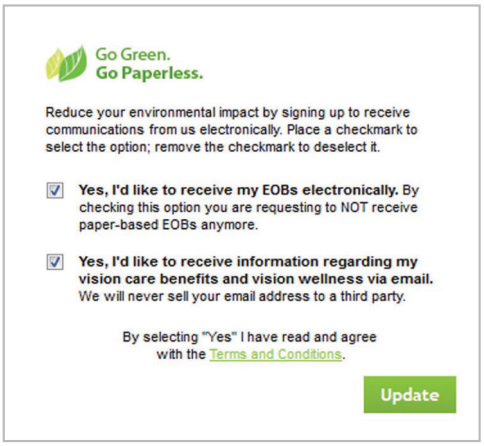
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## Step 5

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.

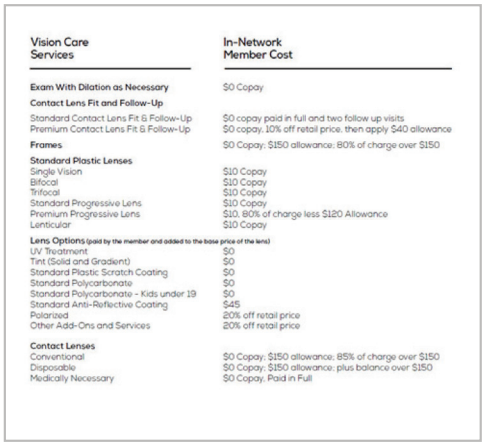
### Within Manage Profile, you can:

- 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.




### 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

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