

Quick Reference Guide: Eligibility and Benefits Inquiry

To check a Tufts Health Plan member's eligibility and benefits:

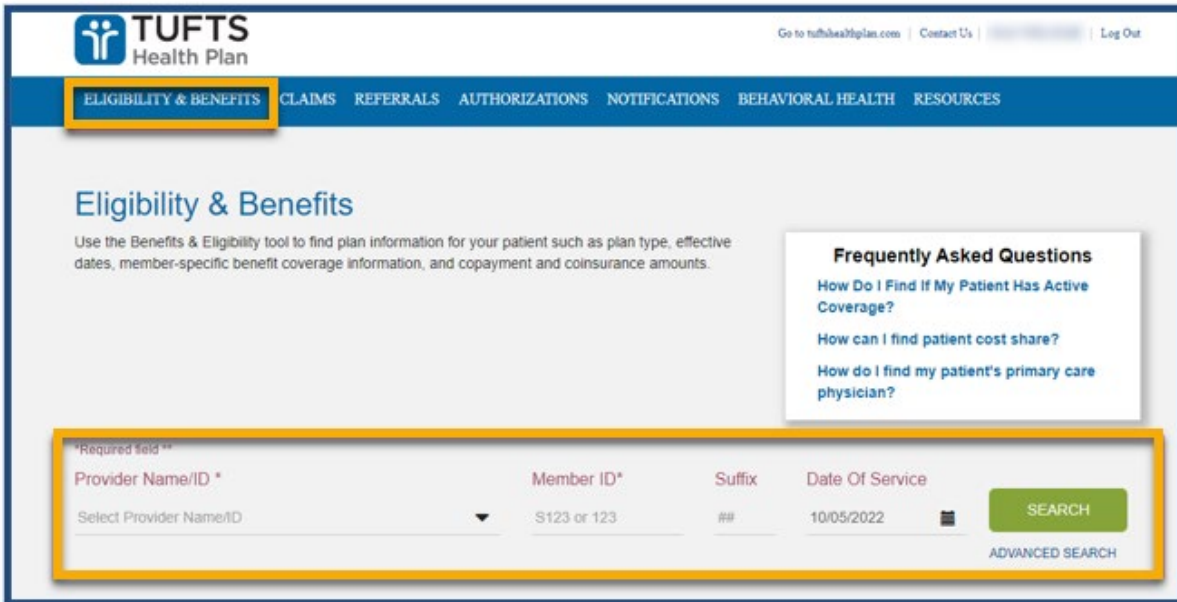
Step 1: Log on to Tufts Health Plan's secure Provider [portal](#).

Step 2: From the list of self-service options, click "Eligibility & Benefits."

Step 3: Enter the "Provider Name/ID" and the "Member ID."

Step 4: To access the eligibility information for the member, click "Search."

Note: Use the *Advanced Search* option to search by additional criteria.



The screenshot displays the Tufts Health Plan website interface. At the top, the Tufts Health Plan logo is on the left, and navigation links for 'Go to tuftshealthplan.com', 'Contact Us', and 'Log Out' are on the right. A blue navigation bar contains several menu items: 'ELIGIBILITY & BENEFITS' (highlighted with a yellow box), 'CLAIMS', 'REFERRALS', 'AUTHORIZATIONS', 'NOTIFICATIONS', 'BEHAVIORAL HEALTH', and 'RESOURCES'. Below the navigation bar, the main heading is 'Eligibility & Benefits', followed by a brief description: 'Use the Benefits & Eligibility tool to find plan information for your patient such as plan type, effective dates, member-specific benefit coverage information, and copayment and coinsurance amounts.' To the right of this section is a 'Frequently Asked Questions' box with three questions: 'How Do I Find if My Patient Has Active Coverage?', 'How can I find patient cost share?', and 'How do I find my patient's primary care physician?'. At the bottom, a search form is highlighted with a yellow box. It includes a 'Required field **' label and four input fields: 'Provider Name/ID *' (with a dropdown arrow and placeholder 'Select Provider Name/ID'), 'Member ID*' (with placeholder 'S123 or 123'), 'Suffix' (with placeholder '##'), and 'Date Of Service' (with placeholder '10/05/2022' and a calendar icon). A green 'SEARCH' button is to the right of the form, and a link for 'ADVANCED SEARCH' is located below the search button.

Step 5: Click the "Benefits" tab to view specific benefit information by category.

Note: This tab is not available for CareLinkSM when Cigna is the primary administrator or CareLinkSM–Shared Administration members.

Step 6: Click the "Deductible" and/or "Out of Pocket Maximum" tab(s) to view member cost-share information.

ELIGIBILITY **BENEFITS** DEDUCTIBLE OUT OF POCKET MAXIMUM

Benefits Categories

- Chiropractic Services
- Durable Medical Equipment
- Emergency Services
- Imaging Services - Outpatient
- Inpatient Hospital Care and Surgery
- Mental Health and Substance Abuse
- Outpatient Services
- Prescription Drugs
- Rehabilitative Services - Outpatient
- Routine Medical Services**
- Transport Services
- Urgent Care Center Services

Routine Medical Services

Routine Medical Services include many of the standard medical services and procedures covered by your health plan. Information regarding visits to your primary care physician (PCP) and specialist, as well as coverage information for common tests and screenings are included in this section. Please see below for a complete description of what your plan covers under Routine Medical Services.

Specific Benefits | View All

- Doctor's Office Visit - PCP
- Doctor's Office Visit - Specialist
- Laboratory Tests
- Pediatric Dental
- Preventive Services
- Routine Eye Care

Doctor's Office Visit - PCP

Service Type	Member Responsibility
Network Provider	No Copayment per Visit

Doctor's Office Visit - Specialist