

Quick Reference Guide: Eligibility and Benefits Inquiry

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

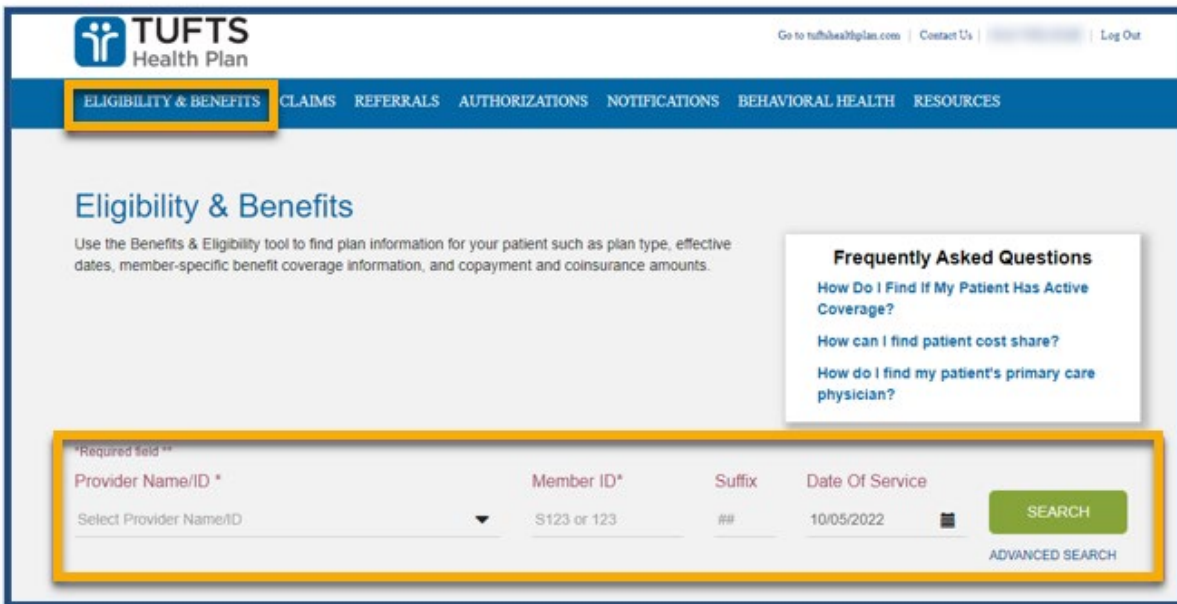
Step 1: Log on to Tufts Health Plan's secure Provider [portal](#).

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.



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ELIGIBILITY & BENEFITS CLAIMS REFERRALS AUTHORIZATIONS NOTIFICATIONS BEHAVIORAL HEALTH RESOURCES

Eligibility & Benefits

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.

Frequently Asked Questions

- How Do I Find If My Patient Has Active Coverage?
- How can I find patient cost share?
- How do I find my patient's primary care physician?

*Required field *

Provider Name/ID *	Member ID*	Suffix	Date Of Service	
Select Provider Name/ID ▼	S123 or 123	##	10/05/2022	<div>SEARCH</div> <div>ADVANCED SEARCH</div>

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

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