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."

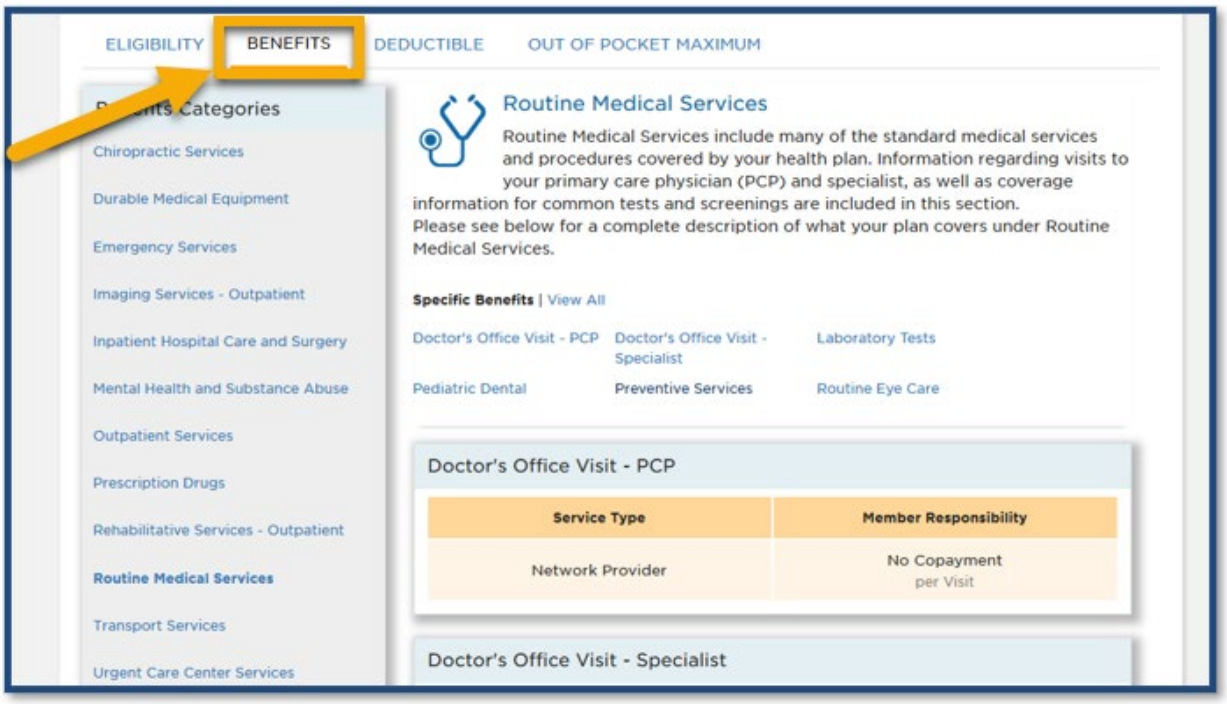
Step 3: Enter the "Provider Name/ID" and the "Member ID."

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

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

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
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