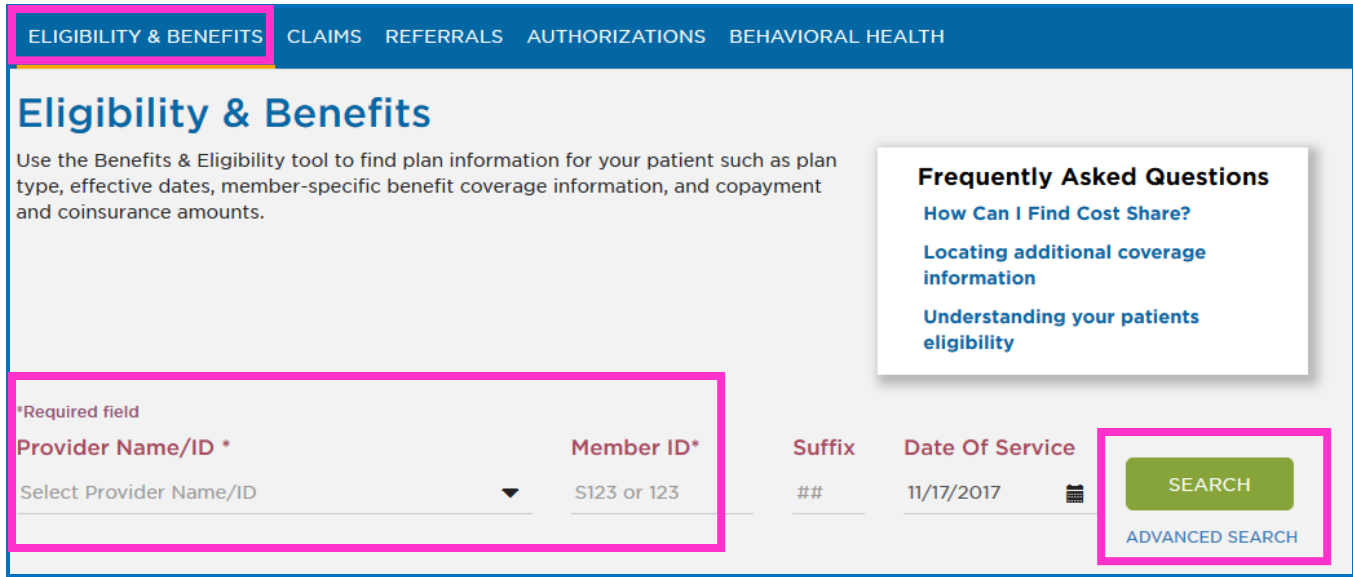


To check a Tufts Health Plan member’s eligibility and benefits:

1. Log on to Tufts Health Plan’s [secure Provider website](#).
2. From the list of self-service options, click **Eligibility & Benefits**.
3. Enter the **Provider Name/ID** and the **Member ID**.
4. To access the eligibility information for the member, click **Search**.

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



ELIGIBILITY & BENEFITS CLAIMS REFERRALS AUTHORIZATIONS BEHAVIORAL HEALTH

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.

***Required field**

Provider Name/ID *

Member ID*

Suffix

Date Of Service

SEARCH

[ADVANCED SEARCH](#)

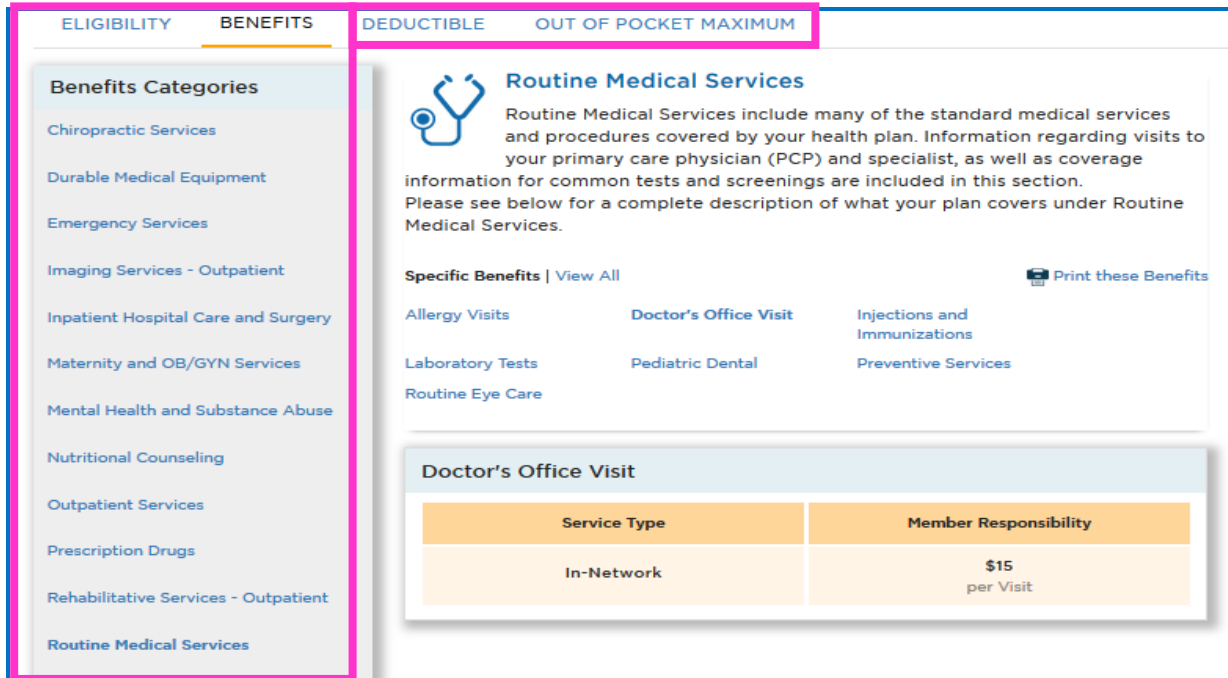
Frequently Asked Questions

- [How Can I Find Cost Share?](#)
- [Locating additional coverage information](#)
- [Understanding your patients eligibility](#)

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.

6. Click on 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
- Maternity and OB/GYN Services
- Mental Health and Substance Abuse
- Nutritional Counseling
- Outpatient Services
- Prescription Drugs
- Rehabilitative Services - Outpatient
- Routine Medical 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 [Print these Benefits](#)

- Allergy Visits
- Doctor's Office Visit
- Injections and Immunizations
- Laboratory Tests
- Pediatric Dental
- Preventive Services
- Routine Eye Care

Doctor's Office Visit	
Service Type	Member Responsibility
In-Network	\$15 per Visit