

Quick Reference Guide: Eligibility and Benefits Inquiry

TO VERIFY MEMBER ELIGIBILITY AND BENEFITS:

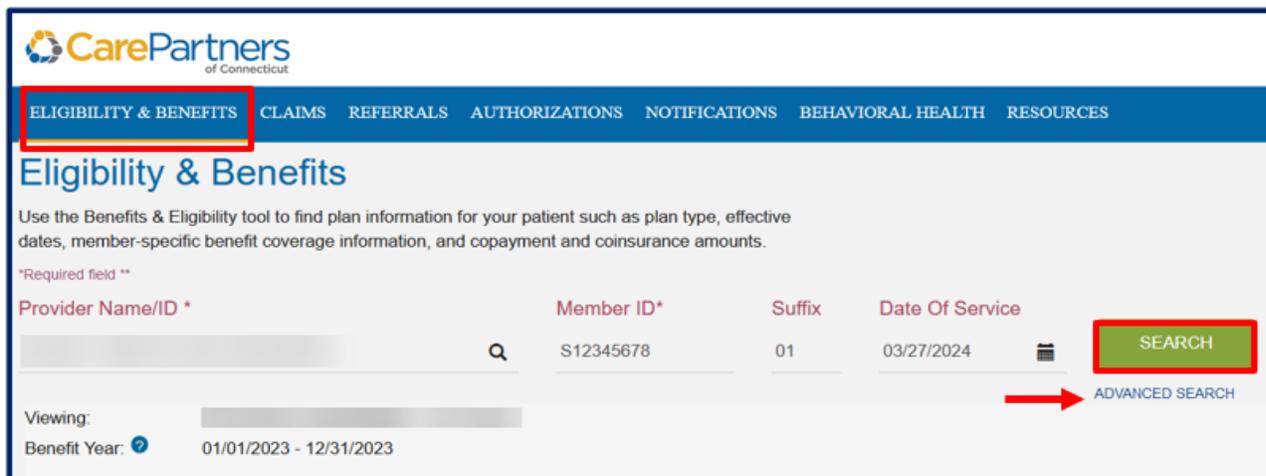
Step 1: Log on to CarePartners of Connecticut’s secure Provider [portal](#).

Step 2: From the list of self-service options, click “ELIGIBILITY & BENEFITS.”

Step 3: Enter the “Provider Name or 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 the member’s first name, last name, and date of birth.



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 **

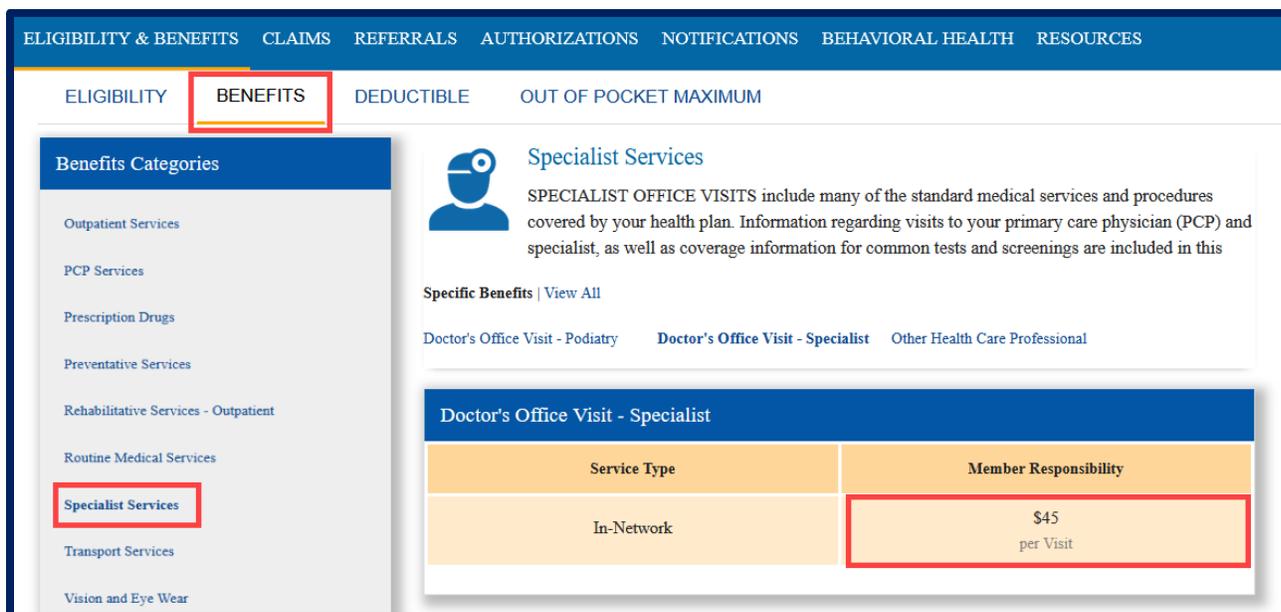
Provider Name/ID * Member ID* Suffix Date Of Service

Viewing: Benefit Year:

[SEARCH](#) [ADVANCED SEARCH](#)

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

Step 6: Click on a benefit category to view member cost-share information for those services.



ELIGIBILITY & BENEFITS CLAIMS REFERRALS AUTHORIZATIONS NOTIFICATIONS BEHAVIORAL HEALTH RESOURCES

ELIGIBILITY **BENEFITS** DEDUCTIBLE OUT OF POCKET MAXIMUM

Benefits Categories

- Outpatient Services
- PCP Services
- Prescription Drugs
- Preventative Services
- Rehabilitative Services - Outpatient
- Routine Medical Services
- Specialist Services**
- Transport Services
- Vision and Eye Wear

Specialist Services

SPECIALIST OFFICE VISITS 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

Specific Benefits | View All

Doctor's Office Visit - Podiatry **Doctor's Office Visit - Specialist** Other Health Care Professional

Doctor's Office Visit - Specialist	
Service Type	Member Responsibility
In-Network	\$45 per Visit