

GIC Navigator

Highlights	
PCP required	✓
Referral required	✓
Copayments/coinsurance	✓
Out-of-network coverage	✓
Deductible	✓
Tiered plan	✓
Authorized benefits	✓
Unauthorized benefits ¹	✓

¹Unauthorized care is limited to emergency services only.

Note: This information is intended to provide an overview of the plan. Providers are reminded to check the member's ID card to verify the plan in which the member is enrolled. Services and subsequent payment are pursuant to the member's benefit plan document. Prior to initiating services, member eligibility and benefits should be verified by logging on to the secure Provider website.

Overview

GIC Navigator is a Point-of-Service (POS) plan. Members can use authorized or unauthorized level of benefits, but will have higher cost-share for unauthorized care (i.e., care received without a referral or from out-of-network providers).

Tiering

Navigator is a tiered plan. Member cost share varies by tier. Tier designs are updated each plan year. To verify your tier or a provider to whom you are referring a member, refer to the [Provider Directory](#) or use the [Find a Doctor](#) search. On this Navigator plans hospitals and certain medical professionals are tiered.

Pharmacy

Members have annual individual and family deductibles for prescription drugs. Prescription drug copayments only apply after members meet the pharmacy deductible.

Cost-Share

There are separate deductibles for authorized and unauthorized level of benefits. Once the unauthorized deductible is met, coinsurance becomes effective until the out-of-pocket maximum is met. There may be coinsurance for some authorized benefits, such as durable medical equipment.

For more information, visit tuftshealthplan.com/gic.