GARDNER EDGERTON USD 231 - PROVIDER & HOSPITAL LOOKUP



All USD 231 Blue KC Health Plans are part of the BlueSelect Plus Network. Look up your healthcare providers to check their network status using the steps below.

To Search as a New Member or Guest*

Step 1: Visit BlueKC.com

Step 2: Select Find Care, in the upper right corner of the page

Step 3: Make the appropriate selection under CONTINUE AS A GUEST

Step 4: Select the BLUE SELECT PLUS Network under the Select a Medical Network dropdown

Step 5: Explore your Options

*Searching as a guest will not allow you to estimate costs, research condition information or view treatment timelines.

An Even Easier Way to Find Care Once Your Plan Takes Effect on January 1, 2025



Visit MyBlueKC.com



or download the MyBlueKC mobile app

to access your health insurance information anytime, wherever you go.







These hospitals are INCLUDED in the BlueSelect Plus Network offered on USD 231 plans:

- Advent Health (College Blvd/Shawnee Mission/Overland Park locations)
- Cameron Regional Medical Center
- Children's Mercy Hospitals
- Liberty Hospital
- North Kansas City Hospital
- Olathe Medical Center
- Providence Medical Center
- St. Joseph Medical Center
- St. Mary's Medical Center
- University Health Truman / Lakewood Medical Centers
- University of Kansas Health System
- Western Missouri Medical Center

These hospitals are <u>Out-of-Network</u>:

- Center Point Medical Center
- Lee's Summit Hospital
- Menorah Medical Center
- Overland Park Regional
- Research Medical Center
- St. Luke's (all locations)

GARDNER EDGERTON USD 231 - PHARMACY BENEFITS

Follow the steps below to see your your prescription medications will be covered on each plan.

1. Search for Your Medication on the Premium Formulary (Link: PREMIUM DRUG LIST)

Use "Control + F" to search the PDL for your specific medication



2. Determine Drug Tier

In the middle column next to the drug name, the drug tier will be listed. More information on the abbreviations found below & on page 3 of the <u>PDL</u>.

Drug Name	Drug Tier	Restrictions / Limits				
Analgesics - Drugs for Pain						
acetaminophen-codeine oral solution	G	QL (136 ML per 1 day)				

PDI ABBREVIATIONS:

G: Generic Drug (Tier 1)

G-S: Generic Specialty Drug (Tier 1)

PB: Preferred Brand Drug (Tier 2)

PB-S: Preferred Brand Specialty Drug (Tier 2)

NPB: Non-Preferred Brand Drug (Tier 3)

NPB-S: Non-Preferred Brand Specialty Drug (Tier 3)

3. Match the Drug Tier to its Cost

Match the drug tier to its corresponding cost share on the Pharmacy Copay chart (on right).

Tier	Plan A Spira PPO \$4000 Deductible	
Tier 1: Generic/Generic		
Specialty (Retail: Supply up	\$15 Copay	
to 34 Days)		

Looking for ways to save? Click below to learn more about BlueKC's Rx Savings Solutions

USD 231 Pharmacy Copay Info by Plan

COD 2011 Harmacy Copay Into by Fian					
Tier	Plan A Spira PPO \$4000 Deductible	Plan B Spira PPO \$3300 Deductible HSA Eligible	Plan C Spira PPO \$1000 Deductible Plan	Plan D Spira EPO \$0 Deductible	
Tier 1: Generic/Generic Specialty (Retail: Supply up to 34 Days)	\$15 Copay	Deductible/ Coinsurance ACA Preventive Rx: \$0	\$15 Copay	\$15 Copay- Generic/\$15 Copay- Generic Specialty	
Tier 2: Preferred/Preferred Specialty (Retail: Supply up to 34 Days)	\$45 Copay	Deductible/ Coinsurance ACA Preventive Rx: \$0	\$45 Copay	\$70 Copay- Preferred/\$110 Copay-Preferred Specialty	
Tier 3 Non-Preferred/ Non- Preferred Spcialty (Retail: Supply up to 34 Days)	\$75 Copay	Deductible/ Coinsurance ACA Preventive Rx: \$0	\$75 Copay	\$110 Copay-Non- Preferred/\$220 Copay-Non- Preferred Specialty	
Tier 1: Generic (Long Term Supply: 35-102 Days)	\$45 Copay	Deductible/ Coinsurance ACA Preventive Rx: \$0	\$45 Copay	\$37.50 Copay	
Tier 2: Preferred (Long Term Supply: 35-102 Days)	\$135 Copay	Deductible/ Coinsurance ACA Preventive Rx: \$0	\$135 Copay	\$175 Copay	
Tier 3: Non-Preferred (Long Term Supply: 35-102 Days)	\$225 Copay	Deductible/ Coinsurance ACA Preventive Rx: \$0	\$225 Copay	\$275 Copay	

Note: On the Plan B \$3300 Deductible HSA Eligible Plan, certain preventive medications are covered with NO MEMBER COST. Those medications will show the abbreviation "ACA" in the far right column of the PDL document.

