



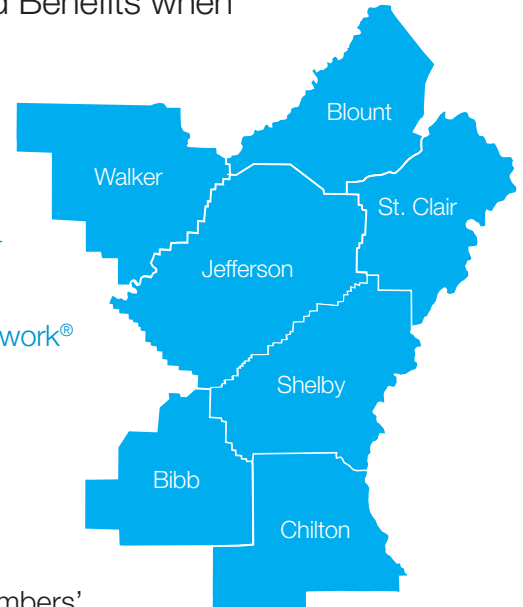
BIRMINGHAM METROPOLITAN STATISTICAL AREA EXCLUSIVE PROVIDER ORGANIZATION QUICK REFERENCE GUIDE FOR PROVIDERS

Our Birmingham Metropolitan Statistical Area (MSA) individual Exclusive Provider Organization (EPO) plans have unique coverage requirements and a narrower provider network than our other plans. Refer to this guide and the coverage details listed in Eligibility and Benefits when caring for patients with a Birmingham MSA individual EPO plan.

EPO Plan Overview

Member Locations

Birmingham MSA individual EPO plans are available to residents within the MSA that includes these counties:



Limited Provider Network

The Birmingham MSA individual EPO plans use the [Blue High Performance Network® \(BlueHPN®\)](#), which is a limited provider network primarily restricted to the Birmingham MSA. Details are available on our [BlueHPN FAQ webpage](#).



Scan QR Code to view
the BlueHPN webpage



Scan QR Code to view
the BlueHPN FAQs

Identifying Members with Birmingham MSA Individual EPO Coverage

The Birmingham MSA individual EPO plan name and BlueHPN appear on members' Blue Cross and Blue Shield of Alabama card.

	BlueCross BlueShield of Alabama	Blue High Performance Network™
<hr/>		
Subscriber Name JOHN Q PUBLIC		In-Ntwk Ded (Ind/Fam): \$xxxx/\$xxxx
Contract Number NDJ123456789		Out-of-Ntwk Ded (Ind/Fam): \$xxxx/\$xxxx
Group Number 91017		In-Ntwk OOP (Ind/Fam): \$xxxx/\$xxxx
Effective Date 10-01-2025		Out-of-Ntwk OOP (Ind/Fam): \$xxxx/\$xxxx
Rx BIN Number 004915		
<hr/>		
HEALTH	PAC	Blue Standardized Silver EPO
		BlueHPN

Front of Card

	www.AlabamaBlue.com
<hr/>	
*For additional benefit information, visit AlabamaBlue.com or call Member Customer Service.	
Medical providers file claims and direct questions about claim payments to the local Blue Cross and/or Blue Shield Plan.	
<hr/>	
This group has a limited benefit plan. Benefits are available when services are rendered by a BlueHPN provider. Services rendered by a non-BlueHPN provider will be covered only when the service is the result of an accident or injury.	
<hr/>	
Member Customer Service: 1 855 350-7437	
BlueHPN Provider Locator: 1 800 810-2583	
Preadmission Certification: 1 800 248-2342	
Provider Benefits/Eligibility: 1 800 517-6425	
Pharmacist: 1 800 216-9920	
Alabama Preferred Dentist: 1 800 373-4879	
<hr/>	
Blue Cross and Blue Shield of Alabama	
450 Riverchase Parkway East	
Birmingham, Alabama 35244	
An Independent Licensee of the Blue Cross and Blue Shield Association	

Back of Card

You can also identify members of this network by checking eligibility and benefits.

Change Selections to Update Results	Service Type	Date of Service *	Update Result				
	Health Benefit Plan Coverage	11/02/2025					
<hr/>							
Alerts/Messages	Covered	Additional Coverage	Non-Covered	Limitations	Payer	Other	Summary Plan Description
<hr/>							
Health Benefit Plan Coverage							
Active Coverage		Exclusive Provider Organization BLUEHPN WITH TIERS		<ul style="list-style-type: none">MEMBER IS ENROLLED IN A BLUE HIGH-PERFORMANCE NETWORK PLAN. SERVICES DEEMED NOT EMERGENT MAY NOT BE COVERED IF NOT RENDERED BY BLUE HIGH PERFORMANCE NETWORK PROVIDERS. SEE INDIVIDUAL SERVICE TYPES TO DETERMINE SPECIFIC BENEFIT LEVELS.PRIMARY CARE PHYSICIAN NOT DESIGNATEDSERVICES (EXCLUDING EMERGENCY/ACCIDENT OR BEHAVIORAL HEALTH SERVICES) ARE NOT COVERED UNTIL A PRIMARY CARE PHYSICIAN IS DESIGNATEDUtilization Management Organization: BCBS AlabamaInformation Contact:Website: HTTP://AlabamaBlue.com/EPOplans			

Important Requirements for Birmingham MSA Individual EPO Plans

Coverage Restrictions

Birmingham MSA individual EPO plans **only have coverage for physicians and hospitals that have the BlueHPN designation**, excluding accidental injury/medical emergencies. Some hospitals in the Birmingham MSA are not designated as BlueHPN and are not covered under this plan.

Primary Care Designation

Birmingham MSA individual EPO plans **require members to designate a primary care provider from the BlueHPN within the seven-county Birmingham MSA** prior to receiving medical coverage.

Referrals Required

Electronic referrals are required from the designated PCP before services performed by other providers will be covered. Review our [How to Submit, Review and Cancel Referrals guide](#) for more information.



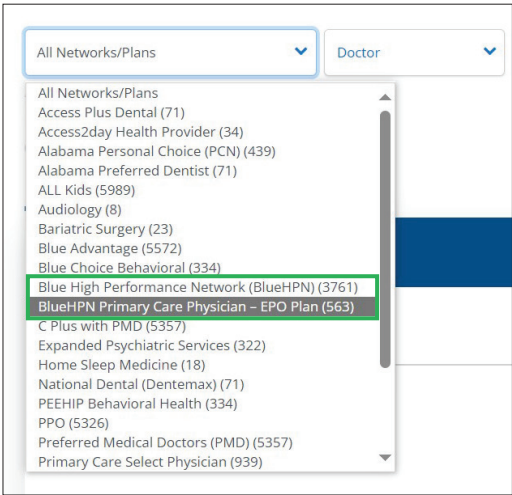
IMPORTANT: Providers should confirm their own BlueHPN status before accepting Birmingham MSA individual EPO plan patients and verify that any necessary referrals have been obtained prior to rendering services.

Identifying Providers and Hospitals in the BlueHPN

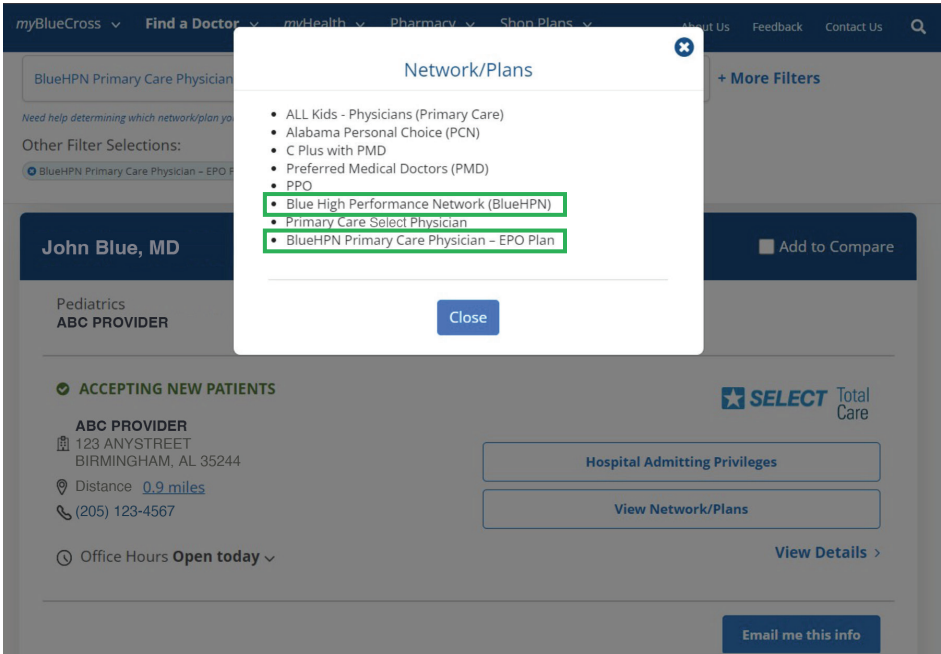
Review the list of BlueHPN providers and facilities on our [BlueHPN Providers webpage](#). To check the BlueHPN status of a specific provider, use our Find a Doctor tool by selecting one of the following from the “All Networks/Plans” drop-down menu:

- **Blue High Performance Network (BlueHPN):** All providers and facilities in the BlueHPN.
- **BlueHPN Primary Care Physician – EPO Plan:** Providers who can be chosen as a primary care physician for the EPO plans that require members to designate a primary physician.

Note: This online directory lists providers at their practice location(s). Providers may be listed multiple times in the directory for each of their separate locations; however, their BlueHPN designation will display only for their locations within the seven-county MSA. Confirm the BlueHPN status by reviewing a provider’s specific location.



The screenshot shows a dropdown menu titled "All Networks/Plans" with a list of various insurance plans. The "Blue High Performance Network (BlueHPN) (3761)" and "BlueHPN Primary Care Physician – EPO Plan (563)" are highlighted with green boxes.



The screenshot shows the "Find a Doctor" webpage. A modal window titled "Network/Plans" is open, displaying a list of networks/plans. The "Blue High Performance Network (BlueHPN)" and "BlueHPN Primary Care Physician – EPO Plan" are highlighted with green boxes. The background shows a provider profile for "John Blue, MD" with details like "ABC PROVIDER", "123 ANYSTREET, BIRMINGHAM, AL 35244", and "Distance 0.9 miles".

What You Will See in Eligibility and Benefits

No Primary Care Physician Designated: You will see active benefits for emergency, accident and OB-GYN services only. Other services are not covered until the PCP is designated. **Note:** Effective January 1, 2024, urgent care and behavioral health services (mental health and substance abuse) no longer require designations or referrals for coverage.

Eligibility and Benefits

Rx History

Claim Status

Pre-Service Review

Patient Health Snapshot

Medical Records

print

help

Reference #: 123456789012

SHOW RESULTS RELATED TO:

In Network

Out of Network

All

Change Selections to Update Results

Service Type

Health Benefit Plan Coverage

Date of Service *

11/02/2025

Update Result

View Address

Patient

JOHN DOE

DOB

04/04/1977

Gender

M

Relationship To Insured

Self

View Address

Insured

JOHN DOE

Group/Div

012345-123

Contract

ABC123456789

Eligibility Date

11/02/2025

ID Card

Alerts/Messages

Covered

Additional Coverage

Non-Covered

Limitations

Payer

Other

Summary Plan Description

Health Benefit Plan Coverage

Active Coverage

Exclusive Provider Organization BLUEHPN WITH TIERS

- MEMBER IS ENROLLED IN A BLUE HIGH-PERFORMANCE NETWORK PLAN. SERVICES DEEMED NOT EMERGENT MAY NOT BE COVERED IF NOT RENDERED BY BLUE HIGH PERFORMANCE NETWORK PROVIDERS. SEE INDIVIDUAL SERVICE TYPES TO DETERMINE SPECIFIC BENEFIT LEVELS.
- PRIMARY CARE PHYSICIAN NOT DESIGNATED
- SERVICES (EXCLUDING EMERGENCY/ACCIDENT OR BEHAVIORAL HEALTH SERVICES) ARE NOT COVERED UNTIL A PRIMARY CARE PHYSICIAN IS DESIGNATED
- Utilization Management Organization: BCBS Alabama
- Information Contact:
- Website: [HTTP://AlabamaBlue.com/EPOplans](http://AlabamaBlue.com/EPOplans)

Deductible	In-Network	Individual	\$100.00	Per Calendar Year	<ul style="list-style-type: none">AGGREGATE, 0 PEOPLE MUST MEET INDIVIDUAL BEFORE COMPUTING AGGREGATE
			\$100.00	Remaining	
	Out of Network	Individual	\$0.00	Per Calendar	

Alerts/Messages

Covered

Additional Coverage

Non-Covered

Limitations

Payer

Other

Summary Plan Description

Health Benefit Plan Coverage

Non-Covered

Out-of-Network

BLUEHPN WITH TIERS

- MEMBER'S BENEFIT PLAN ONLY COVERS EMERGENT SERVICES AT NON-BLUEHPN PROVIDERS WITHIN BLUEHPN PRODUCT AREAS AND EMERGENT SERVICES AT NON-BLUEHPN PROVIDERS OUTSIDE OF BLUEHPN PRODUCT AREAS.
- IF SERVICE RENDERED IS NOT DEEMED EMERGENT, SERVICE MAY NOT BE COVERED.

Collapse All

Chiropractic

collapse

Non-Covered

In and Out of Network

Exclusive Provider Organization BLUEHPN WITH TIERS

- PARTICIPATING CHIROPRACTIC BENEFIT
- MEMBER'S BENEFIT PLAN ONLY COVERS EMERGENT SERVICES AT NON-BLUEHPN PROVIDERS WITHIN BLUEHPN PRODUCT AREAS AND EMERGENT SERVICES AT NON-BLUEHPN PROVIDERS OUTSIDE OF BLUEHPN PRODUCT AREAS.
- IF SERVICE RENDERED IS NOT DEEMED EMERGENT, SERVICE MAY NOT BE COVERED.
- BLUEHPN DESIGNATED PROVIDER
- FACILITY SERVICES MUST BE RENDERED BY ST. VINCENT'S EAST, ST. VINCENT'S BLOUNT, ST. VINCENT'S ST. CLAIR, ST. VINCENT'S CHILTON, OR BIBB MEDICAL CENTER.
- FACILITY AND PHYSICIAN BENEFIT
- SERVICES ARE NOT COVERED UNTIL A PRIMARY CARE PHYSICIAN IS DESIGNATED
- INSIDE ALABAMA

- PARTICIPATING CHIROPRACTIC BENEFIT
- FACILITY AND PHYSICIAN BENEFIT
- SERVICES ARE NOT COVERED UNTIL A PRIMARY CARE PHYSICIAN IS DESIGNATED

Hospital

collapse

Non-Covered

In and Out of Network

- SERVICES ARE NOT COVERED UNTIL A PRIMARY CARE PHYSICIAN IS DESIGNATED

3 of 4

Primary Care Physician Designated: The message emphasizes the requirements for BlueHPN-designated providers and referrals.

Professional Benefits

Reference #: 123456789012

print help

SHOW RESULTS RELATED TO:

☐ In Network

☐ Out of Network

☒ All

View Address

Patient

DOB

JANE DOE

10/09/1965

Gender

Relationship To Insured

F

Self

View Address

Insured

Group/Div

JANE DOE

012345-123

Contract

ABC123456789

Eligibility Date

11/02/2025

ID Card

Change Selections to Update Results

Service Type

Health Benefit Plan Coverage

Date of Service *

11/02/2025

Update Result

Alerts/Messages

Covered

Additional Coverage

Non-Covered

Limitations

Payer

Other

Summary Plan Description

Health Benefit Plan Coverage

Active Coverage

Exclusive Provider Organization BLUEHPN WITH TIERS

- MEMBER IS ENROLLED IN A BLUE HIGH-PERFORMANCE NETWORK PLAN. SERVICES DEEMED NOT EMERGENCY MAY NOT BE COVERED IF NOT RENDERED BY BLUE HIGH PERFORMANCE NETWORK PROVIDERS. SEE INDIVIDUAL SERVICE TYPES TO DETERMINE SPECIFIC BENEFIT LEVELS.
- Utilization Management Organization: BCBS Alabama
- Information Contact:
- Website: [HTTP://AlabamaBlue.com/EPOplans](http://AlabamaBlue.com/EPOplans)

Deductible	In-Network	Individual	\$3,600.00	Per Calendar Year	<ul style="list-style-type: none">AGGREGATE, 0 PEOPLE MUST MEET INDIVIDUAL BEFORE COMPUTING AGGREGATE
			\$3,600.00	Remaining	
	Out-of-Network	Individual	\$0.00	Per Calendar Year	
Out of Pocket (Stop Loss)	In-Network	Individual	\$5,700.00	Per Calendar Year	<ul style="list-style-type: none">AGGREGATE, 0 PEOPLE MUST MEET INDIVIDUAL BEFORE COMPUTING AGGREGATE
			\$5,286.42	Remaining	

Expand All

Chiropractic

expand

Emergency Services

expand

Hospital

expand

Hospital - Emergency Accident

expand

Hospital - Emergency Medical

expand

Hospital - Inpatient

expand

Hospital - Outpatient

expand

Medical Care

expand

Mental Health

expand

Pharmacy

expand

Physician Visit - Office: Well

expand

Professional (Physician) Visit - Office

collapse

Active Coverage

In-Network

Exclusive Provider Organization BLUEHPN WITH TIERS

- BLUEHPN DESIGNATED PROVIDER
- REFERRAL REQUIRED FOR SERVICES NOT RENDERED BY THE DESIGNATED PHYSICIAN OR OBGYN
- INSIDE ALABAMA

Deductible	In-Network	Individual	\$0.00	Per Calendar Year	<ul style="list-style-type: none">REPLACEMENT DEDUCTIBLE. THE REPLACEMENT DEDUCTIBLE IS THE DEDUCTIBLE SPECIFIC TO THIS SERVICE TYPE. THIS REPLACES THE GLOBAL DEDUCTIBLE FOR THIS SERVICE TYPE.BLUEHPN DESIGNATED PROVIDERREFERRAL REQUIRED FOR SERVICES NOT RENDERED BY THE DESIGNATED PHYSICIAN OR OBGYNINSIDE ALABAMA
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BlueCross BlueShield of Alabama

PRV20688-2511

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