



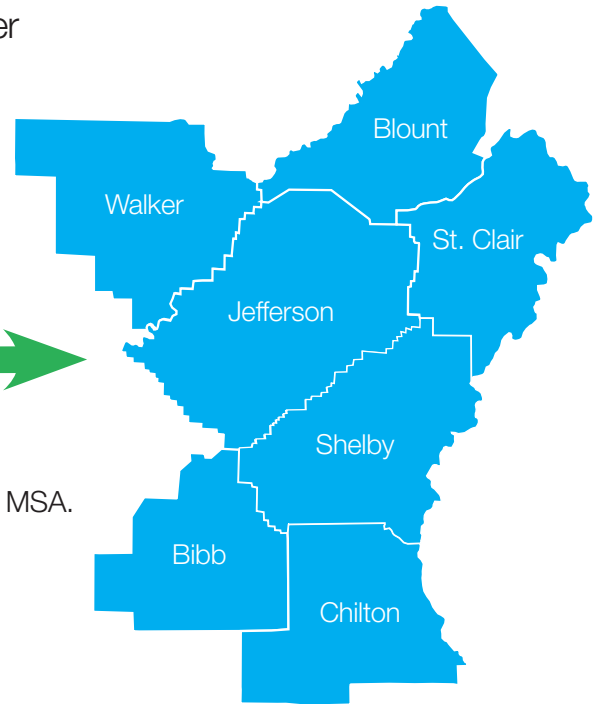
EXCLUSIVE PROVIDER ORGANIZATION QUICK REFERENCE GUIDE FOR PROVIDERS

Our 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 an EPO plan.

EPO Plan Overview

Member Locations

Individual EPO plans are available to residents within the Birmingham Metropolitan Statistical Area (MSA) that includes these counties:



Limited Provider Network

EPO plans use the [Blue High Performance NetworkSM \(BlueHPNSM\)](#), which is a limited provider network primarily restricted to the Birmingham MSA. Details about this network 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 EPO Coverage

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

Blue Cross Blue Shield of Alabama

Blue High Performance NetworkSM

<p>Subscriber Name JOHN Q PUBLIC</p> <p>Contract Number NDH123456789</p> <hr/> <p>Group Number 91013</p> <p>Effective Date 01-01-2024</p> <p>Rx BIN Number 004915</p>	<p>In-Ntwk Ded (Ind/Fam): \$xxxx/\$xxxx Out-of-Ntwk Ded (Ind/Fam): \$xxxx/\$xxxx</p> <p>In-Ntwk OOP (Ind/Fam): \$xxxx/\$xxxx Out-of-Ntwk OOP (Ind/Fam): \$xxxx/\$xxxx</p> <hr/> <p>In-Ntwk Drug Ded (Ind/Fam): \$xxx/\$xxx In-Ntwk Drug OOP (Ind/Fam): \$xxxx/\$xxxx Dental Ded (Ind/Fam): \$xxx/\$xxx</p>
---	--

HEALTH **PAC**

Blue Standardized Silver EPO

Front of card

www.AlabamaBlue.com

Member Customer Service: 1 855 350-7441
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

*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.

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.

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: Health Benefit Plan Coverage

Date of Service *: 11/02/2023

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	<ul style="list-style-type: none"> 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. 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

Important Requirements for Individual EPO Plans

Coverage Restrictions

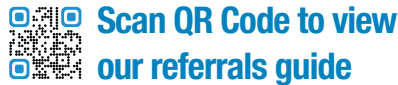
EPO plans **only have coverage for physicians and hospitals that have the BlueHPN designation**, excluding accidental injury/medical emergencies. Some hospitals in the Birmingham MSA are not designated as BlueHPN and are not covered under this plan.

Primary Care Designation

EPO plans **require members to designate a primary care provider from the BlueHPN Primary Care Physician (PCP) – EPO Plan Network within the seven-county Birmingham MSA** prior to receiving medical coverage.

Referrals Required

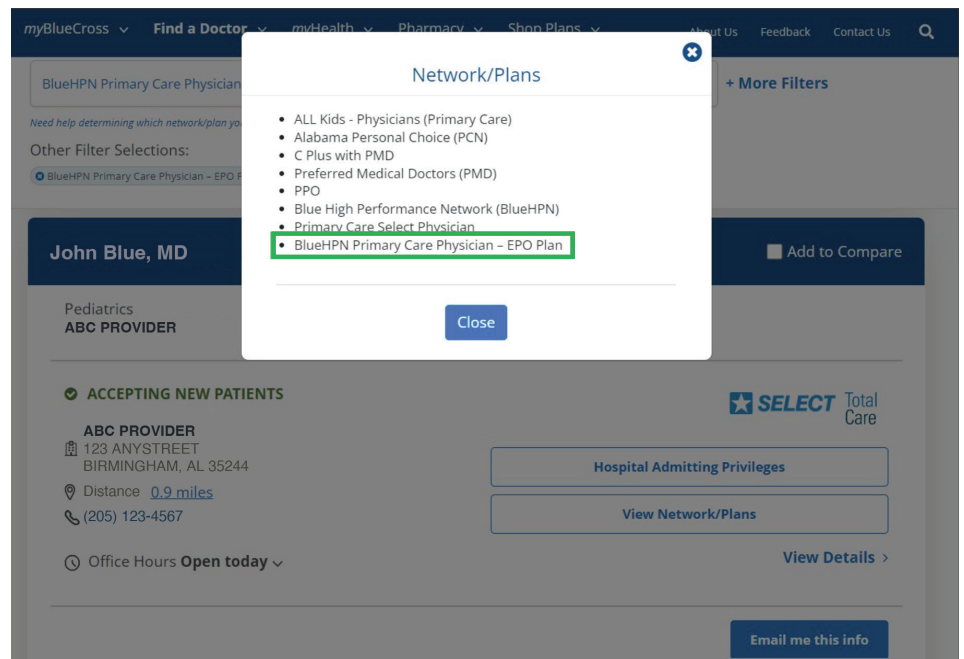
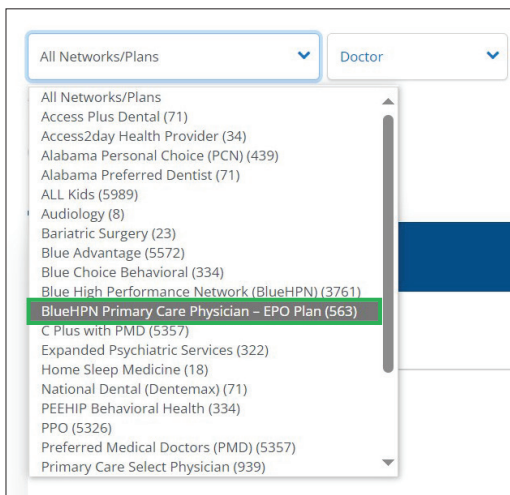
Electronic referrals are required from the designated PCP before services performed by other providers will be covered. Review our [How to Submit, Review and Cancel Referrals](#) guide for more information.



IMPORTANT: Providers should confirm their own BlueHPN status before accepting 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. You can select the BlueHPN Primary Care Physician – EPO Plan Network from the “All Networks/Plans” drop-down menu. **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.



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

Professional Benefits

Reference #: 123456789012

SHOW RESULTS RELATED TO:

In Network

Out of Network

All

[View Address](#)

Patient	DOB	Insured	Group/Div
JOHN DOE	04/04/1977	JOHN DOE	012345-123
Gender	Relationship To Insured	Contract	ABC123456789
M	Self	Eligibility Date	11/02/2023

[View Address](#)

Change Selections to Update Results

Service Type

Health Benefit Plan Coverage

Date of Service *

11/02/2023

[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	<ul style="list-style-type: none"> 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. 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
Deductible	In-Network Individual	\$100.00 Per Calendar Year
		\$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	<ul style="list-style-type: none"> MEMBER'S BENEFIT PLAN ONLY COVERS EMERGENCY SERVICES AT NON-BLUEHPN PROVIDERS WITHIN BLUEHPN PRODUCT AREAS AND EMERGENCY SERVICES AT NON-BLUEHPN PROVIDERS OUTSIDE OF BLUEHPN PRODUCT AREAS. IF SERVICE RENDERED IS NOT DEEMED EMERGENCY, SERVICE MAY NOT BE COVERED.
-------------	-----------------------------------	--

[Collapse All](#)

Chiropractic
[collapse](#)

Non-Covered	In and Out of Network	Exclusive Provider Organization BLUEHPN WITH TIERS	<ul style="list-style-type: none"> PARTICIPATING CHIROPRACTIC BENEFIT MEMBER'S BENEFIT PLAN ONLY COVERS EMERGENCY SERVICES AT NON-BLUEHPN PROVIDERS WITHIN BLUEHPN PRODUCT AREAS AND EMERGENCY SERVICES AT NON-BLUEHPN PROVIDERS OUTSIDE OF BLUEHPN PRODUCT AREAS. IF SERVICE RENDERED IS NOT DEEMED EMERGENCY, 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
			<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	11/02/2023

[ID Card](#)

[Change Selections to Update Results](#)

Service Type: Health Benefit Plan Coverage

Date of Service*: 11/02/2023 [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	<ul style="list-style-type: none"> 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
Deductible	In-Network Individual	\$3,600.00 Per Calendar Year
		\$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
		\$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	<ul style="list-style-type: none"> 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
	Exclusive Provider Organization BLUEHPN WITH TIERS	<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 PROVIDER REFERRAL REQUIRED FOR SERVICES NOT RENDERED BY THE DESIGNATED PHYSICIAN OR OBGYN INSIDE ALABAMA



BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association

PRV20688-2402

4 of 4