



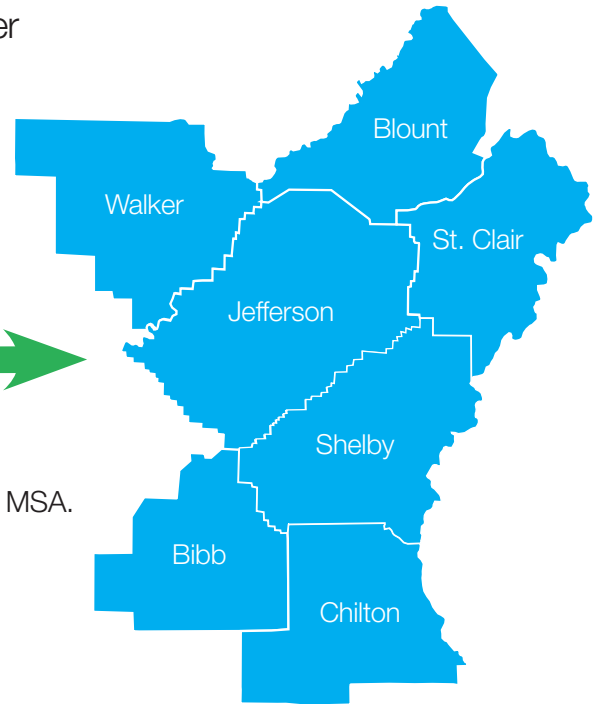
# EXCLUSIVE PROVIDER ORGANIZATION QUICK REFERENCE GUIDE FOR PROVIDERS

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 Network® (BlueHPN®)**, 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.

		<b>Blue High Performance Network<sup>SM</sup></b>
Subscriber Name <b>JOHN Q PUBLIC</b>		In-Ntwk Ded (Ind/Fam): \$xxxx/\$xxxx
Contract Number <b>NDH123456789</b>		Out-of-Ntwk Ded (Ind/Fam): \$xxxx/\$xxxx
Group Number <b>91013</b>	Effective Date <b>01-01-2024</b>	In-Ntwk OOP (Ind/Fam): \$xxxx/\$xxxx
Rx BIN Number <b>004915</b>		Out-of-Ntwk OOP (Ind/Fam): \$xxxx/\$xxxx
		In-Ntwk Drug Ded (Ind/Fam): \$xxx/\$xxx
		In-Ntwk Drug OOP (Ind/Fam): \$xxxx/\$xxxx
		Dental Ded (Ind/Fam): \$xxxx/\$xxx
<b>HEALTH PAC</b>		<b>Blue Standardized Silver EPO</b>

Front of card

	<a href="http://www.AlabamaBlue.com">www.AlabamaBlue.com</a>
*For additional benefit information, visit <a href="http://AlabamaBlue.com">AlabamaBlue.com</a> or call Member Customer Service.	
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	
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.	
<b>Blue Cross and Blue Shield of Alabama</b> 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	<p style="margin: 0;">Exclusive Provider Organization BLUEHPN WITH TIERS</p>	<ul style="list-style-type: none"> <li>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.</li> <li>PRIMARY CARE PHYSICIAN NOT DESIGNATED</li> <li>SERVICES (EXCLUDING EMERGENCY/ACCIDENT OR BEHAVIORAL HEALTH SERVICES) ARE NOT COVERED UNTIL A PRIMARY CARE PHYSICIAN IS DESIGNATED</li> <li>Utilization Management Organization: BCBS Alabama</li> <li>Information Contact:</li> <li>Website: <a href="http://AlabamaBlue.com/EPOplans">HTTP://AlabamaBlue.com/EPOplans</a></li> </ul>
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## Important Requirements for Individual EPO Plans

### Coverage Restrictions

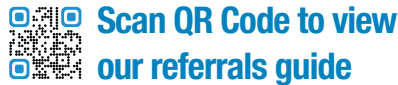
EPO plans **only have coverage for physicians and hospitals that have the BlueHPN designation**, excluding accidental injury/medical emergencies. Some hospitals in the Birmingham MSA are not designated as BlueHPN and are not covered under this plan.

### Primary Care Designation

EPO plans **require members to designate a primary care provider from the BlueHPN 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.



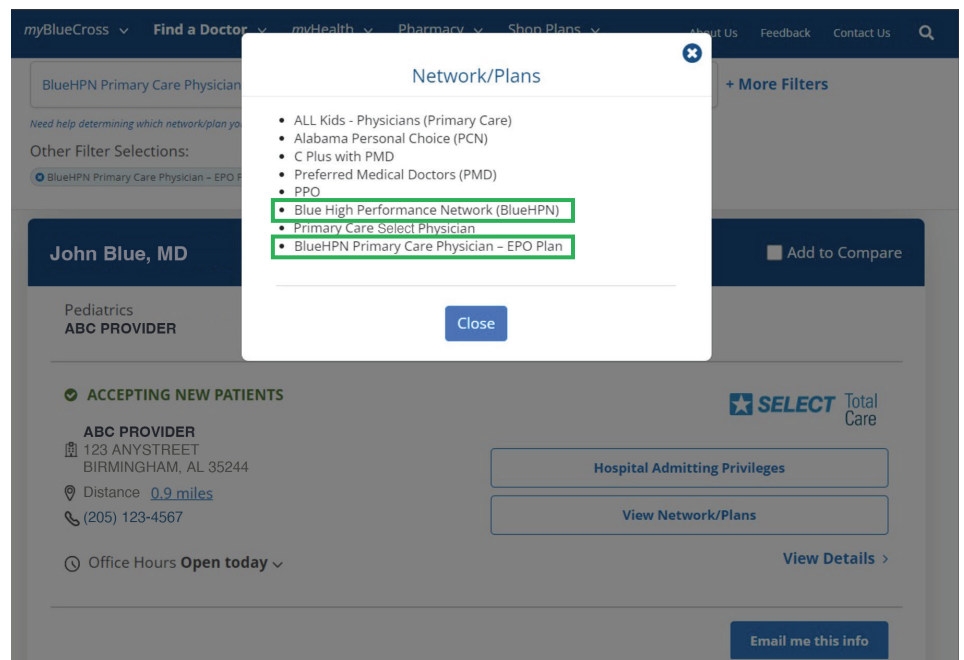
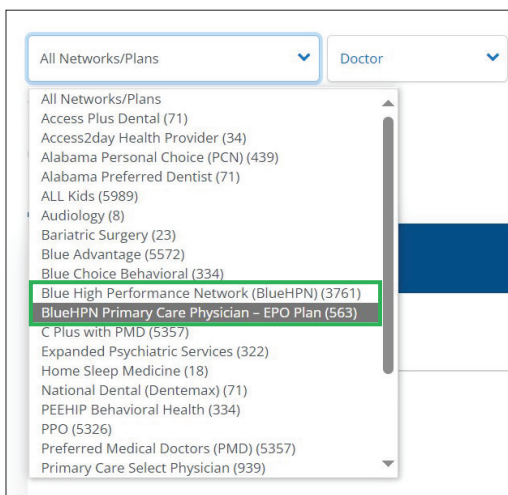
**IMPORTANT:** Providers should confirm their own BlueHPN status before accepting EPO plan patients and verify that any necessary referrals have been obtained prior to rendering services.

## 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 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.



# 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
<b>JOHN DOE</b>	04/04/1977	<b>JOHN DOE</b>	<b>012345-123</b>
Gender	Relationship To Insured	Contract	<b>ABC123456789</b>
M	Self	Eligibility Date	<b>11/02/2023</b>

View Address

**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"> <li>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.</li> <li>PRIMARY CARE PHYSICIAN NOT DESIGNATED</li> <li>SERVICES (EXCLUDING EMERGENCY/ACCIDENT OR BEHAVIORAL HEALTH SERVICES) ARE NOT COVERED UNTIL A PRIMARY CARE PHYSICIAN IS DESIGNATED</li> <li>Utilization Management Organization: BCBS Alabama</li> <li>Information Contact:</li> <li>Website: <a href="http://AlabamaBlue.com/EPOplans">HTTP//AlabamaBlue.com/EPOplans</a></li> </ul>
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"> <li>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.</li> <li>IF SERVICE RENDERED IS NOT DEEMED EMERGENCY, SERVICE MAY NOT BE COVERED.</li> </ul>
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Collapse All

### Chiropractic

Non-Covered	In and Out of Network	Exclusive Provider Organization BLUEHPN WITH TIERS	<ul style="list-style-type: none"> <li>PARTICIPATING CHIROPRACTIC BENEFIT</li> <li>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.</li> <li>IF SERVICE RENDERED IS NOT DEEMED EMERGENCY, SERVICE MAY NOT BE COVERED.</li> <li>BLUEHPN DESIGNATED PROVIDER</li> <li>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.</li> <li>FACILITY AND PHYSICIAN BENEFIT</li> <li>SERVICES ARE NOT COVERED UNTIL A PRIMARY CARE PHYSICIAN IS DESIGNATED</li> <li>INSIDE ALABAMA</li> </ul>
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### Hospital

Non-Covered	In and Out of Network	<ul style="list-style-type: none"> <li>SERVICES ARE NOT COVERED UNTIL A PRIMARY CARE PHYSICIAN IS DESIGNATED</li> </ul>
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**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 **JANE DOE** DOB **10/09/1965**

Gender **F** Relationship To Insured **Self**

[View Address](#)

Insured **JANE DOE** Group/Div **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"> <li>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.</li> <li>Utilization Management Organization: BCBS Alabama</li> <li>Information Contact:</li> <li>Website: <a href="http://AlabamaBlue.com/EPOplans">HTTP://AlabamaBlue.com/EPOplans</a></li> </ul>
Deductible	In-Network	Individual	\$3,600.00	Per Calendar Year	<ul style="list-style-type: none"> <li>AGGREGATE, 0 PEOPLE MUST MEET INDIVIDUAL BEFORE COMPUTING AGGREGATE</li> </ul>
			\$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"> <li>AGGREGATE, 0 PEOPLE MUST MEET INDIVIDUAL BEFORE COMPUTING AGGREGATE</li> </ul>
			\$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"> <li>BLUEHPN DESIGNATED PROVIDER</li> <li>REFERRAL REQUIRED FOR SERVICES NOT RENDERED BY THE DESIGNATED PHYSICIAN OR OBGYN</li> <li>INSIDE ALABAMA</li> </ul>
Deductible	In-Network	Individual	\$0.00	Per Calendar Year	<ul style="list-style-type: none"> <li>REPLACEMENT DEDUCTIBLE. THE REPLACEMENT DEDUCTIBLE IS THE DEDUCTIBLE SPECIFIC TO THIS SERVICE TYPE. THIS REPLACES THE GLOBAL DEDUCTIBLE FOR THIS SERVICE TYPE.</li> <li>BLUEHPN DESIGNATED PROVIDER</li> <li>REFERRAL REQUIRED FOR SERVICES NOT RENDERED BY THE DESIGNATED PHYSICIAN OR OBGYN</li> <li>INSIDE ALABAMA</li> </ul>
		Exclusive Provider Organization BLUEHPN WITH TIERS			



**BlueCross BlueShield of Alabama**

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