



STATEWIDE EXCLUSIVE PROVIDER ORGANIZATION QUICK REFERENCE GUIDE FOR PROVIDERS

Our statewide individual Exclusive Provider Organization (EPO) plans feature distinct coverage requirements that set them apart from 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

Statewide individual EPO plans are available to residents in all Alabama counties:

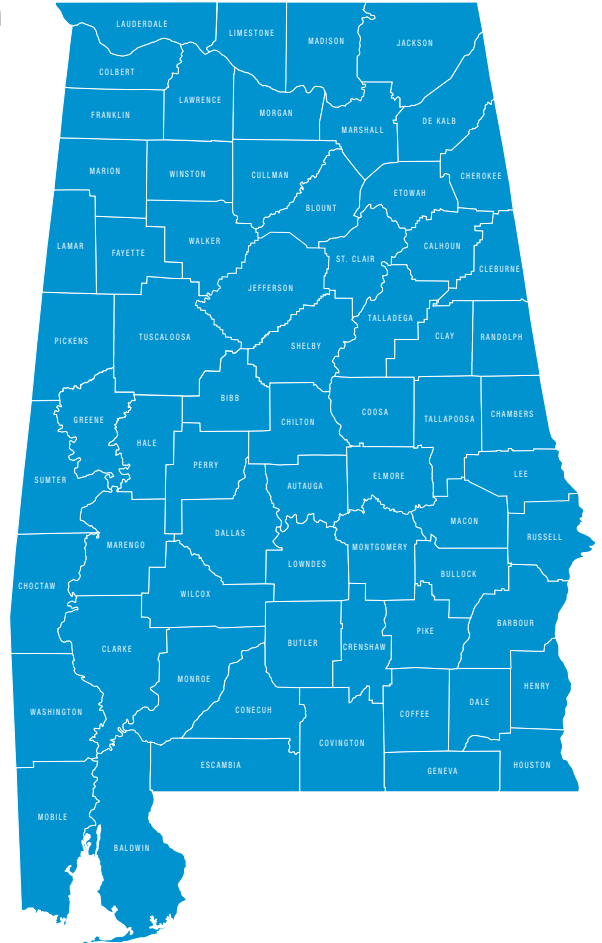


Provider Network

The statewide EPO plans use the Primary Care Select Physician Network and the Preferred Medical Doctor (PMD) Network. See coverage requirements and restrictions on next page.

Identifying Members with EPO Coverage

The statewide EPO plan name and the PPO designation appear on members' Blue Cross and Blue Shield of Alabama card.



	BlueCross BlueShield of Alabama	
Subscriber Name JOHN Q PUBLIC		
Contract Number BGL123456789		
Group Number 91019	In-Network Ded (Ind/Fam): \$0000/\$0000	
Effective Date 01-01-2026	Out-of-Network Ded (Ind/Fam): \$0000/\$0000	
Rx BIN Number 004915	In-Network OOP (Ind/Fam): \$0000/\$0000	
	Out-of-Network OOP (Ind/Fam): \$0000/\$0000	
In-Network Drug Ded (Ind/Fam): \$0000/\$0000		
In-Network Drug OOP (Ind/Fam): \$0000/\$0000		
Blue Standardized Statewide Silver EPO		
HEALTH PAC		

Front of card

	www.AlabamaBlue.com
*For additional benefit information, visit AlabamaBlue.com or call Member Customer Service.	
Providers file claims and direct questions about claim payments to the local Blue Cross and/or Blue Shield Plan.	
Your Primary Care Select Physician must coordinate all medical care received in Alabama. Referrals are required for services in Alabama. No referral is required for services outside Alabama.	
Member Customer Service: 1 855 350-7441	
PPO 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	
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 the statewide EPO plans by checking eligibility and benefits.

Change Selections to Update Results	Service Type Health Benefit Plan Coverage	Date of Service * 01/01/2026	Update Result				
Alerts/Messages	Covered	Additional Coverage	Non-Covered	Limitations	Payer	Other	Summary Plan Description
Health Benefit Plan Coverage							
Active Coverage		Exclusive Provider Organization STATEWIDE EPO PLAN					

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.



**Scan QR Code to view
our referrals guide**

Contiguous Counties

- Select providers in contiguous counties are allowed to process in-network for services provided.
- Out-of-state providers for services such as labs, DME, specialty drugs and home infusion process as in-network.
- **Planned hospital admissions are only allowed in Alabama hospitals.** Out-of-state and out-of-network hospitals can only be used for accidental injuries or medical emergencies.

What You Will See in Eligibility and Benefits

Alerts/Messages:

The message in the Benefit Description section emphasizes the requirement for Alabama hospital admissions.

Change Selections to Update Results

▶

Service Type
Health Benefit Plan Coverage

Date of Service *
01/01/2026

Update Result

Alerts/Messages	Covered	Additional Coverage	Non-Covered	Limitations	Payer	Other	Summary Plan Description
collapse							
Benefit Description	Exclusive Provider Organization STATEWIDE EPO PLAN		• PLANNED HOSPITAL ADMISSIONS ARE ONLY ALLOWED IN ALABAMA HOSPITALS. OUT-OF-STATE AND OUT-OF-NETWORK HOSPITALS CAN ONLY BE USED FOR ACCIDENTAL INJURIES OR MEDICAL EMERGENCIES.				

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:** Urgent care and behavioral health services (mental health and substance abuse) do not require designations or referrals for coverage.

Change Selections to Update Results

▶

Service Type
Health Benefit Plan Coverage

Date of Service *
01/01/2026

Update Result

Alerts/Messages	Covered	Additional Coverage	Non-Covered	Limitations	Payer	Other	Summary Plan Description
Health Benefit Plan Coverage							
Active Coverage	Exclusive Provider Organization STATEWIDE EPO PLAN		• PRIMARY CARE PHYSICIAN NOT DESIGNATED • SERVICES (EXCLUDING URGENT/EMERGENCY/ACCIDENT OR BEHAVIORAL HEALTH SERVICES) ARE NOT COVERED UNTIL A PRIMARY CARE PHYSICIAN IS DESIGNATED				

Change Selections to Update Results

▶

Service Type
Health Benefit Plan Coverage

Date of Service *
01/01/2026

Update Result

Alerts/Messages	Covered	Additional Coverage	Non-Covered	Limitations	Payer	Other	Summary Plan Description
Collapse All							
Chiropractic							expand
Hospital							collapse
Non-Covered	In and Out of Network	• TIER 1 • FACILITY BENEFIT • SERVICES ARE NOT COVERED UNTIL A PRIMARY CARE SELECT PHYSICIAN IS DESIGNATED • INSIDE ALABAMA • Inpatient Hospital					

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

Change
Selections to
Update Results

Service Type

Health Benefit Plan Coverage

Date of Service *

01/01/2026

Update Result

Alerts/Messages

Covered

Additional Coverage

Non-Covered

Limitations

Payer

Other

Summary Plan Description

Health Benefit Plan Coverage

Active Coverage

Exclusive Provider Organization
STATEWIDE EPO PLAN

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

• PRIMARY PHYSICIAN SPECIALTIES

• REFERRAL REQUIRED FOR SERVICES NOT RENDERED BY THE DESIGNATED SELECT PHYSICIAN OR OBGYN

Professional (Physician) Visit - Office - Specialist

expand

Urgent Care

expand