

Blue High Performance Network

Blue High Performance NetworkSM

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) offers an Exclusive Provider Organization (EPO) product called the Blue High Performance NetworkSM (BlueHPNSM). It is a national quality-based network that provides members with access to a comprehensive set of high-quality doctors, hospitals, and specialists while lowering costs for employers.

BlueHPN Providers

- Blue Cross NC is collaborating with participants of Blue Premier for BlueHPN. [Blue Premier](#) holds health systems and Blue Cross NC jointly accountable for better health outcomes, exceptional experience and lower costs. [\(Service Map\)](#)
- Triad area: Atrium Health Wake Forest Baptist
- Charlotte area: Atrium Health
- Triangle area: Duke Health
- Hickory area: Frye Regional Medical Center and Iredell Memorial Medical Center

BlueHPN is an EPO Health Plan

BlueHPN is a health plan that offers a national network of doctors and hospitals for members to choose from. If a member seeks medical care outside of their EPO plan's network, such as a doctor, hospital, clinic or pharmacy, those out-of-network services are typically not covered under the member's EPO health plan. With BlueHPN, urgent/emergency care will be covered out-of-network **outside** of the member's medical service area.

Please refer to the grid below for further details. **Note:** These are general benefit guidelines, but final benefit determinations are made in accordance with the member's health benefit plan:

| Medical Benefit | Place of Service | Covered Services |
|--|-------------------------------|------------------|
| Participating BlueHPN Provider | | |
| Preventive Care Routine Care Urgent Care Emergency Care | Inside BlueHPN Service Area | Yes |
| Non-Participating BlueHPN Provider | | |
| Emergency Care | Inside BlueHPN Service Area | Yes |
| Preventive Care Routine Care Urgent Care | Inside BlueHPN Service Area | No |
| Urgent Care/Emergency Care | Outside BlueHPN Service Areas | Yes |
| Preventive Care Routine Care | Outside BlueHPN Service Areas | No |

Blue Cross NC EPO Product High Level Benefit Comparison

| EPO Products | Standard Product Offering | Nonstandard Product Offering | Participating Providers | In Network Only Medical Benefits | OON Emergency Care | OON Urgent Care | OON BDC Transplants |
|-------------------------------|---------------------------|------------------------------|---------------------------------|----------------------------------|--------------------|-----------------|---------------------|
| Blue Options (PPO/EPO) | No | Yes, 250+ ASO | All PPO Participating Providers | No | Yes | Yes | No |
| BlueHPN (HPN/EPO) | Yes, 20+ ASO | Yes, 250+ ASO | Exclusive Providers | Yes* | Yes | Yes | Yes |

*Urgent/emergency care are covered outside of the BlueHPN Service area.

Blue Options EPO ID Card Disclaimer – OON Emergency Care –

- No out of network benefits except for emergency care in/outside the service area and urgent care outside the service area.




BlueHPN EPO ID Card Disclaimer – Urgent and Emergency Care –

- Visit BlueHPN urgent care provider if in the BlueHPN area. Visit any urgent care provider if outside of the BlueHPN area. Emergency care is covered.

Recognizing BlueHPN Members

A BlueHPN member can easily be identified by their member ID card. The BlueHPN name will be prominently displayed on the front of the member ID card, along with the “HPN in a suitcase” logo. This “BlueHPN in a suitcase” logo indicates that BlueHPN rates apply. If the BlueHPN name or logo is not on the front of the member ID card, member is not in BlueHPN and other rates apply. Detailed information for providers describing the specifics of BlueHPN can be found in the [BlueHPN Provider Playbook](#).

FRONT OF MEMBER ID CARD

| | | |
|---|--|---|
|  | |  |
| Subscriber Name: | GROUP NAME | |
| SUBSCRIBER NAME | 00 | Group No: 14180000 |
| Subscriber ID: | | Rx Bin: 015905 |
| HPO111111111 | | Effective Date: 07/01/21 |
| Health Only | In-Network Member Responsibility: | |
| SPOUSE | 01 | Coinsurance 20% |
| CHILD | 02 | Deductible \$3,500 |
| | | Prescription Drug Benefits Included |
|  | | |

BACK OF MEMBER ID CARD

| | |
|--|---|
|  | BlueCrossNC.com Customer Service: 1-877-275-6787 TTY/TDD: 1-800-442-7026 Nurse Support Line: 1-877-477-2424 Mental Health: 1-800-359-2422 Locate Non-NC Provider: 1-800-810-2583 Provider Services: 1-800-214-8844 Prior Review/Certification: 1-800-672-7897 Pharmacist Help Desk: 1-888-274-5186 |
| Prior Review/Certification (P/R/C) Claims may be subject to P/R/C. For nonparticipating/non-NC providers (exception below), member must obtain P/R/C when required. Participating non-NC providers (non-military inpatient facilities) and participating NC providers must obtain P/R/C when required. | Providers should send claims to their local BlueCross BlueShield Plan. |
| Urgent Care and Emergency Care Visit BlueHPN Urgent Care provider if in BlueHPN area. Visit any Urgent Care provider if outside of BlueHPN area. Emergency Care is covered. | NC providers and members send medical claims to: Blue Cross NC PO Box 35, Durham, NC 27702-0035 |
|  | |
| Pharmacy Benefits Administrator | |

*Some Host BlueHPN member IDs have some differences from the card depicted. The cards will have the BlueHPN product name.

Member Benefits

Enrolled members have in-network benefits only with exceptions for urgent care outside the service area and emergency care in/outside the service area. Members enrolled in BlueHPN will have seamless access to quality care. There are cost of care savings for employer groups and their members.

Allowance for Covered Services

Coverage for services to BlueHPN members by non-participating providers not in the BlueHPN network will be subject to eligibility and available member benefits. The CMM/Indemnity/Traditional allowance will be applied and accepted by the provider for that service for both local and host HPN members unless a separate or more specific allowance has been negotiated with that provider.

Impacted Lines of Business

Currently, BlueHPN is offered to Administrative Services Only (ASO) (self and balance funded) and Fully Insured commercial employer groups.

Individual under 65, State Health Plan (SHP), Medicare, Federal Employee Program (FEP) and Medicaid patients are NOT included in BlueHPN.

Resources

- For additional information, see below links:
- [BlueHPN Provider FAQs](#)
- [BlueHPN Maps](#)
- [BlueHPN Provider Playbook](#)