EPO Plan
Frequently Asked Questions

1. What if I want to see a doctor who is not in the BCBS network of providers?
With an EPO, you are covered for services received from network providers only. So if you see a doctor outside of the network, the services will not be covered and the entire cost of the services will be your responsibility (except in the case of an emergency).

2. What is a provider?
A provider is a licensed health care facility, program, agency, doctor or health professional that delivers health care services.

3. What do I do when I need emergency care?
Call 911 or seek help from any doctor or hospital immediately. This call may be made by you, a family member, the doctor or the hospital staff where services are received.

4. What does emergency care include?
Emergency Care includes health care services provided in a hospital emergency facility or emergency room or a comparable facility to evaluate and stabilize medical conditions of a recent onset and severity, including, but not limited to, severe pain that would lead a prudent lay person, possessing an average knowledge of medicine and health, to believe that the person’s condition, sickness or injury is of such a nature that failure to get immediate care could result in:
- Placing the patient's health in serious jeopardy
- Serious impairment of bodily functions
- Serious dysfunction of any bodily organ or part
- Serious disfigurement
- In the case of a pregnant woman, serious jeopardy to the health of the fetus

5. What happens if I need medical care while I’m out of town?
EPO members who have a “PPO in a suitcase” logo in the bottom right hand corner of their member ID card have access to more than 800,000 doctors and 5,000 hospitals nationwide in the BlueCard Program.

6. Can I continue to see my current doctor when I join the EPO?
If your doctor is not in the BCBS network, yes; however, if your current doctor is not in-network, services provided will not be covered under the EPO plan. Find out if your current doctor is in the BCBSTX network. Check Provider Finder at www.bcbstx.com/tch. With more than 45,000 physicians and specialists statewide, chances are good that your doctor is in the BCBSTX network.
7. **Do I need to identify a primary care physician?**
   No. You are not required to indicate or use a primary care physician.

8. **Do I need a referral to seek care from a specialist?**
   No. Because you are not required to go to a primary care doctor first, you may choose to go to a network specialist; however, you will pay the ‘specialist’ copay, which is higher than the copay for a primary care office visit.

9. **Will I have to file claim forms?**
   There are usually no claim forms to file. Just show your member ID card and your network provider will file claims for you.

10. **What if I need behavioral health care or chemical dependency treatment?**
    Services covered under the EPO plan can be accessed by calling the behavioral health number on your member ID card.

11. **Who do I call with questions about my medical and dental benefits?**
    You may contact BCBSTX Customer Service at **1-877-734-8924**.