
Provider Networks – Overview

1. Blue Cross[®] Blue Shield[®] of Arizona (AZ Blue) Provider Networks

Statewide medical PPO/indemnity networks – These are the largest AZ Blue networks and are the networks used for most AZ Blue medical plans and lines of business. All providers contracted with a AZ Blue medical agreement participate in these networks. In addition to AZ Blue PPO plans, these networks are associated with:

- AZ Blue and TPA co-administered group plans (see page 8-11)
- Corporate Health Services (CHS) group plans (see page 8-13)
- Federal Employee Program[®] (FEP[®]) plans (see page 8-16)
- Other BCBS plans with access to the BlueCard national PPO and indemnity networks

Optional lines of business – Providers may also choose to participate in the following networks:

Statewide HMO Network

Medicare Advantage networks

Medicare Supplement Senior Preferred Network – See page 8-20

Workers' Compensation (WC) Network – See page 8-21

Exclusive networks – These networks are limited in geographic scope and typically anchored by one or more designated hospital systems and their affiliated providers. For more information, see page 8-4.

Blue High Performance NetworkSM (BlueHPNSM) – This national exclusive network covers over 65 key metropolitan areas across the country. It offers employer groups with national accounts enhanced quality and cost savings through EPO benefit plans. In Arizona (greater Phoenix metropolitan area), the BlueHPN consists of providers in the Alliance Network (includes hospitals/facilities and provider groups in Maricopa and Pinal counties that are affiliated with Banner Health, HonorHealth, and Cobre Valley Medical Center).

TriWest Healthcare Alliance Network – AZ Blue partners with TriWest in providing a community network of providers serving veterans through the TriWest Health Alliance Community Care Network (CCN). AZ Blue issues a separate TriWest network participation agreement to its providers and maintains the network.

2. AZ Blue Dental Networks

BlueDentalSM PPO Network – This network is used for AZ Blue stand-alone PPO dental plans and benefits. The BlueDental PPO Network is also used as the GRID network for out-of-area BlueCard and Blue Cross Blue Shield (BCBS) FEP Dental[®] members. All dental providers contracted under an AZ Blue dental agreement participate in this network.

Optional networks for BlueDental PPO providers:

BlueDental Prime Network (used for BlueDental Prime plans and Medicare Advantage dental benefits)

FEP Dental Network (providers in the FEP Dental Network are considered “preferred” or in-network for FEP Standard and Basic Option benefit plans)

BlueDental DHMO Network – This network is used for AZ Blue stand-alone DHMO dental plans. Participation requires a separate provider participation agreement.

Provider Networks – Overview

Dental providers in medical networks – For oral surgery services and services covered by ACA-compliant medical benefit plans that include pediatric dental benefits, dental providers must be contracted with the medical network associated with the member’s specific plan. Medical plans may use an exclusive network or our broad PPO or HMO networks.

3. BCBS National MA PPO Network Sharing

BCBS Plans that offer MA PPO benefit plans participate in reciprocal network sharing. This network sharing arrangement allows all BCBS MA PPO members to receive in-network benefits when traveling or living in the service area of any other BCBS MA PPO Plan, as long as the member sees a contracted MA PPO provider.

- Providers in the AZ Blue BlueJourney PPO network are considered in-network for out-of-area MA PPO members. You must provide them with the same access to care as you do for AZ Blue MA PPO members. Reimbursement for covered services is in accordance with your contractual rate for the BlueJourney PPO network.
- Providers not contracted for the BlueJourney PPO network are considered out-of-network for out-of-area MA PPO members and are not required to see these members. Reimbursement for covered services is the Medicare allowed amount. You may not balance bill the member for the difference between the Medicare allowed amount and billed charges.

The MA PPO “suitcase” logo on the bottom of a BCBS member ID card indicates that the member is covered under the MA PPO network sharing program.



4. Non-AZ Blue Provider Networks

The following networks require agreements with separate, independent entities contracted with AZ Blue to provide network services.

American Specialty Health (ASH) musculoskeletal networks – Contracted to provide the Arizona network and administer chiropractic services for most AZ Blue commercial benefit plans; We also contract with ASH to provide the network and administer Medicare-covered and supplemental benefits (chiropractic, acupuncture, and therapeutic massage) for our MA plans.

Davis Vision Network –Contracted to provide the network and administer the routine vision care and eyewear benefits for members up to age 19 who have Affordable Care Act (ACA) plans.

DenteMax Network –AZ Blue contracts with the DenteMax Network to provide services for AZ Blue members with certain medical plans that cover pediatric dental benefits outside of the Arizona service area.

TruHearing Network –AZ Blue contracts with TruHearing to provide the network and administer the routine (non-Medicare covered) audiology services and hearing aid benefits for our Medicare Advantage plans.

Blue Cross, Blue Shield, the Cross and Shield Symbols, Federal Employee Program, FEP, Blue Cross Blue Shield FEP Dental, and BlueCard are registered service marks, and Blue High Performance Network, BlueHPN, BlueDental, are service marks, of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

ASH, Davis Vision, TruHearing, and DenteMax are separate, independent companies, contracted with AZ Blue to provide healthcare services to AZ Blue providers and members.

TriWest and AZ Blue have a contractual arrangement to support the VAPC3 program.

Provider Networks – Quick Guide

NETWORK	PROVIDER PARTICIPATION AGREEMENT
Statewide/National PPO/EPO Network <i>Used for:</i> <ul style="list-style-type: none"> AZ Blue members with PPO or EPO benefit plans using the Statewide PPO Network BlueCard® members with PPO or EPO benefit plans using the broad National PPO Network CHS group members Federal Employee Program® (FEP®) members 	AZ Blue provider participation agreement – includes these lines of business for almost all contracted providers
Statewide Indemnity Network <i>Used for:</i> <ul style="list-style-type: none"> AZ Blue members with indemnity benefit plans using the Indemnity Network BlueCard members with benefit plans using the Traditional Network 	
Statewide HMO Network	AZ Blue agreement – optional line of business
Workers' Compensation Network	AZ Blue agreement – optional line of business
Senior Preferred Medicare Supplement Network	AZ Blue agreement – optional line of business
Exclusive Networks <ul style="list-style-type: none"> Alliance (used for group PPO, EPO, HMO, and BlueHPN plans) MaricopaFocus (used for individual/family HMO plans) Neighborhood (used for individual/family HMO plans) PimaConnect (used for group PPO, EPO, and HMO plans) PimaFocus (used for individual/family HMO plans) 	AZ Blue agreement or amendment
Blue High Performance NetworkSM (BlueHPNSM) <i>National exclusive network used for EPO plans for employer groups with national accounts, serving members in over 65 metropolitan areas across the country. In Arizona (greater Phoenix metro area), the BlueHPN consists of providers in the Alliance Network.</i>	AZ Blue agreement or amendment for the Alliance Network
ACA Health Choice Network (used for the ACA StandardHealth with Health Choice plan)	Separate Health Choice Arizona agreement
AZ Blue Medicare Advantage Networks <ul style="list-style-type: none"> Blue Advantage (used for HMO plans) BlueJourney PPO (used for PPO plans) 	AZ Blue Medicare Advantage agreement or amendment
TriWest Alliance Community Care Network (CCN) – TriWest Healthcare Alliance	Separate TriWest agreement issued by AZ Blue (AZ Blue is responsible for contracting this network)
BlueDentalSM PPO Network (includes participation in the Dental GRID network for BlueCard and BCBS FEP Dental® stand-alone plans)	AZ Blue dental agreement
BlueDental Prime Network; FEP Dental Network	Optional lines of business in the AZ Blue dental agreement
BlueDental DHMO Network	Separate AZ Blue DHMO agreement
Davis Vision Network	Separate Davis Vision network agreement
TruHearing Network (for MA plans only)	Separate TruHearing network agreement
Musculoskeletal Networks – American Specialty Health (ASH)	Separate ASH network agreement

Exclusive Networks

Exclusive (narrow) networks are typically limited in geographic scope and are anchored by one or more designated hospital systems and their affiliated providers. AZ Blue determines the need for additional provider participation based on regulations and standards for network access and adequacy, provider locations, and the need for specialty providers to be added to the network. Only providers with a separate agreement or amendment for a particular exclusive network are considered in-network for members with plans using that specific network.

In keeping with EPO and HMO benefit plan designs, members with EPO or HMO plans using an exclusive network have no coverage outside the member's network except for emergency situations and other limited circumstances, including when AZ Blue preauthorizes care because the services cannot be provided in-network.

- **Alliance Network** – Available only to employer groups for PPO, EPO, and HMO plans, Alliance consists primarily of hospitals/facilities and provider groups in Maricopa and Pinal counties that are affiliated with Banner Health, HonorHealth, and Cobre Valley Medical Center. The primary lab provider is Sonora Quest. This network is also available to national employer group PPO accounts. The HMO pharmacy network excludes CVS.
- **BlueHPN** – Available only to employer groups with national accounts, this national network includes BCBS network providers in over 65 metropolitan areas. In Arizona, for the greater Phoenix metro area, the BlueHPN consists of providers in the Alliance Network (see above). All plans associated with this network are EPO plans with limited coverage outside of the BlueHPN service areas (urgent and emergency care only).
- **MaricopaFocus Network** – This network is available only to individuals/families residing in Maricopa County for open-access HMO benefit plans. MaricopaFocus consists primarily of hospitals/facilities and providers affiliated with Dignity Health, Abrazo Health, and Phoenix Children's Hospital. The pharmacy network excludes CVS. We partner with Equality Health to enhance the value-based care for the HMO benefit plans associated with this network.
- **Neighborhood Network** – Available only to individuals/families residing in counties other than Maricopa and Pima for open-access HMO benefit plans. The Neighborhood Network consists of most contracted providers in counties other than Coconino and Maricopa. In Coconino County, only the PathfinderHealth ACO providers and certain other providers are in the Neighborhood Network. In Maricopa County, a limited number of health systems have been added to provide specialty services not available in other counties (includes Banner Health and Dignity Health). The pharmacy network excludes CVS.
- **PimaConnect Network** – Available only to employer groups for PPO, EPO, and HMO plans, PimaConnect consists primarily of hospitals/facilities and provider groups in Pima County affiliated with Northwest Medical Center and Tucson Medical Center. This network is also available to national employer group PPO accounts. For HMO plans, the pharmacy network excludes CVS.
- **PimaFocus Network** – Available only to individuals/families for open-access HMO benefit plans. PimaFocus consists primarily of facilities and provider groups affiliated with Tucson Medical Center and all of the Carondelet hospitals, along with the other Tenet Health facilities and providers located in Pima County. The pharmacy network excludes CVS.

Finding plan-specific referrals in the provider directory – To find an in-network provider for referrals, access the searchable "Find a Doctor" Provider Directory at azblue.com/directory and select the network displayed on the member's ID card.

Member ID prefixes associated with exclusive networks are shown below. For a complete list of AZ Blue prefixes, visit our [Member ID Prefixes page](#)."

Exclusive Networks

EXCLUSIVE NETWORK NAME AND PRODUCT INFORMATION	MEMBER ID PREFIXES
Alliance (Maricopa/Pinal counties) – PPO and EPO plans for employer groups	XBN, N4Z, S3C
Alliance (Maricopa/Pinal counties) – Open-Access HMO plans for employer groups	XAH
Blue High Performance NetworkSM (Covers over 65 key metropolitan service areas across the country; In Arizona, the BlueHPN covers the Phoenix metropolitan area) – EPO plans for employer groups with national accounts	Z5M
MaricopaFocus (Maricopa County) – Open-Access HMO plans for individuals and families residing in Maricopa County	FLH
Neighborhood – Open-Access HMO plans for individuals and families residing outside of Maricopa and Pima counties	NNG, NNJ
PimaConnect (Pima County) – PPO plans for employer groups	PMA, Z9P
PimaConnect (Pima County) – Open-Access HMO plans for employer groups	PMK
PimaFocus (Pima County) – Open-Access HMO plans for individuals and families residing in Pima County	FQL

Products – Overview

AZ Blue offers a variety of products and benefit plans to group and individual customers. Product types include PPO, EPO, HMO, indemnity, FEP, Medicare, vision, and dental plans.

Where to find summary of benefits and coverage (SBC) documents

You can find AZ Blue health insurance options and benefit plan summaries by going to azblue.com > Find a Plan and accessing resources for the appropriate type of plan. FEP plan brochures are available at fepblue.org/plan-brochures.

You can also access member-specific benefit books and riders for most AZ Blue members through the eligibility and benefits inquiry tool in the [Availity Essentials portal](#) ([log in](#) or visit Availity's [Register and Get Started page](#)).

Note: For the following plans, you can access benefit information from the plan administrator.

- ACA StandardHealth with Health Choice plan (prefix IAZ) – access provider resources at <https://standardhealthhc.com> or call 1-800-322-8670.
- CHS group plans (with network-rental arrangements) – contact the group's third-party administrator as indicated on the back of the ID card.
- Stand-alone dental plans and Medicare Advantage dental benefits (prefix 99D) – use the BlueDental provider portal at azblue.com/bluedentalprovider.

More information about types of products

PPO (preferred provider organization) – PPO products use a network of contracted providers and members have lower out-of-pocket costs when they use an in-network provider for covered services. Members typically have higher out-of-pocket costs for covered services rendered by out-of-network providers. The differences in cost share can be substantial. Some services (e.g., mail order pharmacy) are covered *only* when the member uses an in-network provider.

We offer standard and customized PPO plans for employer groups, FEP PPO plans, Medicare Advantage PPO plans, and ACA-compliant PPO plans for small groups and individuals under age 65 and their families. Be sure to check eligibility and benefits for plan-specific coverage and benefit limits.

EPO (exclusive provider organization) – Except for emergencies, EPO benefit plans have no benefits unless the member uses an in-network provider. EPO plans are available only to large self-funded employer groups. For information about Blue High Performance Network (BlueHPN) EPO products, see page 8-12. To learn more about how EPO plans work, see page 8-8.

Indemnity – Sometimes referred to as traditional insurance, an indemnity product does not have the restrictions of an HMO or PPO product. Members have protection from balance billing when using any AZ Blue-contracted provider.

HMO (health maintenance organization) – HMOs, called health care service organizations (HCSOs) in Arizona, are regulated under separate laws from other types of insurance coverage. HMO plans generally include out-of-network coverage only for emergencies and other limited circumstances.

- Most of our HMO offerings are open-access HMO plans that do not require an assigned PCP and PCP referrals to specialists.
- We offer one PCP-HMO plan, our ACA StandardHealth with Health Choice plan, which requires an assigned PCP and PCP referrals to specialists.
- We also offer Medicare Advantage HMO plans. These plans also require an assigned PCP and inclusion of referral information on the claim.

Products – Overview

Other product classifications

In addition to the above broad types of benefit plans, here are some further product classifications that help define a particular plan.

1. **HSA-eligible PPO and HMO/high-deductible health plans (HDHPs)** – These PPO and HMO products meet the IRS and Treasury Department requirements for an HDHP that can be paired with a health savings account (HSA). Note that members of HSA-eligible benefit plans may prefer to pay their deductible and coinsurance cost *after* the allowed amount has been determined, as paying at the point of service often results in a distribution from the HSA for an amount greater than what is permitted by IRS regulations.
2. **Qualified health plans (QHPs)** – QHPs meet the ACA requirements to be available on the Health Insurance Marketplace. AZ Blue offers QHPs on the Health Insurance Marketplace for individuals under age 65 and their families:
 - Open-access HMO benefit plans using the MaricopaFocus, PimaFocus, or Neighborhood networks (prefixes FLH, FQL, NNG, and NNJ)
 - PCP-HMO plan (requires assigned PCP and PCP referrals to specialists): the ACA StandardHealth with Health Choice plan (prefix IAZ)
 - PPO benefit plans using the Statewide PPO network (prefixes EPI and IPO)

We also offer PPO, HMO, and HSA-qualified Affordable Care Act (ACA) plans for small groups (not available on the Health Insurance Marketplace), using the Alliance, PimaConnect, Statewide/National PPO, and Statewide HMO networks.
3. **Plans with tiered benefit designs** – Large employer groups may choose to offer a plan with tiered benefit arrangements (e.g., the State of Arizona’s BluePreferred Care PPO “triple choice” plan). A tiered benefit design allows different levels of member cost sharing, based on the provider used. AZ Blue reserves the right to determine provider tier level based on the plan design or the group’s requests.
4. **Medicare plans**
 - **Medicare Advantage plans** –AZ Blue Medicare Advantage (MA) plans are Arizona-based MAPD health plans serving Medicare-eligible residents in Maricopa, Pinal, and Pima counties. For more information about servicing these plans, see page 8-18.
 - **Medicare Supplement plans** –AZ Blue offers standardized Senior Security and Senior Preferred plans designed to help pay for some expenses not covered by Original Medicare Part A and Part B, such as Medicare copays, deductibles, and coinsurance. For more information about these plans, see page 8-20.
 - **Medicare Part D prescription drug plans** –AZ Blue offers two prescription drug plans to complement the Medicare Supplement (Medigap) products: Blue MedicareRx Value, and Blue MedicareRx Enhanced.

Additional benefit plans supported by AZ Blue provider networks

In addition to members with the types of AZ Blue-issued products mentioned above, AZ Blue-contracted providers also service members with benefit plans issued by other BCBS Plans (see Section 9), members with AZ Blue and TPA co-administered group plans (see page 8-11), TPA-administered CHS group plans (see page 8-13), members with FEP plans (see page 8-16), and members with workers’ compensation benefits (see page 8-21).

URAC is a Washington, D.C.-based healthcare accrediting organization that establishes national quality standards for the healthcare industry. URAC is an independent organization, is not affiliated with AZ Blue, and does not provide or administer AZ Blue products or services.

The National Committee for Quality Assurance is an independent organization that works to improve health care quality through the administration of evidence-based standards, measures, programs, and accreditation.