



## Open Access - Automatic Tier 2 Services

### EPO PLAN ONLY

## What does Open Access mean?

Open Access means, if a specialist or service is **not available** in the Tier I provider network then members can access the Tier II provider network for medical services.

\*\*Note, services rendered by a BCBS Tier 2 provider will be subject to the Tier 2 benefits. Below is a list of services and specialist that are considered as Open Access:

- Acute Rehab
- Allergist
- Audiologist
- Child & Adolescent Behavioral Health
- Clinical Social Worker (LCSW)
- Dermatology
- Durable Medical Equipment (DME)
- Endocrinology
- Gerontology
- Hospice
- Infectious Disease
- Kidney Transplant
- Licensed Marriage, Family Social Worker
- Neonatal ICU
- Oncology
- Pain Management
- Palliative Care
- Pediatrics
- Pediatric Ophthalmology
- Psychology
- Residential – Substance Abuse
- Residential - Mental Health
- Rheumatology
- Sleep Medicine
- Sports Medicine
- Skilled Nursing
- Thoracic surgery
- Urgent Care
- Urogynecology
- Vision Therapy

Please note, the above list is subject to change, so please check the Tier I provider directory or call HealthComp Customer Service at (833) 439-0046, before services are rendered.



**OPEN ACCESS / REFERRAL FORM**

Name of Employee ( <i>insured</i> )	Member ID
Name of Patient	Patient Date of Birth
<b>PHYSICIAN INFORMATION</b>	
Referring Physician Name	Referring Physician's Tax ID
<b>DIAGNOSIS INFORMATION</b>	
Diagnosis	
Date of Service Start	Date of Service End
Frequency	
Procedure Code(s)	
<b>REFERRING TO:</b>	
Physician Name	Telephone Number
Facility or Group Practice Name	
Authorized Date of Service Start	Authorized Date of Service End

**This Authorization shall apply only to the covered individual and only for the authorized period listed above. During the authorized period benefits for the covered individual will be subject to the terms, conditions and limitations contained in the Plan, including deductibles, copayments and coordination of benefits with other coverages, except those consistent with the terms of this administrative determination.**

Please send completed forms to [HC-Referrals@healthcomp.com](mailto:HC-Referrals@healthcomp.com)