


Act 111: Prior Authorization Quick Reference

Under Act 111, there are certain Blue Cross and Blue Shield of Vermont members who will no longer require prior authorization for qualifying services ordered by a primary care provider who participates in Vermont’s Blueprint for Health program. Use the below list of group numbers to identify those members who do not require prior authorization for qualifying services ordered by a qualifying primary care provider. The list provides the first three digits of the member’s group number on their health care insurance member ID card.

Note: The list below is subject to change and will be updated at least monthly.

Group Number (first 3 digits)	
025	436
027	443
072	465
125	469
154	567
201	578
216	591
231	608
239	679
296	684
299	856
300	HX1
316	HX2
334	HX4
335	HX5
341	RVM
365	
369	
371	
384	
387	
388	
406	
407	
418	



BlueCross BlueShield of Vermont PLAN TYPE

1 Member: **XX**
MEMBER NAME
ID: XXXXXXXXXXXXXXXX

Subscriber: SUBSCRIBER NAME
SUBSCRIBER NAME

2 Group Number: XXXXXXXX
BC/BS Plan: XXX/XXX
RX Group: XXXX
Formulary: XXX
BIN/PCN: XXXXXX/XXX
Effective Date: XX/XX/XXXX

Preventive Office \$
Office Visit/Specialist \$
Emergency Room \$
Chiro/PT \$
Network Deductible \$
Network Out-of-Pocket \$
Non-Network Deductible \$
Non-Network Out-of-Pocket \$
Rx Deductible \$
Rx Out-of-Pocket \$

