


# 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	559
201	567
216	578
231	591
239	608
296	679
299	684
300	856
316	HX1
334	HX2
335	HX4
341	HX5
365	RVM
369	
371	
384	
387	
388	
406	
407	
418	



**BlueCross BlueShield of Vermont** PLAN TYPE

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

Subscriber: SUBSCRIBER NAME  
SUBSCRIBER NAME

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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 \$

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**2** Group Number: **XXXXXXX**  
BC/BS Plan: XXX/XXX  
RX Group: XXXX  
Formulary: XXX  
BIN/PCN: XXXXX/XXX  
Effective Date: XX/XX/XXXX

