




Sample ID cards for VEHI – Effective 7/1/22

Platinum




Member: **01**
MEMBER FIRST NAME
MEMBER LAST NAME
 ID: XXX10000000001

Subscriber: SUBSCRIBER FULL NAME

Preventive Office	\$0
Office Visit/Specialist	\$25/\$35
Emergency Room	\$250
Network Deductible	\$500/\$1000
Network Out of Pocket	\$1500/\$3000
Rx Out of Pocket	\$1300/\$2600

Group Number: **GROUP**
 BC/BS Plan: **415/915**
 RX Group: **BVTCOM**
 Formulary: **NPF**
 Effective Date: **07/01/2022**
 BIN/PCN: **610011/IRX**

SAMPLE



Members: See your plan documents for covered services. Possession of this card does not guarantee eligibility for benefits.

Providers: File claims with local BlueCross and/or BlueShield Plan.

BCBSVT provides administrative services only and does not assume any financial risk for claims.

Members have out-of-area benefits only when receiving services from a BlueCard PPO network provider.

SAMPLE


Bluecrossvt.org
customerservice@bcbsvt.com



Customer Service: (800) 344-6690
 Provider Service: (800) 924-3494
 Find Out-of-Area Provider: (800) 810-2583
 Prior Approval Review/Inpatient: (800) 922-8778
 Pre-Admission Pharmacy: (877) 493-1949

Blue Cross and Blue Shield of Vermont
 P.O. Box 186
 Montpelier, VT 05601-0186
 An Independent licensee of the Blue Cross and Blue Shield Association.

04/15/2022
VERMONT BLUE RX: Pharmacy benefits manager

Gold




Member: **01**
MEMBER FIRST NAME
MEMBER LAST NAME
 ID: XXX10000000002

Subscriber: SUBSCRIBER FULL NAME

Preventive Office	\$0
Office Visit/Specialist	\$25/\$35
Network Deductible	\$1200/\$2400
Network Out of Pocket	\$1800/\$3600
Rx Out of Pocket	\$1300/\$2600

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 BC/BS Plan: **415/915**
 RX Group: **BVTCOM**
 Formulary: **NPF**
 Effective Date: **07/01/2022**
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04/15/2022
VERMONT BLUE RX: Pharmacy benefits manager

Gold CDHP

 EPO (PCP)											
Member: 01	Subscriber: SUBSCRIBER FULL NAME										
MEMBER FIRST NAME											
MEMBER LAST NAME											
ID: XXX10000000003	<table border="0"> <tr><td>Preventive Office</td><td>\$0</td></tr> <tr><td>Network Deductible</td><td>\$1800/\$3600</td></tr> <tr><td>Network Out of Pocket</td><td>\$2500/\$5000</td></tr> <tr><td>Rx Deductible</td><td>\$1800/\$3600</td></tr> <tr><td>Rx Out of Pocket</td><td>\$1400/\$2800</td></tr> </table>	Preventive Office	\$0	Network Deductible	\$1800/\$3600	Network Out of Pocket	\$2500/\$5000	Rx Deductible	\$1800/\$3600	Rx Out of Pocket	\$1400/\$2800
Preventive Office	\$0										
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Network Out of Pocket	\$2500/\$5000										
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Group Number: GROUP	SAMPLE										
BC/BS Plan: 415/915											
RX Group: BVTCOM											
Formulary: NPF											
Effective Date: 07/01/2022											
BIN/PCN: 610011/IRX											
											

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SAMPLE	
<p>04/15/2022 VERMONT BLUE Rx Pharmacy benefits manager</p>	

Silver CDHP

 EPO (PCP)											
Member: 01	Subscriber: SUBSCRIBER FULL NAME										
MEMBER FIRST NAME											
MEMBER LAST NAME											
ID: XXX10000000004	<table border="0"> <tr><td>Preventive Office</td><td>\$0</td></tr> <tr><td>Network Deductible</td><td>\$3000/\$6000</td></tr> <tr><td>Network Out of Pocket</td><td>\$4000/\$8000</td></tr> <tr><td>Rx Deductible</td><td>\$3000/\$6000</td></tr> <tr><td>Rx Out of Pocket</td><td>\$1400/\$2800</td></tr> </table>	Preventive Office	\$0	Network Deductible	\$3000/\$6000	Network Out of Pocket	\$4000/\$8000	Rx Deductible	\$3000/\$6000	Rx Out of Pocket	\$1400/\$2800
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