



**BlueCross BlueShield
of Vermont**

**Vermont
Freedom
Plan**

Member: **01**
MEMBER FIRST NAME
MEMBER LAST NAME
ID: **XXX100000000006**

Subscriber: SUBSCRIBER FULL
NAME

Group Number: **GROUP**
BC/BS Plan: **415/915**
RX Group: **BVTCOM**
Formulary: **NPF**
Effective Date: **07/01/2021**
BIN/PCN: **610011/IRX**

Preventive Office **\$10**
Office Visit **\$10**



**BlueCross BlueShield
of Vermont**

www.bcbsvt.com

customerservice@bcbsvt.com

Customer Service: **(800) 247-2583**
Provider Service: **(800) 924-3494**

Find Out-of-Area
Provider: **(800) 810-2583**

Prior Approval
Review/Inpatient

Pre-Admission: **(800) 922-8778**
Pharmacy: **(877) 493-1947**

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.

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.*

05/08/2021

VERMONT BLUE Rx

Pharmacy benefits manager