



State of Michigan



State Health Plan PPO Preventive services for retirees

Revised January 2024



Your Preventive Services

This brochure lists all of the preventive services covered under the State Health Plan PPO.

Your plan covers many preventive services and immunizations at no cost to you, when they're done by a provider in our PPO network.

Keep this information handy so you can refer to it throughout the year.

How to use this information

For each service, you'll see a procedure code (or set of codes) and whether or not it is part of the \$1,500 annual maximum for preventive services. These services are covered at no cost to you when performed by a PPO network provider. You'll see that you can get some services out-of-network with out-of-pocket costs, but they must be done by a Blue Cross participating provider. Preventive services that are not listed are your financial responsibility.

Please note: *The following codes could be used for preventive or diagnostic services. If your provider is trying to address signs of an existing health problem, these screenings might be considered diagnostic services. In those cases, you may have out-of-pocket costs.*

We encourage you to use this brochure as a guide to understand this valuable aspect of your State Health Plan benefits. Please don't use this information to demand services from your provider. They have the knowledge, experience and understanding of your medical history to determine which tests are best for you.

For questions about your preventive services, contact the Blue Cross Customer Service Center at **1-800-843-4876**.

Preventive service	Procedure codes	Your out-of-pocket portion	Subject to Annual \$1500 Maximum
Barium enema – beginning at age 50	G0106, G0120, 74270, 74280	In-network – \$0 Out-of-network – 20% after deductible	No
Chemical profile	80047, 80048, 80050, 80051, 80053, 80061	In-network – \$0 Out-of-network – Not a benefit	Yes
Venipuncture	36415		
Chest X-ray	71046	In-network – \$0 Out-of-network – Not a benefit	Yes
Colonoscopy	00811-00813, G0105, G0121, G0500, 45378, 45380, 45381, 45382, 45384, 45385, 45388, 88305, 99152, 99153	In-network – \$0 Out-of-network – 20% after deductible	No
Complete blood count	G0306, G0307, 83026, 85004, 85013, 85014, 85018, 85025, 85027	In-network – \$0 Out-of-network – Not a benefit	Yes
Venipuncture	36415		
Digital rectal exam	G0102	In-network – \$0 Out-of-network – Not a benefit	Yes
EKG/ECG	G0403-G0405, 93000, 93005, 93010	In-network – \$0 Out-of-network – Not a benefit	Yes
Fecal occult blood screening	G0328, S0285, 81528, 82270, 82274	In-network – \$0 Out-of-network – Not a benefit	Yes
Flu shot	Q2034-Q2038, 90630, 90653-90658, 90661, 90662, 90672-90674, 90682, 90685-90688, 90694, 90756	In-network – \$0 Out-of-network – \$0	No
Flu Shot Administration	G0008	In-network – \$0 Out-of-network – \$0	No
Gynecological Exam	99383-99387, 99393-99397	In-network – \$0 Out-of-network – Not a benefit	Yes

Preventive service	Procedure codes	Your out-of-pocket portion	Subject to Annual \$1500 Maximum
Health maintenance exam	99383-99387, 99391-99397	In-network – \$0 Out-of-network – Not a benefit	Yes
Hepatitis C Screening	G0472, 81596, 86803, 86804, 87520-87522, 89702	In-network – \$0 Out-of-network – Not a benefit	Yes
Immunizations Note: Travel vaccines are not a benefit	90281, 90283, 90371, 90380, 90381, 90389, 90396, 90460, 90461, 90471-90474, 90585, 90587, 90625, 90632-90634, 90636, 90644, 90647-90651, 90670, 90675, 90678-90681, 90690, 90691, 90698, 90700, 90702, 90707, 90710, 90713-90716, 90723, 90738, 90743, 90744, 90746-90749	In-network – \$0 Out-of-network – Not a benefit	Yes
Hepatitis B vaccine & administration	G0010, 90739, 90740, 90759	In-network – \$0 Out-of-network – Not a benefit	Yes
Meningococcal Pneumococcal Administration of Pneumococcal vaccine Shingrix Yellow Fever	90619, 90620, 90621, 90733, 90734 90670, 90671, 90677 90732 G0009 90750 (50 and older) 90717	In-network – \$0 Out-of-network – Not a benefit	No
Lead screening Venipuncture	83655 36415	In-network – \$0 Out-of-network – Not a benefit	Yes
Lipid disorders screening Venipuncture	80061, 82465, 83718, 83721, 84478, 36415	In-network – \$0 Out-of-network – Not a benefit	Yes

Preventive service	Procedure codes	Your out-of-pocket portion	Subject to Annual \$1500 Maximum
Mammography for breast cancer	77061-77063 (3D Mammogram) 77067 (screening mammogram)	In-network – \$0 Out-of-network – 20% after deductible	No
Pap Tests	G0123, G0124, G0141, G0143-G0145, G0147, G0148, G0476, P3000, P3001, Q0091, 88141-88143, 88147, 88148, 88150, 88152, 88153, 88155, 88161, 88162, 88164-88167, 88174, 88175	In-network – \$0 Out-of-network – Not a benefit	Yes
Prostate specific antigen	G0103, 84152-84154	In-network – \$0 Out-of-network – Not a benefit	Yes
Sigmoidoscopy	00811-00813, G0104, 45330, 45331, 45333, 45334, 45338, 45346, 88305, S0285	In-network – \$0 Out-of-network – Not a benefit	Yes
Urinalysis Venipuncture	81000-81003 36415	In-network – \$0 Out-of-network – Not a benefit	Yes



NOTES

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This preventive service chart is intended to be an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services.

Every effort has been made to ensure the accuracy of this information. However, if statements in this description differ from the applicable coverage documents, then the terms and conditions of those documents will prevail. Payment amounts are based on the Blue Cross-approved amount, less any applicable deductible and/or copay amount required by the State Health Plan. This coverage is provided pursuant to a contract entered into with the State of Michigan and shall be construed under the jurisdiction and according to the laws of the State of Michigan.