



State of Michigan



State Health Plan PPO Preventive services for retirees

Effective January 2025

Revised March 2025



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). 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 |
|------------------------------------|--|---|
| Barium enema – beginning at age 50 | G0106, G0120, 74270, 74280 | In-network – \$0 Out-of-network – 20% after deductible |
| Chemical profile | 80047, 80048, 80050, 80051, 80053, 80061 | In-network – \$0 |
| Venipuncture | 36415 | Out-of-network – Not a benefit |
| Chest X-ray | 71046 | In-network – \$0 Out-of-network – Not a benefit |
| 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 |
| Complete blood count | G0306, G0307, 83026, 85004, 85013, 85014, 85018, 85025, 85027 | In-network – \$0 |
| Venipuncture | 36415 | Out-of-network – Not a benefit |
| Digital rectal exam | G0102 | In-network – \$0 Out-of-network – Not a benefit |
| EKG/ECG | G0403-G0405, 93000, 93005, 93010 | In-network – \$0 Out-of-network – Not a benefit |
| Fecal occult blood screening | G0328, S0285, 81528, 82270, 82274 | In-network – \$0 Out-of-network – Not a benefit |
| Flu shot | Q2034-Q2038, 90630, 90653-90658, 90661, 90662, 90672-90674, 90682, 90685-90688, 90694, 90756 | In-network – \$0 Out-of-network – \$0 |
| Flu Shot Administration | G0008 | In-network – \$0 Out-of-network – \$0 |
| Gynecological Exam | 99383-99387, 99393-99397 | In-network – \$0 Out-of-network – Not a benefit |
| Health maintenance exam | 99383-99387, 99391-99397 | In-network – \$0 Out-of-network – Not a benefit |

| Preventive service | Procedure codes | Your out-of-pocket portion |
|---|---|---|
| Hepatitis C Screening | G0472, 86803, 86804, 87520-87522, 87902 | In-network – \$0 Out-of-network – Not a benefit |
| 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 |
| Hepatitis B vaccine & administration | G0010, 90739, 90740, 90759 | In-network – \$0 Out-of-network – Not a benefit |
| 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 |
| Lead screening Venipuncture | 83655 36415 | In-network – \$0 Out-of-network – Not a benefit |
| Lipid disorders screening Venipuncture | 80061, 82465, 83718, 83721, 84478, 36415 | In-network – \$0 Out-of-network – Not a benefit |
| Mammography for breast cancer | 77063 (3D Mammogram) 77067 (screening mammogram) | In-network – \$0 Out-of-network – 20% after deductible |
| 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 |

| Preventive service | Procedure codes | Your out-of-pocket portion |
|----------------------------|--|--|
| Prostate specific antigen | G0103, 84152-84154 | In-network – \$0 Out-of-network – Not a benefit |
| Sigmoidoscopy | 00811-00813, G0104, 45330, 45331, 45333, 45334, 45338, 45346, 88305, S0285 | In-network – \$0 Out-of-network – Not a benefit |
| Urinalysis Venipuncture | 81000-81003 36415 | In-network – \$0 Out-of-network – Not a benefit |



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.