



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 Venipuncture	80047, 80048, 80050, 80051, 80053, 80061 36415	In-network – \$0 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 Venipuncture	G0306, G0307, 83026, 85004, 85013, 85014, 85018, 85025, 85027 36415	In-network – \$0 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	90619, 90620, 90621, 90733, 90734	In-network – \$0 Out-of-network – Not a benefit
Pneumococcal	90670, 90671, 90677 90732	
Administration of Pneumococcal vaccine	G0009	
Shingrix	90750 (50 and older)	
Yellow Fever	90717	In-network – \$0 Out-of-network – Not a benefit
Lead screening	83655	
Venipuncture	36415	In-network – \$0 Out-of-network – Not a benefit
Lipid disorders screening	80061, 82465, 83718, 83721, 84478,	In-network – \$0 Out-of-network – Not a benefit
Venipuncture	36415	
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	81000-81003	In-network – \$0
Venipuncture	36415	Out-of-network – Not a benefit





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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.