

These prices are considered preliminary because patients' insurance (if any) may affect cost. Insurance determines covered benefits. These prices do not reflect deductibles, co-pay or co-insurance that patients are responsible for paying.

These offices can help:

- Business Office for UHS costs and billing
- Managed Care/Student Insurance Office for understanding insurance

IMMUNIZATIONS:	Procedure code for insurance	# of doses	Cost including injection fees		Covered by this insurance? <u>Yes</u> or <u>No</u> For other insurance, contact your insurance company			
			Per dose	Per series	Aetna U-M Student Health Plans	BCN/ GradCare ¹	Medicare	BCBS U-M PPO & Traditional
Hepatitis A - adult	90632	2	\$102	\$204	Y	Y	N	Y
Hepatitis A - pediatric	90633	2	\$77	\$154	Y	Y	N	Y
Hepatitis B - adult ≥ 20 yo	90746	3	\$112	\$336	Y	Y	N	Y
Hepatitis B - pediatric ≤ 19 yo	90744	3	\$82	\$246	Y	Y	N	Y
Hepatitis A and B (Twinrix) ≥18 yo	90636	3	\$162	\$486	Y	Y	N	Y
HPV-9	90651	3	\$262	\$786	Y <26 yrs	Y <26 yrs	N	Y
Influenza	90656	1	\$38	NA	Y	Y	Y	Y
Japanese encephalitis	90738	2	\$342	\$684	Y	Y	N	Contact insurance
Measles/Mumps/Rubella (MMR)	90707	2	\$112	\$224	Y	Y	N	Y
Meningitis - Menomune	90733	2	\$187	\$374	Y	Y	N	Y
Meningitis - Menactra	90734	1	\$177	NA	Y	Y	N	Y
Meningitis B - Bexsero	90620	2	\$259	\$514	Y <10-25 yrs	Contact insurance	N	Y
Pneumonia 13-valent - Prevnar	90670	1	\$262	NA	N	Y >65 yrs, ≥1 yr apart	Y	Contact insurance
Pneumonia 23-valent - Pneumovax	90732	1	\$142	NA	N	Y >65 yrs, ≥1 yr apart	Y	Contact insurance
Polio (inactivated)	90713	Varies	\$82	Varies	Y	Y	N	Y
Rabies immune globulin, per CC, depending on patient's weight	90375	Expect 10 CCs	\$415 /CC	\$4150	Y	Y	N	Contact insurance
Rabies (pre-exposure)	90675	3	\$442	\$1326	Y	Y	N	Y
Shingles (Zostavax)	90736	1	\$287	NA	Y ≥50 yrs	Y	Y ≥50 yrs	Y
Tdap -- Tetanus, diphtheria & pertussis	90715	1	\$87	NA	Y	Y	N	Y
Typhoid	90691	1	\$152	NA	Y	Y	N	Y
Varicella -- chicken pox	90716	2	\$147	\$294	Y	Y	N	Y
Yellow Fever	90717	1	\$162	NA	Y	Y	N	Y

1 For currently enrolled U-M students (Ann Arbor campus) with BCN/GradCare: In order for insurance to cover services at UHS, your primary care provider (PCP) must be at UHS or the U-M Health System/Michigan Medicine, OR you must obtain a referral from your PCP. Insurance determines covered benefits.

For non-enrolled U-M students and faculty/staff/retirees: In order to visit the UHS Travel Clinic, your primary care physician (PCP) must be at UHS. If you would like to change your PCP to UHS, you may call your insurance, BCN, at 800-658-8878 to request this change.

PRICES for Allergy, Immunization & Travel Health Clinic
Effective **7-1-17** and subject to change without notice

	Procedure code for insurance	# performed	Cost		Covered by this insurance? <u>Yes</u> or <u>No</u>			
			Per item	Per series	For other insurance, contact your insurance company			
OTHER SERVICES:					Aetna U-M Student Health Plans	BCN/ GradCare ¹	Medicare	BCBS U-M PPO & Traditional
TB skin test	86580	1	\$25	NA	Y	Y	N	Y
Allergy shots - injection fee	95117	≥ 2	\$35	NA	Y	Y	Y	Check insurance
Travel Health – clinic visit	99211	NA	\$45	NA	N	Y	N	Y for BCBS U-M PPO, N for Traditional

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For more information, please contact:



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