

Kaiser Permanente 2024 sample fee list¹

What's a sample fee list?

A sample fee list can help you understand your health care costs by showing the estimated amount you may pay for certain services.² Keep in mind that this list doesn't include costs for hospital services, and the amount you're ultimately charged may vary based on the care you receive, the type of facility you visit, your plan details, and whether you've reached your deductible.

Get a cost estimate

If you're a member, it's easy to get a sense of costs before you get care. Visit kp.org/costestimates to get a personalized estimate based on your plan benefits.

How can I use the list?

The sample fee list can help you:

- Choose the right Kaiser Permanente deductible HMO plan during open enrollment
- Estimate what you'll pay for services before you reach your deductible
- Identify preventive care services, most of which are covered at no cost (visit kp.org/prevention for a full list)
- Estimate how much to contribute to a flexible spending account (FSA) or health savings account (HSA) connected to your plan, based on the care you expect to receive

What happens after I reach my deductible?

You typically pay the full charge for covered services until you reach a set amount known as a deductible. Then you'll start paying less – a copay or a percentage of the charges (called a coinsurance) for the rest of the year. (Depending on your plan, you may pay copays or coinsurance for some services without having to reach your deductible.)

This means that for some services, you may pay less than the estimated fees shown on the sample fee list after you reach your deductible. Here are some examples:

| Service | Estimated fees | What you pay before reaching deductible | What you pay after reaching deductible |
|----------------------|----------------|---|---|
| X-ray of both knees | \$110 | Full charges: \$110 | Copay or coinsurance (e.g., \$10 or 20% of estimated fee) |
| Ultrasound of pelvis | \$290 | Full charges: \$290 | Copay or coinsurance (e.g., \$20 or 30% of estimated fee) |
| Stress test | \$244 | Full charges: \$244 | Copay or coinsurance (e.g., \$25 or 40% of estimated fee) |

Have questions?

If you want more information or have questions about a service that's not listed, please call the number on your Kaiser Permanente ID card.

1. The estimated fees in this sample fee list are valid as of January 1, 2024, and may change without notice. This sample fee list only applies to members who get medical services from Kaiser Permanente facilities. **2.** Professional services are usually received at a medical office, including doctor's office visits, lab tests, and X-rays. They may also include physician-related services provided in a hospital.

The amount you're actually charged may be different depending on the care you get, the type of facility you visit, your plan details, and whether you've reached your deductible.

If your health benefits are self-insured by your employer, union, or Plan sponsor, Kaiser Permanente Insurance Company provides certain administrative services for the Plan and is not an insurer of the Plan or financially liable for health care benefits under the Plan.

| SERVICE | ESTIMATED FEES |
|--|----------------|
| Office visits | |
| New patient visit, level 2* | \$120 |
| New patient visit, level 3* | \$190 |
| New patient visit, level 4* | \$275 |
| New patient visit, level 5 (high severity)* | \$365 |
| Established patient visit, level 1 (low severity)* | \$40 |
| Established patient visit, level 2* | \$95 |
| Established patient visit, level 3* | \$150 |
| Established patient visit, level 4* | \$215 |
| Established patient visit, level 5 (high severity)* | \$300 |
| Office visits (preventive) | |
| Well-baby office visit, new patient (under 1 year)* | \$255 |
| Well-child office visit, new patient (1 to 4 years)* | \$265 |
| Well-child office visit, new patient (5 to 11 years)* | \$275 |
| Well-child office visit, new patient (12 to 17 years)* | \$305 |
| Well-adult office visit, new patient (18 to 39 years)* | \$300 |
| Well-adult office visit, new patient (40 to 64 years)* | \$340 |
| Well-adult office visit, new patient (65 and older)* | \$375 |
| Well-baby office visit, established patient (under 1 year)* | \$225 |
| Well-child office visit, established patient (1 to 4 years)* | \$240 |
| Well-child office visit, established patient (5 to 11 years)* | \$240 |
| Well-child office visit, established patient (12 to 17 years)* | \$265 |
| Well-adult office visit, established patient (18 to 39 years)* | \$270 |
| Well-adult office visit, established patient (40 to 64 years)* | \$285 |
| Well-adult office visit, established patient (65 and older)* | \$310 |
| Psychotherapy visits | |
| Group psychological therapy | \$37 |
| Therapy | \$137 |

Your actual costs may vary

These are just sample fees. Members can get an estimate based on their plan details at kp.org/costestimates.

*Depending on your plan, these services may be preventive and covered at no cost or at a copay. For more information, see your *Evidence of Coverage or Summary Plan Description*.

These estimated fees are valid starting January 1, 2024, and may change without notice.

The fees shown are for professional services only and do not include fees for facility or other services. The amount you're actually charged may be different depending on the care you get, the type of facility you visit, your plan details, and whether you've reached your deductible.

| SERVICE | ESTIMATED FEES |
|---|----------------|
| Eye examinations | |
| Eye exam, routine visit, new patient* | \$188 |
| Eye exam and treatment, new patient | \$327 |
| Eye exam, routine visit, established patient* | \$197 |
| Eye exam and treatment, established patient | \$277 |
| Vision screening test* | \$10 |
| Hearing services | |
| Comprehensive audiometry evaluation | \$125 |
| Ear cleaning | \$143 |
| Eardrum test | \$57 |
| Hearing screening test (pure tone, air only)* | \$43 |
| Physical therapy services | |
| Electric stimulation therapy, treatment only | \$22 |
| Physical therapy evaluation* | \$180 |
| Physical therapy, hot and cold application, treatment only | \$11 |
| Physical therapy, ultrasound, treatment only | \$26 |
| Physical therapy exercises, treatment only | \$53 |
| Vaccines and other injections | |
| Allergy shot | \$36 |
| Chicken pox vaccine* | \$139 |
| Diphtheria, tetanus booster vaccine* | \$39 |
| Diphtheria, tetanus, pertussis vaccine* | \$48 |
| Flu shot, (6 months and older) | \$41 |
| Hepatitis B vaccine* | \$134 |
| Measles, mumps, and rubella vaccine* | \$95 |
| Polio vaccine* | \$54 |
| Therapeutic, prophylactic, or diagnostic injection (administration only, does not include medication)* | \$48 |
| Therapeutic, prophylactic, or diagnostic intra-arterial injection (administration only, does not include medication)* | \$63 |

Your actual costs may vary

These are just sample fees. Members can get an estimate based on their plan details at kp.org/costestimates.

*Depending on your plan, these services may be preventive and covered at no cost or at a copay. For more information, see your *Evidence of Coverage or Summary Plan Description*.

These estimated fees are valid starting January 1, 2024, and may change without notice.

The fees shown are for professional services only and do not include fees for facility or other services. The amount you're actually charged may be different depending on the care you get, the type of facility you visit, your plan details, and whether you've reached your deductible.

| SERVICE | ESTIMATED FEES |
|---|----------------|
| Tests and procedures | |
| Breathing capacity test | \$94 |
| Breathing treatment | \$32 |
| Colonoscopy and removal of abnormal tissue using cautery* | \$1,516 |
| Colonoscopy and removal of abnormal tissue using snare technique* | \$1,396 |
| Colonoscopy and removal of colon tissue for examination* | \$1,350 |
| Diagnostic colonoscopy | \$1,047 |
| Diagnostic proctosigmoidoscopy | \$404 |
| Diagnostic sigmoidoscopy | \$590 |
| Draining fluid from around swollen joint | \$195 |
| Electrocardiogram (EKG) | \$49 |
| Fetal monitoring* | \$152 |
| Incisional biopsy of skin (e.g., wedge), single lesion | \$489 |
| Punch biopsy of skin, single lesion | \$394 |
| Removal of abnormal areas of skin | \$21 |
| Sigmoidoscopy and removal of tissue for examination* | \$912 |
| Stress test | \$244 |
| Surgically destroying an abnormal area of skin | \$208 |
| Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette), single lesion | \$319 |
| Ultrasound test of heart | \$482 |
| X-rays, CT scans, and other imaging studies | |
| CT scan of chest, including dye | \$770 |
| CT scan of pelvis, including dye | \$1,045 |
| CT scan of pelvis, without dye | \$610 |
| CT scan of sinus and nasal passages | \$800 |
| CT scan of stomach area, with dye | \$1,065 |
| CT scan of stomach area, without dye | \$625 |
| Mammogram, diagnostic (one view) | \$340 |
| Mammogram, diagnostic (two views) | \$430 |

(continues)

Your actual costs may vary

These are just sample fees. Members can get an estimate based on their plan details at kp.org/costestimates.

*Depending on your plan, these services may be preventive and covered at no cost or at a copay. For more information, see your *Evidence of Coverage or Summary Plan Description*.

These estimated fees are valid starting January 1, 2024, and may change without notice.

The fees shown are for professional services only and do not include fees for facility or other services. The amount you're actually charged may be different depending on the care you get, the type of facility you visit, your plan details, and whether you've reached your deductible.

| SERVICE | ESTIMATED FEES |
|---|----------------|
| X-rays, CT scans, and other imaging studies <i>(continued)</i> | |
| Mammogram (screening)* | \$350 |
| MRI brain stem with contrast | \$1,260 |
| MRI cardiac with, without contrast with stress | \$1,970 |
| MRI neck with contrast | \$1,145 |
| Pregnancy ultrasound | \$455 |
| Review of CT scan of the head or brain | \$490 |
| Ultrasound of pelvis | \$290 |
| Ultrasound of stomach area | \$320 |
| Vaginal ultrasound | \$330 |
| X-ray for osteoporosis | \$105 |
| X-ray of ankle | \$90 |
| X-ray of ankle (complete) | \$100 |
| X-ray of both knees | \$110 |
| X-ray of chest (one view) | \$70 |
| X-ray of chest (two views) | \$90 |
| X-ray of finger | \$105 |
| X-ray of foot (complete) | \$95 |
| X-ray of hand (complete) | \$100 |
| X-ray of knee (complete) | \$130 |
| X-ray of stomach area (complete) | \$135 |
| X-ray of wrist (complete) | \$115 |
| Laboratory tests | |
| Albumin test | \$10 |
| Alkaline phosphatase test | \$15 |
| Allergy test | \$15 |
| ALT test | \$15 |
| Amylase test | \$15 |
| AST test | \$15 |

(continues)

Your actual costs may vary

These are just sample fees. Members can get an estimate based on their plan details at kp.org/costestimates.

*Depending on your plan, these services may be preventive and covered at no cost or at a copay. For more information, see your *Evidence of Coverage or Summary Plan Description*.

These estimated fees are valid starting January 1, 2024, and may change without notice.

The fees shown are for professional services only and do not include fees for facility or other services. The amount you're actually charged may be different depending on the care you get, the type of facility you visit, your plan details, and whether you've reached your deductible.

| SERVICE | ESTIMATED FEES |
|---|----------------|
| Laboratory tests <i>(continued)</i> | |
| Bilirubin test (total) | \$15 |
| Blood antibody test | \$10 |
| Blood clotting test | \$10 |
| Blood sugar test, diagnostic | \$10 |
| Blood sugar test, monitoring* | \$25 |
| Calcium test (total) | \$15 |
| Cholesterol level test | \$10 |
| Complete blood count | \$20 |
| Creatinine test | \$15 |
| Hepatitis B surface antigen test* | \$25 |
| Hepatitis C test* | \$35 |
| Kidney function test | \$10 |
| Laboratory chemistry test for creatine kinase | \$15 |
| Lipid panel test* | \$35 |
| Magnesium test | \$15 |
| Pap test, cervical cancer screening* | \$50 |

Your actual costs may vary

These are just sample fees. Members can get an estimate based on their plan details at kp.org/costestimates.

*Depending on your plan, these services may be preventive and covered at no cost or at a copay. For more information, see your *Evidence of Coverage or Summary Plan Description*.

These estimated fees are valid starting January 1, 2024, and may change without notice.

The fees shown are for professional services only and do not include fees for facility or other services. The amount you're actually charged may be different depending on the care you get, the type of facility you visit, your plan details, and whether you've reached your deductible.