

Kaiser Permanente 2025 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.

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
- Estimate your spending on upcoming medical services if your plan comes with a flexible spending account (FSA), health incentive account (HIA), health reimbursement arrangement (HRA), or health savings account (HSA)
- Identify preventive care services, most of which are covered at no cost (visit kp.org/prevention for a full list)

We're here to help.

Do you have questions about your costs? Or need help paying for care? Call **303-338-3025** or **1-877-803-1929 (TTY 711)** Monday through Friday, 8:00 a.m. to 6:00 p.m. Or chat live online with a financial counselor at kp.org.

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	What you pay before reaching deductible	What you pay after reaching deductible	What you pay after out-of-pocket maximum
X-ray of both knees	\$94	Copay or coinsurance (e.g., \$10 or 20%)	\$0
Ultrasound of pelvis	\$246	Copay or coinsurance (e.g., \$10 or 20%)	\$0
Stress test	\$194	Copay or coinsurance (e.g., \$10 or 20%)	\$0

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, 2025, 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 - Primary Care*	\$105
New patient visit, level 2 - Specialty Care*	\$126
New patient visit, level 3 - Primary Care*	\$161
New patient visit, level 3 - Specialty Care*	\$193
New patient visit, level 4 - Primary Care*	\$241
New patient visit, level 4 - Specialty Care*	\$289
New patient visit, level 5 (high severity) - Primary Care*	\$318
New patient visit, level 5 (high severity) - Specialty Care*	\$382
Established patient visit, level 1 (low severity) - Primary Care*	\$34
Established patient visit, level 1 (low severity) - Specialty Care*	\$41
Established patient visit, level 2 - Primary Care*	\$82
Established patient visit, level 2 - Specialty Care*	\$98
Established patient visit, level 3 - Primary Care*	\$132
Established patient visit, level 3 - Specialty Care*	\$158
Established patient visit, level 4 - Primary Care*	\$186
Established patient visit, level 4 - Specialty Care*	\$223
Established patient visit, level 5 (high severity) - Primary Care*	\$261
Established patient visit, level 5 (high severity) - Specialty Care*	\$313
Office visits (preventive)	
Well-baby office visit, new patient (under 1 year)*	\$229
Well-child office visit, new patient (1 to 4 years)*	\$239
Well-child office visit, new patient (5 to 11 years)*	\$248
Well-child office visit, new patient (12 to 17 years)*	\$278
Well-adult office visit, new patient (18 to 39 years)*	\$270
Well-adult office visit, new patient (40 to 64 years)*	\$311
Well-adult office visit, new patient (65 and older)*	\$338
Well-baby office visit, established patient (under 1 year)*	\$206
Well-child office visit, established patient (1 to 4 years)*	\$219
Well-child office visit, established patient (5 to 11 years)*	\$218
Well-child office visit, established patient (12 to 17 years)*	\$238
Well-adult office visit, established patient (18 to 39 years)*	\$244
Well-adult office visit, established patient (40 to 64 years)*	\$259
Well-adult office visit, established patient (65 and older)*	\$279

Your actual costs may vary

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

*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*.

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SERVICE	ESTIMATED FEES
Specialist consultations	
Specialist visit, long	\$335
Specialist visit, short	\$157
Specialist visit, typical	\$235
Psychotherapy visits	
Group psychological therapy	\$32
Psychiatric diagnostic interview exam	\$202
Therapy	\$121
Eye examinations	
Eye exam, refraction	\$30
Eye exam, routine visit, established patient	\$141
Eye exam, routine visit, new patient	\$134
Eye exam and treatment, established patient	\$199
Eye exam and treatment, new patient	\$235
Intermediate eye exam, established patient and refraction	\$164
Intermediate eye exam, new patient and refraction	\$171
Vision screening test*	\$9
Hearing services	
Comprehensive audiometry evaluation	\$97
Ear cleaning	\$110
Eardrum test	\$44
Hearing screening test (pure tone, air only)*	\$35
Physical therapy services	
Electric stimulation therapy, treatment only	\$23
Physical therapy evaluation*	\$184
Physical therapy, exercises, treatment only	\$54
Physical therapy, hot and cold application, treatment only	\$12
Physical therapy, ultrasound, treatment only	\$26

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SERVICE	ESTIMATED FEES
Vaccines and other injections	
Allergy shot	\$28
Chicken pox vaccine*	\$127
Diphtheria, tetanus booster vaccine*	\$35
Diphtheria, tetanus, pertussis vaccine*	\$43
Flu shot, adults (6 months and older)	\$43
Hepatitis B vaccine*	\$135
Intravenous push, single or initial substance/drug	\$100
Measles, mumps, and rubella vaccine*	\$86
Polio vaccine*	\$49
Respiratory syncytial virus	\$115
Therapeutic injection (administration only, does not include medication)	\$38
Therapeutic intravenous injection (administration only, does not include medication)	\$50
Vaccine administration, adult	\$41
Zoster vaccine*	\$277
Tests and procedures	
Breathing capacity test	\$74
Breathing treatment	\$22
Colonoscopy and removal of abnormal tissue using cautery*	\$1,124
Colonoscopy and removal of abnormal tissue using snare technique*	\$1,044
Colonoscopy and removal of colon tissue for examination*	\$1,001
Diagnostic colonoscopy*	\$782
Diagnostic proctosigmoidoscopy	\$298
Diagnostic sigmoidoscopy	\$434
Draining fluid from around swollen joint	\$149
Electrocardiogram (EKG)	\$38
Electromyogram (EMG), one extremity	\$304
Fetal monitoring	\$96
Incisional biopsy of skin (e.g., wedge), single lesion	\$361
Incisional biopsy of skin, each additional lesion within same visit	\$165
Loop electrosurgical excision procedure (LEEP)	\$618
Punch biopsy of skin, single lesion	\$291
Punch biopsy of skin, each additional lesion within same visit	\$138

(continues)

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SERVICE	ESTIMATED FEES
Tests and procedures <i>(continued)</i>	
Removal of abnormal areas of skin	\$16
Sigmoidoscopy and removal of tissue for examination*	\$668
Stress test	\$194
Surgically destroying an abnormal area of skin	\$60
Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette), single lesion	\$234
Tangential biopsy of skin, each additional lesion within same visit	\$117
Ultrasound test of heart	\$370
Vasectomy	\$775
X-rays, CT scans, and other imaging studies	
CT scan of chest, including dye	\$657
CT scan of pelvis, including dye	\$896
CT scan of pelvis, without dye	\$522
CT scan of sinus and nasal passages	\$682
CT scan of stomach area, with dye	\$915
CT scan of stomach area, without dye	\$536
DXA bone density scan, peripheral	\$74
Mammogram, diagnostic (one view)	\$293
Mammogram, diagnostic (two views)	\$371
Mammogram (screening)*	\$300
MRI brain stem with contrast	\$1,067
MRI cardiac with, without contrast with stress	\$1,673
MRI neck with contrast	\$972
MRI of any joint of the lower extremity, without dye	\$800
MRI of any joint of the upper extremity, without dye	\$801
MRI of brain, including dye	\$1,067
MRI of brain, without dye	\$773
MRI of brain, without dye, followed by further sequences including dye	\$1,255
MRI, abdomen, with contrast	\$1,196
MRI, abdomen, without contrast	\$772
MRI, abdomen, without contrast, followed by with contrast	\$1,335

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SERVICE	ESTIMATED FEES
X-rays, CT scans, and other imaging studies <i>(continued)</i>	
MRI, angiogram, pelvis	\$1,337
MRI, cervical spine, with contrast	\$1,088
MRI, cervical spine, without contrast	\$751
MRI, cervical spine, without dye, followed by further sequences including dye	\$1,262
MRI, head, with contrast	\$899
MRI, head, without contrast	\$852
MRI, lower extremity	\$1,331
MRI, lumbar spine, with contrast	\$1,068
MRI, lumbar spine, without contrast	\$753
MRI, lumbar spine, without dye, followed by further sequences including dye	\$1,259
MRI, neck, with contrast	\$972
MRI, neck, without contrast	\$854
MRI, thoracic spine, with contrast	\$1,078
MRI, thoracic spine, without contrast	\$749
MRI, thoracic spine, without dye, followed by further sequences including dye	\$1,264
MRI, upper extremity	\$1,623
Pregnancy ultrasound	\$346
Review of CT scan of head or brain	\$416
Ultrasound of pelvis	\$246
Ultrasound of stomach area	\$272
Vaginal ultrasound	\$279
X-ray for osteoporosis*	\$91
X-ray of ankle	\$76
X-ray of ankle (complete)	\$86
X-ray of both knees	\$94
X-ray of chest (one view)	\$60
X-ray of chest (two views)	\$79
X-ray of finger	\$90
X-ray of foot (complete)	\$80
X-ray of hand (complete)	\$88
X-ray of knee (complete)	\$111
X-ray of stomach area (complete)	\$117
X-ray of wrist (complete)	\$97

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SERVICE	ESTIMATED FEES
Laboratory tests	
Albumin test	\$11
Alkaline phosphatase test	\$11
Allergy test	\$11
ALT liver function test	\$12
Amylase test	\$14
AST liver function test	\$11
Bilirubin test (total)	\$11
Blood antibody test	\$9
Blood clotting test	\$9
Blood sugar test, diagnostic	\$9
Blood sugar test, monitoring*	\$21
Calcium test (total)	\$11
Cholesterol level test	\$9
Complete blood count	\$17
Creatinine test	\$11
Hepatitis B surface antigen test*	\$22
Hepatitis C test*	\$31
Kidney function test	\$9
Laboratory chemistry test for creatine kinase	\$14
Lipid panel test*	\$29
Magnesium test	\$15
Pap test, cervical cancer screening*	\$52
Phosphorus test	\$10

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