

Kaiser Permanente 2022 sample fee list¹

What's a sample fee list?

Knowing how much you can expect to pay for care and services can help give you peace of mind. As a member with a deductible plan, you can use this list to help estimate what you might pay for medical services at Kaiser Permanente facilities.²

The fees listed here are the maximum amounts you may pay for each professional service, and do not include fees for facility or other services. The amount you're charged may be different depending on the care you get, facility (medical center or hospital), your plan, and if you've reached your deductible or out-of-pocket maximum.

Keep in mind that some services may also require related services that have additional costs, like an earwax cleaning ordered by your doctor during a hearing evaluation.

How does your deductible plan work?

As a deductible plan member, you'll pay the full charges for covered services until you reach a set amount known as your deductible. After you reach your deductible, you'll start paying less – a copay or 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.

You also have an out-of-pocket maximum. If you reach your maximum, you won't have to pay for covered services for the rest of the year. For a small number of services, you may need to keep paying copays or coinsurance after reaching your out-of-pocket maximum.

Here's an example of how the costs of some services may change throughout the year:

Service	What you pay before reaching deductible	What you pay after reaching deductible	What you pay after out-of-pocket maximum
X-ray of knee	\$65	Copay or coinsurance (e.g., \$10 or 20%)	\$0
Ultrasound of pelvis	\$209	Copay or coinsurance (e.g., \$10 or 20%)	\$0
Stress test	\$136	Copay or coinsurance (e.g., \$10 or 20%)	\$0

How can you use the sample fee list?

You can use this resource to help you:

- Choose the right Kaiser Permanente deductible plan for you during open enrollment
- Estimate your out-of-pocket costs for medical services before and after 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 (for a full list, visit kp.org/prevention)

Any questions?

We're here to help. For more information or to ask about a service not found on the list, please call the number on your Kaiser Permanente ID card.

¹The estimated fees in this sample fee list are valid as of January 1, 2022, and may change without notice.

²This sample fee list only applies to members who get medical services from Kaiser Permanente facilities.

The fees shown are for professional services only and do not include fees for facility or other services.

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, moderate or complex problem	\$138
Established patient visit, minimal or straightforward problem	\$69
Established patient visit, moderate or complex problem	\$112
Office visits (preventive)	
Well-baby office visit, new patient (under 1 year)*	\$176
Well-child office visit, new patient (1 to 4 years)*	\$183
Well-child office visit, new patient (5 to 11 years)*	\$190
Well-child office visit, new patient (12 to 17 years)*	\$214
Well-adult office visit, new patient (18 to 39 years)*	\$208
Well-adult office visit, new patient (40 to 64 years)*	\$240
Well-adult office visit, new patient (65 and older)*	\$261
Well-baby office visit, established patient (under 1 year)*	\$158
Well-child office visit, established patient (1 to 4 years)*	\$168
Well-child office visit, established patient (5 to 11 years)*	\$168
Well-child office visit, established patient (12 to 17 years)*	\$184
Well-adult office visit, established patient (18 to 39 years)*	\$188
Well-adult office visit, established patient (40 to 64 years)*	\$200
Well-adult office visit, established patient (65 and older)*	\$214
Psychotherapy visits	
Group psychological therapy	\$25
Therapy	\$93
Hearing services	
Comprehensive audiometry evaluation	\$74
Tests and procedures	
Breathing capacity test	\$57
Breathing treatment	\$27
Colonoscopy and removal of abnormal tissue using cautery*	\$1,022
Colonoscopy and removal of abnormal tissue using snare technique*	\$942
Colonoscopy and removal of colon tissue for examination*	\$910
Diagnostic colonoscopy	\$703
Diagnostic proctosigmoidoscopy	\$270

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*These services are covered at no cost on many plans if completed as part of a preventive screening. Check your plan documents (such as your *Evidence of Coverage* or *Summary Plan Description*) to determine whether a service is subject to your deductible. If it is not subject to the deductible, you may have no cost or you may only have to pay a copay or coinsurance, depending on your plan.

The fees shown are for professional services for the indicated procedure only, and do not include fees for facility or other services.

These estimated member fees are valid as of January 1, 2022, and may change without notice.

SERVICE	ESTIMATED FEES
Tests and procedures <i>(continued)</i>	
Diagnostic sigmoidoscopy	\$386
Electrocardiogram (EKG)	\$28
Electromyogram (EMG), one extremity	\$231
Fetal monitoring*	\$82
Incisional biopsy of skin (e.g., wedge), single lesion	\$321
LEEP procedure	\$543
Punch biopsy of skin, single lesion	\$263
Sigmoidoscopy and removal of tissue for examination*	\$605
Stress test	\$136
Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette), single lesion	\$210
Ultrasound test of heart	\$278
Vasectomy	\$716
X-rays, CT scans, and other imaging studies	
CT scan of chest, including dye	\$418
CT scan of pelvis, including dye	\$533
CT scan of pelvis, without dye	\$331
CT scan of sinus and nasal passages	\$435
CT scan of stomach area, with dye	\$545
CT scan of stomach area, without dye	\$340
Mammogram, diagnostic (one view)	\$245
Mammogram, diagnostic (two views)	\$310
Mammogram (screening)*	\$251
Pregnancy ultrasound	\$257
Review of CT scan of the head or brain	\$263
Ultrasound of pelvis	\$209
Ultrasound of stomach area	\$232
Vaginal ultrasound	\$237
X-ray for osteoporosis*	\$72
X-ray of ankle	\$62
X-ray of ankle (complete)	\$70
X-ray of both knees	\$77
X-ray of chest (one view)	\$49
X-ray of chest (two views)	\$64
X-ray of finger	\$71

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SERVICE	ESTIMATED FEES
X-rays, CT scans, and other imaging studies (continued)	
X-ray of foot	\$54
X-ray of foot (complete)	\$65
X-ray of hand	\$59
X-ray of hand (complete)	\$69
X-ray of knee	\$65
X-ray of knee (complete)	\$87
X-ray of lower back bones	\$75
X-ray of neck	\$100
X-ray of neck bones	\$75
X-ray of shoulder	\$65
X-ray of stomach area (complete)	\$94
X-ray of stomach area (one view)	\$57
X-ray of wrist (complete)	\$77
X-ray of wrist (two views)	\$64
Laboratory tests	
Allergy test	\$9
ALT test	\$9
AST test	\$8
Bilirubin test (total)	\$8
Blood antibody test	\$7
Blood clotting test	\$7
Blood sugar test, diagnostic	\$6
Blood sugar test, monitoring*	\$16
Cholesterol level test	\$7
Complete blood count	\$13
Creatinine test	\$8
Hepatitis B surface antigen test*	\$17
Kidney function test	\$6
Laboratory chemistry test for creatine kinase	\$11
Lipid panel test*	\$22
Pap test, cervical cancer screening*	\$36
Potassium test	\$8

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SERVICE	ESTIMATED FEES
Laboratory tests <i>(continued)</i>	
Pregnancy test	\$12
Prostate test*	\$30
Sodium test	\$8
Test for blood in stool*	\$26
Thyroid stimulating hormone test	\$27
Urine test (complete)	\$7
Urine test (dipstick only)	\$4
Urine test (microanalysis only)	\$5

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Kaiser Foundation Health Plan of Georgia, Inc.
 Nine Piedmont Center
 3495 Piedmont Road NE
 Atlanta, GA 30305
 404-364-7000

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Georgia, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-888-865-5813** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Member Relations Unit (MRU), Attn: Kaiser Civil Rights Coordinator, Nine Piedmont Center, 3495 Piedmont Road, NE Atlanta, GA 30305-1736. Telephone Number: 1-888-865-5813.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-888-865-5813** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-888-865-5813** (TTY: **711**)።

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-888-865-5813** (TTY: **711**).

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-888-865-5813** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-888-865-5813** (TTY: **711**) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-888-865-5813** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-888-865-5813** (TTY: **711**).

ગુજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-888-865-5813** (TTY: **711**).

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis ed pou lang ki disponib gratis pou ou. Rele **1-888-865-5813** (TTY: **711**).

हिन्दी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-888-865-5813** (TTY: **711**) पर कॉल करें।

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-888-865-5813** (TTY: **711**) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-865-5813** (TTY: **711**) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih **1-888-865-5813** (TTY: **711**).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-888-865-5813** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-865-5813** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-865-5813** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-888-865-5813** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-865-5813** (TTY: **711**).