Kaiser Permanente 2022 sample fee list[1]

What's the sample fee list?

The sample fee list is one of many resources we offer to help you better understand and manage your health care costs. It shows the estimated amount Kaiser Permanente members would be charged for certain professional services.[2] It doesn't include costs for hospital services, facility fees, or other kinds of services.

When reviewing the list, keep in mind that 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. Some services may also require additional services that have extra costs – like an earwax cleaning ordered by your doctor during a hearing evaluation.

How can I use the list?

The sample fee list can help you:

- Choose the right Kaiser Permanente deductible 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 (for a full list, visit **kp.org/prevention**)

How does my deductible plan work?

You'll pay the full charges for covered services on certain benefits until you reach a set amount known as your deductible. Then you'll start paying less – a copay or a percentage of the charges (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.

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. Here are some examples 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	Full charges: $116	Copay or coinsurance (e.g., $10 or 20% of estimated fee)	$0
Ultrasound of pelvis	Full charges: $373	Copay or coinsurance (e.g., $15 or 20% of estimated fee)	$0
Stress test	Full charges: $165	Copay or coinsurance (e.g., $15 or 20% of estimated fee)	$0

Get a cost estimate

Sign in to **kp.org** and click "Coverage & Costs" to look up what you might pay for various medical services and prescription drugs. Estimates are based on your plan benefits, so you'll get personalized information every time.

Have questions?

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

[1]The estimated fees in this sample fee list are valid as of January 1, 2022, 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.

KAISER PERMANENTE®

SERVICE	ESTIMATED FEES
Office visits	
New patient visit, level 2*	$124
New patient visit, level 3*	$189
New patient visit, level 4*	$281
New patient visit, level 5 (high severity)*	$370
Established patient visit, level 1 (low severity)*	$40
Established patient visit, level 2*	$96
Established patient visit, level 3*	$154
Established patient visit, level 4*	$218
Established patient visit, level 5 (high severity)*	$304
Office visits (preventive)	
Well-baby office visit, new patient (under 1 year)*	$188
Well-child office visit, new patient (1 to 4 years)*	$196
Well-child office visit, new patient (5 to 11 years)*	$203
Well-child office visit, new patient (12 to 17 years)*	$227
Well-adult office visit, new patient (18 to 39 years)*	$221
Well-adult office visit, new patient (40 to 64 years)*	$255
Well-adult office visit, new patient (65 and older)*	$276
Well-baby office visit, established patient (under 1 year)*	$168
Well-child office visit, established patient (1 to 4 years)*	$180
Well-child office visit, established patient (5 to 11 years)*	$179
Well-child office visit, established patient (12 to 17 years)*	$195
Well-adult office visit, established patient (18 to 39 years)*	$199
Well-adult office visit, established patient (40 to 64 years)*	$212
Well-adult office visit, established patient (65 and older)*	$228
Emergency visits	
Emergency care by a physician, level 1 (low severity)	$131
Emergency care by a physician, level 2	$220
Emergency care by a physician, level 3	$373
Emergency care by a physician, level 4	$543

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

These estimated fees are valid starting January 1, 2022, and may change without notice.

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

SERVICE	ESTIMATED FEES
Psychotherapy visits	
Group psychological therapy	$46
Therapy	$172
Eye examinations	
Eye exam, routine visit, new patient*	$190
Eye exam and treatment, new patient	$328
Eye exam, routine visit, established patient*	$197
Eye exam and treatment, established patient	$277
Vision screening test*	$7
Hearing services	
Comprehensive audiometry evaluation	$87
Ear cleaning	$125
Eardrum test	$38
Hearing screening test (pure tone, air only)	$28
Physical therapy services	
Electric stimulation therapy, treatment only	$33
Physical therapy evaluation*	$244
Physical therapy exercises, treatment only (each 15-minute segment)*	$73
Physical therapy, hot and cold application, treatment only*	$15
Physical therapy, ultrasound, treatment only (each 15-minute segment)	$35
Vaccines and other injections	
Allergy shot	$22
Chicken pox vaccine*	$116
Diphtheria, tetanus booster vaccine*	$32
Diphtheria, tetanus, pertussis vaccine*	$40
Flu shot, children (3 years and older)*	$25
Flu shot, infants*	$25
Flu shot, adults (18 to 64)*	$34
Hepatitis B vaccine*	$119
Measles, mumps, and rubella vaccine*	$79
Polio vaccine*	$44

(continues)

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

These estimated fees are valid starting January 1, 2022, and may change without notice.

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

SERVICE	ESTIMATED FEES
Vaccines and other injections *(continued)*	
Therapeutic, prophylactic, or diagnostic injection (administration only, does not include medication)*	$33
Therapeutic, prophylactic, or diagnostic intra-arterial injection (administration only, does not include medication)*	$43
Tests and procedures	
Breathing capacity test	$70
Breathing treatment	$34
Colonoscopy and removal of abnormal tissue using cautery*	$1,379
Colonoscopy and removal of abnormal tissue using snare technique*	$1,262
Colonoscopy and removal of colon tissue for examination*	$1,231
Diagnostic colonoscopy	$943
Diagnostic proctosigmoidoscopy	$367
Diagnostic sigmoidoscopy	$531
Draining fluid from around swollen joint	$169
Electrocardiogram (EKG)	$34
Fetal monitoring*	$119
Incisional biopsy of skin, single lesion	$439
Punch biopsy of skin, single lesion	$359
Removal of abnormal areas of skin	$18
Sigmoidoscopy and removal of tissue for examination*	$836
Stress test	$165
Surgically destroying an abnormal area of skin	$179
Tangential biopsy of skin, single lesion	$288
Ultrasound test of heart	$345
X-rays, CT scans, and other imaging studies	
CT scan of chest, including dye*	$746
CT scan of pelvis, including dye	$958
CT scan of pelvis, without dye	$587
CT scan of sinus and nasal passages	$774
CT scan of stomach area, with dye	$978
CT scan of stomach area, without dye	$601
Mammogram (one side)	$436
Mammogram (two views)	$553

(continues)

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

These estimated fees are valid starting January 1, 2022, and may change without notice.

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

SERVICE	ESTIMATED FEES
X-rays, CT scans, and other imaging studies *(continued)*	
Mammogram (screening)*	$448
Pregnancy ultrasound	$480
Review of CT scan of the head or brain	$467
Ultrasound of pelvis	$373
Ultrasound of stomach area	$413
Vaginal ultrasound	$423
X-ray for osteoporosis	$129
X-ray of ankle	$110
X-ray of ankle (complete)	$125
X-ray of both knees	$139
X-ray of chest (one view)	$86
X-ray of chest (two views)	$113
X-ray of finger	$128
X-ray of foot	$96
X-ray of foot (complete)	$116
X-ray of hand	$106
X-ray of hand (complete)	$123
X-ray of knee	$116
X-ray of knee (complete)	$156
X-ray of lower back bones	$135
X-ray of neck	$179
X-ray of neck bones	$134
X-ray of shoulder	$116
X-ray of stomach area (complete)	$168
X-ray of stomach area (one view)	$101
X-ray of wrist (complete)	$138
X-ray of wrist (two views)	$115
Laboratory tests	
Albumin test	$17
Alkaline phosphatase test	$18
Allergy test	$18
ALT test	$19
Amylase test	$23

(continues)

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

These estimated fees are valid starting January 1, 2022, and may change without notice.

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

SERVICE	ESTIMATED FEES
Laboratory tests *(continued)*	
AST test	$18
Bilirubin test (total)	$18
Blood antibody test	$15
Blood clotting test	$15
Blood sugar test, diagnostic	$14
Blood sugar test, monitoring*	$34
Calcium test (total)	$18
Cholesterol level test*	$15
Complete blood count	$27
Creatinine test	$18
Hepatitis B surface antigen test*	$36
Hepatitis C test*	$50
Kidney function test	$14
Laboratory chemistry test for creatine kinase	$23
Lipid panel test*	$47
Magnesium test	$24
Pap test, cervical cancer screening*	$71
Phosphorus test	$17
Potassium test	$17
Pregnancy test	$26
Prostate test*	$65
Sodium test	$17
Strep-A-Swab test	$71
Test for blood in stool*	$56
Thyroid stimulating hormone test	$59
Urine bacteria colony count*	$28
Urine test (complete)	$14
Urine test (dipstick only)	$8
Urine test (microanalysis only)	$11

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

These estimated fees are valid starting January 1, 2022, and may change without notice.

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

Please recycle. 814507616 January 2022

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan, 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 free 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 free 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 **1-800-966-5955** (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 or phone at:

Membership Services
Attn: Kaiser Civil Rights Coordinator
711 Kapiolani Blvd
Honolulu, HI 96813
1-800-966-5955

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 (TTY). 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 **1-800-966-5955** (TTY: **711**).

Cebuano (Bisaya) ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad.
Tawag sa **1-800-966-5955** (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 **1-800-966-5955**（TTY：**711**）。

Chuuk (Chukese) MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo.
Kori **1-800-966-5955** (TTY: **711**).

ʻŌlelo Hawaiʻi (Hawaiian) E NĀNĀ MAI: Inā hoʻopuka ʻoe i ka ʻōlelo Hawaiʻi, hiki iā ʻoe ke loaʻa i ke kōkua manuahi. E kelepona i ka helu **1-800-966-5955** (TTY: **711**).

Iloko (Ilocano) PAKDAAR: No agsasaoka iti Ilokano, dagiti awan bayadna a serbisio a para iti beddeng ti lengguahe ket sidadaan para kenka.
Awagan ti **1-800-966-5955** (TTY: **711**)

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。**1-800-966-5955**（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. **1-800-966-5955** (TTY: **711**) 번으로 전화해 주십시오.

ລາວ (Laotian) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ **1-800-966-5955** (TTY: **711**).

Kajin Majōļ (Marshallese) LALE: Ñe kwōj kōnono Kajin Ṃajōļ, kwomaroñ bōk jerbal in jipañ ilo kajin ṇe aṃ ejjeļọk wōṇāān. Kaaļọk **1-800-966-5955** (TTY: **711**).

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dę́ę́', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih **1-800-966-5955** (TTY: **711**).

Lokaiahn Pohnpei (Pohnpeian) MEHN KAIR: Ma komw kin lokiaiahn Pohnpei, wasahn sawas en palien lokaia kak sawas ni sohte isais.
Koahl nempe **1-800-966-5955** (TTY: **711**).

Faa-Samoa (Samoan) MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoani, e fai fua e leai se totogi, mo oe, Telefoni mai: **1-800-966-5955** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-966-5955** (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 **1-800-966-5955** (TTY: **711**).

Lea Faka-Tonga (Tongan) FAKATOKANGA'I: Kapau ʻoku ke Lea Faka-Tonga, ko e kau tokoni fakatonu lea ʻoku nau fai atu ha tokoni ta'etotongi, pea teke lava ʻo ma'u ia. Telefoni mai **1-800-966-5955** (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 **1-800-966-5955** (TTY: **711**).