

Kaiser Permanente 2023 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** 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	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	Full charges: \$133	Copay or coinsurance (e.g., \$10 or 20% of estimated fee)	\$0
Ultrasound of pelvis	Full charges: \$348	Copay or coinsurance (e.g., \$15 or 20% of estimated fee)	\$0
Stress test	Full charges: \$169	Copay or coinsurance (e.g., \$15 or 20% of estimated fee)	\$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, 2023, 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*	\$118
New patient visit, level 3*	\$179
New patient visit, level 4*	\$265
New patient visit, level 5 (high severity)*	\$350
Established patient visit, level 1 (low severity)*	\$39
Established patient visit, level 2*	\$91
Established patient visit, level 3*	\$145
Established patient visit, level 4*	\$205
Established patient visit, level 5 (high severity)*	\$288
Office visits (preventive)	
Well-baby office visit, new patient (under 1 year)*	\$176
Well-child office visit, new patient (1 to 4 years)*	\$184
Well-child office visit, new patient (5 to 11 years)*	\$191
Well-child office visit, new patient (12 to 17 years)*	\$215
Well-adult office visit, new patient (18 to 39 years)*	\$209
Well-adult office visit, new patient (40 to 64 years)*	\$241
Well-adult office visit, new patient (65 and older)*	\$261
Well-baby office visit, established patient (under 1 year)*	\$159
Well-child office visit, established patient (1 to 4 years)*	\$169
Well-child office visit, established patient (5 to 11 years)*	\$168
Well-child office visit, established patient (12 to 17 years)*	\$183
Well-adult office visit, established patient (18 to 39 years)*	\$187
Well-adult office visit, established patient (40 to 64 years)*	\$200
Well-adult office visit, established patient (65 and older)*	\$216

Your actual costs may vary

These are just sample fees. Members can get an estimate based on their plan details at [kp.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
Psychotherapy visits	
Group psychological therapy	\$41
Therapy	\$153
Eye examinations	
Eye exam, routine visit, new patient*	\$172
Eye exam and treatment, new patient	\$296
Eye exam, routine visit, established patient*	\$178
Eye exam and treatment, established patient	\$251
Vision screening test*	\$7
Hearing services	
Comprehensive audiometry evaluation	\$87
Ear cleaning	\$113
Eardrum test	\$40
Hearing screening test (pure tone, air only)	\$29
Physical therapy services	
Electric stimulation therapy, treatment only	\$31
Physical therapy evaluation*	\$246
Physical therapy exercises, treatment only (each 15-minute segment)*	\$72
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	\$24
Chicken pox vaccine*	\$109
Diphtheria, tetanus booster vaccine*	\$30
Diphtheria, tetanus, pertussis vaccine*	\$37
Flu shot, children (3 years and older)*	\$23
Flu shot, infants*	\$23
Flu shot, adults (18 to 64)*	\$33
Hepatitis B vaccine*	\$115
Measles, mumps, and rubella vaccine*	\$75
Polio vaccine*	\$42

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SERVICE	ESTIMATED FEES
Vaccines and other injections <i>(continued)</i>	
Therapeutic, prophylactic, or diagnostic injection (administration only, does not include medication)*	\$34
Therapeutic, prophylactic, or diagnostic intra-arterial injection (administration only, does not include medication)*	\$43
Tests and procedures	
Breathing capacity test	\$65
Breathing treatment	\$28
Colonoscopy and removal of abnormal tissue using cautery*	\$1,251
Colonoscopy and removal of abnormal tissue using snare technique*	\$1,148
Colonoscopy and removal of colon tissue for examination*	\$1,117
Diagnostic colonoscopy	\$859
Diagnostic proctosigmoidoscopy	\$329
Diagnostic sigmoidoscopy	\$485
Draining fluid from around swollen joint	\$156
Electrocardiogram (EKG)	\$33
Fetal monitoring*	\$106
Incisional biopsy of skin, single lesion	\$398
Punch biopsy of skin, single lesion	\$321
Removal of abnormal areas of skin	\$17
Sigmoidoscopy and removal of tissue for examination*	\$760
Stress test	\$169
Surgically destroying an abnormal area of skin	\$166
Tangential biopsy of skin, single lesion	\$259
Ultrasound test of heart	\$343
X-rays, CT scans, and other imaging studies	
CT scan of chest, including dye*	\$839
CT scan of pelvis, including dye	\$1,129
CT scan of pelvis, without dye	\$665
CT scan of sinus and nasal passages	\$876
CT scan of stomach area, with dye	\$1,154
<i>(continues)</i>	

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X-rays, CT scans, and other imaging studies <i>(continued)</i>	
CT scan of stomach area, without dye	\$683
Mammogram (one side)	\$411
Mammogram (two views)	\$520
Mammogram (screening)*	\$419
MRI brain stem with contrast	\$1,378
MRI cardiac with, without contrast with stress	\$2,207
MRI neck with contrast	\$1,255
Pregnancy ultrasound	\$426
Review of CT scan of the head or brain	\$528
Ultrasound of pelvis	\$348
Ultrasound of stomach area	\$285
Vaginal ultrasound	\$369
X-ray for osteoporosis	\$120
X-ray of ankle	\$105
X-ray of ankle (complete)	\$121
X-ray of both knees	\$133
X-ray of chest (one view)	\$84
X-ray of chest (two views)	\$106
X-ray of finger	\$124
X-ray of foot (complete)	\$113
X-ray of hand (complete)	\$120
X-ray of knee (complete)	\$152
X-ray of stomach area (complete)	\$163
X-ray of wrist (complete)	\$134
Laboratory tests	
Albumin test	\$18
Alkaline phosphatase test	\$19
Allergy test	\$19
ALT test	\$19
Amylase test	\$23

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Laboratory tests <i>(continued)</i>	
AST test	\$19
Bilirubin test (total)	\$18
Blood antibody test	\$15
Blood clotting test	\$15
Blood sugar test, diagnostic	\$14
Blood sugar test, monitoring*	\$35
Calcium test (total)	\$18
Cholesterol level test*	\$16
Complete blood count	\$28
Creatinine test	\$18
Hepatitis B surface antigen test*	\$37
Hepatitis C test*	\$51
Kidney function test	\$14
Laboratory chemistry test for creatine kinase	\$23
Lipid panel test*	\$48
Magnesium test	\$24
Pap test, cervical cancer screening*	\$73
Phosphorus test	\$17

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