

# Kaiser Permanente 2023 sample fee list<sup>1</sup>

## 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.<sup>2</sup> 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](https://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](https://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?

If your plan has a deductible, you'll 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 <sup>3</sup>
X-ray of both knees	\$105	Full charges: \$105	Copay or coinsurance (e.g., \$20 or 20% of estimated fee [\$21.00])
Ultrasound of pelvis	\$311	Full charges: \$311	Copay or coinsurance (e.g., \$50 or 20% of estimated fee [\$62.20])
Stress test	\$231	Full charges: \$231	Copay or coinsurance (e.g., \$50 or 20% of estimated fee [\$46.20])

## 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
<b>Office visits</b>	
New patient visit, level 2*	\$146
New patient visit, level 3*	\$223
New patient visit, level 4*	\$329
New patient visit, level 5 (high severity)*	\$435
Established patient visit, level 1 (low severity)*	\$48
Established patient visit, level 2*	\$113
Established patient visit, level 3*	\$180
Established patient visit, level 4*	\$253
Established patient visit, level 5 (high severity)*	\$355
<b>Office visits (preventive)</b>	
Well-baby office visit, new patient (under 1 year)*	\$219
Well-child office visit, new patient (1 to 4 years)*	\$228
Well-child office visit, new patient (5 to 11 years)*	\$237
Well-child office visit, new patient (12 to 17 years)*	\$269
Well-adult office visit, new patient (18 to 39 years)*	\$261
Well-adult office visit, new patient (40 to 64 years)*	\$300
Well-adult office visit, new patient (65 and older)*	\$325
Well-baby office visit, established patient (under 1 year)*	\$198
Well-child office visit, established patient (1 to 4 years)*	\$210
Well-child office visit, established patient (5 to 11 years)*	\$209
Well-child office visit, established patient (12 to 17 years)*	\$228
Well-adult office visit, established patient (18 to 39 years)*	\$232
Well-adult office visit, established patient (40 to 64 years)*	\$250
Well-adult office visit, established patient (65 and older)*	\$269
<b>Specialist consultations</b>	
Specialist visit, long*	\$351
Specialist visit, short*	\$172
Specialist visit, typical*	\$237
<b>Psychotherapy visits</b>	
Group psychological therapy	\$46
Therapy	\$174

## Your actual costs may vary

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\*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
<b>Eye examinations</b>	
Eye exam, routine visit, new patient*	\$154
Eye exam and treatment, new patient	\$265
Eye exam, routine visit, established patient*	\$160
Eye exam and treatment, established patient	\$225
Eye exam, refraction	\$11
Vision screening test*	\$34
<b>Hearing services</b>	
Comprehensive audiometry evaluation*	\$119
Ear cleaning	\$134
Eardrum test	\$54
Hearing screening test (pure tone, air only)	\$40
<b>Physical therapy services</b>	
Electric stimulation therapy, treatment only	\$38
Physical therapy evaluation*	\$304
Physical therapy exercises, treatment only*	\$89
Physical therapy, hot and cold application, treatment only*	\$19
Physical therapy, ultrasound, treatment only	\$43
<b>Vaccines and other injections</b>	
Allergy shot	\$33
Chicken pox vaccine*	\$206
Diphtheria, tetanus booster vaccine*	\$57
Diphtheria, tetanus, pertussis vaccine*	\$71
Flu shot, children (3 years and older)*	\$44
Flu shot, infants (vaccine product only)*	\$44
Flu shot, adults (18 to 64)*	\$59
Hepatitis B vaccine*	\$201
Measles, mumps, and rubella vaccine*	\$141
Polio vaccine*	\$79

(continues)

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SERVICE	ESTIMATED FEES
<b>Vaccines and other injections</b> <i>(continued)</i>	
Therapeutic, prophylactic, or diagnostic injection (administration only, does not include medication)*	\$46
Therapeutic, prophylactic, or diagnostic intra-arterial injection (administration only, does not include medication)*	\$57
<b>Tests and procedures</b>	
Breathing capacity test	\$89
Breathing treatment	\$38
Colonoscopy and removal of abnormal tissue using cautery	\$1,472
Colonoscopy and removal of abnormal tissue using snare technique	\$1,348
Colonoscopy and removal of colon tissue for examination	\$1,308
Diagnostic colonoscopy*	\$1,008
Diagnostic proctosigmoidoscopy*	\$386
Diagnostic sigmoidoscopy	\$568
Draining fluid from around swollen joint	\$185
Electrocardiogram (EKG)	\$46
Electromylogram (EMG), one extremity	\$378
Fetal monitoring*	\$127
Incisional biopsy of skin (e.g., wedge), single lesion	\$465
Incisional biopsy of skin, each additional lesion within same visit	\$211
LEEP procedure	\$863
Punch biopsy of skin, single lesion	\$375
Punch biopsy of skin, each additional lesion within same visit	\$174
Removal of abnormal areas of skin	\$20
Sigmoidoscopy and removal of tissue for examination*	\$863
Stress test	\$231
Surgically destroying an abnormal area of skin	\$195
Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette), single lesion	\$302
Tangential biopsy of skin, each additional lesion within same visit	\$150
Ultrasound test of heart	\$467
Vasectomy*	\$974

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SERVICE	ESTIMATED FEES
<b>X-rays, CT scans, and other imaging studies</b>	
CT scan of chest, including dye*	\$550
CT scan of pelvis, including dye	\$740
CT scan of pelvis, without dye	\$436
CT scan of sinus and nasal passages	\$575
CT scan of stomach area, with dye	\$757
CT scan of stomach area, without dye	\$448
Mammogram, diagnostic (one view)	\$323
Mammogram, diagnostic (two views)	\$408
Mammogram (screening)*	\$329
MRI brain stem with contrast	\$904
MRI cardiac with, without contrast with stress	\$1,445
MRI neck with contrast	\$824
Pregnancy ultrasound	\$376
Review of CT scan of the head or brain	\$346
Ultrasound of pelvis	\$274
Ultrasound of stomach area*	\$302
Vaginal ultrasound	\$311
X-ray of ankle	\$83
X-ray of ankle (complete)	\$95
X-ray of both knees	\$105
X-ray of chest (one view)	\$66
X-ray of chest (two views)	\$86
X-ray of finger	\$98
X-ray of foot (complete)	\$89
X-ray of hand (complete)	\$94
X-ray of knee (complete)	\$119
X-ray of stomach area (complete)	\$128
X-ray of wrist (complete)	\$106

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SERVICE	ESTIMATED FEES
<b>Laboratory tests</b>	
Albumin test	\$12
Alkaline phosphatase test	\$12
Allergy test	\$13
ALT test	\$13
Amylase test	\$16
AST test	\$12
Bilirubin test (total)	\$12
Blood antibody test*	\$10
Blood clotting test	\$10
Blood sugar test, diagnostic*	\$9
Blood sugar test, monitoring	\$23
Calcium test (total)	\$12
Cholesterol level test	\$10
Complete blood count*	\$19
Creatinine test*	\$12
Hepatitis B surface antigen test*	\$25
Hepatitis C test*	\$34
Kidney function test	\$9
Laboratory chemistry test for creatine kinase	\$16
Lipid panel test*	\$32
Magnesium test	\$16
Pap test, cervical cancer screening*	\$51
Phosphorus test	\$11

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