

# Kaiser Permanente 2021 Sample Fee List<sup>1</sup>

## 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 deductible plan member, you can use this list to help estimate what you might pay for medical services at Kaiser Permanente facilities.<sup>2</sup>

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	Before deductible, you pay	After deductible, you pay	After out-of-pocket maximum, you pay
X-ray of knee	\$101	Copay or coinsurance (e.g. \$10 or 20%)	\$0
Ultrasound of pelvis	\$333	Copay or coinsurance (e.g. \$10 or 20%)	\$0
Stress test	\$178	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](https://www.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.

<sup>1</sup>This Sample Fee List only applies to members who get medical services from Kaiser Permanente facilities.

<sup>2</sup>The estimated fees in this Sample Fee List are valid as of January 1, 2021, and may change without notice.

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.

2021 Kaiser Permanente Estimated Fees [Northwest](#)

SERVICE	ESTIMATED FEES
<b>Office Visits</b>	
New patient visit, level 2	\$184
New patient visit, level 3	\$259
New patient visit, level 4	\$395
New patient visit, level 5 (high severity)	\$498
Established patient visit, level 1 (low severity)	\$57
Established patient visit, level 2	\$110
Established patient visit, level 3	\$181
Established patient visit, level 4	\$262
Established patient visit, level 5 (high severity)	\$352
<b>Office Visits (Preventive)</b>	
Well-baby office visit, new patient (under 1 year)*	\$269
Well-child office visit, new patient (1-4 years)*	\$281
Well-child office visit, new patient (5-11 years)*	\$293
Well-child office visit, new patient (12-17 years)*	\$331
Well-adult office visit, new patient (18-39 years)*	\$321
Well-adult office visit, new patient (40-64 years)*	\$371
Well-adult office visit, new patient (65 and older)*	\$403
Well-baby office visit, established patient (under 1 year)*	\$243
Well-child office visit, established patient (1-4 years)*	\$258
Well-child office visit, established patient (5-11 years)*	\$257
Well-child office visit, established patient (12-17 years)*	\$282
Well-adult office visit, established patient (18-39 years)*	\$289
Well-adult office visit, established patient (40-64 years)*	\$308
Well-adult office visit, established patient (65 and older)*	\$331
<b>Specialist Consultations</b>	
Office consultation	\$116
Specialist visit, long	\$445
Specialist visit, short	\$218
Specialist visit, typical	\$298

\*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.

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SERVICE	ESTIMATED FEES
<b>Emergency Visits</b>	
Emergency care by a physician, level 1 (low severity)	\$133
Emergency care by a physician, level 2	\$199
Emergency care by a physician, level 3	\$364
Emergency care by a physician, level 4 (high severity)	\$528
<b>Psychotherapy Visits</b>	
Group psychological therapy	\$47
Psychiatric diagnostic interview exam	\$241
Therapy	\$157
<b>Eye Examinations</b>	
Eye exam, routine visit, new patient	\$189
Eye exam and treatment, new patient	\$336
Eye exam, routine visit, established patient	\$198
Eye exam and treatment, established patient	\$282
Eye exam, refraction	\$44
Vision screening test*	\$7
<b>Hearing Services</b>	
Comprehensive audiometry evaluation	\$95
Ear cleaning	\$147
Eardrum test	\$40
Hearing screening test (pure tone, air only)*	\$30
<b>Physical Therapy Services</b>	
Electric stimulation therapy, treatment only	\$45
Physical therapy, evaluation*	\$266
Physical therapy, exercises, treatment only	\$95
Physical therapy, hot and cold application, treatment only	\$20
Physical therapy, ultrasound, treatment only	\$45
<b>Vaccines and Other Injections</b>	
Allergy shot	\$23
Chickenpox vaccine*	\$136
Diphtheria, tetanus booster vaccine*	\$38
Diphtheria, tetanus, pertussis vaccine*	\$46
Flu shot, adults (18 to 64 years)*	\$45

(continues)

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2021 Kaiser Permanente Estimated Fees [Northwest](#)

SERVICE	ESTIMATED FEES
<b>Vaccines and Other Injections</b> <i>(continued)</i>	
Flu shot, children (3 years and older)*	\$28
Flu shot, infants*	\$28
Hepatitis B vaccine*	\$166
Intravenous push, single or initial substance/drug	\$100
Measles, mumps, and rubella vaccine*	\$93
Polio vaccine*	\$53
Therapeutic injection (administration only, does not include medication)	\$35
Therapeutic IV injection (administration only, does not include medication)	\$46
<b>Tests and Procedures</b>	
Breathing capacity test	\$90
Breathing treatment	\$45
Colonoscopy and removal of abnormal tissue using cautery*	\$1,483
Colonoscopy and removal of abnormal tissue using snare technique*	\$1,386
Colonoscopy and removal of colon tissue for examination*	\$1,334
Diagnostic colonoscopy	\$1,030
Diagnostic proctosigmoidoscopy	\$389
Diagnostic sigmoidoscopy	\$553
Draining fluid from around swollen joint	\$191
Electrocardiogram (EKG)	\$42
Fetal monitoring*	\$144
Incisional biopsy of skin (e.g., wedge), single lesion	\$479
Punch biopsy of skin, single lesion	\$395
Removal of abnormal areas of skin	\$19
Sigmoidoscopy and removal of tissue for examination*	\$872
Stress test	\$178
Surgically destroying an abnormal area of skin	\$203
Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette), single lesion	\$314
Ultrasound test of heart	\$358
<b>X-rays, CT Scans, and Other Imaging Studies</b>	
CT scan of chest, including dye	\$856
CT scan of pelvis, including dye	\$1,045
CT scan of pelvis, without dye	\$635

*(continues)*

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## 2021 Kaiser Permanente Estimated Fees Northwest

SERVICE	ESTIMATED FEES
<b>X-rays, CT Scans, and Other Imaging Studies</b> <i>(continued)</i>	
CT scan of sinus and nasal passages	\$837
CT scan of stomach area, with dye	\$1,070
CT scan of stomach area, without dye	\$651
Mammogram, diagnostic (one view)	\$407
Mammogram, diagnostic (two views)	\$513
Mammogram (screening)*	\$416
Pregnancy ultrasound	\$437
Review of CT scan of the head or brain	\$504
Ultrasound of pelvis	\$333
Ultrasound of stomach area	\$373
Vaginal ultrasound	\$374
X-ray for osteoporosis	\$119
X-ray of ankle	\$96
X-ray of ankle (complete)	\$105
X-ray of both knees	\$117
X-ray of chest (one view)	\$77
X-ray of chest (two views)	\$99
X-ray of finger	\$108
X-ray of foot	\$84
X-ray of foot (complete)	\$99
X-ray of hand	\$91
X-ray of hand (complete)	\$105
X-ray of knee	\$101
X-ray of knee (complete)	\$132
X-ray of lower back bones	\$115
X-ray of neck	\$153
X-ray of neck bones	\$115
X-ray of shoulder	\$100
X-ray of stomach area (complete)	\$146
X-ray of stomach area (one view)	\$88

*(continues)*

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SERVICE	ESTIMATED FEES
<b>X-rays, CT Scans, and Other Imaging Studies</b> <i>(continued)</i>	
X-ray of wrist (complete)	\$117
X-ray of wrist (two views)	\$99
<b>Laboratory Tests</b>	
Albumin test	\$13
Alkaline phosphatase test	\$14
Allergy test	\$14
ALT test	\$14
Amylase test	\$17
AST test	\$14
Bilirubin test (total)	\$13
Blood antibody test	\$11
Blood clotting test	\$11
Blood sugar test, diagnostic	\$11
Blood sugar test, monitoring*	\$26
Calcium test (total)	\$14
Cholesterol level test	\$12
Complete blood count	\$21
Creatinine test	\$14
Hepatitis B surface antigen test*	\$27
Hepatitis C test*	\$38
Kidney function test	\$10
Laboratory chemistry test for creatine kinase	\$17
Lipid panel test*	\$36
Magnesium test	\$18
Pap test, cervical cancer screening*	\$54
Phosphorus test	\$13
Potassium test	\$13
Pregnancy test	\$20
Prostate test*	\$49
Sodium test	\$13

*(continues)*

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SERVICE	ESTIMATED FEES
<b>Laboratory Tests</b> <i>(continued)</i>	
Strep-A-Swab test	\$53
Test for blood in stool*	\$42
Thyroid stimulating hormone test	\$45
Urine bacteria colony count*	\$21
Urine test (complete)	\$11
Urine test (dipstick only)	\$6
Urine test (microanalysis only)	\$8

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Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232

## NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of the Northwest (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 **1-800-813-2000** (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: Member Relations, Attention: Kaiser Civil Rights Coordinator, 500 NE Multnomah St. Ste 100, Portland, OR 97232, telephone number: 1-800-813-2000.

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>.

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## HELP IN YOUR LANGUAGE

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-800-813-2000** (TTY: **711**).

**አማርኛ (Amharic) ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-800-813-2000** (TTY: **711**)።

**العربية (Arabic) ملحوظة:** إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-813-2000** (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 **1-800-813-2000** (TTY: **711**) 。

**فارسی (Farsi) توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-813-2000** (TTY: **711**) تماس بگیرید.



**Français (French) ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-813-2000** (TTY: **711**).

**Deutsch (German) ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.  
Rufnummer: **1-800-813-2000** (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。**1-800-813-2000** (TTY: **711**) まで、お電話にてご連絡ください。

**ខ្មែរ (Khmer) ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ **1-800-813-2000** (TTY: **711**)។

**한국어 (Korean) 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-813-2000** (TTY: **711**) 번으로 전화해 주십시오.

**ລາວ (Laotian) ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-813-2000 (TTY: 711).

**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, kójjí' hódíílnih **1-800-813-2000** (TTY: **711**).

**Afaan Oromoo (Oromo) XIYYEEFFANNA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-813-2000** (TTY: **711**).

**ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1-800-813-2000** (TTY: **711**) 'ਤੇ ਕਾਲ ਕਰੋ।

**Română (Romanian) ATENȚIE:** Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la **1-800-813-2000** (TTY: **711**).

**Русский (Russian) ВНИМАНИЕ:** если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-813-2000** (TTY: **711**).

**Español (Spanish) ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-813-2000** (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 **1-800-813-2000** (TTY: **711**).

**ไทย (Thai) เรียน:** ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-813-2000** (TTY: **711**).

**Українська (Ukrainian) УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером **1-800-813-2000** (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 **1-800-813-2000** (TTY: **711**).