

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 deductible plan member, 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 reaching out-of-pocket maximum
X-ray of knee	\$94	Copay or coinsurance (e.g., \$10 or 20%)	\$0
Ultrasound of pelvis	\$302	Copay or coinsurance (e.g., \$10 or 20%)	\$0
Stress test	\$176	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.

¹This sample fee list only applies to members who get medical services from Kaiser Permanente facilities.

²The estimated fees in this sample fee list are valid as of 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.

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.

2022 Kaiser Permanente estimated fees [Northwest](#)

SERVICE	ESTIMATED FEES
Office visits	
New patient visit, level 2	\$159
New patient visit, level 3	\$243
New patient visit, level 4	\$363
New patient visit, level 5 (high severity)	\$478
Established patient visit, level 1 (low severity)	\$50
Established patient visit, level 2	\$123
Established patient visit, level 3	\$199
Established patient visit, level 4	\$282
Established patient visit, level 5 (high severity)	\$392
Office visits (preventive)	
Well-baby office visit, new patient (under 1 year)*	\$241
Well-child office visit, new patient (1 to 4 years)*	\$252
Well-child office visit, new patient (5 to 11 years)*	\$261
Well-child office visit, new patient (12 to 17 years)*	\$293
Well-adult office visit, new patient (18 to 39 years)*	\$285
Well-adult office visit, new patient (40 to 64 years)*	\$329
Well-adult office visit, new patient (65 and older)*	\$357
Well-baby office visit, established patient (under 1 year)*	\$217
Well-child office visit, established patient (1 to 4 years)*	\$231
Well-child office visit, established patient (5 to 11 years)*	\$230
Well-child office visit, established patient (12 to 17 years)*	\$252
Well-adult office visit, established patient (18 to 39 years)*	\$257
Well-adult office visit, established patient (40 to 64 years)*	\$274
Well-adult office visit, established patient (65 and older)*	\$294
Specialist consultations	
Office consultation	\$101
Specialist visit, long	\$389
Specialist visit, short	\$190
Specialist visit, typical	\$260

*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.

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SERVICE	ESTIMATED FEES
Emergency visits	
Emergency care by a physician, level 1 (low severity)	\$128
Emergency care by a physician, level 2	\$217
Emergency care by a physician, level 3	\$368
Emergency care by a physician, level 4 (high severity)	\$532
Psychotherapy visits	
Group psychological therapy	\$44
Psychiatric diagnostic interview exam	\$286
Therapy	\$163
Eye examinations	
Eye exam, routine visit, new patient	\$194
Eye exam and treatment, new patient	\$337
Eye exam, routine visit, established patient	\$201
Eye exam and treatment, established patient	\$284
Eye exam, refraction	\$43
Vision screening test*	\$7
Hearing services	
Comprehensive audiometry evaluation	\$95
Ear cleaning	\$142
Eardrum test	\$41
Hearing screening test (pure tone, air only)*	\$29
Physical therapy services	
Electric stimulation therapy, treatment only	\$40
Physical therapy, evaluation*	\$300
Physical therapy, exercises, treatment only	\$89
Physical therapy, hot and cold application, treatment only	\$18
Physical therapy, ultrasound, treatment only	\$43
Vaccines and other injections	
Allergy shot	\$23
Chicken pox vaccine*	\$122
Diphtheria, tetanus booster vaccine*	\$34
Diphtheria, tetanus, pertussis vaccine*	\$42
Flu shot, adults (18 to 64 years)*	\$38

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SERVICE	ESTIMATED FEES
Vaccines and other injections <i>(continued)</i>	
Flu shot, children (3 years and older)*	\$26
Flu shot, infants*	\$26
Hepatitis B vaccine*	\$135
Intravenous push, single or initial substance/drug	\$104
Measles, mumps, and rubella vaccine*	\$84
Polio vaccine*	\$47
Therapeutic injection (administration only, does not include medication)	\$35
Therapeutic IV injection (administration only, does not include medication)	\$46
Tests and procedures	
Breathing capacity test	\$74
Breathing treatment	\$36
Colonoscopy and removal of abnormal tissue using cautery*	\$1,548
Colonoscopy and removal of abnormal tissue using snare technique*	\$1,424
Colonoscopy and removal of colon tissue for examination*	\$1,383
Diagnostic colonoscopy	\$1,062
Diagnostic proctosigmoidoscopy	\$410
Diagnostic sigmoidoscopy	\$592
Draining fluid from around swollen joint	\$192
Electrocardiogram (EKG)	\$36
Fetal monitoring*	\$136
Incisional biopsy of skin (e.g., wedge), single lesion	\$491
Punch biopsy of skin, single lesion	\$402
Removal of abnormal areas of skin	\$20
Sigmoidoscopy and removal of tissue for examination*	\$930
Stress test	\$176
Surgically destroying an abnormal area of skin	\$202
Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette), single lesion	\$322
Ultrasound test of heart	\$365
X-rays, CT scans, and other imaging studies	
CT scan of chest, including dye	\$818
CT scan of pelvis, including dye	\$1,046
CT scan of pelvis, without dye	\$646

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X-rays, CT scans, and other imaging studies <i>(continued)</i>	
CT scan of sinus and nasal passages	\$837
CT scan of stomach area, with dye	\$1,069
CT scan of stomach area, without dye	\$662
Mammogram, diagnostic (one view)	\$353
Mammogram, diagnostic (two views)	\$447
Mammogram (screening)*	\$362
Pregnancy ultrasound	\$439
Review of CT scan of the head or brain	\$513
Ultrasound of pelvis	\$302
Ultrasound of stomach area	\$335
Vaginal ultrasound	\$342
X-ray for osteoporosis	\$104
X-ray of ankle	\$89
X-ray of ankle (complete)	\$100
X-ray of both knees	\$112
X-ray of chest (one view)	\$70
X-ray of chest (two views)	\$92
X-ray of finger	\$103
X-ray of foot	\$78
X-ray of foot (complete)	\$94
X-ray of hand	\$85
X-ray of hand (complete)	\$99
X-ray of knee	\$94
X-ray of knee (complete)	\$126
X-ray of lower back bones	\$109
X-ray of neck	\$145
X-ray of neck bones	\$109
X-ray of shoulder	\$94
X-ray of stomach area (complete)	\$136
X-ray of stomach area (one view)	\$81

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SERVICE	ESTIMATED FEES
X-rays, CT scans, and other imaging studies <i>(continued)</i>	
X-ray of wrist (complete)	\$111
X-ray of wrist (two views)	\$93
Laboratory tests	
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	\$10
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*	\$28
Hepatitis C test*	\$38
Kidney function test	\$11
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

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Laboratory tests <i>(continued)</i>	
Strep-A-Swab test	\$53
Test for blood in stool*	\$42
Thyroid stimulating hormone test	\$45
Urine bacteria colony count*	\$22
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 and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. 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 Member Services at **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, sex, gender identity, or sexual orientation, you can file a grievance with our Civil Rights Coordinator, by mail, phone, or fax. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You may contact our Civil Rights Coordinator at: Member Relations Department, Attention: Kaiser Civil Rights Coordinator, 500 NE Multnomah St. Ste 100, Portland, OR 97232-2099, Phone: **1-800-813-2000** (TTY: **711**), Fax: **1-855-347-7239**.

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 2020, Phone: 1-800-368-1019, TDD: 1-800-537-7697. Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

For Washington Members

You can also file a complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal, available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 1-800-562-6900, or 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/online services/cc/pub/complaintinformation.aspx>.

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) ማሳሰቢያ: 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 ដោយមិនគិតល្អៗ គឺអាចមានសំរាប់អ្នក។ ជូរ 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) ໂປດຊານ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ **1-800-813-2000 (TTY: 711)**.

Afaan Oromoo (Oromo) XIYYEEFFANNAA: 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)**.