

Kaiser Permanente 2025 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.

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
- 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 (visit kp.org/prevention for a full list)

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/costestimates to get a personalized estimate based on your plan benefits.

What happens after I reach my deductible?

As a deductible plan member, 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	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	\$89	Copay or coinsurance (e.g., \$10 or 20%)	\$0
Ultrasound of pelvis	\$234	Copay or coinsurance (e.g., \$10 or 20%)	\$0
Stess test	\$203	Copay or coinsurance (e.g., \$10 or 20%)	\$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, 2025, 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.

2025 Kaiser Permanente estimated fees [Georgia](#)

SERVICE	ESTIMATED FEES
Office visits	
New patient visit, moderate or complex problem	\$183
Established patient visit, minimal or straightforward problem	\$93
Established patient visit, moderate or complex problem	\$149
Office visits (preventive)	
Well-baby office visit, new patient (under 1 year)*	\$224
Well-child office visit, new patient (1 to 4 years)*	\$234
Well-child office visit, new patient (5 to 11 years)*	\$243
Well-child office visit, new patient (12 to 17 years)*	\$272
Well-adult office visit, new patient (18 to 39 years)*	\$265
Well-adult office visit, new patient (40 to 64 years)*	\$305
Well-adult office visit, new patient (65 and older)*	\$331
Well-baby office visit, established patient (under 1 year)*	\$201
Well-child office visit, established patient (1 to 4 years)*	\$214
Well-child office visit, established patient (5 to 11 years)*	\$213
Well-child office visit, established patient (12 to 17 years)*	\$233
Well-adult office visit, established patient (18 to 39 years)*	\$239
Well-adult office visit, established patient (40 to 64 years)*	\$254
Well-adult office visit, established patient (65 and older)*	\$273
Psychotherapy visits	
Group psychological therapy	\$31
Therapy	\$115
Hearing services	
Comprehensive audiometry evaluation	\$102
Tests and procedures	
Breathing capacity test	\$77
Breathing treatment	\$23
Colonoscopy and removal of abnormal tissue using cautery*	\$1,377
Colonoscopy and removal of abnormal tissue using snare technique*	\$1,281
Colonoscopy and removal of colon tissue for examination*	\$1,222
Diagnostic colonoscopy	\$960
Diagnostic proctosigmoidoscopy	\$362

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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
Tests and procedures <i>(continued)</i>	
Diagnostic sigmoidoscopy	\$525
Electrocardiogram (EKG)	\$41
Electromyogram (EMG), one extremity	\$316
Fetal monitoring*	\$105
Incisional biopsy of skin (e.g., wedge), single lesion	\$439
LEEP procedure	\$667
Punch biopsy of skin, single lesion	\$353
Sigmoidoscopy and removal of tissue for examination*	\$805
Stress test	\$203
Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette), single lesion	\$284
Ultrasound test of heart	\$384
Vasectomy	\$950
X-rays, CT scans, and other imaging studies	
CT scan of chest, including dye	\$558
CT scan of pelvis, including dye	\$757
CT scan of pelvis, without dye	\$444
CT scan of sinus and nasal passages	\$579
CT scan of stomach area, with dye	\$774
CT scan of stomach area, without dye	\$456
Mammogram, diagnostic (one view)	\$278
Mammogram, diagnostic (two views)	\$352
Mammogram (screening)*	\$284
MRI brain stem with contrast	\$905
MRI cardiac with, without contrast with stress	\$1,417
MRI neck with contrast	\$823
Pregnancy ultrasound	\$318
Review of CT scan of the head or brain	\$354
Ultrasound of pelvis	\$234
Ultrasound of stomach area	\$258
Vaginal ultrasound	\$265
X-ray for osteoporosis*	\$87

(continues)

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X-rays, CT scans, and other imaging studies (continued)	
X-ray of ankle	\$72
X-ray of ankle (complete)	\$81
X-ray of both knees	\$89
X-ray of chest (one view)	\$57
X-ray of chest (two views)	\$75
X-ray of finger	\$85
X-ray of foot (complete)	\$76
X-ray of hand (complete)	\$83
X-ray of knee (complete)	\$105
X-ray of stomach area (complete)	\$111
X-ray of wrist (complete)	\$92
Laboratory tests	
Allergy test	\$9
ALT test	\$9
AST test	\$9
Bilirubin test (total)	\$8
Blood antibody test	\$7
Blood clotting test	\$7
Blood sugar test, diagnostic	\$7
Blood sugar test, monitoring*	\$16
Cholesterol level test	\$7
Complete blood count	\$13
Creatinine test	\$9
Hepatitis B surface antigen test*	\$17
Kidney function test	\$7
Laboratory chemistry test for creatine kinase	\$11
Lipid panel test*	\$22
Pap test, cervical cancer screening*	\$46

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