

Kaiser Permanente 2024 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)

We're here to help.

Do you have questions about your costs? Or need help paying for care? Call **303-338-3025** or **1-877-803-1929 (TTY 711)** Monday through Friday, 8:00 a.m. to 6:00 p.m. Or chat live online with a financial counselor at kp.org.

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	\$95	Copay or coinsurance (e.g., \$10 or 20%)	\$0
Ultrasound of pelvis	\$252	Copay or coinsurance (e.g., \$10 or 20%)	\$0
Stress test	\$191	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, 2024, 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 - Primary Care*	\$106
New patient visit, level 2 - Specialty Care*	\$127
New patient visit, level 3 - Primary Care*	\$163
New patient visit, level 3 - Specialty Care*	\$196
New patient visit, level 4 - Primary Care*	\$241
New patient visit, level 4 - Specialty Care*	\$289
New patient visit, level 5 (high severity) - Primary Care*	\$318
New patient visit, level 5 (high severity) - Specialty Care*	\$382
Established patient visit, level 1 (low severity) - Primary Care*	\$34
Established patient visit, level 1 (low severity) - Specialty Care*	\$41
Established patient visit, level 2 - Primary Care*	\$83
Established patient visit, level 2 - Specialty Care*	\$100
Established patient visit, level 3 - Primary Care*	\$131
Established patient visit, level 3 - Specialty Care*	\$157
Established patient visit, level 4 - Primary Care*	\$185
Established patient visit, level 4 - Specialty Care*	\$222
Established patient visit, level 5 (high severity) - Primary Care*	\$259
Established patient visit, level 5 (high severity) - Specialty Care*	\$311
Office visits (preventive)	
Well-baby office visit, new patient (under 1 year)*	\$229
Well-child office visit, new patient (1 to 4 years)*	\$239
Well-child office visit, new patient (5 to 11 years)*	\$248
Well-child office visit, new patient (12 to 17 years)*	\$279
Well-adult office visit, new patient (18 to 39 years)*	\$271
Well-adult office visit, new patient (40 to 64 years)*	\$312
Well-adult office visit, new patient (65 and older)*	\$340
Well-baby office visit, established patient (under 1 year)*	\$206
Well-child office visit, established patient (1 to 4 years)*	\$220
Well-child office visit, established patient (5 to 11 years)*	\$219
Well-child office visit, established patient (12 to 17 years)*	\$239
Well-adult office visit, established patient (18 to 39 years)*	\$244
Well-adult office visit, established patient (40 to 64 years)*	\$259
Well-adult office visit, established patient (65 and older)*	\$280

Your actual costs may vary

These are just sample fees. Members can get an estimate based on their plan details at kp.org/org.

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SERVICE	ESTIMATED FEES
Specialist consultations	
Specialist visit, long	\$340
Specialist visit, short	\$160
Specialist visit, typical	\$238
Psychotherapy visits	
Group psychological therapy	\$33
Psychiatric diagnostic interview exam	\$214
Therapy	\$122
Eye examinations	
Eye exam, refraction	\$30
Eye exam, routine visit, established patient	\$143
Eye exam, routine visit, new patient	\$136
Eye exam and treatment, established patient	\$201
Eye exam and treatment, new patient	\$238
Intermediate eye exam, established patient and refraction	\$173
Intermediate eye exam, new patient and refraction	\$166
Vision screening test*	\$8
Hearing services	
Comprehensive audiometry evaluation	\$99
Ear cleaning	\$110
Eardrum test	\$44
Hearing screening test (pure tone, air only)*	\$33
Physical therapy services	
Electric stimulation therapy, treatment only	\$23
Physical therapy evaluation*	\$186
Physical therapy, exercises, treatment only	\$55
Physical therapy, hot and cold application, treatment only	\$12
Physical therapy, ultrasound, treatment only	\$27

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SERVICE	ESTIMATED FEES
Vaccines and other injections	
Allergy shot	\$28
Chicken pox vaccine*	\$128
Diphtheria, tetanus booster vaccine*	\$36
Diphtheria, tetanus, pertussis vaccine*	\$44
Flu shot, adults (6 months and older)	\$41
Hepatitis B vaccine*	\$135
Intravenous push, single or initial substance/drug	\$102
Measles, mumps, and rubella vaccine*	\$87
Polio vaccine*	\$49
Respiratory syncytial virus	\$115
Therapeutic injection (administration only, does not include medication)	\$38
Therapeutic intravenous injection (administration only, does not include medication)	\$49
Vaccine administration, adult	\$40
Zoster vaccine*	\$278
Tests and procedures	
Breathing capacity test	\$73
Breathing treatment	\$25
Colonoscopy and removal of abnormal tissue using cautery*	\$1,146
Colonoscopy and removal of abnormal tissue using snare technique*	\$1,059
Colonoscopy and removal of colon tissue for examination*	\$1,019
Diagnostic colonoscopy*	\$793
Diagnostic proctosigmoidoscopy	\$304
Diagnostic sigmoidoscopy	\$441
Draining fluid from around swollen joint	\$149
Electrocardiogram (EKG)	\$39
Electromyogram (EMG), one extremity	\$306
Fetal monitoring	\$96
Incisional biopsy of skin (e.g., wedge), single lesion	\$367
Incisional biopsy of skin, each additional lesion within same visit	\$168
Loop electrosurgical excision procedure (LEEP)	\$632
Punch biopsy of skin, single lesion	\$297
Punch biopsy of skin, each additional lesion within same visit	\$139

(continues)

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SERVICE	ESTIMATED FEES
Tests and procedures <i>(continued)</i>	
Removal of abnormal areas of skin	\$16
Sigmoidoscopy and removal of tissue for examination*	\$682
Stress test	\$191
Surgically destroying an abnormal area of skin	\$60
Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette), single lesion	\$240
Tangential biopsy of skin, each additional lesion within same visit	\$118
Ultrasound test of heart	\$375
Vasectomy	\$779
X-rays, CT scans, and other imaging studies	
CT scan of chest, including dye	\$672
CT scan of pelvis, including dye	\$906
CT scan of pelvis, without dye	\$535
CT scan of sinus and nasal passages	\$700
CT scan of stomach area, with dye	\$926
CT scan of stomach area, without dye	\$549
DXA bone density scan, peripheral	\$74
Mammogram, diagnostic (one view)	\$298
Mammogram, diagnostic (two views)	\$375
Mammogram (screening)*	\$305
MRI brain stem with contrast	\$1,098
MRI cardiac with, without contrast with stress	\$1,718
MRI neck with contrast	\$998
MRI of any joint of the lower extremity, without dye	\$819
MRI of any joint of the upper extremity, without dye	\$821
MRI of brain, including dye	\$1,098
MRI of brain, without dye	\$792
MRI of brain, without dye, followed by further sequences including dye	\$1,292
MRI, abdomen, with contrast	\$1,235
MRI, abdomen, without contrast	\$795
MRI, abdomen, without contrast, followed by with contrast	\$1,378

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SERVICE	ESTIMATED FEES
X-rays, CT scans, and other imaging studies <i>(continued)</i>	
MRI, angiogram, pelvis	\$1,375
MRI, cervical spine, with contrast	\$1,118
MRI, cervical spine, without contrast	\$770
MRI, cervical spine, without dye, followed by further sequences including dye	\$1,298
MRI, head, with contrast	\$924
MRI, head, without contrast	\$874
MRI, lower extremity	\$1,374
MRI, lumbar spine, with contrast	\$1,099
MRI, lumbar spine, without contrast	\$772
MRI, lumbar spine, without dye, followed by further sequences including dye	\$1,296
MRI, neck, with contrast	\$998
MRI, neck, without contrast	\$876
MRI, thoracic spine, with contrast	\$1,109
MRI, thoracic spine, without contrast	\$770
MRI, thoracic spine, without dye, followed by further sequences including dye	\$1,301
MRI, upper extremity	\$1,678
Pregnancy ultrasound	\$352
Review of CT scan of head or brain	\$426
Ultrasound of pelvis	\$252
Ultrasound of stomach area	\$278
Vaginal ultrasound	\$286
X-ray for osteoporosis*	\$90
X-ray of ankle	\$78
X-ray of ankle (complete)	\$88
X-ray of both knees	\$95
X-ray of chest (one view)	\$62
X-ray of chest (two views)	\$80
X-ray of finger	\$91
X-ray of foot (complete)	\$82
X-ray of hand (complete)	\$88
X-ray of knee (complete)	\$111
X-ray of stomach area (complete)	\$119
X-ray of wrist (complete)	\$98

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SERVICE	ESTIMATED FEES
Laboratory tests	
Albumin test	\$11
Alkaline phosphatase test	\$11
Allergy test	\$11
ALT liver function test	\$12
Amylase test	\$14
AST liver function test	\$11
Bilirubin test (total)	\$11
Blood antibody test	\$9
Blood clotting test	\$9
Blood sugar test, diagnostic	\$9
Blood sugar test, monitoring*	\$21
Calcium test (total)	\$11
Cholesterol level test	\$9
Complete blood count	\$17
Creatinine test	\$11
Hepatitis B surface antigen test*	\$22
Hepatitis C test*	\$31
Kidney function test	\$9
Laboratory chemistry test for creatine kinase	\$14
Lipid panel test*	\$29
Magnesium test	\$15
Pap test, cervical cancer screening*	\$52
Phosphorus test	\$10

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