

# Kaiser Permanente 2024 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.

## 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](https://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](https://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	\$235	Copay or coinsurance (e.g., \$10 or 20%)	\$0
Stess test	\$195	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.

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SERVICE	ESTIMATED FEES
<b>Office visits</b>	
New patient visit, moderate or complex problem	\$182
Established patient visit, minimal or straightforward problem	\$92
Established patient visit, moderate or complex problem	\$146
<b>Office visits (preventive)</b>	
Well-baby office visit, new patient (under 1 year)*	\$216
Well-child office visit, new patient (1 to 4 years)*	\$226
Well-child office visit, new patient (5 to 11 years)*	\$234
Well-child office visit, new patient (12 to 17 years)*	\$264
Well-adult office visit, new patient (18 to 39 years)*	\$257
Well-adult office visit, new patient (40 to 64 years)*	\$295
Well-adult office visit, new patient (65 and older)*	\$322
Well-baby office visit, established patient (under 1 year)*	\$194
Well-child office visit, established patient (1 to 4 years)*	\$208
Well-child office visit, established patient (5 to 11 years)*	\$207
Well-child office visit, established patient (12 to 17 years)*	\$226
Well-adult office visit, established patient (18 to 39 years)*	\$231
Well-adult office visit, established patient (40 to 64 years)*	\$245
Well-adult office visit, established patient (65 and older)*	\$265
<b>Psychotherapy visits</b>	
Group psychological therapy	\$31
Therapy	\$115
<b>Hearing services</b>	
Comprehensive audiometry evaluation	\$102
<b>Tests and procedures</b>	
Breathing capacity test	\$74
Breathing treatment	\$25
Colonoscopy and removal of abnormal tissue using cautery*	\$1,374
Colonoscopy and removal of abnormal tissue using snare technique*	\$1,273
Colonoscopy and removal of colon tissue for examination*	\$1,219
Diagnostic colonoscopy	\$953
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
<b>Tests and procedures</b> <i>(continued)</i>	
Diagnostic sigmoidoscopy	\$523
Electrocardiogram (EKG)	\$40
Electromyogram (EMG), one extremity	\$311
Fetal monitoring*	\$105
Incisional biopsy of skin (e.g., wedge), single lesion	\$438
LEEP procedure	\$681
Punch biopsy of skin, single lesion	\$353
Sigmoidoscopy and removal of tissue for examination*	\$807
Stress test	\$195
Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette), single lesion	\$285
Ultrasound test of heart	\$380
Vasectomy	\$936
<b>X-rays, CT scans, and other imaging studies</b>	
CT scan of chest, including dye	\$561
CT scan of pelvis, including dye	\$754
CT scan of pelvis, without dye	\$447
CT scan of sinus and nasal passages	\$585
CT scan of stomach area, with dye	\$771
CT scan of stomach area, without dye	\$459
Mammogram, diagnostic (one view)	\$227
Mammogram, diagnostic (two views)	\$350
Mammogram (screening)*	\$284
MRI brain stem with contrast	\$916
MRI cardiac with, without contrast with stress	\$1,433
MRI neck with contrast	\$832
Pregnancy ultrasound	\$323
Review of CT scan of the head or brain	\$356
Ultrasound of pelvis	\$235
Ultrasound of stomach area	\$259
Vaginal ultrasound	\$266
X-ray for osteoporosis*	\$84

*(continues)*

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SERVICE	ESTIMATED FEES
<b>X-rays, CT scans, and other imaging studies (continued)</b>	
X-ray of ankle	\$72
X-ray of ankle (complete)	\$82
X-ray of both knees	\$89
X-ray of chest (one view)	\$58
X-ray of chest (two views)	\$75
X-ray of finger	\$84
X-ray of foot (complete)	\$76
X-ray of hand (complete)	\$82
X-ray of knee (complete)	\$103
X-ray of stomach area (complete)	\$111
X-ray of wrist (complete)	\$91
<b>Laboratory tests</b>	
Allergy test	\$9
ALT test	\$9
AST test	\$9
Bilirubin test (total)	\$9
Blood antibody test	\$8
Blood clotting test	\$8
Blood sugar test, diagnostic	\$7
Blood sugar test, monitoring*	\$17
Cholesterol level test	\$8
Complete blood count	\$14
Creatinine test	\$9
Hepatitis B surface antigen test*	\$18
Kidney function test	\$7
Laboratory chemistry test for creatine kinase	\$12
Lipid panel test*	\$24
Pap test, cervical cancer screening*	\$46

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