

# 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.

## 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](https://kp.org) to get a personalized estimate based on your plan benefits.

## 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
- Identify preventive care services, most of which are covered at no cost (visit [kp.org/prevention](https://kp.org/prevention) for a full list)
- 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)

## 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 reaching out-of-pocket maximum
X-ray of both knees	\$128	Copay or coinsurance (e.g., \$10 or 20%)	\$0
Ultrasound of pelvis	\$337	Copay or coinsurance (e.g., \$10 or 20%)	\$0
Stress test	\$214	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.

2024 Kaiser Permanente estimated fees [Northwest](#)

SERVICE	ESTIMATED FEES
<b>Office visits</b>	
New patient visit, level 2	\$187
New patient visit, level 3	\$287
New patient visit, level 4	\$426
New patient visit, level 5 (high severity)	\$561
Established patient visit, level 1 (low severity)	\$61
Established patient visit, level 2	\$147
Established patient visit, level 3	\$233
Established patient visit, level 4	\$329
Established patient visit, level 5 (high severity)	\$460
<b>Office visits (preventive)</b>	
Well-baby office visit, new patient (under 1 year)*	\$280
Well-child office visit, new patient (1 to 4 years)*	\$292
Well-child office visit, new patient (5 to 11 years)*	\$304
Well-child office visit, new patient (12 to 17 years)*	\$341
Well-adult office visit, new patient (18 to 39 years)*	\$332
Well-adult office visit, new patient (40 to 64 years)*	\$381
Well-adult office visit, new patient (65 and older)*	\$414
Well-baby office visit, established patient (under 1 year)*	\$252
Well-child office visit, established patient (1 to 4 years)*	\$269
Well-child office visit, established patient (5 to 11 years)*	\$268
Well-child office visit, established patient (12 to 17 years)*	\$292
Well-adult office visit, established patient (18 to 39 years)*	\$298
Well-adult office visit, established patient (40 to 64 years)*	\$317
Well-adult office visit, established patient (65 and older)*	\$342
<b>Specialist consultations</b>	
Specialist visit, long	\$415
Specialist visit, short	\$195
Specialist visit, typical	\$291

## 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*.

These estimated fees are valid starting January 1, 2024, and may change without notice.

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SERVICE	ESTIMATED FEES
<b>Psychotherapy visits</b>	
Group psychological therapy	\$51
Psychiatric diagnostic interview exam	\$333
Therapy	\$190
<b>Eye examinations</b>	
Eye exam, routine visit, new patient	\$206
Eye exam and treatment, new patient	\$358
Eye exam, routine visit, established patient	\$215
Eye exam and treatment, established patient	\$303
Eye exam, refraction	\$45
Vision screening test*	\$9
<b>Hearing services</b>	
Comprehensive audiometry evaluation	\$111
Ear cleaning	\$169
Eardrum test	\$50
Hearing screening test (pure tone, air only)*	\$37
<b>Physical therapy services</b>	
Electric stimulation therapy, treatment only	\$39
Physical therapy, evaluation*	\$315
Physical therapy, exercises, treatment only	\$92
Physical therapy, hot and cold application, treatment only	\$20
Physical therapy, ultrasound, treatment only	\$45
<b>Vaccines and other injections</b>	
Allergy shot	\$31
Chicken pox vaccine*	\$126
Diphtheria, tetanus booster vaccine*	\$35
Diphtheria, tetanus, pertussis vaccine*	\$43
Flu shot, adults (6 months and older)	\$39

(continues)

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## 2024 Kaiser Permanente estimated fees Northwest

SERVICE	ESTIMATED FEES
<b>Vaccines and other injections</b> <i>(continued)</i>	
Hepatitis B vaccine*	\$129
Intravenous push, single or initial substance/drug	\$114
Measles, mumps, and rubella vaccine*	\$85
Polio vaccine*	\$48
Therapeutic injection (administration only, does not include medication)	\$43
Therapeutic IV injection (administration only, does not include medication)	\$55
<b>Tests and procedures</b>	
Breathing capacity test	\$82
Breathing treatment	\$28
Colonoscopy and removal of abnormal tissue using cautery*	\$1,776
Colonoscopy and removal of abnormal tissue using snare technique*	\$1,639
Colonoscopy and removal of colon tissue for examination*	\$1,581
Diagnostic colonoscopy	\$1,228
Diagnostic proctosigmoidoscopy	\$472
Diagnostic sigmoidoscopy	\$688
Draining fluid from around swollen joint	\$229
Electrocardiogram (EKG)	\$43
Fetal monitoring*	\$152
Incisional biopsy of skin (e.g., wedge), single lesion	\$572
Punch biopsy of skin, single lesion	\$461
Removal of abnormal areas of skin	\$25
Sigmoidoscopy and removal of tissue for examination*	\$1,064
Stress test	\$214
Surgically destroying an abnormal area of skin	\$244
Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette), single lesion	\$373
Ultrasound test of heart	\$421

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SERVICE	ESTIMATED FEES
<b>X-rays, CT scans, and other imaging studies</b>	
CT scan of chest, including dye	\$768
CT scan of pelvis, including dye	\$1,037
CT scan of pelvis, without dye	\$610
CT scan of sinus and nasal passages	\$799
CT scan of stomach area, with dye	\$1,059
CT scan of stomach area, without dye	\$626
Mammogram, diagnostic (one view)	\$399
Mammogram, diagnostic (two views)	\$503
Mammogram (screening)*	\$409
MRI brain stem with contrast	\$1,254
MRI cardiac with, without contrast with stress	\$1,965
MRI neck with contrast	\$1,140
Pregnancy ultrasound	\$500
Review of CT scan of the head or brain	\$487
Ultrasound of pelvis	\$337
Ultrasound of stomach area	\$372
Vaginal ultrasound	\$383
X-ray for osteoporosis	\$121
X-ray of ankle	\$104
X-ray of ankle (complete)	\$118
X-ray of both knees	\$128
X-ray of chest (one view)	\$82
X-ray of chest (two views)	\$107
X-ray of finger	\$121
X-ray of foot (complete)	\$109
X-ray of hand (complete)	\$118
X-ray of knee (complete)	\$149
X-ray of stomach area (complete)	\$159
X-ray of wrist (complete)	\$131

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SERVICE	ESTIMATED FEES
<b>Laboratory tests</b>	
Albumin test	\$15
Alkaline phosphatase test	\$15
Allergy test	\$15
ALT test	\$16
Amylase test	\$19
AST test	\$15
Bilirubin test (total)	\$15
Blood antibody test	\$13
Blood clotting test	\$13
Blood sugar test, diagnostic	\$12
Blood sugar test, monitoring*	\$29
Calcium test (total)	\$15
Cholesterol level test	\$13
Complete blood count	\$23
Creatinine test	\$15
Hepatitis B surface antigen test*	\$30
Hepatitis C test*	\$42
Kidney function test	\$12
Laboratory chemistry test for creatine kinase	\$19
Lipid panel test*	\$39
Magnesium test	\$20
Pap test, cervical cancer screening*	\$62

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