Kaiser Permanente 2016 Sample Fees List[1]

NORTHERN CALIFORNIA

As your partner in health, we want to help you manage your health care spending. Knowing how much you can expect to pay for care and services can give you peace of mind.

This Sample Fees List shows you estimated fees for many common medical services—like office visits, lab tests, and X-rays—when you receive care at Kaiser Permanente facilities.[2] Your fees may be different depending on the level of care you receive. Also keep in mind that some services may involve related services that have additional costs. For example, if your doctor removes a mole for testing, you'll probably be charged for the testing as well as the mole removal.

The amount you're charged for a service will depend on your plan, whether you've reached your deductible or out-of-pocket maximum, and other factors.

Use this Sample Fees List to help with the following:

- Choose the right Kaiser Permanente plan for your needs during open enrollment.
- Estimate how much you'll spend throughout the year for care and services at our facilities.
- If your plan comes with a flexible spending account (FSA), health incentive account (HIA), health reimbursement arrangement (HRA), or health savings account (HSA), estimate the money you may need to cover upcoming medical services.

For more information or to ask about a service not found on the list, please call the number on your ID card.

[1]This Sample Fees List applies only to members who get medical services from Kaiser Permanente network providers.

[2]The estimated member fees in this Sample Fees List are valid as of January 1, 2016, and may change without notice.

The fees shown are for professional services for the indicated procedure 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.

KAISER PERMANENTE®

Kaiser Permanente Estimated Fees Northern California

SERVICE	ESTIMATED FEES
Office Visits	
New patient visit, level 1 (low severity)	$65
New patient visit, level 2	$105
New patient visit, level 3	$155
New patient visit, level 4	$230
New patient visit, level 5 (high severity)	$290
Established patient visit, level 1 (low severity)	$30
Established patient visit, level 2	$65
Established patient visit, level 3	$105
Established patient visit, level 4	$150
Established patient visit, level 5 (high severity)	$205
Office Visits (Preventive)	
Well-baby office visit, new patient (under 1 year)*	$160
Well-child office visit, new patient (1–4 years)*	$170
Well-child office visit, new patient (5–11 years)*	$175
Well-child office visit, new patient (12–17 years)*	$195
Well-adult office visit, new patient (18–39 years)*	$190
Well-adult office visit, new patient (40–64 years)*	$220
Well-adult office visit, new patient (65 and older)*	$240
Well-baby office visit, established patient (under 1 year)*	$145
Well-child office visit, established patient (1–4 years)*	$155
Well-child office visit, established patient (5–11 years)*	$155
Well-child office visit, established patient (12–17 years)*	$170
Well-adult office visit, established patient (18–39 years)*	$170
Well-adult office visit, established patient (40–64 years)*	$185
Well-adult office visit, established patient (65 and older)*	$195
Emergency Visits	
Emergency care by a physician, level 1 (low severity)	$125
Emergency care by a physician, level 2	$185
Emergency care by a physician, level 3	$275
Emergency care by a physician, level 4 (high severity)	$415

*These services may be preventive and some may be covered at no cost. Check your plan documents (such as your *Evidence of Coverage* or *Summary Plan Description*) to determine whether you need to meet your deductible for the service. If you don't need to meet your 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
Psychotherapy Visits	
Group psychological therapy	$45
Therapy	$153
Eye Examinations	
Eye exam, routine visit, new patient	$132
Eye exam and treatment, new patient	$239
Eye exam, routine visit, established patient	$139
Eye exam and treatment, established patient	$199
Vision screening test*	$6
Hearing Services	
Comprehensive audiometry evaluation	$71
Ear cleaning	$102
Eardrum test	$30
Hearing screening test (pure tone, air only)*	$25
Physical Therapy Services	
Electric stimulation therapy, treatment only	$31
Physical therapy evaluation	$143
Physical therapy, exercises, treatment only	$60
Physical therapy, hot and cold application, treatment only	$12
Physical therapy, ultrasound, treatment only	$24
Vaccines and Other Injections	
Allergy shot	$20
Chickenpox vaccine*	$157
Diphtheria, tetanus booster vaccine*	$44
Diphtheria, tetanus, pertussis vaccine*	$54
Flu shot, children (3 years and older)*	$33
Flu shot, infants*	$10
Hepatitis B vaccine*	$101
Measles, mumps, and rubella vaccine*	$107
Polio vaccine*	$60

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Vaccines and Other Injections *(continued)*	
Therapeutic, prophylactic, or diagnostic injection (administration only, does not include medication)*	$51
Therapeutic, prophylactic, or diagnostic intra-arterial injection (administration only, does not include medication)*	$39
Tests and Procedures	
Breathing capacity test	$74
Breathing treatment	$38
Colonoscopy and removal of abnormal tissue using cautery	$973
Colonoscopy and removal of abnormal tissue using snare technique	$1,097
Colonoscopy and removal of colon tissue for examination	$977
Diagnostic colonoscopy	$820
Diagnostic proctosigmoidoscopy	$269
Diagnostic sigmoidoscopy	$296
Draining fluid from around swollen joint	$123
Electrocardiogram (EKG)	$33
Fetal monitoring	$99
Removal of abnormal areas of skin	$12
Sigmoidoscopy and removal of tissue for examination	$351
Skin biopsy	$220
Stress test	$151
Surgically destroying an abnormal area of skin	$140
Ultrasound test of heart	$262
X-rays, CT Scans, and Other Imaging Studies	
CT scan of chest, including dye	$787
CT scan of pelvis, including dye	$776
CT scan of pelvis, without dye	$497
CT scan of sinus and nasal passages	$654
CT scan of stomach area, with dye	$792
CT scan of stomach area, without dye	$507
Mammogram	$325
Mammogram (one side)	$251
Mammogram (screening)*	$229
Pregnancy ultrasound	$405

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X-rays, CT Scans, and Other Imaging Studies *(continued)*	
Review of CT scan of the head or brain	$395
Ultrasound of pelvis	$313
Ultrasound of stomach area	$350
Vaginal ultrasound	$350
X-ray for osteoporosis	$120
X-ray of abdomen (complete)	$123
X-ray of ankle	$76
X-ray of ankle (complete)	$89
X-ray of both knees	$93
X-ray of chest	$78
X-ray of chest (one view interpretation)	$60
X-ray of finger	$89
X-ray of foot	$72
X-ray of foot (complete)	$81
X-ray of hand	$73
X-ray of hand (complete)	$85
X-ray of knee	$82
X-ray of knee (complete)	$112
X-ray of lower back bones	$98
X-ray of neck	$126
X-ray of neck bones	$92
X-ray of shoulder	$81
X-ray of stomach area (one view)	$65
X-ray of wrist (complete)	$100
X-ray of wrist (two views)	$82
Laboratory Tests	
Albumin test	$13
Alkaline phosphatase test	$13
Allergy test	$13
ALT test	$13
Amylase test	$16
AST test	$13
Bilirubin test (total)	$13

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SERVICE	ESTIMATED FEES
Laboratory Tests *(continued)*	
Blood antibody test	$11
Blood clotting test	$10
Blood sugar test, diagnostic	$10
Blood sugar test, monitoring	$25
Calcium test (total)	$13
Cholesterol level test*	$11
Complete blood count	$20
Creatinine test	$13
Hepatitis B surface antigen test	$26
Hepatitis C test	$36
Kidney function test	$10
Laboratory chemistry test for creatine kinase	$17
Lipid panel test*	$34
Magnesium test	$17
Pap test, cervical cancer screening*	$27
Phosphorus test	$12
Potassium test	$12
Pregnancy test	$19
Prostate test*	$47
Sodium test	$12
Strep-A-Swab test	$51
Test for blood in stool	$8
Thyroid stimulating hormone test	$43
Urine bacteria colony count	$21
Urine test (complete)	$8
Urine test (dipstick only)	$6
Urine test (microanalysis only)	$8

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