

# Kaiser Permanente 2016 Sample Fees List<sup>1</sup>

## SOUTHERN CALIFORNIA

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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.<sup>2</sup> 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.

<sup>1</sup>This Sample Fees List applies only to members who get medical services from Kaiser Permanente network providers.

<sup>2</sup>The estimated member charges 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.

SERVICE	ESTIMATED FEES
<b>Office Visits</b>	
New patient visit, level 1 (low severity)	\$55
New patient visit, level 2	\$95
New patient visit, level 3	\$140
New patient visit, level 4	\$210
New patient visit, level 5 (high severity)	\$260
Established patient visit, level 1 (low severity)	\$25
Established patient visit, level 2	\$55
Established patient visit, level 3	\$95
Established patient visit, level 4	\$135
Established patient visit, level 5 (high severity)	\$185
<b>Office Visits (Preventive)</b>	
Well-baby office visit, new patient (under 1 year)*	\$135
Well-child office visit, new patient (1–4 years)*	\$145
Well-child office visit, new patient (5–11 years)*	\$150
Well-child office visit, new patient (12–17 years)*	\$170
Well-adult office visit, new patient (18–39 years)*	\$165
Well-adult office visit, new patient (40–64 years)*	\$190
Well-adult office visit, new patient (65 and older)*	\$205
Well-baby office visit, established patient (under 1 year)*	\$125
Well-child office visit, established patient (1–4 years)*	\$130
Well-child office visit, established patient (5–11 years)*	\$130
Well-child office visit, established patient (12–17 years)*	\$145
Well-adult office visit, established patient (18–39 years)*	\$145
Well-adult office visit, established patient (40–64 years)*	\$155
Well-adult office visit, established patient (65 and older)*	\$170
<b>Emergency Visits</b>	
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
<b>Psychotherapy Visits</b>	
Group psychological therapy	\$37
Therapy	\$122
<b>Eye Examinations</b>	
Eye exam, routine visit, new patient	\$104
Eye exam and treatment, new patient	\$189
Eye exam, routine visit, established patient	\$109
Eye exam and treatment, established patient	\$158
Vision screening test*	\$5
<b>Hearing Services</b>	
Comprehensive audiometry evaluation	\$56
Ear cleaning	\$80
Eardrum test	\$22
Hearing screening test (pure tone, air only)*	\$19
<b>Physical Therapy Services</b>	
Electric stimulation therapy, treatment only	\$25
Physical therapy evaluation	\$113
Physical therapy, exercises, treatment only	\$49
Physical therapy, hot and cold application, treatment only	\$9
Physical therapy, ultrasound, treatment only	\$19
<b>Vaccines and Other Injections</b>	
Allergy shot	\$14
Chickenpox vaccine*	\$119
Diphtheria, tetanus booster vaccine*	\$33
Diphtheria, tetanus, pertussis vaccine*	\$41
Flu shot, children (3 years and older)*	\$25
Flu shot, infants*	\$8
Hepatitis B vaccine*	\$83
Measles, mumps, and rubella vaccine*	\$81
Polio vaccine*	\$46

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SERVICE	ESTIMATED FEES
<b>Vaccines and Other Injections</b> <i>(continued)</i>	
Therapeutic, prophylactic, or diagnostic injection (administration only, does not include medication)*	\$39
Therapeutic, prophylactic, or diagnostic intra-arterial injection (administration only, does not include medication)*	\$30
<b>Tests and Procedures</b>	
Breathing capacity test	\$57
Breathing treatment	\$29
Colonoscopy and removal of abnormal tissue using cautery	\$758
Colonoscopy and removal of abnormal tissue using snare technique	\$854
Colonoscopy and removal of colon tissue for examination	\$759
Diagnostic colonoscopy	\$637
Diagnostic proctosigmoidoscopy	\$206
Diagnostic sigmoidoscopy	\$228
Draining fluid from around swollen joint	\$97
Electrocardiogram (EKG)	\$26
Fetal monitoring	\$78
Removal of abnormal areas of skin	\$9
Sigmoidoscopy and removal of tissue for examination	\$270
Skin biopsy	\$170
Stress test	\$117
Surgically destroying an abnormal area of skin	\$108
Ultrasound test of heart	\$202
<b>X-rays, CT Scans, and Other Imaging Studies</b>	
CT scan of chest, including dye	\$508
CT scan of pelvis, including dye	\$499
CT scan of pelvis, without dye	\$321
CT scan of sinus and nasal passages	\$423
CT scan of stomach area, with dye	\$511
CT scan of stomach area, without dye	\$328
Mammogram	\$216
Mammogram (one side)	\$168
Mammogram (screening)*	\$154
Pregnancy ultrasound	\$265

*(continues)*

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<b>X-rays, CT Scans, and Other Imaging Studies</b> <i>(continued)</i>	
Review of CT scan of the head or brain	\$255
Ultrasound of pelvis	\$208
Ultrasound of stomach area	\$232
Vaginal ultrasound	\$231
X-ray for osteoporosis	\$77
X-ray of abdomen (complete)	\$82
X-ray of ankle	\$50
X-ray of ankle (complete)	\$58
X-ray of both knees	\$61
X-ray of chest	\$52
X-ray of chest (one view interpretation)	\$42
X-ray of finger	\$59
X-ray of foot	\$48
X-ray of foot (complete)	\$54
X-ray of hand	\$48
X-ray of hand (complete)	\$57
X-ray of knee	\$55
X-ray of knee (complete)	\$74
X-ray of lower back bones	\$65
X-ray of neck	\$84
X-ray of neck bones	\$62
X-ray of shoulder	\$54
X-ray of stomach area (one view)	\$44
X-ray of wrist (complete)	\$66
X-ray of wrist (two views)	\$55
<b>Laboratory Tests</b>	
Albumin test	\$9
Alkaline phosphatase test	\$9
Allergy test	\$9
ALT test	\$9
Amylase test	\$11
AST test	\$9
Bilirubin test (total)	\$9
Blood antibody test	\$8

*(continues)*

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SERVICE	ESTIMATED FEES
<b>Laboratory Tests</b> <i>(continued)</i>	
Blood clotting test	\$7
Blood sugar test, diagnostic	\$7
Blood sugar test, monitoring	\$17
Calcium test (total)	\$9
Cholesterol level test*	\$8
Complete blood count	\$14
Creatinine test	\$9
Hepatitis B surface antigen test	\$18
Hepatitis C test	\$25
Kidney function test	\$7
Laboratory chemistry test for creatine kinase	\$11
Lipid panel test*	\$24
Magnesium test	\$12
Pap test, cervical cancer screening*	\$19
Phosphorus test	\$8
Potassium test	\$8
Pregnancy test	\$13
Prostate test*	\$32
Sodium test	\$8
Strep-A-Swab test	\$35
Test for blood in stool	\$6
Thyroid stimulating hormone test	\$30
Urine bacteria colony count	\$14
Urine test (complete)	\$6
Urine test (dipstick only)	\$4
Urine test (microanalysis only)	\$5

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