Kaiser Permanente 2024 sample fee list[1]

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.

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** 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** for a full list)
- Estimate how much to contribute to a flexible spending account (FSA) or health savings account (HSA) connected to your plan, based on the care you expect to receive

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	Estimated fees	What you pay before reaching deductible	What you pay after reaching deductible
X-ray of both knees	$170	Full charges: $170	Copay or coinsurance (e.g., $10 or 20% of estimated fee)
Ultrasound of pelvis	$440	Full charges: $440	Copay or coinsurance (e.g., $20 or 30% of estimated fee)
Stress test	$258	Full charges: $258	Copay or coinsurance (e.g., $25 or 40% of estimated fee)

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.

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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 Northern California

SERVICE	ESTIMATED FEES
Office visits	
New patient visit, level 2*	$150
New patient visit, level 3*	$225
New patient visit, level 4*	$335
New patient visit, level 5 (high severity)*	$440
Established patient visit, level 1 (low severity)*	$50
Established patient visit, level 2*	$115
Established patient visit, level 3*	$185
Established patient visit, level 4*	$260
Established patient visit, level 5 (high severity)*	$360
Office visits (preventive)	
Well-baby office visit, new patient (under 1 year)*	$270
Well-child office visit, new patient (1 to 4 years)*	$280
Well-child office visit, new patient (5 to 11 years)*	$290
Well-child office visit, new patient (12 to 17 years)*	$325
Well-adult office visit, new patient (18 to 39 years)*	$315
Well-adult office visit, new patient (40 to 64 years)*	$360
Well-adult office visit, new patient (65 and older)*	$395
Well-baby office visit, established patient (under 1 year)*	$240
Well-child office visit, established patient (1 to 4 years)*	$255
Well-child office visit, established patient (5 to 11 years)*	$255
Well-child office visit, established patient (12 to 17 years)*	$280
Well-adult office visit, established patient (18 to 39 years)*	$285
Well-adult office visit, established patient (40 to 64 years)*	$300
Well-adult office visit, established patient (65 and older)*	$325
Psychotherapy visits	
Group psychological therapy	$39
Therapy	$145

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
Eye examinations	
Eye exam, routine visit, new patient*	$173
Eye exam and treatment, new patient	$298
Eye exam, routine visit, established patient*	$181
Eye exam and treatment, established patient	$253
Vision screening test*	$11
Hearing services	
Comprehensive audiometry evaluation	$130
Ear cleaning	$165
Eardrum test	$59
Hearing screening test (pure tone, air only)*	$47
Physical therapy services	
Electric stimulation therapy, treatment only	$21
Physical therapy evaluation*	$169
Physical therapy, hot and cold application, treatment only	$11
Physical therapy, ultrasound, treatment only	$24
Physical therapy exercises, treatment only	$50
Vaccines and other injections	
Allergy shot	$39
Chicken pox vaccine*	$135
Diphtheria, tetanus booster vaccine*	$38
Diphtheria, tetanus, pertussis vaccine*	$46
Flu shot, (6 months and older)	$36
Hepatitis B vaccine*	$118
Measles, mumps, and rubella vaccine*	$92
Polio vaccine*	$52
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)*	$67

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SERVICE	ESTIMATED FEES
Tests and procedures	
Breathing capacity test	$100
Breathing treatment	$35
Colonoscopy and removal of abnormal tissue using cautery*	$1,771
Colonoscopy and removal of abnormal tissue using snare technique*	$1,623
Colonoscopy and removal of colon tissue for examination*	$1,580
Diagnostic colonoscopy	$1,218
Diagnostic proctosigmoidoscopy	$475
Diagnostic sigmoidoscopy	$698
Draining fluid from around swollen joint	$224
Electrocardiogram (EKG)	$51
Fetal monitoring*	$162
Incisional biopsy of skin (e.g., wedge), single lesion	$576
Punch biopsy of skin, single lesion	$464
Removal of abnormal areas of skin	$25
Sigmoidoscopy and removal of tissue for examination*	$1,083
Stress test	$258
Surgically destroying an abnormal area of skin	$243
Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette), single lesion	$376
Ultrasound test of heart	$515
X-rays, CT scans, and other imaging studies	
CT scan of chest, including dye	$1,060
CT scan of pelvis, including dye	$1,445
CT scan of pelvis, without dye	$840
CT scan of sinus and nasal passages	$1,105
CT scan of stomach area, with dye	$1,475
CT scan of stomach area, without dye	$860
Mammogram, diagnostic (one view)	$525
Mammogram, diagnostic (two views)	$660

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X-rays, CT scans, and other imaging studies *(continued)*	
Mammogram (screening)*	$540
MRI Brain stem with contrast	$1,735
MRI Cardiac with, without contrast with stress	$2,720
MRI neck with contrast	$1,580
Pregnancy ultrasound	$625
Review of CT scan of the head or brain	$670
Ultrasound of pelvis	$440
Ultrasound of stomach area	$485
Vaginal ultrasound	$505
X-ray for osteoporosis	$160
X-ray of ankle	$135
X-ray of ankle (complete)	$155
X-ray of both knees	$170
X-ray of chest (two views)	$140
X-ray of finger	$160
X-ray of foot (complete)	$145
X-ray of hand (complete)	$155
X-ray of stomach area (complete)	$210
X-ray of wrist (complete)	$175
Laboratory tests	
Albumin test	$15
Alkaline phosphatase test	$15
Allergy test	$15
ALT test	$15
Amylase test	$20
AST test	$15

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Laboratory tests *(continued)*	
Bilirubin test (total)	$15
Blood antibody test	$15
Blood clotting test	$15
Blood sugar test, diagnostic	$10
Blood sugar test, monitoring*	$30
Calcium test (total)	$15
Cholesterol level test	$15
Complete blood count	$25
Creatinine test	$15
Hepatitis B surface antigen test*	$35
Hepatitis C test*	$45
Kidney function test	$10
Laboratory chemistry test for creatine kinase	$20
Lipid panel test*	$40
Magnesium test	$20
Pap test, cervical cancer screening*	$60

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