

Kaiser Permanente 2012 Sample Fee List

Members in any deductible plan¹ can use this list to help estimate their charges.

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 gives you peace of mind so you can concentrate on the things in life you enjoy.

This Sample Fee List² shows you estimated charges for some commonly used medical services—such as office visits, lab tests, and X-rays—when you receive care at Kaiser Permanente facilities. Your charges may be different if you receive care or services from a contracted provider at a non-Kaiser Permanente facility.

The amount you pay out of your own pocket for a service will depend on your plan coverage, whether you've reached your deductible or out-of-pocket maximum, and other factors. The amount you are asked to pay may be a copay (a fixed dollar amount you pay for services) or coinsurance (a percentage of charges you pay for services).

Use this Sample Fee List to help you:

- Estimate how much you'll spend throughout the year for care and services at our facilities.
- Manage funds in your health savings account (HSA) or health reimbursement arrangement (HRA) account to cover upcoming medical services.³
- Review your benefit options during open enrollment. If you have a choice of plans, the amount you pay out of your own pocket for care may vary, so knowing how much services cost can help you choose the best Kaiser Permanente plan for you.
- Estimate the funds you may need for your flexible spending account.

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

¹This Sample Fee List does not apply to medical services received from any network providers who are not Kaiser Permanente providers. This includes services received in a Kaiser Permanente PPO Insurance Plan, the participating provider and non-participating provider options (Tiers 2 and 3) of a Kaiser Permanente Point-of-Service Plan, or a Kaiser Permanente Out-of-Area Indemnity Plan.

²The estimated member charges in this Sample Fee List are valid as of January 1, 2012, and may change without notice.

³You must be enrolled in an HSA-qualified deductible plan or a deductible plan with HRA to use these features.

SERVICE	ESTIMATED CHARGE
Office Visits	
New patient visit, level 1 (low severity)	\$55
New patient visit, level 2	\$90
New patient visit, level 3	\$130
New patient visit, level 4	\$195
New patient visit, level 5 (high severity)	\$245
Established patient visit, level 1 (low severity)	\$25
Established patient visit, level 2	\$55
Established patient visit, level 3	\$85
Established patient visit, level 4	\$130
Established patient visit, level 5 (high severity)	\$175
Office Visits (Preventive)	
Well-baby office visit, new patient (under 1 year)*	\$120
Well-child office visit, new patient (1–4 years)*	\$130
Well-child office visit, new patient (5–11 years)*	\$130
Well-child office visit, new patient (12–17 years)*	\$140
Well-adult office visit, new patient (18–39 years)*	\$140
Well-adult office visit, new patient (40–64 years)*	\$160
Well-adult office visit, new patient (65 and older)*	\$180
Well-baby office visit, established patient (under 1 year)*	\$100
Well-child office visit, established patient (1–4 years)*	\$110
Well-child office visit, established patient (5–11 years)*	\$110
Well-child office visit, established patient (12–17 years)*	\$120
Well-adult office visit, established patient (18–39 years)*	\$120
Well-adult office visit, established patient (40–64 years)*	\$135
Well-adult office visit, established patient (65 and older)*	\$150
Emergency Care by a Physician (excluding other fees such as X-rays, lab tests, or additional procedures)	
Emergency care by a physician, level 1 (low severity)	\$120
Emergency care by a physician, level 2	\$175
Emergency care by a physician, level 3	\$255
Emergency care by a physician, level 4 (high severity)	\$385

*These services may be covered at little or no cost to you. Check your plan documents (such as your *Evidence of Coverage* or *Summary Plan Description*) to determine whether a service is subject to your deductible. If it is not subject to the deductible, you may only have to pay a copay or coinsurance, depending on your plan.

SERVICE	ESTIMATED CHARGE
Psychotherapy Visits	
Group psychological therapy	\$50
Managing mental health drugs	\$95
Therapy	\$135
Eye Examinations	
Eye exam, routine visit, new patient	\$126
Eye exam and treatment, new patient	\$233
Eye exam, routine visit, established patient	\$135
Eye exam and treatment, established patient	\$194
Vision screening test	\$5
Hearing Services	
Comprehensive audiometry evaluation	\$67
Ear cleaning	\$76
Eardrum test	\$26
Hearing screening test (pure tone, air only)	\$21
Physical Therapy Services	
Electric stimulation therapy, treatment only	\$24
Physical therapy evaluation	\$119
Physical therapy exercises, treatment only	\$50
Physical therapy, hot and cold application, treatment only	\$9
Physical therapy, ultrasound, treatment only	\$19
Vaccines and Other Injections	
Allergy shot	\$20
Chickenpox vaccine*	\$94
Diphtheria, tetanus booster vaccine*	\$27
Diphtheria, tetanus, pertussis vaccine*	\$35
Flu shot, children (3 years and older)*	\$20
Flu shot, infants*	\$9
Hepatitis B vaccine*	\$88
Measles, mumps, and rubella vaccine*	\$64
Pneumococcal vaccine*	\$141
Polio vaccine*	\$36

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Kaiser Permanente Estimated Charges Northern California

SERVICE	ESTIMATED CHARGE
Vaccines and Other Injections <i>(continued)</i>	
Rubella vaccine*	\$35
Therapeutic prophylactic or diagnostic injection (administration only, does not include medication)*	\$40
Therapeutic prophylactic or diagnostic intra-arterial injection (administration only, does not include medication)*	\$33
Tests and Procedures	
Breathing capacity test	\$60
Breathing treatment	\$29
Colonoscopy and removal of abnormal tissue using cautery	\$714
Colonoscopy and removal of abnormal tissue using snare technique	\$814
Colonoscopy and removal of colon tissue for examination	\$726
Diagnostic colonoscopy	\$605
Diagnostic proctosigmoidoscopy	\$178
Diagnostic sigmoidoscopy	\$216
Draining fluid from around swollen joint	\$117
Electrocardiogram (EKG)	\$35
Fetal monitoring	\$70
Removal of abnormal areas of skin	\$11
Sigmoidoscopy and removal of tissue for examination	\$269
Skin biopsy	\$159
Stress test	\$160
Surgically destroying an abnormal area of skin	\$124
Ultrasound test of heart	\$260
X-rays, CT Scans, and Other Imaging Studies	
CT scan of chest, including dye	\$632
CT scan of pelvis, including dye	\$598
CT scan of pelvis, without dye	\$492
CT scan of sinus and nasal passages	\$629
CT scan of stomach area with dye	\$679
CT scan of stomach area, without dye	\$499
Mammogram	\$218
Mammogram (one side)	\$170
Mammogram (screening)	\$159
Pregnancy ultrasound	\$289

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SERVICE	ESTIMATED CHARGE
X-rays, CT Scans, and Other Imaging Studies <i>(continued)</i>	
Review of CT scan of the head or brain	\$400
Ultrasound of breast	\$178
Ultrasound of pelvis	\$251
Ultrasound of stomach area	\$272
Vaginal ultrasound	\$252
X-ray for osteoporosis	\$194
X-ray of abdomen (complete)	\$97
X-ray of ankle	\$57
X-ray of ankle (complete)	\$65
X-ray of both knees	\$68
X-ray of chest	\$62
X-ray of chest (one view interpretation)	\$45
X-ray of finger	\$63
X-ray of foot	\$55
X-ray of foot (complete)	\$64
X-ray of hand	\$55
X-ray of hand (complete)	\$64
X-ray of hip	\$77
X-ray of knee	\$61
X-ray of knee (complete)	\$84
X-ray of lower back bones	\$81
X-ray of neck	\$106
X-ray of neck bones	\$78
X-ray of shoulder	\$61
X-ray of stomach area (one view)	\$49
X-ray of wrist (complete)	\$74
X-ray of wrist (two views)	\$60
Laboratory Tests	
Albumin test	\$12
Alkaline phosphatase test	\$12
Allergy test	\$12
ALT test	\$13
Amylase test	\$15
AST test	\$12
Bilirubin test (total)	\$12

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SERVICE	ESTIMATED CHARGE
Laboratory Tests <i>(continued)</i>	
Blood antibody test	\$10
Blood clotting test	\$9
Blood sugar test, diagnostic	\$9
Blood sugar test, monitoring	\$23
Calcium test (total)	\$12
Cholesterol level test	\$10
Complete blood count	\$19
Creatinine test	\$12
Hepatitis B surface antigen test	\$25
Hepatitis C test	\$34
Kidney function test	\$9
Laboratory chemistry test for creatine kinase	\$16
Lipid panel test	\$32
Magnesium test	\$16
Pap test, cervical cancer screening	\$25
Phosphorus test	\$11
Potassium test	\$11
Pregnancy test	\$18
Prostate test	\$44
Sodium test	\$11
Strep-A-Swab test	\$48
Test for blood in stool	\$8
Test for genital warts	\$84
Thyroid stimulating hormone test	\$40
Urine bacteria colony count	\$19
Urine test (complete)	\$8
Urine test (dipstick only)	\$5
Urine test (microanalysis only)	\$7

These estimated member charges are valid as of January 1, 2012, and may change without notice.