Kaiser Permanente 2019 Sample Fee List*

NORTHERN CALIFORNIA

What's the Sample Fee List?

The Sample Fee List is one of many resources we offer to help you better understand and manage your health care costs. It shows the estimated amount Kaiser Permanente members would be charged for certain professional services.† It doesn't include costs for hospital services, facility fees, or other kinds of services.

When reviewing the list, keep in mind that 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. Some services may also require additional services that have extra costs – like an earwax cleaning ordered by your doctor during a hearing evaluation.

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 services that may be preventive care services, which are covered at no cost or at a copay (for a full list, visit **kp.org/prevention**)
- Estimate how much to contribute to any flexible spending account (FSA) or health savings account (HSA) connected to your plan, based on the services you expect to receive

What happens after I reach my deductible?

As a deductible HMO member, you'll pay the full charges for covered services until you reach a set amount known as your deductible. Then you'll start paying less – a copay or a percentage of the charges (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 many services you'll 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 knee	$107	Full charges – $107	Copay or coinsurance – for example, $10 or 20% of estimated fee
Ultrasound of pelvis	$380	Full charges – $380	Copay or coinsurance – for example, $20 or 30% of estimated fee
Stress test	$188	Full charges – $188	Copay or coinsurance – for example, $25 or 40% of estimated fee

Are you a member registered on kp.org? You can get personalized cost estimates for more than 500 medical services online. Visit **kp.org/costestimates** today.

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.

*The estimated fees in this Sample Fee List are valid as of January 1, 2019, and may change without notice. This list only applies to members who get medical services from Kaiser Permanente facilities.

† 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.

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®

SERVICE	ESTIMATED FEES
Office Visits	
New patient visit, level 1 (low severity)*	$85
New patient visit, level 2*	$140
New patient visit, level 3*	$200
New patient visit, level 4*	$305
New patient visit, level 5 (high severity)*	$380
Established patient visit, level 1 (low severity)*	$40
Established patient visit, level 2*	$85
Established patient visit, level 3*	$135
Established patient visit, level 4*	$200
Established patient visit, level 5 (high severity)*	$270
Office Visits (Preventive)	
Well-baby office visit, new patient (under 1 year)*	$210
Well-child office visit, new patient (1–4 years)*	$220
Well-child office visit, new patient (5–11 years)*	$225
Well-child office visit, new patient (12–17 years)*	$255
Well-adult office visit, new patient (18–39 years)*	$245
Well-adult office visit, new patient (40–64 years)*	$285
Well-adult office visit, new patient (65 and older)*	$310
Well-baby office visit, established patient (under 1 year)*	$190
Well-child office visit, established patient (1–4 years)*	$200
Well-child office visit, established patient (5–11 years)*	$200
Well-child office visit, established patient (12–17 years)*	$220
Well-adult office visit, established patient (18–39 years)*	$220
Well-adult office visit, established patient (40–64 years)*	$235
Well-adult office visit, established patient (65 and older)*	$255
Emergency Visits	
Emergency care by a physician, level 1 (low severity)	$155
Emergency care by a physician, level 2	$230
Emergency care by a physician, level 3	$350
Emergency care by a physician, level 4 (high severity)	$525

*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, 2019, and may change without notice.

The fees shown are for professional services only and do not include fees for facility or other services.

SERVICE	ESTIMATED FEES
Psychotherapy Visits	
Group psychological therapy	$49
Therapy	$163
Eye Examinations	
Eye exam, routine visit, new patient*	$168
Eye exam and treatment, new patient	$302
Eye exam, routine visit, established patient*	$177
Eye exam and treatment, established patient	$253
Vision screening test*	$8
Hearing Services	
Comprehensive audiometry evaluation	$96
Ear cleaning	$143
Eardrum test	$37
Hearing screening test (pure tone, air only)*	$34
Physical Therapy Services	
Electric stimulation therapy, treatment only	$36
Physical therapy evaluation*	$191
Physical therapy, hot and cold application, treatment only	$14
Physical therapy, ultrasound, treatment only	$30
Physical therapy exercises, treatment only	$70
Vaccines and Other Injections	
Allergy shot	$24
Chickenpox vaccine*	$180
Diphtheria, tetanus booster vaccine*	$51
Diphtheria, tetanus, pertussis vaccine*	$61
Flu shot, children (3 years and older)*	$38
Flu shot, infants*	$38
Flu shot, adults (18 to 64)*	$45
Hepatitis B vaccine*	$143
Measles, mumps, and rubella vaccine*	$123
Polio vaccine*	$70

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SERVICE	ESTIMATED FEES
Vaccines and Other Injections *(continued)*	
Therapeutic, prophylactic, or diagnostic injection (administration only, does not include medication)*	$55
Therapeutic, prophylactic, or diagnostic intra-arterial injection (administration only, does not include medication)*	$51
Tests and Procedures	
Breathing capacity test	$98
Breathing treatment	$52
Colonoscopy and removal of abnormal tissue using cautery*	$1,357
Colonoscopy and removal of abnormal tissue using snare technique*	$1,269
Colonoscopy and removal of colon tissue for examination*	$1,229
Diagnostic colonoscopy	$945
Diagnostic proctosigmoidoscopy	$387
Diagnostic sigmoidoscopy	$528
Draining fluid from around swollen joint	$175
Electrocardiogram (EKG)	$44
Fetal monitoring*	$142
Incisional biopsy of skin (e.g., wedge), single lesion	$461
Punch biopsy of skin, single lesion	$381
Removal of abnormal areas of skin	$16
Sigmoidoscopy and removal of tissue for examination*	$813
Stress test	$188
Surgically destroying an abnormal area of skin	$199
Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette), single lesion	$303
Ultrasound test of heart	$388
X-rays, CT Scans, and Other Imaging Studies	
CT scan of chest, including dye	$876
CT scan of pelvis, including dye	$1,014
CT scan of pelvis, without dye	$646
CT scan of sinus and nasal passages	$852
CT scan of stomach area, with dye	$1,035
CT scan of stomach area, without dye	$660
Mammogram, diagnostic (two views)	$588
Mammogram, diagnostic (one view)	$465
Mammogram (screening)*	$475
Pregnancy ultrasound	$522

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SERVICE	ESTIMATED FEES
X-rays, CT Scans, and Other Imaging Studies *(continued)*	
Review of CT scan of the head or brain	$512
Ultrasound of pelvis	$380
Ultrasound of stomach area	$422
Vaginal ultrasound	$423
X-ray for osteoporosis	$145
X-ray of ankle	$102
X-ray of ankle (complete)	$108
X-ray of both knees	$123
X-ray of chest (two views)	$103
X-ray of chest (one view)	$74
X-ray of finger	$111
X-ray of foot	$89
X-ray of foot (complete)	$100
X-ray of hand	$97
X-ray of hand (complete)	$109
X-ray of knee	$107
X-ray of knee (complete)	$136
X-ray of lower back bones	$120
X-ray of neck	$154
X-ray of neck bones	$114
X-ray of shoulder	$100
X-ray of stomach area (complete)	$151
X-ray of stomach area (one view)	$93
X-ray of wrist (complete)	$121
X-ray of wrist (two views)	$108
Laboratory Tests	
Albumin test	$15
Alkaline phosphatase test	$16
Allergy test	$16
ALT test	$17
Amylase test	$20
AST test	$16
Bilirubin test (total)	$16
Blood antibody test	$13

(continues)

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SERVICE	ESTIMATED FEES
Laboratory Tests *(continued)*	
Blood clotting test	$12
Blood sugar test, diagnostic	$12
Blood sugar test, monitoring*	$30
Calcium test (total)	$16
Cholesterol level test	$14
Complete blood count	$24
Creatinine test	$16
Hepatitis B surface antigen test*	$32
Hepatitis C test*	$44
Kidney function test	$12
Laboratory chemistry test for creatine kinase	$20
Lipid panel test*	$42
Magnesium test	$21
Pap test, cervical cancer screening*	$34
Phosphorus test	$15
Potassium test	$14
Pregnancy test	$23
Prostate test*	$57
Sodium test	$15
Strep-A-Swab test	$63
Test for blood in stool*	$11
Thyroid stimulating hormone test	$52
Urine bacteria colony count*	$25
Urine test (complete)	$10
Urine test (dipstick only)	$7
Urine test (microanalysis only)	$9

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Please recycle. 61207508 December 2018

Nondiscrimination Notice

Kaiser Permanente does not discriminate on the basis of age, race, ethnicity, color, national origin, cultural background, ancestry, religion, sex, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, source of payment, genetic information, citizenship, primary language, or immigration status.

Language assistance services are available from our Member Services Contact Center 24 hours a day, seven days a week (except closed holidays). Interpreter services, including sign language, are available at no cost to you during all hours of operation. Auxiliary aids and services for individuals with disabilities are available at no cost to you during all hours of operation**.** We can also provide you, your family, and friends with any special assistance needed to access our facilities and services. You may request materials translated in your language, and may also request these materials in large text or in other formats to accommodate your needs at no cost to you. For more information, call **1-800-464-4000** (TTY users call **711**).

A grievance is any expression of dissatisfaction expressed by you or your authorized representative through the grievance process. For example, if you believe that we have discriminated against you, you can file a grievance. Please refer to your *Evidence of Coverage or Certificate of Insurance* or speak with a Member Services representative for the dispute-resolution options that apply to you. This is especially important if you are a Medicare, Medi-Cal, MRMIP, Medi-Cal Access, FEHBP, or CalPERS member because you have different dispute-resolution options available.

You may submit a grievance in the following ways:

- By completing a Complaint or Benefit Claim/Request form at a Member Services office located at a Plan Facility (please refer to *Your Guidebook* or the facility directory on our website at **kp.org** for addresses)
- By mailing your written grievance to a Member Services office at a Plan Facility (please refer to *Your Guidebook* or the facility directory on our website at **kp.org** for addresses)
- By calling our Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **711**)
- By completing the grievance form on our website at **kp.org**

Please call our Member Service Contact Center if you need help submitting a grievance.

The Kaiser Permanente Civil Rights Coordinator will be notified of all grievances related to discrimination on the basis of race, color, national origin, sex, age, or disability. You may also contact the Kaiser Permanente Civil Rights Coordinator directly at One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *ocrportal.hhs.gov/ocr/portal/lobby.jsf* or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at *hhs.gov/ocr/office/file/index.html***.**

Language Assistance Services

English: Language assistance is available at no cost to you, 24 hours a day, 7 days a week. You can request interpreter services, materials translated into your language, or in alternative formats. Just call us at **1-800-464-4000**, 24 hours a day, 7 days a week (closed holidays). TTY users call **711**.

Arabic: خدمات الترجمة الفورية متوفرة لك مجانًا على مدار الساعة كافة أيام الأسبوع. بإمكانك طلب خدمة الترجمة الفورية أو ترجمة وثائق للغتك أو لصيغ أخرى. ما عليك سوى الاتصال بنا على الرقم **1-800-464-4000** على مدار الساعة كافة أيام الأسبوع (مغلق أيام العطلات). لمستخدمي خدمة الهاتف النصي يرجي الاتصال على الرقم **(711)**.

Armenian: Ձեզ կարող է անվճար օգնություն տրամադրվել լեզվի հարցում՝ օրը 24 ժամ, շաբաթը 7 օր: Դուք կարող եք պահանջել բանավոր թարգմանչի ծառայություններ, Ձեր լեզվով թարգմանված կամ այլընտրանքային ձևաչափով պատրաստված նյութեր: Պարզապես զանգահարեք մեզ՝ **1-800-464-4000** հեռախոսահամարով՝ օրը 24 ժամ՝ շաբաթը 7 օր (տոն օրերին փակ է): TTY-ից օգտվողները պետք է զանգահարեն **711**:

Chinese: 您每週 7 天，每天 24 小時均可獲得免費語言協助。您可以申請口譯服務、要求將資料翻譯成您所用語言或轉換為其他格式。我們每週 7 天，每天 24 小時均歡迎您打電話 **1-800-757-7585** 前來聯絡（節假日 休息）。聽障及語障專線 (TTY) 使用者請撥 **711**。

Farsi: خدمات زبانی در 24 ساعت شبانروز و 7 روز هفته بدون اخذ هزینه در اختیار شما است. شما می توانید برای خدمات مترجم شفاهی، ترجمه جزوات به زبان شما و یا به صورتهای دیگر درخواست کنید. کافیست در 24 ساعت شبانروز و 7 روز هفته (به استثنای روزهای تعطیل) با ما به شماره **1-800-464-4000** تماس بگیرید. کاربران TTY با شماره **711** تماس بگیرند.

Hindi: बिना किसी लागत के दुभाषिया सेवाएँ, दिन के 24 घंटे, सप्ताह के सातों दिन उपलब्ध हैं। आप एक दुभाषिये की सेवाओं के लिए, बिना किसी लागत के सामग्रियों को अपनी भाषा में अनुवाद करवाने के लिए, या वैकल्पिक प्रारूपों के लिए अनुरोध कर सकते हैं। बस केवल हमें **1-800-464-4000** पर, दिन के 24 घंटे, सप्ताह के सातों दिन (छुट्टियों वाले दिन बंद रहता है) कॉल करें। TTY उपयोगकर्ता **711** पर कॉल करें।

Hmong: Muajkwc pab txhais lus pub dawb rau koj, 24 teev ib hnub twg, 7 hnub ib lim tiam twg..Koj thov tau cov kev pab txhais lus, muab cov ntaub ntawv txhais ua koj hom lus, los yog ua lwm hom.Tsuas hu rau **1-800-464-4000**, 24 teev ib hnub twg, 7 hnub ib lim tiam twg (cov hnub caiv kaw). Cov neeg siv TTY hu **711**.

Japanese: 当院では、言語支援を無料で、年中無休、終日ご利用いただけます。通訳サービス、日本語に翻訳された資料、あるいは資料を別の書式でも依頼できます。お気軽に **1-800-464-4000** までお電話ください（祭日を除き年中無休）。TTY ユーザーは **711** にお電話ください。

Khmer: ជំនួយភាសា គឺមានឥតអស់ថ្លៃដល់អ្នកទូទៅ 24 ម៉ោងឡើយ 24 ម៉ោងឡ មួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែ សំភារៈឡ ដែលបានបកប្រែទៅជាភាសាខ្មែរ ឬជាទំរង់ផ្សឹងទៀត។ គ្រាន់តែឡ ទូរស័ព្ទមកយើង តាមលេខ **1-800-464-4000** បាន 24 ម៉ោងមួយឡ ថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ (បិទថ្ងៃបុណ្យ)។ អ្នកប្រើ TTY ហៅលេខឡ **711**។ឡ

Korean: 요일 및 시간에 관계없이 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하는 통역 서비스, 귀하의 언어로 번역된 자료 또는 대체 형식의 자료를 요청할 수 있습니다. 요일 및 시간에 관계없이 **1-800-464-4000** 번으로 전화하십시오 (공휴일 휴무). TTY 사용자 번호 **711**.

Navajo: Saad bee áká'a'ayeed náhóló t'áá jiik'é, naadiin doo bibąą' dį́į' ahéé'iikeed tsosts'id yiskąąjį́ damoo ná'ádleehjį́. Atah halne'é áká'adoolwołígíí jóki, t'áadoo le'é t'áá hóhazaadjį́ hadilyąą'go, éí doodaii' nááná lá ał'ąą ádaat'ehígíí bee hádadilyaa'go. Kojį́ hodiilnih **1-800-464-4000**, naadiin doo bibąą' dį́į' ahéé'iikeed tsosts'id yiskąąjį́ damoo ná'ádleehjį́ [Dahodiyin biniiyé e'e'aahgo éí da'deelkaalÓ. TTY chodeeyoolínígíí kojį́ hodiilnih **711**

Punjabi: ਬਿਨਾਂਕਿਸੀਾਲਾਗਤਾਦੇ, ਦਿਨਾਦੇਾ24 ਘਟੇ, ਹਫਤੇਾਦੇਾ7 ਦਿਨ, ਦੁਭ ਸ਼ੀਆ ਸੇਵਾਵਾਂਤੁਹਾਡੇਾਲਈਾਉਪਲਬਧਾ ਹੈ।ਾਤੁਸੀਾਇੱਕਾਦੁਭਾਸ਼ੀਏ ਦੀਾ ਮਦਦਾਲਈ, ਸਮੱਗਰੀਆਂਨੰਆਪਣੀਾਭਾਸ਼ਾ ਵਿੱਚਾਅਨੁਵਾਦਾ ਕਰਵਾਉਣਾ ਲਈ, ਜਾਂਕਿਸੇਾਵੱਖਾਫਾਰਮੈਟਾਵਿੱਚਾਪ੍ਰਾਪਤਾਕਰਨਾਲਈਾਬੇਨਤੀਾਕਰਾਸਕਦੇਾ ਹੋ।ਾਬਸਾਸਿਰਫਾਸਾਨੂੰ**1-800-464-4000** ਤੇ, ਦਿਨਾਦੇਾ24 ਘਟੇ, ਹਫਤੇਾ ਦੇਾ7 ਦਿਨਾ(ਛੁੱਟੀਆਂਾਵਾਲੇ ਦਿਨਾਬੰਦਾਰਹਿੰਦਾ ਹੈ) ਫੋਨਾਕਰੋ।ਾTTY ਦਾ ਉਪਯੋਗਾਕਰਨਾਵਾਲੇ **711** ‘ਤੇਾਫੋਨਾਕਰਨ।ਾ

Russian: Мы бесплатно обеспечиваем Вас услугами перевода 24 часа в сутки, 7 дней в неделю. Вы можете воспользоваться помощью устного переводчика, запросить перевод материалов на свой язык или запросить их в одном из альтернативных форматов. Просто позвоните нам по телефону **1-800-464-4000**, который доступен 24 часа в сутки, 7 дней в неделю (кроме праздничных дней). Пользователи линии TTY могут звонить по номеру **711**.

Spanish: Contamos con asistencia de idiomas sin costo alguno para usted 24 horas al día, 7 días a la semana. Puede solicitar los servicios de un intérprete, que los materiales se traduzcan a su idioma o en formatos alternativos. Solo llame al **1-800-788-0616**, 24 horas al día, 7 días a la semana (cerrado los días festivos). Los usuarios de TTY, deben llamar al **711**.

Tagalog: May magagamit na tulong sa wika nang wala kang babayaran, 24 na oras bawat araw, 7 araw bawat linggo. Maaari kang humingi ng mga serbisyo ng tagasalin sa wika, mga babasahin na isinalin sa iyong wika o sa mga alternatibong format. Tawagan lamang kami sa **1-800-464-4000**, 24 na oras bawat araw, 7 araw bawat linggo (sarado sa mga pista opisyal). Ang mga gumagamit ng TTY ay maaaring tumawag sa **711**.

Thai: เรามีบริการล่ามฟรีสาหรับคุณตลอด 24 **ชั่วโมง ทุกวันตลอดชั่วโมงทาการของเราคุณสามารถขอให้ล่าม ช่วยตอบคำถามของคุณที่เกี่ยวกับความคุ้มครองการดูแล สุขภาพของเราและคุณยังสามารถขอให้มีการแปล เอกสารเป็นภาษาที่คุณใช้ได้โดยไม่มีการคิดค่าบริการ เพียงโทรหาเราที่หมายเลข 1-800-464-4000 ตลอด** 24 **ชั่วโมงทุกวัน (ปิดให้บริการในวันหยุดราชการ) ผู้ใช้** TTY **โปรดโทรไปที่ 711**

Vietnamese: Dịch vụ thông dịch được cung cấp miễn phí cho quý vị 24 giờ mỗi ngày, 7 ngày trong tuần. Quý vị có thể yêu cầu dịch vụ thông dịch, tài liệu phiên dịch ra ngôn ngữ của quý vị hoặc tài liệu bằng nhiều hình thức khác. Quý vị chỉ cần gọi cho chúng tôi tại số **1-800-464-4000**, 24 giờ mỗi ngày, 7 ngày trong tuần (trừ các ngày lễ). Người dùng TTY xin gọi **711**.