

# Kaiser Permanente 2021 Sample Fee List<sup>1</sup>

## What's a Sample Fee List?

Knowing how much you can expect to pay for care and services can help give you peace of mind. As a deductible plan member, you can use this list to help estimate what you might pay for medical services at Kaiser Permanente facilities.<sup>2</sup>

The fees listed here are the maximum amounts you may pay for each professional service, and do not include fees for medical offices or other services. The amount you're charged may be different depending on the care you get, medical offices (medical center or hospital), your plan, and if you've reached your deductible or out-of-pocket maximum.

Keep in mind that some services may also require related services that have additional costs, like an earwax cleaning ordered by your doctor during a hearing evaluation.

## How does your deductible plan work?

As a deductible plan member, you'll pay the full charges for covered services until you reach a set amount known as your deductible. After you reach your deductible, you'll start paying less – a copay or 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.

You also have an out-of-pocket maximum. If you reach your maximum, you won't have to pay for covered services for the rest of the year. For a small number of services, you may need to keep paying copays or coinsurance after reaching your out-of-pocket maximum.

Here's an example of how the costs of some services may change throughout the year:

Service	Before deductible, you pay	After deductible, you pay	After out-of-pocket maximum, you pay
X-ray of knee	\$74	Copay or coinsurance (e.g., \$10 or 20%)	\$0
Ultrasound of pelvis	\$242	Copay or coinsurance (e.g., \$10 or 20%)	\$0
Stress test	\$181	Copay or coinsurance (e.g., \$10 or 20%)	\$0

## How can you use the Sample Fee List?

You can use this resource to help you:

- Choose the right Kaiser Permanente deductible plan for you during open enrollment
- Estimate your out-of-pocket costs for medical services before and after you reach your deductible
- Estimate your spending on upcoming medical services if your plan comes with a flexible spending account (FSA), health incentive account (HIA), health reimbursement arrangement (HRA), or health savings account (HSA)
- Identify preventive care services, most of which are covered at no cost (for a full list, visit [kp.org/prevention](http://kp.org/prevention))

## Any questions?

We're here to help. For more information or to ask about a service not found on the list, please call the number on your Kaiser Permanente ID card. For cost estimates for a specific medical service or to ask about payment plans or other financial assistance, please contact Financial Counseling at **303-338-3025** or **1-877-803-1929 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m.

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

<sup>2</sup>The estimated fees in this Sample Fee List are valid as of January 1, 2021, and may change without notice.

The fees shown are for professional services only and do not include fees for medical offices 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 2 - Primary Care*	\$121
New patient visit, level 2 - Specialty Care*	\$205
New patient visit, level 3 - Primary Care*	\$171
New patient visit, level 3 - Specialty Care*	\$205
New patient visit, level 4 - Primary Care*	\$261
New patient visit, level 4 - Specialty Care*	\$313
New patient visit, level 5 (high severity) - Primary Care*	\$329
New patient visit, level 5 (high severity) - Specialty Care*	\$395
Established patient visit, level 1 (low severity) - Primary Care*	\$37
Established patient visit, level 1 (low severity) - Specialty Care*	\$44
Established patient visit, level 2 - Primary Care*	\$73
Established patient visit, level 2 - Specialty Care*	\$88
Established patient visit, level 3 - Primary Care*	\$119
Established patient visit, level 3 - Specialty Care*	\$143
Established patient visit, level 4 - Primary Care*	\$173
Established patient visit, level 4 - Specialty Care*	\$208
Established patient visit, level 5 (high severity) - Primary Care*	\$232
Established patient visit, level 5 (high severity) - Specialty Care*	\$278
<b>Office Visits (Preventive)</b>	
Well-baby office visit, new patient (under 1 year)*	\$216
Well-child office visit, new patient (1–4 years)*	\$227
Well-child office visit, new patient (5–11 years)*	\$236
Well-child office visit, new patient (12–17 years)*	\$267
Well-adult office visit, new patient (18–39 years)*	\$259
Well-adult office visit, new patient (40–64 years)*	\$299
Well-adult office visit, new patient (65 and older)*	\$325
Well-baby office visit, established patient (under 1 year)*	\$196
Well-child office visit, established patient (1–4 years)*	\$208
Well-child office visit, established patient (5–11 years)*	\$207
Well-child office visit, established patient (12–17 years)*	\$228
Well-adult office visit, established patient (18–39 years)*	\$233
Well-adult office visit, established patient (40–64 years)*	\$248
Well-adult office visit, established patient (65 and older)*	\$267

\*These services are covered at no cost on many plans if completed as part of a preventive screening. 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 have no cost or you may only have to pay a copay or coinsurance, depending on your plan.

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

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SERVICE	ESTIMATED FEES
<b>Specialist Consultations</b>	
Office consultation	\$93
Specialist visit, long	\$360
Specialist visit, short	\$176
Specialist visit, typical	\$241
<b>Emergency Visits</b>	
Emergency care by physician, level 1 (low severity)	\$133
Emergency care by physician, level 2	\$199
Emergency care by physician, level 3	\$365
Emergency care by physician, level 4 (high severity)	\$530
<b>Psychotherapy Visits</b>	
Group psychological therapy	\$36
Psychiatric diagnostic interview exam	\$185
Therapy	\$120
<b>Eye Examinations</b>	
Eye exam, refraction	\$31
Eye exam, routine visit, established patient	\$136
Eye exam, routine visit, new patient	\$130
Eye exam and treatment, established patient	\$194
Eye exam and treatment, new patient	\$231
Intermediate eye exam, established patient and refraction	\$167
Intermediate eye exam, new patient and refraction	\$161
Vision screening test*	\$7
<b>Hearing Services</b>	
Comprehensive audiometry evaluation	\$97
Ear cleaning	\$105
Eardrum test	\$41
Hearing screening test (pure tone, air only)*	\$30
<b>Physical Therapy Services</b>	
Electric stimulation therapy, treatment only	\$33
Physical therapy evaluation*	\$193
Physical therapy, exercises, treatment only	\$69
Physical therapy, hot and cold application, treatment only	\$14
Physical therapy, ultrasound, treatment only	\$32

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SERVICE	ESTIMATED FEES
<b>Vaccines and Other Injections</b>	
Allergy shot	\$24
Chickenpox vaccine*	\$127
Diphtheria, tetanus booster vaccine*	\$35
Diphtheria, tetanus, pertussis vaccine*	\$43
Flu shot, adults (18-64)*	\$43
Flu shot, children (3 years and older)*	\$26
Flu shot, infants*	\$26
Hepatitis B vaccine*	\$158
Intravenous push, single or initial substance/drug	\$101
Measles, mumps, and rubella vaccine*	\$86
Polio vaccine*	\$49
Respiratory syncytial virus	\$114
Therapeutic injection (administration only, does not include medication)	\$36
Therapeutic intravenous injection (administration only, does not include medication)	\$47
Vaccine administration, adult	\$33
Zoster vaccine*	\$275
<b>Tests and Procedures</b>	
Breathing capacity test	\$91
Breathing treatment	\$46
Colonoscopy and removal of abnormal tissue using cautery*	\$1,054
Colonoscopy and removal of abnormal tissue using snare technique*	\$985
Colonoscopy and removal of colon tissue for examination*	\$946
Diagnostic colonoscopy*	\$732
Diagnostic proctosigmoidoscopy	\$275
Diagnostic sigmoidoscopy	\$390
Draining fluid from around swollen joint	\$137
Electrocardiogram (EKG)	\$43
Electromyogram (EMG), one extremity	\$308
Fetal monitoring	\$95
Incisional biopsy of skin (e.g., wedge), single lesion	\$338
Incisional biopsy of skin, each additional lesion within same visit	\$159
Loop electrosurgical excision procedure (LEEP)	\$615
Punch biopsy of skin, single lesion	\$279
Punch biopsy of skin, each additional lesion within same visit	\$134
Removal of abnormal areas of skin	\$13
Sigmoidoscopy and removal of tissue for examination*	\$615
Stress test	\$181
Surgically destroying an abnormal area of skin	\$60

(continues)

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SERVICE	ESTIMATED FEES
<b>Tests and Procedures</b> <i>(continued)</i>	
Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette), single lesion	\$222
Tangential biopsy of skin, each additional lesion within same visit	\$118
Ultrasound test of heart	\$362
Vasectomy	\$803
<b>X-rays, CT Scans, and Other Imaging Studies</b>	
CT scan of chest, including dye	\$730
CT scan of pelvis, including dye	\$886
CT scan of pelvis, without dye	\$540
CT scan of sinus and nasal passages	\$711
CT scan of stomach area, with dye	\$909
CT scan of stomach area, without dye	\$554
DXA bone density scan, peripheral	\$71
Mammogram, diagnostic (one view)	\$296
Mammogram, diagnostic (two views)	\$373
Mammogram (screening)*	\$303
MRI of any joint of the lower extremity, without dye	\$856
MRI of any joint of the upper extremity, without dye	\$856
MRI of brain, including dye	\$1,150
MRI of brain, without dye	\$830
MRI of brain, without dye, followed by further sequences including dye	\$1,358
MRI, abdomen, with contrast	\$1,311
MRI, abdomen, without contrast	\$838
MRI, abdomen, without contrast, followed by with contrast	\$1,457
MRI, angiogram, pelvis	\$1,439
MRI, cervical spine, with contrast	\$1,175
MRI, cervical spine, without contrast	\$807
MRI, cervical spine, without dye, followed by further sequences including dye	\$1,369
MRI, head, with contrast	\$955
MRI, head, without contrast	\$914
MRI, lower extremity	\$1,454
MRI, lumbar spine, with contrast	\$1,156
MRI, lumbar spine, without contrast	\$809
MRI, lumbar spine, without dye, followed by further sequences including dye	\$1,366
MRI, neck, with contrast	\$1,024

*(continues)*

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SERVICE	ESTIMATED FEES
<b>X-rays, CT Scans, and Other Imaging Studies</b> <i>(continued)</i>	
MRI, neck, without contrast	\$918
MRI, thoracic spine, with contrast	\$1,167
MRI, thoracic spine, without contrast	\$807
MRI, thoracic spine, without dye, followed by further sequences including dye	\$1,371
MRI, upper extremity	\$1,787
Pregnancy ultrasound	\$340
Review of CT scan of head or brain	\$429
Ultrasound of pelvis	\$242
Ultrasound of stomach area	\$272
Vaginal ultrasound	\$272
X-ray for osteoporosis*	\$87
X-ray of ankle	\$70
X-ray of ankle (complete)	\$77
X-ray of both knees	\$86
X-ray of chest (one view)	\$56
X-ray of chest (two views)	\$72
X-ray of finger	\$79
X-ray of foot	\$61
X-ray of foot (complete)	\$72
X-ray of hand	\$67
X-ray of hand (complete)	\$77
X-ray of knee	\$74
X-ray of knee (complete)	\$97
X-ray of lower back bones	\$84
X-ray of neck	\$111
X-ray of neck bones	\$84
X-ray of shoulder	\$73
X-ray of stomach area (complete)	\$107
X-ray of stomach area (one view)	\$64
X-ray of wrist (complete)	\$86
X-ray of wrist (two views)	\$72

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SERVICE	ESTIMATED FEES
<b>Laboratory Tests</b>	
Albumin test	\$10
Alkaline phosphatase test	\$11
Allergy test	\$11
ALT liver function test	\$11
Amylase test	\$13
AST liver function test	\$11
Bilirubin test (total)	\$10
Blood antibody test	\$9
Blood clotting test	\$9
Blood sugar test, diagnostic	\$8
Blood sugar test, monitoring*	\$20
Calcium test (total)	\$11
Cholesterol level test	\$9
Complete blood count	\$16
Creatinine test	\$11
Hepatitis B surface antigen test*	\$21
Hepatitis C test*	\$29
Kidney function test	\$8
Laboratory chemistry test for creatine kinase	\$13
Lipid panel test*	\$28
Magnesium test	\$14
Pap test, cervical cancer screening*	\$49
Phosphorus test	\$10
Potassium test	\$10
Pregnancy test	\$16
Prostate test*	\$38
Sodium test	\$10
Strep A swab test	\$41
Test for blood in stool*	\$33
Thyroid stimulating hormone test	\$35
Urine bacteria colony count*	\$17
Urine test (complete)	\$8
Urine test (dipstick only)	\$5
Urine test (microanalysis only)	\$6

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## NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **1-800-632-9700** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 2500 South Havana, Aurora, CO 80014, or by phone at Member Services: 1-800-632-9700.

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 <https://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, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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## HELP IN YOUR LANGUAGE

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-800-632-9700** (TTY: **711**).

**አማርኛ (Amharic) ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-800-632-9700** (TTY: **711**)።

**العربية (Arabic) ملحوظة:** إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-632-9700** (TTY: **711**) .

**Bàsòò Wùdù (Bassa) Dè dɛ nìà kɛ dyédé gbo:** ɔ jũ ké ñ Bàsòò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò béin ñ gbo kpáa. Đá **1-800-632-9700** (TTY: **711**)

**中文 (Chinese) 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-632-9700** (TTY: **711**) 。

**فارسی (Farsi) توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-632-9700** (TTY: 711) تماس بگیرید.

**Français (French) ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-632-9700** (TTY: 711).

**Deutsch (German) ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.  
Rufnummer: **1-800-632-9700** (TTY: 711).

**Igbo (Igbo) NRUBAMA:** O bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ **1-800-632-9700** (TTY: 711).

**日本語 (Japanese) 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-632-9700** (TTY: 711) まで、お電話にてご連絡ください。

**한국어 (Korean) 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-632-9700** (TTY: 711) 번으로 전화해 주십시오.

**Naabeehó (Navajo) Díí baa akó nínízin:** Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hóló, kóji' hódíílnih **1-800-632-9700** (TTY: 711).

**नेपाली (Nepali) ध्यान दिनुहोस्:** तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । **1-800-632-9700** (TTY: 711) फोन गर्नुहोस् ।

**Afaan Oromoo (Oromo) XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-632-9700** (TTY: 711).

**Русский (Russian) ВНИМАНИЕ:** если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-632-9700** (TTY: 711).

**Español (Spanish) ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-632-9700** (TTY: 711).

**Tagalog (Tagalog) PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.  
Tumawag sa **1-800-632-9700** (TTY: 711).

**Tiếng Việt (Vietnamese) CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-632-9700** (TTY: 711).

**Yorùbá (Yoruba) AKIYESI:** Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-632-9700** (TTY: 711).