

Kaiser Permanente 2022 sample fee list¹

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.²

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	What you pay before reaching deductible	What you pay after reaching deductible	What you pay after out-of-pocket maximum
X-ray of knee	\$74	Copay or coinsurance (e.g., \$10 or 20%)	\$0
Ultrasound of pelvis	\$239	Copay or coinsurance (e.g., \$10 or 20%)	\$0
Stress test	\$175	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)

Any questions?

We're here to help. For more information or to ask about a service not found on the list, please call the Member Services 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.

¹This sample fee list only applies to members who get medical services from Kaiser Permanente facilities.

²The estimated fees in this sample fee list are valid as of January 1, 2022, 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
Office visits	
New patient visit, level 2 - Primary Care*	\$97
New patient visit, level 2 - Specialty Care*	\$116
New patient visit, level 3 - Primary Care*	\$149
New patient visit, level 3 - Specialty Care*	\$179
New patient visit, level 4 - Primary Care*	\$222
New patient visit, level 4 - Specialty Care*	\$266
New patient visit, level 5 (high severity) - Primary Care*	\$293
New patient visit, level 5 (high severity) - Specialty Care*	\$352
Established patient visit, level 1 (low severity) - Primary Care*	\$31
Established patient visit, level 1 (low severity) - Specialty Care*	\$37
Established patient visit, level 2 - Primary Care*	\$75
Established patient visit, level 2 - Specialty Care*	\$90
Established patient visit, level 3 - Primary Care*	\$121
Established patient visit, level 3 - Specialty Care*	\$145
Established patient visit, level 4 - Primary Care*	\$172
Established patient visit, level 4 - Specialty Care*	\$206
Established patient visit, level 5 (high severity) - Primary Care*	\$240
Established patient visit, level 5 (high severity) - Specialty Care*	\$288
Office visits (preventive)	
Well-baby office visit, new patient (under 1 year)*	\$213
Well-child office visit, new patient (1 to 4 years)*	\$223
Well-child office visit, new patient (5 to 11 years)*	\$231
Well-child office visit, new patient (12 to 17 years)*	\$259
Well-adult office visit, new patient (18 to 39 years)*	\$252
Well-adult office visit, new patient (40 to 64 years)*	\$291
Well-adult office visit, new patient (65 and older)*	\$316
Well-baby office visit, established patient (under 1 year)*	\$192
Well-child office visit, established patient (1 to 4 years)*	\$204
Well-child office visit, established patient (5 to 11 years)*	\$204
Well-child office visit, established patient (12 to 17 years)*	\$223
Well-adult office visit, established patient (18 to 39 years)*	\$227
Well-adult office visit, established patient (40 to 64 years)*	\$242
Well-adult office visit, established patient (65 and older)*	\$260

*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.

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SERVICE	ESTIMATED FEES
Specialist consultations	
Office consultation	\$89
Specialist visit, long	\$344
Specialist visit, short	\$168
Specialist visit, typical	\$230
Emergency visits	
Emergency care by physician, level 1 (low severity)	\$128
Emergency care by physician, level 2	\$217
Emergency care by physician, level 3	\$368
Emergency care by physician, level 4 (high severity)	\$536
Psychotherapy visits	
Group psychological therapy	\$31
Psychiatric diagnostic interview exam	\$200
Therapy	\$114
Eye examinations	
Eye exam, refraction	\$28
Eye exam, routine visit, established patient	\$131
Eye exam, routine visit, new patient	\$126
Eye exam and treatment, established patient	\$184
Eye exam and treatment, new patient	\$219
Intermediate eye exam, established patient and refraction	\$159
Intermediate eye exam, new patient and refraction	\$154
Vision screening test*	\$8
Hearing services	
Comprehensive audiometry evaluation	\$94
Ear cleaning	\$100
Eardrum test	\$41
Hearing screening test (pure tone, air only)*	\$29
Physical therapy services	
Electric stimulation therapy, treatment only	\$28
Physical therapy evaluation*	\$207
Physical therapy, exercises, treatment only	\$62
Physical therapy, hot and cold application, treatment only	\$13
Physical therapy, ultrasound, treatment only	\$30

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SERVICE	ESTIMATED FEES
Vaccines and other injections	
Allergy shot	\$23
Chicken pox vaccine*	\$111
Diphtheria, tetanus booster vaccine*	\$31
Diphtheria, tetanus, pertussis vaccine*	\$38
Flu shot, adults (18 to 64)*	\$35
Flu shot, children (3 years and older)*	\$24
Flu shot, infants*	\$24
Hepatitis B vaccine*	\$125
Intravenous push, single or initial substance/drug	\$103
Measles, mumps, and rubella vaccine*	\$76
Polio vaccine*	\$43
Respiratory syncytial virus	\$100
Therapeutic injection (administration only, does not include medication)	\$35
Therapeutic intravenous injection (administration only, does not include medication)	\$45
Vaccine administration, adult	\$31
Zoster vaccine*	\$242
Tests and procedures	
Breathing capacity test	\$74
Breathing treatment	\$35
Colonoscopy and removal of abnormal tissue using cautery*	\$1,086
Colonoscopy and removal of abnormal tissue using snare technique*	\$998
Colonoscopy and removal of colon tissue for examination*	\$968
Diagnostic colonoscopy*	\$745
Diagnostic proctosigmoidoscopy	\$288
Diagnostic sigmoidoscopy	\$413
Draining fluid from around swollen joint	\$135
Electrocardiogram (EKG)	\$36
Electromyogram (EMG), one extremity	\$299
Fetal monitoring	\$88
Incisional biopsy of skin (e.g., wedge), single lesion	\$343
Incisional biopsy of skin, each additional lesion within same visit	\$157
Loop electrosurgical excision procedure (LEEP)	\$589
Punch biopsy of skin, single lesion	\$281
Punch biopsy of skin, each additional lesion within same visit	\$131
Removal of abnormal areas of skin	\$14
Sigmoidoscopy and removal of tissue for examination*	\$649
Stress test	\$175
Surgically destroying an abnormal area of skin	\$60

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SERVICE	ESTIMATED FEES
Tests and procedures <i>(continued)</i>	
Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette), single lesion	\$225
Tangential biopsy of skin, each additional lesion within same visit	\$114
Ultrasound test of heart	\$362
Vasectomy	\$760
X-rays, CT scans, and other imaging studies	
CT scan of chest, including dye	\$657
CT scan of pelvis, including dye	\$840
CT scan of pelvis, without dye	\$519
CT scan of sinus and nasal passages	\$682
CT scan of stomach area, with dye	\$858
CT scan of stomach area, without dye	\$532
DXA bone density scan, peripheral	\$68
Mammogram, diagnostic (one view)	\$279
Mammogram, diagnostic (two views)	\$353
Mammogram (screening)*	\$286
MRI of any joint of the lower extremity, without dye	\$812
MRI of any joint of the upper extremity, without dye	\$815
MRI of brain, including dye	\$1,093
MRI of brain, without dye	\$784
MRI of brain, without dye, followed by further sequences including dye	\$1,289
MRI, abdomen, with contrast	\$1,248
MRI, abdomen, without contrast	\$793
MRI, abdomen, without contrast, followed by with contrast	\$1,388
MRI, angiogram, pelvis	\$1,377
MRI, cervical spine, with contrast	\$1,119
MRI, cervical spine, without contrast	\$766
MRI, cervical spine, without dye, followed by further sequences including dye	\$1,302
MRI, head, with contrast	\$915
MRI, head, without contrast	\$869
MRI, lower extremity	\$1,386
MRI, lumbar spine, with contrast	\$1,102
MRI, lumbar spine, without contrast	\$768
MRI, lumbar spine, without dye, followed by further sequences including dye	\$1,299
MRI, neck, with contrast	\$982

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X-rays, CT scans, and other imaging studies <i>(continued)</i>	
MRI, neck, without contrast	\$872
MRI, thoracic spine, with contrast	\$1,112
MRI, thoracic spine, without contrast	\$766
MRI, thoracic spine, without dye, followed by further sequences including dye	\$1,304
MRI, upper extremity	\$1,691
Pregnancy ultrasound	\$331
Review of CT scan of head or brain	\$412
Ultrasound of pelvis	\$239
Ultrasound of stomach area	\$264
Vaginal ultrasound	\$270
X-ray for osteoporosis*	\$82
X-ray of ankle	\$70
X-ray of ankle (complete)	\$79
X-ray of both knees	\$88
X-ray of chest (one view)	\$55
X-ray of chest (two views)	\$72
X-ray of finger	\$81
X-ray of foot	\$61
X-ray of foot (complete)	\$74
X-ray of hand	\$67
X-ray of hand (complete)	\$79
X-ray of knee	\$74
X-ray of knee (complete)	\$99
X-ray of lower back bones	\$86
X-ray of neck	\$114
X-ray of neck bones	\$85
X-ray of shoulder	\$74
X-ray of stomach area (complete)	\$107
X-ray of stomach area (one view)	\$64
X-ray of wrist (complete)	\$88
X-ray of wrist (two views)	\$73

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SERVICE	ESTIMATED FEES
Laboratory tests	
Albumin test	\$10
Alkaline phosphatase test	\$12
Allergy test	\$10
ALT liver function test	\$11
Amylase test	\$13
AST liver function test	\$10
Bilirubin test (total)	\$10
Blood antibody test	\$8
Blood clotting test	\$9
Blood sugar test, diagnostic	\$8
Blood sugar test, monitoring*	\$19
Calcium test (total)	\$10
Cholesterol level test	\$9
Complete blood count	\$15
Creatinine test	\$10
Hepatitis B surface antigen test*	\$20
Hepatitis C test*	\$28
Kidney function test	\$8
Laboratory chemistry test for creatine kinase	\$13
Lipid panel test*	\$27
Magnesium test	\$13
Pap test, cervical cancer screening*	\$47
Phosphorus test	\$9
Potassium test	\$9
Pregnancy test	\$15
Prostate test*	\$36
Sodium test	\$10
Strep A swab test	\$40
Test for blood in stool*	\$32
Thyroid stimulating hormone test	\$33
Urine bacteria colony count*	\$16
Urine test (complete)	\$8
Urine test (dipstick only)	\$4
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>.

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 ሊያግዝዎት 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**)፡

Bàsɔ̀̀ Wùdù (Bassa) Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké ò Bàsɔ̀̀-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò béìn ò gbo kpáa. Dá **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 buri na i na asu Igbo, oru enyemaka asusu, n'efu, diiri gi. Kpoo **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, éí ná hóló, koji' hódíilnih **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**).