

Kaiser Permanente 2014 Sample Fee List¹

NORTHERN CALIFORNIA

Knowing how much you can expect to pay for care and services can give you peace of mind so you can concentrate on the things you enjoy in life.

This Sample Fee List shows you estimated charges for many common medical services—like office visits, lab tests, and X-rays—when you receive care at Kaiser Permanente facilities.² Your charges may be different depending on the level of care you receive. Also keep in mind that some services may involve related services that have additional costs. For example, if your doctor removes a mole for testing, you'll probably be charged for the testing as well as the mole removal.

The amount you're charged for a service will depend on your plan coverage, whether you've reached your deductible or out-of-pocket maximum, and other factors. When you check in for care, the amount you're asked to pay may only be part of what you owe for the services you receive during your visit. You'll get a bill later for any balance you owe.

Use this Sample Fee List to help with the following:

- Choose the right Kaiser Permanente plan for your needs during open enrollment.
- Estimate how much you'll spend throughout the year for care and services at our facilities.
- Estimate the funds you may need in your health savings account (HSA), health reimbursement arrangement (HRA), or flexible spending account (FSA) to cover upcoming medical services, and manage your funds throughout the year.³

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

¹This Sample Fee List applies only to medical services received from Kaiser Permanente network providers.

²The estimated member charges in this Sample Fee List are valid as of January 1, 2014, and may change without notice.

³To use HSA or HRA features, you must be enrolled in an HSA-qualified deductible plan or a deductible plan with HRA.

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 CHARGE
Office Visits	
New patient visit, level 1 (low severity)	\$60
New patient visit, level 2	\$100
New patient visit, level 3	\$145
New patient visit, level 4	\$220
New patient visit, level 5 (high severity)	\$275
Established patient visit, level 1 (low severity)	\$30
Established patient visit, level 2	\$60
Established patient visit, level 3	\$100
Established patient visit, level 4	\$145
Established patient visit, level 5 (high severity)	\$195
Office Visits (Preventive)	
Well-baby office visit, new patient (under 1 year)*	\$150
Well-child office visit, new patient (1–4 years)*	\$155
Well-child office visit, new patient (5–11 years)*	\$160
Well-child office visit, new patient (12–17 years)*	\$180
Well-adult office visit, new patient (18–39 years)*	\$175
Well-adult office visit, new patient (40–64 years)*	\$205
Well-adult office visit, new patient (65 and older)*	\$220
Well-baby office visit, established patient (under 1 year)*	\$135
Well-child office visit, established patient (1–4 years)*	\$145
Well-child office visit, established patient (5–11 years)*	\$145
Well-child office visit, established patient (12–17 years)*	\$155
Well-adult office visit, established patient (18–39 years)*	\$160
Well-adult office visit, established patient (40–64 years)*	\$170
Well-adult office visit, established patient (65 and older)*	\$180
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)	\$125
Emergency care by a physician, level 2	\$185
Emergency care by a physician, level 3	\$275
Emergency care by a physician, level 4 (high severity)	\$415

*These services may be preventive and 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 have no cost or you may only have to pay a copay or coinsurance, depending on your plan.

SERVICE	ESTIMATED CHARGE
Psychotherapy Visits	
Group psychological therapy	\$40
Managing mental health drugs	\$73
Therapy	\$141
Eye Examinations	
Eye exam, routine visit, new patient	\$127
Eye exam and treatment, new patient	\$231
Eye exam, routine visit, established patient	\$135
Eye exam and treatment, established patient	\$193
Vision screening test*	\$6
Hearing Services	
Comprehensive audiometry evaluation	\$68
Ear cleaning	\$92
Eardrum test	\$30
Hearing screening test (pure tone, air only)*	\$25
Physical Therapy Services	
Electric stimulation therapy, treatment only	\$30
Physical therapy evaluation	\$137
Physical therapy exercises, treatment only	\$60
Physical therapy, hot and cold application, treatment only	\$11
Physical therapy, ultrasound, treatment only	\$23
Vaccines and Other Injections	
Allergy shot	\$20
Chickenpox vaccine*	\$152
Diphtheria, tetanus booster vaccine*	\$42
Diphtheria, tetanus, pertussis vaccine*	\$52
Flu shot, children (3 years and older)*	\$32
Flu shot, infants*	\$10
Hepatitis B vaccine*	\$99
Measles, mumps, and rubella vaccine*	\$104
Pneumococcal vaccine*	\$158
Polio vaccine*	\$59

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Kaiser Permanente Estimated Charges Northern California

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Vaccines and Other Injections <i>(continued)</i>	
Rubella vaccine*	\$55
Therapeutic prophylactic or diagnostic injection (administration only, does not include medication)*	\$50
Therapeutic prophylactic or diagnostic intra-arterial injection (administration only, does not include medication)*	\$38
Tests and Procedures	
Breathing capacity test	\$75
Breathing treatment	\$39
Colonoscopy and removal of abnormal tissue using cautery	\$844
Colonoscopy and removal of abnormal tissue using snare technique	\$956
Colonoscopy and removal of colon tissue for examination	\$854
Diagnostic colonoscopy	\$715
Diagnostic proctosigmoidoscopy	\$232
Diagnostic sigmoidoscopy	\$259
Draining fluid from around swollen joint	\$102
Electrocardiogram (EKG)	\$35
Fetal monitoring	\$83
Removal of abnormal areas of skin	\$12
Sigmoidoscopy and removal of tissue for examination	\$311
Skin biopsy	\$188
Stress test	\$152
Surgically destroying an abnormal area of skin	\$148
Ultrasound test of heart	\$220
X-rays, CT Scans, and Other Imaging Studies	
CT scan of chest, including dye	\$678
CT scan of pelvis, including dye	\$709
CT scan of pelvis, without dye	\$445
CT scan of sinus and nasal passages	\$561
CT scan of stomach area with dye	\$720
CT scan of stomach area, without dye	\$452
Mammogram	\$286
Mammogram (one side)	\$222
Mammogram (screening)*	\$203
Pregnancy ultrasound	\$372

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X-rays, CT Scans, and Other Imaging Studies <i>(continued)</i>	
Review of CT scan of the head or brain	\$425
Ultrasound of breast	\$229
Ultrasound of pelvis	\$322
Ultrasound of stomach area	\$350
Vaginal ultrasound	\$189
X-ray for osteoporosis	\$130
X-ray of abdomen (complete)	\$126
X-ray of ankle	\$75
X-ray of ankle (complete)	\$88
X-ray of both knees	\$94
X-ray of chest	\$77
X-ray of chest (one view interpretation)	\$60
X-ray of finger	\$89
X-ray of foot	\$72
X-ray of foot (complete)	\$82
X-ray of hand	\$72
X-ray of hand (complete)	\$85
X-ray of hip	\$102
X-ray of knee	\$80
X-ray of knee (complete)	\$115
X-ray of lower back bones	\$92
X-ray of neck	\$124
X-ray of neck bones	\$91
X-ray of shoulder	\$79
X-ray of stomach area (one view)	\$62
X-ray of wrist (complete)	\$99
X-ray of wrist (two views)	\$85
Laboratory Tests	
Albumin test	\$12
Alkaline phosphatase test	\$13
Allergy test	\$13
ALT test	\$13
Amylase test	\$16
AST test	\$13
Bilirubin test (total)	\$12

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SERVICE	ESTIMATED CHARGE
Laboratory Tests <i>(continued)</i>	
Blood antibody test	\$10
Blood clotting test	\$10
Blood sugar test, diagnostic	\$10
Blood sugar test, monitoring	\$24
Calcium test (total)	\$13
Cholesterol level test*	\$11
Complete blood count	\$19
Creatinine test	\$13
Hepatitis B surface antigen test	\$25
Hepatitis C test	\$35
Kidney function test	\$10
Laboratory chemistry test for creatine kinase	\$16
Lipid panel test*	\$33
Magnesium test	\$16
Pap test, cervical cancer screening*	\$26
Phosphorus test	\$12
Potassium test	\$11
Pregnancy test	\$18
Prostate test*	\$45
Sodium test	\$12
Strep–A–Swab test	\$49
Test for blood in stool	\$8
Test for genital warts	\$86
Thyroid stimulating hormone test	\$41
Urine bacteria colony count	\$20
Urine test (complete)	\$8
Urine test (dipstick only)	\$6
Urine test (microanalysis only)	\$7

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