

Kaiser Permanente 2011 Sample Fee List

Members in any deductible plan can use the sample fee list to estimate charges.

SOUTHERN CALIFORNIA

As your partner in health, we want to help you better manage your care. Staying on top of your finances, related to how much you spend on health care, helps give you peace of mind so you can concentrate on the things in life you enjoy. **This Sample Fee List shows estimated member charges for some commonly used medical services**—such as office visits, lab tests, and X-rays—when provided at Kaiser Permanente medical centers, medical offices, and other facilities. When you receive care or services from a provider at a non-Kaiser Permanente facility, even if the provider is under contract to provide services for Kaiser Permanente members, the charges may be different.

The amount of charges you pay out of your own pocket will depend on your plan coverage and whether or not your provider is a Kaiser Permanente practitioner and other criteria. Additionally, your benefit plan may cover services at different levels of copayment or coinsurance.

Use this Sample Fee List for Southern California to help you:

- Estimate your out-of-pocket medical spending for the coming year based on the care and services you expect to use from our facilities.
- Manage your Health Savings Account (HSA) or Health Reimbursement Account (HRA) balance if you're enrolled in a Kaiser Permanente HSA Qualified Deductible HMO Plan or Kaiser Permanente Deductible HMO Plan with HRA. These HSA and HRA products are not available in all regions. Contact our Member Service Call Center for information about availability in your area.
- Plan for health care costs.
- Review your benefit options during open enrollment. You may choose another Kaiser Permanente benefit option that better fits your needs at this time.
- Estimate the funds you may need for your flexible spending account.

For more information about our charges or if you have questions about a service that's not listed, please contact Member Services at **1-800-390-3507**, Monday through Friday, from 7 a.m. to 5 p.m.

The estimated member charges in the Sample Fee List are valid as of 1/1/2011 and are subject to change without notice.

| SERVICE | ESTIMATED CHARGE |
|--|------------------|
| Office Visits | |
| New patient visit, level 1 (low severity) | \$50 |
| New patient visit, level 2 | \$80 |
| New patient visit, level 3 | \$120 |
| New patient visit, level 4 | \$165 |
| New patient visit, level 5 (high severity) | \$205 |
| Established patient visit, level 1 (low severity) | \$35 |
| Established patient visit, level 2 | \$50 |
| Established patient visit, level 3 | \$70 |
| Established patient visit, level 4 | \$110 |
| Established patient visit, level 5 (high severity) | \$150 |
| Office Visits (Preventive) | |
| Well-baby office visit, new patient (under 1 year)* | \$110 |
| Well-child office visit, new patient (1–4 years)* | \$120 |
| Well-child office visit, new patient (5–11 years)* | \$120 |
| Well-child office visit, new patient (12–17 years)* | \$125 |
| Well-adult office visit, new patient (18–39 years)* | \$130 |
| Well-adult office visit, new patient (40–64 years)* | \$150 |
| Well-adult office visit, new patient (65 and older)* | \$170 |
| Well-baby office visit, established patient (under 1 year)* | \$90 |
| Well-child office visit, established patient (1–4 years)* | \$100 |
| Well-child office visit, established patient (5–11 years)* | \$100 |
| Well-child office visit, established patient (12–17 years)* | \$105 |
| Well-adult office visit, established patient (18–39 years)* | \$110 |
| Well-adult office visit, established patient (40–64 years)* | \$125 |
| Well-adult office visit, established patient (65 and older)* | \$140 |
| 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 are typically covered at little to no cost share and not subject to the deductible.
For information about your coverage, please see your *Evidence of Coverage*.

| SERVICE | ESTIMATED CHARGE |
|--|------------------|
| Psychotherapy Visits | |
| Group psychological therapy | \$65 |
| Managing mental health drugs | \$75 |
| Therapy | \$121 |
| Eye Examinations | |
| Eye exam, routine visit, new patient | \$115 |
| Eye exam and treatment, new patient | \$173 |
| Eye exam, routine visit, established patient | \$90 |
| Eye exam and treatment, established patient | \$150 |
| Vision screening test | \$6 |
| Hearing Services | |
| Comprehensive audiometry evaluation | \$80 |
| Ear cleaning | \$79 |
| Eardrum test | \$33 |
| Hearing screening test (pure tone, air only) | \$18 |
| Physical Therapy Services | |
| Electric stimulation therapy, treatment only | \$23 |
| Physical therapy evaluation | \$82 |
| Physical therapy exercises, treatment only | \$40 |
| Physical therapy, hot and cold application, treatment only | \$14 |
| Physical therapy, ultrasound, treatment only | \$19 |
| Vaccines and Other Injections | |
| Allergy shot | \$20 |
| Chickenpox vaccine* | \$98 |
| Diphtheria, tetanus booster vaccine* | \$24 |
| Diphtheria, tetanus, pertussis vaccine* | \$25 |
| Flu shot, children (3 years and older)* | \$18 |
| Flu shot, infants* | \$16 |
| Hepatitis B vaccine* | \$89 |
| Measles, mumps, and rubella vaccine* | \$59 |
| Pneumococcal vaccine* | \$111 |
| Polio vaccine* | \$33 |

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| SERVICE | ESTIMATED CHARGE |
|---|------------------|
| Vaccines and Other Injections <i>(continued)</i> | |
| Rubella vaccine* | \$28 |
| Therapeutic prophylactic or diagnostic injection (administration only, does not include medication)* | \$45 |
| Therapeutic prophylactic or diagnostic intra-arterial injection (administration only, does not include medication)* | \$30 |
| Tests and Procedures | |
| Breathing capacity test | \$55 |
| Breathing treatment | \$21 |
| Colonoscopy and removal of abnormal tissue using cautery | \$739 |
| Colonoscopy and removal of abnormal tissue using snare technique | \$845 |
| Colonoscopy and removal of colon tissue for examination | \$750 |
| Diagnostic colonoscopy | \$640 |
| Diagnostic proctosigmoidoscopy | \$125 |
| Diagnostic sigmoidoscopy | \$208 |
| Draining fluid from around swollen joint | \$114 |
| Electrocardiogram (EKG) | \$38 |
| Fetal monitoring | \$74 |
| Removal of abnormal areas of skin | \$15 |
| Sigmoidoscopy and removal of tissue for examination | \$276 |
| Skin biopsy | \$127 |
| Stress test | \$173 |
| Surgically destroying an abnormal area of skin | \$81 |
| Ultrasound test of heart | \$293 |
| X-rays, CT Scans, and Other Imaging Studies | |
| CT scan of chest, including dye | \$532 |
| CT scan of pelvis, including dye | \$513 |
| CT scan of pelvis, without dye | \$447 |
| CT scan of sinus and nasal passages | \$561 |
| CT scan of stomach area with dye | \$551 |
| CT scan of stomach area, without dye | \$467 |
| Mammogram | \$159 |
| Mammogram (one side) | \$128 |
| Mammogram (screening) | \$133 |
| Pregnancy ultrasound | \$207 |

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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 | \$375 |
| Ultrasound of breast | \$120 |
| Ultrasound of pelvis | \$186 |
| Ultrasound of stomach area | \$203 |
| Vaginal ultrasound | \$191 |
| X-ray for osteoporosis | \$193 |
| X-ray of abdomen (complete) | \$72 |
| X-ray of ankle | \$45 |
| X-ray of ankle (complete) | \$51 |
| X-ray of both knees | \$46 |
| X-ray of chest | \$56 |
| X-ray of chest (one view interpretation) | \$45 |
| X-ray of finger | \$39 |
| X-ray of foot | \$45 |
| X-ray of foot (complete) | \$51 |
| X-ray of hand | \$43 |
| X-ray of hand (complete) | \$51 |
| X-ray of hip | \$56 |
| X-ray of knee | \$45 |
| X-ray of knee (complete) | \$58 |
| X-ray of lower back bones | \$62 |
| X-ray of neck | \$84 |
| X-ray of neck bones | \$56 |
| X-ray of shoulder | \$55 |
| X-ray of stomach area (one view) | \$47 |
| X-ray of wrist (complete) | \$51 |
| X-ray of wrist (two views) | \$45 |
| Laboratory Tests | |
| Albumin test | \$12 |
| Alkaline phosphatase test | \$12 |
| Allergy test | \$12 |
| ALT test | \$12 |
| Amylase test | \$14 |
| AST test | \$12 |
| Bilirubin test (total) | \$12 |
| Blood antibody test | \$9 |

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| SERVICE | ESTIMATED CHARGE |
|---|------------------|
| Laboratory Tests <i>(continued)</i> | |
| Blood clotting test | \$10 |
| Blood sugar test, diagnostic | \$10 |
| Blood sugar test, monitoring | \$23 |
| Calcium test (total) | \$12 |
| Cholesterol level test | \$11 |
| Complete blood count | \$17 |
| Creatinine test | \$12 |
| Hepatitis B surface antigen test | \$21 |
| Hepatitis C test | \$26 |
| Kidney function test | \$10 |
| Laboratory chemistry test for creatine kinase | \$16 |
| Lipid panel test | \$30 |
| Magnesium test | \$16 |
| Pap test, cervical cancer screening | \$26 |
| Phosphorus test | \$12 |
| Potassium test | \$11 |
| Pregnancy test | \$18 |
| Prostate test | \$43 |
| Sodium test | \$12 |
| Strep-A-Swab test | \$46 |
| Test for blood in stool | \$7 |
| Test for genital warts | \$81 |
| Thyroid stimulating hormone test | \$32 |
| Urine bacteria colony count | \$18 |
| Urine test (complete) | \$7 |
| Urine test (dipstick only) | \$5 |
| Urine test (microanalysis only) | \$6 |

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