

# Kaiser Permanente 2012 Sample Fee List

Members in any deductible plan<sup>1</sup> can use this list to help estimate their charges.

## NORTHERN CALIFORNIA

---

As your partner in health, we want to help you manage your health care spending. Knowing how much you can expect to pay for care and services gives you peace of mind so you can concentrate on the things in life you enjoy.

This Sample Fee List<sup>2</sup> shows you estimated charges for some commonly used medical services—such as office visits, lab tests, and X-rays—when you receive care at Kaiser Permanente facilities. Your charges may be different if you receive care or services from a contracted provider at a non-Kaiser Permanente facility.

The amount you pay out of your own pocket for a service will depend on your plan coverage, whether you've reached your deductible or out-of-pocket maximum, and other factors. The amount you are asked to pay may be a copay (a fixed dollar amount you pay for services) or coinsurance (a percentage of charges you pay for services).

### Use this Sample Fee List to help you:

- Estimate how much you'll spend throughout the year for care and services at our facilities.
- Manage funds in your health savings account (HSA) or health reimbursement arrangement (HRA) account to cover upcoming medical services.<sup>3</sup>
- Review your benefit options during open enrollment. If you have a choice of plans, the amount you pay out of your own pocket for care may vary, so knowing how much services cost can help you choose the best Kaiser Permanente plan for you.
- Estimate the funds you may need for your flexible spending account.

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

<sup>1</sup>This Sample Fee List does not apply to medical services received from any network providers who are not Kaiser Permanente providers. This includes services received in a Kaiser Permanente PPO Insurance Plan, the participating provider and non-participating provider options (Tiers 2 and 3) of a Kaiser Permanente Point-of-Service Plan, or a Kaiser Permanente Out-of-Area Indemnity Plan.

<sup>2</sup>The estimated member charges in this Sample Fee List are valid as of January 1, 2012, and may change without notice.

<sup>3</sup>You must be enrolled in an HSA-qualified deductible plan or a deductible plan with HRA to use these features.

| SERVICE  | ESTIMATED CHARGE |
|--|------------------|
| <b>Office Visits</b>   |                  |
| New patient visit, level 1 (low severity)  | \$55             |
| New patient visit, level 2   | \$90             |
| New patient visit, level 3   | \$130            |
| New patient visit, level 4   | \$195            |
| New patient visit, level 5 (high severity)   | \$245            |
| Established patient visit, level 1 (low severity)  | \$25             |
| Established patient visit, level 2   | \$55             |
| Established patient visit, level 3   | \$85             |
| Established patient visit, level 4   | \$130            |
| Established patient visit, level 5 (high severity)   | \$175            |
| <b>Office Visits (Preventive)</b>  |                  |
| Well-baby office visit, new patient (under 1 year)*  | \$120            |
| Well-child office visit, new patient (1–4 years)*  | \$130            |
| Well-child office visit, new patient (5–11 years)*   | \$130            |
| Well-child office visit, new patient (12–17 years)*  | \$140            |
| Well-adult office visit, new patient (18–39 years)*  | \$140            |
| Well-adult office visit, new patient (40–64 years)*  | \$160            |
| Well-adult office visit, new patient (65 and older)*   | \$180            |
| Well-baby office visit, established patient (under 1 year)*  | \$100            |
| Well-child office visit, established patient (1–4 years)*  | \$110            |
| Well-child office visit, established patient (5–11 years)*   | \$110            |
| Well-child office visit, established patient (12–17 years)*  | \$120            |
| Well-adult office visit, established patient (18–39 years)*  | \$120            |
| Well-adult office visit, established patient (40–64 years)*  | \$135            |
| Well-adult office visit, established patient (65 and older)*   | \$150            |
| <b>Emergency Care by a Physician</b><br>(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 may be 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 only have to pay a copay or coinsurance, depending on your plan.

Kaiser Permanente Estimated Charges Northern California

| SERVICE  | ESTIMATED CHARGE |
|--|------------------|
| <b>Psychotherapy Visits</b>                                |                  |
| Group psychological therapy                                | \$50             |
| Managing mental health drugs                               | \$95             |
| Therapy  | \$135            |
| <b>Eye Examinations</b>                                    |                  |
| Eye exam, routine visit, new patient                       | \$126            |
| Eye exam and treatment, new patient                        | \$233            |
| Eye exam, routine visit, established patient               | \$135            |
| Eye exam and treatment, established patient                | \$194            |
| Vision screening test                                      | \$5              |
| <b>Hearing Services</b>                                    |                  |
| Comprehensive audiometry evaluation                        | \$67             |
| Ear cleaning   | \$76             |
| Eardrum test   | \$26             |
| Hearing screening test (pure tone, air only)               | \$21             |
| <b>Physical Therapy Services</b>                           |                  |
| Electric stimulation therapy, treatment only               | \$24             |
| Physical therapy evaluation                                | \$119            |
| Physical therapy exercises, treatment only                 | \$50             |
| Physical therapy, hot and cold application, treatment only | \$9              |
| Physical therapy, ultrasound, treatment only               | \$19             |
| <b>Vaccines and Other Injections</b>                       |                  |
| Allergy shot   | \$20             |
| Chickenpox vaccine*  | \$94             |
| Diphtheria, tetanus booster vaccine*                       | \$27             |
| Diphtheria, tetanus, pertussis vaccine*                    | \$35             |
| Flu shot, children (3 years and older)*                    | \$20             |
| Flu shot, infants*   | \$9              |
| Hepatitis B vaccine*                                       | \$88             |
| Measles, mumps, and rubella vaccine*                       | \$64             |
| Pneumococcal vaccine*                                      | \$141            |
| Polio vaccine*   | \$36             |

(continues)

\*These services may be 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 only have to pay a copay or coinsurance, depending on your plan.

Kaiser Permanente Estimated Charges Northern California

| SERVICE   | ESTIMATED CHARGE |
|---|------------------|
| <b>Vaccines and Other Injections</b> <i>(continued)</i>   |                  |
| Rubella vaccine*  | \$35             |
| Therapeutic prophylactic or diagnostic injection (administration only, does not include medication)*                | \$40             |
| Therapeutic prophylactic or diagnostic intra-arterial injection (administration only, does not include medication)* | \$33             |
| <b>Tests and Procedures</b>   |                  |
| Breathing capacity test   | \$60             |
| Breathing treatment   | \$29             |
| Colonoscopy and removal of abnormal tissue using cautery  | \$714            |
| Colonoscopy and removal of abnormal tissue using snare technique  | \$814            |
| Colonoscopy and removal of colon tissue for examination   | \$726            |
| Diagnostic colonoscopy  | \$605            |
| Diagnostic proctosigmoidoscopy  | \$178            |
| Diagnostic sigmoidoscopy  | \$216            |
| Draining fluid from around swollen joint  | \$117            |
| Electrocardiogram (EKG)   | \$35             |
| Fetal monitoring  | \$70             |
| Removal of abnormal areas of skin   | \$11             |
| Sigmoidoscopy and removal of tissue for examination   | \$269            |
| Skin biopsy   | \$159            |
| Stress test   | \$160            |
| Surgically destroying an abnormal area of skin  | \$124            |
| Ultrasound test of heart  | \$260            |
| <b>X-rays, CT Scans, and Other Imaging Studies</b>  |                  |
| CT scan of chest, including dye   | \$632            |
| CT scan of pelvis, including dye  | \$598            |
| CT scan of pelvis, without dye  | \$492            |
| CT scan of sinus and nasal passages   | \$629            |
| CT scan of stomach area with dye  | \$679            |
| CT scan of stomach area, without dye  | \$499            |
| Mammogram   | \$218            |
| Mammogram (one side)  | \$170            |
| Mammogram (screening)   | \$159            |
| Pregnancy ultrasound  | \$289            |

*(continues)*

\*These services may be 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 only have to pay a copay or coinsurance, depending on your plan.

| SERVICE   | ESTIMATED CHARGE |
|---|------------------|
| <b>X-rays, CT Scans, and Other Imaging Studies</b> <i>(continued)</i> |                  |
| Review of CT scan of the head or brain                                | \$400            |
| Ultrasound of breast  | \$178            |
| Ultrasound of pelvis  | \$251            |
| Ultrasound of stomach area  | \$272            |
| Vaginal ultrasound  | \$252            |
| X-ray for osteoporosis  | \$194            |
| X-ray of abdomen (complete)   | \$97             |
| X-ray of ankle  | \$57             |
| X-ray of ankle (complete)   | \$65             |
| X-ray of both knees   | \$68             |
| X-ray of chest  | \$62             |
| X-ray of chest (one view interpretation)                              | \$45             |
| X-ray of finger   | \$63             |
| X-ray of foot   | \$55             |
| X-ray of foot (complete)  | \$64             |
| X-ray of hand   | \$55             |
| X-ray of hand (complete)  | \$64             |
| X-ray of hip  | \$77             |
| X-ray of knee   | \$61             |
| X-ray of knee (complete)  | \$84             |
| X-ray of lower back bones   | \$81             |
| X-ray of neck   | \$106            |
| X-ray of neck bones   | \$78             |
| X-ray of shoulder   | \$61             |
| X-ray of stomach area (one view)                                      | \$49             |
| X-ray of wrist (complete)   | \$74             |
| X-ray of wrist (two views)  | \$60             |
| <b>Laboratory Tests</b>   |                  |
| Albumin test  | \$12             |
| Alkaline phosphatase test   | \$12             |
| Allergy test  | \$12             |
| ALT test  | \$13             |
| Amylase test  | \$15             |
| AST test  | \$12             |
| Bilirubin test (total)  | \$12             |

*(continues)*

| SERVICE                                       | ESTIMATED CHARGE |
|---|------------------|
| <b>Laboratory Tests</b> <i>(continued)</i>    |                  |
| Blood antibody test                           | \$10             |
| Blood clotting test                           | \$9              |
| Blood sugar test, diagnostic                  | \$9              |
| Blood sugar test, monitoring                  | \$23             |
| Calcium test (total)                          | \$12             |
| Cholesterol level test                        | \$10             |
| Complete blood count                          | \$19             |
| Creatinine test                               | \$12             |
| Hepatitis B surface antigen test              | \$25             |
| Hepatitis C test                              | \$34             |
| Kidney function test                          | \$9              |
| Laboratory chemistry test for creatine kinase | \$16             |
| Lipid panel test                              | \$32             |
| Magnesium test                                | \$16             |
| Pap test, cervical cancer screening           | \$25             |
| Phosphorus test                               | \$11             |
| Potassium test                                | \$11             |
| Pregnancy test                                | \$18             |
| Prostate test                                 | \$44             |
| Sodium test                                   | \$11             |
| Strep-A-Swab test                             | \$48             |
| Test for blood in stool                       | \$8              |
| Test for genital warts                        | \$84             |
| Thyroid stimulating hormone test              | \$40             |
| Urine bacteria colony count                   | \$19             |
| Urine test (complete)                         | \$8              |
| Urine test (dipstick only)                    | \$5              |
| Urine test (microanalysis only)               | \$7              |

These estimated member charges are valid as of January 1, 2012, and may change without notice.