

Kaiser Permanente 2011 Sample Fee List

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

NORTHERN 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 on 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 Northern 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 Arrangement (HRA) balance if you're enrolled in a Kaiser Permanente HSA qualified deductible plan or a Kaiser Permanente deductible plan with an HRA. These HSA and HRA products are not available in all regions. Contact Member Services or Customer Service 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 or if you have questions about a service that's not listed, please contact Member Services or Customer Service at the number provided on your member card.

*This Sample Fee List does not apply to the KPIC Preferred Provider Organization (PPO) Plan, the PPO and out-of-network (tier 2 and 3) portions of the Point-of-Service (POS) Plan, or the Out-of-Area Plan.

The estimated member charges in the Sample Fee List are valid as of 9/1/2011 and are subject to change without notice.

SERVICE	ESTIMATED CHARGE
Office Visits	
New patient visit, level 1 (low severity)	\$60
New patient visit, level 2	\$95
New patient visit, level 3	\$130
New patient visit, level 4	\$195
New patient visit, level 5 (high severity)	\$250
Established patient visit, level 1 (low severity)	\$40
Established patient visit, level 2	\$60
Established patient visit, level 3	\$85
Established patient visit, level 4	\$125
Established patient visit, level 5 (high severity)	\$175
Office Visits (Preventive)	
Well-baby office visit, new patient (under 1 year)*	\$130
Well-child office visit, new patient (1–4 years)*	\$140
Well-child office visit, new patient (5–11 years)*	\$145
Well-child office visit, new patient (12–17 years)*	\$155
Well-adult office visit, new patient (18–39 years)*	\$170
Well-adult office visit, new patient (40–64 years)*	\$190
Well-adult office visit, new patient (65 and older)*	\$215
Well-baby office visit, established patient (under 1 year)*	\$105
Well-child office visit, established patient (1–4 years)*	\$115
Well-child office visit, established patient (5–11 years)*	\$115
Well-child office visit, established patient (12–17 years)*	\$125
Well-adult office visit, established patient (18–39 years)*	\$130
Well-adult office visit, established patient (40–64 years)*	\$160
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)	\$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*.

Kaiser Permanente Estimated Charges Northern California

SERVICE	ESTIMATED CHARGE
Psychotherapy Visits	
Group psychological therapy	\$80
Managing mental health drugs	\$89
Therapy	\$142
Eye Examinations	
Eye exam, routine visit, new patient	\$115
Eye exam and treatment, new patient	\$193
Eye exam, routine visit, established patient	\$115
Eye exam and treatment, established patient	\$161
Vision screening test	\$9
Hearing Services	
Comprehensive audiometry evaluation	\$90
Ear cleaning	\$81
Eardrum test	\$40
Hearing screening test (pure tone, air only)	\$24
Physical Therapy Services	
Electric stimulation therapy, treatment only	\$28
Physical therapy evaluation	\$109
Physical therapy exercises, treatment only	\$45
Physical therapy, hot and cold application, treatment only	\$10
Physical therapy, ultrasound, treatment only	\$23
Vaccines and Other Injections	
Allergy shot	\$25
Chickenpox vaccine*	\$98
Diphtheria, tetanus booster vaccine*	\$30
Diphtheria, tetanus, pertussis vaccine*	\$34
Flu shot, children (3 years and older)*	\$20
Flu shot, infants*	\$16
Hepatitis B vaccine*	\$108
Measles, mumps, and rubella vaccine*	\$59
Pneumococcal vaccine*	\$138
Polio vaccine*	\$33

(continues)

*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*.

Kaiser Permanente Estimated Charges Northern California

SERVICE	ESTIMATED CHARGE
Vaccines and Other Injections <i>(continued)</i>	
Rubella vaccine*	\$28
Therapeutic prophylactic or diagnostic injection (administration only, does not include medication)*	\$32
Therapeutic prophylactic or diagnostic Intra-Arterial injection (administration only, does not include medication)*	\$40
Tests and Procedures	
Breathing capacity test	\$65
Breathing treatment	\$30
Colonoscopy and removal of abnormal tissue using cautery	\$928
Colonoscopy and removal of abnormal tissue using snare technique	\$1,039
Colonoscopy and removal of colon tissue for examination	\$850
Diagnostic colonoscopy	\$640
Diagnostic proctosigmoidoscopy	\$128
Diagnostic sigmoidoscopy	\$247
Draining fluid from around swollen joint	\$128
Electrocardiogram (EKG)	\$45
Fetal monitoring	\$100
Removal of abnormal areas of skin	\$15
Sigmoidoscopy and removal of tissue for examination	\$276
Skin biopsy	\$143
Stress test	\$210
Surgically destroying an abnormal area of skin	\$86
Ultrasound test of heart	\$360
X-rays, CT Scans, and Other Imaging Studies	
CT scan of chest, including dye	\$734
CT scan of pelvis, including dye	\$707
CT scan of pelvis, without dye	\$582
CT scan of sinus and nasal passages	\$739
CT scan of stomach area with dye	\$715
CT scan of stomach area, without dye	\$581
Mammogram	\$242
Mammogram (one side)	\$169
Mammogram (screening)	\$185
Pregnancy ultrasound	\$253

(continues)

*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*.

Kaiser Permanente Estimated Charges Northern California

SERVICE	ESTIMATED CHARGE
X-rays, CT Scans, and Other Imaging Studies <i>(continued)</i>	
Review of CT scan of the head or brain	\$335
Ultrasound of breast	\$146
Ultrasound of pelvis	\$203
Ultrasound of stomach area	\$230
Vaginal ultrasound	\$225
X-ray for osteoporosis	\$236
X-ray of abdomen (complete)	\$92
X-ray of ankle	\$52
X-ray of ankle (complete)	\$63
X-ray of both knees	\$58
X-ray of chest	\$75
X-ray of chest (one view interpretation)	\$50
X-ray of finger	\$46
X-ray of foot	\$58
X-ray of foot (complete)	\$63
X-ray of hand	\$54
X-ray of hand (complete)	\$63
X-ray of hip	\$65
X-ray of knee	\$63
X-ray of knee (complete)	\$76
X-ray of lower back bones	\$80
X-ray of neck	\$109
X-ray of neck bones	\$72
X-ray of shoulder	\$66
X-ray of stomach area (one view)	\$66
X-ray of wrist (complete)	\$63
X-ray of wrist (two views)	\$55
Laboratory Tests	
Albumin test	\$11
Alkaline phosphatase test	\$13
Allergy test	\$14
ALT test	\$13
Amylase test	\$17
AST test	\$12
Bilirubin test (total)	\$13

(continues)

Kaiser Permanente Estimated Charges Northern California

SERVICE	ESTIMATED CHARGE
Laboratory Tests <i>(continued)</i>	
Blood antibody test	\$9
Blood clotting test	\$9
Blood sugar test, diagnostic	\$11
Blood sugar test, monitoring	\$22
Calcium test (total)	\$11
Cholesterol level test	\$9
Complete blood count	\$15
Creatinine test	\$11
Hepatitis B surface antigen test	\$23
Hepatitis C test	\$31
Kidney function test	\$9
Laboratory chemistry test for creatine kinase	\$12
Lipid panel test	\$27
Magnesium test	\$16
Pap test, cervical cancer screening	\$22
Phosphorus test	\$10
Potassium test	\$11
Pregnancy test	\$18
Prostate test	\$36
Sodium test	\$11
Strep-A-Swab test	\$43
Test for blood in stool	\$7
Test for genital warts	\$88
Thyroid stimulating hormone test	\$36
Urine bacteria colony count	\$17
Urine test (complete)	\$7
Urine test (dipstick only)	\$6
Urine test (microanalysis only)	\$6

These estimated member charges are valid as of 9/1/2011 and are subject to change without notice.