

# Kaiser Permanente 2016 Sample Fees List<sup>1</sup>

Members in any deductible plan can use this list to help estimate their fees.

**COLORADO**

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 can give you peace of mind so you can concentrate on the things you enjoy in life.

This Sample Fees List shows you estimated fees<sup>2</sup> for many common medical services—like office visits, lab tests, and X-rays—when you receive care at Kaiser Permanente facilities. Your fees may be different if you receive care or services from a contracted provider at a non-Kaiser Permanente facility. This list doesn't apply to medical services received from any network providers who aren't Kaiser Permanente providers.

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 fees you pay for services).

Please note that these estimated fees are based on typical visits. Your actual charges may vary depending on your diagnosis and the length of your visit.

## Use this Sample Fees List to help with the following:

- 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 how much you'll spend throughout the year for care and services at Kaiser Permanente facilities.
- Manage funds in your health savings account (HSA) or health reimbursement arrangement (HRA) to cover upcoming medical services.<sup>3</sup>
- Estimate the funds you may need for your flexible spending account (FSA), and manage them throughout the year.

For more information about your benefits, please call Member Services or Customer Service at the number provided on your 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**.

<sup>1</sup>This Sample Fees List does not apply to medical services received from any network providers who are not Kaiser Permanente providers.

<sup>2</sup>The estimated member charges in this Sample Fees List are valid as of January 1, 2016, 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 this feature.

The fees shown are for professional services for the indicated procedure only, and do not include fees for facility or other services.

If you are enrolled through a group's self-funded plan, 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.

Kaiser Permanente Estimated Fees Colorado

SERVICE	ESTIMATED FEES
<b>Office Visits</b>	
New patient visit, level 1 (low severity) - Primary Care	\$66
New patient visit, level 1 (low severity) - Specialty Care	\$79
New patient visit, level 2 - Primary Care	\$112
New patient visit, level 2 - Specialty Care	\$134
New patient visit, level 3 - Primary Care	\$163
New patient visit, level 3 - Specialty Care	\$195
New patient visit, level 4 - Primary Care	\$247
New patient visit, level 4 - Specialty Care	\$297
New patient visit, level 5 (high severity) - Primary Care	\$311
New patient visit, level 5 (high severity) - Specialty Care	\$373
Established patient visit, level 1 (low severity) - Primary Care	\$30
Established patient visit, level 1 (low severity) - Specialty Care	\$36
Established patient visit, level 2 - Primary Care	\$66
Established patient visit, level 2 - Specialty Care	\$79
Established patient visit, level 3 - Primary Care	\$109
Established patient visit, level 3 - Specialty Care	\$130
Established patient visit, level 4 - Primary Care	\$161
Established patient visit, level 4 - Specialty Care	\$194
Established patient visit, level 5 (high severity) - Primary Care	\$218
Established patient visit, level 5 (high severity) - Specialty Care	\$262
<b>Office Visits (Preventive)</b>	
Well-baby office visit, new patient (under 1 year)*	\$173
Well-child office visit, new patient (1–4 years)*	\$181
Well-child office visit, new patient (5–11 years)*	\$188
Well-child office visit, new patient (12–17 years)*	\$213
Well-adult office visit, new patient (18–39 years)*	\$207
Well-adult office visit, new patient (40–64 years)*	\$239
Well-adult office visit, new patient (65 and older)*	\$259
Well-baby office visit, established patient (under 1 year)*	\$155
Well-child office visit, established patient (1–4 years)*	\$166
Well-child office visit, established patient (5–11 years)*	\$165
Well-child office visit, established patient (12–17 years)*	\$181
Well-adult office visit, established patient (18–39 years)*	\$186
Well-adult office visit, established patient (40–64 years)*	\$198
Well-adult office visit, established patient (65 and older)*	\$213

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## Kaiser Permanente Estimated Fees Colorado

SERVICE	ESTIMATED FEES
<b>Specialist Consultations</b>	
Office consultation	\$76
Specialist visit, long	\$287
Specialist visit, short	\$142
Specialist visit, typical	\$195
<b>Emergency Visits</b>	
Emergency care by physician, level 1 (low severity)	\$112
Emergency care by physician, level 2	\$171
Emergency care by physician, level 3	\$283
Emergency care by physician, level 4 (high severity)	\$422
<b>Psychotherapy Visits</b>	
Group psychological therapy	\$47
Psychiatric diagnostic interview exam	\$240
Therapy	\$155
<b>Eye Examinations</b>	
Eye exam, routine visit, new patient	\$126
Eye exam and treatment, new patient	\$231
Eye exam, routine visit, established patient	\$133
Eye exam and treatment, established patient	\$192
Intermediate eye exam, new patient and refraction	\$157
Intermediate eye exam, established patient and refraction	\$164
Vision screening test	\$6
<b>Hearing Services</b>	
Comprehensive audiometry evaluation	\$69
Ear cleaning	\$89
Eardrum test	\$27
Hearing screening test (pure tone, air only)	\$22
<b>Physical Therapy Services</b>	
Electric stimulation therapy, treatment only	\$32
Physical therapy evaluation	\$90
Physical therapy, exercises, treatment only	\$65
Physical therapy, hot and cold application, treatment only	\$12
Physical therapy, ultrasound, treatment only	\$25

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Kaiser Permanente Estimated Fees Colorado

SERVICE	ESTIMATED FEES
<b>Vaccines and Other Injections</b>	
Allergy shot	\$17
Chickenpox vaccine*	\$139
Diphtheria, tetanus booster vaccine*	\$39
Diphtheria, tetanus, pertussis vaccine*	\$47
Flu shot, children (3 years and older)*	\$29
Flu shot, infants*	\$11
Hepatitis B vaccine*	\$108
Intravenous push, single or initial substance/drug	\$105
Measles, mumps, and rubella vaccine*	\$95
Polio vaccine*	\$53
Respiratory syncytial virus*	\$308
Therapeutic injection (administration only, does not include medication)	\$47
Therapeutic intravenous injection (administration only, does not include medication)	\$36
Vaccine administration, adult	\$47
Zoster vaccine*	\$303
<b>Tests and Procedures</b>	
Breathing capacity test	\$67
Breathing treatment	\$34
Colonoscopy and removal of abnormal tissue using cautery*	\$844
Colonoscopy and removal of abnormal tissue using snare technique*	\$950
Colonoscopy and removal of colon tissue for examination*	\$841
Diagnostic colonoscopy*	\$706
Diagnostic proctosigmoidoscopy	\$225
Diagnostic sigmoidoscopy	\$250
Draining fluid from around swollen joint	\$109
Electrocardiogram (EKG)	\$32
Electromyogram (EMG), one extremity	\$228
Fetal monitoring	\$91
Loop electrosurgical excision procedure (LEEP)	\$526
Removal of abnormal areas of skin	\$13
Sigmoidoscopy and removal of tissue for examination	\$296
Skin biopsy	\$186
Skin biopsy (each additional lesion within same visit)	\$59

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## Kaiser Permanente Estimated Fees Colorado

SERVICE	ESTIMATED FEES
<b>Tests and Procedures</b> <i>(continued)</i>	
Stress test	\$141
Surgically destroying an abnormal area of skin	\$42
Ultrasound test of heart	\$241
Vasectomy	\$694
<b>X-rays, CT Scans, and Other Imaging Studies</b>	
CT scan of chest, including dye	\$686
CT scan of pelvis, including dye	\$676
CT scan of pelvis, without dye	\$438
CT scan of sinus and nasal passages	\$574
CT scan of stomach area, with dye	\$690
CT scan of stomach area, without dye	\$449
DXA bone density scan, peripheral	\$54
Mammogram	\$222
Mammogram (one side)	\$172
Mammogram (screening)	\$158
MRI of any joint of the lower extremity, without dye	\$704
MRI of any joint of the upper extremity, without dye	\$705
MRI of brain, including dye	\$959
MRI of brain, without dye	\$688
MRI of brain, without dye, followed by further sequences including dye	\$1,131
MRI, abdomen, with contrast	\$1,363
MRI, abdomen, without contrast	\$996
MRI, abdomen, without contrast, followed by with contrast	\$1,521
MRI, angiogram, pelvis	\$1,205
MRI, cervical spine, with contrast	\$969
MRI, cervical spine, without contrast	\$668
MRI, cervical spine, without dye, followed by further sequences including dye	\$1,137
MRI, head, with contrast	\$1,157
MRI, head, without contrast	\$1,035
MRI, lower extremity	\$1,507
MRI, lumbar spine, with contrast	\$958
MRI, lumbar spine, without contrast	\$665
MRI, lumbar spine, without dye, followed by further sequences including dye	\$1,134
MRI, neck, with contrast	\$1,240

*(continues)*

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<b>X-rays, CT Scans, and Other Imaging Studies</b> <i>(continued)</i>	
MRI, neck, without contrast	\$1,034
MRI, thoracic spine, with contrast	\$963
MRI, thoracic spine, without contrast	\$668
MRI, thoracic spine, without dye, followed by further sequences including dye	\$1,141
MRI, upper extremity	\$1,497
Pregnancy ultrasound	\$262
Review of CT scan of head or brain	\$347
Ultrasound of pelvis	\$212
Ultrasound of stomach area	\$237
Vaginal ultrasound	\$237
X-ray for osteoporosis*	\$79
X-ray of abdomen (complete)	\$84
X-ray of ankle	\$52
X-ray of ankle (complete)	\$69
X-ray of both knees	\$63
X-ray of chest	\$53
X-ray of chest (one view interpretation)	\$43
X-ray of finger	\$60
X-ray of foot	\$49
X-ray of foot (complete)	\$65
X-ray of hand	\$50
X-ray of hand (complete)	\$58
X-ray of knee	\$64
X-ray of knee (complete)	\$77
X-ray of lower back bones	\$67
X-ray of neck	\$86
X-ray of neck bones	\$64
X-ray of shoulder	\$64
X-ray of stomach area (one view)	\$45
X-ray of wrist (complete)	\$68
X-ray of wrist (two views)	\$56
<b>Laboratory Tests</b>	
Albumin test	\$12

*(continues)*

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<b>Laboratory Tests</b> <i>(continued)</i>	
Alkaline phosphatase test	\$13
Allergy test	\$12
ALT liver function test	\$13
Amylase test	\$16
AST liver function test	\$13
Bilirubin test (total)	\$12
Blood antibody test	\$11
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	\$17
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	\$17
Pap test, cervical cancer screening*	\$26
Phosphorus test	\$12
Potassium test	\$11
Pregnancy test	\$17
Prostate test*	\$45
Sodium test	\$12
Strep-A-Swab test	\$49
Test for blood in stool*	\$8
Thyroid stimulating hormone test	\$41
Urine bacteria colony count	\$20
Urine test (complete)	\$8
Urine test (dipstick only)	\$6
Urine test (microanalysis only)	\$8

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