

Kaiser Permanente 2025 sample fee list¹

What's a sample fee list?

A sample fee list can help you understand your health care costs by showing the estimated amount you may pay for certain services.² Keep in mind that this list doesn't include costs for hospital services, and the amount you're ultimately charged may vary based on the care you receive, the type of facility you visit, your plan details, and whether you've reached your deductible.

Get a cost estimate

If you're a member, it's easy to get a sense of costs before you get care. Visit **kp.org** to get a personalized estimate based on your plan benefits.

How can I use the list?

The sample fee list can help you:

- Choose the right Kaiser Permanente deductible HMO plan during open enrollment
- Estimate what you'll pay for services before you reach your deductible
- Identify preventive care services, most of which are covered at no cost (visit **kp.org/prevention** for a full list)
- Estimate your spending on upcoming medical services if your plan comes with a flexible spending account (FSA), health incentive account (HIA), health reimbursement arrangement (HRA), or health savings account (HSA)

What happens after I reach my deductible?

As a deductible plan member, you'll typically pay the full charge for covered services until you reach a set amount known as a deductible. Then you'll start paying less – a copay or a percentage of the charges (called a coinsurance) for the rest of the year. (Depending on your plan, you may pay copays or coinsurance for some services without having to reach your deductible.)

This means that for some services, you may pay less than the estimated fees shown on the sample fee list after you reach your deductible. Here are some examples:

Service	What you pay before reaching deductible	What you pay after reaching deductible	What you pay after reaching out-of-pocket maximum
X-ray of both knees	\$125	Copay or coinsurance (e.g., \$10 or 20%)	\$0
Ultrasound of pelvis	\$327	Copay or coinsurance (e.g., \$10 or 20%)	\$0
Stress test	\$228	Copay or coinsurance (e.g., \$10 or 20%)	\$0

Have questions?

If you want more information or have questions about a service that's not listed, please call the number on your Kaiser Permanente ID card.

1. The estimated fees in this sample fee list are valid as of January 1, 2025, and may change without notice. This sample fee list only applies to members who get medical services from Kaiser Permanente facilities. **2.** Professional services are usually received at a medical office, including doctor's office visits, lab tests, and X-rays. They may also include physician-related services provided in a hospital.

The amount you're actually charged may be different depending on the care you get, the type of facility you visit, your plan details, and whether you've reached your deductible.

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 FEES
Office visits	
New patient visit, level 2	\$193
New patient visit, level 3	\$295
New patient visit, level 4	\$441
New patient visit, level 5 (high severity)	\$580
Established patient visit, level 1 (low severity)	\$64
Established patient visit, level 2	\$151
Established patient visit, level 3	\$242
Established patient visit, level 4	\$340
Established patient visit, level 5 (high severity)	\$477
Office visits (preventive)	
Well-baby office visit, new patient (under 1 year)*	\$293
Well-child office visit, new patient (1 to 4 years)*	\$306
Well-child office visit, new patient (5 to 11 years)*	\$318
Well-child office visit, new patient (12 to 17 years)*	\$355
Well-adult office visit, new patient (18 to 39 years)*	\$345
Well-adult office visit, new patient (40 to 64 years)*	\$397
Well-adult office visit, new patient (65 and older)*	\$431
Well-baby office visit, established patient (under 1 year)*	\$264
Well-child office visit, established patient (1 to 4 years)*	\$280
Well-child office visit, established patient (5 to 11 years)*	\$279
Well-child office visit, established patient (12 to 17 years)*	\$305
Well-adult office visit, established patient (18 to 39 years)*	\$311
Well-adult office visit, established patient (40 to 64 years)*	\$331
Well-adult office visit, established patient (65 and older)*	\$356
Specialist consultations	
Specialist visit, long	\$427
Specialist visit, short	\$201
Specialist visit, typical	\$300

Your actual costs may vary

These are just sample fees. Members can get an estimate based on their plan details at kp.org.

*Depending on your plan, these services may be preventive and covered at no cost. For more information, see your *Evidence of Coverage* or *Summary Plan Description*.

These estimated fees are valid starting January 1, 2025, and may change without notice.

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SERVICE	ESTIMATED FEES
Psychotherapy visits	
Group psychological therapy	\$53
Psychiatric diagnostic interview exam	\$331
Therapy	\$198
Eye examinations	
Eye exam, routine visit, new patient	\$191
Eye exam and treatment, new patient	\$333
Eye exam, routine visit, established patient	\$200
Eye exam and treatment, established patient	\$282
Eye exam, refraction	\$41
Vision screening test*	\$11
Hearing services	
Comprehensive audiometry evaluation	\$113
Ear cleaning	\$162
Eardrum test	\$52
Hearing screening test (pure tone, air only)*	\$41
Physical therapy services	
Electric stimulation therapy, treatment only	\$28
Physical therapy, evaluation*	\$227
Physical therapy, exercises, treatment only	\$66
Physical therapy, hot and cold application, treatment only	\$14
Physical therapy, ultrasound, treatment only	\$32
Vaccines and other injections	
Allergy shot	\$34
Chicken pox vaccine*	\$128
Diphtheria, tetanus booster vaccine*	\$35
Diphtheria, tetanus, pertussis vaccine*	\$44
Flu shot, adults (6 months and older)	\$41

(continues)

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SERVICE	ESTIMATED FEES
Vaccines and other injections <i>(continued)</i>	
Hepatitis B vaccine*	\$130
Intravenous push, single or initial substance/drug	\$118
Measles, mumps, and rubella vaccine*	\$87
Polio vaccine*	\$50
Therapeutic injection (administration only, does not include medication)	\$45
Therapeutic IV injection (administration only, does not include medication)	\$59
Tests and procedures	
Breathing capacity test	\$88
Breathing treatment	\$26
Colonoscopy and removal of abnormal tissue using cautery*	\$1,671
Colonoscopy and removal of abnormal tissue using snare technique*	\$1,548
Colonoscopy and removal of colon tissue for examination*	\$1,490
Diagnostic colonoscopy	\$1,161
Diagnostic proctosigmoidoscopy	\$444
Diagnostic sigmoidoscopy	\$651
Draining fluid from around swollen joint	\$220
Electrocardiogram (EKG)	\$45
Fetal monitoring*	\$158
Incisional biopsy of skin (e.g., wedge), single lesion	\$540
Punch biopsy of skin, single lesion	\$435
Removal of abnormal areas of skin	\$23
Sigmoidoscopy and removal of tissue for examination*	\$1,003
Stress test	\$228
Surgically destroying an abnormal area of skin	\$234
Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette), single lesion	\$350
Ultrasound test of heart	\$438

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SERVICE	ESTIMATED FEES
X-rays, CT scans, and other imaging studies	
CT scan of chest, including dye	\$661
CT scan of pelvis, including dye	\$904
CT scan of pelvis, without dye	\$524
CT scan of sinus and nasal passages	\$686
CT scan of stomach area, with dye	\$923
CT scan of stomach area, without dye	\$537
Mammogram, diagnostic (one view)	\$390
Mammogram, diagnostic (two views)	\$493
Mammogram (screening)*	\$399
MRI brain stem with contrast	\$1,074
MRI cardiac with, without contrast with stress	\$1,684
MRI neck with contrast	\$979
Pregnancy ultrasound	\$518
Review of CT scan of the head or brain	\$418
Ultrasound of pelvis	\$327
Ultrasound of stomach area	\$361
Vaginal ultrasound	\$372
X-ray for osteoporosis	\$122
X-ray of ankle	\$101
X-ray of ankle (complete)	\$114
X-ray of both knees	\$125
X-ray of chest (one view)	\$79
X-ray of chest (two views)	\$104
X-ray of finger	\$120
X-ray of foot (complete)	\$107
X-ray of hand (complete)	\$116
X-ray of knee (complete)	\$148
X-ray of stomach area (complete)	\$155
X-ray of wrist (complete)	\$129

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SERVICE	ESTIMATED FEES
Laboratory tests	
Albumin test	\$14
Alkaline phosphatase test	\$15
Allergy test	\$15
ALT test	\$15
Amylase test	\$19
AST test	\$15
Bilirubin test (total)	\$14
Blood antibody test	\$12
Blood clotting test	\$12
Blood sugar test, diagnostic	\$11
Blood sugar test, monitoring*	\$28
Calcium test (total)	\$15
Cholesterol level test	\$12
Complete blood count	\$22
Creatinine test	\$15
Hepatitis B surface antigen test*	\$30
Hepatitis C test*	\$41
Kidney function test	\$11
Laboratory chemistry test for creatine kinase	\$19
Lipid panel test*	\$38
Magnesium test	\$19
Pap test, cervical cancer screening*	\$64

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