

# Kaiser Permanente Sample Fee List

## 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, X-rays, and prescription medicines—when provided at Kaiser Permanente medical centers, medical offices, pharmacies, 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 things such as whether or not your provider is a Kaiser Permanente practitioner. And 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 products are not available in all regions. Contact our Member Service Call Center for information about availability in your area.)
- Plan for unexpected health care costs.
- Review your benefit options during open enrollment. (You may want to 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, if applicable.

For more information about our charges not related to prescription drugs or for questions about a service that's not listed, contact our Deductible Products Service Team at **1-800-390-3507**, Monday through Friday, from 7 a.m. to 5 p.m.

For more information about prescription drug charges, call the Kaiser Permanente pharmacy near you. You'll find our pharmacies' phone numbers listed on the member section of our Web site at **kp.org**, in *Your Guidebook to Kaiser Permanente Services*, or a particular phone number on the label of your prescription filled at one of our pharmacies.

*The estimated member charges in the Sample Fee List are valid as of January 2009 and are subject to change without notice.*

SERVICE	ESTIMATED CHARGE
<b>Office visits (outpatient)</b>	
Office visit that includes a problem-focused history, exam, and simple medical decision for a new patient	\$40
Office visit that includes an expanded problem-focused history, exam, and simple medical decision for a new patient	\$70
Office visit that includes a detailed history, exam, and low complex medical decision for a new patient	\$105
Office visit that includes a comprehensive history, exam, and moderately complex medical decision for a new patient	\$160
Office visit that includes a comprehensive history, exam, and highly complex medical decision for a new patient	\$200
Office visit by a nonphysician provider for a minimal problem for an established patient	\$25
Office visit that includes a problem-focused history, exam, and simple medical decision for an established patient	\$45
Office visit that includes an expanded problem-focused history, exam, and low complex medical decision for an established patient	\$70
Office visit that includes a detailed history, exam, and moderately complex medical decision for an established patient	\$105
Office visit that includes a comprehensive history, exam, and highly complex medical decision for an established patient	\$140
<b>Office visits (wellness)</b>	
Well-baby office visit, new patient (under 1 year)*	\$130
Well-child office visit, new patient (1–11 years)*	\$135-\$140
Well-child office visit, new patient (12–17 years)*	\$145
Well-adult office visit, new patient (18-39 years)*	\$145
Well-adult office visit, new patient (40–64 years)*	\$170
Well-adult office visit, new patient (65 and older)*	\$185
Well-baby office visit, established patient (under 1 year)*	\$100
Well-child office visit, established patient (1–11 years)*	\$110-\$115
Well-child office visit, established patient (12–17 years)*	\$120
*These services are typically covered at a copayment level and not subject to the deductible. For information about your coverage, please see your <i>Evidence of Coverage</i> .	
<b>Emergency care by a physician</b> (excluding other fees such as X-rays, lab tests, or additional procedures)	
Emergency care by a physician	\$110
Emergency care by a physician, routine	\$165
Emergency care by a physician, complex	\$240
Emergency care by a physician, extensive	\$360

SERVICE	ESTIMATED CHARGE
<b>Psychotherapy visits</b>	
Group psychological therapy	\$37
Managing mental health drugs	\$62
Therapy	\$112
<b>Eye examinations</b>	
Eye exam, routine visit, new patient	\$95
Eye exam and treatment, new patient	\$170
Eye exam, routine visit, established patient	\$90
Eye exam and treatment, established patient	\$133
Vision screening test	\$21
<b>Hearing services</b>	
Comprehensive audiometry evaluation	\$73
Ear cleaning	\$69
Eardrum test	\$32
Hearing screening test (pure tone, air only)	\$20
<b>Physical therapy services</b>	
Electric stimulation therapy, treatment only	\$20
Physical therapy evaluation	\$95
Physical therapy exercises, treatment only	\$37
Physical therapy, hot and cold application, treatment only	\$11
Physical therapy, ultrasound, treatment only	\$16
<b>Vaccines and other injections</b>	
Allergy shot	\$20
Chickenpox vaccine*	\$90
Diphtheria, tetanus booster vaccine*	\$17
Diphtheria, tetanus, pertussis vaccine*	\$12
Flu shot, children (3 years and older)*	\$12
Flu shot, infants*	\$11
Hepatitis B vaccine*	\$100
Measles, mumps, and rubella vaccine*	\$54
Pneumococcal vaccine*	\$96
Polio vaccine*	\$30

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SERVICE	ESTIMATED CHARGE
<b>Vaccines and other injections</b> <i>(continued)</i>	
Rubella vaccine*	\$23
Therapeutic injection (administration only, does not include medication)*	\$28
Therapeutic IV injection (administration only, does not include medication)*	\$26
*These services are typically covered at a copayment level and not subject to the deductible. For information about your coverage, please see your <i>Evidence of Coverage</i> .	
<b>Tests and procedures</b>	
Breathing capacity test	\$49
Breathing treatment	\$17
Colonoscopy and removal of abnormal tissue using cautery	\$629
Colonoscopy and removal of abnormal tissue using snare technique	\$719
Colonoscopy and removal of colon tissue for examination	\$639
Diagnostic colonoscopy	\$544
Diagnostic proctosigmoidoscopy	\$107
Diagnostic sigmoidoscopy	\$181
Draining fluid from around swollen joint	\$97
EKG	\$35
Fetal monitoring	\$60
Removal of abnormal areas of skin	\$12
Sigmoidoscopy and removal of tissue for examination	\$235
Skin biopsy	\$112
Stress test	\$153
Surgically destroying an abnormal area of skin	\$70
Ultrasound test of heart	\$280
<b>X-rays, CT scans, and other imaging studies</b>	
CT scan of chest, including dye	\$500
CT scan of pelvis, including dye	\$483
CT scan of pelvis, without dye	\$420
CT scan of sinus and nasal passages	\$528
CT scan of stomach area with dye	\$518
CT scan of stomach area, without dye	\$439
Mammogram	\$150
Mammogram (one side)	\$120
Mammogram (screening)	\$125
Pregnancy ultrasound	\$202

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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	\$354
Ultrasound of breast	\$113
Ultrasound of pelvis	\$170
Ultrasound of stomach area	\$191
Vaginal ultrasound	\$180
X-ray for osteoporosis	\$195
X-ray of abdomen (complete)	\$80
X-ray of ankle	\$50-\$55
X-ray of both knees	\$50
X-ray of chest	\$50-\$65
X-ray of finger	\$40
X-ray of foot	\$50-\$55
X-ray of hand	\$50-\$55
X-ray of hip	\$66
X-ray of knee	\$55
X-ray of knee (complete)	\$72
X-ray of lower back bones	\$70
X-ray of neck	\$99
X-ray of neck bones	\$72
X-ray of shoulder	\$66
X-ray of stomach area (one view)	\$57
X-ray of wrist	\$50-\$55
<b>Laboratory tests</b>	
Albumin test	\$10
Alkaline phosphatase test	\$10
Allergy test	\$10
ALT test	\$10
Amylase test	\$12
AST test	\$10
Bilirubin test (total)	\$10
Blood antibody test	\$8
Blood clotting test	\$10
Blood sugar test, diagnostic	\$10
Blood sugar test, monitoring	\$20

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SERVICE	ESTIMATED CHARGE
<b>Laboratory tests</b> <i>(continued)</i>	
Calcium test (total)	\$10
Cholesterol level test	\$10
Complete blood count	\$15
Creatinine test	\$10
Hepatitis B surface antigen test	\$21
Hepatitis C test	\$26
Kidney function test	\$10
Laboratory chemistry test for creatine kinase	\$15
Lipid panel test	\$26
Magnesium test	\$15
Pap test, cervical cancer screening	\$21
Phosphorus test	\$10
Potassium test	\$10
Pregnancy test	\$16
Prostate test	\$37
Sodium test	\$10
Strep A swab test	\$40
Test for blood in stool	\$5
Test for genital warts	\$70
Thyroid stimulating hormone test	\$32
Urine bacteria colony count	\$16
Urine test (complete)	\$5
Urine test (dipstick only)	\$5
Urine test (microanalysis only)	\$5

**CHARGE PER PRESCRIPTION FOR TOP 50 MEDICATIONS**

DRUG DESCRIPTION	QUANTITY	ESTIMATED CHARGE
Acetaminophen/Codeine 300/30mg tablet (generic Tylenol with Codeine)	100	\$20
Amoxicillin 400mg/5ml suspension 100ml bottle	1	\$16
Amoxicillin 500mg capsule (generic Amoxil)	30	\$10
Atenolol 25mg tablet (generic Tenormin)	100	\$11
Atenolol 50mg tablet (generic Tenormin)	100	\$11
Azithromycin 250mg tablet (generic Zithromax)	6	\$67
Cephalexin 500mg capsule (generic Keflex)	40	\$16
Ciprofloxacin hydrochloride 500mg tablet (generic Cipro)	20	\$16
Cyclobenzaprine 10mg tablet (generic Flexeril)	30	\$14
Doxycycline hyclate 100mg tablet (generic Vibratob)	20	\$12
Estradiol 1mg tablet (generic Estrace)	100	\$21
Famotidine 40mg tablet (generic Pepcid)	100	\$25
Fluoxetine hydrochloride 10mg capsule (generic Prozac)	100	\$25
Fluoxetine hydrochloride 20mg capsule (generic Prozac)	100	\$19
Fluticasone propionate 50mcg nasal spray solution, 16 gram inhaler (generic Flonase)	2	\$44
Glipizide 5mg tablet (generic Glucotrol)	100	\$20
Glipizide 10mg tablet (generic Glucotrol)	100	\$19
Guaifenesin with Codeine syrup 240ml bottle (generic Robitussin AC)	1	\$13
Hydrochlorothiazide 25mg tablet (generic Esidrix)	100	\$11
Hydrocodone/Acetaminophen 10/325mg tablet (generic Vicodin)	60	\$31
Hydrocodone/Acetaminophen 5/500mg tablet (generic Vicodin)	100	\$19
Ibuprofen 600mg tablet (generic Motrin)	100	\$11
Ibuprofen 800mg tablet (generic Motrin)	100	\$18
Lantus Solostar Injection, 3ml pen	10	\$349
Levitra 20mg tablet	8	\$111
Levora 0.15mg/30mcg 28 day pack tablet	84	\$63
Levothyroid 100mcg tablet (generic Synthroid)	100	\$29
Lisinopril 5mg tablet (generic Prinivil or Zestril)	100	\$20
Lisinopril 10mg tablet (generic Prinivil or Zestril)	100	\$25
Lisinopril 20mg tablet (generic Prinivil or Zestril)	100	\$21
Lisinopril 40mg tablet (generic Prinivil or Zestril)	100	\$26

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Kaiser Permanente Estimated Charges **Southern California**

DRUG DESCRIPTION <i>(continued)</i>	QUANTITY	ESTIMATED CHARGE
Lorazepam 1mg tablet (generic Ativan)	30	\$13
Lovastatin 40mg tablet (generic Mevacor)	100	\$28
Metformin hydrochloride 500mg tablet (generic Glucophage)	100	\$19
Metformin hydrochloride 1000mg tablet (generic Glucophage)	100	\$47
Naproxen 500mg tablet (generic Naprosyn)	100	\$29
Nasarel 0.025% nasal spray solution, 25gm inhaler	2	\$51
Novolin N 100 u/ml (NPH insulin), 10ml vial	3	\$72
Omeprazole 20mg capsule (generic Prilosec)	100	\$61
Plavix 75mg tablet	100	\$492
Prednisone 20mg tablet (generic Deltasone)	30	\$10
Proair HFA aerosol, 8.5gm inhaler	1	\$34
Simvastatin 20mg tablet (generic Zocor)	100	\$28
Simvastatin 40mg tablet (generic Zocor)	100	\$29
Simvastatin 80mg tablet (generic Zocor)	100	\$38
SMZ-TMP double-strength 800/160mg tablet (generic Septra DS or Bactrim DS)	20	\$16
Trazodone hydrochloride 50mg tablet (generic Desyrel)	100	\$17
Triamterene/Hydrochlorothiazide 75/50mg tablet (generic Maxzide)	100	\$11
Yasmin tablet 28 day cycle	3	\$122
Zolpidem tartrate 10mg tablet (generic Ambien)	100	\$44

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