

Kaiser Permanente Sample Fee List

SOUTHERN CALIFORNIA

Finding a health care plan that meets your needs is an important part of staying healthy. To help you decide who to partner with as you choose a health care plan, we've created a Kaiser Permanente Sample Fee List so you can see the charges for many of Kaiser Permanente's services. Understanding how much you might spend on health care helps give you peace of mind—so you can concentrate on the things in life you enjoy. **This 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. If you choose to become a Kaiser Permanente member, the charges for services may be different 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.

As a Kaiser Permanente member, the amount of charges you pay out of your own pocket will depend on your plan coverage and on factors such as whether or not your provider is a Kaiser Permanente practitioner. Additionally, your benefit plan may cover services at different levels of copayment or coinsurance.

As you consider partnering with us for your health care, you can use this list 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.
- Plan for unexpected health care costs.
- Review your options during open enrollment.
- Estimate the funds you may need for your health savings account, health reimbursement account or flexible spending account, if applicable.

For more information about our charges or about a service that's not listed, contact our Member Service Call Center at **1-800-464-4000** or **1-800-777-1370** (TTY for the deaf, hard of hearing, or speech impaired), weekdays from 7 a.m. to 7 p.m. and weekends from 7 a.m. to 3 p.m.

These estimated member charges are valid as of January 2008 and are subject to change without notice.

SERVICE	ESTIMATED CHARGE
Office visits	
Office visit, routine, primary care	\$65
Office visit, routine, specialist care	\$110
Office visits (wellness)	
Well-baby office visit, new patient (under 1 year)*	\$135
Well-child office visit, new patient (1–4 years)*	\$145
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)*	\$164
Well-adult office visit, new patient (40–64 years)*	\$195
Well-adult office visit, new patient (65 and older)*	\$211
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
*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> .	
Emergency care by a physician (excluding other fees such as X-rays, lab tests, or additional procedures)	
Emergency care by a physician	\$100
Emergency care by a physician, routine	\$150
Emergency care by a physician, complex	\$220
Emergency care by a physician, extensive	\$330
Psychotherapy visits	
Group psychological therapy	\$35
Managing mental health drugs	\$58
Therapy	\$105
Eye examinations	
Eye exam, routine visit, new patient	\$95
Eye exam and treatment, new patient	\$160
Eye exam, routine visit, established patient	\$90
Eye exam and treatment, established patient	\$125
Vision screening test	\$21
Hearing services	
Comprehensive audiometry evaluation	\$70
Ear cleaning	\$69

SERVICE	ESTIMATED CHARGE
Hearing services (continued)	
Eardrum test	\$32
Hearing screening test (pure tone, air only)	\$20
Physical therapy services	
Electric stimulation therapy, treatment only	\$20
Physical therapy evaluation	\$95
Physical therapy exercises, treatment only	\$35
Physical therapy, hot and cold application, treatment only	\$11
Physical therapy, ultrasound, treatment only	\$16
Vaccines and other injections	
Allergy shot	\$20
Chickenpox vaccine*	\$80
Diphtheria, tetanus booster vaccine*	\$16
Diphtheria, tetanus, pertussis vaccine*	\$11
Flu shot, children (3 years and older)*	\$11
Flu shot, infants*	\$11
Hepatitis B vaccine*	\$100
Measles, mumps, and rubella vaccine*	\$53
Pneumococcal vaccine*	\$90
Polio vaccine*	\$30
Rubella vaccine*	\$20
Therapeutic injection (administration only, does not include medication)*	\$26
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 *Evidence of Coverage*.

Tests and procedures	
Breathing capacity test	\$48
Breathing treatment	\$16
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	\$100
Diagnostic sigmoidoscopy	\$170
Draining fluid from around swollen joint	\$95
EKG	\$35

SERVICE	ESTIMATED CHARGE
Tests and procedures <i>(continued)</i>	
Fetal monitoring	\$58
Removal of abnormal areas of skin	\$11
Sigmoidoscopy and removal of tissue for examination	\$232
Skin biopsy	\$105
Stress test	\$153
Surgically destroying an abnormal area of skin	\$70
Ultrasound test of heart	\$280
X-rays, CT scans, and other imaging studies	
CT scan of chest, including dye	\$500
CT scan of pelvis, including dye	\$480
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	\$190
Review of CT scan of the head or brain	\$354
Ultrasound of breast	\$106
Ultrasound of pelvis	\$160
Ultrasound of stomach area	\$180
Vaginal ultrasound	\$169
X-ray for osteoporosis	\$195
X-ray of abdomen (complete)	\$65
X-ray of ankle	\$42
X-ray of ankle (complete)	\$48
X-ray of both knees	\$42
X-ray of chest	\$53
X-ray of chest (one view interpretation)	\$42
X-ray of finger	\$35
X-ray of foot	\$42
X-ray of foot (complete)	\$48
X-ray of hand	\$40

SERVICE	ESTIMATED CHARGE
X-rays, CT scans, and other imaging studies <i>(continued)</i>	
X-ray of hand (complete)	\$48
X-ray of hip	\$53
X-ray of knee	\$42
X-ray of knee (complete)	\$53
X-ray of lower back bones	\$58
X-ray of neck	\$79
X-ray of neck bones	\$53
X-ray of shoulder	\$48
X-ray of stomach area (one view)	\$42
X-ray of wrist (complete)	\$48
X-ray of wrist (two views)	\$40
Laboratory tests	
Albumin test	\$10
Alkaline phosphatase test	\$10
Allergy test	\$10
ALT test	\$10
Amylase test	\$11
AST test	\$10
Bilirubin test (total)	\$10
Blood antibody test	\$10
Blood clotting test	\$10
Blood sugar test, diagnostic	\$10
Blood sugar test, monitoring	\$20
Calcium test (total)	\$10
Cholesterol level test	\$10
Complete blood count	\$15
Creatinine test	\$10
Hepatitis B surface antigen test	\$21
Hepatitis C test	\$37
Kidney function test	\$10
Laboratory chemistry test for creatine kinase	\$15
Lipid panel test	\$26
Magnesium test	\$15
Pap test, cervical cancer screening	\$21

SERVICE	ESTIMATED CHARGE
Laboratory tests <i>(continued)</i>	
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	\$30
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 300/30 mg tablet (generic Tylenol with Codeine)	30	\$12
Amoxicillin 500 mg capsule	30	\$9
Atenolol 25 mg tablet (generic Tenormin)	30	\$9
Atenolol 50 mg tablet (generic Tenormin)	30	\$9
Cephalexin 500 mg capsule (generic Keflex)	40	\$15
Ciprofloxacin HCL 500 mg tablet (generic Cipro)	20	\$15
Cozaar 25 mg tablet	60	\$47
Cyclobenzaprine HCL 10 mg tablet (generic Flexeril)	30	\$13
Doxycycline 100 mg tablet (generic Vibramycin)	20	\$11
Estradiol 1 mg tablet (generic Estrace)	30	\$12
Famotidine 40 mg tablet (generic Pepcid)	60	\$18
Fluoxetine HCL 10 mg capsule (generic Prozac)	30	\$13
Fluoxetine HCL 20 mg capsule (generic Prozac)	30	\$12
Fluticasone propionate 50 mcg nasal spray solution, 16 g inhaler (generic Flonase)	1	\$26
Fosamax plus Vitamin D 70/2800 mg tablet	4	\$58
Furosemide 20 mg tablet (generic Lasix)	30	\$9
Furosemide 40 mg tablet (generic Lasix)	30	\$9
Glyburide 5 mg tablet (generic Micronase or Diabeta)	60	\$17
Guaifenesin with Codeine syrup 120 ml bottle (generic Robitussin AC)	1	\$10
Guaifenesin/Pseudoephedrine 600/120 mg tablet (generic Entex PSE)	60	\$13
Hydrochlorothiazide 25 mg tablet (generic Esidrix)	30	\$9
Hydrocodone bitartrate/Acetaminophen 5/500 mg tablet (generic Vicodin)	30	\$12
Ibuprofen 600 mg tablet (generic Motrin)	100	\$10
Ibuprofen 800 mg tablet (generic Motrin)	100	\$17
Levitra 20 mg tablet	4	\$53
Levothyroid 0.1 mg tablet (generic Synthroid)	30	\$15
Lisinopril 10 mg tablet (generic Prinivil or Zestril)	30	\$13
Lisinopril 20 mg tablet (generic Prinivil or Zestril)	30	\$12
Lisinopril 40 mg tablet (generic Prinivil or Zestril)	30	\$14
Lisinopril 5 mg tablet (generic Prinivil or Zestril)	30	\$12
Lovastatin 10 mg tablet (generic Mevacor)	30	\$15

DRUG DESCRIPTION <i>(continued)</i>	QUANTITY	ESTIMATED CHARGE
Lovastatin 20 mg tablet (generic Mevacor)	30	\$18
Lovastatin 40 mg tablet (generic Mevacor)	30	\$23
Metformin HCL 500 mg tablet (generic Glucophage)	60	\$14
Metoprolol tartrate 50 mg tablet (generic Lopressor)	60	\$15
Nabumetone 500 mg tablet (generic Relafen)	60	\$37
Naproxen 500 mg tablet (generic Naprosyn)	60	\$20
Nasarel 0.025% nasal spray solution, 25 g inhaler	1	\$26
Nifedipine 30 mg tablet (generic Adalat CC)	30	\$33
Novolin N 100 u/ml (NPH insulin), 10 ml vial	1	\$27
Omeprazole 20 mg delayed-release capsule (generic Prilosec)	60	\$40
Potassium chloride 10 mEq controlled-release tablet (generic K-Tab)	60	\$14
Promethazine with Codeine syrup 120 ml bottle (generic Phenergan with Codeine)	1	\$12
Propoxyphene Napsylate/Acetaminophen 100/650 mg tablet (generic Darvocet N-100)	30	\$12
Proventil HFA inhalation aerosol, 6.7 g inhaler	1	\$45
QVAR 80.0 mcg actuation aerosol, 7.3 g inhaler	1	\$40
Ranitidine HCL 150 mg tablet (generic Zantac)	60	\$15
SMZ-TMP double-strength 800/160 mg tablet (generic Septra or Bactrim)	20	\$14
Trazodone 50 mg tablet (generic Desyrel)	30	\$11
Triamcinolone Acetonide (topical) 0.1% cream (generic Kenalog)	30	\$9
Triamterene/Hydrochlorothiazide 75/50 mg tablet (generic Maxzide)	30	\$9