

Kaiser Permanente Sample Fee List

NORTHWEST REGION

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 a variety of factors. These include, but are not limited to:

- whether services are provided by a Kaiser Permanente practitioner,
- whether services are subject to a deductible, coinsurance, and/or a copayment,
- the location where services are provided,
- the specific types of services you receive, and/or
- the duration of the service.

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 how much care and services from our facilities you expect to use.
- Plan for unexpected health care costs.
- Review your options during open enrollment.
- Estimate the funds you may need for your flexible spending account, if applicable.

For more information about our estimated charges or for questions about a service that's not listed, call Membership Services at **503-813-2000** within the local Portland calling area, or **1-800-813-2000** outside of the area.

These estimated member charges are valid as of June 2007 and are subject to change without notice.

SERVICE	ESTIMATED CHARGE
Office visits	
Office visit, routine, primary care	\$54
Office visit, routine, specialist care	\$96
Office visits (wellness)	
Well-baby office visit, new patient (under 1 year)*	\$120
Well-child office visit, new patient (1–4 years)*	\$128
Well-child office visit, new patient (5–11 years)*	\$126
Well-child office visit, new patient (12–17 years)*	\$136
Well-adult office visit, new patient (18–39 years)*	\$166
Well-adult office visit, new patient (40–64 years)*	\$181
Well-adult office visit, new patient (65 and older)*	\$218
Well-baby office visit, established patient (under 1 year)*	\$90
Well-child office visit, established patient (1–4 years)*	\$101
Well-child office visit, established patient (5–11 years)*	\$99
Well-child office visit, established patient (12–17 years)*	\$110
*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	\$74
Emergency care by a physician, routine	\$121
Emergency care by a physician, complex	\$189
Emergency care by a physician, extensive	\$294
Psychotherapy visits	
Group psychological therapy	\$52
Managing mental health drugs	\$84
Therapy	\$82
Eye examinations	
Eye exam, routine visit, new patient	\$82
Eye exam and treatment, new patient	\$70
Eye exam, routine visit, established patient	\$102
Eye exam and treatment, established patient	\$126
Vision screening test	\$20
Hearing services	
Comprehensive audiometry evaluation	\$89
Ear cleaning	\$82

SERVICE	ESTIMATED CHARGE
Hearing services (continued)	
Eardrum test	\$40
Hearing screening test (pure tone, air only)	\$21
Physical therapy services	
Electric stimulation therapy, treatment only	\$22
Physical therapy evaluation	\$123
Physical therapy exercises, treatment only	\$50
Physical therapy, hot and cold application, treatment only	\$16
Physical therapy, ultrasound, treatment only	\$21
Vaccines and other injections (vaccine charges include costs of administration and vaccine product)	
Allergy shot	\$18
Chickenpox vaccine*	\$95
Diphtheria, tetanus booster vaccine*	\$17
Diphtheria, tetanus, pertussis vaccine*	\$42
Flu shot, children (3 years and older)*	\$21
Flu shot, infants*	\$11
Hepatitis B vaccine*	\$21
Measles, mumps, and rubella vaccine*	\$54
Pneumonia vaccine*	\$20
Polio vaccine*	\$44
Rubella vaccine*	\$17
Therapeutic injection (administration only, does not include medication)*	\$20
Therapeutic IV injection (administration only, does not include medication)*	\$25
*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> .	
Tests and procedures	
Breathing capacity test	\$94
Breathing treatment	\$21
Colonoscopy and removal of abnormal tissue using cautery	\$1,329
Colonoscopy and removal of abnormal tissue using snare technique	\$1,123
Colonoscopy and removal of colon tissue for examination	\$872
Diagnostic colonoscopy	\$793
Diagnostic proctosigmoidoscopy	\$167
Diagnostic sigmoidoscopy	\$231
Draining fluid from around swollen joint	\$112

SERVICE	ESTIMATED CHARGE
Tests and procedures <i>(continued)</i>	
EKG	\$54
Fetal monitoring	\$64
Removal of abnormal areas of skin	\$135
Sigmoidoscopy and removal of tissue for examination	\$294
Skin biopsy	\$142
Stress test	\$212
Surgically destroying an abnormal area of skin	\$88
Ultrasound test of heart	\$227
X-rays, CT scans, and other imaging studies	
CT scan of chest, including dye	\$1,113
CT scan of pelvis, including dye	\$637
CT scan of pelvis, without dye	\$558
CT scan of sinus and nasal passages	\$544
CT scan of stomach area with dye	\$648
CT scan of stomach area, without dye	\$550
Mammogram	\$168
Mammogram (one side)	\$136
Mammogram (screening)	\$138
Pregnancy ultrasound	\$261
Review of CT scan of the head or brain	\$444
Ultrasound of breast	\$135
Ultrasound of pelvis	\$187
Ultrasound of stomach area	\$232
Vaginal ultrasound	\$190
X-ray for osteoporosis	\$281
X-ray of abdomen (complete)	\$68
X-ray of ankle	\$53
X-ray of ankle (complete)	\$58
X-ray of both knees	\$55
X-ray of chest	\$70
X-ray of chest (one view interpretation)	\$54
X-ray of finger	\$45
X-ray of foot	\$53
X-ray of foot (complete)	\$58

SERVICE	ESTIMATED CHARGE
X-rays, CT scans, and other imaging studies (continued)	
X-ray of hand	\$58
X-ray of hand (complete)	\$53
X-ray of hip	\$53
X-ray of knee	\$58
X-ray of knee (complete)	\$71
X-ray of lower back bones	\$74
X-ray of neck	\$50
X-ray of shoulder	\$51
X-ray of stomach area (one view)	\$58
X-ray of wrist (complete)	\$58
X-ray of wrist (two views)	\$54
Laboratory tests	
Albumin test	\$13
Alkaline phosphatase test	\$13
Allergy test	\$10
ALT test	\$13
Amylase test	\$22
AST test	\$13
Bilirubin test (total)	\$13
Blood antibody test	\$26
Blood clotting test	\$17
Blood sugar test, diagnostic	\$13
Blood sugar test, monitoring	\$12
Calcium test (total)	\$14
Cholesterol level test	\$13
Complete blood count	\$20
Creatinine test	\$13
Hepatitis B surface antigen test	\$21
Hepatitis C test	\$43
Kidney function test	\$16
Laboratory chemistry test for creatine kinase	\$13
Lipid panel test	\$44
Magnesium test	\$16
Pap test, cervical cancer screening	\$19

SERVICE	ESTIMATED CHARGE
Laboratory tests <i>(continued)</i>	
Phosphorus test	\$13
Potassium test	\$13
Pregnancy test	\$10
Prostate test	\$54
Sodium test	\$13
Strep A swab test	\$30
Test for blood in stool	\$14
Test for genital warts	\$53
Thyroid stimulating hormone test	\$46
Urine bacteria colony count	\$12
Urine test (complete)	\$12
Urine test (dipstick only)	\$12
Urine test (microanalysis only)	\$17

Charge per prescription for top 50 medications

DRUG DESCRIPTION	QUANTITY	ESTIMATED CHARGE
Acetaminophen/Codeine 300/30 mg tablet (generic Tylenol with Codeine)	30	\$13
Acyclovir 400 mg tablet (generic Zovirax)	28	\$15
Advair 250/50 mcg Diskus 60 - inhaler	1	\$190
Amoxicillin 500 mg capsule	30	\$9
Atenolol 25 mg tablet (generic Tenormin)	90	\$10
Atenolol 50 mg tablet (generic Tenormin)	90	\$10
Cephalexin 500 mg capsule (generic Keflex)	40	\$13
Ciprofloxacin HCL 500 mg tablet	20	\$15
Cozaar 100 mg tablet	90	\$143
Cozaar 50 mg tablet	90	\$63
Cyclobenzaprine HCL 10 mg tablet (generic Flexeril)	30	\$13
Endocet 5/325 mg tablet (generic Percocet)	100	\$45
EpiPen 0.3 mg/0.3 ml device	1	\$66
Fluoxetine HCL 10 mg capsule (generic Prozac)	90	\$22
Fluoxetine HCL 20 mg capsule (generic Prozac)	90	\$17
Fluticasone propionate 50 mcg nasal spray solution, 16 g inhaler (generic Flonase)	1	\$26
Fosamax 70 mg tablet	12	\$193
Glyburide 5 mg tablet (generic Micronase or Diabeta)	180	\$34
Hydrochlorothiazide 25 mg tablet (generic Esidrix)	90	\$10
Hydrocodone bitartrate/Acetaminophen 5/500 mg tablet (generic Vicodin)	100	\$18
Ibuprofen 600 mg tablet (generic Motrin)	100	\$10
Ibuprofen 800 mg tablet (generic Motrin)	100	\$18
Lantus 100 u/ml solution 10 ml vial	1	\$88
Levitra 20 mg tablet	8	\$93
Levlen 0.15/0.03 mg tablet (28 tablet pack)	3	\$58
Lipitor 80 mg tablet	90	\$323
Lisinopril 10 mg tablet (generic Prinivil or Zestril)	90	\$17
Lisinopril 20 mg tablet (generic Prinivil or Zestril)	90	\$19
Lisinopril 40 mg tablet (generic Prinivil or Zestril)	90	\$29
Lisinopril 5 mg tablet (generic Prinivil or Zestril)	90	\$18
Lovastatin 20 mg tablet (generic Mevacor)	90	\$35
Lovastatin 40 mg tablet (generic Mevacor)	90	\$50

DRUG DESCRIPTION <i>(continued)</i>	QUANTITY	ESTIMATED CHARGE
Maxalt-MLT 10 mg tablet	9	\$122
Metformin HCL 500 mg tablet (generic Glucophage)	180	\$25
Metformin HCL 1000 mg tablet (generic Glucophage)	180	\$82
Nabumetone 500 mg tablet (generic Relafen)	180	\$97
Naproxen 500 mg tablet (generic Naprosyn)	180	\$28
Nasarel 0.025% nasal spray solution, 25 g inhaler	1	\$24
Novolin N 100 u/ml (NPH insulin), 10 ml vial	1	\$27
NovoLog PenFill 100 u/ml solution, 10 ml vial	1	\$82
Omeprazole 20 mg delayed-release capsule (generic Prilosec)	180	\$92
Potassium chloride 10 mEq controlled-release tablet (generic K-Tab)	180	\$25
Proventil HFA inhalation aerosol, 6.7 g inhaler	1	\$38
QVAR 80.0 mcg actuation aerosol, 7.3 g inhaler	1	\$39
Serevent 50 mcg Diskus 60 inhaler	1	\$129
Simvastatin 80 mg tablet (generic Zocor)	90	\$167
SMZ-TMP double-strength 800/160 mg tablet (generic Septra or Bactrim)	20	\$13
Triamterene/Hydrochlorothiazide 75/50 mg tablet (generic Maxzide)	90	\$10
Tri-Sprintec tablet (28 tablet pack)	3	\$60
Viagra 100 mg tablet	8	\$102