

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/costestimates 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 how much to contribute to a flexible spending account (FSA) or health savings account (HSA) connected to your plan, based on the care you expect to receive

What happens after I reach my deductible?

You 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	Estimated fees	What you pay before reaching deductible	What you pay after reaching deductible
X-ray of both knees	\$143	Full charges: \$143	Copay or coinsurance (e.g., \$10 or 20% of estimated fee)
Ultrasound of pelvis	\$371	Full charges: \$371	Copay or coinsurance (e.g., \$20 or 30% of estimated fee)
Stress test	\$219	Full charges: \$219	Copay or coinsurance (e.g., \$25 or 40% of estimated fee)

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 – Primary Care*	\$257
New patient visit, level 2 – Specialty Care*	\$186
New patient visit, level 3 – Primary Care*	\$257
New patient visit, level 3 – Specialty Care*	\$283
New patient visit, level 4 – Primary Care*	\$257
New patient visit, level 4 – Specialty Care*	\$422
New patient visit, level 5 (high severity) – Primary Care*	\$257
New patient visit, level 5 (high severity) – Specialty Care*	\$555
Established patient visit, level 1 (low severity) – Primary Care*	\$50
Established patient visit, level 1 (low severity) – Specialty Care*	\$62
Established patient visit, level 2 – Primary Care*	\$221
Established patient visit, level 2 – Specialty Care*	\$146
Established patient visit, level 3 – Primary Care*	\$221
Established patient visit, level 3 – Specialty Care*	\$232
Established patient visit, level 4 – Primary Care*	\$221
Established patient visit, level 4 – Specialty Care*	\$326
Established patient visit, level 5 (high severity) – Primary Care*	\$221
Established patient visit, level 5 (high severity) – Specialty Care*	\$457
Office visits (preventive)	
Well-baby office visit, new patient (under 1 year)*	\$223
Well-child office visit, new patient (1 to 4 years)*	\$233
Well-child office visit, new patient (5 to 11 years)*	\$242
Well-child office visit, new patient (12 to 17 years)*	\$270
Well-adult office visit, new patient (18 to 39 years)*	\$263
Well-adult office visit, new patient (40 to 64 years)*	\$301
Well-adult office visit, new patient (65 and older)*	\$327
Well-baby office visit, established patient (under 1 year)*	\$201
Well-child office visit, established patient (1 to 4 years)*	\$213
Well-child office visit, established patient (5 to 11 years)*	\$212
Well-child office visit, established patient (12 to 17 years)*	\$231
Well-adult office visit, established patient (18 to 39 years)*	\$236
Well-adult office visit, established patient (40 to 64 years)*	\$251
Well-adult office visit, established patient (65 and older)*	\$271

Your actual costs may vary

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SERVICE	ESTIMATED FEES
Psychotherapy visits	
Group psychological therapy	\$44
Therapy	\$163
Eye examinations	
Eye exam, routine visit, new patient*	\$195
Eye exam and treatment, new patient	\$340
Eye exam, routine visit, established patient*	\$205
Eye exam and treatment, established patient	\$289
Vision screening test*	\$10
Hearing services	
Comprehensive audiometry evaluation	\$107
Ear cleaning	\$150
Eardrum test	\$49
Hearing screening test (pure tone, air only)*	\$41
Physical therapy services	
Electric stimulation therapy, treatment only	\$31
Physical therapy evaluation*	\$256
Physical therapy, hot and cold application, treatment only	\$16
Physical therapy, ultrasound, treatment only	\$36
Physical therapy exercises, treatment only	\$75
Vaccines and other injections	
Allergy shot	\$33
Chicken pox vaccine*	\$146
Diphtheria, tetanus booster vaccine*	\$57
Diphtheria, tetanus, pertussis vaccine*	\$47

(continues)

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SERVICE	ESTIMATED FEES
Vaccines and other injections <i>(continued)</i>	
Flu shot, (6 months and older)	\$40
Hepatitis B vaccine*	\$127
Measles, mumps, and rubella vaccine*	\$94
Polio vaccine*	\$70
Therapeutic, prophylactic, or diagnostic injection (administration only, does not include medication)*	\$43
Therapeutic, prophylactic, or diagnostic intra-arterial injection (administration only, does not include medication)*	\$57
Tests and procedures	
Breathing capacity test	\$85
Breathing treatment	\$25
Colonoscopy and removal of abnormal tissue using cautery*	\$1,568
Colonoscopy and removal of abnormal tissue using snare technique*	\$1,447
Colonoscopy and removal of colon tissue for examination*	\$1,398
Diagnostic colonoscopy	\$1,087
Diagnostic proctosigmoidoscopy	\$419
Diagnostic sigmoidoscopy	\$615
Draining fluid from around swollen joint	\$205
Electrocardiogram (EKG)	\$43
Fetal monitoring*	\$156
Incisional biopsy of skin (e.g., wedge), single lesion	\$508
Punch biopsy of skin, single lesion	\$409
Removal of abnormal areas of skin	\$22
Sigmoidoscopy and removal of tissue for examination*	\$948
Stress test	\$219
Surgically destroying an abnormal area of skin	\$219
Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette), single lesion	\$329
Ultrasound test of heart	\$424

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SERVICE	ESTIMATED FEES
X-rays, CT scans, and other imaging studies	
CT scan of chest, including dye	\$784
CT scan of pelvis, including dye	\$1,075
CT scan of pelvis, without dye	\$619
CT scan of sinus and nasal passages	\$812
CT scan of stomach area, with dye	\$1,097
CT scan of stomach area, without dye	\$635
Mammogram, diagnostic (one view)	\$442
Mammogram, diagnostic (two views)	\$560
Mammogram (screening)*	\$453
Pregnancy ultrasound	\$460
Review of CT scan of the head or brain	\$494
MRI brain stem with contrast	\$1,274
MRI cardiac with, without contrast with stress	\$1,994
MRI neck with contrast	\$1,162
Ultrasound of pelvis	\$371
Ultrasound of stomach area	\$409
Vaginal ultrasound	\$422
X-ray for osteoporosis	\$138
X-ray of ankle	\$115
X-ray of ankle (complete)	\$130
X-ray of both knees	\$143
X-ray of chest (one view)	\$90
X-ray of chest (two views)	\$118
X-ray of finger	\$137
X-ray of foot (complete)	\$122
X-ray of hand (complete)	\$133
X-ray of knee (complete)	\$168
X-ray of stomach area (complete)	\$176
X-ray of wrist (complete)	\$147

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SERVICE	ESTIMATED FEES
Laboratory tests	
Albumin test	\$13
Alkaline phosphatase test	\$14
Allergy test	\$14
ALT test	\$14
Amylase test	\$18
AST test	\$14
Bilirubin test (total)	\$14
Blood antibody test	\$12
Blood clotting test	\$12
Blood sugar test, diagnostic	\$11
Blood sugar test, monitoring*	\$26
Calcium test (total)	\$14
Cholesterol level test	\$12
Complete blood count	\$21
Creatinine test	\$14
Hepatitis B surface antigen test*	\$28
Hepatitis C test*	\$39
Kidney function test	\$11
Laboratory chemistry test for creatine kinase	\$18
Lipid panel test*	\$36
Magnesium test	\$18
Pap test, cervical cancer screening*	\$77

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Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 2715 Naches Ave. SW, Renton, WA 98057.