

Kaiser Permanente 2019 Sample Fee List*

COLORADO

What's a Sample Fee List?

Knowing how much you can expect to pay for care and services can help give you peace of mind. As a deductible plan member, you can use this list to help estimate what you might pay for medical services at Kaiser Permanente facilities.†

The fees listed here are the maximum amounts you may pay for each professional service, and do not include fees for medical offices or other services. The amount you're charged may be different depending on the care you get, medical offices (medical center or hospital), your plan, and if you've reached your deductible or out-of-pocket maximum.

Keep in mind that some services may also require related services that have additional costs, like an earwax cleaning ordered by your doctor during a hearing evaluation.

How does your deductible plan work?

As a deductible plan member, you'll pay the full charges for covered services until you reach a set amount known as your deductible. After you reach your deductible, you'll start paying less – just a copay or 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.

You also have an out-of-pocket maximum. If you reach your maximum, you won't have to pay for covered services for the rest of the year. For a small number of services, you may need to keep paying copays or coinsurance after reaching your out-of-pocket maximum.

Here's an example of how the costs of some services may change throughout the year:

Service	Before deductible, you pay	After deductible, you pay	After out-of-pocket maximum, you pay
X-ray of knee	\$66	Copay or coinsurance (e.g. \$10 or 20%)	\$0
Ultrasound of pelvis	\$229	Copay or coinsurance (e.g. \$10 or 20%)	\$0
Stress test	\$129	Copay or coinsurance (e.g. \$10 or 20%)	\$0

How can you use the Sample Fee List?

You can use this resource to help you:

- Choose the right Kaiser Permanente deductible plan for you during open enrollment.
- Estimate your out-of-pocket costs for medical services before and after you reach your deductible.
- 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).

Any questions?

We're here to help. For more information or to ask about a service not found on the list, please call the number on your Kaiser Permanente ID card. For cost estimates for a specific medical service or to ask about payment plans or other financial assistance, please contact Financial Counseling at **303-338-3025** or **1-877-803-1929** (TTY: **711**), Monday through Friday, 8 a.m. to 6 p.m.

*This Sample Fee List only applies to members who get medical services from Kaiser Permanente facilities.

†The estimated fees in this Sample Fee List are valid as of January 1, 2019, and may change without notice.

The fees shown are for professional services only and do not include fees for medical offices or other services.

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 1 (low severity) - Primary Care	\$72
New patient visit, level 1 (low severity) - Specialty Care	\$86
New patient visit, level 2 - Primary Care	\$121
New patient visit, level 2 - Specialty Care	\$145
New patient visit, level 3 - Primary Care	\$174
New patient visit, level 3 - Specialty Care	\$209
New patient visit, level 4 - Primary Care	\$266
New patient visit, level 4 - Specialty Care	\$319
New patient visit, level 5 (high severity) - Primary Care	\$334
New patient visit, level 5 (high severity) - Specialty Care	\$401
Established patient visit, level 1 (low severity) - Primary Care	\$35
Established patient visit, level 1 (low severity) - Specialty Care	\$42
Established patient visit, level 2 - Primary Care	\$71
Established patient visit, level 2 - Specialty Care	\$85
Established patient visit, level 3 - Primary Care	\$118
Established patient visit, level 3 - Specialty Care	\$142
Established patient visit, level 4 - Primary Care	\$174
Established patient visit, level 4 - Specialty Care	\$209
Established patient visit, level 5 (high severity) - Primary Care	\$234
Established patient visit, level 5 (high severity) - Specialty Care	\$281
Office Visits (Preventive)	
Well-baby office visit, new patient (under 1 year)*	\$180
Well-child office visit, new patient (1–4 years)*	\$188
Well-child office visit, new patient (5–11 years)*	\$196
Well-child office visit, new patient (12–17 years)*	\$221
Well-adult office visit, new patient (18–39 years)*	\$214
Well-adult office visit, new patient (40–64 years)*	\$248
Well-adult office visit, new patient (65 and older)*	\$269
Well-baby office visit, established patient (under 1 year)*	\$162
Well-child office visit, established patient (1–4 years)*	\$173
Well-child office visit, established patient (5–11 years)*	\$172
Well-child office visit, established patient (12–17 years)*	\$189
Well-adult office visit, established patient (18–39 years)*	\$193
Well-adult office visit, established patient (40–64 years)*	\$205
Well-adult office visit, established patient (65 and older)*	\$221

*These services are covered at no cost on many plans if completed as part of a preventive screening. Check your plan documents (such as your *Evidence of Coverage* or *Summary Plan Description*) to determine whether a service is subject to your deductible. If it is not subject to the deductible, you may have no cost or you may only have to pay a copay or coinsurance, depending on your plan.

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SERVICE	ESTIMATED FEES
Specialist Consultations	
Office consultation	\$77
Specialist visit, long	\$297
Specialist visit, short	\$145
Specialist visit, typical	\$198
Emergency Visits	
Emergency care by physician, level 1 (low severity)	\$127
Emergency care by physician, level 2	\$190
Emergency care by physician, level 3	\$361
Emergency care by physician, level 4 (high severity)	\$531
Psychotherapy Visits	
Group psychological therapy	\$44
Psychiatric diagnostic interview exam	\$224
Therapy	\$145
Eye Examinations	
Eye exam, refraction	\$131
Eye exam, routine visit, established patient	\$238
Eye exam, routine visit, new patient	\$138
Eye exam and treatment, established patient	\$199
Eye exam and treatment, new patient	\$162
Intermediate eye exam, established patient and refraction	\$169
Intermediate eye exam, new patient and refraction	\$6
Vision screening test*	\$31
Hearing Services	
Comprehensive audiometry evaluation	\$68
Ear cleaning	\$96
Eardrum test	\$26
Hearing screening test (pure tone, air only)*	\$23
Physical Therapy Services	
Electric stimulation therapy, treatment only	\$34
Physical therapy evaluation*	\$185
Physical therapy, exercises, treatment only	\$68
Physical therapy, hot and cold application, treatment only	\$13
Physical therapy, ultrasound, treatment only	\$26

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SERVICE	ESTIMATED FEES
Vaccines and Other Injections	
Allergy shot	\$16
Chickenpox vaccine*	\$119
Diphtheria, tetanus booster vaccine*	\$33
Diphtheria, tetanus, pertussis vaccine*	\$41
Flu shot, adults (18-64)*	\$25
Flu shot, children (3 years and older)*	\$25
Flu shot, infants*	\$36
Hepatitis B vaccine*	\$114
Intravenous push, single or initial substance/drug	\$84
Measles, mumps, and rubella vaccine*	\$81
Polio vaccine*	\$46
Respiratory syncytial virus	\$327
Therapeutic injection (administration only, does not include medication)	\$37
Therapeutic intravenous injection (administration only, does not include medication)	\$35
Vaccine administration, adult	\$37
Zoster vaccine*	\$260
Tests and Procedures	
Breathing capacity test	\$65
Breathing treatment	\$34
Colonoscopy and removal of abnormal tissue using cautery*	\$891
Colonoscopy and removal of abnormal tissue using snare technique*	\$842
Colonoscopy and removal of colon tissue for examination*	\$802
Diagnostic colonoscopy*	\$626
Diagnostic proctosigmoidoscopy	\$249
Diagnostic sigmoidoscopy	\$335
Draining fluid from around swollen joint	\$119
Electrocardiogram (EKG)	\$31
Electromyogram (EMG), one extremity	\$224
Fetal monitoring	\$80
Incisional biopsy of skin (e.g., wedge), single lesion	\$296
Incisional biopsy of skin, each additional lesion within same visit	\$142
Loop electrosurgical excision procedure (LEEP)	\$465
Punch biopsy of skin, single lesion	\$245
Punch biopsy of skin, each additional lesion within same visit	\$120
Removal of abnormal areas of skin	\$13
Sigmoidoscopy and removal of tissue for examination*	\$512
Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette), single lesion	\$195
Tangential biopsy of skin, each additional lesion within same visit	\$105

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SERVICE	ESTIMATED FEES
Tests and Procedures <i>(continued)</i>	
Stress test	\$129
Surgically destroying an abnormal area of skin	\$45
Ultrasound test of heart	\$259
Vasectomy	\$772
X-rays, CT Scans, and Other Imaging Studies	
CT scan of chest, including dye	\$657
CT scan of pelvis, including dye	\$755
CT scan of pelvis, without dye	\$487
CT scan of sinus and nasal passages	\$640
CT scan of stomach area, with dye	\$772
CT scan of stomach area, without dye	\$500
DXA bone density scan, peripheral	\$58
Mammogram, diagnostic (two views)	\$353
Mammogram, diagnostic (one view)	\$279
Mammogram (screening)*	\$284
MRI of any joint of the lower extremity, without dye	\$795
MRI of any joint of the upper extremity, without dye	\$795
MRI of brain, including dye	\$1,073
MRI of brain, without dye	\$774
MRI of brain, without dye, followed by further sequences including dye	\$1,265
MRI, abdomen, with contrast	\$1,283
MRI, abdomen, without contrast	\$945
MRI, abdomen, without contrast, followed by with contrast	\$1,430
MRI, angiogram, pelvis	\$1,342
MRI, cervical spine, with contrast	\$1,093
MRI, cervical spine, without contrast	\$752
MRI, cervical spine, without dye, followed by further sequences including dye	\$1,272
MRI, head, with contrast	\$1,033
MRI, head, without contrast	\$966
MRI, lower extremity	\$1,424
MRI, lumbar spine, with contrast	\$1,079
MRI, lumbar spine, without contrast	\$752
MRI, lumbar spine, without dye, followed by further sequences including dye	\$1,270
MRI, neck, with contrast	\$1,083

(continues)

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SERVICE	ESTIMATED FEES
X-rays, CT Scans, and Other Imaging Studies <i>(continued)</i>	
MRI, neck, without contrast	\$967
MRI, thoracic spine, with contrast	\$1,085
MRI, thoracic spine, without contrast	\$753
MRI, thoracic spine, without dye, followed by further sequences including dye	\$1,275
MRI, upper extremity	\$1,674
Pregnancy ultrasound	\$289
Review of CT scan of head or brain	\$387
Ultrasound of pelvis	\$229
Ultrasound of stomach area	\$254
Vaginal ultrasound	\$254
X-ray for osteoporosis*	\$87
X-ray of ankle	\$61
X-ray of ankle (complete)	\$73
X-ray of both knees	\$74
X-ray of chest (two views)	\$63
X-ray of chest (one view)	\$45
X-ray of finger	\$66
X-ray of foot	\$54
X-ray of foot (complete)	\$69
X-ray of hand	\$58
X-ray of hand (complete)	\$66
X-ray of knee	\$68
X-ray of knee (complete)	\$82
X-ray of lower back bones	\$72
X-ray of neck	\$93
X-ray of neck bones	\$68
X-ray of shoulder	\$67
X-ray of stomach area (complete)	\$92
X-ray of stomach area (one view)	\$56
X-ray of wrist (complete)	\$72
X-ray of wrist (two views)	\$65

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SERVICE	ESTIMATED FEES
Laboratory Tests	
Albumin test	\$10
Alkaline phosphatase test	\$11
Allergy test	\$11
ALT liver function test	\$11
Amylase test	\$14
AST liver function test	\$11
Bilirubin test (total)	\$11
Blood antibody test	\$9
Blood clotting test	\$8
Blood sugar test, diagnostic	\$8
Blood sugar test, monitoring*	\$21
Calcium test (total)	\$11
Cholesterol level test	\$9
Complete blood count	\$16
Creatinine test	\$11
Hepatitis B surface antigen test*	\$22
Hepatitis C test*	\$30
Kidney function test	\$8
Laboratory chemistry test for creatine kinase	\$14
Lipid panel test*	\$28
Magnesium test	\$14
Pap test, cervical cancer screening*	\$27
Phosphorus test	\$10
Potassium test	\$10
Pregnancy test	\$16
Prostate test*	\$39
Sodium test	\$10
Strep-A-Swab test	\$42
Test for blood in stool*	\$8
Thyroid stimulating hormone test	\$36
Urine bacteria colony count*	\$17
Urine test (complete)	\$7
Urine test (dipstick only)	\$5
Urine test (microanalysis only)	\$6

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NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-632-9700** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 2500 South Havana, Aurora, CO 80014, or by phone at Member Services: 1-800-632-9700.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-632-9700** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-800-632-9700** (TTY: **711**)።

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-632-9700** (TTY: **711**).

Bàsòò Wùdù (Bassa) Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké ñ Bàsòò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò béin ñ gbo kpáa. Đá **1-800-632-9700** (TTY: **711**)

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-632-9700** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-632-9700** (TTY: 711) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-632-9700** (TTY: 711).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-632-9700** (TTY: 711).

Igbo (Igbo) NRUBAMA: O bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ **1-800-632-9700** (TTY: 711).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-632-9700** (TTY: 711) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-632-9700** (TTY: 711) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hóló, kóji' hódíílnih **1-800-632-9700** (TTY: 711).

नेपाली (Nepali) ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । **1-800-632-9700** (TTY: 711) फोन गर्नुहोस् ।

Afaan Oromoo (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-632-9700** (TTY: 711).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-632-9700** (TTY: 711).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-632-9700** (TTY: 711).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-800-632-9700** (TTY: 711).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-632-9700** (TTY: 711).

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-632-9700** (TTY: 711).