Kaiser Permanente 2019 Sample Fee List-Signature*

MID-ATLANTIC STATES

What's the Sample Fee List?

The Sample Fee List is one of many resources we offer to help you better understand and manage your health care costs. It shows the estimated amount Kaiser Permanente members would be charged for certain professional services rendered by Kaiser Permanente providers at the KP medical centers.† It doesn't include costs for hospital services, facility fees, or other kinds of services.

When reviewing the list, keep in mind that 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. Some services may also require additional services that have extra costs – like an earwax cleaning ordered by your doctor during a hearing evaluation.

How can I use the list?

The Sample Fee List can help you:

- Choose the right Kaiser Permanente plan during open enrollment
- Estimate what you'll pay for services before or after you reach your deductible
- Identify services that may be preventive care services, which are covered at no cost or at a copay (for a full list, visit **kp.org/prevention**)
- Estimate how much to contribute to any flexible spending account (FSA) or health savings account (HSA) connected to your plan, based on the services you expect to receive

What happens after I reach my deductible?

If your plan has a deductible, you'll pay the full charges for covered services that are subject to the deductible until you reach a set amount known as your deductible. Then you'll start paying applicable copays or a percentage of the charges (a coinsurance) for the rest of the plan year. Depending on your plan, you may pay copays or coinsurance for some services without having to reach your deductible.

This means that for many services you'll 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 knee	$75	Full charges – $75	Copay or coinsurance – for example, a copay of $20 or coinsurance of 20% of estimated fee ($15)
Ultrasound of pelvis	$267	Full charges – $267	Copay or coinsurance – for example, a copay of $50 or coinsurance of 20% of estimated fee ($53.40)
Stress test	$200	Full charges – $200	Copay or coinsurance – for example, a copay of $50 or coinsurance of 20% of estimated fee ($40)

Are you a member registered on kp.org? You can get personalized cost estimates for more than 500 medical services online. Visit **kp.org/costestimates** today.

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.

*The estimated fees in this Sample Fee List are valid as of January 1, 2019, and may change without notice. This list only applies to members who get medical services from Kaiser Permanente facilities.

†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.

‡Depending on your plan design, you may have different levels of copays and coinsurance. Your plan may have copays, coinsurance or a combination of copays and coinsurance on different 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.

KAISER PERMANENTE®

2019 Kaiser Permanente Estimated Fees Mid-Atlantic States

SERVICE	ESTIMATED FEES
Office Visits	
New patient visit, level 1 (low severity)*	$86
New patient visit, level 2*	$144
New patient visit, level 3*	$206
New patient visit, level 4*	$311
New patient visit, level 5 (high severity)*	$391
Established patient visit, level 1 (low severity)*	$42
Established patient visit, level 2*	$85
Established patient visit, level 3*	$139
Established patient visit, level 4*	$204
Established patient visit, level 5 (high severity)*	$275
Well-baby office visit, new patient (under 1 year)*	$212
Well-child office visit, new patient (1–4 years)*	$221
Well-child office visit, new patient (5–11 years)*	$229
Well-child office visit, new patient (12–17 years)*	$258
Well-adult office visit, new patient (18–39 years)*	$250
Well-adult office visit, new patient (40–64 years)*	$290
Well-adult office visit, new patient (65 and older)*	$314
Well-baby office visit, established patient (under 1 year)*	$190
Well-child office visit, established patient (1–4 years)*	$202
Well-child office visit, established patient (5–11 years)*	$202
Well-child office visit, established patient (12–17 years)*	$221
Well-adult office visit, established patient (18–39 years)*	$225
Well-adult office visit, established patient (40–64 years)*	$240
Well-adult office visit, established patient (65 and older)*	$259
Specialist Consultations	
Office consultation*	$91
Specialist visit, long*	$344
Specialist visit, short*	$169
Specialist visit, typical*	$231
Emergency Visits	
Emergency care by a physician, level 1 (low severity)	$138
Emergency care by a physician, level 2	$205
Emergency care by a physician, level 3	$389
Emergency care by a physician, level 4 (high severity)	$573

*Depending on your plan, these services may be preventive and covered at no cost or at a copay. For more information, see your *Evidence of Coverage* or *Summary Plan Description.*

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

SERVICE	ESTIMATED FEES
Psychotherapy Visits	
Group psychological therapy	$68
Therapy	$226
Eye Examinations	
Eye exam, routine visit, new patient*	$136
Eye exam and treatment, new patient	$248
Eye exam, routine visit, established patient*	$144
Eye exam and treatment, established patient	$208
Eye exam, refraction	$9
Vision screening test*	$32
Hearing Services	
Comprehensive audiometry evaluation*	$103
Ear cleaning	$118
Eardrum test	$40
Hearing screening test (pure tone, air only)	$36
Physical Therapy Services	
Electric stimulation therapy, treatment only	$46
Physical therapy evaluation*	$244
Physical therapy exercises, treatment only*	$89
Physical therapy, hot and cold application, treatment only*	$19
Physical therapy, ultrasound, treatment only	$39
Vaccines and Other Injections	
Allergy shot	$26
Chickenpox vaccine*	$192
Diphtheria, tetanus booster vaccine*	$54
Diphtheria, tetanus, pertussis vaccine*	$66
Flu shot, children (3 years and older)*	$41
Flu shot, infants (vaccine product only)*	$41
Flu shot, adults (18 to 64)*	$49
Hepatitis B vaccine*	$156
Measles, mumps, and rubella vaccine*	$131
Polio vaccine*	$75

(continues)

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SERVICE	ESTIMATED FEES
Vaccines and Other Injections *(continued)*	
Therapeutic, prophylactic, or diagnostic injection (administration only, does not include medication)*	$58
Therapeutic, prophylactic, or diagnostic intra-arterial injection (administration only, does not include medication)*	$54
Tests and Procedures	
Breathing capacity test	$104
Breathing treatment	$55
Colonoscopy and removal of abnormal tissue using cautery	$1,119
Colonoscopy and removal of abnormal tissue using snare technique	$1,049
Colonoscopy and removal of colon tissue for examination	$1,008
Diagnostic colonoscopy*	$782
Diagnostic proctosigmoidoscopy*	$316
Diagnostic sigmoidoscopy	$427
Draining fluid from around swollen joint	$147
Electrocardiogram (EKG)	$48
Electromylogram (EMG), one extremity	$351
Fetal monitoring*	$115
Incisional biopsy of skin (e.g., wedge), single lesion	$375
Incisional biopsy of skin, each additional lesion within same visit	$179
LEEP procedure	$665
Punch biopsy of skin, single lesion	$310
Punch biopsy of skin, each additional lesion within same visit	$152
Removal of abnormal areas of skin	$13
Sigmoidoscopy and removal of tissue for examination*	$655
Stress test	$200
Surgically destroying an abnormal area of skin	$164
Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette), single lesion	$247
Tangential biopsy of skin, each additional lesion within same visit	$133
Ultrasound test of heart	$408
Vasectomy*	$971

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SERVICE	ESTIMATED FEES
X-rays, CT Scans, and Other Imaging Studies	
CT scan of chest, including dye*	$500
CT scan of pelvis, including dye	$578
CT scan of pelvis, without dye	$369
CT scan of sinus and nasal passages	$487
CT scan of stomach area, with dye	$590
CT scan of stomach area, without dye	$378
Mammogram, diagnostic (one view)	$412
Mammogram, diagnostic (two views)	$326
Mammogram (screening)*	$332
Pregnancy ultrasound	$334
Review of CT scan of the head or brain	$294
Ultrasound of pelvis	$267
Ultrasound of stomach area*	$296
Vaginal ultrasound	$296
X-ray for osteoporosis	$102
X-ray of ankle	$72
X-ray of ankle (complete)	$76
X-ray of both knees	$86
X-ray of chest (one view)	$73
X-ray of chest (two views)	$52
X-ray of finger	$78
X-ray of foot	$63
X-ray of foot (complete)	$71
X-ray of hand	$68
X-ray of hand (complete)	$77
X-ray of knee	$75
X-ray of knee (complete)	$95
X-ray of lower back bones	$84
X-ray of neck	$108
X-ray of neck bones	$80
X-ray of shoulder	$71
X-ray of stomach area (complete)	$107
X-ray of stomach area (one view)	$65
X-ray of wrist (complete)	$85
X-ray of wrist (two views)	$76

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SERVICE	ESTIMATED FEES
Laboratory Tests	
Albumin test	$13
Alkaline phosphatase test	$14
Allergy test	$14
ALT test	$14
Amylase test	$17
AST test	$14
Bilirubin test (total)	$13
Blood antibody test*	$11
Blood clotting test	$10
Blood sugar test, diagnostic*	$10
Blood sugar test, monitoring	$26
Calcium test (total)	$14
Cholesterol level test	$11
Complete blood count*	$20
Creatinine test*	$13
Hepatitis B surface antigen test*	$27
Hepatitis C test*	$37
Kidney function test	$10
Laboratory chemistry test for creatine kinase	$17
Lipid panel test*	$35
Magnesium test	$18
Pap test, cervical cancer screening*	$32
Phosphorus test	$12
Potassium test	$12
Pregnancy test	$20
Prostate test*	$48
Sodium test	$13
Strep-A-Swab test	$53
Test for blood in stool*	$9
Thyroid stimulating hormone test*	$44
Urine bacteria colony count*	$21
Urine test (complete)	$9
Urine test (dipstick only)*	$6
Urine test (microanalysis only)	$8

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Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852

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NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (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 **1-800-777-7902** (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 or phone at: Kaiser Permanente, Appeals and Correspondence Department, Attn: Kaiser Civil Rights Coordinator, 2101 East Jefferson St., Rockville, MD 20852, telephone number: 1-800-777-7902.

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 **1-800-777-7902** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-777-7902** (TTY: **711**).

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-777-7902** (TTY: **711**).

Ɓǎsɔ́ɔ̀ Wùɖù (Bassa) Dè ɖɛ nìà kɛ dyéɖé gbo: Ɔ jǔ ké m̀ Ɓàsɔ́ɔ̀-wùɖù-po-nyɔ̀ jǔ ní, nìí, à wuɖu kà kò ɖò po-poɔ̀ bɛ́ìn m̀ gbo kpáa. Đá **1-800-777-7902** (TTY: **711**)

বাংলা (Bengali) লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-800-777-7902** (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 **1-800-777-7902**（TTY：**711**）。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-777-7902** (TTY: **711**) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-777-7902** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-777-7902** (TTY: **711**).

ગુજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-777-7902** (TTY: **711**).

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-777-7902** (TTY: **711**).

हिन्दी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-777-7902** (TTY: **711**) पर कॉल करें।

Igbo (Igbo) NRỤBAMA: Ọ bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dịịrị gị. Kpọọ **1-800-777-7902** (TTY: **711**).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-777-7902** (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。**1-800-777-7902**（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. **1-800-777-7902** (TTY: **711**) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih **1-800-777-7902** (TTY: **711**).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-777-7902** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-777-7902** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-777-7902** (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 **1-800-777-7902** (TTY: **711**).

ไทย (Thai) เรียน: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-777-7902** (TTY: **711**).

اُردو (Urdu) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں - کال کریں **1-800-777-7902** (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 **1-800-777-7902** (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 **1-800-777-7902** (TTY: **711**).