

Kaiser Permanente 2019 Sample Fee List¹

HAWAII

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.² 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 deductible plan during open enrollment
- Estimate what you'll pay for services before you reach your deductible
- Identify services that may be preventive care services, which are covered at no cost or at a copay or coinsurance (for a full list, visit kp.org/prevention)

How does my deductible plan work?

You'll pay the full charges for covered services until you reach a set amount known as your deductible. Then you'll start paying less – a copay or a percentage of the charges (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.

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 are some examples of how the costs of some services may change throughout the year:

Service	What you pay before reaching deductible	What you pay after reaching deductible	After out-of-pocket maximum, you pay
X-ray of knee	Full charges – \$97	Copay or coinsurance – for example, \$10 or 20% of estimated fee	\$0
Ultrasound of pelvis	Full charges – \$346	Copay or coinsurance – for example, \$15 or 20% of estimated fee	\$0
Skin biopsy	Full charges – \$254	Copay or coinsurance – for example, \$15 or 20% of estimated fee	\$0

Are you a member registered on kp.org? You can get personalized cost estimates for more than 400 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 Member Services number on your Kaiser Permanente ID card.

¹The 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.

²Professional 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.

SERVICE	ESTIMATED FEES
Office Visits	
New patient visit, level 1 (low severity)*	\$81
New patient visit, level 2*	\$135
New patient visit, level 3*	\$193
New patient visit, level 4*	\$292
New patient visit, level 5 (high severity)*	\$366
Established patient visit, level 1 (low severity)*	\$40
Established patient visit, level 2*	\$80
Established patient visit, level 3*	\$131
Established patient visit, level 4*	\$193
Established patient visit, level 5 (high severity)*	\$259
Well-baby office visit, new patient (under 1 year)*	\$200
Well-child office visit, new patient (1–4 years)*	\$208
Well-child office visit, new patient (5–11 years)*	\$216
Well-child office visit, new patient (12–17 years)*	\$243
Well-adult office visit, new patient (18–39 years)*	\$236
Well-adult office visit, new patient (40–64 years)*	\$273
Well-adult office visit, new patient (65 and older)*	\$296
Well-baby office visit, established patient (under 1 year)*	\$179
Well-child office visit, established patient (1–4 years)*	\$191
Well-child office visit, established patient (5–11 years)*	\$190
Well-child office visit, established patient (12–17 years)*	\$208
Well-adult office visit, established patient (18–39 years)*	\$212
Well-adult office visit, established patient (40–64 years)*	\$226
Well-adult office visit, established patient (65 and older)*	\$244
Emergency Visits	
Emergency care by a physician, level 1 (low severity)	\$126
Emergency care by a physician, level 2	\$189
Emergency care by a physician, level 3	\$358
Emergency care by a physician, level 4	\$526

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

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SERVICE	ESTIMATED FEES
Psychotherapy Visits	
Group psychological therapy	\$48
Therapy	\$160
Eye Examinations	
Eye exam, routine visit, new patient*	\$172
Eye exam and treatment, new patient	\$308
Eye exam, routine visit, established patient*	\$180
Eye exam and treatment, established patient	\$258
Vision screening test*	\$6
Hearing Services	
Comprehensive audiometry evaluation	\$72
Ear cleaning	\$121
Eardrum test	\$28
Hearing screening test (pure tone, air only)	\$26
Physical Therapy Services	
Electric stimulation therapy, treatment only	\$36
Physical therapy evaluation*	\$195
Physical therapy exercises, treatment only (each 15-minute segment)*	\$71
Physical therapy, hot and cold application, treatment only*	\$15
Physical therapy, ultrasound, treatment only (each 15-minute segment)	\$31
Vaccines and Other Injections	
Allergy shot	\$18
Chickenpox vaccine*	\$137
Diphtheria, tetanus booster vaccine*	\$38
Diphtheria, tetanus, pertussis vaccine*	\$47
Flu shot, children (3 years and older)*	\$29
Flu shot, infants*	\$29
Flu shot, adults (18 to 64)*	\$36
Hepatitis B vaccine*	\$117
Measles, mumps, and rubella vaccine*	\$93
Polio vaccine*	\$53

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SERVICE	ESTIMATED FEES
Vaccines and Other Injections <i>(continued)</i>	
Therapeutic, prophylactic, or diagnostic injection (administration only, does not include medication)*	\$41
Therapeutic, prophylactic, or diagnostic intra-arterial injection (administration only, does not include medication)*	\$38
Tests and Procedures	
Breathing capacity test	\$73
Breathing treatment	\$39
Colonoscopy and removal of abnormal tissue using cautery*	\$1,143
Colonoscopy and removal of abnormal tissue using snare technique*	\$1,071
Colonoscopy and removal of colon tissue for examination*	\$1,034
Diagnostic colonoscopy	\$798
Diagnostic proctosigmoidoscopy	\$325
Diagnostic sigmoidoscopy	\$442
Draining fluid from around swollen joint	\$149
Electrocardiogram (EKG)	\$33
Fetal monitoring*	\$122
Removal of abnormal areas of skin	\$13
Sigmoidoscopy and removal of tissue for examination*	\$679
Incisional biopsy of skin, single lesion	\$387
Punch biopsy of skin, single lesion	\$320
Tangential biopsy of skin, single lesion	\$254
Stress test	\$141
Surgically destroying an abnormal area of skin	\$168
Ultrasound test of heart	\$289
X-rays, CT Scans, and Other Imaging Studies	
CT scan of chest, including dye*	\$806
CT scan of pelvis, including dye	\$932
CT scan of pelvis, without dye	\$594
CT scan of sinus and nasal passages	\$784
CT scan of stomach area, with dye	\$951
CT scan of stomach area, without dye	\$608
Mammogram (two views)	\$534
Mammogram (one side)	\$422

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SERVICE	ESTIMATED FEES
X-rays, CT Scans, and Other Imaging Studies <i>(continued)</i>	
Mammogram (screening)*	\$431
Pregnancy ultrasound	\$443
Review of CT scan of the head or brain	\$472
Ultrasound of pelvis	\$346
Ultrasound of stomach area	\$384
Vaginal ultrasound	\$384
X-ray for osteoporosis	\$132
X-ray of abdomen (complete)	\$138
X-ray of ankle	\$92
X-ray of ankle (complete)	\$98
X-ray of both knees	\$112
X-ray of chest (one view)	\$67
X-ray of chest (two views)	\$94
X-ray of finger	\$101
X-ray of foot	\$81
X-ray of foot (complete)	\$91
X-ray of hand	\$88
X-ray of hand (complete)	\$99
X-ray of knee	\$97
X-ray of knee (complete)	\$124
X-ray of lower back bones	\$109
X-ray of neck	\$140
X-ray of neck bones	\$103
X-ray of shoulder	\$91
X-ray of stomach area (one view)	\$84
X-ray of wrist (complete)	\$109
X-ray of wrist (two views)	\$98
Laboratory Tests	
Albumin test	\$17
Alkaline phosphatase test	\$18
Allergy test	\$18
ALT test	\$18
Amylase test	\$22
AST test	\$18

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SERVICE	ESTIMATED FEES
Laboratory Tests <i>(continued)</i>	
Bilirubin test (total)	\$17
Blood antibody test	\$15
Blood clotting test	\$13
Blood sugar test, diagnostic	\$13
Blood sugar test, monitoring*	\$33
Calcium test (total)	\$18
Cholesterol level test*	\$15
Complete blood count	\$26
Creatinine test	\$17
Hepatitis B surface antigen test*	\$35
Hepatitis C test*	\$49
Kidney function test	\$13
Laboratory chemistry test for creatine kinase	\$22
Lipid panel test*	\$46
Magnesium test	\$23
Pap test, cervical cancer screening*	\$40
Phosphorus test	\$16
Potassium test	\$16
Pregnancy test	\$26
Prostate test*	\$63
Sodium test	\$16
Strep-A-Swab test	\$68
Test for blood in stool*	\$12
Thyroid stimulating hormone test	\$57
Urine bacteria colony count*	\$27
Urine test (complete)	\$11
Urine test (dipstick only)	\$8
Urine test (microanalysis only)	\$10

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NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan, 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 free 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 free 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 **1-800-966-5955** (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:

Membership Services

Attn: Kaiser Civil Rights Coordinator
711 Kapiolani Blvd
Honolulu, HI 96813
1-800-966-5955

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 **1-800-966-5955** (TTY: **711**).

Cebuano (Bisaya) ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa **1-800-966-5955** (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 **1-800-966-5955** (TTY: **711**)。

Chuuk (Chukese) MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori **1-800-966-5955** (TTY: **711**).

‘Ōlelo Hawai‘i (Hawaiian) E NĀNĀ MAI: Inā ho‘opuka ‘oe i ka ‘ōlelo Hawai‘i, hiki iā ‘oe ke loa‘a i ke kōkua manuahi. E kelepona i ka helu **1-800-966-5955** (TTY: **711**).

Iloko (Ilocano) PAKDAAR: No agsasaoka iti Ilokano, dagiti awan bayadna a serbisio a para iti beddeng ti lengguahe ket sidadaan para kenka. Awagan ti **1-800-966-5955** (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。 **1-800-966-5955** (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. **1-800-966-5955** (TTY: **711**) 번으로 전화해 주십시오.

ລາວ (Laotian) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-966-5955 (TTY: 711).

Kajin Majōl (Marshallese) LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe am ejjelok wōñāān. Kaalok **1-800-966-5955** (TTY: **711**).

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti’go Diné Bizaad, saad bee áká’ánída’áwo’déé’, t’áá jiik’eh, éí ná hóló, koji’ hódííłnih **1-800-966-5955** (TTY: **711**).

Lokaiahn Pohnpei (Pohnpeian) MEHN KAIR: Ma komw kin lokiaiahn Pohnpei, wasahn sawas en palien lokaia kak sawas ni sohte isais. Koahl nempe **1-800-966-5955** (TTY: **711**).

Faa-Samoa (Samoan) MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoani, e fai fua e leai se totogi, mo oe, Telefoni mai: **1-800-966-5955** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-966-5955** (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 **1-800-966-5955** (TTY: **711**).

Lea Faka-Tonga (Tongan) FAKATOKANGA'I: Kapau 'oku ke Lea Faka-Tonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai **1-800-966-5955** (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 **1-800-966-5955** (TTY: **711**).