

Frequently asked questions

about cost estimates for cost-sharing plans

Mid-Atlantic States

Q: What tools do you offer to help me estimate the charges for health services?

A: Financial planning for medical services and prescription drugs for yourself and your family can be confusing. We're here to help by offering you our Sample Fee List and the Pharmacy Fee Tool to help you estimate your costs.

1. The Kaiser Permanente Sample Fee List (KPSFL) shows the range of estimated fees charged to members for some commonly used medical services, such as office visits, lab tests, and X-rays. These fees apply only to covered services that are provided by Kaiser Permanente providers at Kaiser Permanente medical centers, and other facilities, when the services are covered under a Kaiser Permanente health benefit plan.

Note: Cost information is reviewed and updated. The date of the most recent update will be displayed on the KPSFL. Additional medical services will be included on the KPSFL in the future.

2. The Pharmacy Fee Tool shows estimated charges for some commonly prescribed medications when filled at Kaiser Permanente Pharmacies in the Kaiser Foundation Health Plan Mid-Atlantic region.

Note: Prescription drug charges are published on a quarterly basis and are subject to change without notice. We do not guarantee the accuracy of any particular charge listed in this tool as we provide this information as an estimate only.

Q: How can I access the Kaiser Permanente Sample Fee List and the Pharmacy Fee Tool?

A: You can find the Sample Fee List and the Pharmacy Fee Tool at kp.org/treatmentestimates.

Q: What are some of the variables involved in determining charges for medical services and prescription drugs?

A: The amount you will actually pay (your out-of-pocket cost) depends on many factors, including the following:

- The length of your visit or treatment.
- Your benefit plan coverage. (Depending on your coverage, your plan may not cover specific treatments.)
- The extent of your illness or injury.
- The treatment decisions made by you and your doctor.
- The type of doctor you choose.
- The facility where you receive your care.
- The types of services and care your benefit plan covers, and for plans that permit you to see providers other than a Kaiser Permanente provider, and your provider's status. (For example, for a POS plan, you will pay less to receive covered services from a Kaiser Permanente provider.)
- The applicable copayment, deductible, coinsurance, and out-of-pocket maximum for which you are responsible.
- The status, timing, and/or order of pending claims resolution and payment. (Claims for health services rendered may have been received and processed in a different order than the treatment you received, thus affecting your deductible and out-of-pocket maximum status.)
- Any change in your eligibility status. (For example, if you got married and added your spouse to your health plan as a dependent, you may now have family coverage, which changes your deductible and out-of-pocket maximum requirements.)

Q: What are some of the variables involved in determining pharmacy charges shown in the Pharmacy Fee Tool?

A: These charges are not specific to the plan coverage that you have. The amount of charges paid out-of-pocket will depend on your plan coverage and its cost share (such as copayments, coinsurance and/or deductibles) structure, and whether or not the provider is a Kaiser Permanente Pharmacy. The information displayed in this tool is not an indication of whether a prescription drug will be covered under your plan.

Q: Some procedures have several names. (For example, knee surgery can be called total knee replacement, diagnostic knee arthroscopy, or therapeutic knee arthroscopy.) Who can I call at Kaiser Permanente if I have questions about a type of treatment and its charge?

A: For questions about procedures and charges, call Member Services at **1-800-777-7902** or **(301) 879-6380** (TTY for the deaf, hard of hearing, or speech impaired), weekdays from 7:30 a.m. to 5:30 p.m. Ask to be transferred to a team of Member Services representatives who have been specially trained to answer questions related to our deductible HMO and HSA-qualified deductible plans, as well as questions related to charges for treatment. If you are currently a member enrolled in one of our deductible HMO or HSA-qualified deductible health plans, these Member Services representatives can help you estimate your financial obligation for a given service or procedure based on your specific benefits and your current accumulation toward your deductible and/or out-of-pocket maximum. Member Services representatives are not clinicians, however, so they may need you to obtain more detailed information from your physician regarding the specific procedure and associated Current Procedural Terminology (CPT) codes in order to give you the best estimate possible.

Q: Would the estimated pharmacy charges be the same if I go to a community pharmacy?

A: No, the Pharmacy Fee Tool only estimates charges of prescription medications filled at Kaiser Permanente Pharmacies in the Kaiser Foundation Health Plan Mid-Atlantic region. When prescription drugs are received from other providers such as a network pharmacy (if your plan permits prescriptions to be filled at network pharmacies) or a non-participating pharmacy in an emergency, the charges may be different. This tool does not provide estimates for services provided by non-Kaiser Permanente pharmacies or facilities.

Q: Who can I call if I have questions about a type of prescription medication and its charge?

A: If you have questions about prescription drug charges, call the Kaiser Permanente pharmacy nearest you. You can find our pharmacy phone numbers on our Web site, **kp.org**, in your Kaiser Permanente physician directory, or on the label of any prescription filled at one of our pharmacies.

Q: How can the estimated cost information be useful to me?

A: With this information you can:

- Estimate your expenditures for anticipated or upcoming health care services.
- Project your out-of-pocket medical spending for the coming year, based on the care and services you expect to use at our facilities.
- Try to plan for unexpected health care costs.
- Review your options during open enrollment. (You may want to choose another Kaiser Permanente benefit option that better fits your needs.)