



While reading this brochure, please keep in mind:

- This brochure serves as a basic guide on how to read your insurance card and how to familiarize yourself with common health insurance terms.
- Not all insurance cards are created equally. You may have a separate ID card for your medical insurance, dental insurance, vision insurance and/or prescriptions.
- The best source of information is the insurance company. Contact their customer service phone number or website listed on your card.

/// ABOUT US

Watkins Health Services is located in Watkins Memorial Health Center and provides KU students with comprehensive medical care and outreach programs through a team of dedicated professionals.

/// OUR MISSION

To support the student's learning experience through the delivery of high quality affordable healthcare services and innovative programs that promote the health of the student, University and community.

/// CONTACT

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HEALTH INSURANCE 101:

A guide to help navigate your insurance card and valuable healthcare terminology

KU THE UNIVERSITY OF
KANSAS
Watkins Health Services

SAMPLE INSURANCE CARD

Company Logo Insurance Co. Name		Employer Logo	
1 Member Name: Big Jay	3 Dependents: Dependent No. 1 Dependent No. 2	4 Group Number: 012345	9 Plan: PPO
2 Member ID: ABC123456789	7 Office Copay: \$\$ Specialist Copay: \$\$ Emergency: \$\$\$ Deductible: \$\$\$\$ Co-insurance: 80%/20%	5 Effective Date: 03/21/1865	
6 RxBIN: 456789 RxPCN: XXXX RxGrp: XYZ678910			

Company Logo Insurance Co. Name		Employer Logo	
Member Name: Big Jay	8 PCP: Dr. James Naismith 121-212-1212	Group Number: 012345	9 Plan: HMO
Member ID: ABC123456789	Office Copay: \$\$ Specialist Copay: \$\$ Emergency: \$\$\$ Deductible: \$\$\$\$	Effective Date: 03/21/1865	

Company Logo Insurance Co. Name	Customer Service: 1-886-000-1210 Preauth-Medical: 1-886-000-1211 Preauth-MH/CD: 1-886-000-1212 Ins. Card Access: 1-886-000-1213 Provider Service: 1-886-000-1214 24/7 Nurseline: 1-886-000-1215 Ins. Care Connect: 1-886-000-1216 www.insurancecompany.com
Network coverage is available through participating network providers. Non-network services will be covered at a lower level.	Insurance Company of Kansas, an independent licensee of the Insurance Company Association, provides claims processing only and assumes no financial risk for claims.
Members: See your Member Handbook for covered services. Possession of this card does not guarantee eligibility for benefits.	
Provider: File claims with your local insurance plan.	

SAMPLE INSURANCE CARD KEY

- 1 Member Name:** This typically is the name of the policyholder or primary insured individual (i.e. parent or spouse).
Please note: Healthcare providers will need the policy holder's date of birth in order to file claims.
- 2 Member ID:** A unique number used by providers to verify your insurance coverage and eligibility.
- 3 Dependents:** Names of individuals that are also covered under the insurance plan (i.e. spouse, children, you).
- 4 Group Number:** A unique number assigned to employers that have purchased one of the company's insurance plans and helps them track the specific benefits of your plan.
- 5 Effective Date:** The date that coverage under your insurance plan starts.
- 6 "Rx" Information:** This is an example of card variation, as sometimes your insurance company will include your pharmacy ("Rx") information on the same card. This information is used by the pharmacist when picking up prescriptions in order to verify coverage and bill your health plan.
- 7 Copayments:** A flat fee you will pay when you are seen for an office visit, Emergency Room visits and sometimes prescription drugs (i.e. \$25 per office visit, \$5 per prescription, \$150 per Emergency Room visit). Because you pay a required campus health fee, you will not be charged your copay.
Deductible: A specified amount of money that you must pay before benefits will be paid at a higher percentage by your insurance carrier (i.e. \$1,500 per year).
Co-insurance: A percentage you pay after your deductible has been met (i.e. Insurance pays 80%; member pays 20%).
- 8 PCP (Primary Care Physician):** Your primary care doctor. This information is more commonly found on HMO insurance plans.
- 9 HMO (Health Maintenance Organization):** With an HMO plan, you pick one primary care physician. All of your healthcare visits, prescriptions and referrals to specialists must be part of the HMO plan (in-network) and need clearance/referral from your primary care physician. Coordinating all your healthcare through your primary care physician means less paperwork and lower healthcare costs for everyone.

PPO (Preferred Provider Organization): A PPO plan allows greater freedom of choice than HMO plans because members are able to receive care from both in-network and out-of-network providers and still be covered by insurance. However, you will only receive the full benefits of your plan when using in-network providers. If you choose to go outside of your network, you'll have higher out-of-pocket costs, and not all services may be covered.

EPO (Exclusive Provider Organization): EPO plans combine the flexibility of PPO plans with the cost-savings of HMO plans. You won't need to choose a primary care physician and you don't need referrals to see a specialist, but you'll have a limited network of doctors and hospitals to choose from.

Additional Terms:

- In-network:** Healthcare professionals, hospitals, pharmacies, labs, etc. that are contracted with your insurance plan as preferred providers. Receiving care from in-network providers helps you to maximize your benefits.
- Out-of-network:** Healthcare professionals, hospitals, pharmacies, labs, etc. that are NOT a part of your insurance plan network of coverage. Receiving care from out-of-network providers will increase your personal costs.
Please note: While a facility may accept your insurance, the facility could still be out-of-network and you will be charged more for medical services.
- Affordable Care Act (ACA):** Also known as "Obamacare," the federal law which regulates health insurance and makes coverage available to more people.
- COBRA (Consolidated Omnibus Budget Reconciliation Act):** A law requiring employers to offer continued health insurance coverage to employees who leave their employment. The employee must pay the entire premium for the coverage.
- EOB (Explanation of Benefits):** A written statement from the health insurance company which explains the date of service, medical treatment/services provided, charges from the provider, any insurance payments made and any amount the patient is responsible for paying.
- Pre-Certification/Prior-Authorization:** Approval required from your insurance plan before medical services, treatment or medications are provided. This process is completed by your medical provider or pharmacist.
- Referral:** Approval process provided by your primary care physician, authorizing you to receive services from another provider or specialist.