

**Comparison of Health Insurance Options**  
**Wartburg College**  
**January through December 2017**

	<b>Alliance Select PPO</b>	<b>Blue Advantage MCO</b>	<b>Alliance Select HSA</b>	<b>Blue Advantage HSA</b>
Provider Choice	Benefits when covered services are provided by any approved provider. Richer benefits when provided by Select (PPO) provider.	Network limited to Iowa. Must name a Primary Care Provider (PCP). Only emergency care covered outside network.	Benefits when covered services are provided by any approved provider. Richer benefits when provided by Select (PPO) provider.	Network limited to Iowa. Must name a Primary Care Provider (PCP). Only emergency care covered outside network.
Annual Deductible	\$4,000 • Individual \$8,000 • Family	\$2,500 in network \$5,000 in network	\$3,000 \$6,000	\$3,000 in network \$6,000 in network
Coinsurance	25% PPO 50% Non-PPO	20% in network	0% PPO 0% Non-PPO	0% in network
Co-payments	25% office visit coinsurance 25% emergency room copay	20% office visit copay 20% emergency room copay	Office visit & Emergency Room- subject to deductible	Office visit & Emergency Room- subject to deductible
Annual Out-of-Pocket	\$6,850 in network • Individual \$13,700 in network • Family	\$5,000 in network \$10,000 in network	\$3,000 in network \$6,000 in network	\$3,000 in network \$6,000 in network
<b>Covered Services</b>				
Office Services, Chiropractic Services, Urgent Care	25% Coinsurance	20% Coinsurance	Subject to deductible	Subject to deductible
Emergency Room	25% Coinsurance	20% Coinsurance	Subject to deductible	Subject to deductible
Ambulance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible	Subject to deductible
Lab and X-Ray	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible	Subject to deductible
Inpatient and Outpatient Physician and Hospital Services	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible	Subject to deductible
Routine Vision Exam	Covered	Covered	Covered	Covered
Routine Physical <i>***See preventive services guideline for more specific information***</i>	Covered as preventive care	Covered as preventive care	Covered as preventive care	Covered as preventive care
Mental Health / Chemical Dependency	• Inpatient  • Outpatient	• 30 inpatient days - Subject to deductible and coinsurance  • 52 outpatient/office visits	• 30 inpatient days - Subject to deductible  • 52 outpatient/office visits - Subject to deductible	• 30 inpatient days - Subject to deductible  • 52 outpatient/office visits - Subject to deductible
Prescription Coverage Co-payments	Blue Rx Complete  \$15/\$50/\$75/\$100 With \$100/\$200 annual deductible	Blue Rx Complete  \$15/\$50/\$75/\$100 With \$100/\$200 annual deductible	Blue Rx Complete H.S.A.  Subject to deductible	Blue Rx Complete H.S.A.  Subject to deductible
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Pre-existing Conditions Limitations	None	None	None	None
Dependent Child Definition	Unlimited if FT Student. Regular dependent up to age 26. Benefits end at the end of the month in which the dependent turns 26.	Unlimited if FT Student. Regular dependent up to age 26. Benefits end at the end of the month in which the dependent turns 26.	Unlimited if FT Student. Regular dependent up to age 26. Benefits end at the end of the month in which the dependent turns 26.	Unlimited if FT Student. Regular dependent up to age 26. Benefits end at the end of the month in which the dependent turns 26.