



## Benefits for Greater Dayton RTA

Effective Date: 1/1/2022

Medical Benefits Summary	SuperMed PPO	
Plan Description	SuperMed 2500/5000	
	Network	Non-Network
Single Deductible Amount	\$2,500	\$5,000
Family Deductible Amount	\$5,000	\$10,000
Embedded or Aggregate Deductible	Embedded	
Employee Coinsurance	20%	40%
Coinsurance Out of Pocket Limits (excludes deductible) -Single	\$2,500	\$5,000
Coinsurance Out of Pocket Limits (excludes deductible) - Family	\$5,000	\$10,000
Maximum Out-of-Pocket Limits - Single (sum of any applicable deductible, coinsurance and copays)	\$5,000	\$10,000
Maximum Out-of-Pocket Limits - Family (sum of any applicable deductible, coinsurance and copays)	\$10,000	\$20,000
Office Visit (PCP)	\$15	60% after deductible
Office Visit (Specialist)	\$25	60% after deductible
Urgent Care Visit	\$50	60% after deductible
ER - Emergency Use	\$400	
Drug	See below	

Drug Benefit Summary	SuperMed PPO	
Plan Description	National Plus Network	
Retail 30 day supply		
Generic Copay	\$15	
Formulary Copay	\$30	
Non-Formulary Copay	\$60	
Specialty Copay	50% up to \$300	
Mail Order 90 day supply		
Generic Copay	\$30	
Formulary Copay	\$60	
Non-Formulary Copay	\$120	

Disclaimer: This document is only a partial listing of benefits. This is not a contract of insurance. Please refer to the certificate of coverage for a full description of benefits.