

Chicago Federation of Musicians 2026 Dental Summary and Rates

Benefits	PPO INFS 14 100/100/60
Out-of-Network Reimbursement	In Network Fee Schedule Out of Network Dentist can Balance Bill
Annual Individual Deductible	\$50 // \$50
Annual Family Deductible	\$150 // \$150
Coinsurance Preventative & Diagnostic	100% // 100% 3 Routine Cleanings & Exams a Year 4 Periodontal Cleanings a Year
Basic Services	100% // 80% after Annual Deductible
Major (incl Periodontics, Endodontics, Prosthodontics, & Eligible Implants)	60% // 50% after Annual Deductible
Annual Maximum	\$3,000
After Annual Maximum	30% Coinsurance & Continued Network Fees with Network Providers
MONTHLY COST	
Member Only	\$49
Member + Spouse	\$98
Member + Children	\$125
Family	\$174