

Chicago Federation of Musicians 2025 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)	60% / 50% after Annual Deductible
Annual Maximum	\$2,000
After Annual Maximum	30% Coinsurance & Continued Network Fees with Network Providers
MONTHLY COST	
Member Only	\$44
Member + Spouse	\$87
Member + Children	\$111
Family	\$154