

Chicago Federation of Musicians 2023 Vision Summary & Rates

Benefits	Humana
Well Vision Exam Copay	\$10
Exam Frequency	12 Months
Materials Copay (Frames & Standard Lenses)	\$10
Network Frame Allowance	\$150
Network Elective Contacts Allowance	\$150
Elective Contacts Copay	Up to \$150
Lenses Frequency	12 Months
Frames Frequency	24 Months
MONTHLY COST	
Member Only	\$7.64
Member and Spouse	\$15.29
Member and Children	\$14.52
Family	\$22.82

Chicago Federation of Musicians 2023 Dental Summary and Rates

Benefits	PPO INFS 14 100/100/60
Out-of-Network Reimbursement	Usual & Customary (U&C) Out of Network Dentist can Balance Bill
Annual Individual Deductible	\$50 / \$50
Annual Family Deductible	\$150 / \$150
Coinsurance Preventative & Diagnostic	100% / 100%
Basic Services	100% / 80% after Annual Deductible
Major (incl Periodontics & Endodontics)	60% / 50% after Annual Deductible
Annual Maximum	\$2,000
MONTHLY COST	
Member Only	\$43.98
Member + Spouse	\$87.96
Member + Children	\$112.15
Family	\$156.13