

Hospitality Health Insurance Trust

2025 Dental Plans



	Plan I	Plan II	Plan III	Plan IV	Plan V	Plan VI	Plan VII	
Annual Deductible (Waived on Type 1)	\$50 \$150 Family Max	\$50 \$150 Family Max	\$50 \$150 Family Max	\$50 \$150 Family Max	\$50 \$150 Family Max	\$50 \$150 Family Max	\$50 \$150 Family Max	\$50 \$150 Family Max
Annual Maximum	\$1,000	\$1,500	\$2,000	\$1,500	\$1,000 - \$2,000	\$2,000 - \$3,200	\$2,500	
Dental Rewards	Included	Included	Included	Included	Included	Included	Included	Included
Preventative Plus	Included	Included	Included	Included	Included	Included	Included	Included
Type 1								
Cleanings	100%	100%	100%	100%	100%	100%	100%	100%
Exams								
Sealants								
Fluoride								
X-Rays								
Type 2								
Fillings	80%*	90% In-Network 80% Out of Network	90% In-Network 80% Out of Network	80-100% In-Network 80% Out of Network	80%	80%	80%	
Endodontics*								
Periodontics*								
Oral Surgery*								
Type 3								
Crowns	50%	50%	50%	50%	50%	50%	50%	50%
Implants								
Bridges								
Dentures								
	Plan I	Plan II	Plan III	Plan IV	Plan V	Plan VI	Plan VII	Add Ortho
Employee Only	\$37.42	\$48.12	\$54.49	\$46.83	\$39.80	\$53.72	\$59.48	
Employee/ Spouse	\$74.85	\$96.25	\$108.98	\$102.92	\$79.60	\$107.44	\$118.94	
Employee/ Children	\$79.53	\$99.59	\$111.66	\$106.49	\$84.58	\$110.10	\$116.35	\$5.85
Employee/ Family	\$126.50	\$159.34	\$179.10	\$170.39	\$134.51	\$176.58	\$189.19	\$7.18

Orthodontia may be added to any plan option. Orthodontia coverage is for children only. 50% of \$1,000 Lifetime Maximum. **All Ortho Plans have a 12 month waiting period for new enrollees.

*For Plan 1 - Endodontics, Periodontics and Oral Surgery are covered under Type 3.

*Preventive PLUS: Preventive services/Procedures are not deducted from the members annual max.

This material is intended for informational purposes only. For specific plan details, please reference plan summaries

