Hospitality Health Insurance Trust
2026 Dental Plans

HOSPITALITY HEALTH INSURANCE

	Plan I	Plan II	Plan III	Plan IV	Plan V	Plan VI	Plan VII	Plan VIII
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	$750
Dental Rewards	Included	Included	Included	Included	Included	Included	Included	No
Preventative Plus	Included	Included	Included	Included	Included	Included	Included	No
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%	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	Plan VIII	Add Ortho
EE	$39.34	$50.58	$57.28	$49.23	$41.84	$56.47	$62.53	$28.42	n/a
EE+Spouse	$78.68	$101.18	$114.56	$108.19	$83.67	$112.94	$125.03	$56.93	n/a
EE+Ch(ildren)	$83.60	$104.69	$117.38	$111.94	$88.91	$115.74	$122.31	$61.21	$6.15
EE+Family	$132.98	$167.50	$188.27	$179.11	$141.40	$185.63	$198.88	$97.18	$7.54

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.

Ameritas fulfilling life.

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