

Hospitality Health Insurance Trust

2027 Dental Plans



	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		\$2,500		\$750	
Dental Rewards	Included: Up to \$1000 carryover		Included: Up to \$1000 carryover		Included: Up to \$1200 carryover		Included: Up to \$1000 carryover		Included: Up to \$1000 carryover		Included: Up to \$1200 carryover		Included: Up to \$1200 carryover		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	\$42.08	\$54.12	\$61.28	\$52.68	\$44.76	\$60.40	\$66.92	\$30.40	n/a							
EE+Spouse	\$82.04	\$108.28	\$122.56	\$115.76	\$89.52	\$120.80	\$133.80	\$60.92	n/a							
EE+Ch(ildren)	\$89.44	\$112.04	\$125.60	\$119.80	\$95.12	\$123.84	\$130.88	\$65.48	\$6.56							
EE+Family	\$142.28	\$179.24	\$201.44	\$191.64	\$151.28	\$198.60	\$212.80	\$103.96	\$8.08							
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