

Dental Benefit Summary

(MetLife Network)

Features	LG Dental Plan		LG Dental Plus Plan	
	In-Network	Out of Network	In-Network	Out of Network
Deductible (Ded)				
Individual	\$50	\$50	\$50	\$50
Family	\$100	\$100	\$100	\$100
Coverage Type				
Preventive – Cleanings, Oral Exams	Plan pays 100% of PDP fee* (No Ded)	Plan pays <i>Per Dental Schedule</i> ** (No Ded)	Plan pays 100% of PDP fee* (No Ded)	Plan pays 100% of R&C fee*** (No Ded)
Minor/Basic Restorative – fillings	After Deductible Plan pays 80% of PDP fee*	After Deductible <i>Per Dental Schedule</i> **	After Deductible Plan pays 90% of PDP fee*	After Deductible Plan pays 90% of R&C fee***
Major Restorative/ Prosthodontics – bridges, dentures, implants	After Deductible Plan pays 50% of PDP fee*	After Deductible Plan pays 50% of R&C fee***	After Deductible Plan pays 70% of PDP fee*	After Deductible Plan pays 70% of R&C fee***
Orthodontia – (adult and child)	Plan pays 50% of PDP fee* (No Ded)	Plan pays 50% of R&C fee*** (No Ded)	Plan pays 50% of PDP fee* (No Ded)	Plan pays 50% of R&C fee*** (No Ded)
Annual Maximum Benefits				
Per Person	\$1,500	\$1,000	\$2,000	\$2,000
Orthodontia Lifetime Maximum				
Per Person	\$1,000 (No Ded)	\$1,000 (No Ded)	\$1,500 (No Ded)	\$1,500 (No Ded)

*PDP fee refers to the fees that in-network dentists have agreed to accept as payment.

**Per Dental Schedule refers to LG Health's contracted fee schedule found in the Summary Plan Description on StarNet.

***R&C fee refers to the reasonable and customary fees determined by MetLife.