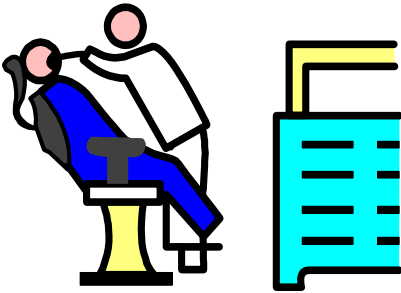


CREIGHTON DENTAL PLAN

HOUSE STAFF COVERAGE OVERVIEW

2008 DENTAL PLAN PREMIUM RATES			
	Employee Premium	Creighton Premium	Total Premium
Employee Only	\$00.00	\$28.96	\$28.96
Employee and Spouse	\$21.40	\$28.96	\$50.36
Employee and Children	\$19.38	\$28.96	\$48.34
Employee, Spouse and Children	\$40.80	\$28.96	\$69.76



	TIER 1	TIER 2	TIER 3
	Creighton Student Dental Clinic and Creighton Dental Associates	United Concordia Preferred Providers and CU Affiliated Dentists*	Other Providers
	Calendar Year Deductible		
Class A Services	NONE	NONE	NONE
Class B Services	\$25	\$50	\$75
Class C Services	\$25	\$50	\$75
	Deductible applies to Class B and C Services Combined		
	Percentage Payable	Percentage Payable	Percentage Payable
Class A Services (Preventive)	100%	100%	100%
Class B Services (e.g. oral surgery, restoration, endodontics, periodontics) Note: some Class B Services will require pre-authorization	85%	70%	50%
Class C Services (e.g. bridges, crowns, dentures) Note: Class C Services require pre-authorization	60%	50%	40%
Maximum Calendar Year Benefit Per Person	Class A, B, and C Services Combined \$1,000	Class A, B, and C Services Combined \$1,000	Class A, B, and C Services Combined \$750
		*as determined by the Dental School	

Dental Benefit: UCCI 1-866-454-3190 or www.dentabenefits.com

This general summary is presented as a matter of general information. This general summary is not to be accepted or construed as a substitute for provisions contained in the Plan documents held by the University. All statements made on this general summary sheet are subject to terms and provisions of the Plan and the policies and contracts of insurance funding the plan.