



Complete Care DHMO

This plan is likely for you if you want the lowest possible dental costs and are comfortable selecting a Primary Care Dentist within a smaller network. It's a great low-cost option with no waiting periods—giving you immediate coverage when you need care.

Key Benefits at a Glance

- No deductibles or annual maximums
- No waiting periods
- Fixed copays for all services
- Immediate benefits begins day one

Monthly Premium

- Individual: \$17.83
- Individual + Spouse: \$35.62
- Family: \$57.52

HOW IT WORKS

Must select a Primary Care Dentist from the DHMO network.
 All care is coordinated through your selected provider.
 In-network services only.
 No claim forms to file—everything is handled through your provider.
 Low, predictable out-of-pocket costs with fixed copays for each service.

NETWORK INFORMATION

DHMO Network with 300+ providers throughout the state of Utah.

WHAT'S COVERED

Preventive, basic, and major services all have fixed copays.

THINGS TO KNOW

Must use selected Primary Care Dentist.
 Add in-Coverage for basic and major services is included when provided by a general dentist, with additional discounts available for specialist care.

Sample Copays for Common Services

- Exam: \$0
- Cleaning: \$12
- Filling: \$32
- Extraction: \$45
- Crown: \$345
- Root Canal: \$260

COVERAGE OVERVIEW

Complete Care DHMO

DHMO UTAH	
SERVICES	
Preventative (Type 1) Oral exams, cleanings, X-rays, fluoride, sealants	Covered 100% after \$25 copay
Basic (Type 2) Fillings, space maintainers	Up to 80% Savings - See Member Schedule (Discount Only)
Major (Type 3) Crown, bridges, prosthodontics	Up to 50% Savings - See Member Schedule (Discount Only)
Orthodontics (Type 4) Children up to age 19 Adults	Discount Only Discount Only
Oral Surgery (Type 2)	Up to 80% Savings - See Member Schedule (Discount Only)
Endodontics (Type 3)	Up to 50% Savings - See Member Schedule (Discount Only)
Periodontics (Type 3)	Up to 50% Savings - See Member Schedule (Discount Only)
WAITING PERIODS	
Preventative (Type 1)	No Waiting
Basic (Type 2)	No Waiting
Major (Type 3)	No Waiting
Orthodontics (Type 4)	No Waiting
DEDUCTIBLE	
Per Person	\$0.00
Family	\$0.00
Deductible Applies to	Type 1, Type 2, & Type 3
MAXIMUM	
Per Person	N/A
Major (Type 3) Per Person	N/A
Orthodontic Lifetime	N/A

*All Services are subject to EMI Health Maximum Allowable Charge (MAC). When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge (MAC).

Benefits illustrated are in summary only. Refer to your Dental Policy for a complete description of benefits, limitations and exclusions.

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