



# **UC PostDoctoral Scholars Health Net Dental Cost Calculator**

# Website Highlights

[www.yourdentalplan.com/healthnet](http://www.yourdentalplan.com/healthnet)

- ❖ Website available in Spanish
- ❖ Print and order Dental ID Cards
- ❖ View benefits and claims history/accumulator based on member's dental product
- ❖ View and print Explanation of Benefits (EOBs)
- ❖ Dental Cost Calculator
- ❖ Dentist search includes Google Map
- ❖ Ability to select new general dentist
- ❖ Submit grievance online
- ❖ Go Green capability for EOB availability, email alerts
- ❖ Frequently Asked Questions
- ❖ Dental education and oral quizzes

**Hello, Filippo**

**My Coverage:** Active 04/25/16  
[More Details](#)

**Dentist Name:** Ebi Nikjoo  
[Change Dentist](#)

**Dental Plan Name:** Health Net of CA Custom HN Value DHMO 115 (UC Post) Plan C0

**Group/Acct#:** 582974

**Member ID:** [REDACTED]

## Plan Details

[Benefit Details](#)



## What would you like to do today?

- Manage My Claims**
- Print an ID Card**
- Dental Cost Calculator**
- Information Center**
- Look up My Benefits**
- Find a Dentist**

**UCPD member can access dental cost calculator after log in**

**Information Center**

- [Discover The Mouth-Body Connection](#)
- [Eat Right for Healthy Teeth and Gums](#)
- [Taking Care Of Your Baby's Teeth And Gums](#)

[View All](#)

**Related Websites**

- [Covered California](#)

# Dental Cost Calculator – Step 1 Select Procedure



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### Benefits & Coverage

[Dental](#)  
[Persons Covered](#)

### Tools

[Find a Dentist](#)  
[Nominate a Dentist](#)  
**[Dental Cost Calculator](#)**  
[Dental Grievances](#)

## Dental Cost Calculator

Website auto-populates UCPD member's name, primary care dentist and dentist ID number

Member Name: [Auto-populated]  
Dentist Name: Niljoo, Ebi  
Dentist ID: 000000429401



Member selects procedure under the appropriate category or dental code

### Please Select from the below list of most common Dental Procedures

Anesthesia and Sedation

Appliances

Bridges - Fixed Partial Dentures

Pontic (replacement tooth on bridge) - porcelain fused to high noble metal

Pontic (replacement tooth on bridge) - porcelain fused to noble metal

Crown (retainer tooth on bridge) - porcelain fused to high noble metal

Crown (retainer tooth on bridge) - porcelain fused to noble metal

Crowns

Dentures

Diagnostic Services/Exams

# Dental Cost Calculator – Step 1 Select Procedure

Please Select from the below list of most common Dental Procedures

+ Anesthesia and Sedation

+ Appliances

+ Bridges - Fixed Partial Dentures

+ Crowns

+ Dentures

+ Diagnostic Services/Exams

+ Emergency Treatment

+ Endodontics - Treatment of Pulp

+ Fillings

+ Oral Surgery

+ Orthodontics

+ Periodontics - Treatment of Gums

+ Preventive Services

[Full List of Dental Codes](#)

Enter Dental Code:

Submit

Member may enter dental procedure code (if known) instead of procedure description

# Dental Cost Calculator

**Health Net**

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**Benefits & Coverage**  
 Dental  
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 Dental Grievances

**Dental Cost Calculator**

1 Select Member & Dentist   2 Select Procedure   3 Results

Member Name: [Redacted]

Dentist Name: Nikjoo, Ebi

Dentist ID: 000000429401

Dental Procedure Code: D2393

Dental Procedure Description: Resin-based composite - three surfaces, posterior

Copay: **\$80.00**

Plan Year Beginning: January 1

Frequency Limitations: None

Age Limitations: None

Waiting Period: No

**Start Over**

Search for another Provider  
 Search for another Dental Procedure Code  
 Review Benefit Plan Coverage

Member may search for another procedure

- Cost Calculator displays the following:
- member’s primary care dentist
  - procedure code
  - procedure description
  - copay
  - frequency & age limitations (if any)
  - Note: there are no waiting periods for any services covered under the plan



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- Health & Wellness

### Benefits & Coverage

Dental

Persons Covered

### Tools

Find a Dentist

Nominate a Dentist

**Dental Cost Calculator**

Dental Grievances

## Dental Cost Calculator



|                              |  |
|------------------------------|--|
| Member Name:                 | [Redacted]   |
| Dentist Name:                | Nikjoo, Ebi  |
| Dentist ID:                  | 000000429401   |
| Dental Procedure Code        | D1110  |
| Dental Procedure Description | Prophylaxis - adult  |
| Copay                        | \$0.00   |
| Plan Year Beginning          | January 1  |
| Frequency Limitations        | 1 procedure/s allowed every 6 Floating Month/s for procedure/s D1110 |
| Age Limitations              | 13 and over  |
| Waiting Period               | No   |

[Start Over](#)

- [Search for another Provider](#)
- [Search for another Dental Procedure Code](#)
- [Review Benefit Plan Coverage](#)

Cost calculator display for cleaning



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**Your Dental Benefit Summary**

Select a member and plan year to display benefits summary

Member

Plan Year



**Display**

[Dental Service Definitions](#)

These documents are in PDF format. You must have [Adobe Reader®](#) (version 6.0 or higher) to view these files.

| Dental Services              | Sample Procedure Code | Member Copayment | Deductible Applies | Waiting Period |
|------------------------------|-----------------------|------------------|--------------------|----------------|
| <b>Preventative</b>          |                       |                  |                    |                |
| Routine Adult Cleaning       | D1110                 | \$0.00           | No                 | No             |
| Child Flouride Treatments    | D1208                 | \$0.00           | No                 | No             |
| Sealants                     | D1351                 | \$5.00           | No                 | No             |
| Space Maintainers Removable  | D1520                 | \$20.00          | No                 | No             |
| Oral Cancer Screening        | D0431                 | \$20.00          | No                 | No             |
| <b>Diagnostic</b>            |                       |                  |                    |                |
| Routine Exam                 | D0120                 | \$0.00           | No                 | No             |
| X-rays Full mouth Series     | D0274                 | \$0.00           | No                 | No             |
| Bitewing X Ray Series of 4   | D0431                 | \$20.00          | No                 | No             |
| <b>Minor Restorative</b>     |                       |                  |                    |                |
| Silver Filling- Two Surfaces | D2150                 | \$0.00           | No                 | No             |
| <b>Major Restorative</b>     |                       |                  |                    |                |
| Individual Crowns            | D2752                 | \$115.00         | No                 | No             |
| <b>Endodontics</b>           |                       |                  |                    |                |

Member may also see complete list of covered services and copayments on the dental website