

Maximum Reimbursement Schedule for Members of

International Brotherhood of Electrical Workers Local 2067 Employed by SaskPower
Effective January 1, 2018

Administered by:

The Public Employees Benefits Agency

Great-West Life Assurance Company

Regina Benefit Payments

P.O. Box 4408

REGINA, SK S4P 3W7

1-800-957-9777

Pre-Authorization

Where a course of dental treatment is expected to cost more than \$500, an estimate must be filed with the plan administrator. Failure to do so could result in a lower reimbursement than expected. The insurance carrier will identify the total costs eligible for reimbursement under the PEDP for the proposed dental treatment.

Plan Limitations

The services outlined in this list of covered codes will be eligible for reimbursement in conjunction with the Maximum Reimbursement Schedule for Employees of SaskPower Corporation. No payment will be made for:

- (a) Extra charges by the dentist for completion of claim forms or for broken appointments;
- (b) Cosmetic treatment, experimental treatment or dietary planning;
- (c) Congenital or developmental malformation;

The PEDP will not accept responsibility for claim payment in cases where coverage exists through any other legislation, government or group sponsored, medical or dental program, the Workers' Compensation Board and/or Saskatchewan Government Insurance.

The Administrator is authorized to establish liability under the plan based on the least expensive benefit if it will produce a professionally adequate result.

Co-ordination of Benefits

Where coverage exists from several sources for similar benefits, no more than 100% of the eligible dental expenses on the Public Employees Dental Plan Maximum Reimbursement Schedule will be reimbursed from all sources. Given a \$1,000 dental expense, co-ordination of benefits is as follows:

Example	First Plan (i.e., Spouse's Plan)	PEDP Maximum Payment Per Schedule	PEDP Maximum second payor
A	\$800	\$700	\$0
B	\$700	\$700	\$0
C	\$600	\$700	\$100

Eligible employees should submit their dental claims first to the PEDP and second to their spouse's dental plan. Spouses of eligible employees should submit their dental claims to their employer's dental plan first and second to the PEDP. Claims for dependent children are first submitted to the dental plan of the parent who has the first birthdate in the calendar year.

Dental Payment Schedule

Level I: Preventive Services - Reimbursed at 25% of dental charges to the maximums indicated below.

Service	Code	PEDP Maximum
Scaling (2 units/year at 25%)	11111	9.88
	11112	19.75

Level I: Preventive Services - Reimbursed at 50% of dental charges to the maximums indicated below.

Service	Code	PEDP Maximum
Fluoride Treatment-Foam, Gel, or Rinse (once per year) or;	12101	10.50
Fluoride Treatment-Varnish (once per year)	12103	12.50

Level I: Preventive Services - Reimbursed at 75% of dental charges to the maximums indicated below.

Service	Code	PEDP Maximum
Oral Examinations		
Specific	01204	33.00
Emergency	01205	40.50

Level I: Preventive Services - Reimbursed at 100% of dental charges to the maximums indicated below.

Service	Code	PEDP Maximum
Study Models - Unmounted		
	13401	27.00
	13409	18.00

Sealant coverage

Codes 13401 and 13409 reimbursed at 100% with a maximum of \$108/year for insured members; insured members over the age of 18 years will have a lifetime maximum of \$756.

Level II: Basic and Routine Services - Reimbursed at 25% of dental charges to the maximums indicated below.

Service	Code	PEDP Maximum				
Amalgam, Composite or Acrylic Fillings	21111	24.00	21232	45.75	23314	69.25
	21112	32.00	21233	53.25	23315	83.00
	21113	36.75	21234	62.25	23321	40.50
	21121	26.75	21235	69.50	23322	55.00
	21122	36.00	21241	37.00	23323	64.50
	21123	41.00	21242	50.00	23324	75.50
	21211	31.00	21243	58.00	23325	90.50
	21212	41.75	21244	67.75	23411	31.50
	21213	47.75	21245	77.25	23412	42.75
	21214	54.00	23111	32.25	23413	50.25
	21215	60.25	23112	43.75	23414	58.75
	21221	34.75	23113	51.50	23415	70.50
	21222	47.00	23114	60.25	23511	37.25
	21223	53.75	23115	72.25	23512	50.75
	21224	60.75	23311	37.25	23513	59.25
	21225	67.75	23312	50.75	23514	69.25
	21231	33.50	23313	59.25	23515	83.00

Service	Code	PEDP Maximum
Extractions		
Uncomplicated	71101	35.25
Uncomplicated	71109	26.50

Level II: Basic and Routine Services - Reimbursed at 75% of dental charges to the maximums indicated below.

Service	Code	PEDP Maximum
Extractions		
Complicated	71201	176.25
Complicated	71209	132.00