

Public Employees Dental Plan

Maximum Reimbursement Schedule

for
Out-of-Scope Employees of Executive Government
Effective January 1, 2022

Administered by:

The Public Employees Benefits Agency

Canada 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.

Any procedure involving the use of gold will not be covered by the PEDP unless authorization is obtained in advance.

The cost of a dental implant will be reimbursed under the Out-of-Scope Employees of Executive Government enhanced dental plan up to the cost of a medically necessary bridge or denture.

Plan Limitations

Only the services outlined in the list of covered codes will be eligible for reimbursement. 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;
- (d) Expenses for dentures which have been lost, mislaid or stolen; or
- (e) Temporomandibular Joint benefits.

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.

Procedure codes involving the use of gold will be covered if no other substitute is deemed suitable. Where gold is elective, only the cost of a customary substitute will be considered for reimbursement.

Replacement of crowns, bridges or dentures will be covered if the existing appliance is at least five years old and (1) cannot be made serviceable, or (2) replacement becomes necessary due to the removal of additional natural teeth while insured.

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.

Fee codes begin on next page.

Dental Payment Schedule

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

Service	Code	PEDP Maximum					
			bitewing/apicals	02111	25.00		* 04323 194.00
			(twice per year)	02112	34.00		* 04401 I.C.
Oral Examinations				02113	43.00		* 04402 67.00
- new patient-primary	01101	58.00		02114	52.00		04501 105.00
- new patient-mixed	01102	87.00		02115	61.00		04509 105.00
- new patient-permanent	01103	119.00		02116	70.00	Study Models - Unmounted	
- previous patient				02117	79.00		* 04911 45.00
(twice per year)	01202	39.00		02118	88.00		05101 105.00
	01204	49.00		02119	97.00		05102 210.00
	01205	59.00		02120	106.00		13211 35.00
	01301	138.00		02121	115.00		13217 17.00
	01701	89.00		02122	124.00		13401 29.00
				02123	133.00		13409 19.00
Polishing				02124	142.00		16201 105.00
(2 units per year)	11101	39.00		02125	151.00		16202 210.00
Scaling				02131	25.00		* 14101 246.00
(10 units per year)	11111	47.50		02132	34.00		* 14102 246.00
	11112	95.00		02141	25.00		* 14103 493.00
	11113	142.50		02142	34.00		* 14201 271.00
	11114	190.00		02143	43.00		* 14202 271.00
	11115	237.50		02144	52.00		* 15101 138.00
	11116	285.00		02501	55.00		* 15103 245.00
	11117	23.75		02502	80.00		* 15105 245.00
Fluoride Treatment, Rinse				02503	105.00		* 15201 173.00
(once per year) or;	12111	19.00		02504	130.00		* 15202 184.00
Fluoride Treatment, Gel or Foam			- once per 24 months	02601	77.00		* 15301 173.00
(once per year) or;	12112	23.00		02801	65.00		* 15302 237.00
Fluoride Treatment, Varnish				* 04311	128.00		* 15401 201.00
(once per year)	12113	28.00		* 04312	135.00		* 15402 203.00
				* 04313	128.00		* 15403 173.00
X-Rays - full mouth (once per 24 months)				* 04321	217.00		* 15501 173.00
	02102	160.00		* 04322	239.00		

Level II: Basic and Routine Services - Reimbursed at 100% of dental charges to the maximums indicated below.

Service	Code	PEDP Maximum					
				23314	326.00		72339 238.00
				23315	408.00		72511 243.00
Amalgam, Composite or Acrylic Fillings				23321	186.00		72521 319.00
	21111	114.00		23322	253.00		72531 392.00
	21112	152.00		23323	297.00		72711 362.00
	21113	175.00		23324	356.00	- Alveoloplasty	73121 219.00
	21121	128.00		23325	445.00		73152 471.00
	21122	171.00		23411	145.00		73153 350.00
	21123	196.00		23412	197.00		73154 586.00
	21211	148.00		23413	231.00		73222 219.00
	21212	200.00		23414	277.00		73224 80.00
	21213	228.00		23415	346.00		73411 567.00
	21214	274.00		23511	171.00		74611 414.00
	21215	342.00		23512	233.00		74612 495.00
	21221	166.00		23513	272.00		74613 583.00
	21222	224.00		23514	326.00	- Surgical Incision	75112 164.00
	21223	257.00		23515	408.00		75121 221.00
	21224	308.00	Retentive Pins	21401	32.00		76941 423.00
	21225	385.00		21402	50.00		76949 152.00
	21231	154.00		21403	67.00		76951 169.00
	21232	210.00		21404	85.00		76952 338.00
	21233	245.00		21405	103.00		76959 169.00
	21234	294.00		21501	40.00		76961 210.00
	21235	367.00	Extractions	71101	159.00		77801 320.00
	21241	168.00		71109	119.00		77802 320.00
	21242	228.00		71201	274.00		77803 320.00
	21243	267.00		71209	205.00		79602 99.00
	21244	320.00		72111	280.00	Endodontics	
	21245	400.00		72211	383.00	- Root Canal Therapy	32311 164.00
	21301	214.00		72221	525.00		32312 189.00
	23111	148.00		72231	580.00		32321 185.00
	23112	202.00	Dental Surgery				33111 583.00
	23113	237.00	(including x-rays and lab)				33121 809.00
	23114	284.00	Residual Root Removal	72311	114.00		33131 1026.00
	23115	355.00		72319	86.00		33141 1,198.00
	23311	171.00		72321	238.00		33115 725.00
	23312	233.00		72329	179.00		33125 1022.00
	23313	272.00		72331	317.00		33135 1,237.00

Level II: Basic and Routine Services Continued

Service	Code	PEDP Maximum						
				41221	168.00	92434	328.00	
				41222	336.00	92435	402.00	
				41301	69.00	92441	72.00	
	33145	1,407.00		41302	138.00	92452	254.00	
	33601	176.00		43111	87.00	92453	342.00	
	33602	219.00		43211	88.00	92454	430.00	
	33611	106.00		43221	95.00	92455	518.00	
	33612	116.00		43231	51.00	93111	169.00	
	34111	346.00		43241	88.00	93112	338.00	
	34112	461.00		16511	123.00	93119	169.00	
	34121	464.00		16512	246.00	94101	82.00	
	34122	580.00		16513	369.00	94102	179.00	
	34131	547.00		16514	492.00	94302	79.00	
	34132	755.00		16519	123.00			
	34141	447.00	- Root Planing	43421	47.50	Repairs to Existing Dentures		
	34142	537.00		43422	95.00	* 55101	79.00	
	34151	565.00		43423	142.50	* 55102	79.00	
	34152	746.00		43424	190.00	* 55201	156.00	
	34161	683.00		43424	190.00	* 55202	156.00	
	34162	828.00		43425	237.50	* 55301	79.00	
	34163	990.00		43426	285.00	* 55302	79.00	
	34211	93.00	- Appliance	43427	23.75	* 55401	155.00	
	34212	155.00		* 14611	300.00	* 55402	155.00	
	34221	93.00	- Surgical	* 14612	300.00	Relines and Rebasings of Existing Dentures		
	34222	155.00		42111	256.00	56211	250.00	
	34231	93.00		42201	297.00	56212	250.00	
	34232	155.00		42311	367.00	56221	249.00	
	34241	93.00		42321	400.00	56222	249.00	
	34242	155.00		42331	81.00	* 56231	310.00	
	34251	93.00		42411	1,046.00	* 56232	310.00	
	34252	155.00		42421	692.00	* 56241	255.00	
	34261	93.00		42431	801.00	* 56242	255.00	
	34262	155.00		42441	648.00	* 56311	255.00	
	34263	200.00		42511	660.00	* 56312	255.00	
	34411	427.00		42521	696.00	* 56321	255.00	
	34412	516.00		42611	763.00	* 56322	255.00	
	34421	320.00		42811	294.00	* 56411	420.00	
	34422	320.00		42819	425.00	* 56412	420.00	
	34423	320.00		42821	136.00	* 56511	152.00	
	34451	344.00		42831	136.00	* 56512	152.00	
	34452	520.00	Emergency Treatment for Dental Pain	42832	272.00	* 56521	152.00	
	34453	598.00		91121	136.00	* 56522	152.00	
	39201	88.00		91122	272.00	Stainless Steel Crown	22211	215.00
	39202	88.00		91211	136.00	22311	215.00	
- Pulpotomy	32221	145.00		91212	272.00	22401	215.00	
	32222	188.00		91213	408.00	22411	215.00	
	32232	96.00		91219	136.00	22501	215.00	
- Pulp Capping	20111	119.00		92411	60.00	22511	215.00	
	20119	119.00		92412	100.00	Recementing Existing Inlay or Crown		
	20131	49.00		92413	140.00	29101	131.00	
	20139	49.00		92414	180.00	29102	262.00	
Emergency Services	39211	107.00		92415	220.00	29103	393.00	
	39212	145.00		92431	106.00	29109	131.00	
Sedative Dressing	20121	154.00		92432	180.00	29301	131.00	
	20129	154.00		92433	254.00	29302	262.00	
Periodontics								
- Non-Surgical	41211	168.00						
	41212	336.00						

Note: * Laboratory charges are eligible expenses where applicable. These costs will be reimbursed at 100% under the Basic and Routine Services section.

Level III: Major Restorative - Reimbursed at 100% of dental charges to the maximums indicated below.

Service	Code	PEDP Maximum					
				* 25142	708.00	* 25721	224.00
				* 25143	740.00	* 25722	270.00
Plastic Bonding	23122	301.00		* 25144	740.00	* 25723	309.00
	23602	214.00		* 25511	842.00	25731	224.00
	* 25111	459.00		* 25531	842.00	25732	270.00
	* 25112	697.00		* 25601	40.00	25733	309.00
	* 25113	748.00		* 25602	62.00	* 27601	684.00
	* 25114	748.00		* 25603	84.00	* 27602	684.00
	* 25121	529.00		* 25604	106.00	Initial Installation or Replacement of Crown	
	* 25122	714.00		* 25605	129.00	* 27111	682.00
	* 25123	745.00		* 25711	468.00	27121	195.00
	* 25124	745.00		* 25712	560.00	27131	773.00
	* 25141	529.00		* 25713	646.00	* 27201	884.00

Level III: Major Restorative continued

Service	Code	PEDP Maximum					
			* 52401	497.00		* 67302	904.00
			* 52402	497.00		* 67311	811.00
			* 53101	1,218.00		* 67321	733.00
	* 27211	884.00	* 53102	1,218.00		* 67322	733.00
	* 27212	963.00	* 53201	1,136.00		* 67331	829.00
	* 27301	884.00	* 53202	1,136.00		* 67341	272.00
	* 27302	963.00	* 53401	1,279.00		* 67501	166.00
	* 27311	884.00	* 53402	1,279.00		* 69301	40.00
	* 27312	963.00	* 53622	1,251.00		* 69302	62.00
	27401	151.00	* 53623	1,251.00		* 69303	84.00
	27409	151.00	* 54201	95.00		* 69701	129.00
	27711	107.00	* 54202	190.00		* 69702	64.00
	27721	166.00	* 54209	95.00			
Initial Installation or Replacement of Complete or Partial Denture	* 51101	1053.00	* 54301	557.00	Repairs and Recementing of Existing Fixed Bridge	* 66111	136.00
	* 51102	1,147.00	* 54302	557.00		* 66112	272.00
	* 51201	1,321.00	Initial Installation or Replacement of Fixed Bridge			* 66113	408.00
	* 51202	1,438.00	* 62101	432.00		* 66211	136.00
	* 51301	1,053.00	* 62102	432.00		* 66212	272.00
	* 51302	1,147.00	* 62501	432.00		* 66213	408.00
	* 51601	494.00	* 62701	432.00		* 66221	136.00
	* 51602	538.00	* 62702	432.00		* 66222	272.00
	* 52101	304.00	62703	432.00		* 66251	136.00
	* 52102	304.00	62801	310.00		* 66252	272.00
	* 52111	376.00	67111	829.00		* 66253	408.00
	* 52112	376.00	67121	172.00		* 66301	136.00
	* 52201	376.00	67131	751.00		* 66302	272.00
	* 52202	376.00	* 67201	829.00		* 66303	408.00
	* 52211	376.00	* 67202	904.00		66711	146.00
	* 52212	376.00	* 67211	829.00		66719	146.00
	* 52301	610.00	* 67212	904.00		* 66731	410.00
	* 52302	610.00	* 67231	691.00			
	* 52311	473.00	* 67241	842.00			
	* 52312	473.00	* 67251	842.00			
			* 67301	829.00			

Note: * Laboratory charges are eligible expenses where applicable. These costs will be reimbursed at 100% under the Major Restorative Services section.

Denturist Payment Schedule

Level II: Routine Service - Reimbursed at 100% to the maximums indicated below.

Service	Code	PEDP Maximum					
			Rebase partial denture			Partial Denture, Acrylic Base, No Clasps	
			lab processed/functional impression			Maxillary (upper)	41612 1,424.00
			Maxillary (upper)	43116 1,026.00		Mandibular (lower)	41622 1,489.00
			Mandibular (lower)	43126 1,026.00			
Relines and Rebases to Existing Dentures			Repairs to Existing Denture			Partial Denture, Cast Frame, with Clasps or Rests	
Reline complete denture			Repair, No impression required			Tooth-borne-semi-precision	
self-polymerized/lab processed			Maxillary (upper) complete	36110 119.00		Maxillary (upper)	41216 3,093.00
Maxillary (upper)	32215	541.00	Mandibular (lower) complete	36120 119.00		Mandibular (lower)	41226 3,093.00
Mandibular (lower)	32225	541.00	Maxillary (upper) partial	46110 119.00			
			Mandibular (lower) partial	46120 119.00		Partial Denture, Cast Frame, with Clasps or Rests	
Reline partial denture						Free-end-precision	
self-polymerized/lab processed			Repair, impression required			Maxillary (upper)	41110 3,093.00
Maxillary (upper)	42210	541.00	Maxillary (upper) complete	36210 163.00		Mandibular (lower)	41120 3,093.00
Mandibular (lower)	42220	541.00	Mandibular (lower) complete	36220 163.00			
			Maxillary (upper) partial	46210 163.00		Partial Denture, Cast Frame, with Clasps or Rests	
Reline complete denture			Mandibular (lower) partial	46220 163.00		Free-end-standard	
lab processed/functional impression						Maxillary (upper)	41114 1,931.00
Maxillary (upper)	32110	541.00				Mandibular (lower)	41124 1,931.00
Mandibular (lower)	32120	541.00					
			NOTE: All services include laboratory charges.			Note: All services include laboratory charges.	
Reline partial denture			Level III: Major Restorative - Reimbursed at 100% to the maximums indicated below.			Accessories	
lab processed/functional impression			Initial Installation or Replacement of Complete Dentures			Wrought Clasp	71010 156.00
Maxillary (upper)	42116	541.00	Maxillary (upper) complete			Additions/Teeth/Clasp (Maxillary)	46310 187.00
Mandibular (lower)	42126	541.00	denture (standard)	31310 1,607.00		Additions/Teeth/Clasps (Mandibular)	46320 187.00
			Mandibular (lower) complete				
Rebase complete denture			denture (standard)	31320 1,607.00			
lab processed/functional impression							
Maxillary (upper)	33117	1,026.00					
Mandibular (lower)	33127	1,026.00					

Orthodontic Coverage

Reimbursement is provided at 50% of all reasonable and customary charges for orthodontic services to a maximum of \$1,500 per insured person per year with a lifetime maximum of \$3,000 per insured person. Dependent children must be under age 19. Benefits are based on the lesser of the dentist's charge or the suggested fee outlined in The College of Dental Surgeons of Saskatchewan Fee Guide.