

Maximum Reimbursement Schedule for Members of

International Brotherhood of Electrical Workers Local 2067 Employed by SaskPower
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.

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%)	1111	11.88
	1112	23.75

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

Service	Code	PEDP Maximum
Fluoride Treatment, Rinse (once per year) or;	1211	9.50
Fluoride Treatment, Gel or Foam (once per year) or;	1212	11.50
Fluoride Treatment, Varnish (once per year)	1213	14.00

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

Service	Code	PEDP Maximum
Oral Examinations		
Specific	01204	49.00
Emergency	01205	59.00

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

Service	Code	PEDP Maximum
Study Models - Unmounted		
	13401	29.00
	13409	19.00

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	28.50	21232	52.50	23314	81.50
	21112	38.00	21233	61.25	23315	102.00
	21113	43.75	21234	73.50	23321	46.50
	21121	32.00	21235	91.75	23322	63.25
	21122	42.75	21241	42.00	23323	74.25
	21123	49.00	21242	57.00	23324	89.00
	21211	37.00	21243	66.75	23325	111.25
	21212	50.00	21244	80.00	23411	36.25
	21213	57.00	21245	100.00	23412	49.25
	21214	68.50	23111	37.00	23413	57.75
	21215	85.50	23112	50.50	23414	69.25
	21221	41.50	23113	59.25	23415	86.50
	21222	56.00	23114	71.00	23511	42.75
	21223	64.25	23115	88.75	23512	58.25
	21224	77.00	23311	42.75	23513	68.00
	21225	96.25	23312	58.25	23514	81.50
	21231	38.50	23313	68.00	23515	102.00

Service	Code	PEDP Maximum
Extractions		
Uncomplicated	71101	39.75
Uncomplicated	71109	29.75

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

Service	Code	PEDP Maximum
Extractions		
Complicated	71201	274.00
Complicated	71209	205.00