



Public Employees Dental Plan

Maximum Reimbursement Schedule for Employees of Saskatchewan Government Insurance

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.

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.

Reimbursement will be based upon the provincial fee guide of the province of treatment for service providers outside of Saskatchewan.

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 100% of dental charges to the maximums indicated below.

Service	Code	PEDP Maximum	02117 79.00	*	04923 273.00
			02118 88.00		05101 105.00
Oral Examinations			02119 97.00		05102 210.00
- new patient-primary	01101	58.00	02120 106.00		05201 105.00
- new patient-mixed	01102	87.00	02121 115.00		05202 210.00
- new patient-permanent	01103	119.00	02122 124.00		05209 105.00
- previous patient			02123 133.00		13211 35.00
(twice per year)	01202	39.00	02124 142.00		13217 17.00
	01204	49.00	02125 151.00		13231 35.00
	01205	59.00	02131 25.00		13237 17.00
	01301	138.00	02132 34.00		13401 29.00
	01701	89.00	02141 25.00		13409 19.00
			02142 34.00		13411 59.00
Polishing			02143 43.00		13419 44.00
(2 units per year)	11101	39.00	02144 52.00		16201 105.00
Scaling			02501 55.00		16202 210.00
(10 units per year)	11111	47.50	02502 80.00	*	14101 246.00
	11112	95.00	02503 105.00	*	14102 246.00
	11113	142.50	02504 130.00	*	14103 493.00
	11114	190.00	02601 77.00	*	14201 271.00
	11115	237.50	02801 65.00	*	14202 271.00
	11116	285.00	* 04311 128.00	*	15101 138.00
	11117	23.75	* 04312 135.00	*	15103 245.00
Fluoride Treatment, Rinse			* 04313 128.00	*	15105 245.00
(once per year) or;	12111	19.00	* 04321 217.00	*	15201 173.00
Fluoride Treatment, Gel or Foam			* 04322 239.00	*	15202 184.00
(once per year) or;	12112	23.00	* 04323 194.00	*	15301 173.00
Fluoride Treatment, Varnish			* 04401 I.C.	*	15302 237.00
(once per year)	12113	28.00	* 04402 67.00	*	15401 201.00
X-Rays - full mouth (once per 24 months)			04501 105.00	*	15402 203.00
	02102	160.00	04509 105.00	*	15403 173.00
bitewing/apicals	02111	25.00	Study Models - Unmounted	*	15501 173.00
(twice per year)	02112	34.00	* 04911 45.00		15601 53.00
	02113	43.00	* 04921 102.00	*	15603 53.00
	02114	52.00	* 04922 189.00		15604 53.00
	02115	61.00			
	02116	70.00			

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

Service	Code	PEDP Maximum	23313 272.00		72331 317.00
			23314 326.00		72339 238.00
Amalgam, Composite or Acrylic Fillings			23315 408.00		72511 243.00
	21111	114.00	23321 186.00		72521 319.00
	21112	152.00	23322 253.00		72531 392.00
	21113	175.00	23323 297.00		72711 362.00
	21121	128.00	23324 356.00	- Alveoloplasty	73121 219.00
	21122	171.00	23325 445.00		73152 471.00
	21123	196.00	23411 145.00		73153 350.00
	21211	148.00	23412 197.00		73154 586.00
	21212	200.00	23413 231.00		73182 591.00
	21213	228.00	23414 277.00		73183 356.00
	21214	274.00	23415 346.00		73184 591.00
	21215	342.00	23511 171.00		73222 219.00
	21221	166.00	23512 233.00		73223 478.00
	21222	224.00	23513 272.00		73224 80.00
	21223	257.00	23514 326.00		73411 567.00
	21224	308.00	23515 408.00		74611 414.00
	21225	385.00	Retentive Pins		74612 495.00
	21231	154.00	21401 32.00		74613 583.00
	21232	210.00	21402 50.00		74621 462.00
	21233	245.00	21403 67.00	- Surgical Incision	75112 164.00
	21234	294.00	21404 85.00		75121 221.00
	21235	367.00	21405 103.00		76941 423.00
	21241	168.00	21501 40.00		76949 152.00
	21242	228.00	Extractions		76951 169.00
	21243	267.00	71101 159.00		76952 338.00
	21244	320.00	71109 119.00		76959 169.00
	21245	400.00	71201 274.00		76961 210.00
	21301	214.00	71209 205.00		76962 265.00
	23111	148.00	72111 280.00		77801 320.00
	23112	202.00	72211 383.00		77802 320.00
	23113	237.00	72221 525.00		77803 320.00
	23114	284.00	72231 580.00		79311 656.00
	23115	355.00	Dental Surgery - (including x-rays and lab)		79312 827.00
	23311	171.00	Residual Root Removal		79403 115.00
	23312	233.00	72311 114.00		79404 180.00
			72319 86.00		79602 99.00
			72321 238.00		
			72329 179.00		

Level II: Basic and Routine Services Continued

Service	Code	PEDP. Maximum						
			Emergency Services	39211	107.00		92432	180.00
				39212	145.00		92433	254.00
							92434	328.00
Endodontics			Sedative Dressing	20121	154.00		92435	402.00
- Root Canal Therapy	33111	583.00		20129	154.00		92441	72.00
	33121	809.00					92452	254.00
	33131	1,026.00	Periodontics				92453	342.00
	33141	1,198.00	- Non-Surgical	41211	168.00		92454	430.00
	33115	725.00		41212	336.00		92455	518.00
	33125	1,022.00		41221	168.00		93111	169.00
	33135	1,237.00		41222	336.00		93112	338.00
	33145	1,407.00		41301	69.00		93119	169.00
	33601	176.00		41302	138.00		94101	82.00
	33602	219.00		43111	87.00		94102	179.00
	33611	106.00		43211	88.00		94302	79.00
	33612	116.00		43221	95.00	Repairs to Existing Dentures		
	34111	346.00		43231	51.00	* 55101	79.00	
	34112	461.00		43241	88.00	* 55102	79.00	
	34121	464.00		16511	123.00	* 55201	156.00	
	34122	580.00		16512	246.00	* 55202	156.00	
	34131	547.00		16513	369.00	* 55301	79.00	
	34132	755.00		16514	492.00	* 55302	79.00	
	34141	447.00		16519	123.00	* 55401	155.00	
	34142	537.00	- Root Planing	43421	47.50	* 55402	155.00	
	34151	565.00		43422	95.00	Relines and Rebasings of Existing Dentures		
	34152	746.00		43423	142.50	56211	250.00	
	34161	683.00		43424	190.00	56212	250.00	
	34162	828.00		43425	237.50	56221	249.00	
	34163	990.00		43426	285.00	56222	249.00	
	34211	93.00		43427	23.75	* 56231	310.00	
	34212	155.00	- Appliance	* 14611	300.00	* 56232	310.00	
	34221	93.00		* 14612	300.00	* 56241	255.00	
	34222	155.00	- Surgical	42111	256.00	* 56242	255.00	
	34231	93.00		42201	297.00	* 56311	255.00	
	34232	155.00		42311	367.00	* 56312	255.00	
	34241	93.00		42321	400.00	* 56321	255.00	
	34242	155.00		42331	81.00	* 56322	255.00	
	34251	93.00		42411	1,046.00	* 56511	152.00	
	34252	155.00		42421	692.00	* 56512	152.00	
	34261	93.00		42431	801.00	* 56521	152.00	
	34262	155.00		42441	648.00	* 56522	152.00	
	34263	200.00		42511	660.00	* 56602	328.00	
	34411	427.00		42521	696.00	Stainless Steel Crown	22211	215.00
	34412	516.00		42611	763.00		22311	215.00
	34421	320.00		42811	294.00		22401	215.00
	34422	320.00		42819	425.00		22411	215.00
	34423	320.00		42821	136.00		22501	215.00
	34451	344.00		42831	136.00		22511	215.00
	34452	520.00		42832	272.00	Recementing Existing Inlay or Crown		
	34453	598.00	Emergency Treatment for Dental Pain				29101	131.00
	39201	88.00		91121	136.00		29102	262.00
	39202	88.00		91122	272.00		29103	393.00
	32311	164.00		91211	136.00		29109	131.00
	32312	189.00		91212	272.00			
	32321	185.00		91213	408.00			
- Pulpotomy	32221	145.00		91219	136.00	Note: * Laboratory charges are eligible expenses		
	32222	188.00		92411	60.00	where applicable. These costs will be reimbursed		
	32232	96.00		92412	100.00	at 100% under the Preventive, Basic and Routine		
- Pulp Capping	20111	119.00		92413	140.00	sections.		
	20119	119.00		92414	180.00			
	20131	49.00		92415	220.00			
	20139	49.00		92431	106.00			

Level III: Major Restorative - Reimbursed at 50% of dental charges to the maximum indicated below.

Service	Code	PEDP. Maximum						
				* 25124	372.50		* 25711	234.00
				* 25141	264.50		* 25712	280.00
Plastic Bonding				* 25142	354.00		* 25713	323.00
	23122	150.50		* 25143	370.00		* 25721	112.00
	23602	107.00		* 25144	370.00		* 25722	135.00
	* 25111	229.50		* 25511	421.00		* 25723	154.50
	* 25112	348.50		* 25531	421.00		25731	112.00
	* 25113	374.00		* 25601	20.00		25732	135.00
	* 25114	374.00		* 25602	31.00		25733	154.50
	* 25121	264.50		* 25603	42.00		* 27601	342.00
	* 25122	357.00		* 25604	53.00		* 27602	342.00
	* 25123	372.50		* 25605	64.50			

Level III: Major Restorative continued

Service	Code	PEDP. Maximum
Initial Installation or Replacement of Crown		
* 27111	341.00	
27121	97.50	
27131	386.50	
* 27201	442.00	
* 27211	442.00	
* 27212	481.50	
* 27301	442.00	
* 27302	481.50	
* 27311	442.00	
* 27312	481.50	
27401	75.50	
27409	75.50	
27711	53.50	
27721	83.00	
27801	60.00	
28101	60.50	
* 28103	27.50	
29301	65.50	
29302	131.00	
Initial Installation or Replacement of Complete or Partial Denture		
* 51101	526.50	
* 51102	573.50	
* 51201	660.50	
* 51202	719.00	
* 51301	526.50	
* 51302	573.50	
* 51601	247.00	
* 51602	269.00	
* 51711	526.50	
* 51712	573.50	
* 51811	526.50	
* 51812	573.50	
* 52101	152.00	
* 52102	152.00	
* 52111	188.00	

* 52112	188.00
* 52201	188.00
* 52202	188.00
* 52211	188.00
* 52212	188.00
* 52301	305.00
* 52302	305.00
* 52311	236.50
* 52312	236.50
* 52401	248.50
* 52402	248.50
* 52711	I.C.
* 52712	I.C.
* 53101	609.00
* 53102	609.00
* 53104	43.00
* 53201	568.00
* 53202	568.00
* 53401	639.50
* 53402	639.50
* 53622	625.50
* 53623	625.50
* 54201	47.50
* 54202	95.00
* 54209	47.50
* 54301	278.50
* 54302	278.50
* 56411	210.00
* 56412	210.00
Initial Installation or Replacement of Fixed Bridge	
* 62101	216.00
* 62102	216.00
* 62501	216.00
* 62701	216.00
* 62702	216.00
62703	216.00
62801	155.00
67111	414.50
67121	86.00
67131	375.50
* 67201	414.50

* 67202	452.00
* 67211	414.50
* 67212	452.00
* 67231	345.50
* 67241	421.00
* 67251	421.00
* 67301	414.50
* 67302	452.00
* 67311	405.50
* 67318	94.00
* 67321	366.50
* 67322	366.50
* 67331	414.50
* 67341	136.00
* 67501	83.00
* 69301	20.00
* 69302	31.00
* 69303	42.00
* 69701	64.50
* 69702	32.00
Repairs and Recementing of Existing Fixed Bridge	
* 66111	68.00
* 66112	136.00
* 66113	204.00
* 66211	68.00
* 66212	136.00
* 66213	204.00
* 66221	68.00
* 66222	136.00
* 66251	68.00
* 66252	136.00
* 66253	204.00
* 66301	68.00
* 66302	136.00
* 66303	204.00
66711	73.00
66719	73.00
* 66731	205.00

NOTE: * Laboratory charges are eligible expenses where applicable. These costs will be reimbursed at 50% 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
Relines and Rebases to Existing Dentures		
Reline complete denture (self-polymerized/lab-processed)		
Maxillary (upper)	32215	541.00
Mandibular (lower)	32225	541.00
Reline partial denture (self-polymerized/lab-processed))		
Maxillary (upper)	42210	541.00
Mandibular (lower)	42220	541.00
Reline complete denture (lab processed/functional impression)		
Maxillary (upper)	32110	541.00
Mandibular (lower)	32120	541.00
Reline partial denture (lab processed/functional impression)		
Maxillary (upper)	42116	541.00
Mandibular (lower)	42126	541.00
Rebase complete denture (lab processed/functional impression)		
Maxillary (upper)	33117	1,026.00
Mandibular (lower)	33127	1,026.00

Rebase partial denture (lab processed/functional impression)		
Maxillary (upper)	43116	1,026.00
Mandibular (lower)	43126	1,026.00

Repairs to Existing Denture		
Repair, No impression required		
Maxillary (upper) complete	36110	119.00
Mandibular (lower) complete	36120	119.00
Maxillary (upper) partial	46110	119.00
Mandibular (lower) partial	46120	119.00
Repair, impression required		
Maxillary (upper) complete	36210	163.00
Mandibular (lower) complete	36220	163.00
Maxillary (upper) partial	46210	163.00
Mandibular (lower) partial	46220	163.00
Note: All services include laboratory charges.		

Level III: Major Restorative - Reimbursed at 50% to the maximums indicated below.

Initial installation or Replacement of Complete Dentures		
Maxillary (upper) complete denture (standard)	31310	803.50
Mandibular (lower) complete denture (standard)	31320	803.50

Partial Denture, Acrylic Base, No Clasps		
Maxillary (upper)	41612	712.00
Mandibular (lower)	41622	744.50

Partial Denture, Cast Frame, with Clasps or Rests Tooth-borne-semi-precision		
Maxillary (upper)	41216	1,546.50
Mandibular (lower)	41226	1,546.50

Partial Denture, Cast Frame, with Clasps or Rests Free-end-precision		
Maxillary (upper)	41110	1,546.50
Mandibular (lower)	41120	1,546.50

Partial Denture, Cast Frame, with Clasps or Rests Free-end-standard		
Maxillary (upper)	41114	965.50
Mandibular (lower)	41124	965.50

Note: All services include laboratory charges.

Accessories		
Wrought Clasp	71010	78.00
Additions/Teeth/Clasps (Maxillary)	46310	93.50
Additions/Teeth/Clasps (Mandibular)	46320	93.50

Orthodontic Coverage

Reimbursement is provided at 50% of all reasonable and customary charges for orthodontic services to a lifetime maximum of \$1,500 per insured person. 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.