



Public Employees Dental Plan

Maximum Reimbursement Schedule

for Employees of

SaskPower Out of Scope Div 200

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 reimburse under the SaskPower Out of Scope 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.

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

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	
Polishing			02142	34.00		13411	59.00	
(2 units per year)	11101	39.00	02143	43.00		13419	44.00	
Scaling			02144	52.00		16201	105.00	
(2 units/year at 100%)	11111	47.50	02501	55.00		16202	210.00	
(8 units/year at 75%)	11112	95.00	02502	80.00	*	14101	246.00	
	11113	142.50	02503	105.00	*	14102	246.00	
	11114	190.00	02504	130.00	*	14103	493.00	
	11115	237.50	- once per 24 months	02601	77.00	*	14201	271.00
	11116	285.00		02801	65.00	*	14202	271.00
	11117	23.75		* 04311	128.00	*	15101	138.00
Fluoride Treatment, Rinse				* 04312	135.00	*	15103	245.00
(once per year) or;	12111	19.00		* 04313	128.00	*	15105	245.00
Fluoride Treatment, Gel or Foam				* 04321	217.00	*	15201	173.00
(once per year) or;	12112	23.00		* 04322	239.00	*	15202	184.00
Fluoride Treatment, Varnish				* 04323	194.00	*	15301	173.00
(once per year)	12113	28.00		* 04401	I.C.	*	15302	237.00
X-Rays - full mouth (once per 24 months)				* 04402	67.00	*	15401	201.00
	02102	160.00		04501	105.00	*	15402	203.00
bitewing/apicals	02111	25.00		04509	105.00	*	15403	173.00
(twice per year)	02112	34.00	Study Models - Unmounted			*	15501	173.00
	02113	43.00		* 04911	45.00		15601	53.00
	02114	52.00		* 04921	102.00	*	15603	53.00
	02115	61.00		* 04922	189.00		15604	53.00
	02116	70.00						

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

Service	Code	PEDP Maximum	23313	204.00		72331	237.75	
			23314	244.50		72339	178.50	
Amalgam, Composite or Acrylic Fillings			23315	306.00		72511	182.25	
	21111	85.50	23321	139.50		72521	239.25	
	21112	114.00	23322	189.75		72531	294.00	
	21113	131.25	23323	222.75		72711	271.50	
	21121	96.00	23324	267.00	- Alveoloplasty	73121	164.25	
	21122	128.25	23325	333.75		73152	353.25	
	21123	147.00	23411	108.75		73153	262.50	
	21211	111.00	23412	147.75		73154	439.50	
	21212	150.00	23413	173.25		73182	443.25	
	21213	171.00	23414	207.75		73183	267.00	
	21214	205.50	23415	259.50		73184	443.25	
	21215	256.50	23511	128.25		73222	164.25	
	21221	124.50	23512	174.75		73223	358.50	
	21222	168.00	23513	204.00		73224	60.00	
	21223	192.75	23514	244.50		73411	425.25	
	21224	231.00	23515	306.00		74611	310.50	
	21225	288.75	Retentive Pins	21401	24.00		74612	371.25
	21231	115.50		21402	37.50		74613	437.25
	21232	157.50		21403	50.25		74621	346.50
	21233	183.75		21404	63.75	- Surgical Incision	75112	123.00
	21234	220.50		21405	77.25		75121	165.75
	21235	275.25		21501	30.00		76941	317.25
	21241	126.00	Extractions	71101	119.25		76949	114.00
	21242	171.00		71109	89.25		76951	126.75
	21243	200.25		71201	205.50		76952	253.50
	21244	240.00		71209	153.75		76959	126.75
	21245	300.00		72111	210.00		76961	157.50
	21301	160.50		72211	287.25		76962	198.75
	23111	111.00		72221	393.75		77801	240.00
	23112	151.50		72231	435.00		77802	240.00
	23113	177.75	Dental Surgery -				77803	240.00
	23114	213.00	(including x-rays and lab)				79311	492.00
	23115	266.25	Residual Root Removal	72311	85.50		79312	620.25
	23311	128.25		72319	64.50		79403	86.25
	23312	174.75		72321	178.50		79404	135.00
				72329	134.25		79602	74.25

Level II: Basic and Routine Services Continued

Service	Code	PEDP. Maximum						
			Emergency Services	39211	80.25		92432	135.00
				39212	108.75		92433	190.50
Endodontics							92434	246.00
	- Root Canal Therapy	33111	437.25	Sedative Dressing	20121	115.50	92435	301.50
		33121	606.75		20129	115.50	92441	54.00
		33131	769.50				92452	190.50
		33141	898.50	Periodontics			92453	256.50
		33115	543.75	- Non-Surgical	41211	126.00	92454	322.50
		33125	766.50		41212	252.00	92455	388.50
		33135	927.75		41221	126.00	93111	126.75
		33145	1,055.25		41222	252.00	93112	253.50
		33601	132.00		41301	51.75	93119	126.75
		33602	164.25		41302	103.50	94101	61.50
		33611	79.50		43111	65.25	94102	134.25
		33612	87.00		43211	66.00	94302	59.25
		34111	259.50		43221	71.25		
		34112	345.75		43231	38.25	Repairs to Existing Dentures	
		34121	348.00		43241	66.00	* 55101	59.25
		34122	435.00		16511	92.25	* 55102	59.25
		34131	410.25		16512	184.50	* 55201	117.00
		34132	566.25		16513	276.75	* 55202	117.00
		34141	335.25		16514	369.00	* 55301	59.25
		34142	402.75		16519	92.25	* 55302	59.25
		34151	423.75	- Root Planing	43421	35.63	* 55401	116.25
		34152	559.50		43422	71.25	* 55402	116.25
		34161	512.25		43423	106.88		
		34162	621.00		43424	142.50	Relines and Rebasings of Existing Dentures	
		34163	742.50		43425	178.13	56211	187.50
		34211	69.75		43426	213.75	56212	187.50
		34212	116.25		43427	17.81	56221	186.75
		34221	69.75	- Appliance	* 14611	225.00	56222	186.75
		34222	116.25		* 14612	225.00	* 56231	232.50
		34231	69.75	- Surgical	42111	192.00	* 56232	232.50
		34232	116.25		42201	222.75	* 56241	191.25
		34241	69.75		42311	275.25	* 56242	191.25
		34242	116.25		42321	300.00	* 56311	191.25
		34251	69.75		42331	60.75	* 56312	191.25
		34252	116.25		42411	784.50	* 56321	191.25
		34261	69.75		42421	519.00	* 56322	191.25
		34262	116.25		42431	600.75	* 56511	114.00
		34263	150.00		42441	486.00	* 56512	114.00
		34411	320.25		42511	495.00	* 56521	114.00
		34412	387.00		42521	522.00	* 56522	114.00
		34421	240.00		42611	572.25	* 56602	246.00
		34422	240.00		42811	220.50	Stainless Steel Crown	
		34423	240.00		42819	318.75	22211	161.25
		34451	258.00		42821	102.00	22311	161.25
		34452	390.00		42831	102.00	22401	161.25
		34453	448.50		42832	204.00	22411	161.25
		39201	66.00	Emergency Treatment for Dental Pain			22501	161.25
		39202	66.00		91121	102.00	22511	161.25
		32311	123.00		91122	204.00		
		32312	141.75		91211	102.00	Recementing Existing Inlay or Crown	
		32321	138.75		91212	204.00	29101	98.25
		32221	108.75		91213	306.00	29102	196.50
		32222	141.00		91219	102.00	29103	294.75
		32232	72.00		92411	45.00	29109	98.25
		20111	89.25		92412	75.00		
		20119	89.25		92413	105.00		
		20131	36.75		92414	135.00		
		20139	36.75		92415	165.00		
					92431	79.50		

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

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

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

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 75% 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	405.75
Mandibular (lower)	32225	405.75
Reline partial denture (self-polymerized/lab-processed)		
Maxillary (upper)	42210	405.75
Mandibular (lower)	42220	405.75
Reline complete denture (lab processed/functional impression)		
Maxillary (upper)	32110	405.75
Mandibular (lower)	32120	405.75
Reline partial denture (lab processed/functional impression)		
Maxillary (upper)	42116	405.75
Mandibular (lower)	42126	405.75
Rebase complete denture (lab processed/functional impression)		
Maxillary (upper)	33117	769.50
Mandibular (lower)	33127	769.50

Rebase partial denture (lab processed/functional impression)		
Maxillary (upper)	43116	769.50
Mandibular (lower)	43126	769.50

Repairs to Existing Denture		
Repair, No impression required		
Maxillary (upper) complete	36110	89.25
Mandibular (lower) complete	36120	89.25
Maxillary (upper) partial	46110	89.25
Mandibular (lower) partial	46120	89.25
Repair, impression required		
Maxillary (upper) complete	36210	122.25
Mandibular (lower) complete	36220	122.25
Maxillary (upper) partial	46210	122.25
Mandibular (lower) partial	46220	122.25

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 maximum of \$1,500 per insured person per year. 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.