

Maximum Reimbursement Schedule
for Employees of
Saskatchewan Assessment Management Agency
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 Saskatchewan Assessment Management Agency 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	P.E.D.P. Maximum	Service	Code	Charge	Service	Code	Charge
			bitewing/apicals (twice per year)	02111	25.00		* 04323	194.00
				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 (twice per year)	01202	39.00		02117	79.00		* 04911	45.00
	01204	49.00		02118	88.00		05101	105.00
	01205	59.00		02119	97.00		05102	210.00
	01301	138.00		02120	106.00		13211	35.00
	01701	89.00		02121	115.00		13217	17.00
Polishing				02122	124.00		13401	29.00
(2 units per year)	11101	39.00		02123	133.00		13409	19.00
Scaling				02124	142.00		16201	105.00
(10 units per year)	11111	47.50		02125	151.00		16202	210.00
	11112	95.00		02131	25.00		* 14101	246.00
	11113	142.50		02132	34.00		* 14102	246.00
	11114	190.00		02141	25.00		* 14103	493.00
	11115	237.50		02142	34.00		* 14201	271.00
	11116	285.00		02143	43.00		* 14202	271.00
	11117	23.75		02144	52.00		* 15101	138.00
Fluoride Treatment, Rinse				02501	55.00		* 15103	245.00
(once per year) or;	12111	19.00		02502	80.00		* 15105	245.00
Fluoride Treatment, Gel or Foam				02503	105.00		* 15201	173.00
(once per year) or;	12112	23.00	- once per 24 months	02504	130.00		* 15202	184.00
Fluoride Treatment, Varnish				02601	77.00		* 15301	173.00
(once per year)	12113	28.00		02801	65.00		* 15302	237.00
X-Rays - full mouth (once per 24 months)				* 04311	128.00		* 15401	201.00
	02102	160.00		* 04312	135.00		* 15402	203.00
				* 04313	128.00		* 15403	173.00
				* 04321	217.00		* 15501	173.00
				* 04322	239.00			

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

Service	Code	P.E.D.P. Maximum	Service	Code	Charge	Service	Code	Charge
				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		73222	219.00
	21213	228.00		23414	277.00		73224	80.00
	21214	274.00		23415	346.00		73411	567.00
	21215	342.00		23511	171.00		74611	414.00
	21221	166.00		23512	233.00		74612	495.00
	21222	224.00		23513	272.00		74613	583.00
	21223	257.00		23514	326.00	- Surgical Incision	75112	164.00
	21224	308.00		23515	408.00		75121	221.00
	21225	385.00	Retentive Pins	21401	32.00		76941	423.00
	21231	154.00		21402	50.00		76949	152.00
	21232	210.00		21403	67.00		76951	169.00
	21233	245.00		21404	85.00		76952	338.00
	21234	294.00		21405	103.00		76959	169.00
	21235	367.00		21501	40.00		76961	210.00
	21241	168.00	Extractions	71101	159.00		77801	320.00
	21242	228.00		71109	119.00		77802	320.00
	21243	267.00		71201	274.00		77803	320.00
	21244	320.00		71209	205.00		79602	99.00
	21245	400.00		72111	280.00	Endodontics		
	21301	214.00		72211	383.00	- Root Canal Therapy	32311	164.00
	23111	148.00		72221	525.00		32312	189.00
	23112	202.00		72231	580.00		32321	185.00
	23113	237.00	Dental Surgery - Oral Examinations				33111	583.00
	23114	284.00	(including x-rays and lab)				33121	809.00
	23115	355.00	Residual Root Removal	72311	114.00		33131	1,026.00
	23311	171.00		72319	86.00		33141	1,198.00
	23312	233.00		72321	238.00		33115	725.00
	23313	272.00		72329	179.00		33125	1,022.00
				72331	317.00		33135	1,237.00

Level II: Basic and Routine Services Continued

Service	Code	P.E.D.P. Maximum						
				41221	168.00		92434	328.00
				41222	336.00		92435	402.00
				41301	69.00		92441	72.00
				41302	138.00		92452	254.00
	33145	1,407.00		43111	87.00		92453	342.00
	33601	176.00		43211	88.00		92454	430.00
	33602	219.00		43221	95.00		92455	518.00
	33611	106.00		43231	51.00		93111	169.00
	33612	116.00		43241	88.00		93112	338.00
	34111	346.00		16511	123.00		93119	169.00
	34112	461.00		16512	246.00		94101	82.00
	34121	464.00		16513	369.00		94102	179.00
	34122	580.00		16514	492.00		94302	79.00
	34131	547.00		16519	123.00			
	34132	755.00		43421	47.50	Repairs to Existing Dentures		
	34141	447.00	- Root Planing	43422	95.00	* 55101	79.00	
	34142	537.00		43423	142.50	* 55102	79.00	
	34151	565.00		43424	190.00	* 55201	156.00	
	34152	746.00		43425	237.50	* 55202	156.00	
	34161	683.00		43426	285.00	* 55301	79.00	
	34162	828.00		43427	23.75	* 55302	79.00	
	34163	990.00		* 14611	300.00	* 55401	155.00	
	34211	93.00	- Appliance	* 14612	300.00	* 55402	155.00	
	34212	155.00		42111	256.00	Relines and Rebasings of Existing Dentures		
	34221	93.00	- Surgical	42201	297.00	56211	250.00	
	34222	155.00		42311	367.00	56212	250.00	
	34231	93.00		42321	400.00	56221	249.00	
	34232	155.00		42331	81.00	56222	249.00	
	34241	93.00		42411	1,046.00	* 56231	310.00	
	34242	155.00		42421	692.00	* 56232	310.00	
	34251	93.00		42431	801.00	* 56241	255.00	
	34252	155.00		42441	648.00	* 56242	255.00	
	34261	93.00		42511	660.00	* 56311	255.00	
	34262	155.00		42521	696.00	* 56312	255.00	
	34263	200.00		42611	763.00	* 56321	255.00	
	34411	427.00		42811	294.00	* 56322	255.00	
	34412	516.00		42819	425.00	* 56411	420.00	
	34421	320.00		42821	136.00	* 56412	420.00	
	34422	320.00		42831	136.00	* 56511	152.00	
	34423	320.00		42832	272.00	* 56512	152.00	
	34451	344.00				* 56521	152.00	
	34452	520.00	Emergency Treatment for Dental Pain	91121	136.00	* 56522	152.00	
	34453	598.00		91122	272.00	Stainless Steel Crown	22211	215.00
	39201	88.00		91211	136.00	22311	215.00	
	39202	88.00		91212	272.00	22401	215.00	
- Pulpotomy	32221	145.00		91213	408.00	22411	215.00	
	32222	188.00		91219	136.00	22501	215.00	
	32232	96.00		92411	60.00	22511	215.00	
- Pulp Capping	20111	119.00		92412	100.00	Recementing Existing Inlay or Crown		
	20119	119.00		92413	140.00	29101	131.00	
	20131	49.00		92414	180.00	29102	262.00	
	20139	49.00		92415	220.00	29103	393.00	
Emergency Services	39211	107.00		92431	106.00	29109	131.00	
	39212	145.00		92432	180.00	29301	131.00	
Sedative Dressing	20121	154.00		92433	254.00	29302	262.00	
	20129	154.00						
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 75% of dental charges to the maximums indicated below.

Service	Code	P.E.D.P. Maximum						
				* 25142	531.00		* 25721	168.00
				* 25143	555.00		* 25722	202.50
Plastic Bonding	23122	225.75		* 25144	555.00		* 25723	231.75
	23602	160.50		* 25511	631.50		25731	168.00
	* 25111	344.25		* 25531	631.50		25732	202.50
	* 25112	522.75		* 25601	30.00		25733	231.75
	* 25113	561.00		* 25602	46.50		* 27601	513.00
	* 25114	561.00		* 25603	63.00		* 27602	513.00
	* 25121	396.75		* 25604	79.50	Initial Installation or Replacement of Crown		
	* 25122	535.50		* 25605	96.75	* 27111	511.50	
	* 25123	558.75		* 25711	351.00	27121	146.25	
	* 25124	558.75		* 25712	420.00	27131	579.75	
	* 25141	396.75		* 25713	484.50	* 27201	663.00	

Level III: Major Restorative continued

Service	Code	P.E.D.P. Maximum				
			* 52401	372.75		* 67302 678.00
			* 52402	372.75		* 67311 608.25
	* 27211	663.00	* 53101	913.50		* 67321 549.75
	* 27212	722.25	* 53102	913.50		* 67322 549.75
	* 27301	663.00	* 53201	852.00		* 67331 621.75
	* 27302	722.25	* 53202	852.00		* 67341 204.00
	* 27311	663.00	* 53401	959.25		* 67501 124.50
	* 27312	722.25	* 53402	959.25		* 69301 30.00
	27401	113.25	* 53622	938.25		* 69302 46.50
	27409	113.25	* 53623	938.25		* 69303 63.00
	27711	80.25	* 54201	71.25		* 69701 96.75
	27721	124.50	* 54202	142.50		* 69702 48.00
Initial Installation or Replacement of Complete or Partial Denture	* 51101	789.75	* 54209	71.25		
	* 51102	860.25	* 54301	417.75		
	* 51201	990.75	* 54302	417.75		
	* 51202	1,078.50				
	* 51301	789.75	Initial Installation or Replacement of Fixed Bridge			Repairs and Recementing of Existing Fixed Bridge
	* 51302	860.25	* 62101	324.00		* 66111 102.00
	* 51601	370.50	* 62102	324.00		* 66112 204.00
	* 51602	403.50	* 62501	324.00		* 66113 306.00
	* 52101	228.00	* 62701	324.00		* 66211 102.00
	* 52102	228.00	* 62702	324.00		* 66212 204.00
	* 52111	282.00	62703	324.00		* 66213 306.00
	* 52112	282.00	62801	232.50		* 66221 102.00
	* 52201	282.00	67111	621.75		* 66222 204.00
	* 52202	282.00	67121	129.00		* 66251 102.00
	* 52211	282.00	67131	563.25		* 66252 204.00
	* 52212	282.00	* 67201	621.75		* 66253 306.00
	* 52301	457.50	* 67202	678.00		* 66301 102.00
	* 52302	457.50	* 67211	621.75		* 66302 204.00
	* 52311	354.75	* 67212	678.00		* 66303 306.00
	* 52312	354.75	* 67231	518.25		66711 109.50
			* 67241	631.50		66719 109.50
			* 67251	631.50		* 66731 307.50
			* 67301	621.75		

Note: * Laboratory charges are eligible expenses where applicable. These costs will be reimbursed at 75% under the Major Restorative Services section.

Denturist Payment Schedule

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

Service	Code	P.E.D.P. Maximum			
			Rebase partial denture		Partial Denture, Acrylic Base, No Clasps
			lab processed/functional impression		Maxillary (upper) 41612 1,068.00
			Maxillary (upper) 43116	1,026.00	Mandibular (lower) 41622 1,116.75
			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 2,319.75
Maxillary (upper) 32215	541.00		Mandibular (lower) complete 36120	119.00	Mandibular (lower) 41226 2,319.75
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 2,319.75
Maxillary (upper) 42210	541.00		Maxillary (upper) complete 36210	163.00	Mandibular (lower) 41120 2,319.75
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 1,448.25
Maxillary (upper) 32110	541.00				Mandibular (lower) 41124 1,448.25
Mandibular (lower) 32120	541.00				
					Note: All services include laboratory charges.
Reline partial denture					
lab processed/functional impression			Level III: Major Restorative - Reimbursed at 75% to the maximums indicated below.		
Maxillary (upper) 42116	541.00		Initial Installation or Replacement of Complete Dentures		Accessories
Mandibular (lower) 42126	541.00				Wrought Clasp 71010 117.00
					Additions/Teeth/Clasp (Maxillary) 46310 140.25
Rebase complete denture					Additions/Teeth/Clasps (Mandibular) 46320 140.25
lab processed/functional impression			Maxillary (upper) complete denture (standard) 31310	1,205.25	
Maxillary (upper) 33117	1,026.00		Mandibular (lower) complete denture (standard) 31320	1,205.25	
Mandibular (lower) 33127	1,026.00				

Orthodontic Coverage

Reimbursement is provided at 60% 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 21. 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.