

Maximum Reimbursement Schedule
for Employees of
Saskatchewan Liquor and Gaming Authority
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.

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	bitewing/apicals (twice per year)	02111 25.00		* 04323 194.00
Oral Examinations				02112 34.00		* 04401 I.C.
- new patient-primary	01101	58.00		02113 43.00		* 04402 67.00
- new patient-mixed	01102	87.00		02114 52.00		04501 105.00
- new patient-permanent	01103	119.00		02115 61.00		04509 105.00
- previous patient (twice per year)	01202	39.00		02116 70.00	Study Models - Unmounted	
	01204	49.00		02117 79.00		* 04911 45.00
	01205	59.00		02118 88.00		05101 105.00
	01301	138.00		02119 97.00		05102 210.00
	01701	89.00		02120 106.00		13211 35.00
Polishing (2 units per year)	11101	39.00		02121 115.00		13217 17.00
Scaling (10 units per year)	11111	47.50		02122 124.00		13401 29.00
	11112	95.00		02123 133.00		13409 19.00
	11113	142.50		02124 142.00		16201 105.00
	11114	190.00		02125 151.00		16202 210.00
	11115	237.50		02131 25.00		* 14101 246.00
	11116	285.00		02132 34.00		* 14102 246.00
	11117	23.75		02141 25.00		* 14103 493.00
Fluoride Treatment, Rinse (once per year) or;	12111	19.00		02142 34.00		* 14201 271.00
Fluoride Treatment, Gel or Foam (once per year) or;	12112	23.00	- once per 24 months	02143 43.00		* 14202 271.00
Fluoride Treatment, Varnish (once per year)	12113	28.00		02144 52.00		* 15101 138.00
X-Rays - full mouth (once per 24 months)	02102	160.00		02501 55.00		* 15103 245.00
				02502 80.00		* 15105 245.00
				02503 105.00		* 15201 173.00
				02504 130.00		* 15202 184.00
				02601 77.00		* 15301 173.00
				02801 65.00		* 15302 237.00
				* 04311 128.00		* 15401 201.00
				* 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		23314 326.00		72339 238.00
Amalgam, Composite or Acrylic Fillings	21111	114.00		23315 408.00		72511 243.00
	21112	152.00		23321 186.00		72521 319.00
	21113	175.00		23322 253.00		72531 392.00
	21121	128.00		23323 297.00		72711 362.00
	21122	171.00		23324 356.00	- Alveoloplasty	73121 219.00
	21123	196.00		23325 445.00		73152 471.00
	21211	148.00		23411 145.00		73153 350.00
	21212	200.00		23412 197.00		73154 586.00
	21213	228.00		23413 231.00		73222 219.00
	21214	274.00		23414 277.00		73224 80.00
	21215	342.00		23415 346.00		73411 567.00
	21221	166.00		23511 171.00		74611 414.00
	21222	224.00		23512 233.00		74612 495.00
	21223	257.00		23513 272.00		74613 583.00
	21224	308.00		23514 326.00	- Surgical Incision	75112 164.00
	21225	385.00		23515 408.00		75121 221.00
	21231	154.00	Retentive Pins	21401 32.00		76941 423.00
	21232	210.00		21402 50.00		76949 152.00
	21233	245.00		21403 67.00		76951 169.00
	21234	294.00		21404 85.00		76952 338.00
	21235	367.00		21405 103.00		76959 169.00
	21241	168.00		21501 40.00		76961 210.00
	21242	228.00	Extractions	71101 159.00		77801 320.00
	21243	267.00		71109 119.00		77802 320.00
	21244	320.00		71201 274.00		77803 320.00
	21245	400.00		71209 205.00		79602 99.00
	21301	214.00		72111 280.00	Endodontics	
	23111	148.00		72211 383.00	- Root Canal Therapy	32311 164.00
	23112	202.00		72221 525.00		32312 189.00
	23113	237.00		72231 580.00		32321 185.00
	23114	284.00	Dental Surgery - Oral Examinations (including x-rays and lab)			33111 583.00
	23115	355.00	Residual Root Removal	72311 114.00		33121 809.00
	23311	171.00		72319 86.00		33131 1,026.00
	23312	233.00		72321 238.00		33141 1,198.00
	23313	272.00		72329 179.00		33115 725.00
				72331 317.00		33125 1,022.00
						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
	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 Rebasing 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		42832	272.00		* 56521 152.00
	34453	598.00	Emergency Treatment for Dental Pain				* 56522 152.00
	39201	88.00		91121	136.00		Stainless Steel Crown
	39202	88.00		91122	272.00		22211 215.00
- Pulpotomy	32221	145.00		91211	136.00		22311 215.00
	32222	188.00		91212	272.00		22401 215.00
	32232	96.00		91213	408.00		22411 215.00
- Pulp Capping	20111	119.00		91219	136.00		22501 215.00
	20119	119.00		92411	60.00		22511 215.00
	20131	49.00		92412	100.00		Recementing Existing Inlay or Crown
	20139	49.00		92413	140.00		29101 131.00
Emergency Services	39211	107.00		92414	180.00		29102 262.00
	39212	145.00		92415	220.00		29103 393.00
Sedative Dressing	20121	154.00		92431	106.00		29109 131.00
	20129	154.00		92432	180.00		29301 131.00
				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 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	Repairs and Recementing of Existing Fixed Bridge	* 66111	102.00
	* 51102	860.25	* 54301	417.75		* 66112	204.00
	* 51201	990.75	* 54302	417.75		* 66113	306.00
	* 51202	1,078.50	Initial Installation or Replacement of Fixed Bridge			* 66211	102.00
	* 51301	789.75	* 62101	324.00		* 66212	204.00
	* 51302	860.25	* 62102	324.00		* 66213	306.00
	* 51601	370.50	* 62501	324.00		* 66221	102.00
	* 51602	403.50	* 62701	324.00		* 66222	204.00
	* 52101	228.00	* 62702	324.00		* 66225	102.00
	* 52102	228.00	62703	324.00		* 66251	102.00
	* 52111	282.00	62801	232.50		* 66252	204.00
	* 52112	282.00	67111	621.75		* 66253	306.00
	* 52201	282.00	67121	129.00		* 66301	102.00
	* 52202	282.00	67131	563.25		* 66302	204.00
	* 52211	282.00	* 67201	621.75		* 66303	306.00
	* 52212	282.00	* 67202	678.00		66711	109.50
	* 52212	282.00	* 67211	621.75		66719	109.50
	* 52301	457.50	* 67212	678.00		* 66731	307.50
	* 52302	457.50	* 67231	518.25			
	* 52311	354.75	* 67241	631.50			
	* 52312	354.75	* 67251	631.50			
			* 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					
Rebasing and Rebases to Existing Dentures			Rebase partial denture			Partial Denture, Acrylic Base, No Clasps	
Reline complete denture			lab processed/functional impression			Maxillary (upper)	41612 1,068.00
self-polymerized/lab processed			Maxillary (upper)	43116 1,026.00		Mandibular (lower)	41622 1,116.75
Maxillary (upper)	32215	541.00	Mandibular (lower)	43126 1,026.00			
Mandibular (lower)	32225	541.00	Repairs to Existing Denture			Partial Denture, Cast Frame, with Clasps or Rests	
Reline partial 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)	42210	541.00	Mandibular (lower) complete	36120 119.00		Mandibular (lower)	41226 2,319.75
Mandibular (lower)	42220	541.00	Maxillary (upper) partial	46110 119.00			
Reline complete denture			Mandibular (lower) partial	46120 119.00		Partial Denture, Cast Frame, with Clasps or Rests	
lab processed/functional impression			Repair, impression required			Free-end-precision	
Maxillary (upper)	32110	541.00	Maxillary (upper) complete	36210 163.00		Maxillary (upper)	41110 2,319.75
Mandibular (lower)	32120	541.00	Mandibular (lower) complete	36220 163.00		Mandibular (lower)	41120 2,319.75
Reline partial denture			Maxillary (upper) partial	46210 163.00			
lab processed/functional impression			Mandibular (lower) partial	46220 163.00		Partial Denture, Cast Frame, with Clasps or Rests	
Maxillary (upper)	42116	541.00				Free-end-standard	
Mandibular (lower)	42126	541.00				Maxillary (upper)	41114 1,448.25
Rebase complete denture						Mandibular (lower)	41124 1,448.25
lab processed/functional impression							
Maxillary (upper)	33117	1,026.00					
Mandibular (lower)	33127	1,026.00					

NOTE: All services include laboratory charges.

Level III: Major Restorative - Reimbursed at 75% to the maximums indicated below.

Initial Installation or Replacement of Complete Dentures

Maxillary (upper) complete denture (standard)	31310	1,205.25
Mandibular (lower) complete denture (standard)	31320	1,205.25

Note: All services include laboratory charges.

Accessories		
Wrought Clasp	71010	117.00
Additions/Teeth/Clasp (Maxillary)	46310	140.25
Additions/Teeth/Clasps (Mandibular)	46320	140.25

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.