

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

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 23315 408.00 23321 186.00 23322 253.00 23323 297.00 23324 356.00 23325 445.00 23411 145.00 23412 197.00 23413 231.00 23414 277.00 23415 346.00 23511 171.00 23512 233.00 23513 272.00 23514 326.00 23515 408.00 21401 32.00 21402 50.00 21403 67.00 21404 85.00 21405 103.00 21501 40.00 71101 159.00 71109 119.00 71201 274.00 71209 205.00 72111 280.00 72211 383.00 72221 525.00 72231 580.00 Dental Surgery - Oral Examinations (including x-rays and lab) Residual Root Removal <th>72339 238.00 72511 243.00 72521 319.00 72531 392.00 72711 362.00 - Alveoloplasty 73121 219.00 73152 471.00 73153 350.00 73154 586.00 73222 219.00 73224 80.00 73411 567.00 74611 414.00 74612 495.00 74613 583.00 - Surgical Incision 75112 164.00 75121 221.00 76941 423.00 76949 152.00 76951 169.00 76952 338.00 76959 169.00 76961 210.00 77801 320.00 77802 320.00 77803 320.00 79602 99.00 Endodontics - Root Canal Therapy 32311 164.00 32312 189.00 32321 185.00 33111 583.00 33121 809.00 33131 1,026.00 33141 1,198.00 33115 725.00 33125 1,022.00 33135 1,237.00</th>	72339 238.00 72511 243.00 72521 319.00 72531 392.00 72711 362.00 - Alveoloplasty 73121 219.00 73152 471.00 73153 350.00 73154 586.00 73222 219.00 73224 80.00 73411 567.00 74611 414.00 74612 495.00 74613 583.00 - Surgical Incision 75112 164.00 75121 221.00 76941 423.00 76949 152.00 76951 169.00 76952 338.00 76959 169.00 76961 210.00 77801 320.00 77802 320.00 77803 320.00 79602 99.00 Endodontics - Root Canal Therapy 32311 164.00 32312 189.00 32321 185.00 33111 583.00 33121 809.00 33131 1,026.00 33141 1,198.00 33115 725.00 33125 1,022.00 33135 1,237.00	
Amalgam, Composite or Acrylic Fillings	21111	114.00			
	21112	152.00			
	21113	175.00			
	21121	128.00			
	21122	171.00			
	21123	196.00			
	21211	148.00			
	21212	200.00			
	21213	228.00			
	21214	274.00			
	21215	342.00			
	21221	166.00			
	21222	224.00			
	21223	257.00			
	21224	308.00			
	21225	385.00			
	21231	154.00			
	21232	210.00			
	21233	245.00			
	21234	294.00			
	21235	367.00			
	21241	168.00			
	21242	228.00			
	21243	267.00			
	21244	320.00			
	21245	400.00			
	21301	214.00			
	23111	148.00			
	23112	202.00			
	23113	237.00			
	23114	284.00			
	23115	355.00			
	23311	171.00			
	23312	233.00			
	23313	272.00			
			Retentive Pins		
			Extractions		

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		43424	190.00	* 55202	156.00	
	34161	683.00		43425	237.50	* 55301	79.00	
	34162	828.00		43426	285.00	* 55302	79.00	
	34163	990.00		43427	23.75	* 55401	155.00	
	34211	93.00	- Appliance	* 14611	300.00	* 55402	155.00	
	34212	155.00		* 14612	300.00			
	34221	93.00	- Surgical	42111	256.00	Relines and Rebasings of Existing Dentures		
	34222	155.00		42201	297.00	56211	250.00	
	34231	93.00		42311	367.00	56212	250.00	
	34232	155.00		42321	400.00	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	
	34425	320.00		42831	136.00	* 56512	152.00	
	34451	344.00		42832	272.00	* 56521	152.00	
	34452	520.00	Emergency Treatment for Dental Pain			* 56522	152.00	
	34453	598.00		91121	136.00	Stainless Steel Crown	22211	215.00
	39201	88.00		91122	272.00		22311	215.00
	39202	88.00		91211	136.00		22401	215.00
- Pulpotomy	32221	145.00		91212	272.00		22411	215.00
	32222	188.00		91213	408.00		22501	215.00
	32232	96.00		91219	136.00		22511	215.00
- Pulp Capping	20111	119.00		92411	60.00	Recementing Existing Inlay or Crown		
	20119	119.00		92412	100.00		29101	131.00
	20131	49.00		92413	140.00		29102	262.00
	20139	49.00		92414	180.00		29103	393.00
Emergency Services	39211	107.00		92415	220.00		29109	131.00
	39212	145.00		92431	106.00		29301	131.00
Sedative Dressing	20121	154.00		92432	180.00		29302	262.00
	20129	154.00		92433	254.00			
Periodontics								
- Non-Surgical	41211	168.00				Note: * Laboratory charges are eligible expenses		
	41212	336.00				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		* 66251	102.00
	* 52102	228.00	62703	324.00		* 66252	204.00
	* 52111	282.00	62801	232.50		* 66253	306.00
	* 52112	282.00	67111	621.75		* 66301	102.00
	* 52201	282.00	67121	129.00		* 66302	204.00
	* 52202	282.00	67131	563.25		* 66303	306.00
	* 52211	282.00	* 67201	621.75		66711	109.50
	* 52212	282.00	* 67202	678.00		66719	109.50
	* 52301	457.50	* 67211	621.75		* 66731	307.50
	* 52302	457.50	* 67212	678.00			
	* 52311	354.75	* 67231	518.25			
	* 52312	354.75	* 67241	631.50			
			* 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.