

Maximum Reimbursement Schedule
for Employees of
Western Development Museum
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 | Service | Code | Charge | Service | Code | Charge |
|---|--|------------------|--------------------------------------|---------|---------|--------------------------|---------|---------|
| Oral Examinations - new patient-primary - new patient-mixed - new patient-permanent - previous patient (twice per year) | 01101 | 58.00 | bitewing/apicals (twice per year) | 02111 | 25.00 | Study Models - Unmounted | * 04323 | 194.00 |
| | 01102 | 87.00 | | 02112 | 34.00 | | * 04401 | I.C. |
| | 01103 | 119.00 | | 02113 | 43.00 | | * 04402 | 67.00 |
| | 01202 | 39.00 | | 02114 | 52.00 | | 04501 | 105.00 |
| | 01204 | 49.00 | | 02115 | 61.00 | | 04509 | 105.00 |
| | 01205 | 59.00 | | 02116 | 70.00 | | | |
| | 01301 | 138.00 | | 02117 | 79.00 | | * 04911 | 45.00 |
| | 01701 | 89.00 | | 02118 | 88.00 | | 05101 | 105.00 |
| | | | | 02119 | 97.00 | | 05102 | 210.00 |
| | | | | 02120 | 106.00 | | 13211 | 35.00 |
| | | | | 02121 | 115.00 | | 13217 | 17.00 |
| | | | | 02122 | 124.00 | | 13401 | 29.00 |
| | | | | 02123 | 133.00 | | 13409 | 19.00 |
| | | | | 02124 | 142.00 | | 16201 | 105.00 |
| | | | | 02125 | 151.00 | | 16202 | 210.00 |
| | | | | 02131 | 25.00 | | * 14101 | 246.00 |
| | Polishing (2 units per year) | 11101 | | 39.00 | 02132 | | 34.00 | * 14102 |
| Scaling (10 units per year) | 11111 | 47.50 | 02141 | 25.00 | * 14103 | 493.00 | | |
| | 11112 | 95.00 | 02142 | 34.00 | * 14201 | 271.00 | | |
| | 11113 | 142.50 | 02143 | 43.00 | * 14202 | 271.00 | | |
| | 11114 | 190.00 | 02144 | 52.00 | * 15101 | 138.00 | | |
| | 11115 | 237.50 | 02501 | 55.00 | * 15103 | 245.00 | | |
| | 11116 | 285.00 | 02502 | 80.00 | * 15105 | 245.00 | | |
| | 11117 | 23.75 | 02503 | 105.00 | * 15201 | 173.00 | | |
| Fluoride Treatment, Rinse (once per year) or; | 12111 | 19.00 | 02504 | 130.00 | * 15202 | 184.00 | | |
| Fluoride Treatment, Gel or Foam (once per year) or; | 12112 | 23.00 | - once per 24 months | 02601 | 77.00 | * 15301 | 173.00 | |
| Fluoride Treatment, Varnish (once per year) | 12113 | 28.00 | | 02801 | 65.00 | * 15302 | 237.00 | |
| | | | | * 04311 | 128.00 | * 15401 | 201.00 | |
| | | | | * 04312 | 135.00 | * 15402 | 203.00 | |
| | | | | * 04313 | 128.00 | * 15403 | 173.00 | |
| X-Rays - full mouth (once per 24 months) | 02102 | 160.00 | | * 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 | | |
|---|--------|------------------|----------------|-------------|---|-----------------|---------------------|----------------------|--------|--------|
| Amalgam, Composite or Acrylic Fillings | 21111 | 114.00 | Retentive Pins | 23314 | 326.00 | - Alveoloplasty | 72339 | 238.00 | | |
| | 21112 | 152.00 | | 23315 | 408.00 | | 72511 | 243.00 | | |
| | 21113 | 175.00 | | 23321 | 186.00 | | 72521 | 319.00 | | |
| | 21121 | 128.00 | | 23322 | 253.00 | | 72531 | 392.00 | | |
| | 21122 | 171.00 | | 23323 | 297.00 | | 72711 | 362.00 | | |
| | 21123 | 196.00 | | 23324 | 356.00 | | 73121 | 219.00 | | |
| | 21211 | 148.00 | | 23325 | 445.00 | | 73152 | 471.00 | | |
| | 21212 | 200.00 | | 23411 | 145.00 | | 73153 | 350.00 | | |
| | 21213 | 228.00 | | 23412 | 197.00 | | 73154 | 586.00 | | |
| | 21214 | 274.00 | | 23413 | 231.00 | | 73222 | 219.00 | | |
| | 21215 | 342.00 | | 23414 | 277.00 | | 73224 | 80.00 | | |
| | 21221 | 166.00 | | 23415 | 346.00 | | 73411 | 567.00 | | |
| | 21222 | 224.00 | | 23511 | 171.00 | | 74611 | 414.00 | | |
| | 21223 | 257.00 | | 23512 | 233.00 | | 74612 | 495.00 | | |
| | 21224 | 308.00 | | 23513 | 272.00 | | 74613 | 583.00 | | |
| | 21225 | 385.00 | | 23514 | 326.00 | | - Surgical Incision | 75112 | 164.00 | |
| | 21231 | 154.00 | | 23515 | 408.00 | | 75121 | 221.00 | | |
| | 21232 | 210.00 | | 21401 | 32.00 | | 76941 | 423.00 | | |
| | 21233 | 245.00 | | 21402 | 50.00 | | 76949 | 152.00 | | |
| | 21234 | 294.00 | | 21403 | 67.00 | | 76951 | 169.00 | | |
| | 21235 | 367.00 | | 21404 | 85.00 | | 76952 | 338.00 | | |
| | 21241 | 168.00 | | 21405 | 103.00 | | 76959 | 169.00 | | |
| | 21242 | 228.00 | | 21501 | 40.00 | | 76961 | 210.00 | | |
| | 21243 | 267.00 | | Extractions | 71101 | | 159.00 | 77801 | 320.00 | |
| | 21244 | 320.00 | | | 71109 | | 119.00 | 77802 | 320.00 | |
| | 21245 | 400.00 | | | 71201 | | 274.00 | 77803 | 320.00 | |
| | 21301 | 214.00 | | | 71209 | | 205.00 | 79602 | 99.00 | |
| | 23111 | 148.00 | | | 72111 | | 280.00 | | | |
| | 23112 | 202.00 | | | 72211 | | 383.00 | Endodontics | | |
| | 23113 | 237.00 | | | 72221 | | 525.00 | - Root Canal Therapy | 32311 | 164.00 |
| | 23114 | 284.00 | | | 72231 | | 580.00 | 32312 | 189.00 | |
| | 23115 | 355.00 | | | Dental Surgery - Oral Examinations (including x-rays and lab) | | | 32321 | 185.00 | |
| | 23311 | 171.00 | | | Residual Root Removal | | 72311 | 114.00 | 33111 | 583.00 |
| 23312 | 233.00 | | | 72319 | 86.00 | 33121 | 809.00 | | | |
| 23313 | 272.00 | | | 72321 | 238.00 | 33131 | 1,026.00 | | | |
| | | | | 72329 | 179.00 | 33141 | 1,198.00 | | | |
| | | | | 72331 | 317.00 | 33115 | 725.00 | | | |
| | | | | | | 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 |
| | | | | 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 Rebased 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 | | | | | | |
| | 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 | | * 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.