

Maximum Reimbursement Schedule

Core Plan

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.

Dental Payment Schedule

Level I: Preventive Services - Reimbursed at 100% of dental charges to the maximums indicated below.

Service	Code	PEDP Maximum						
Oral Examinations			11115	237.50		02115	61.00	
- new patient-primary	01101	58.00	11116	285.00		02116	70.00	
- new patient-mixed	01102	87.00	11117	23.75		02141	25.00	
- new patient-permanent	01103	119.00	Fluoride Treatment, Rinse			02142	34.00	
- previous patient			(once per year) or;	12111	19.00	02143	43.00	
(twice per year)	01202	39.00	Fluoride Treatment, Gel or Foam			02144	52.00	
Polishing			(once per year) or;	12112	23.00	- once per 24 months	02601	77.00
(2 units per year)	11101	39.00	Fluoride Treatment, Varnish			Study Models - Unmounted		
Scaling			(once per year)	12113	28.00	* 04911	45.00	
(2 units/year at 100%)	11111	47.50	X-Rays - full mouth			Note: * Laboratory charges are eligible expenses		
(8 units/year at 75%)	11112	95.00	(once per 24 months)	02102	160.00	where applicable. These costs will be reimbursed at		
	11113	142.50	bitewing/apicals	02111	25.00	100% under the Preventive Services section.		
	11114	190.00	(twice per year)	02112	34.00			
				02113	43.00			
				02114	52.00			

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

Service	Code	PEDP Maximum						
Amalgam, Composite or Acrylic Fillings	21111	85.50	Retentive Pins	21401	24.00	- Appliance	*14611	225.00
	21112	114.00		21402	37.50		*14612	225.00
	21113	131.25		21403	50.25	- Surgical	42111	192.00
	21121	96.00		21404	63.75		42201	222.75
	21122	128.25	Extractions	71101	119.25		42311	275.25
	21123	147.00		71109	89.25		42321	300.00
	21211	111.00		72111	210.00		42411	784.50
	21212	150.00		72211	287.25		42421	519.00
	21213	171.00	Dental Surgery	72221	393.75		42431	600.75
	21214	205.50	(including x-rays and lab)	72231	435.00		42511	495.00
	21215	256.50	- Residual Root Removal	72321	178.50		42521	522.00
	21221	124.50		72329	134.25		73411	425.25
	21222	168.00		72331	237.75	Emergency Treatment for Dental Pain	42821	102.00
	21223	192.75		72339	178.50		42831	102.00
	21224	231.00	- Alveoloplasty	73121	164.25		42832	204.00
	21225	288.75		73222	164.25		91121	102.00
	21231	115.50	- Surgical Incision	75112	123.00		91122	204.00
	21232	157.50		75121	165.75		91211	102.00
	21233	183.75	Endodontics				91212	204.00
	21234	220.50	- Root Canal Therapy	33111	437.25		91213	306.00
	21235	275.25		33121	606.75		91219	102.00
	21241	126.00		33131	769.50		92411	45.00
	21242	171.00		33141	898.50		92412	75.00
	21243	200.25	- Pulpotomy	32221	108.75		92413	105.00
	21244	240.00		32222	141.00	Repairs to Existing Dentures	92414	135.00
	21245	300.00		32232	72.00		92415	165.00
	23111	111.00	- Pulp Capping	20111	89.25		*55101	59.25
	23112	151.50		20119	89.25		*55102	59.25
	23113	177.75		20131	36.75		*55201	117.00
	23114	213.00	Emergency Services	20139	36.75		*55202	117.00
	23115	266.25		39211	80.25		*55301	59.25
	23311	128.25		39212	108.75		*55302	59.25
	23312	174.75	Sedative Dressing	20121	115.50		*55401	116.25
	23313	204.00		20129	115.50		*55402	116.25
	23314	244.50	Periodontics			Relines and Rebasing of Existing Dentures	56211	187.50
	23315	306.00	- Non-Surgical	41211	126.00		56212	187.50
	23321	139.50		41212	252.00		56221	186.75
	23322	189.75		41221	126.00		56222	186.75
	23323	222.75		41222	252.00		*56231	232.50
	23324	267.00		41301	51.75		*56232	232.50
	23325	333.75		41302	103.50		*56241	191.25
	23411	108.75	- Root Planing	43421	35.63		*56242	191.25
	23412	147.75		43422	71.25		*56311	191.25
	23413	173.25		43423	106.88		*56312	191.25
	23414	207.75		43424	142.50		*56321	191.25
	23415	259.50		43425	178.13		*56322	191.25
	23511	128.25		43426	213.75	Stainless Steel Crown	22211	161.25
	23512	174.75		43427	17.81		22311	161.25
	23513	204.00						
	23514	244.50						
	23515	306.00						

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

Recementing Existing Inlay or Crown

29101	98.25	29103	294.75
29102	196.50	29109	98.25

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

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

Service	Code	PEDP Maximum
Plastic Bonding		
	23122	150.50
	*27601	342.00
	*27602	342.00
Initial Installation or Replacement of Crown		
	25731	112.00
	25732	135.00
	25733	154.50
	*27111	341.00
	27121	97.50
	27131	386.50
	*27201	442.00
	*27211	442.00
	*27212	481.50
	*27301	442.00
	*27311	442.00
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
	*52101	152.00
	*52102	152.00
	*52301	305.00
	*52302	305.00
	*52311	236.50
	*52312	236.50
	*53101	609.00
	*53102	609.00
	*53201	568.00
	*53202	568.00
	*53401	639.50
	*53402	639.50
	*54201	47.50
	*54202	95.00
	*54209	47.50
Initial Installation or Replacement of Fixed Bridge		
	*62101	216.00
	*62102	216.00
	*62501	216.00
	*62701	216.00

	*62702	216.00
	*67201	414.50
	*67211	414.50
	*67301	414.50
	*67302	452.00
	*67311	405.50
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

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	78.50
	Additions/Teeth/Clasps (Maxillary) 46310	93.50
	Additions/Teeth/Clasps (Mandibular) 46320	93.50