

## Maximum Reimbursement Schedule for Employees of Saskatchewan Power Corporation

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

### 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				
			1115	237.50		02115 61.00
			1116	285.00		02116 70.00
<b>Oral Examinations</b>			1117	23.75		02141 25.00
- new patient-primary	01101	58.00				02142 34.00
- new patient-mixed	01102	87.00	<b>Fluoride Treatment, Rinse</b>			02143 43.00
- new patient-permanent	01103	119.00	(once per year) or;	12111	19.00	02144 52.00
- previous patient			<b>Fluoride Treatment, Gel or Foam</b>			- once per 24 months 02601 77.00
(twice per year)	01202	39.00	(once per year) or;	12112	23.00	Study Models - Unmounted
<b>Polishing</b>			<b>Fluoride Treatment, Varnish</b>			* 04911 45.00
(2 units per year)	11101	39.00	(once per year)	12113	28.00	Note: * Laboratory charges are eligible expenses
<b>Scaling</b>			<b>X-Rays - full mouth</b>			where applicable. These costs will be reimbursed at
(2 units/year at 100%)	11111	47.50	(once per 24 months)	02102	160.00	100% under the Preventive Services section.
(8 units/year at 75%)	11112	95.00	bitewing/apicals	02111	25.00	
	11113	142.50	(twice per year)	02112	34.00	
	11114	190.00		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				
			<b>Retentive Pins</b>	21401	24.00	- Appliance *14611 225.00
				21402	37.50	*14612 225.00
<b>Amalgam, Composite or Acrylic Fillings</b>	21111	85.50		21403	50.25	- Surgical 42111 192.00
	21112	114.00		21404	63.75	42201 222.75
	21113	131.25		21405	77.25	42311 275.25
	21121	96.00	<b>Extractions</b>	71101	119.25	42321 300.00
	21122	128.25		71109	89.25	42411 784.50
	21123	147.00		72111	210.00	42421 519.00
	21211	111.00		72211	287.25	42431 600.75
	21212	150.00		72221	393.75	42511 495.00
	21213	171.00	<b>Dental Surgery</b>	72231	435.00	42521 522.00
	21214	205.50	(including x-rays and lab)			73411 425.25
	21215	256.50	- Residual Root Removal	72321	178.50	42821 102.00
	21221	124.50		72329	134.25	42831 102.00
	21222	168.00		72331	237.75	42832 204.00
	21223	192.75		72339	178.50	<b>Emergency Treatment for Dental Pain</b>
	21224	231.00	- Alveoloplasty	73121	164.25	91121 102.00
	21225	288.75		73222	164.25	91122 204.00
	21231	115.50	- Surgical Incision	75112	123.00	91211 102.00
	21232	157.50		75121	165.75	91212 204.00
	21233	183.75	<b>Endodontics</b>			91213 306.00
	21234	220.50	- Root Canal Therapy	33111	437.25	91219 102.00
	21235	275.25		33121	606.75	92411 45.00
	21241	126.00		33131	769.50	92412 75.00
	21242	171.00		33141	898.50	92413 105.00
	21243	200.25	- Pulpotomy	32221	108.75	92414 135.00
	21244	240.00		32222	141.00	92415 165.00
	21245	300.00		32232	72.00	<b>Repairs to Existing Dentures</b>
	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		20139	36.75	*55202 117.00
	23115	266.25	<b>Emergency Services</b>	39211	80.25	*55301 59.25
	23311	128.25		39212	108.75	*55302 59.25
	23312	174.75	<b>Sedative Dressing</b>	20121	115.50	*55401 116.25
	23313	204.00		20129	115.50	*55402 116.25
	23314	244.50	<b>Periodontics</b>			<b>Relines and Rebasing of Existing Dentures</b>
	23315	306.00	- Non-Surgical	41211	126.00	56211 187.50
	23321	139.50		41212	252.00	56212 187.50
	23322	189.75		41221	126.00	56221 186.75
	23323	222.75		41222	252.00	56222 186.75
	23324	267.00		41301	51.75	*56231 232.50
	23325	333.75		41302	103.50	*56232 232.50
	23411	108.75	- Root Planing	43421	35.63	*56241 191.25
	23412	147.75		43422	71.25	*56242 191.25
	23413	173.25		43423	106.88	*56311 191.25
	23414	207.75		43424	142.50	*56312 191.25
	23415	259.50		43425	178.13	*56321 191.25
	23511	128.25		43426	213.75	*56322 191.25
	23512	174.75		43427	17.81	<b>Stainless Steel Crown</b>
	23513	204.00				22211 161.25
	23514	244.50				22311 161.25
	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					
<b>Plastic Bonding</b>	23122	150.50	*51301	526.50	*62702	216.00	
	*27601	342.00	*51302	573.50	*62701	414.50	
	*27602	342.00	*51601	247.00	*62711	414.50	
			*51602	269.00	*67301	414.50	
<b>Initial Installation or Replacement of Crown</b>	25731	112.00	*52101	152.00	*67302	452.00	
	25732	135.00	*52102	152.00	*67311	405.50	
	25733	154.50	*52301	305.00			
	*27111	341.00	*52302	305.00	<b>Repairs and Recementing of Existing Fixed Bridge</b>	*66111	68.00
	27121	97.50	*52311	236.50		*66112	136.00
	27131	386.50	*52312	236.50		*66113	204.00
	*27201	442.00	*53101	609.00		*66211	68.00
	*27211	442.00	*53102	609.00		*66212	136.00
	*27212	481.50	*53201	568.00		*66213	204.00
	*27301	442.00	*53202	568.00		*66221	68.00
	*27311	442.00	*53401	639.50		*66222	136.00
			*53402	639.50		*66251	68.00
			*54201	47.50		*66252	136.00
			*54202	95.00		*66253	204.00
		*54209	47.50	*66301		68.00	
				*66302		136.00	
				*66303		204.00	
<b>Initial Installation or Replacement of Complete or Partial Denture</b>	*51101	526.50	<b>Initial Installation or Replacement of Fixed Bridge</b>	*62101	216.00		
	*51102	573.50		*62102	216.00		
	*51201	660.50		*62501	216.00		
	*51202	719.00		*62701	216.00		

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
<b>Relines and Rebases to Existing Dentures</b>		
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

<b>Repairs to Existing Denture</b>		
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.**

<b>Initial Installation or Replacement of Complete Dentures</b>		
Maxillary (upper) complete denture (standard)	31310	803.50
Mandibular (lower) complete denture (standard)	31320	803.50

<b>Partial Denture, Acrylic Base, No Clasps</b>		
Maxillary (upper)	41612	712.00
Mandibular (lower)	41622	744.50

<b>Partial Denture, Cast Frame, with Clasps or Rests Tooth-borne-semi-precision</b>		
Maxillary (upper)	41216	1,546.50
Mandibular (lower)	41226	1,546.50

<b>Partial Denture, Cast Frame, with Clasps or Rests Free-end-precision</b>		
Maxillary (upper)	41110	1,546.50
Mandibular (lower)	41120	1,546.50

<b>Partial Denture, Cast Frame, with Clasps or Rests Free-end-standard</b>		
Maxillary (upper)	41114	965.50
Mandibular (lower)	41124	965.50

Note: All services include laboratory charges.

<b>Accessories</b>		
Wrought Clasp	71010	78.50
Additions/Teeth/Clasps (Maxillary)	46310	93.50
Additions/Teeth/Clasps (Mandibular)	46320	93.50

**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. 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.