

Maximum Reimbursement Schedule
for Exempt Applied Research Employees of Saskatchewan Polytechnic
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				02116	70.00	
- new patient-mixed	01102	87.00				02141	25.00	
- new patient-permanent	01103	119.00				02142	34.00	
- previous patient						02143	43.00	
(twice per year)	01202	39.00	Fluoride Treatment, Rinse			02144	52.00	
Polishing			(once per year) or;	12111	19.00	- once per 24 months	02601	77.00
(2 units per year)	11101	39.00	Fluoride Treatment, Gel or Foam			Study Models - Unmounted		
Scaling			(once per year) or;	12112	23.00	* 04911	45.00	
(2 units/year at 100%)	11111	47.50	Fluoride Treatment, Varnish			Note: * Laboratory charges are eligible expenses		
(8 units/year at 75%)	11112	95.00	X-Rays - full mouth			where applicable. These costs will be reimbursed at		
	11113	142.50	(once per 24 months)	02102	160.00	100% under the Preventive Services section.		
	11114	190.00	bitewing/apicals	02111	25.00			
			(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		21405	77.25		42311	275.25
	21123	147.00	Extractions	71101	119.25		42321	300.00
	21211	111.00		71109	89.25		42411	784.50
	21212	150.00		72111	210.00		42421	519.00
	21213	171.00		72211	287.25		42431	600.75
	21214	205.50	Dental Surgery	72221	393.75		42511	495.00
	21215	256.50	(including x-rays and lab)	72231	435.00		42521	522.00
	21221	124.50	- Residual Root Removal	72321	178.50		73411	425.25
	21222	168.00		72329	134.25		42821	102.00
	21223	192.75		72331	237.75	Emergency Treatment for Dental Pain	42831	102.00
	21224	231.00	- Alveoloplasty	72339	178.50		42832	204.00
	21225	288.75		73121	164.25		91121	102.00
	21231	115.50	- Surgical Incision	73222	164.25		91122	204.00
	21232	157.50		75112	123.00		91211	102.00
	21233	183.75	Endodontics	75121	165.75		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	- Pulpotomy	33141	898.50		92412	75.00
	21243	200.25		32221	108.75		92413	105.00
	21244	240.00		32222	141.00		92414	135.00
	21245	300.00	- Pulp Capping	32232	72.00		92415	165.00
	23111	111.00		20111	89.25	Repairs to Existing Dentures	*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	Emergency Services	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	*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	
Initial Installation or Replacement of Crown	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	Repairs and Recementing of Existing Fixed Bridge	*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	
Initial Installation or Replacement of Complete or Partial Denture	*51101	526.50	*54209	47.50	*66301	68.00	
	*51102	573.50			*66302	136.00	
	*51201	660.50	Initial Installation or Replacement of Fixed Bridge		*66303	204.00	
	*51202	719.00	*62101	216.00			
			*62102	216.00			
		*62501	216.00				
		*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
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

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.