

**Public Employees Dental Plan**  
Maximum Reimbursement Schedule  
for Employees of the  
Information Services Corporation of Saskatchewan  
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 Government and General Employees Union 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	PEDP Maximum	Service	Code	PEDP Maximum	Service	Code	PEDP Maximum		
<b>Oral Examinations</b> - 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	1.00		
	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		* 04911	45.00		
	01301	138.00		02117	79.00		05101	105.00		
	01701	89.00		02118	88.00		05102	210.00		
	<b>Polishing</b> (2 units per year)	11101		39.00	02119		97.00	13211	35.00	
		<b>Scaling</b> (10 units per year)		11111	47.50		02120	106.00	13217	17.00
				11112	95.00		02121	115.00	13401	29.00
				11113	142.50		02122	124.00	13409	19.00
				11114	190.00		02123	133.00	16201	105.00
				11115	237.50		02124	142.00	16202	210.00
				11116	285.00		02125	151.00	* 14101	246.00
				11117	23.75		02131	25.00	* 14102	246.00
				<b>Fluoride Treatment, Rinse</b> (once per year) or; <b>Fluoride Treatment, Gel or Foam</b> (once per year) or; <b>Fluoride Treatment, Varnish</b> (once per year)	12111		19.00	02132	34.00	* 14103
12112			23.00		02141	25.00	* 14201	271.00		
12113	28.00		02142		34.00	* 14202	271.00			
<b>X-Rays - full mouth</b> (once per 24 months)	02102	160.00	02143		43.00	* 15101	138.00			
	<b>Retentive Pins</b>	<b>Extractions</b>	02501		55.00	* 15103	245.00			
			02502		80.00	* 15105	245.00			
			02503		105.00	* 15201	173.00			
			02504		130.00	* 15202	184.00			
			02601		77.00	* 15301	173.00			
			02801		65.00	* 15302	237.00			
			* 04311	128.00	* 15401	201.00				
			* 04312	135.00	* 15402	203.00				
			* 04313	128.00	* 15403	173.00				
* 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	PEDP Maximum	Service	Code	PEDP Maximum	Service	Code	PEDP Maximum	
<b>Amalgam, Composite or Acrylic Fillings</b>	21111	114.00	<b>Retentive Pins</b>	23314	326.00	<b>Alveoloplasty</b>	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		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		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		<b>Endodontics</b> - Root Canal Therapy	32311	164.00
	23112	202.00		72211	383.00			32312	189.00
	23113	237.00		72221	525.00			32321	185.00
23114	284.00	72231	580.00	33111	583.00				
23115	355.00	<b>Dental Surgery</b> (including x-rays and lab)	<b>Residual Root Removal</b>	72311	114.00	33121		809.00	
23311	171.00			72319	86.00	33131		1,026.00	
23312	233.00			72321	238.00	33141		1,198.00	
23313	272.00			72329	179.00	33115		725.00	
				72331	317.00	33125		1,022.00	
						33135		1,237.00	

**Level II: Basic and Routine Services Continued**

Service	Code	PEDP Maximum
	41221	168.00
	41222	336.00
	41301	69.00
	41302	138.00
	43111	87.00
	43211	88.00
	43221	95.00
	43231	51.00
	43241	88.00
	16511	123.00
	16512	246.00
	16513	369.00
	16514	492.00
	16519	123.00
- Root Planing	43421	47.50
	43422	95.00
	43423	142.50
	43424	190.00
	43425	237.50
	43426	285.00
	43427	23.75
- Appliance	* 14611	300.00
	* 14612	300.00
- Surgical	42111	256.00
	42201	297.00
	42311	367.00
	42321	400.00
	42331	81.00
	42411	1,046.00
	42421	692.00
	42431	801.00
	42441	648.00
	42511	660.00
	42521	696.00
	42611	763.00
	42811	294.00
	42819	425.00
	42821	136.00
	42831	136.00
	42832	272.00
<b>Emergency Treatment for Dental Pain</b>		
	91121	136.00
	91122	272.00
	91211	136.00
	91212	272.00
	91213	408.00
	91219	136.00
- Pulpotomy	20111	119.00
	20119	119.00
	20131	49.00
	20139	49.00
- Pulp Capping	39211	107.00
	39212	145.00
<b>Emergency Services</b>	20121	154.00
	20129	154.00
<b>Sedative Dressing</b>		
	41211	168.00
	41212	336.00

**Level III: Major Restorative - Reimbursed at 100% of dental charges to the maximums indicated below.**

Service	Code	PEDP Maximum
<b>Plastic Bonding</b>	23122	301.00
	23602	214.00
	* 25111	459.00
	* 25112	697.00
	* 25113	748.00
	* 25114	748.00
	* 25121	529.00
	* 25122	714.00
	* 25123	745.00
	* 25124	745.00
	* 25141	529.00

	92434	328.00
	92435	402.00
	92441	72.00
	92452	254.00
	92453	342.00
	92454	430.00
	92455	518.00
	93111	169.00
	93112	338.00
	93119	169.00
	94101	82.00
	94102	179.00
	94302	79.00
<b>Repairs to Existing Dentures</b>		
	* 55101	79.00
	* 55102	79.00
	* 55201	156.00
	* 55202	156.00
	* 55301	79.00
	* 55302	79.00
	* 55401	155.00
	* 55402	155.00
<b>Relines and Rebasing of Existing Dentures</b>		
	56211	250.00
	56212	250.00
	56221	249.00
	56222	249.00
	* 56231	310.00
	* 56232	310.00
	* 56241	255.00
	* 56242	255.00
	* 56311	255.00
	* 56312	255.00
	* 56321	255.00
	* 56322	255.00
	* 56411	420.00
	* 56412	420.00
	* 56511	152.00
	* 56512	152.00
	* 56521	152.00
	* 56522	152.00
<b>Stainless Steel Crown</b>	22211	215.00
	22311	215.00
	22401	215.00
	22411	215.00
	22501	215.00
	22511	215.00
<b>Recementing Existing Inlay or Crown</b>		
	29101	131.00
	29102	262.00
	29103	393.00
	29109	131.00
	29301	131.00
	29302	262.00

Note: \* Laboratory charges are eligible expenses where applicable. These costs will be reimbursed at 100% under the Basic and Routine Services section.

	* 25142	708.00
	* 25143	740.00
	* 25144	740.00
	* 25511	842.00
	* 25531	842.00
	* 25601	40.00
	* 25602	62.00
	* 25603	84.00
	* 25604	106.00
	* 25605	129.00
	* 25711	468.00
	* 25712	560.00
	* 25713	646.00
<b>Initial Installation or Replacement of Crown</b>		
	* 27111	682.00
	27121	195.00
	27131	773.00
	* 27201	884.00

**Level III: Major Restorative continued**

Service	Code	PEDP Maximum
	* 27211	884.00
	* 27212	963.00
	* 27301	884.00
	* 27302	963.00
	* 27311	884.00
	* 27312	963.00
	27401	151.00
	27409	151.00
	27711	107.00
	27721	166.00
<b>Initial Installation or Replacement of Complete or Partial Denture</b>		
	* 51101	1,053.00
	* 51102	1,147.00
	* 51201	1,321.00
	* 51202	1,438.00
	* 51301	1,053.00
	* 51302	1,147.00
	* 51601	494.00
	* 51602	538.00
	* 52101	304.00
	* 52102	304.00
	* 52111	376.00
	* 52112	376.00
	* 52201	376.00
	* 52202	376.00
	* 52211	376.00
	* 52212	376.00
	* 52301	610.00
	* 52302	610.00
	* 52311	473.00
	* 52312	473.00

	* 52401	497.00
	* 52402	497.00
	* 53101	1,218.00
	* 53102	1,218.00
	* 53201	1,136.00
	* 53202	1,136.00
	* 53401	1,279.00
	* 53402	1,279.00
	* 53622	1,251.00
	* 53623	1,251.00
	* 54201	95.00
	* 54202	190.00
	* 54209	95.00
	* 54301	557.00
	* 54302	557.00
<b>Initial Installation or Replacement of Fixed Bridge</b>		
	* 62101	432.00
	* 62102	432.00
	* 62501	432.00
	* 62701	432.00
	* 62702	432.00
	62703	432.00
	62801	310.00
	67111	829.00
	67121	172.00
	67131	751.00
	* 67201	829.00
	* 67202	904.00
	* 67211	829.00
	* 67212	904.00
	* 67231	691.00
	* 67241	842.00
	* 67251	842.00
	* 67301	829.00

<b>Repairs and Recementing of Existing Fixed Bridge</b>		
	* 66111	136.00
	* 66112	272.00
	* 66113	408.00
	* 66211	136.00
	* 66212	272.00
	* 66213	408.00
	* 66221	136.00
	* 66222	272.00
	* 66251	136.00
	* 66252	272.00
	* 66253	408.00
	* 66301	136.00
	* 66302	272.00
	* 66303	408.00
	66711	146.00
	66719	146.00
	* 66731	410.00

Note: \* Laboratory charges are eligible expenses where applicable. These costs will be reimbursed at 100% under the Major Restorative Services section.

**Denturist Payment Schedule**

**Level II: Routine Service - Reimbursed at 100% to the maximums indicated below.**

Service	Code	PEDP Maximum
<b>Rebase partial denture</b>		
lab processed/functional impression		
Maxillary (upper)	43116	1,026.00
Mandibular (lower)	43126	1,026.00
<b>Repairs to Existing Denture</b>		
Repair, No impression required		
Maxillary (upper) complete	36110	119.00
Mandibular (lower) complete	36120	119.00
Maxillary (upper) partial	46110	119.00
Mandibular (lower) partial	46120	119.00
<b>Repair, impression required</b>		
Maxillary (upper) complete	36210	163.00
Mandibular (lower) complete	36220	163.00
Maxillary (upper) partial	46210	163.00
Mandibular (lower) partial	46220	163.00
<b>Rebase complete denture</b>		
lab processed/functional impression		
Maxillary (upper)	32110	541.00
Mandibular (lower)	32120	541.00
<b>Rebase partial denture</b>		
lab processed/functional impression		
Maxillary (upper)	42116	541.00
Mandibular (lower)	42126	541.00
<b>Rebase complete denture</b>		
lab processed/functional impression		
Maxillary (upper)	33117	1,026.00
Mandibular (lower)	33127	1,026.00

<b>Partial Denture, Acrylic Base, No Clasps</b>		
Maxillary (upper)	41612	1,424.00
Mandibular (lower)	41622	1,489.00
<b>Partial Denture, Cast Frame, with Clasps or Rests</b>		
<b>Tooth-borne-semi-precision</b>		
Maxillary (upper)	41216	3,093.00
Mandibular (lower)	41226	3,093.00
<b>Partial Denture, Cast Frame, with Clasps or Rests</b>		
<b>Free-end-precision</b>		
Maxillary (upper)	41110	3,093.00
Mandibular (lower)	41120	3,093.00
<b>Partial Denture, Cast Frame, with Clasps or Rests</b>		
<b>Free-end-standard</b>		
Maxillary (upper)	41114	1,931.00
Mandibular (lower)	41124	1,931.00

NOTE: All services include laboratory charges.

**Level III: Major Restorative - Reimbursed at 100% to the maximums indicated below.**

<b>Initial Installation or Replacement of Complete Dentures</b>		
Maxillary (upper) complete denture (standard)	31310	1,607.00
Mandibular (lower) complete denture (standard)	31320	1,607.00

Note: All services include laboratory charges.		
<b>Accessories</b>		
Wrought Clasp	71010	156.00
Additions/Teeth/Clasp (Maxillary)	46310	187.00
Additions/Teeth/Clasps (Mandibular)	46320	187.00

**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.