Public Employees Dental Plan

Maximum Reimbursement Schedule

for

Out-of-Scope Employees of Executive Government

Effective January 1, 2023

Administered by:

Plannera Pensions & Benefits

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 Out-of-Scope Employees of Executive Government 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) Temperomandibular 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 1: Preventive Services - Reimbursed at 100% of dental charges to the maximums indicated below.

Service	Code	PEDP Maximum
Oral Examinations		
- new patient-primary	01101	62.00
- new patient-mixed	01102	92.00
- new patient-permanent	01103	122.00
- previous patient (twice per year)	01202	41.00
	01204	50.00
	01205	61.00
	01301	144.00
	01701	96.00
Polishing (2 units per year)	11101	41.00
Scaling (10 units per year)	11111	50.00
	11112	100.00
	11113	150.00
	11114	200.00
	11115	250.00
	11116	300.00
	11117	25.00
Fluoride Treatment, Rinse (once per year) or;	12111	21.00
Fluoride Treatment, Gel or Foam (once per year) or;	12112	25.00
Fluoride Treatment, Varnish (once per year)	12113	30.00
X-Rays - full mouth (once per 24 months)	02102	164.00
bitewing/apicals (twice per year)	02111	25.00
	02112	35.00
	02113	44.00
	02114	53.00
	02115	62.00
	02116	71.00
	02117	81.00
	02118	90.00
	02119	99.00
	02120	108.00
	02121	118.00
	02122	127.00
	02123	136.00
	02124	145.00
	02125	155.00
	02131	25.00
	02132	35.00
	02141	25.00
	02142	35.00
	02143	44.00
	02144	53.00
	02501	56.00
	02502	82.00
	02503	107.00
	02504	133.00
- once per 24 months	02601	81.00
Note: ^ Professional Services are eligible expenses where applicable. These costs will be reimbursed at 100% under the Preventive Services section.	^ 02801	65.00
	* 04311	138.00
	* 04312	145.00
	* 04313	138.00
	* 04321	236.00
	* 04322	255.00
	* 04323	217.00
	* 04401	I.C.
	* 04402	72.00
	04501	115.00
	04509	115.00
Study Models - Unmounted		
	* 04911	45.00
	05101	115.00
	05102	230.00
	13211	38.00
	13217	19.00
	13401	32.00
	13409	26.00
	16201	115.00
	16202	230.00
	* 14101	246.00
	* 14102	246.00
	* 14103	493.00
	* 14201	282.00
	* 14202	282.00
	* 15101	148.00
	* 15103	245.00
	* 15105	245.00
	* 15201	184.00
	* 15202	195.00
	* 15301	185.00
	* 15302	240.00
	* 15401	216.00
	* 15402	217.00
	* 15403	186.00
	* 15501	186.00

Level II: Basic and Routine Services - Reimbursed at 100% of dental charges to the maximums indicated below.

Service	Code	PEDP Maximum
Amalgam, Composite or Acrylic Fillings	21111	137.00
	21112	183.00
	21113	210.00
	21121	146.00
	21122	198.00
	21123	235.00
	21211	172.00
	21212	233.00
	21213	274.00
	21214	328.00
	21215	402.00
	21221	188.00
	21222	253.00
	21223	304.00
	21224	365.00
	21225	438.00
	21231	172.00
	21232	233.00
	21233	279.00
	21234	335.00
	21235	402.00
	21241	188.00
	21242	253.00
	21243	304.00
	21244	365.00
	21245	438.00
	21301	214.00
	23111	157.00
	23112	211.00
	23113	254.00
	23114	304.00
	23115	365.00
	23311	181.00
	23312	245.00
	23313	294.00
	23314	353.00
	23315	423.00
	23321	198.00
	23322	267.00
	23323	320.00
	23324	384.00
	23325	461.00
	23411	154.00
	23412	208.00
	23413	250.00
	23414	300.00
	23415	359.00
	23511	181.00
	23512	245.00
	23513	294.00
	23514	353.00
	23515	423.00
Retentive Pins	21401	32.00
	21402	50.00
	21403	67.00
	21404	85.00
	21405	103.00
	21501	40.00
Extractions	71101	167.00
	71109	134.00
	71201	285.00
	71209	228.00
	72111	297.00
	72211	409.00
	72221	546.00
	72231	598.00
Dental Surgery (including x-rays and lab)		
Residual Root Removal	72311	114.00
	72319	91.00
	72321	238.00
	72329	190.00
	72331	317.00
	72339	254.00
	72511	254.00
	72521	319.00
	72531	417.00
	72711	362.00
- Alveoloplasty	73121	219.00
	73152	471.00
	73153	351.00
	73154	586.00
	73222	219.00
	73224	83.00
	73411	567.00
	74611	431.00
	74612	516.00
	74613	599.00
- Surgical Incision	75112	179.00
	75121	227.00
	76941	440.00
	76949	155.00
	76951	169.00
	76952	338.00
	76959	169.00
	76961	229.00
	77801	340.00
	77802	340.00
	77803	340.00
	79602	109.00
Endondontics		
- Root Canal Therapy	32311	181.00
	32312	209.00
	32321	194.00
	33111	633.00
	33121	861.00
	33131	1,077.00
	33141	1,243.00
	33115	775.00
	33125	1,090.00
	33135	1,342.00

Level II: Basic and Routine Services Continued

Service	Code	PEDP Maximum
	33145	1,527.00
	33601	193.00
	33602	240.00
	33611	107.00
	33612	123.00
	34111	366.00
	34112	487.00
	34121	466.00
	34122	589.00
	34131	579.00
	34132	802.00
	34141	473.00
	34142	570.00
	34151	598.00
	34152	792.00
	34161	723.00
	34162	879.00
	34163	1,051.00
	34211	96.00
	34212	161.00
	34221	96.00
	34222	161.00
	34231	96.00
	34232	161.00
	34241	96.00
	34242	161.00
	34251	96.00
	34252	161.00
	34261	96.00
	34262	161.00
	34263	207.00
	34411	431.00
	34412	516.00
	34421	335.00
	34422	335.00
	34423	335.00
	34451	380.00
	34452	535.00
	34453	606.00
	39201	91.00
	39202	91.00
- Pulpotomy	32221	160.00
	32222	208.00
	32232	105.00
- Pulp Capping	20111	125.00
	20119	125.00
	20131	53.00
	20139	53.00
Emergency Services	39211	118.00
	39212	150.00
Sedative Dressing	20121	162.00
	20129	162.00
Periodontics		
- Non-Surgical	41211	168.00
	41212	336.00
	41221	168.00
	41222	336.00
	41301	69.00
	41302	138.00
	43111	93.00
	43211	95.00
	43221	101.00
	43231	55.00
	43241	95.00
	16511	123.00
	16512	246.00
	16513	369.00
	16514	492.00
	16519	123.00
- Root Planing	43421	50.00
	43422	100.00
	43423	150.00
	43424	200.00
	43425	250.00
	43426	300.00
	43427	25.00
- Appliance	* 14611	310.00
	* 14612	310.00
- Surgical	42111	275.00
	42201	318.00
	42311	394.00
	42321	429.00
	42331	86.00
	42411	1,119.00
	42421	724.00
	42431	838.00
	42441	657.00
	42511	705.00
	42521	744.00
	42611	765.00
	42811	315.00
	42819	456.00
	42821	136.00
	42831	136.00
	42832	272.00
Emergency Treatment for Dental Pain		
	91121	136.00
	91122	272.00
	91211	136.00
	91212	272.00
	91213	408.00
	91219	136.00
	^ 92411	64.00
	^ 92412	107.00
	^ 92413	150.00
	^ 92414	193.00
	^ 92415	236.00
	^ 92431	114.00
	^ 92432	194.00
	^ 92433	274.00
	^ 92434	354.00
	^ 92435	434.00
	^ 92441	78.00
	^ 92452	277.00
	^ 92453	374.00
	^ 92454	471.00
	^ 92455	568.00
	93111	169.00
	93112	338.00
	93119	169.00
	94101	87.00
	94102	201.00
	94302	83.00
Repairs to Existing Dentures		
	* 55101	84.00
	* 55102	84.00
	* 55201	164.00
	* 55202	164.00
	* 55301	84.00
	* 55302	84.00
	* 55401	165.00
	* 55402	165.00
Relines and Rebasing of Existing Dentures		
	56211	264.00
	56212	264.00
	56221	264.00
	56222	264.00
	* 56231	311.00
	* 56232	311.00
	* 56241	269.00
	* 56242	269.00
	* 56311	269.00
	* 56312	269.00
	* 56321	269.00
	* 56322	269.00
	* 56411	469.00
	* 56412	469.00
	* 56511	160.00
	* 56512	160.00
	* 56521	160.00
	* 56522	160.00
Stainless Steel Crown	22211	224.00
	22311	224.00
	22401	224.00
	22411	224.00
	22501	224.00
	22511	224.00
Recementing Existing Inlay or Crown		
	29101	131.00
	29102	262.00
	29103	393.00
	29109	131.00
	29301	135.00
	29302	270.00

Note: ^ Professional Services are eligible expenses where applicable. These costs will be reimbursed at 100% under the Basic and Routine Services section.

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 100% of dental charges to the maximums indicated below.

Service	Code	PEDP Maximum
Plastic Bonding	23122	301.00
	23602	214.00
	* 25111	510.00
	* 25112	726.00
	* 25113	805.00
	* 25114	805.00
	* 25121	584.00
	* 25122	752.00
	* 25123	815.00
	* 25124	815.00
	* 25141	584.00
	* 25142	750.00
	* 25143	812.00
	* 25144	812.00
	* 25511	879.00
	* 25531	879.00
	* 25601	40.00
	* 25602	62.00
	* 25603	84.00
	* 25604	106.00
	* 25605	129.00
	* 25711	468.00
	* 25712	583.00
	* 25713	672.00
	* 25721	233.00
	* 25722	281.00
	* 25723	321.00
	25731	233.00
	25732	281.00
	25733	321.00
	* 27601	739.00
	* 27602	739.00
Initial Installation or Replacement of Crown		
	* 27111	761.00
	27121	202.00
	27131	804.00
	* 27201	952.00

Level III: Major Restorative continued

Service	Code	PEDP Maximum
	* 27211	952.00
	* 27212	1,037.00
	* 27301	952.00
	* 27302	1,037.00
	* 27311	952.00
	* 27312	1,037.00
	27401	156.00
	27409	156.00
	27711	112.00
	27721	182.00
Initial Installation or Replacement of Complete or Partial Denture	* 51101	1,064.00
	* 51102	1,159.00
	* 51201	1,361.00
	* 51202	1,481.00
	* 51301	1,064.00
	* 51302	1,159.00
	* 51601	494.00
	* 51602	538.00
	* 52101	320.00
	* 52102	320.00
	* 52111	389.00
	* 52112	389.00
	* 52201	389.00
	* 52202	389.00
	* 52211	389.00
	* 52212	389.00
	* 52301	610.00
	* 52302	610.00
	* 52311	487.00
	* 52312	487.00
	* 52401	523.00
	* 52402	523.00
	* 53101	1,300.00
	* 53102	1,300.00
	* 53201	1,136.00
	* 53202	1,136.00
	* 53401	1,279.00
	* 53402	1,279.00
	* 53622	1,326.00
	* 53623	1,326.00
	* 54201	101.00
	* 54202	202.00
	* 54209	101.00
	* 54301	638.00
	* 54302	638.00
Initial Installation or Replacement of Fixed Bridge	* 62101	440.00
	* 62102	440.00
	* 62501	440.00
	* 62701	440.00
	* 62702	440.00
	62703	440.00
	62801	318.00
	67111	865.00
	67121	176.00
	67131	769.00
	* 67201	865.00
	* 67202	943.00
	* 67211	865.00
	* 67212	943.00
	* 67231	721.00
	* 67241	879.00
	* 67251	879.00
	* 67301	865.00
	* 67302	943.00
	* 67311	841.00
	* 67321	755.00
	* 67322	755.00
	* 67331	865.00
	* 67341	278.00
	* 67501	169.00
	* 69301	40.00
	* 69302	62.00
	* 69303	84.00
	* 69701	131.00
	* 69702	64.00
Repairs and Recementing of Existing Fixed Bridge	* 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	149.00
	66719	149.00
	* 66731	424.00

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
Relines and Rebases to Existing Dentures		
Reline complete denture self-polymerized/lab processed		
Maxillary (upper)	32215	568.00
Mandibular (lower)	32225	568.00
Reline partial denture self-polymerized/lab processed		
Maxillary (upper)	42210	568.00
Mandibular (lower)	42220	568.00
Reline complete denture lab processed/functional impression		
Maxillary (upper)	32110	568.00
Mandibular (lower)	32120	568.00
Reline partial denture lab processed/functional impression		
Maxillary (upper)	42116	568.00
Mandibular (lower)	42126	568.00
Rebase complete denture lab processed/functional impression		
Maxillary (upper)	33117	1,077.00
Mandibular (lower)	33127	1,077.00
Rebase partial denture lab processed/functional impression		
Maxillary (upper)	43116	1,077.00
Mandibular (lower)	43126	1,077.00
Repairs to Existing Denture		
Repair, No impression required		
Maxillary (upper) complete	36110	125.00
Mandibular (lower) complete	36120	125.00
Maxillary (upper) partial	46110	125.00
Mandibular (lower) partial	46120	125.00
Repair, impression required		
Maxillary (upper) complete	36210	171.00
Mandibular (lower) complete	36220	171.00
Maxillary (upper) partial	46210	171.00
Mandibular (lower) partial	46220	171.00

NOTE: All services include laboratory charges.

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

Initial Installation or Replacement of Complete Dentures		
Maxillary (upper) complete denture (standard)	31310	1,688.00
Mandibular (lower) complete denture (standard)	31320	1,688.00
Partial Denture, Acrylic Base, No Clasps		
Maxillary (upper)	41612	1,496.00
Mandibular (lower)	41622	1,564.00
Partial Denture, Cast Frame, with Clasps or Rests Tooth-borne-semi-precision		
Maxillary (upper)	41216	3,247.00
Mandibular (lower)	41226	3,247.00
Partial Denture, Cast Frame, with Clasps or Rests Free-end-precision		
Maxillary (upper)	41110	3,247.00
Mandibular (lower)	41120	3,247.00
Partial Denture, Cast Frame, with Clasps or Rests Free-end-standard		
Maxillary (upper)	41114	2,028.00
Mandibular (lower)	41124	2,028.00

Note: All services include laboratory charges.

Accessories		
Wrought Clasp	71010	164.00
Additions/Teeth/Clasp (Maxillary)	46310	196.00
Additions/Teeth/Clasps (Mandibular)	46320	196.00

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.