



Maximum Reimbursement Schedule  
Members of the  
International Brotherhood of Electrical Workers Local 2067 Employed by SaskPower

Effective January 1, 2024

Administered by:  
**Plannera Pensions & Benefits**

Canada Life Assurance Company  
Regina Benefit Payments  
P.O. Box 4408  
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## 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.

## Plan Limitations

The services outlined in this list of covered codes will be eligible for reimbursement in conjunction with the Maximum Reimbursement Schedule for Employees of SaskPower Corporation. 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;

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.

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:

<b>Example</b>	<b>First Plan (i.e., Spouse's Plan)</b>	<b>PEDP Maximum Payment Per Schedule</b>	<b>PEDP Maximum second payor</b>
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 25% of dental charges to the maximums indicated below.

Code	Description	Limit	PEDP Maximum
<b>Scaling</b>			
11111	1 Unit	2 units per year at 25%	52.00
11112	2 Units	2 units per year at 25%	104.00

## Level 1: Preventive Services

Reimbursed at 50% of dental charges to the maximums indicated below.

Code	Description	Limit	PEDP Maximum
<b>Fluoride Treatment</b>			
12111	Rinse	Once per year of 12111, 12112, or 12113	21.00
12112	Gel or Foam		26.00
12113	Varnish		31.00

## Level 1: Preventive Services

Reimbursed at 100% of dental charges to the maximums indicated below.

Code	Description	Limit	PEDP Maximum
<b>Oral Examinations</b>			
01204	Specific	Twice per year	51.00
01205	Emergency	Twice per year	62.00

## X-Rays

### Study Models – Unmounted

<b>13401</b>	Sealants, Pit and Fissure – First Tooth		33.00
<b>13409</b>	Sealants, Pit and Fissure – Each Additional Tooth (Same Quad)		27.00

### Sealant Coverage

Codes 13401 and 13409 are reimbursed at 100% with a maximum of \$108/year for insured members; insured members over the age of 18 years will have a lifetime maximum of \$756.

## Level 2: Basic and Routine Services

Reimbursed at 25% of dental charges to the maximums indicated below.

Code	Description	Limit	PEDP Maximum
<b>Amalgam, Composite, or Acrylic Fillings</b>			
21111	Non Bonded, Primary Teeth – 1 Surface		153.00
21112	Non Bonded, Primary Teeth – 2 Surfaces		207.00
21113	Non Bonded, Primary Teeth – 3 Surfaces		248.00
21121	Bonded, Primary Teeth – 1 Surface		153.00
21122	Bonded, Primary Teeth – 2 Surfaces		207.00
21123	Bonded, Primary Teeth – 3 Surfaces		248.00
21211	Non Bonded, Permanent Bicusp/Ants – 1 Surface		180.00
21212	Non Bonded, Permanent Bicusp/Ants – 2 Surfaces		243.00
21213	Non Bonded, Permanent Bicusp/Ants – 3 Surfaces		292.00
21214	Non Bonded, Permanent Bicusp/Ants – 4 Surfaces		350.00
21215	Non Bonded, Permanent Bicusp/Ants – 5 Surfaces or Max per Tooth		420.00
21221	Non Bonded, Permanent Molars – 1 Surface		196.00
21222	Non Bonded, Permanent Molars – 2 Surfaces		265.00
21223	Non Bonded, Permanent Molars – 3 Surfaces		318.00
21224	Non Bonded, Permanent Molars – 4 Surfaces		381.00
21225	Non Bonded, Permanent Molars – 5 Surfaces or Max per Tooth		458.00
21231	Bonded, Permanent Bicusp/Ants – 1 Surface		180.00
21232	Bonded, Permanent Bicusp/Ants – 2 Surfaces		243.00
21233	Bonded, Permanent Bicusp/Ants – 3 Surfaces		292.00
21234	Bonded, Permanent Bicusp/Ants – 4 Surfaces		350.00
21235	Bonded, Permanent Bicusp/Ants – 5 Surfaces or Max per Tooth		420.00
21241	Bonded, Permanent Molars – 1 Surface		196.00
21242	Bonded, Permanent Molars – 2 Surfaces		265.00
21243	Bonded, Permanent Molars – 3 Surfaces		318.00
21244	Bonded, Permanent Molars – 4 Surfaces		381.00
21245	Bonded, Permanent Molars – 5 Surfaces or Max per Tooth		458.00
23111	Plastic/Silver Fill/Perm Ant – Bonded 1S		164.00
23112	Plastic/Silver Fill/Perm Ant – Bonded 2SC		221.00
23113	Plastic/Silver Fill/Perm Ant – Bonded 3SC		265.00
23114	Plastic/Silver Fill/Perm Ant – Bonded 4SC		318.00
23115	Plastic/Silver Fill/Perm Ant – Bonded (max) 5SC		382.00
23311	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 1 Surface		190.00
23312	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 2 Surfaces		256.00

23313	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 3 Surfaces	307.00
23314	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 4 Surfaces	369.00
23315	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – (max) 5 Surfaces	442.00
23321	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 1 Surface	206.00
23322	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 2 Surfaces	279.00
23323	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 3 Surfaces	335.00
23324	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 4 Surfaces	401.00
23325	Plastic/Silver Fill/Perm Pos – Bonded, Molars (max) – 5 Surfaces	482.00
23411	Plastic/Silver Fill/Prim Ant – Bonded 1S	161.00
23412	Plastic/Silver Fill/Prim Ant – Bonded 2SC	217.00
23413	Plastic/Silver Fill/Prim Ant – Bonded 3SC	261.00
23414	Plastic/Silver Fill/Prim Ant – Bonded 4SC	313.00
23415	Plastic/Silver Fill/Prim Ant – Bonded (max) 5SC	376.00
23511	Plastic/Silver Fill/Prim Pos – Bonded – 1 Surface	190.00
23512	Plastic/Silver Fill/Prim Pos – Bonded – 2 Surfaces	256.00
23513	Plastic/Silver Fill/Prim Pos – Bonded – 3 Surfaces	307.00
23514	Plastic/Silver Fill/Prim Pos – Bonded – 4 Surfaces	369.00
23515	Plastic/Silver Fill/Prim Pos – Bonded (max) 5SC	442.00

### Extractions

71101	Removal, Extraction, Erupted – Uncomplicated – Single Tooth	173.00
71109	Removal, Extraction, Erupted – Uncomplicated – EA Tooth – SQ, SA	138.00

## Level 2: Basic and Routine Services

Reimbursed at 75% of dental charges to the maximums indicated below.

Code	Description	Limit	PEDP Maximum
<b>Extractions</b>			
71201	Removal, Extraction, Erupted – Complicated – Single Tooth		293.00
71209	Removal, Extraction, Erupted – Complicated – EA Tooth – SQ		235.00