

PUBLIC EMPLOYEES DENTAL PLAN

Maximum Reimbursement Schedule Employees of SaskPower Out of Scope Div 200

Effective January 1, 2024

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 SaskPower Out of Scope Div 200 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.

Reimbursement will be based upon the provincial fee guide of the province of treatment for service providers outside of Saskatchewan.

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.

Code	Description	Limit	PEDP Maximum
Oral Examinations			
New Patient			
01101	Primary		65.00
01102	Mixed		97.00
01103	Permanent		128.00
Previous Patient			
01202	Recall	Twice per year	42.00
01204	Specific	Twice per year	51.00
01205	Emergency	Twice per year	62.00
01301	Comprehensive	Twice per year	147.00
01701	General, Edentulous	Twice per year	98.00
Polishing			
11101	Polishing	2 units per year	42.00
Scaling			
11111	1 Unit	2 units per year at 100%	52.00
11112	2 Units	8 units per year at 75%	104.00
11113	3 Units	8 units per year at 75%	156.00
11114	4 Units	8 units per year at 75%	208.00
11115	5 Units	8 units per year at 75%	260.00
11116	6 Units	8 units per year at 75%	312.00
11117	1/2 Unit	8 units per year at 75%	26.00

Fluoride Treatment

12111	Rinse	Once per year of 12111, 12112, or 12113	21.00
12112	Gel or Foam		26.00
12113	Varnish		31.00

X-Rays

02102	Full mouth	Once per 24 months	172.00
Bitewing/apicals			
02111	Periapical - 1 image	Twice per year	27.00
02112	Periapical - 2 images	Twice per year	36.00
02113	Periapical - 3 images	Twice per year	46.00
02114	Periapical - 4 images	Twice per year	56.00
02115	Periapical - 5 images	Twice per year	65.00
02116	Periapical - 6 images	Twice per year	75.00
02117	Periapical - 7 images	Twice per year	85.00
02118	Periapical - 8 images	Twice per year	94.00
02119	Periapical - 9 images	Twice per year	104.00
02120	Periapical - 10 images	Twice per year	114.00
02121	Periapical - 11 images	Twice per year	123.00
02122	Periapical - 12 images	Twice per year	133.00
02123	Periapical - 13 images	Twice per year	143.00
02124	Periapical - 14 images	Twice per year	152.00
02125	Periapical - 15 images	Twice per year	162.00
02131	Occlusal – 1 image	Twice per year	27.00
02132	Occlusal – 2 images	Twice per year	36.00
02141	Bitewing – 1 image	Twice per year	27.00
02142	Bitewing – 2 images	Twice per year	36.00
02143	Bitewing – 3 images	Twice per year	46.00
02144	Bitewing – 4 images	Twice per year	56.00
02501	TMJ – 1 image	Twice per year	59.00
02502	TMJ – 2 images	Twice per year	86.00
02503	TMJ – 3 images	Twice per year	112.00
02504	TMJ – 4 images	Twice per year	139.00
02601	Panoramic – 1 image	Once per 24 months	85.00
02801^	Interpret Radiograph, CT, PET – MRI received from others	Twice per year	68.00
04311*	Biopsy, by Puncture	Twice per year	141.00
04312*	Biopsy, by Incision	Twice per year	148.00
04313*	Biopsy, by Aspiration	Twice per year	141.00
04321*	Biopsy, by Puncture	Twice per year	242.00

04322*	Biopsy, by Incision	Twice per year	262.00
04323*	Biopsy, by Aspiration	Twice per year	223.00
04401*	Cyt Smear from Oral Cavity	Twice per year	I.C.
04402*	Vit Staining of Oral Mucosal	Twice per year	74.00
04501	Pulp vitality, 1 unit	Twice per year	119.00
04509	Pulp vitality, Each additional unit	Twice per year	119.00
Study Models – Unmounted			
04911*	Cast, Unmounted		47.00
04921*	Casts, Diagnostic, Mounted		112.00
04922*	Casts, Diagnostic, Mounted, using Face Bow Transfer		208.00
04923*	Casts, Diagnostic, Mounted, using Face Bow + Occlusal Records		301.00
05101	Treatment Planning – 1 unit		119.00
05102	Treatment Planning – 2 units		238.00
05201	Consultation with patient – One unit of time		119.00
05202	Consultation with patient – Two units		238.00
05209	Consultation with patient – Each additional unit over two		119.00
13211	Oral Hygiene Instruction – Individual Instruction, 1 unit		40.00
13217	Oral Hygiene Instruction – Individual Instruction, 1/2 unit		20.00
13231	Re-Instruction (within 6 months) – excluding audio-visual time – One unit of time		40.00
13237	Re-Instruction (within 6 months) – excluding audio-visual time – Once half unit of time		20.00
13401	Sealants, Pit and Fissure – First Tooth		33.00
13409	Sealants, Pit and Fissure – Each Additional Tooth (Same Quad)		27.00
13411	Preventive Restorative Resin – First tooth		64.00
13419	Preventive Restorative Resin – Each additional tooth same quadrant		50.00
16201	Disking, Interproximal – 1 unit		119.00
16202	Disking, Interproximal – 2 units		238.00
14101*	Removable, Control Oral Habit – Maxillary		253.00
14102*	Removable, Control Oral Habit – Mandibular		253.00
14103*	Removable, Control Oral Habit – Maxillary + Mandibular		507.00
14201*	Fixed/Cemented, Control Oral Habit – Maxillary		303.00
14202*	Fixed/Cemented, Control Oral Habit – Mandibular		303.00
15101*	Band Type, Fixed – Unilateral		157.00
15103*	Band Type, Fixed – Bilateral (SLA)		261.00
15105*	Band Type, Fixed – Bilateral, Tubes & Locking Wires		261.00
15201*	Stainless Steel Crown Type – Fixed		197.00
15202*	Stainless Steel Crown Type – Fixed, + Intra Alveolar Att		209.00
15301*	Cast Type – Fixed		197.00
15302*	Cast Type – Fixed, + Intra Alveolar Att		260.00
15401*	Acrylic, Removable – Bilateral Clasps/Ret Wires		231.00

15402*	Acrylic, Removable – Bilateral Clasps/Ret Wires + Teeth		232.00
15403*	Acrylic Removable – No Clasps		199.00
15501*	Bonded – Pontic Type		199.00
15601	Maintenance, Space Maintainer Appliance, to include: adjustment and/or recementation after 30 days from insertion		61.00
15603*	Repairs, Space Maintainer Appliance (includes recementation)		61.00
15604	Removal of Fixed Space Maintainer Appliances by Second Dentist		61.00

NEW *Laboratory charges are eligible expenses where applicable. These costs will be reimbursed at 100% under the Preventive Services section.

^Professional Services are eligible expenses where applicable. These costs will be reimbursed at 100% under the Preventive Services section.

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

Retentive Pins

21401	Pins, Retentive/Restoration – 1 Pin	33.00
21402	Pins, Retentive/Restoration – 2 Pins	52.00
21403	Pins, Retentive/Restoration – 3 Pins	70.00
21404	Pins, Retentive/Restoration – 4 Pins	89.00
21405	Pins, Retentive/Restoration – 5 Pins or More	108.00
21501	Restoration to Tooth – Supp partial dent. clasp/restoration	42.00

Extractions

71101	Removal, Extraction, Erupted – Uncomplicated – Single Tooth	173.00
71109	Removal, Extraction, Erupted – Uncomplicated – EA Tooth – SQ, SA	138.00
71201	Removal, Extraction, Erupted – Complicated – Single Tooth	293.00
71209	Removal, Extraction, Erupted – Complicated – EA Tooth – SQ	235.00
72111	Removal, Impact, Soft Tissue – Incision & Removal – 1 Tooth	307.00
72211	Removals, Impact, Tissue/BoneCov – Incision, Elev, Rem/Sec – 1 Tooth	423.00
72221	Removals, Impact, Tissue/BoneCov – Incision, Elev, Rem/Sect – 1 Tooth	563.00
72231	Removals, Impact, Tissue/BoneCov – Incision, Elev, Rem&Sect, Unusual Dif – 1 Tooth	617.00

Dental Surgery (including x-rays and lab)

Residual Root Removal

72311	Removals, Residual Roots – Erupted, First Tooth	115.00
72319	Removals, Residual Roots – Erupted, Each Additional Tooth Same Quadrant	92.00
72321	Removals, Residual Roots – Soft Tissue – First Tooth	243.00
72329	Removals, Residual Roots – Soft Tissue – Each Additional Tooth Same Quadrant	195.00
72331	Removals, Residual Roots – Bone Tissue – First Tooth	317.00
72339	Removals, Residual Roots – Bone Tissue – Each Additional Tooth Same Quadrant	254.00
72511	Surgical Exposure, Unerupted – Uncomplicated – Single Tooth	263.00
72521	Surgical Exposure, Hard Tissue – Complex – 1 Tooth	323.00
72531	Surgical Exposure, Hard Tissue – Unerupted w/Ortho Attachment	431.00
72711	Surgical – Enucleation, Unerupted – 1 Tooth	371.00

Alveoloplasty

73121	Remodelling & Recontouring – Alveoloplasty, No Extractions/sextant	224.00
73152	Excision of Bone – Torus Palatinus	479.00
73153	Excision of Bone – Torus Mand, Unilateral	362.00
73154	Excision of Bone – Torus Mand, Bilateral	602.00
73182	Bilateral, Pterygomaxillary Tuberosity, Augmentation	597.00
73183	Unilateral, Mandibular Ridge, Augmentation	357.00
73184	Bilateral, Mandibular Ridge, Augmentation	597.00
73222	Gingivoplasty, Stomatoplasty – Excision of Vest Hyperpl/sextant	224.00
73223	Surgical shaving of Papillary Hyperplasia of the Palate	506.00
73224	Gingivoplasty, Stomatoplasty – Excise Pericoronal Gingiva/T/I	86.00
73411	Vestibuloplasty – Sub-mucous/sextant	580.00
74611	Surg Excision, Cysts/Granul – Enucleation – 1 cm and under	445.00
74612	Surg Excision, Cysts/Granul – Enucleation – 1-2 cm	533.00
74613	Surg Excision, Cysts/Granul – Enucleation – 2-3 cm	618.00
74621	Cyst, Marsupialization	499.00

Surgical Incision

75112	Surgical Incision/Drain, Intra – Soft Tissue Abscess	185.00
75121	Surgical Incision/Drain, Intra – Hard Tissue Trephination	234.00
76941	Fractures, Reductions Alveolar – Replantation, First Tooth	455.00
76949	Fractures, Reductions Alveolar – Replantation, Additional Tooth	161.00
76951	Fractures, Reductions Alveolar – Reposition Displaced Tooth 1 Unit	169.00
76952	Fractures, Reductions Alveolar – Reposition Displaced Tooth 2 Units	338.00
76959	Fractures, Reductions Alveolar – Reposition Displaced Tooth Each additional unit	169.00

76961	Fractures, Repair – Laceration, Uncomplicated 2 cm or less	237.00
76962	Fractures, Repair – Laceration, Uncomplicated 2-4 cm	299.00
77801	Frenectomy/Frenoplasty – Upper Labial	351.00
77802	Frenectomy/Frenoplasty – Lower Labial	351.00
77803	Frenectomy/Frenoplasty – Lower Lingual or “Z” Plasty	351.00
79311	Antral Surgery, Recovery, Foreign Bodies, Immediate Recovery of Dental Root or Foreign Body from the Antrum	740.00
79312	Antral Surgery, Immediate Closure of Antrum by another Dental Surgeon	893.00
79403	Hemorrhage Control, using Compression and Hemostatic Agent	122.00
79404	Hemorrhage Control, using Hemostatic Substance and Sutures (including removal of bony tissue, if necessary)	191.00
79602	Post Surgical Care – Minor, not by Tx Dentist	112.00

Endodontics

Root Canal Therapy

33111	Permanent, Retained Primary – 1 Canal	658.00
33121	Permanent, Retained Primary – 2 Canals	896.00
33131	Permanent, Retained Primary – 3 Canals	1121.00
33141	Permanent, Retained Primary – 4 Canals or More	1294.00
33115	Permanent, Retained Primary – 1 Canal – Retreatment of Previous Therapy	806.00
33125	Permanent, Retained Primary – 2 Canals – Retreatment of Previous Therapy	1134.00
33135	Permanent, Retained Primary – 3 Canals – Retreatment of Previous Therapy	1395.00
33145	Permanent, Retained Primary – 4 Canals or More – Retreatment of Previous Therapy	1587.00
33601	Apexification/Apexogenesis – Induction Hard Tissue Rep – 1 Canal	200.00
33602	Permanent, Retained Primary, Apex/Apical – Induction Hard Tissue Rep – 1 Canal	250.00
33611	Permanent, Retained Primary – Re-Insert Dent Media – 1 Canal	112.00
33612	Permanent, Retained Primary – Re-Insert Dent Media – 2 Canals	128.00
34111	Apicoectomy/Apical Curettage – Maxillary Anterior – 1 Root	381.00
34112	Apicoectomy/Apical Curettage – Maxillary Anterior – 2 Roots	507.00
34121	Apicoectomy/Apical Curettage – Maxillary Bicuspid – 1 Root	485.00
34122	Apicoectomy/Apical Curettage – Maxillary Bicuspid – 2 Roots	613.00
34131	Apicoectomy/Apical Curettage – Maxillary Molar – 1 Root	603.00
34132	Apicoectomy/Apical Curettage – Maxillary Molar – 2 Roots	834.00
34141	Apicoectomy/Apical Curettage – Mandibular Anterior – 1 Root	492.00
34142	Apicoectomy/Apical Curettage – Mandibular Anterior – 2+ Roots	593.00
34151	Apicoectomy/Apical Curettage – Mandibular Bicuspid – 1 Root	622.00
34152	Apicoectomy/Apical Curettage – Mandibular Bicuspid – 2 Roots	824.00
34161	Apicoectomy/Apical Curettage – Mandibular Molar – 1 Root	752.00

34162	Apicoectomy/Apical Curettage – Mandibular Molar – 2 Roots	914.00
34163	Apicoectomy/Apical Curettage – Mandibular Molar – 3 Roots	1093.00
34211	Retrofilling – Maxillary Anterior – 1 Canal	100.00
34212	Retrofilling – Maxillary Anterior – 2+ Canals	168.00
34221	Retrofilling – Maxillary Bicuspid – 1 Canal	100.00
34222	Retrofilling – Maxillary Bicuspid – 2 Canals	168.00
34231	Retrofilling – Maxillary Molar – 1 Canal	100.00
34232	Retrofilling – Maxillary Molar – 2 Canals	168.00
34241	Retrofilling – Mandibular Anterior – 1 Canal	100.00
34242	Retrofilling – Mandibular Anterior – 2+ Canals	168.00
34251	Retrofilling – Mandibular Bicuspid – 1 Canal	100.00
34252	Retrofilling – Mandibular Bicuspid – 2 Canals	168.00
34261	Retrofilling – Mandibular Molar – 1 Canal	100.00
34262	Retrofilling – Mandibular Molar – 2 Canals	168.00
34263	Retrofilling – Mandibular Molar – 3 Canals	216.00
34411	Surgical Services, Miscellaneous – Amputations, Root – 1 Root	449.00
34412	Surgical Services, Miscellaneous – Amputations, Root – 2 Roots	537.00
34421	Surgical Services, Miscellaneous – Hemisection, Maxillary Bicuspid	348.00
34422	Surgical Services, Miscellaneous – Hemisection, Maxillary Molar	348.00
34423	Surgical Services, Miscellaneous – Hemisection, Mandibular Molar	348.00
34451	Surgical Services, Miscellaneous – Remove, Replant 1 Root tooth	394.00
34452	Surgical Services, Miscellaneous – Remove, Replant 2 Roots tooth	558.00
34453	Surgical Services, Miscellaneous – Remove, Replant 3+ Roots tooth	631.00
39201	Open and Drain (Sep Procedure) – Anteriors and Bicuspids	95.00
39202	Open and Drain (Sep Procedure) – Molars	95.00
32311	Permanent, Retained Primary – 1 Canal	189.00
32312	Permanent, Retained Primary – 2 Canals	217.00
32321	Primary Teeth – Anterior Tooth	202.00
Pulpotomy		
32221	Permanent Teeth, Sep Emergency Proc – Anteriors and Bicuspids	166.00
32222	Permanent Teeth, Sep Emergency Proc – Molars	216.00
32232	Primary Teeth – Concurrent with Restorations	109.00
Pulp Capping		
20111	Caries, Trauma, Pain Control – First Tooth	131.00
20119	Caries, Trauma, Pain Control – Each Additional Tooth Same Quadrant	131.00
20131	Trauma Control, Smooth Fract Surf – First Tooth	54.00
20139	Trauma Control, Smooth Fract Surf – Each Additional Tooth Same Quadrant	54.00

Emergency Services

39501	Opening Through Artificial Crown (in addition to procedures) – Anterior & Bicuspids		122.00
39502	Opening Through Artificial Crown (in addition to procedures) – Molars		156.00

Sedative Dressing

20121	Caries, Trauma, Pain Control – Plus Band – First Tooth		166.00
20129	Caries, Trauma, Pain Control – Plus Band – Each Additional Tooth Same Quadrant		166.00

Periodontics

Non-surgical

41211	Oral Diseases, Mucosal – 1 Unit		168.00
41212	Oral Diseases, Mucosal – 2 Units		336.00
41221	Oral Diseases, Nerve/Muscular – 1 Unit		168.00
41222	Oral Diseases, Nerve/Muscular – 2 Units		336.00
41301	Desensitization – 1 Unit		71.00
41302	Desensitization – 2 Units		142.00
43111	Splint or Ligation – A (+wire, fib ribbon,rope)/joint		96.00
43211	Splint or Ligation – Bonded Joint Restor./joint		98.00
43221	Splint or Ligation – Bonded Interprox Splint/joint		105.00
43231	Splint or Ligation – Wire Ligation/joint		56.00
43241	Splint or Ligation – Wire Ligation/Rest Mat'l Cov/joint		98.00
16511	Occlusal Adj/Equilibrat – 1 Unit		123.00
16512	Occlusal Adj/Equilibrat – 2 Units		246.00
16513	Occlusal Adj/Equilibrat – 3 Units		369.00
16514	Occlusal Adj/Equilibrat – 4 Units		492.00
16519	Occlusal Adj/Equilibrat – Each Additional Over 4		123.00

Root Planing

43421	Root planing – 1 unit		52.00
43422	Root planing – 2 units		104.00
43423	Root planing – 3 units		156.00
43424	Root planing – 4 units		208.00
43425	Root planing – 5 units		260.00
43426	Root planing – 6 units		312.00
43427	Root planing – 1/2 unit		26.00

Appliance			
14611*	Periodontal – Maxillary		334.00
14612*	Periodontal – Mandibular		334.00
Surgical			
42111	Gingival Curettage – Incl Root Planing per sextant		284.00
42201	Gingivoplasty – Per sextant		328.00
42311	Gingivectomy – Uncomplicated – per sextant		406.00
42321	Gingivectomy – Complicated – per sextant		442.00
42331	Gingivectomy – Fiber Incision – Each additional tooth		89.00
42411	Flap Approach – With osteoplasty and/or ostectomy/sextant		1153.00
42421	Flap Approach – With curettage of Osseous/sextant		746.00
42431	Flap Approach – With curettage of Osseous defect with osteoplasty and/or ostectomy/sextant		863.00
42441	Flap Approach – Exploratory/site		677.00
42511	Grafts, Soft Tissue, Pedicle – Per site		727.00
42521	Grafts, Soft Tissue, Pedicle – Coronally Positioned/site		767.00
42611	Grafts, Osseous Tissue, Autograft – Per site		788.00
42811	Miscellaneous, Proximal Wedge – w/Flap Curettage /site		325.00
42819	Miscellaneous, Proximal Wedge – w/Flap Curettage & Ost /site		470.00
42821	Miscellaneous, Post Surgical Perio TX – 1 Unit		142.00
42831	Miscellaneous, Abscess/Pericoronitis – 1 Unit		142.00
42832	Miscellaneous, Abscess/Pericoronitis – 2 Units		284.00

Emergency Treatment for Dental Pain

91121	Unclassified Treatments – Emergency Services not in Guide – 1 Unit		142.00
91122	Unclassified Treatments – Emergency Services not in Guide – 2 Units		284.00
91211	Unclassified Treatments – Unusual Time/Responsibility – 1 Unit		142.00
91212	Unclassified Treatments – Unusual Time/Responsibility – 2 Units		284.00
91213	Unclassified Treatments – Unusual Time/Responsibility – 3 Units		426.00
91219	Unclassified Treatments – Unusual Time/Responsibility – Each additional unit		142.00
92411^	Anaesthesia, Conscious Sedation – Nitrous Oxide – 1 Unit		67.00
92412^	Anaesthesia, Conscious Sedation – Nitrous Oxide – 2 Units		111.00
92413^	Anaesthesia, Conscious Sedation – Nitrous Oxide – 3 Units		155.00
92414^	Anaesthesia, Conscious Sedation – Nitrous Oxide – 4 Units		199.00
92415^	Anaesthesia, Conscious Sedation – Nitrous Oxide – 5 Units		243.00
92431^	Anaesthesia, Conscious Sedation – Oral Sedation – 1 Unit		119.00
92432^	Anaesthesia, Conscious Sedation – Oral Sedation – 2 Units		202.00
92433^	Anaesthesia, Conscious Sedation – Oral Sedation – 3 Units		285.00
92434^	Anaesthesia, Conscious Sedation – Oral Sedation – 4 Units		368.00

92435^	Anaesthesia, Conscious Sedation – Oral Sedation – 5 Units	451.00
92441^	Anaesthesia, Conscious Sedation – Parenteral Cons. Sedation – 1 Unit	81.00
92452^	Anaesthesia, Conscious Sedation – Parenteral Cons. Sedation – 2 Units	288.00
92453^	Anaesthesia, Conscious Sedation – Parenteral Cons. Sedation – 3 Units	389.00
92454^	Anaesthesia, Conscious Sedation – Parenteral Cons. Sedation – 4 Units	490.00
92455^	Anaesthesia, Conscious Sedation – Parenteral Cons. Sedation – Each additional unit	591.00
93111	Professional Communications – Consult Member of Prof. – 1 Unit	169.00
93112	Professional Communications – Consult Member of Prof. – 2 Units	338.00
93119	Professional Communications – Consult Member of Prof. – Each additional unit	169.00
94101	Professional Visits – House Call, Non Emergency	91.00
94102	Professional Visits – House Call, Emergency	208.00
94302	Professional Visits – Office/Inst – Outside Regular Hours	87.00

Repairs to Existing Dentures

55101*	Dentures, Repair/Add/Complete – No Impression Required - Max	87.00
55102*	Dentures, Repair/Add/Complete – No Impression Required - Mand	87.00
55201*	Dentures, Repair/Add/Complete – Impression Required - Max	170.00
55202*	Dentures, Repair/Add/Complete – Impression Required - Mand	170.00
55301*	Partial Dentures, Repairs/Add – No Impression Required – Max	87.00
55302*	Partial Dentures, Repairs/Add – No Impression Required – Mand	87.00
55401*	Partial Dentures, Repairs/Add – Impression Required – Max	170.00
55402*	Partial Dentures, Repairs/Add – Impression Required – Mand	170.00

Relines and Rebasing of Existing Dentures

56211	Dentures, Reline, Direct – Complete Denture – Max	273.00
56212	Dentures, Reline, Direct – Complete Denture – Mand	273.00
56221	Dentures, Reline, Direct – Partial Denture – Max	273.00
56222	Dentures, Reline, Direct – Partial Denture – Mand	273.00
56231*	Dentures, Reline, Processed – Complete Denture – Max	322.00
56232*	Dentures, Reline, Processed – Complete Denture – Mand	322.00
56241*	Dentures, Reline, Processed – Partial Denture – Max	278.00
56242*	Dentures, Reline, Processed – Partial Denture – Mand	278.00
56311*	Dentures, Rebase – Complete Denture – Max	278.00
56312*	Dentures, Rebase – Complete Denture – Mand	278.00
56321*	Dentures, Rebase – Partial Denture – Max	278.00
56322*	Dentures, Rebase – Partial Denture – Mand	278.00
56511*	Dentures, Tissue Conditioning – Complete Denture – Max	166.00

56512*	Dentures, Tissue Conditioning – Complete Denture – Mand	166.00
56521*	Dentures, Tissue Conditioning – Partial Denture – Max	166.00
56522*	Dentures, Tissue Conditioning – Partial Denture – Mand	166.00

Stainless Steel Crown

22211	Full Coverage, Metal, Primary – Posterior	234.00
22311	Full Coverage, Metal, Permanent – Posterior	234.00
22401	Full Coverage, Plastic, Primary – Anterior	234.00
22411	Full Coverage, Plastic, Primary – Posterior	234.00
22501	Full Coverage, Plastic, Permanent – Anterior	234.00
22511	Full Coverage, Plastic, Permanent – Posterior	234.00

Recementing Existing Inlay or Crown

29101	Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – 1 Unit	138.00
29102	Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – 2 Units	276.00
29103	Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – 3 Units	414.00
29109	Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – Each additional unit over 3	138.00

*Laboratory charges are eligible expenses where applicable. These costs will be reimbursed at 75% under the Basic and Routine Services section.

^Professional Services are eligible expenses where applicable. These costs will be reimbursed at 75% under the Basic and Routine Services section.

Level 3: Major Restorative

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

Code	Description	Limit	PEDP Maximum
Plastic Bonding			
23122	Plastic/Silver Fill/Permanent Ant – Non Prefab, Direct B/U Bond		307.00
23602	Plastic/Silver Fill/Cores – Bonded with Crown/Fix Br Ret		223.00
25111*	Metal – 1 Surface		530.00
25112*	Metal – 2 Surfaces		758.00
25113*	Metal – 3 Surfaces		839.00
25114*	Metal – 3 Surfaces, Modified		839.00
25121*	Composite/Compomer – Indirect, Bonded – 1S		607.00
25122*	Composite/Compomer – Indirect, Bonded – 2S		785.00
25123*	Composite/Compomer – Indirect, Bonded – 3S		849.00
25124*	Composite/Compomer – Indirect, Bonded – Modified 3S		849.00
25141*	Porcelain/Ceramic/Poly Glass – Bonded 1S		607.00
25142*	Porcelain/Ceramic/Poly Glass – Bonded 2S		782.00
25143*	Porcelain/Ceramic/Poly Glass – Bonded 3S		845.00
25144*	Porcelain/Ceramic/Poly Glass – Bonded, Modified 3S		845.00
25511*	Cast Metal, Indirect – Per Tooth		918.00
25531*	Porcelain, Ceramic, Poly Glass – Bonded, Per Tooth		918.00
25601*	Pins, Retentive – 1 Pin per tooth		42.00
25602*	Pins, Retentive – 2 Pins per tooth		65.00
25603*	Pins, Retentive – 3 Pins per tooth		88.00
25604*	Pins, Retentive – 4 Pins per tooth		111.00
25605*	Pins, Retentive – 5 Pins or more per tooth		134.00
25711*	Cast Metal (including Core) – Separate procedure – 1 section		508.00
25712*	Cast Metal (including Core) – Separate procedure – 2 sections		608.00
25713*	Cast Metal (including Core) – Separate procedure – 3 sections		701.00
25721*	Cast Metal (including Core) – Concurrent with impress – 1 section		243.00
25722*	Cast Metal (including Core) – Concurrent with impress – 2 sections		293.00
25723*	Cast Metal (including Core) – Concurrent with impress – 3 sections		335.00
25731	Prefabricated Retentive – 1 post		243.00
25732	Prefabricated Retentive – 2 posts same tooth		293.00
25733	Prefabricated Retentive – 3 posts same tooth		335.00
27601*	Veneers, Lab Processed – Acrylic/Composite/Compom, Bonded		770.00
27602*	Veneers, Lab Processed – Porcelain/Ceramic/Poly. Glass, Bonded		770.00

Initial Installation or Replacement of Crown

27111*	Acrylic/Composite/Compomer – Crown, indirect	791.00
27121	Acrylic/Composite/Compomer – Direct, Prov., Chairside	211.00
27131	Acrylic/Composite/Compomer – Cast Metal Base, Indirect	839.00
27201*	Porcelain/Ceramic/Poly. Glass – Crown	992.00
27211*	Porcelain/Ceramic/Poly. Glass Fused to Met – Crown,	992.00
27212*	Porcelain/Ceramic/Poly. Glass Fused to Met – Crown, Complicated	1081.00
27301*	Cast Metal – Uncomplicated	992.00
27302*	Cast Metal – Complicated	1081.00
27311*	3/4 Cast Metal – Crown	992.00
27312*	3/4 Cast Metal – Crown, Complicated	1081.00
27401	To Existing Partial Denture Clasp – One Crown	163.00
27409	To Existing Partial Denture Clasp – Each Additional Crown	163.00
29201	Repairs – Inlays, Onlays, Crowns and Veneers (single units) Polymer Direct	117.00
29202	Repairs – Inlays, Onlays, Crowns and Veneers (single unit) Ceramic, Metal, Polymer Metal or Ceramic Metal - Direct	189.00
27801	Recontouring of Existing Crowns, per tooth- Once unit of time	130.00
28101	Restorative Procedures, Overdentures, Direct-Natural tooth preparation, Endodontically Treated Tooth	121.00
28103*	Restorative Procedures, Overdentures, Direct-Prefabricated Attachment, as an Internal or External Overdenture Retentive Device	57.00
29301	Removal, Inlays/Onlays/Crowns/Veneers/Posts – single units only – one unit of time	142.00
29302	Removal, Inlays/Onlays/Crowns/Veneers/Posts – single units only – Two units	284.00

Initial Installation or Replacement of Complete or Partial Denture

51101*	Complete Dentures, Standard – Maxillary	1100.00
51102*	Complete Dentures, Standard – Mandibular	1198.00
51201*	Complete Dentures, Complex – Maxillary	1407.00
51202*	Complete Dentures, Complex – Mandibular	1531.00
51301*	Complete Dentures, Surgical/Std – (Immediate) Maxillary	1100.00
51302*	Complete Dentures, Surgical/Std – (Immediate) Mandibular	1198.00
51601*	Complete Dentures, Provisional – Maxillary	503.00
51602*	Complete Dentures, Provisional – Mandibular	548.00
51711*	Dentures, Complete, Overdentures, Tissue Borne, Supported by Natural Teeth or Implants with or without Coping Crowns, Maxillary	1100.00
51712*	Dentures, Complete, Overdentures, Tissue Borne, Supported by Natural Teeth or Implants with or without Coping Crowns, Mandibular	1198.00

51811*	Dentures, Complete, Overdentures (Immediate), Tissue Borne, Supported by Natural Teeth or Implants with or without Coping Crowns, No Attachments - Maxillary		1100.00
51812*	Dentures, Complete, Overdentures (Immediate), Tissue Borne, Supported by Natural Teeth or Implants with or without Coping Crowns, No Attachments - Mandibular		1198.00
52101*	Dentures, Partial, Acrylic Base – Provs, with/without Clasps - Maxillary		331.00
52102*	Dentures, Partial, Acrylic Base – Provs, with/without Clasps - Mandibular		331.00
52111*	Dentures, Partial, Acrylic Base – Immediate – Maxillary		402.00
52112*	Dentures, Partial, Acrylic Base – Immediate – Mandibular		402.00
52201*	Dentures, Partial, Polymer – Resilient Retainer – Maxillary		402.00
52202*	Dentures, Partial, Polymer – Resilient Retainer – Mandibular		402.00
52211*	Dentures, Partial, Polymer – Resilient Retainer Immediate - Maxillary		402.00
52212*	Dentures, Partial, Polymer – Resilient Retainer Immediate – Mandibular		402.00
52301*	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Maxillary		630.00
52302*	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Mandibular		630.00
52311*	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Immediate – Maxillary		503.00
52312*	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Immediate – Mandibular		503.00
52401*	Dentures, Partial, Acrylic – Palatal/Lingual Bar – Maxillary		541.00
52402*	Dentures, Partial, Acrylic – Palatal/Lingual Bar – Mandibular		541.00
52711*	Dentures, Partial, Acrylic – Wrought/Cast Clasps - Maxillary		I.C.
52712*	Dentures, Partial, Acrylic – Wrought/Cast Clasps - Mandubular		I.C.
53101*	Dentures, Partial, Cast/Acrylic – FE Cast Frame/Connector – Maxillary		1345.00
53102*	Dentures, Partial, Cast/Acrylic – FE Cast Frame/Connector – Mandibular		1345.00
53104*	Altered Cast Impression Technique in Conjunction with 53101 and 53102		86.00
53201*	Dentures, Partial, Cast/Acrylic – Tooth Borne – Maxillary		1136.00
53202*	Dentures, Partial, Cast/Acrylic – Tooth Borne – Mandibular		1136.00
53401*	Dentures, Partial, Cast – Precision Attachment – Maxillary		1307.00
53402*	Dentures, Partial, Cast – Precision Attachment – Mandibular		1307.00
53622*	Dentures, Partial, Cast – Stress Breaker (1 hinge) – Mandibular		1372.00
53623*	Dentures, Partial, Cast – Stress Breaker (2 hinges) – Mandibular		1372.00
54201*	Dentures, Adjustments – Minor – 1 Unit		105.00
54202*	Dentures, Adjustments – Minor – 2 Units		210.00
54209*	Dentures, Adjustments – Minor – Each additional unit		105.00
54301*	Dentures, Adjustments – Remount & Occlusal Equil – Maxillary		660.00
54302*	Dentures, Adjustments – Remount & Occlusal Equil - Mandibular		660.00
56411*	Dentures, Remake, Using existing Framework, Partial Denture – Maxillary		485.00
56412*	Dentures, Remake, Using existing Framework, Partial Denture – Mandibular		485.00

Initial Installation or Replacement of Fixed Bridge

62101*	Pontics, Bridge, Cast Metal – Cast Metal Pontic	454.00
62102*	Pontics, Bridge, Cast Metal – With/Sep Porcelain/Ceramic/Poly. Glass Jacket	454.00
62501*	Pontics, Bridge, Porcelain, Ceramic, Poly. Glass – Fused to Metal	454.00
62701*	Pontics, Acrylic/Composite/Compomer – Processed to Metal	454.00
62702*	Pontics, Acrylic/Composite/Compomer – Indirect (Provisional)	454.00
62703	Pontics, Acrylic/Composite/Compomer – Bonded to Teeth, Direct (Provisional)	454.00
62801	Pontics, Natural Tooth – Natural Crown, Direct, Provisional	328.00
67111	Fixed Bridge Retainer – Acrylic/Composite/Compomer – Indirect	891.00
67121	Fixed Bridge Retainer – Acrylic/Composite/Compomer – Direct	182.00
67131	Fixed Bridge Retainer – Composite/Compomer/Resin – Indirect	793.00
67201*	Fixed Bridge Retainer Porcelain/Ceramic/Poly. Glass	891.00
67202*	Fixed Bridge Retainer Porcelain/Ceramic/Poly. Glass - Complicated	972.00
67211*	Fixed Bridge Retainer Porcelain/Ceramic/Poly. Glass – Fused to Metal Base	891.00
67212*	Fixed Bridge Retainer Porcelain/Ceramic/Poly. Glass – Fused – Metal Base, Complicated	972.00
67231*	Fixed Bridge Retainer Porcelain/Ceramic/Poly. Glass – 2 Surface Inlay, Bonded	743.00
67241*	Fixed Bridge Retainer Porcelain/Ceramic/Poly. Glass – 3 Surface Inlay, Bonded	918.00
67251*	Fixed Bridge Retainer Porcelain/Ceramic/Poly. Glass – Onlay, Bonded	918.00
67301*	Retainers, Cast Metal – Cast Metal	891.00
67302*	Retainers, Cast Metal – Cast Metal, Complicated	972.00
67311*	Retainers, 3/4, Cast Metal – 3/4 Cast Metal Retainer	867.00
67318*	Retainers, 3/4, Cast Metal – Semi-Precision or Precision attachments, RPD Retainer	201.00
67321*	Retainers, Cast Metal Inlay – 2 Surfaces	778.00
67322*	Retainers, Cast Metal Inlay – 3 or more Surfaces	778.00
67331*	Retainers, Cast Metal Onlay – Onlay (Internal Retention)	891.00
67341*	Retainers, Metal, Onlay (ext) – With/Without Perf, Bonded to Tooth	287.00
67501*	Abutments/Retainers, Miscellaneous Serv – Retainer made to exist, Partial denture Clasp addtoret – per retainer	175.00
69301*	Other Services – Retentive Pins – 1 Pin/Rest	42.00
69302*	Other Services – Retentive Pins – 2 Pins/Rest	65.00
69303*	Other Services – Retentive Pins – 3 Pins/Rest	88.00
69701*	Provisional Coverage – Abutment Tooth	135.00
69702*	Provisional Coverage – Pontic	66.00

Repairs and Recementing of Existing Fixed Bridge

66111*	Repair, Replace – Prefab Attachable Facings 1 Unit	142.00
66112*	Repair, Replace – Prefab Attachable Facings 2 Units	284.00
66113*	Repair, Replace – Prefab Attachable Facings 3 Units	426.00
66211*	Repair, Remove, Recement – Fixed Bridge/Prosthesis – 1 Unit	142.00
66212*	Repair, Remove, Recement – Fixed Bridge/Prosthesis – 2 Units	284.00
66213*	Repair, Remove, Recement – Fixed Bridge/Prosthesis – 3 Units	426.00
66221*	Repair, Remove, Replace – Fixed Bridge/Prosthesis – 1 Unit	142.00
66222*	Repair, Remove, Replace – Fixed Bridge/Prosthesis – 2 Units	284.00
66251*	Repair, Sect Abutment/Pontic – & Polish Existing Bridge – 1 Unit	142.00
66252*	Repair, Sect Abutment/Pontic – & Polish Existing Bridge – 2 Units	284.00
66253*	Repair, Sect Abutment/Pontic – & Polish Existing Bridge – 3 Units	426.00
66301*	Repair, Reinsert/Recement – 1 Unit	142.00
66302*	Repair, Reinsert/Recement – 2 Units	284.00
66303*	Repair, Reinsert/Recement – 3 Units	426.00
66711	Repair, Fix Bridge/Prosthesis – Por/Cer/PolyG/Ac/Comp – Dir – 1 Tooth	154.00
66719	Repair, Fix Bridge/Prosthesis – Por/Cer/PolyG/Ac/Comp – Dir – Each additional tooth	154.00
66731*	Repair, Fix Bridge/Prosthesis – Telescoping Crown	438.00

*Laboratory charges are eligible expenses where applicable. These costs will be reimbursed at 50% under the Major Restorative Services section.

Denturist Payment Schedule

Level 2: Routine Service

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

Code	Description	Limit	PEDP Maximum
Relines and Rebases to Existing Dentures			
Reline complete denture self-polymerized/lab processed			
32215	Maxillary (upper)		468.00
32225	Mandibular (lower)		468.00
Reline partial denture self-polymerized/lab processed			
42210	Maxillary (upper)		468.00
42220	Mandibular (lower)		468.00
Reline complete denture lab processed/functional impression			
32110	Maxillary (upper)		580.00
32120	Mandibular (lower)		580.00
Reline partial denture lab processed/functional impression			
42116	Maxillary (upper)		580.00
42126	Mandibular (lower)		580.00
Rebase complete denture lab processed/functional impression			
33117	Maxillary (upper)		895.00
33127	Mandibular (lower)		895.00
Rebase partial denture lab processed/functional impression			
43116	Maxillary (upper)		895.00
43126	Mandibular (lower)		895.00

Repairs to Existing Denture

Repair, No Impression required

36110	Maxillary (upper) complete		147.00
36120	Mandibular (lower) complete		147.00
46110	Maxillary (upper) partial		147.00
46120	Mandibular (lower) partial		147.00

Repair, Impression required

36210	Maxillary (upper) complete		201.00
36220	Mandibular (lower) complete		201.00
46210	Maxillary (upper) partial		201.00
46220	Mandibular (lower) partial		201.00

NOTE All services include laboratory charges.

Level 3: Major Restorative

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

Code	Description	Limit	PEDP Maximum
Initial Installation or Replacement of Complete Dentures			
Complete			
31310	Maxillary (upper) complete denture (standard)		1722.00
31320	Mandibular (lower) complete denture (standard)		1722.00
Partial Denture, Acrylic Base, No Clasps			
41612	Maxillary (upper)		1526.00
41622	Mandibular (lower)		1595.00
Partial Denture, Cast Frame, with Clasps or Rests (Tooth-borne-semi-precision)			
41216	Maxillary (upper)		3312.00
41226	Mandibular (lower)		3312.00
Partial Denture, Cast Frame, with Clasps or Rests (Free-end-precision)			
41110	Maxillary (upper)		3312.00
41120	Mandibular (lower)		3312.00
Partial Denture, Cast Frame, with Clasps or Rests (Free-end-standard)			
41114	Maxillary (upper)		2068.00
41124	Mandibular (lower)		2068.00
Accessories			
71010	Wrought Clasp		167.00
46310	Additions/Teeth/Clasp (Maxillary)		251.00
46320	Additions/Teeth/Clasps (Mandibular)		251.00

NOTE All services include laboratory charges.

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. 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.