

# PUBLIC EMPLOYEES DENTAL PLAN

## Maximum Reimbursement Schedule Out-of-Scope Employees of Saskatchewan Polytechnic

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.

## 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:

| <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 100% of dental charges to the maximums indicated below.

| Code                      | Description | Limit                                      | PEDP Maximum |
|---------------------------|-------------|--|--------------|
| <b>Oral Examinations</b>  |             |  |              |
| New Patient               |             |  |              |
| 01101                     | Primary     |  | 65.00        |
| 01102                     | Mixed       |  | 97.00        |
| 01103                     | Permanent   |  | 128.00       |
| Previous Patient          |             |  |              |
| 01202                     | Recall      | Twice per year                             | 42.00        |
| <b>Polishing</b>          |             |  |              |
| 11101                     | Polishing   | 2 units per year                           | 42.00        |
| <b>Scaling</b>            |             |  |              |
| 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        |
| <b>Fluoride Treatment</b> |             |  |              |
| 12111                     | Rinse       | Once per year of 12111,<br>12112, or 12113 | 21.00        |
| 12112                     | Gel or Foam |  | 26.00        |
| 12113                     | Varnish     |  | 31.00        |

| <b>X-Rays</b>            |                       |                    |        |
|--------------------------|-----------------------|--------------------|--------|
| <b>02102</b>             | Full mouth            | Once per 24 months | 172.00 |
| Bitewing/apicals         |                       |                    |        |
| <b>02111</b>             | Periapical - 1 image  | Twice per year     | 27.00  |
| <b>02112</b>             | Periapical - 2 images | Twice per year     | 36.00  |
| <b>02113</b>             | Periapical - 3 images | Twice per year     | 46.00  |
| <b>02114</b>             | Periapical - 4 images | Twice per year     | 56.00  |
| <b>02115</b>             | Periapical - 5 images | Twice per year     | 65.00  |
| <b>02116</b>             | Periapical - 6 images | Twice per year     | 75.00  |
| <b>02141</b>             | Bitewing – 1 image    | Twice per year     | 27.00  |
| <b>02142</b>             | Bitewing – 2 images   | Twice per year     | 36.00  |
| <b>02143</b>             | Bitewing – 3 images   | Twice per year     | 46.00  |
| <b>02144</b>             | Bitewing – 4 images   | Twice per year     | 56.00  |
| <b>02601</b>             | Panoramic – 1 image   | Once per 24 months | 85.00  |
| Study Models – Unmounted |                       |                    |        |
| <b>04911*</b>            | Cast, Unmounted       |                    | 47.00  |

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

## Level 2: Basic and Routine Services

Reimbursed at 75% 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       |

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

### Retentive Pins

|              |  |        |
|--------------|--|--------|
| <b>21401</b> | Pins, Retentive/Restoration – 1 Pin          | 33.00  |
| <b>21402</b> | Pins, Retentive/Restoration – 2 Pins         | 52.00  |
| <b>21403</b> | Pins, Retentive/Restoration – 3 Pins         | 70.00  |
| <b>21404</b> | Pins, Retentive/Restoration – 4 Pins         | 89.00  |
| <b>21405</b> | Pins, Retentive/Restoration – 5 Pins or More | 108.00 |

### Extractions

|              |  |        |
|--------------|--|--------|
| <b>71101</b> | Removal, Extraction, Erupted – Uncomplicated – Single Tooth                        | 173.00 |
| <b>71109</b> | Removal, Extraction, Erupted – Uncomplicated – EA Tooth – SQ, SA                   | 138.00 |
| <b>72111</b> | Removal, Impact, Soft Tissue – Incision & Removal – 1 Tooth                        | 307.00 |
| <b>72211</b> | Removals, Impact, Tissue/BoneCov – Incision, Elev, Rem/Sec – 1 Tooth               | 423.00 |
| <b>72221</b> | Removals, Impact, Tissue/BoneCov – Incision, Elev, Rem/Sect – 1 Tooth              | 563.00 |
| <b>72231</b> | Removals, Impact, Tissue/BoneCov – Incision, Elev, Rem&Sect, Unusual Dif – 1 Tooth | 617.00 |

## Dental Surgery (including x-rays and lab)

### Residual Root Removal

|              |  |  |        |
|--------------|--|--|--------|
| <b>72321</b> | Removals, Residual Roots – Soft Tissue – First Tooth                         |  | 243.00 |
| <b>72329</b> | Removals, Residual Roots – Soft Tissue – Each Additional Tooth Same Quadrant |  | 195.00 |
| <b>72331</b> | Removals, Residual Roots – Bone Tissue – First Tooth                         |  | 317.00 |
| <b>72339</b> | Removals, Residual Roots – Bone Tissue – Each Additional Tooth Same Quadrant |  | 254.00 |

### Alveoloplasty

|              |  |  |        |
|--------------|--|--|--------|
| <b>73121</b> | Remodelling & Recontouring – Alveoloplasty, No Extractions/sextant |  | 224.00 |
| <b>73222</b> | Gingivoplasty, Stomatoplasty – Excision of Vest Hyperpl/sextant    |  | 224.00 |

### Surgical Incision

|              |   |  |        |
|--------------|---|--|--------|
| <b>75112</b> | Surgical Incision/Drain, Intra – Soft Tissue Abscess      |  | 185.00 |
| <b>75121</b> | Surgical Incision/Drain, Intra – Hard Tissue Trephination |  | 234.00 |

## Endodontics

### Root Canal Therapy

|              |  |  |         |
|--------------|--|--|---------|
| <b>33111</b> | Permanent, Retained Primary – 1 Canal          |  | 658.00  |
| <b>33121</b> | Permanent, Retained Primary – 2 Canals         |  | 896.00  |
| <b>33131</b> | Permanent, Retained Primary – 3 Canals         |  | 1121.00 |
| <b>33141</b> | Permanent, Retained Primary – 4 Canals or More |  | 1294.00 |

### Pulpotomy

|              |  |  |        |
|--------------|--|--|--------|
| <b>32221</b> | Permanent Teeth, Sep Emergency Proc – Anteriors and Bicuspid |  | 166.00 |
| <b>32222</b> | Permanent Teeth, Sep Emergency Proc – Molars                 |  | 216.00 |
| <b>32232</b> | Primary Teeth – Concurrent with Restorations                 |  | 109.00 |

### Pulp Capping

|              |   |  |        |
|--------------|---|--|--------|
| <b>20111</b> | Caries, Trauma, Pain Control – First Tooth                              |  | 131.00 |
| <b>20119</b> | Caries, Trauma, Pain Control – Each Additional Tooth Same Quadrant      |  | 131.00 |
| <b>20131</b> | Trauma Control, Smooth Fract Surf – First Tooth                         |  | 54.00  |
| <b>20139</b> | Trauma Control, Smooth Fract Surf – Each Additional Tooth Same Quadrant |  | 54.00  |



## Emergency Services

|              |   |  |        |
|--------------|---|--|--------|
| <b>39501</b> | Opening Through Artificial Crown (in addition to procedures) – Anterior & Bicuspids |  | 122.00 |
| <b>39502</b> | Opening Through Artificial Crown (in addition to procedures) – Molars               |  | 156.00 |

## Sedative Dressing

|              |  |  |        |
|--------------|--|--|--------|
| <b>20121</b> | Caries, Trauma, Pain Control – Plus Band – First Tooth                         |  | 166.00 |
| <b>20129</b> | Caries, Trauma, Pain Control – Plus Band – Each Additional Tooth Same Quadrant |  | 166.00 |

## Periodontics

### Non-surgical

|              |   |  |        |
|--------------|---|--|--------|
| <b>41211</b> | Oral Diseases, Mucosal – 1 Unit         |  | 168.00 |
| <b>41212</b> | Oral Diseases, Mucosal – 2 Units        |  | 336.00 |
| <b>41221</b> | Oral Diseases, Nerve/Muscular – 1 Unit  |  | 168.00 |
| <b>41222</b> | Oral Diseases, Nerve/Muscular – 2 Units |  | 336.00 |
| <b>41301</b> | Desensitization – 1 Unit                |  | 71.00  |
| <b>41302</b> | Desensitization – 2 Units               |  | 142.00 |

### Root Planing

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

### Appliance

|               |                          |  |        |
|---------------|--------------------------|--|--------|
| <b>14611*</b> | Periodontal – Maxillary  |  | 334.00 |
| <b>14612*</b> | Periodontal – Mandibular |  | 334.00 |

### Surgical

|              |   |  |         |
|--------------|---|--|---------|
| <b>42111</b> | Gingival Curettage – Incl Root Planing per sextant        |  | 284.00  |
| <b>42201</b> | Gingivoplasty – Per sextant                               |  | 328.00  |
| <b>42311</b> | Gingivectomy – Uncomplicated – per sextant                |  | 406.00  |
| <b>42321</b> | Gingivectomy – Complicated – per sextant                  |  | 442.00  |
| <b>42411</b> | Flap Approach – With osteoplasty and/or ostectomy/sextant |  | 1153.00 |
| <b>42421</b> | Flap Approach – With curettage of Osseous/sextant         |  | 746.00  |

|              |  |  |        |
|--------------|--|--|--------|
| <b>42431</b> | Flap Approach – With curettage of Osseous defect with osteoplasty and/or ostectomy/sextant |  | 863.00 |
| <b>42511</b> | Grafts, Soft Tissue, Pedicle – Per site  |  | 727.00 |
| <b>42521</b> | Grafts, Soft Tissue, Pedicle – Coronally Positioned/site                                   |  | 767.00 |
| <b>73411</b> | Vestibuloplasty, Sub-mucous – per sextant  |  | 580.00 |
| <b>42821</b> | Miscellaneous, Post Surgical Perio TX – 1 Unit   |  | 142.00 |
| <b>42831</b> | Miscellaneous, Abscess/Pericoronitis – 1 Unit  |  | 142.00 |
| <b>42832</b> | Miscellaneous, Abscess/Pericoronitis – 2 Units   |  | 284.00 |

### Emergency Treatment for Dental Pain

|               |  |  |        |
|---------------|--|--|--------|
| <b>91121</b>  | Unclassified Treatments – Emergency Services not in Guide – 1 Unit           |  | 142.00 |
| <b>91122</b>  | Unclassified Treatments – Emergency Services not in Guide – 2 Units          |  | 284.00 |
| <b>91211</b>  | Unclassified Treatments – Unusual Time/Responsibility – 1 Unit               |  | 142.00 |
| <b>91212</b>  | Unclassified Treatments – Unusual Time/Responsibility – 2 Units              |  | 284.00 |
| <b>91213</b>  | Unclassified Treatments – Unusual Time/Responsibility – 3 Units              |  | 426.00 |
| <b>91219</b>  | Unclassified Treatments – Unusual Time/Responsibility – Each additional unit |  | 142.00 |
| <b>92411^</b> | Anaesthesia, Conscious Sedation – Nitrous Oxide – 1 Unit                     |  | 67.00  |
| <b>92412^</b> | Anaesthesia, Conscious Sedation – Nitrous Oxide – 2 Units                    |  | 111.00 |
| <b>92413^</b> | Anaesthesia, Conscious Sedation – Nitrous Oxide – 3 Units                    |  | 155.00 |
| <b>92414^</b> | Anaesthesia, Conscious Sedation – Nitrous Oxide – 4 Units                    |  | 199.00 |
| <b>92415^</b> | Anaesthesia, Conscious Sedation – Nitrous Oxide – 5 Units                    |  | 243.00 |

### Repairs to Existing Dentures

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

### Relines and Rebasing of Existing Dentures

|               |   |  |        |
|---------------|---|--|--------|
| <b>56211</b>  | Dentures, Reline, Direct – Complete Denture – Max     |  | 273.00 |
| <b>56212</b>  | Dentures, Reline, Direct – Complete Denture – Mand    |  | 273.00 |
| <b>56221</b>  | Dentures, Reline, Direct – Partial Denture – Max      |  | 273.00 |
| <b>56222</b>  | Dentures, Reline, Direct – Partial Denture – Mand     |  | 273.00 |
| <b>56231*</b> | Dentures, Reline, Processed – Complete Denture – Max  |  | 322.00 |
| <b>56232*</b> | Dentures, Reline, Processed – Complete Denture – Mand |  | 322.00 |

|  |  |        |
|--|--|--------|
| <b>56241*</b>                              | Dentures, Reline, Processed – Partial Denture – Max                                      | 278.00 |
| <b>56242*</b>                              | Dentures, Reline, Processed – Partial Denture – Mand                                     | 278.00 |
| <b>56311*</b>                              | Dentures, Rebase – Complete Denture – Max  | 278.00 |
| <b>56312*</b>                              | Dentures, Rebase – Complete Denture – Mand   | 278.00 |
| <b>56321*</b>                              | Dentures, Rebase – Partial Denture – Max   | 278.00 |
| <b>56322*</b>                              | Dentures, Rebase – Partial Denture – Mand  | 278.00 |
| <b>Stainless Steel Crown</b>               |  |        |
| <b>22211</b>                               | Full Coverage, Metal, Primary – Posterior  | 234.00 |
| <b>22311</b>                               | Full Coverage, Metal, Permanent – Posterior  | 234.00 |
| <b>Recementing Existing Inlay or Crown</b> |  |        |
| <b>29101</b>                               | Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – 1 Unit                      | 138.00 |
| <b>29102</b>                               | Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – 2 Units                     | 276.00 |
| <b>29103</b>                               | Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – 3 Units                     | 414.00 |
| <b>29109</b>                               | 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

|              |   |  |        |
|--------------|---|--|--------|
| <b>23122</b> | Plastic/Silver Fill/Permanent Ant – Non Prefab, Direct B/U Bond |  | 307.00 |
| <b>27601</b> | Plastic/Silver Fill/Cores – Non-Bonded with Crown/Fix Br Ret    |  | 223.00 |
| <b>27602</b> | Plastic/Silver Fill/Cores – Bonded with Crown/Fix Br Ret        |  | 223.00 |
| <b>25731</b> | Prefabricated Retentive – 1 post                                |  | 243.00 |
| <b>25732</b> | Prefabricated Retentive – 2 posts same tooth                    |  | 293.00 |
| <b>25733</b> | Prefabricated Retentive – 3 posts same tooth                    |  | 335.00 |

#### Initial Installation or Replacement of Crown

|               |   |  |         |
|---------------|---|--|---------|
| <b>27111*</b> | Acrylic/Composite/Compomer – Crown, indirect                    |  | 791.00  |
| <b>27121</b>  | Acrylic/Composite/Compomer – Direct, Prov., Chairside           |  | 211.00  |
| <b>27131</b>  | Acrylic/Composite/Compomer – Cast Metal Base, Indirect          |  | 839.00  |
| <b>27201*</b> | Porcelain/Ceramic/Poly. Glass – Crown                           |  | 992.00  |
| <b>27211*</b> | Porcelain/Ceramic/Poly. Glass Fused to Met – Crown,             |  | 992.00  |
| <b>27212*</b> | Porcelain/Ceramic/Poly. Glass Fused to Met – Crown, Complicated |  | 1081.00 |
| <b>27301*</b> | Cast Metal – Uncomplicated                                      |  | 992.00  |
| <b>27311*</b> | 3/4 Cast Metal – Crown  |  | 992.00  |

#### Initial Installation or Replacement of Complete or Partial Denture

|               |   |  |         |
|---------------|---|--|---------|
| <b>51101*</b> | Complete Dentures, Standard – Maxillary                                   |  | 1100.00 |
| <b>51102*</b> | Complete Dentures, Standard – Mandibular                                  |  | 1198.00 |
| <b>51201*</b> | Complete Dentures, Complex – Maxillary                                    |  | 1407.00 |
| <b>51202*</b> | Complete Dentures, Complex – Mandibular                                   |  | 1531.00 |
| <b>51301*</b> | Complete Dentures, Surgical/Std – (Immediate) Maxillary                   |  | 1100.00 |
| <b>51302*</b> | Complete Dentures, Surgical/Std – (Immediate) Mandibular                  |  | 1198.00 |
| <b>51601*</b> | Complete Dentures, Provisional – Maxillary                                |  | 503.00  |
| <b>51602*</b> | Complete Dentures, Provisional – Mandibular                               |  | 548.00  |
| <b>52101*</b> | Dentures, Partial, Acrylic Base – Provs, with/without Clasps - Maxillary  |  | 331.00  |
| <b>52102*</b> | Dentures, Partial, Acrylic Base – Provs, with/without Clasps - Mandibular |  | 331.00  |
| <b>52301*</b> | Dentures, Partial, Acrylic – Wrought/Cast Clasps – Maxillary              |  | 630.00  |
| <b>52302*</b> | 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  |
| 53101* | Dentures, Partial, Cast/Acrylic – FE Cast Frame/Connector – Maxillary     | 1345.00 |
| 53102* | Dentures, Partial, Cast/Acrylic – FE Cast Frame/Connector – Mandibular    | 1345.00 |
| 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 |
| 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  |

### 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 |
| 67201* | Fixed Bridge Retainer Porcelain/Ceramic/Poly. Glass                         | 891.00 |
| 67211* | Fixed Bridge Retainer Porcelain/Ceramic/Poly. Glass – Fused to Metal Base   | 891.00 |
| 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 |

### 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 |

\*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 |
|---|--------------------|-------|--------------|
| <b>Relines and Rebases to Existing Dentures</b>             |                    |       |              |
| Reline complete denture self-polymerized/lab processed      |                    |       |              |
| <b>32215</b>  | Maxillary (upper)  |       | 468.00       |
| <b>32225</b>  | Mandibular (lower) |       | 468.00       |
| Reline partial denture self-polymerized/lab processed       |                    |       |              |
| <b>42210</b>  | Maxillary (upper)  |       | 468.00       |
| <b>42220</b>  | Mandibular (lower) |       | 468.00       |
| Reline complete denture lab processed/functional impression |                    |       |              |
| <b>32110</b>  | Maxillary (upper)  |       | 580.00       |
| <b>32120</b>  | Mandibular (lower) |       | 580.00       |
| Reline partial denture lab processed/functional impression  |                    |       |              |
| <b>42116</b>  | Maxillary (upper)  |       | 580.00       |
| <b>42126</b>  | Mandibular (lower) |       | 580.00       |
| Rebase complete denture lab processed/functional impression |                    |       |              |
| <b>33117</b>  | Maxillary (upper)  |       | 895.00       |
| <b>33127</b>  | Mandibular (lower) |       | 895.00       |
| Rebase partial denture lab processed/functional impression  |                    |       |              |
| <b>43116</b>  | Maxillary (upper)  |       | 895.00       |
| <b>43126</b>  | Mandibular (lower) |       | 895.00       |

## Repairs to Existing Denture

### Repair, No Impression required

|              |                             |  |        |
|--------------|-----------------------------|--|--------|
| <b>36110</b> | Maxillary (upper) complete  |  | 147.00 |
| <b>36120</b> | Mandibular (lower) complete |  | 147.00 |
| <b>46110</b> | Maxillary (upper) partial   |  | 147.00 |
| <b>46120</b> | Mandibular (lower) partial  |  | 147.00 |

### Repair, Impression required

|              |                             |  |        |
|--------------|-----------------------------|--|--------|
| <b>36210</b> | Maxillary (upper) complete  |  | 201.00 |
| <b>36220</b> | Mandibular (lower) complete |  | 201.00 |
| <b>46210</b> | Maxillary (upper) partial   |  | 201.00 |
| <b>46220</b> | 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 |
|--|--|-------|--------------|
| <b>Initial Installation or Replacement of Complete Dentures</b>                |  |       |              |
| Complete   |  |       |              |
| <b>31310</b>   | Maxillary (upper) complete denture (standard)  |       | 1722.00      |
| <b>31320</b>   | Mandibular (lower) complete denture (standard) |       | 1722.00      |
| Partial Denture, Acrylic Base, No Clasps                                       |  |       |              |
| <b>41612</b>   | Maxillary (upper)                              |       | 1526.00      |
| <b>41622</b>   | Mandibular (lower)                             |       | 1595.00      |
| Partial Denture, Cast Frame, with Clasps or Rests (Tooth-borne-semi-precision) |  |       |              |
| <b>41216</b>   | Maxillary (upper)                              |       | 3312.00      |
| <b>41226</b>   | Mandibular (lower)                             |       | 3312.00      |
| Partial Denture, Cast Frame, with Clasps or Rests (Free-end-precision)         |  |       |              |
| <b>41110</b>   | Maxillary (upper)                              |       | 3312.00      |
| <b>41120</b>   | Mandibular (lower)                             |       | 3312.00      |
| Partial Denture, Cast Frame, with Clasps or Rests (Free-end-standard)          |  |       |              |
| <b>41114</b>   | Maxillary (upper)                              |       | 2068.00      |
| <b>41124</b>   | Mandibular (lower)                             |       | 2068.00      |
| Accessories  |  |       |              |
| <b>71010</b>   | Wrought Clasp                                  |       | 167.00       |
| <b>46310</b>   | Additions/Teeth/Clasp (Maxillary)              |       | 251.00       |
| <b>46320</b>   | 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 year with a lifetime maximum of \$3,000 per insured person. 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