

# PUBLIC EMPLOYEES DENTAL PLAN

## Maximum Reimbursement Schedule Exempt Applied Research 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  
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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.

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, 12112, or 12113	21.00
12112	Gel or Foam		26.00
12113	Varnish		31.00

## X-Rays

<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

### Stainless Steel Crown

<b>22211</b>	Full Coverage, Metal, Primary – Posterior	234.00
<b>22311</b>	Full Coverage, Metal, Permanent – Posterior	234.00

### Recementing Existing Inlay or Crown

<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
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#### 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 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 (All services include laboratory charges)			
<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

## 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.