

# PUBLIC EMPLOYEES DENTAL PLAN

## Maximum Reimbursement Schedule Employees of Saskatchewan Liquor and Gaming Authority

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
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
<b>Polishing</b>			
11101	Polishing	2 units per year	42.00
<b>Scaling</b>			
11111	1 Unit	10 units per year	52.00
11112	2 Units	10 units per year	104.00
11113	3 Units	10 units per year	156.00
11114	4 Units	10 units per year	208.00
11115	5 Units	10 units per year	260.00
11116	6 Units	10 units per year	312.00
11117	1/2 Unit	10 units per year	26.00

## Fluoride Treatment

<b>12111</b>	Rinse	Once per year of 12111, 12112, or 12113	21.00
<b>12112</b>	Gel or Foam		26.00
<b>12113</b>	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>02117</b>	Periapical - 7 images	Twice per year	85.00
<b>02118</b>	Periapical - 8 images	Twice per year	94.00
<b>02119</b>	Periapical - 9 images	Twice per year	104.00
<b>02120</b>	Periapical - 10 images	Twice per year	114.00
<b>02121</b>	Periapical - 11 images	Twice per year	123.00
<b>02122</b>	Periapical - 12 images	Twice per year	133.00
<b>02123</b>	Periapical - 13 images	Twice per year	143.00
<b>02124</b>	Periapical - 14 images	Twice per year	152.00
<b>02125</b>	Periapical - 15 images	Twice per year	162.00
<b>02131</b>	Occlusal – 1 image	Twice per year	27.00
<b>02132</b>	Occlusal – 2 images	Twice per year	36.00
<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>02501</b>	TMJ – 1 image	Twice per year	59.00
<b>02502</b>	TMJ – 2 images	Twice per year	86.00
<b>02503</b>	TMJ – 3 images	Twice per year	112.00
<b>02504</b>	TMJ – 4 images	Twice per year	139.00
<b>02601</b>	Panoramic – 1 image	Once per 24 months	85.00
<b>02801<sup>^</sup></b>	Interpret Radiograph, CT, PET – MRI received from others	Twice per year	68.00
<b>04311*</b>	Biopsy, by Puncture	Twice per year	141.00
<b>04312*</b>	Biopsy, by Incision	Twice per year	148.00
<b>04313*</b>	Biopsy, by Aspiration	Twice per year	141.00
<b>04321*</b>	Biopsy, by Puncture	Twice per year	242.00

<b>04322*</b>	Biopsy, by Incision	Twice per year	262.00
<b>04323*</b>	Biopsy, by Aspiration	Twice per year	232.00
<b>04401*</b>	Cyt Smear from Oral Cavity	Twice per year	I.C.
<b>04402*</b>	Vit Staining of Oral Mucosal	Twice per year	74.00
<b>04501</b>	Pulp vitality, 1 unit	Twice per year	119.00
<b>04509</b>	Pulp vitality, Each additional unit	Twice per year	119.00
<b>Study Models – Unmounted</b>			
<b>04911*</b>	Cast, Unmounted		47.00
<b>05101</b>	Treatment Planning – 1 unit		119.00
<b>05102</b>	Treatment Planning – 2 units		238.00
<b>13211</b>	Oral Hygiene Instruction – Individual Instruction, 1 unit		40.00
<b>13217</b>	Oral Hygiene Instruction – Individual Instruction, 1/2 unit		20.00
<b>13401</b>	Sealants, Pit and Fissure – First Tooth		33.00
<b>13409</b>	Sealants, Pit and Fissure – Each Additional Tooth (Same Quad)		27.00
<b>16201</b>	Disking, Interproximal – 1 unit		119.00
<b>16202</b>	Disking, Interproximal – 2 units		238.00
<b>14101*</b>	Removable, Control Oral Habit – Maxillary		253.00
<b>14102*</b>	Removable, Control Oral Habit – Mandibular		253.00
<b>14103*</b>	Removable, Control Oral Habit – Maxillary + Mandibular		507.00
<b>14201*</b>	Fixed/Cemented, Control Oral Habit – Maxillary		303.00
<b>14202*</b>	Fixed/Cemented, Control Oral Habit – Mandibular		303.00
<b>15101*</b>	Band Type, Fixed – Unilateral		157.00
<b>15103*</b>	Band Type, Fixed – Bilateral (SLA)		261.00
<b>15105*</b>	Band Type, Fixed – Bilateral, Tubes & Locking Wires		261.00
<b>15201*</b>	Stainless Steel Crown Type – Fixed		197.00
<b>15202*</b>	Stainless Steel Crown Type – Fixed, + Intra Alveolar Att		209.00
<b>15301*</b>	Cast Type – Fixed		197.00
<b>15302*</b>	Cast Type – Fixed, + Intra Alveolar Att		260.00
<b>15401*</b>	Acrylic, Removable – Bilateral Clasps/Ret Wires		231.00
<b>15402*</b>	Acrylic, Removable – Bilateral Clasps/Ret Wires + Teeth		232.00
<b>15403*</b>	Acrylic Removable – No Clasps		199.00
<b>15501*</b>	Bonded – Pontic Type		199.00

**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.

## Level 2: Basic and Routine Services

Reimbursed at 100% 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
21301	Cores, Non-Bonded – In Conj W Crown/Fixed Bridge Ret		223.00
23111	Plastic/Silver Fill/Perm Ant – Bonded 1S		164.00
23112	Plastic/Silver Fill/Perm Ant – Bonded 2SC		221.00
23113	Plastic/Silver Fill/Perm Ant – Bonded 3SC		265.00
23114	Plastic/Silver Fill/Perm Ant – Bonded 4SC		318.00
23115	Plastic/Silver Fill/Perm Ant – Bonded (max) 5SC		382.00
23311	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 1 Surface		190.00

23312	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 2 Surfaces	256.00
23313	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 3 Surfaces	307.00
23314	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 4 Surfaces	369.00
23315	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – (max) 5 Surfaces	442.00
23321	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 1 Surface	206.00
23322	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 2 Surfaces	279.00
23323	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 3 Surfaces	335.00
23324	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 4 Surfaces	401.00
23325	Plastic/Silver Fill/Perm Pos – Bonded, Molars (max) – 5 Surfaces	482.00
23411	Plastic/Silver Fill/Prim Ant – Bonded 1S	161.00
23412	Plastic/Silver Fill/Prim Ant – Bonded 2SC	217.00
23413	Plastic/Silver Fill/Prim Ant – Bonded 3SC	261.00
23414	Plastic/Silver Fill/Prim Ant – Bonded 4SC	313.00
23415	Plastic/Silver Fill/Prim Ant – Bonded (max) 5SC	376.00
23511	Plastic/Silver Fill/Prim Pos – Bonded – 1 Surface	190.00
23512	Plastic/Silver Fill/Prim Pos – Bonded – 2 Surfaces	256.00
23513	Plastic/Silver Fill/Prim Pos – Bonded – 3 Surfaces	307.00
23514	Plastic/Silver Fill/Prim Pos – Bonded – 4 Surfaces	369.00
23515	Plastic/Silver Fill/Prim Pos – Bonded (max) 5SC	442.00

### 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
73222	Gingivoplasty, Stomatoplasty – Excision of Vest Hyperpl/sextant		224.00
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
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
77801	Frenectomy/Frenoplasty – Upper Labial		351.00
77802	Frenectomy/Frenoplasty – Lower Labial		351.00
77803	Frenectomy/Frenoplasty – Lower Lingual or “Z” Plasty		351.00
79602	Post Surgical Care – Minor, not by Tx Dentist		112.00

## Endodontics

### Root Canal Therapy

<b>32311</b>	Permanent, Retained Primary – 1 Canal	189.00
<b>32312</b>	Permanent, Retained Primary – 2 Canals	217.00
<b>32321</b>	Primary Teeth – Anterior Tooth	202.00
<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
<b>33115</b>	Permanent, Retained Primary – 1 Canal – Retreatment of Previous Therapy	806.00
<b>33125</b>	Permanent, Retained Primary – 2 Canals – Retreatment of Previous Therapy	1134.00
<b>33135</b>	Permanent, Retained Primary – 3 Canals – Retreatment of Previous Therapy	1395.00
<b>33145</b>	Permanent, Retained Primary – 4 Canals or More – Retreatment of Previous Therapy	1587.00
<b>33601</b>	Apexification/Apexogenesis – Induction Hard Tissue Rep – 1 Canal	200.00
<b>33602</b>	Permanent, Retained Primary, Apex/Apical – Induction Hard Tissue Rep – 1 Canal	250.00
<b>33611</b>	Permanent, Retained Primary – Re-Insert Dent Media – 1 Canal	112.00
<b>33612</b>	Permanent, Retained Primary – Re-Insert Dent Media – 2 Canals	128.00
<b>34111</b>	Apicoectomy/Apical Curettage – Maxillary Anterior – 1 Root	381.00
<b>34112</b>	Apicoectomy/Apical Curettage – Maxillary Anterior – 2 Roots	507.00
<b>34121</b>	Apicoectomy/Apical Curettage – Maxillary Bicuspid – 1 Root	485.00
<b>34122</b>	Apicoectomy/Apical Curettage – Maxillary Bicuspid – 2 Roots	613.00
<b>34131</b>	Apicoectomy/Apical Curettage – Maxillary Molar – 1 Root	603.00
<b>34132</b>	Apicoectomy/Apical Curettage – Maxillary Molar – 2 Roots	834.00
<b>34141</b>	Apicoectomy/Apical Curettage – Mandibular Anterior – 1 Root	492.00
<b>34142</b>	Apicoectomy/Apical Curettage – Mandibular Anterior – 2+ Roots	593.00
<b>34151</b>	Apicoectomy/Apical Curettage – Mandibular Bicuspid – 1 Root	622.00
<b>34152</b>	Apicoectomy/Apical Curettage – Mandibular Bicuspid – 2 Roots	824.00
<b>34161</b>	Apicoectomy/Apical Curettage – Mandibular Molar – 1 Root	752.00
<b>34162</b>	Apicoectomy/Apical Curettage – Mandibular Molar – 2 Roots	914.00
<b>34163</b>	Apicoectomy/Apical Curettage – Mandibular Molar – 3 Roots	1093.00
<b>34211</b>	Retrofilling – Maxillary Anterior – 1 Canal	100.00
<b>34212</b>	Retrofilling – Maxillary Anterior – 2+ Canals	168.00
<b>34221</b>	Retrofilling – Maxillary Bicuspid – 1 Canal	100.00
<b>34222</b>	Retrofilling – Maxillary Bicuspid – 2 Canals	168.00
<b>34231</b>	Retrofilling – Maxillary Molar – 1 Canal	100.00
<b>34232</b>	Retrofilling – Maxillary Molar – 2 Canals	168.00
<b>34241</b>	Retrofilling – Mandibular Anterior – 1 Canal	100.00
<b>34242</b>	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

#### 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

<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>56411*</b>	Dentures, Remake, Existing Frame – Partial – Max		485.00
<b>56412*</b>	Dentures, Remake, Existing Frame – Partial – Mand		485.00
<b>56511*</b>	Dentures, Tissue Conditioning – Complete Denture – Max		166.00
<b>56512*</b>	Dentures, Tissue Conditioning – Complete Denture – Mand		166.00
<b>56521*</b>	Dentures, Tissue Conditioning – Partial Denture – Max		166.00
<b>56522*</b>	Dentures, Tissue Conditioning – Partial Denture – Mand		166.00

### Stainless Steel Crown

<b>22211</b>	Full Coverage, Metal, Primary – Posterior		234.00
<b>22311</b>	Full Coverage, Metal, Permanent – Posterior		234.00
<b>22401</b>	Full Coverage, Plastic, Primary – Anterior		234.00
<b>22411</b>	Full Coverage, Plastic, Primary – Posterior		234.00
<b>22501</b>	Full Coverage, Plastic, Permanent – Anterior		234.00
<b>22511</b>	Full Coverage, Plastic, 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
<b>29301</b>	Removal – Inlay/Only/Crown Veneer – 1 Unit	142.00
<b>29302</b>	Removal – Inlay/Only/Crown Veneer – 2 Units	284.00

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

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

## Level 3: Major Restorative

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

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

## 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>27302*</b>	Cast Metal – Complicated		1081.00
<b>27311*</b>	3/4 Cast Metal – Crown		992.00
<b>27312*</b>	3/4 Cast Metal – Crown, Complicated		1081.00
<b>27401</b>	To Existing Partial Denture Clasp – One Crown		163.00
<b>27409</b>	To Existing Partial Denture Clasp – Each Additional Crown		163.00
<b>29201</b>	Repairs – Inlays, Onlays, Crowns and Veneers (single units) Polymer Direct		117.00
<b>29202</b>	Repairs – Inlays, Onlays, Crowns and Veneers (single unit) Ceramic, Metal, Polymer Metal or Ceramic Metal - Direct		189.00

### 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>52111*</b>	Dentures, Partial, Acrylic Base – Immediate – Maxillary		402.00
<b>52112*</b>	Dentures, Partial, Acrylic Base – Immediate – Mandibular		402.00
<b>52201*</b>	Dentures, Partial, Polymer – Resilient Retainer – Maxillary		402.00
<b>52202*</b>	Dentures, Partial, Polymer – Resilient Retainer – Mandibular		402.00
<b>52211*</b>	Dentures, Partial, Polymer – Resilient Retainer Immediate - Maxillary		402.00
<b>52212*</b>	Dentures, Partial, Polymer – Resilient Retainer Immediate – Mandibular		402.00
<b>52301*</b>	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Maxillary		630.00
<b>52302*</b>	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Mandibular		630.00
<b>52311*</b>	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Immediate – Maxillary		503.00
<b>52312*</b>	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Immediate – Mandibular		503.00
<b>52401*</b>	Dentures, Partial, Acrylic – Palatal/Lingual Bar – Maxillary		541.00
<b>52402*</b>	Dentures, Partial, Acrylic – Palatal/Lingual Bar – Mandibular		541.00
<b>53101*</b>	Dentures, Partial, Cast/Acrylic – FE Cast Frame/Connector – Maxillary		1345.00
<b>53102*</b>	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
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

### 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
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

<b>69302*</b>	Other Services – Retentive Pins – 2 Pins/Rest		65.00
<b>69303*</b>	Other Services – Retentive Pins – 3 Pins/Rest		88.00
<b>69701*</b>	Provisional Coverage – Abutment Tooth		135.00
<b>69702*</b>	Provisional Coverage – Pontic		66.00

### Repairs and Recementing of Existing Fixed Bridge

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

\*Laboratory charges are eligible expenses where applicable. These costs will be reimbursed at 75% under the Major Restorative Services section.

# Denturist Payment Schedule

## Level 2: Routine Service

Reimbursed at 100% 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 100% 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. Dependent children must be under age 19. Benefits are based on the lesser of the dentist's charge or the suggested fee outlined in The College of Dental Surgeons of Saskatchewan Fee Guide.