

PUBLIC EMPLOYEES DENTAL PLAN

Maximum Reimbursement Schedule Members of SaskEnergy Inc.

Effective January 1, 2024

Administered by:
Plannera Pensions & Benefits

Canada Life Assurance Company
Regina Benefit Payments
P.O. Box 4408
REGINA, SK S4P 3W7
1-800-957-9777

Pre-Authorization

Where a course of dental treatment is expected to cost more than \$500, an estimate must be filed with the plan administrator. Failure to do so could result in a lower reimbursement than expected. The insurance carrier will identify the total costs eligible for reimbursement under the PEDP for the proposed dental treatment.

Any procedure involving the use of gold will not be covered by the PEDP unless authorization is obtained in advance.

The cost of a dental implant will be reimbursed under the Members of SaskEnergy Inc. enhanced dental plan up to the cost of a medically necessary bridge or denture.

Plan Limitations

Only the services outlined in the list of covered codes will be eligible for reimbursement. No payment will be made for:

- (a) Extra charges by the dentist for completion of claim forms or for broken appointments;
- (b) Cosmetic treatment, experimental treatment or dietary planning;
- (c) Congenital or developmental malformation;
- (d) Expenses for dentures which have been lost, mislaid or stolen; or
- (e) Temporomandibular Joint benefits.

The PEDP will not accept responsibility for claim payment in cases where coverage exists through any other legislation, government or group sponsored, medical or dental program, the Workers' Compensation Board and/or Saskatchewan Government Insurance.

Procedure codes involving the use of gold will be covered if no other substitute is deemed suitable. Where gold is elective, only the cost of a customary substitute will be considered for reimbursement.

Replacement of crowns, bridges or dentures will be covered if the existing appliance is at least five years old and (1) cannot be made serviceable, or (2) replacement becomes necessary due to the removal of additional natural teeth while insured.

The Administrator is authorized to establish liability under the plan based on the least expensive benefit if it will produce a professionally adequate result.

Co-ordination of Benefits

Where coverage exists from several sources for similar benefits, no more than 100% of the eligible dental expenses on the Public Employees Dental Plan Maximum Reimbursement Schedule will be reimbursed from all sources. Given a \$1,000 dental expense, co-ordination of benefits is as follows:

Example	First Plan (i.e., Spouse's Plan)	PEDP Maximum Payment Per Schedule	PEDP Maximum second payor
A	\$800	\$700	\$0
B	\$700	\$700	\$0
C	\$600	\$700	\$100

Eligible employees should submit their dental claims first to the PEDP and second to their spouse's dental plan. Spouses of eligible employees should submit their dental claims to their employer's dental plan first and second to the PEDP. Claims for dependent children are first submitted to the dental plan of the parent who has the first birthdate in the calendar year.

Fee codes begin on next page.

DENTAL PAYMENT SCHEDULE

Level 1: Preventive Services

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

Code	Description	Limit	PEDP Maximum
Oral Examinations			
New Patient			
01101	Primary		65.00
01102	Mixed		97.00
01103	Permanent		128.00
Previous Patient			
01202	Recall	Twice per year	42.00
01204	Specific	Twice per year	51.00
01205	Emergency	Twice per year	62.00
01301	Comprehensive	Twice per year	147.00
01701	General, Edentulous	Twice per year	98.00
Polishing			
11101	Polishing	2 units per year	42.00
Scaling			
11111	1 Unit	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

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

X-Rays

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

04322*	Biopsy, by Incision	Twice per year	262.00
04323*	Biopsy, by Aspiration	Twice per year	223.00
04401*	Cyt Smear from Oral Cavity	Twice per year	I.C.
04402*	Vit Staining of Oral Mucosal	Twice per year	74.00
04501	Pulp vitality, 1 unit	Twice per year	119.00
04509	Pulp vitality, Each additional unit	Twice per year	119.00
Study Models – Unmounted			
04911*	Cast, Unmounted		47.00
05101	Treatment Planning – 1 unit		119.00
05102	Treatment Planning – 2 units		238.00
13211	Oral Hygiene Instruction – Individual Instruction, 1 unit		40.00
13217	Oral Hygiene Instruction – Individual Instruction, 1/2 unit		20.00
13401	Sealants, Pit and Fissure – First Tooth		33.00
13409	Sealants, Pit and Fissure – Each Additional Tooth (Same Quad)		27.00
16201	Disking, Interproximal – 1 unit		119.00
16202	Disking, Interproximal – 2 units		238.00
14101*	Removable, Control Oral Habit – Maxillary		253.00
14102*	Removable, Control Oral Habit – Mandibular		253.00
14103*	Removable, Control Oral Habit – Maxillary + Mandibular		507.00
14201*	Fixed/Cemented, Control Oral Habit – Maxillary		303.00
14202*	Fixed/Cemented, Control Oral Habit – Mandibular		303.00
15101*	Band Type, Fixed – Unilateral		157.00
15103*	Band Type, Fixed – Bilateral (SLA)		261.00
15105*	Band Type, Fixed – Bilateral, Tubes & Locking Wires		261.00
15201*	Stainless Steel Crown Type – Fixed		197.00
15202*	Stainless Steel Crown Type – Fixed, + Intra Alveolar Att		209.00
15301*	Cast Type – Fixed		197.00
15302*	Cast Type – Fixed, + Intra Alveolar Att		260.00
15401*	Acrylic, Removable – Bilateral Clasps/Ret Wires		231.00
15402*	Acrylic, Removable – Bilateral Clasps/Ret Wires + Teeth		232.00
15403*	Acrylic Removable – No Clasps		199.00
15501*	Bonded – Pontic Type		199.00

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

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

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

Retentive Pins

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

Extractions

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

Dental Surgery – Oral Examinations (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

32311	Permanent, Retained Primary – 1 Canal	189.00
32312	Permanent, Retained Primary – 2 Canals	217.00
32321	Primary Teeth – Anterior Tooth	202.00
33111	Permanent, Retained Primary – 1 Canal	658.00
33121	Permanent, Retained Primary – 2 Canals	896.00
33131	Permanent, Retained Primary – 3 Canals	1121.00
33141	Permanent, Retained Primary – 4 Canals or More	1294.00
33115	Permanent, Retained Primary – 1 Canal – Retreatment of Previous Therapy	806.00
33125	Permanent, Retained Primary – 2 Canals – Retreatment of Previous Therapy	1134.00
33135	Permanent, Retained Primary – 3 Canals – Retreatment of Previous Therapy	1395.00
33145	Permanent, Retained Primary – 4 Canals or More – Retreatment of Previous Therapy	1587.00
33601	Apexification/Apexogenesis – Induction Hard Tissue Rep – 1 Canal	200.00
33602	Permanent, Retained Primary, Apex/Apical – Induction Hard Tissue Rep – 1 Canal	250.00
33611	Permanent, Retained Primary – Re-Insert Dent Media – 1 Canal	112.00
33612	Permanent, Retained Primary – Re-Insert Dent Media – 2 Canals	128.00
34111	Apicoectomy/Apical Curettage – Maxillary Anterior – 1 Root	381.00
34112	Apicoectomy/Apical Curettage – Maxillary Anterior – 2 Roots	507.00
34121	Apicoectomy/Apical Curettage – Maxillary Bicuspid – 1 Root	485.00
34122	Apicoectomy/Apical Curettage – Maxillary Bicuspid – 2 Roots	613.00
34131	Apicoectomy/Apical Curettage – Maxillary Molar – 1 Root	603.00
34132	Apicoectomy/Apical Curettage – Maxillary Molar – 2 Roots	834.00
34141	Apicoectomy/Apical Curettage – Mandibular Anterior – 1 Root	492.00
34142	Apicoectomy/Apical Curettage – Mandibular Anterior – 2+ Roots	593.00
34151	Apicoectomy/Apical Curettage – Mandibular Bicuspid – 1 Root	622.00
34152	Apicoectomy/Apical Curettage – Mandibular Bicuspid – 2 Roots	824.00
34161	Apicoectomy/Apical Curettage – Mandibular Molar – 1 Root	752.00
34162	Apicoectomy/Apical Curettage – Mandibular Molar – 2 Roots	914.00
34163	Apicoectomy/Apical Curettage – Mandibular Molar – 3 Roots	1093.00
34211	Retrofilling – Maxillary Anterior – 1 Canal	100.00
34212	Retrofilling – Maxillary Anterior – 2+ Canals	168.00
34221	Retrofilling – Maxillary Bicuspid – 1 Canal	100.00
34222	Retrofilling – Maxillary Bicuspid – 2 Canals	168.00
34231	Retrofilling – Maxillary Molar – 1 Canal	100.00
34232	Retrofilling – Maxillary Molar – 2 Canals	168.00
34241	Retrofilling – Mandibular Anterior – 1 Canal	100.00
34242	Retrofilling – Mandibular Anterior – 2+ Canals	168.00

34251	Retrofilling – Mandibular Bicuspid – 1 Canal		100.00
34252	Retrofilling – Mandibular Bicuspid – 2 Canals		168.00
34261	Retrofilling – Mandibular Molar – 1 Canal		100.00
34262	Retrofilling – Mandibular Molar – 2 Canals		168.00
34263	Retrofilling – Mandibular Molar – 3 Canals		216.00
34411	Surgical Services, Miscellaneous – Amputations, Root – 1 Root		449.00
34412	Surgical Services, Miscellaneous – Amputations, Root – 2 Roots		537.00
34421	Surgical Services, Miscellaneous – Hemisection, Maxillary Bicuspid		348.00
34422	Surgical Services, Miscellaneous – Hemisection, Maxillary Molar		348.00
34423	Surgical Services, Miscellaneous – Hemisection, Mandibular Molar		348.00
34451	Surgical Services, Miscellaneous – Remove, Replant 1 Root tooth		394.00
34452	Surgical Services, Miscellaneous – Remove, Replant 2 Roots tooth		558.00
34453	Surgical Services, Miscellaneous – Remove, Replant 3+ Roots tooth		631.00
39201	Open and Drain (Sep Procedure) – Anteriors and Bicuspids		95.00
39202	Open and Drain (Sep Procedure) – Molars		95.00

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
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Repairs to Existing Dentures

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

Relines and Rebasing of Existing Dentures

56211	Dentures, Reline, Direct – Complete Denture – Max		273.00
56212	Dentures, Reline, Direct – Complete Denture – Mand		273.00
56221	Dentures, Reline, Direct – Partial Denture – Max		273.00
56222	Dentures, Reline, Direct – Partial Denture – Mand		273.00
56231*	Dentures, Reline, Processed – Complete Denture – Max		322.00
56232*	Dentures, Reline, Processed – Complete Denture – Mand		322.00
56241*	Dentures, Reline, Processed – Partial Denture – Max		278.00
56242*	Dentures, Reline, Processed – Partial Denture – Mand		278.00
56311*	Dentures, Rebase – Complete Denture – Max		278.00
56312*	Dentures, Rebase – Complete Denture – Mand		278.00
56321*	Dentures, Rebase – Partial Denture – Max		278.00
56322*	Dentures, Rebase – Partial Denture – Mand		278.00
56411*	Dentures, Remake, Existing Frame – Partial – Max		485.00
56412*	Dentures, Remake, Existing Frame – Partial – Mand		485.00
56511*	Dentures, Tissue Conditioning – Complete Denture – Max		166.00
56512*	Dentures, Tissue Conditioning – Complete Denture – Mand		166.00
56521*	Dentures, Tissue Conditioning – Partial Denture – Max		166.00
56522*	Dentures, Tissue Conditioning – Partial Denture – Mand		166.00

Stainless Steel Crown

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

Recementing Existing Inlay or Crown

29101	Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – 1 Unit	138.00
29102	Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – 2 Units	276.00
29103	Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – 3 Units	414.00
29109	Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – Each additional unit over 3	138.00
29301	Removal – Inlay/Only/Crown Veneer – 1 Unit	142.00
29302	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
Plastic Bonding			
23122	Plastic/Silver Fill/Permanent Ant – Non Prefab, Direct B/U Bond		307.00
23602	Plastic/Silver Fill/Cores – Bonded with Crown/Fix Br Ret		223.00
25111*	Metal – 1 Surface		530.00
25112*	Metal – 2 Surfaces		758.00
25113*	Metal – 3 Surfaces		839.00
25114*	Metal – 3 Surfaces, Modified		839.00
25121*	Composite/Compomer – Indirect, Bonded – 1S		607.00
25122*	Composite/Compomer – Indirect, Bonded – 2S		785.00
25123*	Composite/Compomer – Indirect, Bonded – 3S		849.00
25124*	Composite/Compomer – Indirect, Bonded – Modified 3S		849.00
25141*	Porcelain/Ceramic/Poly Glass – Bonded 1S		607.00
25142*	Porcelain/Ceramic/Poly Glass – Bonded 2S		782.00
25143*	Porcelain/Ceramic/Poly Glass – Bonded 3S		845.00
25144*	Porcelain/Ceramic/Poly Glass – Bonded, Modified 3S		845.00
25511*	Cast Metal, Indirect – Per Tooth		918.00
25531*	Porcelain, Ceramic, Poly Glass – Bonded, Per Tooth		918.00
25601*	Pins, Retentive – 1 Pin per tooth		42.00
25602*	Pins, Retentive – 2 Pins per tooth		65.00
25603*	Pins, Retentive – 3 Pins per tooth		88.00
25604*	Pins, Retentive – 4 Pins per tooth		111.00
25605*	Pins, Retentive – 5 Pins or more per tooth		134.00
25711*	Cast Metal (including Core) – Separate procedure – 1 section		508.00
25712*	Cast Metal (including Core) – Separate procedure – 2 sections		608.00
25713*	Cast Metal (including Core) – Separate procedure – 3 sections		701.00
25721*	Cast Metal (including Core) – Concurrent with impress – 1 section		243.00
25722*	Cast Metal (including Core) – Concurrent with impress – 2 sections		293.00
25723*	Cast Metal (including Core) – Concurrent with impress – 3 sections		335.00
25731	Prefabricated Retentive – 1 post		243.00
25732	Prefabricated Retentive – 2 posts same tooth		293.00
25733	Prefabricated Retentive – 3 posts same tooth		335.00
27601*	Veneers, Lab Processed – Acrylic/Composite/Compom, Bonded		770.00
27602*	Veneers, Lab Processed – Porcelain/Ceramic/Poly. Glass, Bonded		770.00

Initial Installation or Replacement of Crown

27111*	Acrylic/Composite/Compomer – Crown, indirect	791.00
27121	Acrylic/Composite/Compomer – Direct, Prov., Chairside	211.00
27131	Acrylic/Composite/Compomer – Cast Metal Base, Indirect	839.00
27201*	Porcelain/Ceramic/Poly. Glass – Crown	992.00
27211*	Porcelain/Ceramic/Poly. Glass Fused to Met – Crown,	992.00
27212*	Porcelain/Ceramic/Poly. Glass Fused to Met – Crown, Complicated	1081.00
27301*	Cast Metal – Uncomplicated	992.00
27302*	Cast Metal – Complicated	1081.00
27311*	3/4 Cast Metal – Crown	992.00
27312*	3/4 Cast Metal – Crown, Complicated	1081.00
27401	To Existing Partial Denture Clasp – One Crown	163.00
27409	To Existing Partial Denture Clasp – Each Additional Crown	163.00
29201	Repairs – Inlays, Onlays, Crowns and Veneers (single units) Polymer Direct	117.00
29202	Repairs – Inlays, Onlays, Crowns and Veneers (single unit) Ceramic, Metal, Polymer Metal or Ceramic Metal - Direct	189.00

Initial Installation or Replacement of Complete or Partial Denture

51101*	Complete Dentures, Standard – Maxillary	1100.00
51102*	Complete Dentures, Standard – Mandibular	1198.00
51201*	Complete Dentures, Complex – Maxillary	1407.00
51202*	Complete Dentures, Complex – Mandibular	1531.00
51301*	Complete Dentures, Surgical/Std – (Immediate) Maxillary	1100.00
51302*	Complete Dentures, Surgical/Std – (Immediate) Mandibular	1198.00
51601*	Complete Dentures, Provisional – Maxillary	503.00
51602*	Complete Dentures, Provisional – Mandibular	548.00
52101*	Dentures, Partial, Acrylic Base – Provs, with/without Clasps - Maxillary	331.00
52102*	Dentures, Partial, Acrylic Base – Provs, with/without Clasps - Mandibular	331.00
52111*	Dentures, Partial, Acrylic Base – Immediate – Maxillary	402.00
52112*	Dentures, Partial, Acrylic Base – Immediate – Mandibular	402.00
52201*	Dentures, Partial, Polymer – Resilient Retainer – Maxillary	402.00
52202*	Dentures, Partial, Polymer – Resilient Retainer – Mandibular	402.00
52211*	Dentures, Partial, Polymer – Resilient Retainer Immediate - Maxillary	402.00
52212*	Dentures, Partial, Polymer – Resilient Retainer Immediate – Mandibular	402.00
52301*	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Maxillary	630.00
52302*	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Mandibular	630.00
52311*	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Immediate – Maxillary	503.00
52312*	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Immediate – Mandibular	503.00
52401*	Dentures, Partial, Acrylic – Palatal/Lingual Bar – Maxillary	541.00
52402*	Dentures, Partial, Acrylic – Palatal/Lingual Bar – Mandibular	541.00

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
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 addtoet – per retainer	175.00
69301*	Other Services – Retentive Pins – 1 Pin/Rest	42.00
69302*	Other Services – Retentive Pins – 2 Pins/Rest	65.00
69303*	Other Services – Retentive Pins – 3 Pins/Rest	88.00
69701*	Provisional Coverage – Abutment Tooth	135.00
69702*	Provisional Coverage – Pontic	66.00

Repairs and Recementing of Existing Fixed Bridge

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

*Laboratory charges are eligible expenses where applicable. These costs will be reimbursed at 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
Relines and Rebases to Existing Dentures			
Reline complete denture self-polymerized/lab processed			
32215	Maxillary (upper)		468.00
32225	Mandibular (lower)		468.00
Reline partial denture self-polymerized/lab processed			
42210	Maxillary (upper)		468.00
42220	Mandibular (lower)		468.00
Reline complete denture lab processed/functional impression			
32110	Maxillary (upper)		580.00
32120	Mandibular (lower)		580.00
Reline partial denture lab processed/functional impression			
42116	Maxillary (upper)		580.00
42126	Mandibular (lower)		580.00
Rebase complete denture lab processed/functional impression			
33117	Maxillary (upper)		895.00
33127	Mandibular (lower)		895.00
Rebase partial denture lab processed/functional impression			
43116	Maxillary (upper)		895.00
43126	Mandibular (lower)		895.00

Repairs to Existing Denture

Repair, No Impression required

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

Repair, Impression required

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

NOTE All services include laboratory charges.

Level 3: Major Restorative

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

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