PUBLIC EMPLOYEES DENTAL PLAN

Maximum Reimbursement Schedule
Members of the
International Brotherhood of Electrical Workers Local 2067 Employed by SaskPower

Effective January 1, 2026

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.

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;

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.

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	PED 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 25% of dental charges to the maximums indicated below.

Code	Description	Limit	PEDP Max
11111	Scaling. One Unit	2 Units per year at 25%	$14.13
11112	Scaling. Two Units	2 Units per year at 25%	$28.25

Level 1: Preventive Services

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

Code	Description	Limit	PEDP Max
12111	Fluoride Treatments, (Topical, Whole mouth). Rinse	Once per year	$11.00
12112	Fluoride Treatments, (Topical, Whole mouth). Gel or Foam	Once per year	$14.00
12113	Fluoride Treatments, (Topical, Whole mouth). Varnish	Once per year	$16.50

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

Code	Description	Limit	PEDP Max
11101	Polishing. One Unit	8 Units per year	$33.00

Level 1: Preventive Services

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

Code	Description	Limit	PEDP Max
01204	Examination & Diagnosis, Limited Oral. Specific		$58.00
01205	Examination & Diagnosis, Limited Oral. Emergency		$64.00
13401	Sealants, Pit and Fissure. First Tooth		$34.00
13409	Sealants, Pit and Fissure. Each Additional Tooth - Same Quadrant		$27.00

Sealant Coverage

Codes 13401 and 13409 are reimbursed at 100% with a maximum of $108/year for insured members; insured members over the age of 18 years will have a lifetime maximum of $756.

Level 2: Basic and Routine Services

Reimbursed at 25% of dental charges to the maximums indicated below.

Code	Description	Limit	PEDP Max
21111	Non Bonded, Primary Teeth. One Surface		$42.00
21112	Non Bonded, Primary Teeth. Two Surfaces		$56.75
21113	Non Bonded, Primary Teeth. Three Surfaces		$68.00
21121	Bonded, Primary Teeth. One Surface		$42.00
21122	Bonded, Primary Teeth. Two Surfaces		$56.75
21123	Bonded, Primary Teeth. Three Surfaces		$68.00
21211	Non Bonded, Permanent Bicuspids and Anteriors. One Surface		$49.50
21212	Non Bonded, Permanent Bicuspids and Anteriors. Two Surfaces		$66.75
21213	Non Bonded, Permanent Bicuspids and Anteriors. Three Surfaces		$80.00
21214	Non Bonded, Permanent Bicuspids and Anteriors. Four Surfaces		$96.00
21215	Non Bonded, Permanent Bicuspids and Anteriors. Five Surfaces or Maximum Surfaces per Tooth		$115.25
21221	Non Bonded, Permanent Molars. One Surface		$53.75
21222	Non Bonded, Permanent Molars. Two Surfaces		$72.75
21223	Non Bonded, Permanent Molars. Three Surfaces		$87.25
21224	Non Bonded, Permanent Molars. Four Surfaces		$104.75
21225	Non Bonded, Permanent Molars. Five Surfaces or Maximum Surfaces per Tooth		$125.50
21231	Bonded, Permanent Bicuspids and Anteriors. One Surface		$49.50
21232	Bonded, Permanent Bicuspids and Anteriors. Two Surfaces		$66.75
21233	Bonded, Permanent Bicuspids and Anteriors. Three Surfaces		$80.00
21234	Bonded, Permanent Bicuspids and Anteriors. Four Surfaces		$96.00
21235	Bonded, Permanent Bicuspids and Anteriors. Five Surfaces or Maximum Surfaces per Tooth		$115.25
21241	Bonded, Permanent Molars. One Surface		$53.75
21242	Bonded, Permanent Molars. Two Surfaces		$72.75

21243	Bonded, Permanent Molars. Three Surfaces		$87.25
21244	Bonded, Permanent Molars. Four Surfaces		$104.75
21245	Bonded, Permanent Molars. Five Surfaces or Maximum Surfaces per Tooth		$125.50
23111	Permanent Anterior. Bonded 1 Surface		$42.75
23112	Permanent Anterior. Bonded 2 Surfaces		$57.50
23113	Permanent Anterior. Bonded 3 Surfaces		$69.00
23114	Permanent Anterior. Bonded 4 Surfaces		$83.00
23115	Permanent Anterior. Bonded 5 Surfaces (maximum per tooth)		$99.50
23311	Permanent Posterior. Bonded, Bicuspid 1 Surface		$49.50
23312	Permanent Posterior. Bonded, Bicuspid 2 Surfaces		$66.75
23313	Permanent Posterior. Bonded, Bicuspid 3 Surfaces		$80.00
23314	Permanent Posterior. Bonded, Bicuspid 4 Surfaces		$96.00
23315	Permanent Posterior. Bonded, Bicuspid 5 Surfaces (maximum per tooth)		$115.25
23321	Permanent Posterior. Bonded Molars 1 Surface		$53.75
23322	Permanent Posterior. Bonded Molars 2 Surfaces		$72.75
23323	Permanent Posterior. Bonded Molars 3 Surfaces		$87.25
23324	Permanent Posterior. Bonded Molars 4 Surfaces		$104.75
23325	Permanent Posterior. Bonded Molars 5 Surfaces (maximum per tooth)		$125.50
23411	Primary Anterior. Bonded 1 Surface		$42.00
23412	Primary Anterior. Bonded 2 Surfaces		$56.75
23413	Primary Anterior. Bonded 3 Surfaces		$68.00
23414	Primary Anterior. Bonded 4 Surfaces		$81.50
23415	Primary Anterior. Bonded 5 Surfaces (maximum per tooth)		$98.00
23511	Primary Posterior. Bonded 1 Surface		$49.50
23512	Primary Posterior. Bonded 2 Surfaces		$66.75
23513	Primary Posterior. Bonded 3 Surfaces		$80.00

23514	Primary Posterior. Bonded 4 Surfaces		$96.00
23515	Primary Posterior. Bonded 5 Surfaces (maximum per tooth)		$115.25
71101	Removal, Extraction, Erupted Teeth, Uncomplicated. Single Tooth		$45.50
71109	Removal, Extraction, Erupted Teeth, Uncomplicated. Each Additional Tooth, Same Quadrant, Same Appointment		$36.25

Level 2: Basic and Routine Services

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

Code	Description	Limit	PEDP Max
71201	Odontectomy (extraction), Erupted Tooth, Complicated. Surgical Approach, Requiring Surgical Flap and/or Sectioning of Tooth		$231.00
71209	Odontectomy (extraction), Erupted Tooth, Complicated. Each Additional Tooth, Same Quadrant		$184.50