PUBLIC EMPLOYEES DENTAL PLAN

Maximum Reimbursement Schedule
Employees of Saskatchewan Power Corporation

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.

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:

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 Max
01101	Examination & Diagnosis, Clinical Oral. Primary Dentition		$68.00
01102	Examination & Diagnosis, Clinical Oral. Mixed Dentition		$99.00
01103	Examination & Diagnosis, Clinical Oral. Permanent Dentition		$132.00
01202	Examination & Diagnosis, Limited Oral. Previous Patient (recall)	Twice per year	$43.80
11101	Polishing. One Unit	2 Units per year	$44.00
11111	Scaling. One Unit	2 Units per year at 100%	$56.50
11112	Scaling. Two Units	8 Units per year at 75%	$113.00
11113	Scaling. Three Units	8 Units per year at 75%	$169.50
11114	Scaling. Four Units	8 Units per year at 75%	$226.00
11115	Scaling. Five Units	8 Units per year at 75%	$282.50
11116	Scaling. Six Units	8 Units per year at 75%	$339.00
11117	Scaling. One Half Unit	8 Units per year at 75%	$28.25
12111	Fluoride Treatments, (Topical, Whole mouth). Rinse	Once per year	$22.00
12112	Fluoride Treatments, (Topical, Whole mouth). Gel or foam	Once per year	$28.00
12113	Fluoride Treatments, (Topical, Whole mouth). Varnish	Once per year	$33.00
02102	Radiographs, Regional / Localized. Complete Series (16 min)	Once per 24 months	$184.00
02111	Radiographs, Periapical. 1 image	Twice per year	$28.00
02112	Radiographs, Periapical. 2 images	Twice per year	$39.00
02113	Radiographs, Periapical. 3 images	Twice per year	$49.00

02114	Radiographs, Periapical. 4 images	Twice per year	$60.00
02115	Radiographs, Periapical. 5 images	Twice per year	$70.00
02116	Radiographs, Periapical. 6 images	Twice per year	$80.00
02141	Radiographs, Bitewing. 1 image	Twice per year	$28.00
02142	Radiographs, Bitewing. 2 images	Twice per year	$39.00
02143	Radiographs, Bitewing. 3 images	Twice per year	$49.00
02144	Radiographs, Bitewing. 4 images	Twice per year	$60.00
02601	Radiographs, Focal Plane Tomogram. Panoramic image	Twice per year	$90.00
04911*	Cast, Unmounted. Unmounted		$49.00
13211	Oral Hygiene Instruction / Plaque Control, includes brushing, excludes audio visual time. Individual Instruction 1U		$42.00
13217	Oral Hygiene Instruction / Plaque Control, includes brushing, excludes audio visual time. Individual Instruction One Half Unit		$21.00

*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 Max
21111	Non Bonded, Primary Teeth. One Surface		$126.00
21112	Non Bonded, Primary Teeth. Two Surfaces		$170.25
21113	Non Bonded, Primary Teeth. Three Surfaces		$204.00
21121	Bonded, Primary Teeth. One Surface		$126.00
21122	Bonded, Primary Teeth. Two Surfaces		$170.25
21123	Bonded, Primary Teeth. Three Surfaces		$204.00
21211	Non Bonded, Permanent Bicuspids and Anteriors. One Surface		$148.50
21212	Non Bonded, Permanent Bicuspids and Anteriors. Two Surfaces		$200.25
21213	Non Bonded, Permanent Bicuspids and Anteriors. Three Surfaces		$240.00

21214	Non Bonded, Permanent Bicuspids and Anteriors. Four Surfaces		$288.00
21215	Non Bonded, Permanent Bicuspids and Anteriors. Five Surfaces or Maximum Surfaces per Tooth		$345.75
21221	Non Bonded, Permanent Molars. One Surface		$161.25
21222	Non Bonded, Permanent Molars. Two Surfaces		$218.25
21223	Non Bonded, Permanent Molars. Three Surfaces		$261.75
21224	Non Bonded, Permanent Molars. Four Surfaces		$314.25
21225	Non Bonded, Permanent Molars. Five Surfaces or Maximum Surfaces per Tooth		$376.50
21231	Bonded, Permanent Bicuspids and Anteriors. One Surface		$148.50
21232	Bonded, Permanent Bicuspids and Anteriors. Two Surfaces		$200.25
21233	Bonded, Permanent Bicuspids and Anteriors. Three Surfaces		$240.00
21234	Bonded, Permanent Bicuspids and Anteriors. Four Surfaces		$288.00
21235	Bonded, Permanent Bicuspids and Anteriors. Five Surfaces or Maximum Surfaces per Tooth		$345.75
21241	Bonded, Permanent Molars. One Surface		$161.25
21242	Bonded, Permanent Molars. Two Surfaces		$218.25
21243	Bonded, Permanent Molars. Three Surfaces		$261.75
21244	Bonded, Permanent Molars. Four Surfaces		$314.25
21245	Bonded, Permanent Molars. Five Surfaces or Maximum Surfaces per Tooth		$376.50
21401	Pins, Retentive / Restoration. One Pin		$26.25
21402	Pins, Retentive / Restoration. Two Pins		$40.50
21403	Pins, Retentive / Restoration. Three Pins		$54.75
21404	Pins, Retentive / Restoration. Four Pins		$69.00
21405	Pins, Retentive / Restoration. Five Pins or More		$83.25
23111	Permanent Anterior. Bonded 1 Surface		$128.25
23112	Permanent Anterior. Bonded 2 Surfaces		$172.50
23113	Permanent Anterior. Bonded 3 Surfaces		$207.00
23114	Permanent Anterior. Bonded 4 Surfaces		$249.00
23115	Permanent Anterior. Bonded 5 Surfaces (maximum per tooth)		$298.50
23321	Permanent Posterior. Bonded Molars 1 Surface		$161.25
23322	Permanent Posterior. Bonded Molars 2 Surfaces		$218.25
23323	Permanent Posterior. Bonded Molars 3 Surfaces		$261.75
23324	Permanent Posterior. Bonded Molars 4 Surfaces		$314.25
23325	Permanent Posterior. Bonded Molars 5 Surfaces (maximum per tooth)		$376.50
23411	Primary Anterior. Bonded 1 Surface		$126.00

23412	Primary Anterior. Bonded	2 Surfaces		$170.25
23413	Primary Anterior. Bonded	3 Surfaces		$204.00
23414	Primary Anterior. Bonded	4 Surfaces		$244.50
23415	Primary Anterior. Bonded (maximum per tooth)	5 Surfaces		$294.00
23511	Primary Posterior. Bonded	1 Surface		$148.50
23512	Primary Posterior. Bonded	2 Surfaces		$200.25
23513	Primary Posterior. Bonded	3 Surfaces		$240.00
23514	Primary Posterior. Bonded	4 Surfaces		$288.00
23515	Primary Posterior. Bonded (maximum per tooth)	5 Surfaces		$345.75
71101	Removal, Extraction, Erupted Teeth, Uncomplicated. Single Tooth			$136.50
71109	Removal, Extraction, Erupted Teeth, Uncomplicated. Each Additional Tooth, Same Quadrant, Same Appointment			$108.75
72111	Removals, Impactions, Soft Tissue Coverage. Requiring Incision of Overlying Soft Tissue and Removal of the Tooth - Single Tooth			$236.25
72211	Removals, Impactions, Involving Tissue and/or Bone Coverage. Requiring Incision of Overlying Soft Tissue, Elevation of a Flap and EITHER Removal of Bone and Tooth OR Sectioning of Tooth - Single Tooth			$326.25
72221	Removals, Impactions, Involving Tissue and/or Bone Coverage. Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone AND Sectioning of Tooth for Removal - Single Tooth			$429.00
72231	Removals, Impactions, Involving Tissue and/or Bone Coverage. Requiring Incision of Overlying Soft Tissue, Elevation of a Flap, Removal of Bone and/or Sectioning of the Tooth for Removal and/or Presents Unusual Difficulties & Circumstances - Single Tooth			$468.75
72321	Removals, Extractions, Residual Roots, Soft Tissue Coverage. First Tooth			$193.50
72329	Removals, Extractions, Residual Roots, Soft Tissue Coverage. Each Additional Tooth, Same Quadrant			$154.50
72331	Removals, Residual Roots, Bone Tissue Coverage. First Tooth			$243.00
72339	Removals, Residual Roots, Bone Tissue Coverage. Each Additional Tooth, Same Quadrant			$194.25
73121	Remodelling and Recontouring Oral Tissues, Alveoloplasty. Alveoloplasty (bone remodelling of ridge with soft tissue revisions), not in Conjunction with Extractions - Per Sextant			$173.25

73222	Gingivoplasty, Stomatoplasty, Micellaneous Procedures. Excision of Vestibular Hyperplasia (per sextant)		$173.25
73411	Vestibuloplasty, Sub-mucous. Per Sextant		$449.25
75112	Surgical Incision and Drainage and/or Exploration, Intraoral . Soft Tissue, Abscess		$147.00
75121	Surgical Incision and Drainage and/or Exploration, Intraoral . Hard Tissue, Abscess, Trephination and Drainage		$183.00
33111	Permanent, Retained Primary 1C. One Canal		$525.00
33121	Permanent, Retained Primary 2C. Two Canals		$709.50
33131	Permanent, Retained Primary 3C. Three Canals		$883.50
33141	Permanent, Retained Primary 4C. Four Canals or More		$1,016.25
32221	Permanent Teeth, Separate Emergency Procedure. Anteriors and Bicuspids		$133.50
32222	Permanent Teeth, Separate Emergency Procedure. Molars		$173.25
32232	Primary Teeth. Concurrent with Restorations, excluding Final Restoration		$88.50
20111	Caries, Trauma, Pain Control. First Tooth		$101.25
20119	Caries, Trauma, Pain Control. Each Additional Tooth Same Quadrant		$101.25
20131	Trauma Control, Smoothing of Fractured Surfaces. First Tooth		$44.25
20139	Trauma Control, Smoothing of Fractured Surfaces. Each Additional Tooth Same Quadrant		$44.25
39501	Opening Through Artificial Crown (in addition to procedures). Anteriors and Bicuspids		$99.00
39502	Opening Through Artificial Crown (in addition to procedures). Molars		$123.00
20121	Caries, Trauma, Pain Control. Plus Band - First Tooth		$133.50
20129	Caries, Trauma, Pain Control. Plus Band - Each Additional Tooth Same Quadrant		$133.50
41211	Oral Manifestations, Oral Mucosal Disorders. One Unit		$130.50
41212	Oral Manifestations, Oral Mucosal Disorders. Two Units		$261.00
41221	Nervous and Muscular Disorders. One Unit		$130.50
41222	Nervous and Muscular Disorders. Two Units		$261.00
41301	Desensitization. One Unit		$53.25
41302	Desensitization. Two Units		$106.50
43421	Root Planing. One Unit		$42.38
43422	Root Planing. Two Units		$84.75
43423	Root Planing. Three Units		$127.13

43424	Root Planing. Four Units		$169.50
43425	Root Planing. Five Units		$211.88
43426	Root Planing. Six Units		$254.25
43427	Root Planing. 1 / 2 Unit		$21.19
14611*	Periodontal. Maxillary		$259.50
14612*	Periodontal. Mandibular		$259.50
42111	Gingival Curettage. Includes Root Planing Per Sextant		$226.50
42201	Gingivoplasty. Per Sextant		$260.25
42311	Gingivectomy. Uncomplicated - Per Sextant		$322.50
42321	Gingivectomy. Complicated - Per Sextant		$350.25
42411	Flap Approach. With Osteoplasty and/or Ostectomy Per Sextant		$907.50
42421	Flap Approach. With Curettage of Osseous Defect Per Sextant		$582.75
42431	Flap Approach. With Curettage of Osseous Defect with Osteoplasty and/or Ostectomy Per Sextant		$674.25
42511	Grafts, Soft Tissue, Pedicle. Including apically or lateral sliding and rotated flaps Per Site		$571.50
42521	Grafts, Soft Tissue, Pedicle. Coronally Positioned Per Site		$603.00
42821	Miscellaneous, Post Surgical. Post Surgical Periodontal Treatment Visit per Dressing Change 1 Unit of time		$117.00
42831	Miscellaneous, Abscess or Pericoronitis. Includes any of the procedures: Lancing, Scaling, Curettage, Surgery or Medication 1 Unit of time		$117.00
42832	Miscellaneous, Abscess or Pericoronitis. Includes any of the procedures: Lancing, Scaling, Curettage, Surgery or Medication 2 Units		$234.00
91121	Unclassified Treatments, Dental Pain. Emergency Services not Otherwise Specified in Guide 1 Unit of Time		$117.00
91122	Unclassified Treatments, Dental Pain. Emergency Services not Otherwise Specified in Guide 2 Units		$234.00
91211	Unclassified Treatments, Unusual Time and Responsibility Requirement in Addition to Usual Procedures in Guide. 1 Unit of Time		$117.00
91212	Unclassified Treatments, Unusual Time and Responsibility Requirement in Addition to Usual Procedures in Guide. 2 Units		$234.00
91213	Unclassified Treatments, Unusual Time and Responsibility Requirement in Addition to Usual Procedures in Guide. 3 Units		$351.00

91219	Unclassified Treatments, Unusual Time and Responsibility Requirement in Addition to Usual Procedures in Guide. Each Additional Unit		$117.00
55101*	Dentures, Repairs, Complete Denture, No Impression Required. Maxillary		$71.25
55102*	Dentures, Repairs, Complete Denture, No Impression Required. Mandibular		$71.25
55201*	Dentures, Repairs, Complete Denture, Impression Required. Maxillary		$138.00
55202*	Dentures, Repairs, Complete Denture, Impression Required. Mandibular		$138.00
55301*	Dentures, Repairs / Additions, Partial Denture, No Impression Required. Maxillary		$71.25
55302*	Dentures, Repairs / Additions, Partial Denture, No Impression Required. Mandibular		$71.25
55401*	Dentures, Repairs / Additions, Partial Denture, Impression Required. Maxillary		$138.75
55402*	Dentures, Repairs / Additions, Partial Denture, Impression Required. Mandibular		$138.75
56211	Dentures, Reline, Direct, Complete Denture(does not include Re-mount). Maxillary		$222.00
56212	Dentures, Reline, Direct, Complete Denture(does not include Re-mount). Mandibular		$222.00
56221	Dentures, Reline, Direct, Partial Denture. Maxillary		$222.75
56222	Dentures, Reline, Direct, Partial Denture. Mandibular		$222.75
56231*	Dentures, Reline, Processed, Complete Denture. Maxillary		$260.25
56232*	Dentures, Reline, Processed, Complete Denture. Mandibular		$260.25
56241*	Dentures, Reline, Processed, Partial Denture. Maxillary		$226.50
56242*	Dentures, Reline, Processed, Partial Denture. Mandibular		$226.50
56311*	Dentures, Rebase, Complete Denture (where the vestibular-tissue contacting surfaces are modified). Maxillary		$226.50
56312*	Dentures, Rebase, Complete Denture (where the vestibular-tissue contacting surfaces are modified). Mandibular		$226.50
56321*	Dentures, Rebase, Partial Denture (where the vestibular-tissue contacting surfaces are modified). Maxillary		$226.50
56322*	Dentures, Rebase, Partial Denture (where the vestibular-tissue contacting surfaces are modified). Mandibular		$226.50
22211	Full Coverage, Metal, Primary. Posterior		$185.25

22311	Full Coverage, Metal, Permanent. Posterior		$185.25
29101	Recementation / Rebonding. Inlays / Onlays / Crowns / Veneers / Posts / Natural Tooth Fragments 1 Unit of Time		$110.25
29102	Recementation / Rebonding. Inlays / Onlays / Crowns / Veneers / Posts / Natural Tooth Fragments 2 Units		$220.50
29103	Recementation / Rebonding. Inlays / Onlays / Crowns / Veneers / Posts / Natural Tooth Fragments 3 Units		$330.75
29109	Recementation / Rebonding. Inlays / Onlays / Crowns / Veneers / Posts / Natural Tooth Fragments Additional Unit over Three		$110.25

*Laboratory charges 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 Max
23122	Veneer Applications. Bonded, Non Prefabricated, Direct Buildup		$163.50
27601	Veneers, Lab Processed. Acrylic / Composite / Compomer, Bonded		$411.00
27602	Veneers, Lab Processed. Porcelain / Ceramic / Polymer Glass, Bonded		$411.00
25731	Prefabricated Retentive. One Post		$128.00
25732	Prefabricated Retentive. Two Posts same Tooth		$154.50
25733	Prefabricated Retentive. Three Posts same Tooth		$177.00
27111*	Acrylic / Composite / Compomer. Crown, Indirect		$426.00
27121	Acrylic / Composite / Compomer. Direct, Provisional, Chairside		$111.50
27131	Acrylic / Composite / Compomer. Cast Metal Base, Indirect		$443.00
27201*	Porcelain / Ceramic / Polymer Glass. Crown		$529.00
27211*	Porcelain / Ceramic / Polymer Glass, Fused to Metal Base. Crown		$529.00
27212*	Porcelain / Ceramic / Polymer Glass, Fused to Metal Base. Crown, Complicated (restorative, positional and/or aesthetic)		$576.50
27301*	Cast Metal. Uncomplicated		$529.00
27302*	Cast Metal. Complicated (restorative or positional)		$576.50

27311*	3 / 4 Cast Metal. Crown		$529.00
51101*	Complete Dentures, Standard. Maxillary		$593.50
51102*	Complete Dentures, Standard. Mandibular		$646.50
51201*	Complete Dentures, Complex. Maxillary		$761.50
51202*	Complete Dentures, Complex. Mandibular		$828.50
51301*	Complete Dentures, Surgical, Standard. (Immediate) Maxillary		$593.50
51302*	Complete Dentures, Surgical, Standard. (Immediate) Mandibular		$646.50
51601*	Complete Dentures, Provisional. Maxillary		$270.50
51602*	Complete Dentures, Provisional. Mandibular		$295.00
52101*	Dentures, Partial, Acrylic Base, Provisional. With or Without Clasps Maxillary		$179.50
52102*	Dentures, Partial, Acrylic Base, Provisional. With or Without Clasps Mandibular		$179.50
52301*	Dentures, Partial, Acrylic With Metal Wrought / Cast Clasps and/or Rests. Maxillary		$339.00
52302*	Dentures, Partial, Acrylic With Metal Wrought / Cast Clasps and/or Rests. Mandibular		$339.00
52311*	Dentures, Partial, Acrylic, Immediate (incl. 1st tissue conditioner but not processed reline). With Metal Wrought / Cast Clasps and/or Rests Maxillary		$272.50
52312*	Dentures, Partial, Acrylic, Immediate (incl. 1st tissue conditioner but not processed reline). With Metal Wrought / Cast Clasps and/or Rests Mandibular		$272.50
52401*	Dentures, Partial, Acrylic, With Metal Wrought Palatal / Lingual Bar and Clasps and/or Rests. Maxillary		$293.50
52402*	Dentures, Partial, Acrylic, With Metal Wrought Palatal / Lingual Bar and Clasps and/or Rests. Mandibular		$293.50
53101*	Dentures, Partial, Cast with Acrylic Base, Free End, Cast Frame Connector, Clasps and Rests. Maxillary		$732.50
53102*	Dentures, Partial, Cast with Acrylic Base, Free End, Cast Frame Connector, Clasps and Rests. Mandibular		$732.50
53201*	Dentures, Partial, Tooth Borne, Cast Frame / Connector, Clasps and Rests, Acrylic Base. Maxillary		$605.00
53202*	Dentures, Partial, Tooth Borne, Cast Frame / Connector, Clasps and Rests, Acrylic Base. Mandibular		$605.00
53401*	Dentures, Partial, Cast, Precision Attachments. Maxillary		$703.00
53402*	Dentures, Partial, Cast, Precision Attachments. Mandibular		$703.00
54201*	Dentures, Adjustments, (after three month insertion or by other than dentist placing prosthesis) Partial or Complete. Minor One Unit of time		$58.50

54202*	Dentures, Adjustments, (after three month insertion or by other than dentist placing prosthesis) Partial or Complete. Minor Two Units		$117.00
54209*	Dentures, Adjustments, (after three month insertion or by other than dentist placing prosthesis) Partial or Complete. Minor Each Additional Unit		$58.50
62101*	Pontics, Bridge, Cast Metal. Cast Metal Pontic		$239.00
62102*	Pontics, Bridge, Cast Metal. Cast Metal Framework with Separate Porcelain, Ceramic, Polymer Glass Jacket Pontic		$239.00
62501*	Pontics, Bridge, Porcelain, Ceramic, Polymer Glass. Fused to Metal		$239.00
62701*	Pontics, Acrylic, Composite, Compomer. Processed to Metal		$239.00
62702*	Pontics, Acrylic, Composite, Compomer. Indirect (Provisional)		$239.00
67201*	Retainers, Porcelain / Ceramic / Polymer Glass. 0		$456.50
67211*	Retainers, Porcelain / Ceramic / Polymer Glass. Fused to Metal Base		$456.50
67301*	Retainers, Cast Metal. Cast Metal		$456.50
67302*	Retainers, Cast Metal. Cast Metal, Complicated		$498.00
67311*	Retainers, 3 / 4, Cast Metal. 3 / 4 Cast Metal Retainer		$445.50
66111*	Repair, Replacement, Replace Broken Prefabricated Attached Facings. 1 Unit		$78.00
66112*	Repair, Replacement, Replace Broken Prefabricated Attached Facings. 2 Units		$156.00
66113*	Repair, Replacement, Replace Broken Prefabricated Attached Facings. 3 Units		$234.00
66211*	Repair, Removal of Fixed Bridge / Prosthesis - to be recemented. 1 Unit		$78.00
66212*	Repair, Removal of Fixed Bridge / Prosthesis - to be recemented. 2 Units		$156.00
66213*	Repair, Removal of Fixed Bridge / Prosthesis - to be recemented. 3 Units		$234.00
66221*	Repair, Removal of Fixed Bridge / Prosthesis - to be replaced by a new prosthesis. 1 Unit		$78.00
66222*	Repair, Removal of Fixed Bridge / Prosthesis - to be replaced by a new prosthesis. 2 Units		$156.00
66251*	Repairs, Sectioning of an Abutment or a Pontic plus polishing remaining portion (existing bridge). 1 Unit		$78.00
66252*	Repairs, Sectioning of an Abutment or a Pontic plus polishing remaining portion (existing bridge). 2 Units		$156.00
66253*	Repairs, Sectioning of an Abutment or a Pontic plus polishing remaining portion (existing bridge). 3 Units		$234.00

66301*	Repair, Re-insertion / Recementation ([L] where laboratory charges are incurred during repair of bridge). 1 Unit		$75.00
66302*	Repair, Re-insertion / Recementation ([L] where laboratory charges are incurred during repair of bridge). 2 Units		$150.00
66303*	Repair, Re-insertion / Recementation ([L] where laboratory charges are incurred during repair of bridge). 3 Units		$225.00

*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 Max
32215	Complete Maxillary. Reline - Lab Processed - Self-Polymerized		$387.00
32225	Complete Mandibular. Reline - Lab Processed - Self-Polymerized		$387.00
42210	Partial Maxillary. Reline - Lab Processed - Self-Polymerized		$387.00
42220	Partial Mandibular. Reline - Lab Processed - Self-Polymerized		$387.00
32110	Complete Maxillary. Reline - Lab Processed - Heat Cured		$479.25
32120	Complete Mandibular. Reline - Lab Processed - Heat Cured		$479.25
42116	Partial Maxillary. Reline - Lab Processed - Heat Cured		$479.25
42126	Partial Mandibular. Reline - Lab Processed - Heat Cured		$479.25
33117	Complete Maxillary. Rebase - Lab Processed - Heat Cured		$924.75
33127	Complete Mandibular. Rebase - Lab Processed - Heat Cured		$924.75

43116	Partial Maxillary. Rebase - Lab Processed - Heat Cured		$924.75
43126	Partial Mandibular. Rebase - Lab Processed - Heat Cured		$924.75
36110	Complete Maxillary. Repair - No Impression		$121.50
36120	Complete Mandibular. Repair - No impression		$121.50
46110	Partial Maxillary. Repair - No Impression		$121.50
46120	Partial Mandibular. Repair - No Impression		$121.50
36210	Complete Maxillary . Repair - With Impression		$166.50
36220	Complete Mandibular. Repair - With Impression		$166.50
46210	Partial Maxillary. Repair - With Impression		$166.50
46220	Partial Mandibular. Repair - With Impression		$166.50

NOTE All services include laboratory charges.

Level 3: Major Restorative

Reimbursed at 50% of the maximums indicated below.

Code	Description	Limit	PEDE Max
31310	Complete Maxillary. Standard		$927.00
31320	Complete Mandibular. Standard		$927.00
41612	Partial Maxillary. Standard - Acrylic Base no Clasps		$821.00
41622	Partial Mandibular. Standard - Acrylic Base no Clasps		$858.00
41216	Partial Maxillary. Precision Equilibrated/Complex		$1,826.00
41226	Partial Mandibular. Precision Equilibrated/Complex		$1,826.00
41110	Partial Maxillary. Precision Equilibrated/Complex		$1,826.00
41120	Partial Mandibular. Precision Equilibrated/Complex		$1,826.00
41114	Partial Maxillary. Standard - Free-End - Cast/Framework with		$1,140.00
41124	Partial Mandibular. Standard - Free-End - Cast/Framework with		$1,140.00
71010	Clasp . Wrought (each)		$89.50
46310	Partial Maxillary. addition of tooth or an addition of one clasp		$135.50
46320	Partial Mandibular. addition of tooth or an addition of one clasp		$135.50

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.