



Maximum Reimbursement Schedule
Exempt Applied Research Employees of Saskatchewan Polytechnic

Effective January 1, 2025

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 Maximum
Oral Examinations			
New Patient			
01101	Primary		\$66.00
01102	Mixed		\$99.00
01103	Permanent		\$130.00
Previous Patient			
01202	Recall	Twice per year	\$43.00
Polishing			
11101	Polishing	2 units per year	\$44.00
Scaling			
11111	1 Unit	2 units per year at 100%	\$55.00
11112	2 Units	8 units per year at 75%	\$110.00
11113	3 Units	8 units per year at 75%	\$165.00
11114	4 Units	8 units per year at 75%	\$220.00
11115	5 Units	8 units per year at 75%	\$275.00
11116	6 Units	8 units per year at 75%	\$330.00
11117	1/2 Unit	8 units per year at 75%	\$27.50
Fluoride Treatment			
12111	Rinse	Once per year of 12111, 12112, or 12113	\$21.00
12112	Gel or Foam		\$26.00
12113	Varnish		\$32.00

X-Rays			
02102	Full mouth	Once per 24 months	\$178.00
Bitewing/apicals			
02111	Periapical - 1 image	Twice per year	\$28.00
02112	Periapical - 2 images	Twice per year	\$38.00
02113	Periapical - 3 images	Twice per year	\$48.00
02114	Periapical - 4 images	Twice per year	\$58.00
02115	Periapical - 5 images	Twice per year	\$68.00
02116	Periapical - 6 images	Twice per year	\$78.00
02141	Bitewing – 1 image	Twice per year	\$28.00
02142	Bitewing – 2 images	Twice per year	\$38.00
02143	Bitewing – 3 images	Twice per year	\$48.00
02144	Bitewing – 4 images	Twice per year	\$58.00
02601	Panoramic – 1 image	Once per 24 months	\$88.00
02811[^]	Interpret Radiograph, CT, PET – MRI received from others	Twice per year	\$70.00
Study Models – Unmounted			
04911*	Cast, Unmounted		\$48.00

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

Level 2: Basic and Routine Services

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

Code	Description	Limit	PEDP Maximum
Amalgam, Composite, or Acrylic Fillings			
21111	Non Bonded, Primary Teeth – 1 Surface		\$123.75
21112	Non Bonded, Primary Teeth – 2 Surfaces		\$167.25
21113	Non Bonded, Primary Teeth – 3 Surfaces		\$200.25
21121	Bonded, Primary Teeth – 1 Surface		\$123.75
21122	Bonded, Primary Teeth – 2 Surfaces		\$167.25
21123	Bonded, Primary Teeth – 3 Surfaces		\$200.25
21211	Non Bonded, Permanent Bicusp/Ants – 1 Surface		\$145.50
21212	Non Bonded, Permanent Bicusp/Ants – 2 Surfaces		\$196.50
21213	Non Bonded, Permanent Bicusp/Ants – 3 Surfaces		\$236.25
21214	Non Bonded, Permanent Bicusp/Ants – 4 Surfaces		\$283.50
21215	Non Bonded, Permanent Bicusp/Ants – 5 Surfaces or Max per Tooth		\$339.75
21221	Non Bonded, Permanent Molars – 1 Surface		\$159.00
21222	Non Bonded, Permanent Molars – 2 Surfaces		\$214.50
21223	Non Bonded, Permanent Molars – 3 Surfaces		\$257.25
21224	Non Bonded, Permanent Molars – 4 Surfaces		\$308.25
21225	Non Bonded, Permanent Molars – 5 Surfaces or Max per Tooth		\$370.50
21231	Bonded, Permanent Bicusp/Ants – 1 Surface		\$145.50
21232	Bonded, Permanent Bicusp/Ants – 2 Surfaces		\$196.50
21233	Bonded, Permanent Bicusp/Ants – 3 Surfaces		\$236.25
21234	Bonded, Permanent Bicusp/Ants – 4 Surfaces		\$283.50
21235	Bonded, Permanent Bicusp/Ants – 5 Surfaces or Max per Tooth		\$339.75
21241	Bonded, Permanent Molars – 1 Surface		\$159.00
21242	Bonded, Permanent Molars – 2 Surfaces		\$214.50
21243	Bonded, Permanent Molars – 3 Surfaces		\$257.25
21244	Bonded, Permanent Molars – 4 Surfaces		\$308.25
21245	Bonded, Permanent Molars – 5 Surfaces or Max per Tooth		\$370.50
23111	Plastic/Silver Fill/Perm Ant – Bonded 1S		\$126.00
23112	Plastic/Silver Fill/Perm Ant – Bonded 2SC		\$169.50

23113	Plastic/Silver Fill/Perm Ant – Bonded 3SC		\$204.00
23114	Plastic/Silver Fill/Perm Ant – Bonded 4SC		\$244.50
23115	Plastic/Silver Fill/Perm Ant – Bonded (max) 5SC		\$293.25
23311	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 1 Surface		\$145.50
23312	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 2 Surfaces		\$196.50
23313	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 3 Surfaces		\$236.25
23314	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 4 Surfaces		\$283.50
23315	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – (max) 5 Surfaces		\$339.75
23321	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 1 Surface		\$159.00
23322	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 2 Surfaces		\$214.50
23323	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 3 Surfaces		\$257.25
23324	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 4 Surfaces		\$308.25
23325	Plastic/Silver Fill/Perm Pos – Bonded, Molars (max) – 5 Surfaces		\$370.50
23411	Plastic/Silver Fill/Prim Ant – Bonded 1S		\$123.75
23412	Plastic/Silver Fill/Prim Ant – Bonded 2SC		\$167.25
23413	Plastic/Silver Fill/Prim Ant – Bonded 3SC		\$200.25
23414	Plastic/Silver Fill/Prim Ant – Bonded 4SC		\$240.75
23415	Plastic/Silver Fill/Prim Ant – Bonded (max) 5SC		\$288.75
23511	Plastic/Silver Fill/Prim Pos – Bonded – 1 Surface		\$145.50
23512	Plastic/Silver Fill/Prim Pos – Bonded – 2 Surfaces		\$196.50
23513	Plastic/Silver Fill/Prim Pos – Bonded – 3 Surfaces		\$236.25
23514	Plastic/Silver Fill/Prim Pos – Bonded – 4 Surfaces		\$283.50
23515	Plastic/Silver Fill/Prim Pos – Bonded (max) 5SC		\$339.75

Retentive Pins

21401	Pins, Retentive/Restoration – 1 Pin		\$25.50
21402	Pins, Retentive/Restoration – 2 Pins		\$40.50
21403	Pins, Retentive/Restoration – 3 Pins		\$54.75
21404	Pins, Retentive/Restoration – 4 Pins		\$69.00
21405	Pins, Retentive/Restoration – 5 Pins or More		\$83.25

Extractions

71101	Removal, Extraction, Erupted – Uncomplicated – Single Tooth		\$133.50
71109	Removal, Extraction, Erupted – Uncomplicated – EA Tooth – SQ, SA		\$106.50
72111	Removal, Impact, Soft Tissue – Incision & Removal – 1 Tooth		\$232.50

72211	Removals, Impact, Tissue/BoneCov – Incision, Elev, Rem/Sec – 1 Tooth		\$320.25
72221	Removals, Impact, Tissue/BoneCov – Incision, Elev, Rem/Sect – 1 Tooth		\$427.50
72231	Removals, Impact, Tissue/BoneCov – Incision, Elev, Rem&Sect, Unusual Dif – 1 Tooth		\$468.75

Dental Surgery (including x-rays and lab)

Residual Root Removal

72321	Removals, Residual Roots – Soft Tissue – First Tooth		\$187.50
72329	Removals, Residual Roots – Soft Tissue – Each Additional Tooth Same Quadrant		\$150.00
72331	Removals, Residual Roots – Bone Tissue – First Tooth		\$238.50
72339	Removals, Residual Roots – Bone Tissue – Each Additional Tooth Same Quadrant		\$191.25

Alveoloplasty

73121	Remodelling & Recontouring – Alveoloplasty, No Extractions/sextant		\$169.50
73222	Gingivoplasty, Stomatoplasty – Excision of Vest Hyperpl/sextant		\$169.50

Surgical Incision

75112	Surgical Incision/Drain, Intra – Soft Tissue Abscess		\$139.50
75121	Surgical Incision/Drain, Intra – Hard Tissue Trephination		\$177.75

Endodontics

Root Canal Therapy

33111	Permanent, Retained Primary – 1 Canal		\$507.00
33121	Permanent, Retained Primary – 2 Canals		\$692.25
33131	Permanent, Retained Primary – 3 Canals		\$867.00
33141	Permanent, Retained Primary – 4 Canals or More		\$1,002.75

Pulpotomy

32221	Permanent Teeth, Sep Emergency Proc – Anteriors and Bicuspid		\$127.50
32222	Permanent Teeth, Sep Emergency Proc – Molars		\$165.75

32232	Primary Teeth – Concurrent with Restorations		\$84.00
Pulp Capping			
20111	Caries, Trauma, Pain Control – First Tooth		\$101.25
20119	Caries, Trauma, Pain Control – Each Additional Tooth Same Quadrant		\$101.25
20131	Trauma Control, Smooth Fract Surf – First Tooth		\$42.00
20139	Trauma Control, Smooth Fract Surf – Each Additional Tooth Same Quadrant		\$42.00

Emergency Services

39501	Opening Through Artificial Crown (in addition to procedures) – Anterior & Bicuspid		\$93.75
39502	Opening Through Artificial Crown (in addition to procedures) – Molars		\$121.50

Sedative Dressing

20121	Caries, Trauma, Pain Control – Plus Band – First Tooth		\$129.00
20129	Caries, Trauma, Pain Control – Plus Band – Each Additional Tooth Same Quadrant		\$129.00

Periodontics

Non-surgical

41211	Oral Diseases, Mucosal – 1 Unit		\$130.50
41212	Oral Diseases, Mucosal – 2 Units		\$261.00
41221	Oral Diseases, Nerve/Muscular – 1 Unit		\$130.50
41222	Oral Diseases, Nerve/Muscular – 2 Units		\$261.00
41301	Desensitization – 1 Unit		\$53.25
41302	Desensitization – 2 Units		\$106.50

Root Planing

43421	Root planing – 1 unit		\$41.25
43422	Root planing – 2 units		\$82.50
43423	Root planing – 3 units		\$123.75
43424	Root planing – 4 units		\$165.00

43425	Root planing – 5 units		\$206.25
43426	Root planing – 6 units		\$247.50
43427	Root planing – 1/2 unit		\$20.63
Appliance			
14611*	Periodontal – Maxillary		\$255.75
14612*	Periodontal – Mandibular		\$255.75
Surgical			
42111	Gingival Curettage – Incl Root Planing per sextant		\$216.00
42201	Gingivoplasty – Per sextant		\$250.50
42311	Gingivectomy – Uncomplicated – per sextant		\$309.75
42321	Gingivectomy – Complicated – per sextant		\$336.75
42411	Flap Approach – With osteoplasty and/or ostectomy/sextant		\$68.25
42421	Flap Approach – With curettage of Osseous/sextant		\$881.25
42431	Flap Approach – With curettage of Osseous defect with osteoplasty and/or ostectomy/sextant		\$571.50
42511	Grafts, Soft Tissue, Pedicle – Per site		\$661.50
42521	Grafts, Soft Tissue, Pedicle – Coronally Positioned/site		\$519.75
73411	Vestibuloplasty, Sub-mucous – per sextant		\$439.50
42821	Miscellaneous, Post Surgical Perio TX – 1 Unit		\$110.25
42831	Miscellaneous, Abscess/Pericoronitis – 1 Unit		\$110.25
42832	Miscellaneous, Abscess/Pericoronitis – 2 Units		\$220.50

Emergency Treatment for Dental Pain

91121	Unclassified Treatments – Emergency Services not in Guide – 1 Unit		\$110.25
91122	Unclassified Treatments – Emergency Services not in Guide – 2 Units		\$220.50
91211	Unclassified Treatments – Unusual Time/Responsibility – 1 Unit		\$110.25
91212	Unclassified Treatments – Unusual Time/Responsibility – 2 Units		\$220.50
91213	Unclassified Treatments – Unusual Time/Responsibility – 3 Units		\$330.75
91219	Unclassified Treatments – Unusual Time/Responsibility – Each additional unit		\$110.25
92411^	Anaesthesia, Conscious Sedation – Nitrous Oxide – 1 Unit		\$51.75
92412^	Anaesthesia, Conscious Sedation – Nitrous Oxide – 2 Units		\$85.50
92413^	Anaesthesia, Conscious Sedation – Nitrous Oxide – 3 Units		\$119.25
92414^	Anaesthesia, Conscious Sedation – Nitrous Oxide – 4 Units		\$153.00
92415^	Anaesthesia, Conscious Sedation – Nitrous Oxide – 5 Units		\$186.75

Repairs to Existing Dentures

55101*	Dentures, Repair/Add/Complete – No Impression Required - Max		\$66.75
55102*	Dentures, Repair/Add/Complete – No Impression Required - Mand		\$66.75
55201*	Dentures, Repair/Add/Complete – Impression Required - Max		\$130.50
55202*	Dentures, Repair/Add/Complete – Impression Required - Mand		\$130.50
55301*	Partial Dentures, Repairs/Add – No Impression Required – Max		\$66.75
55302*	Partial Dentures, Repairs/Add – No Impression Required – Mand		\$66.75
55401*	Partial Dentures, Repairs/Add – Impression Required – Max		\$131.25
55402*	Partial Dentures, Repairs/Add – Impression Required – Mand		\$131.25

Relines and Rebasing of Existing Dentures

56211	Dentures, Reline, Direct – Complete Denture – Max		\$210.00
56212	Dentures, Reline, Direct – Complete Denture – Mand		\$210.00
56221	Dentures, Reline, Direct – Partial Denture – Max		\$210.00
56222	Dentures, Reline, Direct – Partial Denture – Mand		\$210.00
56231*	Dentures, Reline, Processed – Complete Denture – Max		\$249.75
56232*	Dentures, Reline, Processed – Complete Denture – Mand		\$249.75
56241*	Dentures, Reline, Processed – Partial Denture – Max		\$213.75
56242*	Dentures, Reline, Processed – Partial Denture – Mand		\$213.75
56311*	Dentures, Rebase – Complete Denture – Max		\$213.75
56312*	Dentures, Rebase – Complete Denture – Mand		\$213.75
56321*	Dentures, Rebase – Partial Denture – Max		\$213.75
56322*	Dentures, Rebase – Partial Denture – Mand		\$213.75

Stainless Steel Crown

22211	Full Coverage, Metal, Primary – Posterior		\$183.75
22311	Full Coverage, Metal, Permanent – Posterior		\$183.75

Recementing Existing Inlay or Crown

29101	Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – 1 Unit		\$110.25
29102	Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – 2 Units		\$220.50
29103	Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – 3 Units		\$330.75
29109	Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – Each additional unit over 3		\$110.25

*Laboratory charges are eligible expenses where applicable. These costs will be reimbursed at 75% under the Basic and Routine Services section.

^Professional Services are eligible expenses where applicable. These costs will be reimbursed at 75% under the Basic and Routine Services section.

52102*	Dentures, Partial, Acrylic Base – Provs, with/without Clasps - Mandibular	\$170.00
52301*	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Maxillary	\$325.50
52302*	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Mandibular	\$325.50
52311*	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Immediate – Maxillary	\$259.50
52312*	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Immediate – Mandibular	\$259.50
53101*	Dentures, Partial, Cast/Acrylic – FE Cast Frame/Connector – Maxillary	\$688.00
53102*	Dentures, Partial, Cast/Acrylic – FE Cast Frame/Connector – Mandibular	\$688.00
53201*	Dentures, Partial, Cast/Acrylic – Tooth Borne – Maxillary	\$587.50
53202*	Dentures, Partial, Cast/Acrylic – Tooth Borne – Mandibular	\$587.50
53401*	Dentures, Partial, Cast – Precision Attachment – Maxillary	\$677.00
53402*	Dentures, Partial, Cast – Precision Attachment – Mandibular	\$677.00
54201*	Dentures, Adjustments – Minor – 1 Unit	\$53.00
54202*	Dentures, Adjustments – Minor – 2 Units	\$106.00
54209*	Dentures, Adjustments – Minor – Each additional unit	\$53.00

Initial Installation or Replacement of Fixed Bridge

62101*	Pontics, Bridge, Cast Metal – Cast Metal Pontic	\$231.00
62102*	Pontics, Bridge, Cast Metal – With/Sep Porcelain/Ceramic/Poly. Glass Jacket	\$231.00
62501*	Pontics, Bridge, Porcelain, Ceramic, Poly. Glass – Fused to Metal	\$231.00
62701*	Pontics, Acrylic/Composite/Compomer – Processed to Metal	\$231.00
62702*	Pontics, Acrylic/Composite/Compomer – Indirect (Provisional)	\$231.00
67201*	Fixed Bridge Retainer Porcelain/Ceramic/Poly. Glass	\$456.50
67211*	Fixed Bridge Retainer Porcelain/Ceramic/Poly. 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	\$443.50

Repairs and Recementing of Existing Fixed Bridge

66111*	Repair, Replace – Prefab Attachable Facings 1 Unit	\$73.50
66112*	Repair, Replace – Prefab Attachable Facings 2 Units	\$147.00
66113*	Repair, Replace – Prefab Attachable Facings 3 Units	\$220.50
66211*	Repair, Remove, Recement – Fixed Bridge/Prosthesis – 1 Unit	\$73.50
66212*	Repair, Remove, Recement – Fixed Bridge/Prosthesis – 2 Units	\$147.00
66213*	Repair, Remove, Recement – Fixed Bridge/Prosthesis – 3 Units	\$220.50
66221*	Repair, Remove, Replace – Fixed Bridge/Prosthesis – 1 Unit	\$73.50

66222*	Repair, Remove, Replace – Fixed Bridge/Prosthesis – 2 Units	\$147.00
66251*	Repair, Sect Abutment/Pontic – & Polish Existing Bridge – 1 Unit	\$73.50
66252*	Repair, Sect Abutment/Pontic – & Polish Existing Bridge – 2 Units	\$147.00
66253*	Repair, Sect Abutment/Pontic – & Polish Existing Bridge – 3 Units	\$220.50
66301*	Repair, Reinsert/Recement – 1 Unit	\$73.50
66302*	Repair, Reinsert/Recement – 2 Units	\$147.00
66303*	Repair, Reinsert/Recement – 3 Units	\$220.50

*Laboratory charges are eligible expenses where applicable. These costs will be reimbursed at 50% under the Major Restorative Services section.

Denturist Payment Schedule

Level 2: Routine Service

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

Code	Description	Limit	PEDP Maximum
Relines and Rebases to Existing Dentures			
Reline complete denture self-polymerized/lab processed			
32215	Maxillary (upper)		\$368.25
32225	Mandibular (lower)		\$368.25
Reline partial denture self-polymerized/lab processed			
42210	Maxillary (upper)		\$368.25
42220	Mandibular (lower)		\$368.25
Reline complete denture lab processed/functional impression			
32110	Maxillary (upper)		\$456.75
32120	Mandibular (lower)		\$456.75
Reline partial denture lab processed/functional impression			
42116	Maxillary (upper)		\$456.75
42126	Mandibular (lower)		\$456.75
Rebase complete denture lab processed/functional impression			
33117	Maxillary (upper)		\$864.00
33127	Mandibular (lower)		\$864.00
Rebase partial denture lab processed/functional impression			
43116	Maxillary (upper)		\$864.00
43126	Mandibular (lower)		\$864.00

Repairs to Existing Denture

Repair, No Impression required

36110	Maxillary (upper) complete		\$115.50
36120	Mandibular (lower) complete		\$115.50
46110	Maxillary (upper) partial		\$115.50
46120	Mandibular (lower) partial		\$115.50

Repair, Impression required

36210	Maxillary (upper) complete		\$158.25
36220	Mandibular (lower) complete		\$158.25
46210	Maxillary (upper) partial		\$158.25
46220	Mandibular (lower) partial		\$158.25

NOTE All services include laboratory charges.

Level 3: Major Restorative

Reimbursed at 50% of the maximums indicated below.

Code	Description	Limit	PEDP Maximum
Initial Installation or Replacement of Complete Dentures			
Complete			
31310	Maxillary (upper) complete denture (standard)		\$904.50
31320	Mandibular (lower) complete denture (standard)		\$904.50
Partial Denture, Acrylic Base, No Clasps			
41612	Maxillary (upper)		\$801.00
41622	Mandibular (lower)		\$837.00
Partial Denture, Cast Frame, with Clasps or Rests (Tooth-borne-semi-precision)			
41216	Maxillary (upper)		\$1,739.00
41226	Mandibular (lower)		\$1,739.00
Partial Denture, Cast Frame, with Clasps or Rests (Free-end-precision)			
41110	Maxillary (upper)		\$1,739.00
41120	Mandibular (lower)		\$1,739.00
Partial Denture, Cast Frame, with Clasps or Rests (Free-end-standard)			
41114	Maxillary (upper)		\$1,085.50
41124	Mandibular (lower)		\$1,085.50
Accessories (All services include laboratory charges)			
71010	Wrought Clasp		\$87.50
46310	Additions/Teeth/Clasp (Maxillary)		\$132.00
46320	Additions/Teeth/Clasps (Mandibular)		\$132.00

Orthodontic Coverage

Reimbursement is provided at 50% of all reasonable and customary charges for orthodontic services to a maximum of \$1,500 per insured person per year with a lifetime maximum of \$3,000 per insured person. Benefits are based on the lesser of the dentist's charge or the suggested fee outlined in The College of Dental Surgeons of Saskatchewan Fee Guide.