



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

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.

Plan Limitations

The services outlined in this list of covered codes will be eligible for reimbursement in conjunction with the Maximum Reimbursement Schedule for Employees of SaskPower Corporation. 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.

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 25% of dental charges to the maximums indicated below.

Code	Description	Limit	PEDP Maximum
Scaling			
11111	1 Unit	2 units per year at 25%	\$13.75
11112	2 Units	2 units per year at 25%	\$27.50

Level 1: Preventive Services

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

Code	Description	Limit	PEDP Maximum
Fluoride Treatment			
12111	Rinse	Once per year of 12111, 12112, or 12113	\$10.50
12112	Gel or Foam		\$13.00
12113	Varnish		\$16.00

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

Polishing			
11101	Polishing (this coverage is effective after the initial 2 units have been covered)	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 Maximum
Oral Examinations			
01204	Specific	Twice per year	\$57.00
01205	Emergency	Twice per year	\$63.00
X-Rays			
Study Models – Unmounted			
13401	Sealants, Pit and Fissure – First Tooth		\$34.00
13409	Sealants, Pit and Fissure – Each Additional Tooth (Same Quad)		\$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 Maximum
Amalgam, Composite, or Acrylic Fillings			
21111	Non Bonded, Primary Teeth – 1 Surface		\$41.25
21112	Non Bonded, Primary Teeth – 2 Surfaces		\$55.75
21113	Non Bonded, Primary Teeth – 3 Surfaces		\$66.75
21121	Bonded, Primary Teeth – 1 Surface		\$41.25
21122	Bonded, Primary Teeth – 2 Surfaces		\$55.75
21123	Bonded, Primary Teeth – 3 Surfaces		\$66.75
21211	Non Bonded, Permanent Bicusp/Ants – 1 Surface		\$48.50
21212	Non Bonded, Permanent Bicusp/Ants – 2 Surfaces		\$65.50
21213	Non Bonded, Permanent Bicusp/Ants – 3 Surfaces		\$78.75
21214	Non Bonded, Permanent Bicusp/Ants – 4 Surfaces		\$94.50
21215	Non Bonded, Permanent Bicusp/Ants – 5 Surfaces or Max per Tooth		\$113.25
21221	Non Bonded, Permanent Molars – 1 Surface		\$53.00
21222	Non Bonded, Permanent Molars – 2 Surfaces		\$71.50
21223	Non Bonded, Permanent Molars – 3 Surfaces		\$85.75
21224	Non Bonded, Permanent Molars – 4 Surfaces		\$102.75
21225	Non Bonded, Permanent Molars – 5 Surfaces or Max per Tooth		\$123.50
21231	Bonded, Permanent Bicusp/Ants – 1 Surface		\$48.50
21232	Bonded, Permanent Bicusp/Ants – 2 Surfaces		\$65.50
21233	Bonded, Permanent Bicusp/Ants – 3 Surfaces		\$78.75
21234	Bonded, Permanent Bicusp/Ants – 4 Surfaces		\$94.50
21235	Bonded, Permanent Bicusp/Ants – 5 Surfaces or Max per Tooth		\$113.25
21241	Bonded, Permanent Molars – 1 Surface		\$53.00
21242	Bonded, Permanent Molars – 2 Surfaces		\$71.50
21243	Bonded, Permanent Molars – 3 Surfaces		\$85.75
21244	Bonded, Permanent Molars – 4 Surfaces		\$102.75
21245	Bonded, Permanent Molars – 5 Surfaces or Max per Tooth		\$123.50
23111	Plastic/Silver Fill/Perm Ant – Bonded 1S		\$42.00
23112	Plastic/Silver Fill/Perm Ant – Bonded 2SC		\$56.50

23113	Plastic/Silver Fill/Perm Ant – Bonded 3SC		\$68.00
23114	Plastic/Silver Fill/Perm Ant – Bonded 4SC		\$81.50
23115	Plastic/Silver Fill/Perm Ant – Bonded (max) 5SC		\$97.75
23311	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 1 Surface		\$48.50
23312	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 2 Surfaces		\$65.50
23313	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 3 Surfaces		\$78.75
23314	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 4 Surfaces		\$94.50
23315	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – (max) 5 Surfaces		\$113.25
23321	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 1 Surface		\$53.00
23322	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 2 Surfaces		\$71.50
23323	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 3 Surfaces		\$85.75
23324	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 4 Surfaces		\$102.75
23325	Plastic/Silver Fill/Perm Pos – Bonded, Molars (max) – 5 Surfaces		\$123.50
23411	Plastic/Silver Fill/Prim Ant – Bonded 1S		\$41.25
23412	Plastic/Silver Fill/Prim Ant – Bonded 2SC		\$55.75
23413	Plastic/Silver Fill/Prim Ant – Bonded 3SC		\$66.75
23414	Plastic/Silver Fill/Prim Ant – Bonded 4SC		\$80.25
23415	Plastic/Silver Fill/Prim Ant – Bonded (max) 5SC		\$96.25
23511	Plastic/Silver Fill/Prim Pos – Bonded – 1 Surface		\$48.50
23512	Plastic/Silver Fill/Prim Pos – Bonded – 2 Surfaces		\$65.50
23513	Plastic/Silver Fill/Prim Pos – Bonded – 3 Surfaces		\$78.75
23514	Plastic/Silver Fill/Prim Pos – Bonded – 4 Surfaces		\$94.50
23515	Plastic/Silver Fill/Prim Pos – Bonded (max) 5SC		\$113.25

Extractions

71101	Removal, Extraction, Erupted – Uncomplicated – Single Tooth		\$44.50
71109	Removal, Extraction, Erupted – Uncomplicated – EA Tooth – SQ, SA		\$35.50

Level 2: Basic and Routine Services

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

Code	Description	Limit	PEDP Maximum
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Extractions

71201	Removal, Extraction, Erupted – Complicated – Single Tooth		\$227.25
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71209	Removal, Extraction, Erupted – Complicated – EA Tooth – SQ		\$182.25
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