

PUBLIC EMPLOYEES DENTAL PLAN

Maximum Reimbursement Schedule Employees of Saskatchewan Assessment Management Agency

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
01204	Specific	Twice per year	\$57.00
01205	Emergency	Twice per year	\$63.00
01301	Comprehensive	Twice per year	\$151.00
01701	General, Edentulous	Twice per year	\$100.00
Polishing			
11101	Polishing	2 units per year	\$44.00
Scaling			
11111	1 Unit	10 units per year	\$55.00
11112	2 Units	10 units per year	\$110.00
11113	3 Units	10 units per year	\$165.00
11114	4 Units	10 units per year	\$220.00
11115	5 Units	10 units per year	\$275.00
11116	6 Units	10 units per year	\$330.00
11117	1/2 Unit	10 units per year	\$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
02117	Periapical - 7 images	Twice per year	\$88.00
02118	Periapical - 8 images	Twice per year	\$98.00
02119	Periapical - 9 images	Twice per year	\$108.00
02120	Periapical - 10 images	Twice per year	\$118.00
02121	Periapical - 11 images	Twice per year	\$128.00
02122	Periapical - 12 images	Twice per year	\$138.00
02123	Periapical - 13 images	Twice per year	\$148.00
02124	Periapical - 14 images	Twice per year	\$158.00
02125	Periapical - 15 images	Twice per year	\$168.00
02131	Occlusal – 1 image	Twice per year	\$28.00
02132	Occlusal – 2 images	Twice per year	\$38.00
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
02501	TMJ – 1 image	Twice per year	\$61.00
02502	TMJ – 2 images	Twice per year	\$89.00
02503	TMJ – 3 images	Twice per year	\$117.00
02504	TMJ – 4 images	Twice per year	\$144.00

02601	Panoramic – 1 image	Once per 24 months	\$88.00
02811^	Interpret Radiograph, CT, PET – MRI received from others	Twice per year	\$70.00
04311*	Biopsy, by Puncture	Twice per year	\$144.00
04312*	Biopsy, by Incision	Twice per year	\$151.00
04313*	Biopsy, by Aspiration	Twice per year	\$144.00
04321*	Biopsy, by Puncture	Twice per year	\$247.00
04322*	Biopsy, by Incision	Twice per year	\$267.00
04323*	Biopsy, by Aspiration	Twice per year	\$226.00
04401*	Cyt Smear from Oral Cavity	Twice per year	I.C.
04402*	Vit Staining of Oral Mucosal	Twice per year	\$76.00
04501	Pulp vitality, 1 unit	Twice per year	\$120.00
04509	Pulp vitality, Each additional unit	Twice per year	\$120.00
Study Models – Unmounted			
04911*	Cast, Unmounted		\$48.00
05101	Treatment Planning – 1 unit		\$120.00
05102	Treatment Planning – 2 units		\$240.00
13211	Oral Hygiene Instruction – Individual Instruction, 1 unit		\$42.00
13217	Oral Hygiene Instruction – Individual Instruction, 1/2 unit		\$21.00
13401	Sealants, Pit and Fissure – First Tooth		\$34.00
13409	Sealants, Pit and Fissure – Each Additional Tooth (Same Quad)		\$27.00
16201	Disking, Interproximal – 1 unit		\$120.00
16202	Disking, Interproximal – 2 units		\$240.00
14101*	Removable, Control Oral Habit – Maxillary		\$261.00
14102*	Removable, Control Oral Habit – Mandibular		\$261.00
14103*	Removable, Control Oral Habit – Maxillary + Mandibular		\$523.00
14201*	Fixed/Cemented, Control Oral Habit – Maxillary		\$310.00
14202*	Fixed/Cemented, Control Oral Habit – Mandibular		\$310.00
15101*	Band Type, Fixed – Unilateral		\$159.00
15103*	Band Type, Fixed – Bilateral (SLA)		\$268.00
15105*	Band Type, Fixed – Bilateral, Tubes & Locking Wires		\$268.00
15201*	Stainless Steel Crown Type – Fixed		\$201.00
15202*	Stainless Steel Crown Type – Fixed, + Intra Alveolar Att		\$213.00
15301*	Cast Type – Fixed		\$201.00
15302*	Cast Type – Fixed, + Intra Alveolar Att		\$266.00
15401*	Acrylic, Removable – Bilateral Clasps/Ret Wires		\$235.00
15402*	Acrylic, Removable – Bilateral Clasps/Ret Wires + Teeth		\$237.00
15403*	Acrylic Removable – No Clasps		\$202.00

15501*	Bonded – Pontic Type		\$202.00
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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.

Level 2: Basic and Routine Services

Reimbursed at 100% 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		\$165.00
21112	Non Bonded, Primary Teeth – 2 Surfaces		\$223.00
21113	Non Bonded, Primary Teeth – 3 Surfaces		\$267.00
21121	Bonded, Primary Teeth – 1 Surface		\$165.00
21122	Bonded, Primary Teeth – 2 Surfaces		\$223.00
21123	Bonded, Primary Teeth – 3 Surfaces		\$267.00
21211	Non Bonded, Permanent Bicusp/Ants – 1 Surface		\$194.00
21212	Non Bonded, Permanent Bicusp/Ants – 2 Surfaces		\$262.00
21213	Non Bonded, Permanent Bicusp/Ants – 3 Surfaces		\$315.00
21214	Non Bonded, Permanent Bicusp/Ants – 4 Surfaces		\$378.00
21215	Non Bonded, Permanent Bicusp/Ants – 5 Surfaces or Max per Tooth		\$453.00
21221	Non Bonded, Permanent Molars – 1 Surface		\$212.00
21222	Non Bonded, Permanent Molars – 2 Surfaces		\$286.00
21223	Non Bonded, Permanent Molars – 3 Surfaces		\$343.00
21224	Non Bonded, Permanent Molars – 4 Surfaces		\$411.00
21225	Non Bonded, Permanent Molars – 5 Surfaces or Max per Tooth		\$494.00
21231	Bonded, Permanent Bicusp/Ants – 1 Surface		\$194.00
21232	Bonded, Permanent Bicusp/Ants – 2 Surfaces		\$262.00
21233	Bonded, Permanent Bicusp/Ants – 3 Surfaces		\$315.00
21234	Bonded, Permanent Bicusp/Ants – 4 Surfaces		\$378.00
21235	Bonded, Permanent Bicusp/Ants – 5 Surfaces or Max per Tooth		\$453.00
21241	Bonded, Permanent Molars – 1 Surface		\$212.00
21242	Bonded, Permanent Molars – 2 Surfaces		\$286.00
21243	Bonded, Permanent Molars – 3 Surfaces		\$343.00
21244	Bonded, Permanent Molars – 4 Surfaces		\$411.00
21245	Bonded, Permanent Molars – 5 Surfaces or Max per Tooth		\$494.00
21301	Cores, Non-Bonded – In Conj W Crown/Fixed Bridge Ret		\$234.00
23111	Plastic/Silver Fill/Perm Ant – Bonded 1S		\$168.00

23112	Plastic/Silver Fill/Perm Ant – Bonded 2SC		\$226.00
23113	Plastic/Silver Fill/Perm Ant – Bonded 3SC		\$272.00
23114	Plastic/Silver Fill/Perm Ant – Bonded 4SC		\$326.00
23115	Plastic/Silver Fill/Perm Ant – Bonded (max) 5SC		\$391.00
23311	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 1 Surface		\$194.00
23312	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 2 Surfaces		\$262.00
23313	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 3 Surfaces		\$315.00
23314	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 4 Surfaces		\$378.00
23315	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – (max) 5 Surfaces		\$453.00
23321	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 1 Surface		\$212.00
23322	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 2 Surfaces		\$286.00
23323	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 3 Surfaces		\$343.00
23324	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 4 Surfaces		\$411.00
23325	Plastic/Silver Fill/Perm Pos – Bonded, Molars (max) – 5 Surfaces		\$494.00
23411	Plastic/Silver Fill/Prim Ant – Bonded 1S		\$165.00
23412	Plastic/Silver Fill/Prim Ant – Bonded 2SC		\$223.00
23413	Plastic/Silver Fill/Prim Ant – Bonded 3SC		\$267.00
23414	Plastic/Silver Fill/Prim Ant – Bonded 4SC		\$321.00
23415	Plastic/Silver Fill/Prim Ant – Bonded (max) 5SC		\$385.00
23511	Plastic/Silver Fill/Prim Pos – Bonded – 1 Surface		\$194.00
23512	Plastic/Silver Fill/Prim Pos – Bonded – 2 Surfaces		\$262.00
23513	Plastic/Silver Fill/Prim Pos – Bonded – 3 Surfaces		\$315.00
23514	Plastic/Silver Fill/Prim Pos – Bonded – 4 Surfaces		\$378.00
23515	Plastic/Silver Fill/Prim Pos – Bonded (max) 5SC		\$453.00

Retentive Pins

21401	Pins, Retentive/Restoration – 1 Pin		\$34.00
21402	Pins, Retentive/Restoration – 2 Pins		\$54.00
21403	Pins, Retentive/Restoration – 3 Pins		\$73.00
21404	Pins, Retentive/Restoration – 4 Pins		\$92.00
21405	Pins, Retentive/Restoration – 5 Pins or More		\$111.00
21501	Restoration to Tooth – Supp partial dent. clasp/restoration		\$43.00

Extractions

71101	Removal, Extraction, Erupted – Uncomplicated – Single Tooth		\$178.00
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71109	Removal, Extraction, Erupted – Uncomplicated – EA Tooth – SQ, SA	\$142.00
71201	Removal, Extraction, Erupted – Complicated – Single Tooth	\$303.00
71209	Removal, Extraction, Erupted – Complicated – EA Tooth – SQ	\$243.00
72111	Removal, Impact, Soft Tissue – Incision & Removal – 1 Tooth	\$310.00
72211	Removals, Impact, Tissue/BoneCov – Incision, Elev, Rem/Sec – 1 Tooth	\$427.00
72221	Removals, Impact, Tissue/BoneCov – Incision, Elev, Rem/Sect – 1 Tooth	\$570.00
72231	Removals, Impact, Tissue/BoneCov – Incision, Elev, Rem&Sect, Unusual Dif – 1 Tooth	\$625.00

Dental Surgery Oral Examinations (including x-rays and lab)

Residual Root Removal

72311	Removals, Residual Roots – Erupted, First Tooth	\$118.00
72319	Removals, Residual Roots – Erupted, Each Additional Tooth Same Quadrant	\$95.00
72321	Removals, Residual Roots – Soft Tissue – First Tooth	\$250.00
72329	Removals, Residual Roots – Soft Tissue – Each Additional Tooth Same Quadrant	\$200.00
72331	Removals, Residual Roots – Bone Tissue – First Tooth	\$318.00
72339	Removals, Residual Roots – Bone Tissue – Each Additional Tooth Same Quadrant	\$255.00
72511	Surgical Exposure, Unerupted – Uncomplicated – Single Tooth	\$265.00
72521	Surgical Exposure, Hard Tissue – Complex – 1 Tooth	\$326.00
72531	Surgical Exposure, Hard Tissue – Unerupted w/Ortho Attachment	\$435.00
72711	Surgical – Enucleation, Unerupted – 1 Tooth	\$375.00

Alveoloplasty

73121	Remodelling & Recontouring – Alveoloplasty, No Extractions/sextant	\$226.00
73152	Excision of Bone – Torus Palatinus	\$484.00
73153	Excision of Bone – Torus Mand, Unilateral	\$366.00
73154	Excision of Bone – Torus Mand, Bilateral	\$608.00
73222	Gingivoplasty, Stomatoplasty – Excision of Vest Hyperpl/sextant	\$226.00
73224	Gingivoplasty, Stomatoplasty – Excise Pericoronal Gingiva/T/I	\$87.00
73411	Vestibuloplasty – Sub-mucous/sextant	\$586.00
74611	Surg Excision, Cysts/Granul – Enucleation – 1 cm and under	\$449.00
74612	Surg Excision, Cysts/Granul – Enucleation – 1-2 cm	\$538.00
74613	Surg Excision, Cysts/Granul – Enucleation – 2-3 cm	\$625.00

Surgical Incision

75112	Surgical Incision/Drain, Intra – Soft Tissue Abscess	\$186.00
75121	Surgical Incision/Drain, Intra – Hard Tissue Trephination	\$237.00
76941	Fractures, Reductions Alveolar – Replantation, First Tooth	\$459.00
76949	Fractures, Reductions Alveolar – Replantation, Additional Tooth	\$162.00
76951	Fractures, Reductions Alveolar – Reposition Displaced Tooth 1 Unit	\$174.00
76952	Fractures, Reductions Alveolar – Reposition Displaced Tooth 2 Units	\$348.00
76959	Fractures, Reductions Alveolar – Reposition Displaced Tooth Each additional unit	\$174.00
76961	Fractures, Repair – Laceration, Uncomplicated 2 cm or less	\$239.00
77801	Frenectomy/Frenoplasty – Upper Labial	\$354.00
77802	Frenectomy/Frenoplasty – Lower Labial	\$354.00
77803	Frenectomy/Frenoplasty – Lower Lingual or “Z” Plasty	\$354.00
79602	Post Surgical Care – Minor, not by Tx Dentist	\$113.00

Endodontics

Root Canal Therapy

32311	Permanent, Retained Primary – 1 Canal	\$193.00
32312	Permanent, Retained Primary – 2 Canals	\$221.00
32321	Primary Teeth – Anterior Tooth	\$208.00
33111	Permanent, Retained Primary – 1 Canal	\$676.00
33121	Permanent, Retained Primary – 2 Canals	\$923.00
33131	Permanent, Retained Primary – 3 Canals	\$1,156.00
33141	Permanent, Retained Primary – 4 Canals or More	\$1,337.00
33115	Permanent, Retained Primary – 1 Canal – Retreatment of Previous Therapy	\$830.00
33125	Permanent, Retained Primary – 2 Canals – Retreatment of Previous Therapy	\$1,168.00
33135	Permanent, Retained Primary – 3 Canals – Retreatment of Previous Therapy	\$1,433.00
33145	Permanent, Retained Primary – 4 Canals or More – Retreatment of Previous Therapy	\$1,630.00
33601	Apexification/Apexogenesis – Induction Hard Tissue Rep – 1 Canal	\$204.00
33602	Permanent, Retained Primary, Apex/Apical – Induction Hard Tissue Rep – 1 Canal	\$254.00
33611	Permanent, Retained Primary – Re-Insert Dent Media – 1 Canal	\$116.00
33612	Permanent, Retained Primary – Re-Insert Dent Media – 2 Canals	\$132.00
34111	Apicoectomy/Apical Curettage – Maxillary Anterior – 1 Root	\$392.00
34112	Apicoectomy/Apical Curettage – Maxillary Anterior – 2 Roots	\$523.00
34121	Apicoectomy/Apical Curettage – Maxillary Bicuspid – 1 Root	\$504.00

34122	Apicoectomy/Apical Curettage – Maxillary Bicuspid – 2 Roots		\$636.00
34131	Apicoectomy/Apical Curettage – Maxillary Molar – 1 Root		\$621.00
34132	Apicoectomy/Apical Curettage – Maxillary Molar – 2 Roots		\$859.00
34141	Apicoectomy/Apical Curettage – Mandibular Anterior – 1 Root		\$507.00
34142	Apicoectomy/Apical Curettage – Mandibular Anterior – 2+ Roots		\$611.00
34151	Apicoectomy/Apical Curettage – Mandibular Bicuspid – 1 Root		\$641.00
34152	Apicoectomy/Apical Curettage – Mandibular Bicuspid – 2 Roots		\$849.00
34161	Apicoectomy/Apical Curettage – Mandibular Molar – 1 Root		\$774.00
34162	Apicoectomy/Apical Curettage – Mandibular Molar – 2 Roots		\$941.00
34163	Apicoectomy/Apical Curettage – Mandibular Molar – 3 Roots		\$1,126.00
34211	Retrofilling – Maxillary Anterior – 1 Canal		\$104.00
34212	Retrofilling – Maxillary Anterior – 2+ Canals		\$174.00
34221	Retrofilling – Maxillary Bicuspid – 1 Canal		\$104.00
34222	Retrofilling – Maxillary Bicuspid – 2 Canals		\$174.00
34231	Retrofilling – Maxillary Molar – 1 Canal		\$104.00
34232	Retrofilling – Maxillary Molar – 2 Canals		\$174.00
34241	Retrofilling – Mandibular Anterior – 1 Canal		\$104.00
34242	Retrofilling – Mandibular Anterior – 2+ Canals		\$174.00
34251	Retrofilling – Mandibular Bicuspid – 1 Canal		\$104.00
34252	Retrofilling – Mandibular Bicuspid – 2 Canals		\$174.00
34261	Retrofilling – Mandibular Molar – 1 Canal		\$104.00
34262	Retrofilling – Mandibular Molar – 2 Canals		\$174.00
34263	Retrofilling – Mandibular Molar – 3 Canals		\$224.00
34411	Surgical Services, Miscellaneous – Amputations, Root – 1 Root		\$466.00
34412	Surgical Services, Miscellaneous – Amputations, Root – 2 Roots		\$559.00
34421	Surgical Services, Miscellaneous – Hemisection, Maxillary Bicuspid		\$360.00
34422	Surgical Services, Miscellaneous – Hemisection, Maxillary Molar		\$360.00
34423	Surgical Services, Miscellaneous – Hemisection, Mandibular Molar		\$360.00
34451	Surgical Services, Miscellaneous – Remove, Replant 1 Root tooth		\$403.00
34452	Surgical Services, Miscellaneous – Remove, Replant 2 Roots tooth		\$577.00
34453	Surgical Services, Miscellaneous – Remove, Replant 3+ Roots tooth		\$655.00
39201	Open and Drain (Sep Procedure) – Anteriors and Bicuspids		\$98.00
39202	Open and Drain (Sep Procedure) – Molars		\$98.00
Pulpotomy			
32221	Permanent Teeth, Sep Emergency Proc – Anteriors and Bicuspids		\$170.00
32222	Permanent Teeth, Sep Emergency Proc – Molars		\$221.00

32232	Primary Teeth – Concurrent with Restorations		\$112.00
Pulp Capping			
20111	Caries, Trauma, Pain Control – First Tooth		\$135.00
20119	Caries, Trauma, Pain Control – Each Additional Tooth Same Quadrant		\$135.00
20131	Trauma Control, Smooth Fract Surf – First Tooth		\$56.00
20139	Trauma Control, Smooth Fract Surf – Each Additional Tooth Same Quadrant		\$56.00

Emergency Services

39501	Opening Through Artificial Crown (in addition to procedures) – Anterior & Bicuspid		\$125.00
39502	Opening Through Artificial Crown (in addition to procedures) – Molars		\$162.00

Sedative Dressing

20121	Caries, Trauma, Pain Control – Plus Band – First Tooth		\$172.00
20129	Caries, Trauma, Pain Control – Plus Band – Each Additional Tooth Same Quadrant		\$172.00

Periodontics

Non-surgical

41211	Oral Diseases, Mucosal – 1 Unit		\$174.00
41212	Oral Diseases, Mucosal – 2 Units		\$348.00
41221	Oral Diseases, Nerve/Muscular – 1 Unit		\$174.00
41222	Oral Diseases, Nerve/Muscular – 2 Units		\$348.00
41301	Desensitization – 1 Unit		\$71.00
41302	Desensitization – 2 Units		\$142.00
43111	Splint or Ligation – A (+wire, fib ribbon,rope)/joint		\$98.00
43211	Splint or Ligation – Bonded Joint Restor./joint		\$99.00
43221	Splint or Ligation – Bonded Interprox Splint/joint		\$106.00
43231	Splint or Ligation – Wire Ligation/joint		\$57.00
43241	Splint or Ligation – Wire Ligation/Rest Mat'l Cov/joint		\$99.00
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		\$55.00
43422	Root planing – 2 units		\$110.00
43423	Root planing – 3 units		\$165.00
43424	Root planing – 4 units		\$220.00
43425	Root planing – 5 units		\$275.00
43426	Root planing – 6 units		\$330.00
43427	Root planing – 1/2 unit		\$27.50
Appliance			
14611*	Periodontal – Maxillary		\$341.00
14612*	Periodontal – Mandibular		\$341.00
Surgical			
42111	Gingival Curettage – Incl Root Planing per sextant		\$288.00
42201	Gingivoplasty – Per sextant		\$334.00
42311	Gingivectomy – Uncomplicated – per sextant		\$413.00
42321	Gingivectomy – Complicated – per sextant		\$449.00
42331	Gingivectomy – Fiber Incision – Each additional tooth		\$91.00
42411	Flap Approach – With osteoplasty and/or ostectomy/sextant		\$1,175.00
42421	Flap Approach – With curettage of Osseous/sextant		\$762.00
42431	Flap Approach – With curettage of Osseous defect with osteoplasty and/or ostectomy/sextant		\$882.00
42441	Flap Approach – Exploratory/site		\$693.00
42511	Grafts, Soft Tissue, Pedicle – Per site		\$741.00
42521	Grafts, Soft Tissue, Pedicle – Coronally Positioned/site		\$781.00
42611	Grafts, Osseous Tissue, Autograft – Per site		\$808.00
42811	Miscellaneous, Proximal Wedge – w/Flap Curettage /site		\$331.00
42819	Miscellaneous, Proximal Wedge – w/Flap Curettage & Ost /site		\$478.00
42821	Miscellaneous, Post Surgical Perio TX – 1 Unit		\$147.00
42831	Miscellaneous, Abscess/Pericoronitis – 1 Unit		\$147.00
42832	Miscellaneous, Abscess/Pericoronitis – 2 Units		\$294.00

Emergency Treatment for Dental Pain

91121	Unclassified Treatments – Emergency Services not in Guide – 1 Unit	\$147.00
91122	Unclassified Treatments – Emergency Services not in Guide – 2 Units	\$294.00
91211	Unclassified Treatments – Unusual Time/Responsibility – 1 Unit	\$147.00
91212	Unclassified Treatments – Unusual Time/Responsibility – 2 Units	\$294.00
91213	Unclassified Treatments – Unusual Time/Responsibility – 3 Units	\$441.00
91219	Unclassified Treatments – Unusual Time/Responsibility – Each additional unit	\$147.00
92411^	Anaesthesia, Conscious Sedation – Nitrous Oxide – 1 Unit	\$69.00
92412^	Anaesthesia, Conscious Sedation – Nitrous Oxide – 2 Units	\$114.00
92413^	Anaesthesia, Conscious Sedation – Nitrous Oxide – 3 Units	\$159.00
92414^	Anaesthesia, Conscious Sedation – Nitrous Oxide – 4 Units	\$204.00
92415^	Anaesthesia, Conscious Sedation – Nitrous Oxide – 5 Units	\$249.00
92431^	Anaesthesia, Conscious Sedation – Oral Sedation – 1 Unit	\$122.00
92432^	Anaesthesia, Conscious Sedation – Oral Sedation – 2 Units	\$207.00
92433^	Anaesthesia, Conscious Sedation – Oral Sedation – 3 Units	\$292.00
92434^	Anaesthesia, Conscious Sedation – Oral Sedation – 4 Units	\$377.00
92435^	Anaesthesia, Conscious Sedation – Oral Sedation – 5 Units	\$462.00
92441^	Anaesthesia, Conscious Sedation – Parenteral Cons. Sedation – 1 Unit	\$83.00
92452^	Anaesthesia, Conscious Sedation – Parenteral Cons. Sedation – 2 Units	\$294.00
92453^	Anaesthesia, Conscious Sedation – Parenteral Cons. Sedation – 3 Units	\$397.00
92454^	Anaesthesia, Conscious Sedation – Parenteral Cons. Sedation – 4 Units	\$500.00
92455^	Anaesthesia, Conscious Sedation – Parenteral Cons. Sedation – Each additional unit	\$603.00
93111	Professional Communications – Consult Member of Prof. – 1 Unit	\$174.00
93112	Professional Communications – Consult Member of Prof. – 2 Units	\$348.00
93119	Professional Communications – Consult Member of Prof. – Each additional unit	\$174.00
94101	Professional Visits – House Call, Non Emergency	\$93.00
94102	Professional Visits – House Call, Emergency	\$209.00
94302	Professional Visits – Office/Inst – Outside Regular Hours	\$89.00

Repairs to Existing Dentures

55101*	Dentures, Repair/Add/Complete – No Impression Required - Max	\$89.00
55102*	Dentures, Repair/Add/Complete – No Impression Required - Mand	\$89.00
55201*	Dentures, Repair/Add/Complete – Impression Required - Max	\$174.00
55202*	Dentures, Repair/Add/Complete – Impression Required - Mand	\$174.00
55301*	Partial Dentures, Repairs/Add – No Impression Required – Max	\$89.00

55302*	Partial Dentures, Repairs/Add – No Impression Required – Mand		\$89.00
55401*	Partial Dentures, Repairs/Add – Impression Required – Max		\$175.00
55402*	Partial Dentures, Repairs/Add – Impression Required – Mand		\$175.00

Relines and Rebasing of Existing Dentures

56211	Dentures, Reline, Direct – Complete Denture – Max		\$280.00
56212	Dentures, Reline, Direct – Complete Denture – Mand		\$280.00
56221	Dentures, Reline, Direct – Partial Denture – Max		\$280.00
56222	Dentures, Reline, Direct – Partial Denture – Mand		\$280.00
56231*	Dentures, Reline, Processed – Complete Denture – Max		\$333.00
56232*	Dentures, Reline, Processed – Complete Denture – Mand		\$333.00
56241*	Dentures, Reline, Processed – Partial Denture – Max		\$285.00
56242*	Dentures, Reline, Processed – Partial Denture – Mand		\$285.00
56311*	Dentures, Rebase – Complete Denture – Max		\$285.00
56312*	Dentures, Rebase – Complete Denture – Mand		\$285.00
56321*	Dentures, Rebase – Partial Denture – Max		\$285.00
56322*	Dentures, Rebase – Partial Denture – Mand		\$285.00
56411*	Dentures, Remake, Existing Frame – Partial – Max		\$494.00
56412*	Dentures, Remake, Existing Frame – Partial – Mand		\$494.00
56511*	Dentures, Tissue Conditioning – Complete Denture – Max		\$170.00
56512*	Dentures, Tissue Conditioning – Complete Denture – Mand		\$170.00
56521*	Dentures, Tissue Conditioning – Partial Denture – Max		\$170.00
56522*	Dentures, Tissue Conditioning – Partial Denture – Mand		\$170.00

Stainless Steel Crown

22211	Full Coverage, Metal, Primary – Posterior		\$245.00
22311	Full Coverage, Metal, Permanent – Posterior		\$245.00
22401	Full Coverage, Plastic, Primary – Anterior		\$245.00
22411	Full Coverage, Plastic, Primary – Posterior		\$245.00
22501	Full Coverage, Plastic, Permanent – Anterior		\$245.00
22511	Full Coverage, Plastic, Permanent – Posterior		\$245.00

Recementing Existing Inlay or Crown

29101	Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – 1 Unit		\$147.00
29102	Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – 2 Units		\$294.00

29103	Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – 3 Units	\$441.00
29109	Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – Each additional unit over 3	\$147.00
29301	Removal – Inlay/Only/Crown Veneer – 1 Unit	\$147.00
29302	Removal – Inlay/Only/Crown Veneer – 2 Units	\$294.00

*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		\$245.25
23602	Plastic/Silver Fill/Cores – Bonded with Crown/Fix Br Ret		\$175.50
25111*	Metal – 1 Surface		\$408.00
25112*	Metal – 2 Surfaces		\$592.50
25113*	Metal – 3 Surfaces		\$651.00
25114*	Metal – 3 Surfaces, Modified		\$651.00
25121*	Composite/Compomer – Indirect, Bonded – 1S		\$465.00
25122*	Composite/Compomer – Indirect, Bonded – 2S		\$612.00
25123*	Composite/Compomer – Indirect, Bonded – 3S		\$657.00
25124*	Composite/Compomer – Indirect, Bonded – Modified 3S		\$657.00
25141*	Porcelain/Ceramic/Poly Glass – Bonded 1S		\$465.00
25142*	Porcelain/Ceramic/Poly Glass – Bonded 2S		\$609.00
25143*	Porcelain/Ceramic/Poly Glass – Bonded 3S		\$654.00
25144*	Porcelain/Ceramic/Poly Glass – Bonded, Modified 3S		\$654.00
25511*	Cast Metal, Indirect – Per Tooth		\$720.00
25531*	Porcelain, Ceramic, Poly Glass – Bonded, Per Tooth		\$720.00
25601*	Pins, Retentive – 1 Pin per tooth		\$32.25
25602*	Pins, Retentive – 2 Pins per tooth		\$50.25
25603*	Pins, Retentive – 3 Pins per tooth		\$68.25
25604*	Pins, Retentive – 4 Pins per tooth		\$86.25
25605*	Pins, Retentive – 5 Pins or more per tooth		\$104.25
25711*	Cast Metal (including Core) – Separate procedure – 1 section		\$397.50
25712*	Cast Metal (including Core) – Separate procedure – 2 sections		\$475.50
25713*	Cast Metal (including Core) – Separate procedure – 3 sections		\$548.25
25721*	Cast Metal (including Core) – Concurrent with impress – 1 section		\$189.75
25722*	Cast Metal (including Core) – Concurrent with impress – 2 sections		\$229.50
25723*	Cast Metal (including Core) – Concurrent with impress – 3 sections		\$262.50
25731	Prefabricated Retentive – 1 post		\$189.75

25732	Prefabricated Retentive – 2 posts same tooth		\$229.50
25733	Prefabricated Retentive – 3 posts same tooth		\$262.50
27601*	Veneers, Lab Processed – Acrylic/Composite/Compom, Bonded		\$597.00
27602*	Veneers, Lab Processed – Porcelain/Ceramic/Poly. Glass, Bonded		\$597.00

Initial Installation or Replacement of Crown

27111*	Acrylic/Composite/Compomer – Crown, indirect		\$609.75
27121	Acrylic/Composite/Compomer – Direct, Prov., Chairside		\$165.00
27131	Acrylic/Composite/Compomer – Cast Metal Base, Indirect		\$655.50
27201*	Porcelain/Ceramic/Poly. Glass – Crown		\$770.25
27211*	Porcelain/Ceramic/Poly. Glass Fused to Met – Crown,		\$770.25
27212*	Porcelain/Ceramic/Poly. Glass Fused to Met – Crown, Complicated		\$839.25
27301*	Cast Metal – Uncomplicated		\$770.25
27302*	Cast Metal – Complicated		\$839.25
27311*	3/4 Cast Metal – Crown		\$770.25
27312*	3/4 Cast Metal – Crown, Complicated		\$839.25
27401	To Existing Partial Denture Clasp – One Crown		\$128.25
27409	To Existing Partial Denture Clasp – Each Additional Crown		\$128.25
29201	Repairs – Inlays, Onlays, Crowns and Veneers (single units) Polymer Direct		\$91.50
29202	Repairs – Inlays, Onlays, Crowns and Veneers (single unit) Ceramic, Metal, Polymer Metal or Ceramic Metal - Direct		\$146.25

Initial Installation or Replacement of Complete or Partial Denture

51101*	Complete Dentures, Standard – Maxillary		\$852.00
51102*	Complete Dentures, Standard – Mandibular		\$927.75
51201*	Complete Dentures, Complex – Maxillary		\$1,086.75
51202*	Complete Dentures, Complex – Mandibular		\$1,182.75
51301*	Complete Dentures, Surgical/Std – (Immediate) Maxillary		\$852.00
51302*	Complete Dentures, Surgical/Std – (Immediate) Mandibular		\$927.75
51601*	Complete Dentures, Provisional – Maxillary		\$390.75
51602*	Complete Dentures, Provisional – Mandibular		\$426.00
52101*	Dentures, Partial, Acrylic Base – Provs, with/without Clasps - Maxillary		\$255.00
52102*	Dentures, Partial, Acrylic Base – Provs, with/without Clasps - Mandibular		\$255.00
52111*	Dentures, Partial, Acrylic Base – Immediate – Maxillary		\$310.50
52112*	Dentures, Partial, Acrylic Base – Immediate – Mandibular		\$310.50
52201*	Dentures, Partial, Polymer – Resilient Retainer – Maxillary		\$310.50

52202*	Dentures, Partial, Polymer – Resilient Retainer – Mandibular	\$310.50
52211*	Dentures, Partial, Polymer – Resilient Retainer Immediate - Maxillary	\$310.50
52212*	Dentures, Partial, Polymer – Resilient Retainer Immediate – Mandibular	\$310.50
52301*	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Maxillary	\$488.25
52302*	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Mandibular	\$488.25
52311*	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Immediate – Maxillary	\$389.25
52312*	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Immediate – Mandibular	\$389.25
52401*	Dentures, Partial, Acrylic – Palatal/Lingual Bar – Maxillary	\$417.00
52402*	Dentures, Partial, Acrylic – Palatal/Lingual Bar – Mandibular	\$417.00
53101*	Dentures, Partial, Cast/Acrylic – FE Cast Frame/Connector – Maxillary	\$1,032.00
53102*	Dentures, Partial, Cast/Acrylic – FE Cast Frame/Connector – Mandibular	\$1,032.00
53201*	Dentures, Partial, Cast/Acrylic – Tooth Borne – Maxillary	\$881.25
53202*	Dentures, Partial, Cast/Acrylic – Tooth Borne – Mandibular	\$881.25
53401*	Dentures, Partial, Cast – Precision Attachment – Maxillary	\$1,015.50
53402*	Dentures, Partial, Cast – Precision Attachment – Mandibular	\$1,015.50
53622*	Dentures, Partial, Cast – Stress Breaker (1 hinge) – Mandibular	\$1,056.00
53623*	Dentures, Partial, Cast – Stress Breaker (2 hinges) – Mandibular	\$1,056.00
54201*	Dentures, Adjustments – Minor – 1 Unit	\$79.50
54202*	Dentures, Adjustments – Minor – 2 Units	\$159.00
54209*	Dentures, Adjustments – Minor – Each additional unit	\$79.50
54301*	Dentures, Adjustments – Remount & Occlusal Equil – Maxillary	\$501.75
54302*	Dentures, Adjustments – Remount & Occlusal Equil - Mandibular	\$501.75

Initial Installation or Replacement of Fixed Bridge

62101*	Pontics, Bridge, Cast Metal – Cast Metal Pontic	\$346.50
62102*	Pontics, Bridge, Cast Metal – With/Sep Porcelain/Ceramic/Poly. Glass Jacket	\$346.50
62501*	Pontics, Bridge, Porcelain, Ceramic, Poly. Glass – Fused to Metal	\$346.50
62701*	Pontics, Acrylic/Composite/Compomer – Processed to Metal	\$346.50
62702*	Pontics, Acrylic/Composite/Compomer – Indirect (Provisional)	\$346.50
62703	Pontics, Acrylic/Composite/Compomer – Bonded to Teeth, Direct (Provisional)	\$346.50
62801	Pontics, Natural Tooth – Natural Crown, Direct, Provisional	\$250.50
67111	Fixed Bridge Retainer – Acrylic/Composite/Compomer – Indirect	\$684.75
67121	Fixed Bridge Retainer – Acrylic/Composite/Compomer – Direct	\$138.75
67131	Fixed Bridge Retainer – Composite/Compomer/Resin – Indirect	\$606.00
67201*	Fixed Bridge Retainer Porcelain/Ceramic/Poly. Glass	\$684.75
67202*	Fixed Bridge Retainer Porcelain/Ceramic/Poly. Glass - Complicated	\$747.00

67211*	Fixed Bridge Retainer Porcelain/Ceramic/Poly. Glass – Fused to Metal Base	\$684.75
67212*	Fixed Bridge Retainer Porcelain/Ceramic/Poly. Glass – Fused – Metal Base, Complicated	\$747.00
67231*	Fixed Bridge Retainer Porcelain/Ceramic/Poly. Glass – 2 Surface Inlay, Bonded	\$570.75
67241*	Fixed Bridge Retainer Porcelain/Ceramic/Poly. Glass – 3 Surface Inlay, Bonded	\$720.00
67251*	Fixed Bridge Retainer Porcelain/Ceramic/Poly. Glass – Onlay, Bonded	\$720.00
67301*	Retainers, Cast Metal – Cast Metal	\$684.75
67302*	Retainers, Cast Metal – Cast Metal, Complicated	\$747.00
67311*	Retainers, 3/4, Cast Metal – 3/4 Cast Metal Retainer	\$665.25
67321*	Retainers, Cast Metal Inlay – 2 Surfaces	\$595.50
67322*	Retainers, Cast Metal Inlay – 3 or more Surfaces	\$595.50
67331*	Retainers, Cast Metal Onlay – Onlay (Internal Retention)	\$684.75
67341*	Retainers, Metal, Onlay (ext) – With/Without Perf, Bonded to Tooth	\$219.00
67501*	Abutments/Retainers, Miscellaneous Serv – Retainer made to exist, Partial denture Clasp addtoret – per retainer	\$133.50
69301*	Other Services – Retentive Pins – 1 Pin/Rest	\$32.25
69302*	Other Services – Retentive Pins – 2 Pins/Rest	\$50.25
69303*	Other Services – Retentive Pins – 3 Pins/Rest	\$68.25
69701*	Provisional Coverage – Abutment Tooth	\$104.25
69702*	Provisional Coverage – Pontic	\$51.00

Repairs and Recementing of Existing Fixed Bridge

66111*	Repair, Replace – Prefab Attachable Facings 1 Unit	\$110.25
66112*	Repair, Replace – Prefab Attachable Facings 2 Units	\$220.50
66113*	Repair, Replace – Prefab Attachable Facings 3 Units	\$330.75
66211*	Repair, Remove, Recement – Fixed Bridge/Prosthesis – 1 Unit	\$110.25
66212*	Repair, Remove, Recement – Fixed Bridge/Prosthesis – 2 Units	\$220.50
66213*	Repair, Remove, Recement – Fixed Bridge/Prosthesis – 3 Units	\$330.75
66221*	Repair, Remove, Replace – Fixed Bridge/Prosthesis – 1 Unit	\$110.25
66222*	Repair, Remove, Replace – Fixed Bridge/Prosthesis – 2 Units	\$220.50
66251*	Repair, Sect Abutment/Pontic – & Polish Existing Bridge – 1 Unit	\$110.25
66252*	Repair, Sect Abutment/Pontic – & Polish Existing Bridge – 2 Units	\$220.50
66253*	Repair, Sect Abutment/Pontic – & Polish Existing Bridge – 3 Units	\$330.75
66301*	Repair, Reinsert/Recement – 1 Unit	\$110.25
66302*	Repair, Reinsert/Recement – 2 Units	\$220.50

66303*	Repair, Reinsert/Recement – 3 Units	\$330.75
66711	Repair, Fix Bridge/Prosthesis – Por/Cer/PolyG/Ac/Comp – Dir – 1 Tooth	\$117.00
66719	Repair, Fix Bridge/Prosthesis – Por/Cer/PolyG/Ac/Comp – Dir – Each additional tooth	\$117.00
66731*	Repair, Fix Bridge/Prosthesis – Telescoping Crown	\$335.25

*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)		\$491.00
32225	Mandibular (lower)		\$491.00
Reline partial denture self-polymerized/lab processed			
42210	Maxillary (upper)		\$491.00
42220	Mandibular (lower)		\$491.00
Reline complete denture lab processed/functional impression			
32110	Maxillary (upper)		\$609.00
32120	Mandibular (lower)		\$609.00
Reline partial denture lab processed/functional impression			
42116	Maxillary (upper)		\$609.00
42126	Mandibular (lower)		\$609.00
Rebase complete denture lab processed/functional impression			
33117	Maxillary (upper)		\$1,152.00
33127	Mandibular (lower)		\$1,152.00
Rebase partial denture lab processed/functional impression			
43116	Maxillary (upper)		\$1,152.00
43126	Mandibular (lower)		\$1,152.00

Repairs to Existing Denture

Repair, No Impression required

36110	Maxillary (upper) complete		\$154.00
36120	Mandibular (lower) complete		\$154.00
46110	Maxillary (upper) partial		\$154.00
46120	Mandibular (lower) partial		\$154.00

Repair, Impression required

36210	Maxillary (upper) complete		\$211.00
36220	Mandibular (lower) complete		\$211.00
46210	Maxillary (upper) partial		\$211.00
46220	Mandibular (lower) partial		\$211.00

NOTE All services include laboratory charges.

Level 3: Major Restorative

Reimbursed at 75% of the maximums indicated below.

Code	Description	Limit	PEDP Maximum
Initial Installation or Replacement of Complete Dentures			
Complete			
31310	Maxillary (upper) complete denture (standard)		\$1,356.75
31320	Mandibular (lower) complete denture (standard)		\$1,356.75
Partial Denture, Acrylic Base, No Clasps			
41612	Maxillary (upper)		\$1,201.50
41622	Mandibular (lower)		\$1,255.50
Partial Denture, Cast Frame, with Clasps or Rests (Tooth-borne-semi-precision)			
41216	Maxillary (upper)		\$2,608.50
41226	Mandibular (lower)		\$2,608.50
Partial Denture, Cast Frame, with Clasps or Rests (Free-end-precision)			
41110	Maxillary (upper)		\$2,608.50
41120	Mandibular (lower)		\$2,608.50
Partial Denture, Cast Frame, with Clasps or Rests (Free-end-standard)			
41114	Maxillary (upper)		\$1,628.25
41124	Mandibular (lower)		\$1,628.25
Accessories			
71010	Wrought Clasp		\$131.25
46310	Additions/Teeth/Clasp (Maxillary)		\$198.00
46320	Additions/Teeth/Clasps (Mandibular)		\$198.00

NOTE All services include laboratory charges.

Orthodontic Coverage

Reimbursement is provided at 60% 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.