

# PUBLIC EMPLOYEES DENTAL PLAN

## Maximum Reimbursement Schedule Members of SaskEnergy Inc.

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:

<b>Example</b>	<b>First Plan (i.e., Spouse's Plan)</b>	<b>PEDP Maximum Payment Per Schedule</b>	<b>PEDP Maximum second payor</b>
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
<b>Oral Examinations</b>			
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
<b>Polishing</b>			
11101	Polishing	2 units per year	\$44.00
<b>Scaling</b>			
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

<b>12111</b>	Rinse	Once per year of 12111, 12112, or 12113	\$21.00
<b>12112</b>	Gel or Foam		\$26.00
<b>12113</b>	Varnish		\$32.00

## X-Rays

<b>02102</b>	Full mouth	Once per 24 months	\$178.00
Bitewing/apicals			
<b>02111</b>	Periapical - 1 image	Twice per year	\$28.00
<b>02112</b>	Periapical - 2 images	Twice per year	\$38.00
<b>02113</b>	Periapical - 3 images	Twice per year	\$48.00
<b>02114</b>	Periapical - 4 images	Twice per year	\$58.00
<b>02115</b>	Periapical - 5 images	Twice per year	\$68.00
<b>02116</b>	Periapical - 6 images	Twice per year	\$78.00
<b>02117</b>	Periapical - 7 images	Twice per year	\$88.00
<b>02118</b>	Periapical - 8 images	Twice per year	\$98.00
<b>02119</b>	Periapical - 9 images	Twice per year	\$108.00
<b>02120</b>	Periapical - 10 images	Twice per year	\$118.00
<b>02121</b>	Periapical - 11 images	Twice per year	\$128.00
<b>02122</b>	Periapical - 12 images	Twice per year	\$138.00
<b>02123</b>	Periapical - 13 images	Twice per year	\$148.00
<b>02124</b>	Periapical - 14 images	Twice per year	\$158.00
<b>02125</b>	Periapical - 15 images	Twice per year	\$168.00
<b>02131</b>	Occlusal – 1 image	Twice per year	\$28.00
<b>02132</b>	Occlusal – 2 images	Twice per year	\$38.00
<b>02141</b>	Bitewing – 1 image	Twice per year	\$28.00
<b>02142</b>	Bitewing – 2 images	Twice per year	\$38.00
<b>02143</b>	Bitewing – 3 images	Twice per year	\$48.00
<b>02144</b>	Bitewing – 4 images	Twice per year	\$58.00
<b>02501</b>	TMJ – 1 image	Twice per year	\$61.00
<b>02502</b>	TMJ – 2 images	Twice per year	\$89.00
<b>02503</b>	TMJ – 3 images	Twice per year	\$117.00
<b>02504</b>	TMJ – 4 images	Twice per year	\$144.00

<b>02601</b>	Panoramic – 1 image	Once per 24 months	\$88.00
<b>02811^</b>	Interpret Radiograph, CT, PET – MRI received from others	Twice per year	\$70.00
<b>04311*</b>	Biopsy, by Puncture	Twice per year	\$144.00
<b>04312*</b>	Biopsy, by Incision	Twice per year	\$151.00
<b>04313*</b>	Biopsy, by Aspiration	Twice per year	\$144.00
<b>04321*</b>	Biopsy, by Puncture	Twice per year	\$247.00
<b>04322*</b>	Biopsy, by Incision	Twice per year	\$267.00
<b>04323*</b>	Biopsy, by Aspiration	Twice per year	\$226.00
<b>04401*</b>	Cyt Smear from Oral Cavity	Twice per year	I.C.
<b>04402*</b>	Vit Staining of Oral Mucosal	Twice per year	\$76.00
<b>04501</b>	Pulp vitality, 1 unit	Twice per year	\$120.00
<b>04509</b>	Pulp vitality, Each additional unit	Twice per year	\$120.00
<b>Study Models – Unmounted</b>			
<b>04911*</b>	Cast, Unmounted		\$48.00
<b>05101</b>	Treatment Planning – 1 unit		\$120.00
<b>05102</b>	Treatment Planning – 2 units		\$240.00
<b>13211</b>	Oral Hygiene Instruction – Individual Instruction, 1 unit		\$42.00
<b>13217</b>	Oral Hygiene Instruction – Individual Instruction, 1/2 unit		\$21.00
<b>13401</b>	Sealants, Pit and Fissure – First Tooth		\$34.00
<b>13409</b>	Sealants, Pit and Fissure – Each Additional Tooth (Same Quad)		\$27.00
<b>16201</b>	Disking, Interproximal – 1 unit		\$120.00
<b>16202</b>	Disking, Interproximal – 2 units		\$240.00
<b>14101*</b>	Removable, Control Oral Habit – Maxillary		\$261.00
<b>14102*</b>	Removable, Control Oral Habit – Mandibular		\$261.00
<b>14103*</b>	Removable, Control Oral Habit – Maxillary + Mandibular		\$523.00
<b>14201*</b>	Fixed/Cemented, Control Oral Habit – Maxillary		\$310.00
<b>14202*</b>	Fixed/Cemented, Control Oral Habit – Mandibular		\$310.00
<b>15101*</b>	Band Type, Fixed – Unilateral		\$159.00
<b>15103*</b>	Band Type, Fixed – Bilateral (SLA)		\$268.00
<b>15105*</b>	Band Type, Fixed – Bilateral, Tubes & Locking Wires		\$268.00
<b>15201*</b>	Stainless Steel Crown Type – Fixed		\$201.00
<b>15202*</b>	Stainless Steel Crown Type – Fixed, + Intra Alveolar Att		\$213.00
<b>15301*</b>	Cast Type – Fixed		\$201.00
<b>15302*</b>	Cast Type – Fixed, + Intra Alveolar Att		\$266.00
<b>15401*</b>	Acrylic, Removable – Bilateral Clasps/Ret Wires		\$235.00
<b>15402*</b>	Acrylic, Removable – Bilateral Clasps/Ret Wires + Teeth		\$237.00
<b>15403*</b>	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
<b>Amalgam, Composite, or Acrylic Fillings</b>			
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



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

### Retentive Pins

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

### Extractions

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

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

#### Alveoloplasty

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

#### Surgical Incision

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

## Endodontics

### Root Canal Therapy

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

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

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

### Emergency Services

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

### Sedative Dressing

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

### Periodontics

#### Non-surgical

<b>41211</b>	Oral Diseases, Mucosal – 1 Unit		\$174.00
<b>41212</b>	Oral Diseases, Mucosal – 2 Units		\$348.00
<b>41221</b>	Oral Diseases, Nerve/Muscular – 1 Unit		\$174.00
<b>41222</b>	Oral Diseases, Nerve/Muscular – 2 Units		\$348.00
<b>41301</b>	Desensitization – 1 Unit		\$71.00
<b>41302</b>	Desensitization – 2 Units		\$142.00
<b>43111</b>	Splint or Ligation – A (+wire, fib ribbon,rope)/joint		\$98.00
<b>43211</b>	Splint or Ligation – Bonded Joint Restor./joint		\$99.00
<b>43221</b>	Splint or Ligation – Bonded Interprox Splint/joint		\$106.00
<b>43231</b>	Splint or Ligation – Wire Ligation/joint		\$57.00
<b>43241</b>	Splint or Ligation – Wire Ligation/Rest Mat'l Cov/joint		\$99.00
<b>16511</b>	Occlusal Adj/Equilibrat – 1 Unit		\$123.00
<b>16512</b>	Occlusal Adj/Equilibrat – 2 Units		\$246.00
<b>16513</b>	Occlusal Adj/Equilibrat – 3 Units		\$369.00

<b>16514</b>	Occlusal Adj/Equilibrat – 4 Units		\$492.00
<b>16519</b>	Occlusal Adj/Equilibrat – Each Additional Over 4		\$123.00
<b>Root Planing</b>			
<b>43421</b>	Root planing – 1 unit		\$55.00
<b>43422</b>	Root planing – 2 units		\$110.00
<b>43423</b>	Root planing – 3 units		\$165.00
<b>43424</b>	Root planing – 4 units		\$220.00
<b>43425</b>	Root planing – 5 units		\$275.00
<b>43426</b>	Root planing – 6 units		\$330.00
<b>43427</b>	Root planing – 1/2 unit		\$27.50
<b>Appliance</b>			
<b>14611*</b>	Periodontal – Maxillary		\$341.00
<b>14612*</b>	Periodontal – Mandibular		\$341.00
<b>Surgical</b>			
<b>42111</b>	Gingival Curettage – Incl Root Planing per sextant		\$288.00
<b>42201</b>	Gingivoplasty – Per sextant		\$334.00
<b>42311</b>	Gingivectomy – Uncomplicated – per sextant		\$413.00
<b>42321</b>	Gingivectomy – Complicated – per sextant		\$449.00
<b>42331</b>	Gingivectomy – Fiber Incision – Each additional tooth		\$91.00
<b>42411</b>	Flap Approach – With osteoplasty and/or ostectomy/sextant		\$1,175.00
<b>42421</b>	Flap Approach – With curettage of Osseous/sextant		\$762.00
<b>42431</b>	Flap Approach – With curettage of Osseous defect with osteoplasty and/or ostectomy/sextant		\$882.00
<b>42441</b>	Flap Approach – Exploratory/site		\$693.00
<b>42511</b>	Grafts, Soft Tissue, Pedicle – Per site		\$741.00
<b>42521</b>	Grafts, Soft Tissue, Pedicle – Coronally Positioned/site		\$781.00
<b>42611</b>	Grafts, Osseous Tissue, Autograft – Per site		\$808.00
<b>42811</b>	Miscellaneous, Proximal Wedge – w/Flap Curettage /site		\$331.00
<b>42819</b>	Miscellaneous, Proximal Wedge – w/Flap Curettage & Ost /site		\$478.00
<b>42821</b>	Miscellaneous, Post Surgical Perio TX – 1 Unit		\$147.00
<b>42831</b>	Miscellaneous, Abscess/Pericoronitis – 1 Unit		\$147.00
<b>42832</b>	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

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

### Relines and Rebasing of Existing Dentures

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

### Stainless Steel Crown

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

### Recementing Existing Inlay or Crown

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



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

<b>25732</b>	Prefabricated Retentive – 2 posts same tooth		\$229.50
<b>25733</b>	Prefabricated Retentive – 3 posts same tooth		\$262.50
<b>27601*</b>	Veneers, Lab Processed – Acrylic/Composite/Compom, Bonded		\$597.00
<b>27602*</b>	Veneers, Lab Processed – Porcelain/Ceramic/Poly. Glass, Bonded		\$597.00
<b>Initial Installation or Replacement of Crown</b>			
<b>27111*</b>	Acrylic/Composite/Compomer – Crown, indirect		\$609.75
<b>27121</b>	Acrylic/Composite/Compomer – Direct, Prov., Chairside		\$165.00
<b>27131</b>	Acrylic/Composite/Compomer – Cast Metal Base, Indirect		\$655.50
<b>27201*</b>	Porcelain/Ceramic/Poly. Glass – Crown		\$770.25
<b>27211*</b>	Porcelain/Ceramic/Poly. Glass Fused to Met – Crown,		\$770.25
<b>27212*</b>	Porcelain/Ceramic/Poly. Glass Fused to Met – Crown, Complicated		\$839.25
<b>27301*</b>	Cast Metal – Uncomplicated		\$770.25
<b>27302*</b>	Cast Metal – Complicated		\$839.25
<b>27311*</b>	3/4 Cast Metal – Crown		\$770.25
<b>27312*</b>	3/4 Cast Metal – Crown, Complicated		\$839.25
<b>27401</b>	To Existing Partial Denture Clasp – One Crown		\$128.25
<b>27409</b>	To Existing Partial Denture Clasp – Each Additional Crown		\$128.25
<b>29201</b>	Repairs – Inlays, Onlays, Crowns and Veneers (single units) Polymer Direct		\$91.50
<b>29202</b>	Repairs – Inlays, Onlays, Crowns and Veneers (single unit) Ceramic, Metal, Polymer Metal or Ceramic Metal - Direct		\$146.25

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

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

### Initial Installation or Replacement of Fixed Bridge

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

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

### Repairs and Recementing of Existing Fixed Bridge

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

<b>66303*</b>	Repair, Reinsert/Recement – 3 Units	\$330.75
<b>66711</b>	Repair, Fix Bridge/Prosthesis – Por/Cer/PolyG/Ac/Comp – Dir – 1 Tooth	\$117.00
<b>66719</b>	Repair, Fix Bridge/Prosthesis – Por/Cer/PolyG/Ac/Comp – Dir – Each additional tooth	\$117.00
<b>66731*</b>	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
<b>Relines and Rebases to Existing Dentures</b>			
Reline complete denture self-polymerized/lab processed			
<b>32215</b>	Maxillary (upper)		\$491.00
<b>32225</b>	Mandibular (lower)		\$491.00
Reline partial denture self-polymerized/lab processed			
<b>42210</b>	Maxillary (upper)		\$491.00
<b>42220</b>	Mandibular (lower)		\$491.00
Reline complete denture lab processed/functional impression			
<b>32110</b>	Maxillary (upper)		\$609.00
<b>32120</b>	Mandibular (lower)		\$609.00
Reline partial denture lab processed/functional impression			
<b>42116</b>	Maxillary (upper)		\$609.00
<b>42126</b>	Mandibular (lower)		\$609.00
Rebase complete denture lab processed/functional impression			
<b>33117</b>	Maxillary (upper)		\$1,152.00
<b>33127</b>	Mandibular (lower)		\$1,152.00
Rebase partial denture lab processed/functional impression			
<b>43116</b>	Maxillary (upper)		\$1,152.00
<b>43126</b>	Mandibular (lower)		\$1,152.00

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## Repairs to Existing Denture

### Repair, No Impression required

<b>36110</b>	Maxillary (upper) complete		\$154.00
<b>36120</b>	Mandibular (lower) complete		\$154.00
<b>46110</b>	Maxillary (upper) partial		\$154.00
<b>46120</b>	Mandibular (lower) partial		\$154.00

### Repair, Impression required

<b>36210</b>	Maxillary (upper) complete		\$211.00
<b>36220</b>	Mandibular (lower) complete		\$211.00
<b>46210</b>	Maxillary (upper) partial		\$211.00
<b>46220</b>	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
<b>Initial Installation or Replacement of Complete Dentures</b>			
Complete			
<b>31310</b>	Maxillary (upper) complete denture (standard)		\$1,356.75
<b>31320</b>	Mandibular (lower) complete denture (standard)		\$1,356.75
Partial Denture, Acrylic Base, No Clasps			
<b>41612</b>	Maxillary (upper)		\$1,201.50
<b>41622</b>	Mandibular (lower)		\$1,255.50
Partial Denture, Cast Frame, with Clasps or Rests (Tooth-borne-semi-precision)			
<b>41216</b>	Maxillary (upper)		\$2,608.50
<b>41226</b>	Mandibular (lower)		\$2,608.50
Partial Denture, Cast Frame, with Clasps or Rests (Free-end-precision)			
<b>41110</b>	Maxillary (upper)		\$2,608.50
<b>41120</b>	Mandibular (lower)		\$2,608.50
Partial Denture, Cast Frame, with Clasps or Rests (Free-end-standard)			
<b>41114</b>	Maxillary (upper)		\$1,628.25
<b>41124</b>	Mandibular (lower)		\$1,628.25
Accessories			
<b>71010</b>	Wrought Clasp		\$131.25
<b>46310</b>	Additions/Teeth/Clasp (Maxillary)		\$198.00
<b>46320</b>	Additions/Teeth/Clasps (Mandibular)		\$198.00

**NOTE** All services include laboratory charges.



## 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. 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.