

PUBLIC EMPLOYEES DENTAL PLAN

Maximum Reimbursement Schedule Core Plan

Effective January 1, 2024

Administered by:
Plannera Pensions & Benefits

Canada Life Assurance Company
Regina Benefit Payments
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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		65.00
01102	Mixed		97.00
01103	Permanent		128.00
Previous Patient			
01202	Recall	Twice per year	42.00
Polishing			
11101	Polishing	2 units per year	42.00
Scaling			
11111	1 Unit	2 units per year at 100%	52.00
11112	2 Units	8 units per year at 75%	104.00
11113	3 Units	8 units per year at 75%	156.00
11114	4 Units	8 units per year at 75%	208.00
11115	5 Units	8 units per year at 75%	260.00
11116	6 Units	8 units per year at 75%	312.00
11117	1/2 Unit	8 units per year at 75%	26.00
Fluoride Treatment			
12111	Rinse	Once per year of 12111, 12112, or 12113	21.00
12112	Gel or Foam		26.00
12113	Varnish		31.00

X-Rays			
02102	Full mouth	Once per 24 months	172.00
Bitewing/apicals			
02111	Periapical - 1 image	Twice per year	27.00
02112	Periapical - 2 images	Twice per year	36.00
02113	Periapical - 3 images	Twice per year	46.00
02114	Periapical - 4 images	Twice per year	56.00
02115	Periapical - 5 images	Twice per year	65.00
02116	Periapical - 6 images	Twice per year	75.00
02141	Bitewing – 1 image	Twice per year	27.00
02142	Bitewing – 2 images	Twice per year	36.00
02143	Bitewing – 3 images	Twice per year	46.00
02144	Bitewing – 4 images	Twice per year	56.00
02601	Panoramic – 1 image	Once per 24 months	85.00
Study Models – Unmounted			
04911*	Cast, Unmounted		47.00

NEW *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		153.00
21112	Non Bonded, Primary Teeth – 2 Surfaces		207.00
21113	Non Bonded, Primary Teeth – 3 Surfaces		248.00
21121	Bonded, Primary Teeth – 1 Surface		153.00
21122	Bonded, Primary Teeth – 2 Surfaces		207.00
21123	Bonded, Primary Teeth – 3 Surfaces		248.00
21211	Non Bonded, Permanent Bicusp/Ants – 1 Surface		180.00
21212	Non Bonded, Permanent Bicusp/Ants – 2 Surfaces		243.00
21213	Non Bonded, Permanent Bicusp/Ants – 3 Surfaces		292.00
21214	Non Bonded, Permanent Bicusp/Ants – 4 Surfaces		350.00
21215	Non Bonded, Permanent Bicusp/Ants – 5 Surfaces or Max per Tooth		420.00
21221	Non Bonded, Permanent Molars – 1 Surface		196.00
21222	Non Bonded, Permanent Molars – 2 Surfaces		265.00
21223	Non Bonded, Permanent Molars – 3 Surfaces		318.00
21224	Non Bonded, Permanent Molars – 4 Surfaces		381.00
21225	Non Bonded, Permanent Molars – 5 Surfaces or Max per Tooth		458.00
21231	Bonded, Permanent Bicusp/Ants – 1 Surface		180.00
21232	Bonded, Permanent Bicusp/Ants – 2 Surfaces		243.00
21233	Bonded, Permanent Bicusp/Ants – 3 Surfaces		292.00
21234	Bonded, Permanent Bicusp/Ants – 4 Surfaces		350.00
21235	Bonded, Permanent Bicusp/Ants – 5 Surfaces or Max per Tooth		420.00
21241	Bonded, Permanent Molars – 1 Surface		196.00
21242	Bonded, Permanent Molars – 2 Surfaces		265.00
21243	Bonded, Permanent Molars – 3 Surfaces		318.00
21244	Bonded, Permanent Molars – 4 Surfaces		381.00
21245	Bonded, Permanent Molars – 5 Surfaces or Max per Tooth		458.00
23111	Plastic/Silver Fill/Perm Ant – Bonded 1S		164.00
23112	Plastic/Silver Fill/Perm Ant – Bonded 2SC		221.00
23113	Plastic/Silver Fill/Perm Ant – Bonded 3SC		265.00
23114	Plastic/Silver Fill/Perm Ant – Bonded 4SC		318.00
23115	Plastic/Silver Fill/Perm Ant – Bonded (max) 5SC		382.00
23311	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 1 Surface		190.00
23312	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 2 Surfaces		256.00

23313	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 3 Surfaces	307.00
23314	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – 4 Surfaces	369.00
23315	Plastic/Silver Fill/Perm Pos – Bonded, Bicusp – (max) 5 Surfaces	442.00
23321	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 1 Surface	206.00
23322	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 2 Surfaces	279.00
23323	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 3 Surfaces	335.00
23324	Plastic/Silver Fill/Perm Pos – Bonded, Molars – 4 Surfaces	401.00
23325	Plastic/Silver Fill/Perm Pos – Bonded, Molars (max) – 5 Surfaces	482.00
23411	Plastic/Silver Fill/Prim Ant – Bonded 1S	161.00
23412	Plastic/Silver Fill/Prim Ant – Bonded 2SC	217.00
23413	Plastic/Silver Fill/Prim Ant – Bonded 3SC	261.00
23414	Plastic/Silver Fill/Prim Ant – Bonded 4SC	313.00
23415	Plastic/Silver Fill/Prim Ant – Bonded (max) 5SC	376.00
23511	Plastic/Silver Fill/Prim Pos – Bonded – 1 Surface	190.00
23512	Plastic/Silver Fill/Prim Pos – Bonded – 2 Surfaces	256.00
23513	Plastic/Silver Fill/Prim Pos – Bonded – 3 Surfaces	307.00
23514	Plastic/Silver Fill/Prim Pos – Bonded – 4 Surfaces	369.00
23515	Plastic/Silver Fill/Prim Pos – Bonded (max) 5SC	442.00

Retentive Pins

21401	Pins, Retentive/Restoration – 1 Pin	33.00
21402	Pins, Retentive/Restoration – 2 Pins	52.00
21403	Pins, Retentive/Restoration – 3 Pins	70.00
21404	Pins, Retentive/Restoration – 4 Pins	89.00
21405	Pins, Retentive/Restoration – 5 Pins or More	108.00

Extractions

71101	Removal, Extraction, Erupted – Uncomplicated – Single Tooth	173.00
71109	Removal, Extraction, Erupted – Uncomplicated – EA Tooth – SQ, SA	138.00
72111	Removal, Impact, Soft Tissue – Incision & Removal – 1 Tooth	307.00
72211	Removals, Impact, Tissue/BoneCov – Incision, Elev, Rem/Sec – 1 Tooth	423.00
72221	Removals, Impact, Tissue/BoneCov – Incision, Elev, Rem/Sect – 1 Tooth	563.00
72231	Removals, Impact, Tissue/BoneCov – Incision, Elev, Rem&Sect, Unusual Dif – 1 Tooth	617.00

Dental Surgery (including x-rays and lab)

Residual Root Removal

72321	Removals, Residual Roots – Soft Tissue – First Tooth		243.00
72329	Removals, Residual Roots – Soft Tissue – Each Additional Tooth Same Quadrant		195.00
72331	Removals, Residual Roots – Bone Tissue – First Tooth		317.00
72339	Removals, Residual Roots – Bone Tissue – Each Additional Tooth Same Quadrant		254.00

Alveoloplasty

73121	Remodelling & Recontouring – Alveoloplasty, No Extractions/sextant		224.00
73222	Gingivoplasty, Stomatoplasty – Excision of Vest Hyperpl/sextant		224.00

Surgical Incision

75112	Surgical Incision/Drain, Intra – Soft Tissue Abscess		185.00
75121	Surgical Incision/Drain, Intra – Hard Tissue Trephination		234.00

Endodontics

Root Canal Therapy

33111	Permanent, Retained Primary – 1 Canal		658.00
33121	Permanent, Retained Primary – 2 Canals		896.00
33131	Permanent, Retained Primary – 3 Canals		1121.00
33141	Permanent, Retained Primary – 4 Canals or More		1294.00

Pulpotomy

32221	Permanent Teeth, Sep Emergency Proc – Anteriors and Bicuspid		166.00
32222	Permanent Teeth, Sep Emergency Proc – Molars		216.00
32232	Primary Teeth – Concurrent with Restorations		109.00

Pulp Capping

20111	Caries, Trauma, Pain Control – First Tooth		131.00
20119	Caries, Trauma, Pain Control – Each Additional Tooth Same Quadrant		131.00
20131	Trauma Control, Smooth Fract Surf – First Tooth		54.00
20139	Trauma Control, Smooth Fract Surf – Each Additional Tooth Same Quadrant		54.00

Emergency Services

39501	Opening Through Artificial Crown (in addition to procedures) – Anterior & Bicuspids		122.00
39502	Opening Through Artificial Crown (in addition to procedures) – Molars		156.00

Sedative Dressing

20121	Caries, Trauma, Pain Control – Plus Band – First Tooth		166.00
20129	Caries, Trauma, Pain Control – Plus Band – Each Additional Tooth Same Quadrant		166.00

Periodontics

Non-surgical

41211	Oral Diseases, Mucosal – 1 Unit		168.00
41212	Oral Diseases, Mucosal – 2 Units		336.00
41221	Oral Diseases, Nerve/Muscular – 1 Unit		168.00
41222	Oral Diseases, Nerve/Muscular – 2 Units		336.00
41301	Desensitization – 1 Unit		71.00
41302	Desensitization – 2 Units		142.00

Root Planing

43421	Root planing – 1 unit		52.00
43422	Root planing – 2 units		104.00
43423	Root planing – 3 units		156.00
43424	Root planing – 4 units		208.00
43425	Root planing – 5 units		260.00
43426	Root planing – 6 units		312.00
43427	Root planing – 1/2 unit		26.00

Appliance

14611*	Periodontal – Maxillary		334.00
14612*	Periodontal – Mandibular		334.00

Surgical

42111	Gingival Curettage – Incl Root Planing per sextant		284.00
42201	Gingivoplasty – Per sextant		328.00
42311	Gingivectomy – Uncomplicated – per sextant		406.00
42321	Gingivectomy – Complicated – per sextant		442.00
42411	Flap Approach – With osteoplasty and/or ostectomy/sextant		1153.00
42421	Flap Approach – With curettage of Osseous/sextant		746.00

42431	Flap Approach – With curettage of Osseous defect with osteoplasty and/or ostectomy/sextant		863.00
42511	Grafts, Soft Tissue, Pedicle – Per site		727.00
42521	Grafts, Soft Tissue, Pedicle – Coronally Positioned/site		767.00
73411	Vestibuloplasty, Sub-mucous – per sextant		580.00
42821	Miscellaneous, Post Surgical Perio TX – 1 Unit		142.00
42831	Miscellaneous, Abscess/Pericoronitis – 1 Unit		142.00
42832	Miscellaneous, Abscess/Pericoronitis – 2 Units		284.00

Emergency Treatment for Dental Pain

91121	Unclassified Treatments – Emergency Services not in Guide – 1 Unit		142.00
91122	Unclassified Treatments – Emergency Services not in Guide – 2 Units		284.00
91211	Unclassified Treatments – Unusual Time/Responsibility – 1 Unit		142.00
91212	Unclassified Treatments – Unusual Time/Responsibility – 2 Units		284.00
91213	Unclassified Treatments – Unusual Time/Responsibility – 3 Units		426.00
91219	Unclassified Treatments – Unusual Time/Responsibility – Each additional unit		142.00
92411^	Anaesthesia, Conscious Sedation – Nitrous Oxide – 1 Unit		67.00
92412^	Anaesthesia, Conscious Sedation – Nitrous Oxide – 2 Units		111.00
92413^	Anaesthesia, Conscious Sedation – Nitrous Oxide – 3 Units		155.00
92414^	Anaesthesia, Conscious Sedation – Nitrous Oxide – 4 Units		199.00
92415^	Anaesthesia, Conscious Sedation – Nitrous Oxide – 5 Units		243.00

Repairs to Existing Dentures

55101*	Dentures, Repair/Add/Complete – No Impression Required - Max		87.00
55102*	Dentures, Repair/Add/Complete – No Impression Required - Mand		87.00
55201*	Dentures, Repair/Add/Complete – Impression Required - Max		170.00
55202*	Dentures, Repair/Add/Complete – Impression Required - Mand		170.00
55301*	Partial Dentures, Repairs/Add – No Impression Required – Max		87.00
55302*	Partial Dentures, Repairs/Add – No Impression Required – Mand		87.00
55401*	Partial Dentures, Repairs/Add – Impression Required – Max		170.00
55402*	Partial Dentures, Repairs/Add – Impression Required – Mand		170.00

Relines and Rebasing of Existing Dentures

56211	Dentures, Reline, Direct – Complete Denture – Max		273.00
56212	Dentures, Reline, Direct – Complete Denture – Mand		273.00
56221	Dentures, Reline, Direct – Partial Denture – Max		273.00
56222	Dentures, Reline, Direct – Partial Denture – Mand		273.00
56231*	Dentures, Reline, Processed – Complete Denture – Max		322.00
56232*	Dentures, Reline, Processed – Complete Denture – Mand		322.00

56241*	Dentures, Reline, Processed – Partial Denture – Max	278.00
56242*	Dentures, Reline, Processed – Partial Denture – Mand	278.00
56311*	Dentures, Rebase – Complete Denture – Max	278.00
56312*	Dentures, Rebase – Complete Denture – Mand	278.00
56321*	Dentures, Rebase – Partial Denture – Max	278.00
56322*	Dentures, Rebase – Partial Denture – Mand	278.00

Stainless Steel Crown

22211	Full Coverage, Metal, Primary – Posterior	234.00
22311	Full Coverage, Metal, Permanent – Posterior	234.00

Recementing Existing Inlay or Crown

29101	Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – 1 Unit	138.00
29102	Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – 2 Units	276.00
29103	Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – 3 Units	414.00
29109	Recementation/Rebonding – IN/ON/CR/VEN/Post/Tooth Fragment – Each additional unit over 3	138.00

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

Level 3: Major Restorative

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

Plastic Bonding			
23122	Plastic/Silver Fill/Permanent Ant – Non Prefab, Direct B/U Bond		307.00
27601	Plastic/Silver Fill/Cores – Non-Bonded with Crown/Fix Br Ret		223.00
27602	Plastic/Silver Fill/Cores – Bonded with Crown/Fix Br Ret		223.00
25731	Prefabricated Retentive – 1 post		243.00
25732	Prefabricated Retentive – 2 posts same tooth		293.00
25733	Prefabricated Retentive – 3 posts same tooth		335.00

Initial Installation or Replacement of Crown			
27111*	Acrylic/Composite/Compomer – Crown, indirect		791.00
27121	Acrylic/Composite/Compomer – Direct, Prov., Chairside		211.00
27131	Acrylic/Composite/Compomer – Cast Metal Base, Indirect		839.00
27201*	Porcelain/Ceramic/Poly. Glass – Crown		992.00
27211*	Porcelain/Ceramic/Poly. Glass Fused to Met – Crown,		992.00
27212*	Porcelain/Ceramic/Poly. Glass Fused to Met – Crown, Complicated		1081.00
27301*	Cast Metal – Uncomplicated		992.00
27311*	3/4 Cast Metal – Crown		992.00

Initial Installation or Replacement of Complete or Partial Denture			
51101*	Complete Dentures, Standard – Maxillary		1100.00
51102*	Complete Dentures, Standard – Mandibular		1198.00
51201*	Complete Dentures, Complex – Maxillary		1407.00
51202*	Complete Dentures, Complex – Mandibular		1531.00
51301*	Complete Dentures, Surgical/Std – (Immediate) Maxillary		1100.00
51302*	Complete Dentures, Surgical/Std – (Immediate) Mandibular		1198.00
51601*	Complete Dentures, Provisional – Maxillary		503.00
51602*	Complete Dentures, Provisional – Mandibular		548.00
52101*	Dentures, Partial, Acrylic Base – Provs, with/without Clasps - Maxillary		331.00
52102*	Dentures, Partial, Acrylic Base – Provs, with/without Clasps - Mandibular		331.00
52301*	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Maxillary		630.00
52302*	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Mandibular		630.00
52311*	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Immediate – Maxillary		503.00
52312*	Dentures, Partial, Acrylic – Wrought/Cast Clasps – Immediate – Mandibular		503.00

53101*	Dentures, Partial, Cast/Acrylic – FE Cast Frame/Connector – Maxillary	1345.00
53102*	Dentures, Partial, Cast/Acrylic – FE Cast Frame/Connector – Mandibular	1345.00
53201*	Dentures, Partial, Cast/Acrylic – Tooth Borne – Maxillary	1136.00
53202*	Dentures, Partial, Cast/Acrylic – Tooth Borne – Mandibular	1136.00
53401*	Dentures, Partial, Cast – Precision Attachment – Maxillary	1307.00
53402*	Dentures, Partial, Cast – Precision Attachment – Mandibular	1307.00
54201*	Dentures, Adjustments – Minor – 1 Unit	105.00
54202*	Dentures, Adjustments – Minor – 2 Units	210.00
54209*	Dentures, Adjustments – Minor – Each additional unit	105.00

Initial Installation or Replacement of Fixed Bridge

62101*	Pontics, Bridge, Cast Metal – Cast Metal Pontic	454.00
62102*	Pontics, Bridge, Cast Metal – With/Sep Porcelain/Ceramic/Poly. Glass Jacket	454.00
62501*	Pontics, Bridge, Porcelain, Ceramic, Poly. Glass – Fused to Metal	454.00
62701*	Pontics, Acrylic/Composite/Compomer – Processed to Metal	454.00
62702*	Pontics, Acrylic/Composite/Compomer – Indirect (Provisional)	454.00
67201*	Fixed Bridge Retainer Porcelain/Ceramic/Poly. Glass	891.00
67211*	Fixed Bridge Retainer Porcelain/Ceramic/Poly. Glass – Fused to Metal Base	891.00
67301*	Retainers, Cast Metal – Cast Metal	891.00
67302*	Retainers, Cast Metal – Cast Metal, Complicated	972.00
67311*	Retainers, 3/4, Cast Metal – 3/4 Cast Metal Retainer	867.00

Repairs and Recementing of Existing Fixed Bridge

66111*	Repair, Replace – Prefab Attachable Facings 1 Unit	142.00
66112*	Repair, Replace – Prefab Attachable Facings 2 Units	284.00
66113*	Repair, Replace – Prefab Attachable Facings 3 Units	426.00
66211*	Repair, Remove, Recement – Fixed Bridge/Prosthesis – 1 Unit	142.00
66212*	Repair, Remove, Recement – Fixed Bridge/Prosthesis – 2 Units	284.00
66213*	Repair, Remove, Recement – Fixed Bridge/Prosthesis – 3 Units	426.00
66221*	Repair, Remove, Replace – Fixed Bridge/Prosthesis – 1 Unit	142.00
66222*	Repair, Remove, Replace – Fixed Bridge/Prosthesis – 2 Units	284.00
66251*	Repair, Sect Abutment/Pontic – & Polish Existing Bridge – 1 Unit	142.00
66252*	Repair, Sect Abutment/Pontic – & Polish Existing Bridge – 2 Units	284.00
66253*	Repair, Sect Abutment/Pontic – & Polish Existing Bridge – 3 Units	426.00
66301*	Repair, Reinsert/Recement – 1 Unit	142.00
66302*	Repair, Reinsert/Recement – 2 Units	284.00
66303*	Repair, Reinsert/Recement – 3 Units	426.00

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

Denturist Payment Schedule

Level 2: Routine Service

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

Code	Description	Limit	PEDP Maximum
Relines and Rebases to Existing Dentures			
Reline complete denture self-polymerized/lab processed			
32215	Maxillary (upper)		468.00
32225	Mandibular (lower)		468.00
Reline partial denture self-polymerized/lab processed			
42210	Maxillary (upper)		468.00
42220	Mandibular (lower)		468.00
Reline complete denture lab processed/functional impression			
32110	Maxillary (upper)		580.00
32120	Mandibular (lower)		580.00
Reline partial denture lab processed/functional impression			
42116	Maxillary (upper)		580.00
42126	Mandibular (lower)		580.00
Rebase complete denture lab processed/functional impression			
33117	Maxillary (upper)		895.00
33127	Mandibular (lower)		895.00
Rebase partial denture lab processed/functional impression			
43116	Maxillary (upper)		895.00
43126	Mandibular (lower)		895.00

Repairs to Existing Denture

Repair, No Impression required

36110	Maxillary (upper) complete		147.00
36120	Mandibular (lower) complete		147.00
46110	Maxillary (upper) partial		147.00
46120	Mandibular (lower) partial		147.00

Repair, Impression required

36210	Maxillary (upper) complete		201.00
36220	Mandibular (lower) complete		201.00
46210	Maxillary (upper) partial		201.00
46220	Mandibular (lower) partial		201.00

NOTE All services include laboratory charges.

Level 3: Major Restorative

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

Code	Description	Limit	PEDP Maximum
Initial Installation or Replacement of Complete Dentures			
Complete			
31310	Maxillary (upper) complete denture (standard)		1722.00
31320	Mandibular (lower) complete denture (standard)		1722.00
Partial Denture, Acrylic Base, No Clasps			
41612	Maxillary (upper)		1526.00
41622	Mandibular (lower)		1595.00
Partial Denture, Cast Frame, with Clasps or Rests (Tooth-borne-semi-precision)			
41216	Maxillary (upper)		3312.00
41226	Mandibular (lower)		3312.00
Partial Denture, Cast Frame, with Clasps or Rests (Free-end-precision)			
41110	Maxillary (upper)		3312.00
41120	Mandibular (lower)		3312.00
Partial Denture, Cast Frame, with Clasps or Rests (Free-end-standard)			
41114	Maxillary (upper)		2068.00
41124	Mandibular (lower)		2068.00
Accessories			
71010	Wrought Clasp		167.00
46310	Additions/Teeth/Clasp (Maxillary)		251.00
46320	Additions/Teeth/Clasps (Mandibular)		251.00

NOTE All services include laboratory charges.