

# Public Employees Dental Plan



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# Introduction

## OVERVIEW

The Public Employees Dental Plan is designed to promote good dental health by reducing costs for preventive, routine and major restorative dental work.

## ADMINISTRATION

The Public Employees Dental Plan is self-insured and is managed by the Public Employees Benefits Agency (PEBA), Saskatchewan Finance.

The Great-West Life Assurance Company is on contract under an Administrative Services Only agreement to provide claims adjudication and benefit payment services to the Plan.

## EMPLOYEE BOOKLET

This booklet provides an overview of the main provisions of the Public Employees Dental Plan as of November 1, 2009. In the case of any error or discrepancy, the terms and conditions of the contract for services between the insurance carrier and the Government of Saskatchewan and any legislation governing the Plan and its operations will apply.



# Eligibility

## EMPLOYER RESPONSIBILITY

Each **Participating Employer** determines which of its employees are eligible for coverage under the Plan. You should confirm your eligibility to participate in the Plan with your Human Resources Branch. If you are an eligible employee, you must still meet the minimum requirements provided for the Plan, and must be:

- a permanent full-time employee with six months continuous service; or
- a non-permanent employee with six months continuous service working at least 37.5 per cent of the hours of a full-time position.

## ENROLMENT

Coverage under the Plan begins after you complete a Probationary Period equal to six months continuous service. After the Probationary Period, you may send in claims for eligible expenses incurred retroactive to your date of employment.

You, your spouse and your eligible dependent children are covered under the Plan.

You must be **Actively at Work** on the date following completion of the Probationary Period in order to be eligible for coverage. If you are not **Actively at Work** at that time, your coverage will begin on the date you are first **Actively at Work**.

If, on the day immediately preceding your date of employment, you were insured under the Plan with another **Participating Employer**, you will not be required to serve another Probationary Period. A list of **Participating Employers** is available on the PEBA website at [www.peba.gov.sk.ca](http://www.peba.gov.sk.ca).

# Eligibility

If you are employed by more than one Participating Employer, you may be insured under the Plan by each of these Participating Employers. Coverage will be based upon the hours worked for each Participating Employer and in no event will more than 100 per cent of the eligible dental expense or the applicable Maximum Reimbursement Schedule be reimbursed from all sources.

## ACTIVELY AT WORK

Actively at Work means you perform all regular duties and work full regular hours.

If on approved holidays or leave of absence with pay, you must be capable of performing all regular duties and working full regular hours of your position.

If you are on leave of absence without pay, you will not be considered Actively at Work.

## SPOUSE

Your spouse is:

- a person to whom you are legally married; or
- a person with whom you have cohabited in a common-law relationship for at least 12 consecutive months.

You cannot have more than one spouse at any given time, and coverage for a former spouse terminates when you request coverage for a new spouse. A spouse need not be a person of the opposite sex.

# Eligibility

## DEPENDENT CHILD

Your dependent child includes:

- a child or stepchild under 21 years of age for whom you are legally and financially responsible;
- a child or stepchild between the ages of 21 and 25 inclusive, whom you support and who is attending an educational institution full-time; or
- a child or stepchild 21 years of age and over who is solely dependent upon you due to a mental or physical disability.

Children for whom you have been granted custody pursuant to an Order of a Court are also eligible for coverage.

If applicable, orthodontic coverage and relevant benefit maximums and age limitations are outlined on page four of each respective Maximum Reimbursement Schedule.



# Benefits

## COVERAGE

Dental coverage and/or the level of reimbursement provided by the Plan varies by Participating Employer. To determine the dental benefits available to you, refer to the Maximum Reimbursement Schedule applicable to your employer. If applicable, orthodontic coverage and relevant benefit maximums and age limitations are outlined on page four of each respective Maximum Reimbursement Schedule.

## MAXIMUM REIMBURSEMENT SCHEDULES

The [Maximum Reimbursement Schedules](#) are based upon the Suggested Fee Guide issued by the College of Dental Surgeons of Saskatchewan. The services provided under the Plan are listed by dental procedure code along with the maximum amount reimbursed per code. These schedules are updated annually at January 1<sup>st</sup> and are available on the PEBA website at [www.peba.gov.sk.ca](http://www.peba.gov.sk.ca).

## BENEFIT CALCULATION

Full-time permanent employees are eligible for complete coverage under the Plan up to the limits outlined in the Maximum Reimbursement Schedules.

### Example

Oral Exam - Code 01103 (new patient)	Dentist Charge - \$79.00
PEDP Maximum Reimbursement	\$79.00

### Example

Topical Fluoride Code - 12101	Dentist Charge - \$18.00
PEDP Maximum Reimbursement	\$16.00

# Benefits

## BENEFIT CALCULATION

Non-permanent employees are eligible for coverage on a pro-rated basis based upon hours of work as follows:

<b>% of Full-Time Hours Worked</b>	<b>% of Maximum Reimbursement Schedule</b>
less than 37.5%	0%
37.5% - 50%	50%
51% - 60%	60%
61% - 70%	70%
71% - 74%	80%
75% - 100%	100%

### Examples:

Oral Exam - Code 01103      Dentist Charge - \$79.00  
(new patient)

PEDP Maximum      \$55.30

Reimbursement Based on 65%

Average Hours Worked  
(70% x \$79.00 maximum)

### Procedure

Topical Fluoride      Dentist Charge - \$18.00  
Code - 12101

PEDP Maximum      \$11.20

Based on 65%  
Average Hours Worked  
Reimbursement  
(70% x \$16.00 maximum)

## Benefits

Annually on December 31, your employer will calculate your average hours worked in the preceding calendar year. This percentage is then used as your reimbursement level for the next calendar year, regardless of hours worked in the upcoming year.

Some Participating Employers do not pro-rate benefits for non-permanent employees. You should confirm your eligibility for coverage with your Human Resources Branch prior to incurring dental expenses.

### **CO-ORDINATION OF BENEFITS (COB)**

If you and your spouse are both insured under a dental plan, you must each submit your own dental claim(s) to your own plan first. Any balance remaining may then be submitted for consideration to your spouse's plan.

Dental claims for dependent children must be submitted to the dental plan of the parent who has the first birthday in the calendar year. Any balance remaining may then be submitted for consideration to the other parent's plan.

If you have coverage from another source for the same dental work, no more than 100 per cent of the eligible dental expense or the applicable Maximum Reimbursement Schedule will be reimbursed from all sources.

# Benefits

## PRE-AUTHORIZATION OF DENTAL WORK

If the dental work is going to cost more than \$500, an estimate must be submitted to the Plan for prior authorization. The insurance carrier will send you an Explanation of Benefits (EOB) Statement outlining what services are eligible for coverage with the associated reimbursement amounts. This ensures that you are aware of what coverage is available prior to the work being performed.

All dental services involving the use of gold must be pre-authorized by the Plan. Procedure codes involving the use of gold will only 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.

## LIMITATIONS

Only the dental services listed in the Maximum Reimbursement Schedules are eligible for coverage under the Plan.

No payment will be made for:

- charges by the dentist for filling out claim forms or for missed appointments;
- cosmetic treatment, experimental treatment or dietary planning;
- congenital or developmental malformation;
- expenses for dentures that have been lost, mislaid or stolen; or
- temporary fillings.

The Plan 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 or Saskatchewan Government Insurance (SGI).

# Benefits

Replacement of crowns, bridges and dentures will only be covered if the existing appliance is at least five years old and:

- cannot be made serviceable; or
- replacement becomes necessary due to the removal of additional natural teeth while insured.

The insurance carrier is authorized to establish liability under the Plan based upon the least expensive benefit if it will produce a professionally adequate result.



## TERMINATION OF COVERAGE

Your coverage under the Plan will terminate on the first date on which any of the following events occur:

- the complete discontinuance of this Plan;
- you cease to be employed by a Participating Employer;
- you are suspended by a Participating Employer with a recommendation for dismissal and the dismissal is upheld;
- you cease to be employed in a category of employees designated to be eligible for coverage;
- you are on layoff or approved leave of absence in excess of 12 consecutive months; or
- your employer ceases to participate in the Plan.

You may submit a claim for reimbursement if you had initial impressions taken for dentures and they are installed within 30 days of the termination of coverage.

# Maintaining Coverage

## LEAVE OF ABSENCE/LAY-OFF

Your coverage will continue for a maximum of 12 consecutive months while on approved leave of absence/layoff.

## DISABILITY

If you are eligible for coverage under the Plan and subsequently qualify for benefits under a Participating Employer's Long-Term Disability Plan, your dental coverage will remain in effect.

# Premiums



## MONTHLY PREMIUMS

Funding for the Plan is totally employer-paid as a percentage of gross salary. Effective April 1, 2014 premium funding was paid at a straight rate of 0.85 per cent of gross salary.

Additional coverage for enhanced dental benefits has been provided for employees of certain Participating Employers. Funding for enhancements is determined by each respective Participating Employer.

# Claim Process

## MAKING A CLAIM

Claim forms are available from:

- Your dentist/denturist;
- Your Human Resources Branch; or
- PEBA website at [www.peba.gov.sk.ca](http://www.peba.gov.sk.ca)

To ensure the timely processing of your claim, please ensure the following:

- The dentist/denturist has completed the Dentist Statement; and
- You have completed the Employee Statement, Questionnaire and Authorization.

### Claims should be sent to:

The Great-West Life Assurance Company  
Regina Benefit Payments  
P.O. Box 4408  
REGINA SK S4P 3W7

# Claim Process

## ELECTRONIC DATA INTERCHANGE (EDI)

All Participating Employers have established Electronic Data Interchange (EDI) with the insurance carrier. This allows the online submission of your dental claim directly from the dental office to the insurance carrier, if your dentist provides this service. In these instances, a claim form is not required. When x-rays need to be submitted for review, the completion of a claim form is still required.

Please check with your dentist to see if your claims may be submitted online.

## CLAIM PAYMENTS

Claim payment cheques are made payable to the insured employee. This includes claims processed on behalf of a spouse and/or dependent child.

You may also arrange to have your dental reimbursement direct deposited into your bank account or paid directly to your dentist.

## DIRECT DEPOSIT

The Great-West Life Banking Information Form is available on the PEBA website at [www.peba.gov.sk.ca](http://www.peba.gov.sk.ca).

## ASSIGNMENT OF BENEFITS

You may arrange to have your dental reimbursement paid directly by the insurance carrier to your dentist. You are then responsible for paying any difference between the actual dental expense incurred and the amount reimbursed by the Plan. Please check with your dentist as to the availability of this payment option.

## Contact Information

**Mail** Public Employees Dental Plan  
c/o Public Employees Benefits Agency  
110 - 1801 Hamilton St.  
REGINA SK S4P 4W3

**Phone** (306) 787-3440

**Fax** (306) 787-0244

**E-mail** [benefits@peba.gov.sk.ca](mailto:benefits@peba.gov.sk.ca)

**Website** [www.peba.gov.sk.ca](http://www.peba.gov.sk.ca)

The Great-West Life Assurance Company  
Regina Benefit Payments  
1-800-957-9777 (English or French)

Available Monday - Friday  
7:00 a.m. to 6:00 p.m. CST  
(March to October)  
7:00 a.m. to 7:00 p.m. CST  
(November to February)

When calling you will need:

- Touch-tone phone
- Group Number
- Employee ID Number

Great-West Life  
Online Claims Information  
[www.greatwestlife.com](http://www.greatwestlife.com)