

Registered Post with Acknowledgement Due

Ref: SR-II: RTI:F-1443:22-23/375/ 3561

Date: 13th December, 2022

Shri A Hanumantha Char
Flat No.2, Sri Guru Manor 3rd Cross
Amarjyothi Layout
BANGALORE 560 094

Sir,

Sub: Information sought under RTI Act, 2005 – reg.

This has reference to your online application vide Ref.No.:PGCIL/R/E/22/00375 dated 15/11/2022. The reply to information sought in your application are as given below:

Reply to Q 1 : Information Attached at **Annexure I. (5 sheets)**

Reply to Q 2. : Action is being initiated centrally at CC to provide requisite information through retired Employee Portal.

Reply to Q 3 : As per HR Policy under Medical Attendance & Treatment Rules - Document ID:H08-016/Note 2 page 3 & 4 of 29 – (Attached at **Annexure-II**)

Reply to Q 4 : As per HR Policy under Medical Attendance & Treatment Rules - Document ID:H08-016/Note 2 page 3 & 4 of 29 – (Attached at **Annexure -II**)

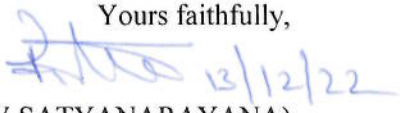
Reply to Q 5 : Since the volume of document pages are less, no charges are required to be paid.

As per section 19 of the Right to Information Act 2005, if required, you may file an appeal to the First Appellate Authority of the organization within 30 days of the issue of this order. The address of the First Appellate Authority is given below:

Shri Tarun Bajaj, Executive Director (SRTS-II)
Power Grid Corporation of India Ltd.,
Singanayakanahalli, Yelahanka Hobli,
Bangalore 560 064. e-mail : sr2edo@powergrid.co.in
Tel.No.: 080-23093701

Thanking you,

Yours faithfully,


(K.V.SATYANARAYANA)
Sr.General Manager & CPIO
e-mail id: sr2cpio@powergrid.co.in
Tel.No.: 080-23093711

Encl.: Annexure – I & II

Copy to: ED(SRTS-II), Appellate Authority, POWERGRID, SRTS-II, Bangalore - for kind information.

S.No.	Description	Amount	
ANA-38	Intercostal Nerve Radio-Frequency Block	3500	
ANA-39	Local Anesthetic Infiltration Into Scar/Trigger Point For Pain Relief	2000	
ANA-40	Nerve Block	2600	
ANA-41	Nerve Root Block	3500	
ANA-42	Programmable Intrathecal Pump Installation In OT	11500	
ANA-43	Sacroiliac Joint Injection Block	2600	
ANA-44	Spinal Cord Stimulation Implant (Permanent)	11500	
ANA-45	Trans-Foraminal Block	2600	
ANAESTHESIA CHARGES FOR RADIOTHERAPY/ECT			
ANA-46	Single Sitting -Anaesthetist Charges	1000	
ANA-47	Single Sitting-Drug	As per actual	
ANA-48	Multiple Sitzings -Anaesthetist Charges(Per Sitting)	700	
ANA-49	Multiple Sitzings -Drug (Per Sitting)	As per actual	
ANAESTHESIA CHARGES FOR ENDOSCOPIC PROCEDURES			
ANA-50	Diagnostic - Anaesthetist'S Fee For Endoscopic Procedure	900	
ANA-51	Drug Charges (Hospital) For Endoscopic Procedure	As per actual	
ANA-52	Therapeutic -Anaesthetist'S Fee For Endoscopic Procedure	1300	
ANA-53	Drug Charges For Endoscopic Procedure	As per actual	
D2 DENTAL			
Category - 1: Rates are applicable for PSUs/ Banks			
Category - 2: Rates are applicable for all other patients			
		CAT -1	CAT -2
✓ DEN-001	Consultation	570	570
✓ DEN-002	Flap Surgery Per-Quadrant	2530	3480
✓ DEN-003	Flap Surgery Full Mouth	10120	13920
✓ DEN-004	Restoration Light Cure Class 1	640	640
✓ DEN-005	Restoration Light Cure Class 2	890	890
✓ DEN-006	Restoration Light Cure Class 3	1270	1270
✓ DEN-007	Root Canal Anteriors	2090	2530
✓ DEN-008	Root Canal Posteriors	2850	3480
✓ DEN-009	Root Canal (Re- Treatment) Anteriors	2850	3480
✓ DEN-010	Root Canal (Re- Treatment) Posteriors	3480	4110
✓ DEN-011	Pulp Capping Dycal	1520	1900
DEN-012	Metal Free Ceramic	10120	10120
DEN-013	Zirconium Crown	15180	17710
DEN-014	Complete Denture (Regular Acrylic)	9490	12650
DEN-015	Complete Denture Lucitone	15180	18980
DEN-016	Single Denture - Acrylic	5060	6330
DEN-017	Single Denture - Lucitone	7590	9490
DEN-018	Partial Denture 1-3 Teeth	1520	1900
DEN-019	Each Additional Tooth	390	510
DEN-020	Relining Complete Denture (Per Denture)	2160	2530
DEN-021	Soft Liner Per Denture	830	1080
DEN-022	Ceramic Crown Alumina Coping	13920	13920

<i>S.No.</i>	<i>Description</i>		<i>Amount</i>
DEN-023	Fixed Orthodontic Treatment (Esthetic Braces) Without	37950	37950
DEN-024	Fixed Orthodontics Esthetic Braces (With Material)	56930	56930
DEN-025	Fixed Orthodontic Metal Braces With Material	44280	44280
DEN-026	Invisible Lingual Braces (Without Material)	63250	63250
DEN-027	Fixed Orthodontic Metal BRACES Without Material	31630	34790
DEN-028	Splinting Grade 1	1400	1900
DEN-029	Splinting Grade 2	2780	3420
DEN-030	Splinting Grade 3	3420	3800
DEN-031	Removal Of Archbar-Wires	1270	1270
DEN-032	Immidiata Loading Implant (Cost Of Implant & Material	25300	25300
DEN-033	Micro Orthodontics Implants For Anchorage(Cost Of Material Extra)	4430	4430
DEN-034	Bleaching (Cost Of Tray Extra)	8860	12020
DEN-035	In Office Bleaching	12650	15180
DEN-036	Ceramic Laminate Veneer	4430	6960
DEN-037	Complete Denture (Injection Moulded)	37950	37950
DEN-038	Crown To Load Implant	6330	6960
DEN-039	Night Guard	2090	2340
DEN-040	Composite Veneer	1580	1900
	PERIODONTICS		
DEN-041	Scaling-(Oral Prophylaxis)	1270	1520
✓ DEN-042	Gum Treatment Grade -I	2780	4180
✓ DEN-043	Gum Treatment Grade -II	4180	5060
✓ DEN-044	Gum Treatment Grade -III	5060	5700
✓ DEN-045	Gingivectomy Per Quadrant	1900	2280
✓ DEN-046	Gingivectomy Full ,Mouth	3800	4110
✓ DEN-047	Gingivoplasty Per-Quadrant	1520	1900
✓ DEN-048	Curettage Per-Quadrant	2850	3040
DEN-049	Flap Bongraft Per Quadrant (Cost Of Bone Graft Extra)	1520	1900
DEN-050	Amalgam Class-I	570	950
DEN-051	Amalgam Class-II	830	1080
✓ DEN-052	Miracle Mix Filling	830	1080
✓ DEN-053	Glass Ionomer	690	830
DEN-054	Temporary	150	190
DEN-055	Comp-Veneer Direct	1270	1900
DEN-056	Comp-Veneer Indirect	1900	2530
DEN-057	Inlay Metal	3170	3800
DEN-058	Inlay Porcelain	2850	3360
DEN-059	Root Canall with Apicodectomy	2530	3170
DEN-060	Apicodectomy	2210	2920
DEN-061	Post & Core	1200	1520
DEN-062	Study Model Per Model	470	690
DEN-063	Enameloplasty	390	640
✓ DEN-064	Extraction Pediatric Tooth Under La	640	950
✓ DEN-065	Extraction Milk Tooth (Resorbed)	510	640
DEN-066	Interdental Wiring And Splinting	2780	3830
DEN-067	Lingual Frenectomy :	2600	3730
DEN-068	Additional Subgingival Scaling And Curettage	1520	2530
✓ DEN-069	Curettage Per Tooth	510	760



<i>S.No.</i>	<i>Description</i>		<i>Amount</i>
DEN-070	Desensivity Treatment	690	890
	ENDODONTICS		
DEN-071	Apexification In RCT	2600	3800
DEN-072	Single Sitting Root Canal Anterior	3170	4110
DEN-073	Single Sitting Rct Posteriors	4110	4740
DEN-074	Metapex Intracanal Medicament Per Tooth	760	950
	PROSTHODONTIC		
DEN-075	Crown Acrylic	1270	1520
✓ DEN-076	Crown Metal	2970	3540
✓ DEN-077	Crown Ceramic	5060	6330
DEN-078	Obturators	4430	4430
DEN-079	Composite Laminate Veneer	3170	3800
DEN-080	Porcelain Laminate Veneer	5060	5700
DEN-081	Repair Dentures	390	390
DEN-082	Tissue Conditioner (Per Jaw)	390	390
DEN-083	Precious Metal Crown Plain (By Weight) (Cost Of Metal Extra)	18980	18980
DEN-084	Precious Metal With Porcelain (By Weight) (Cost Of Metal Extra)	25300	25300
DEN-085	Flexible Denture I-3 Teeth	12650	17710
DEN-086	Rebasing Denture	3290	3800
DEN-087	Removal Appliances (Per Plate)	3170	3170
DEN-088	Functional Appliances	3800	3800
DEN-089	Space Maintainer	5060	5060
DEN-090	Cast Partial Denture	11390	13920
DEN-091	Recementation Of Crown /Bridge Per Unit	440	690
DEN-092	Removal Of Old Crown / Bridge/Per Unit	610	760
DEN-093	Denture Medium To Large Repair	1580	2210
DEN-094	Vacumme Formed Occlusal Splint	3830	4590
DEN-095	Night Guard Appliance	4690	5060
DEN-096	Obturator (maxillofacial)	7590	10120
DEN-097	Feeding Appliance Fo Cleft Palate	5060	6330
DEN-098	Obturator Maxillary With Teeth	9490	12650
DEN-099	Flexible Denture Tooth Addition	640	830
DEN-100	Rubber Base Impresions Each	440	640
DEN-101	Velplast Replacement (per tooth)	7200	7200
DEN-102	FRS Replacement (per tooth)	7500	7500
DEN-103	Zirconia Monolith	9200	9200
DEN-104	Metal Monolith (Ti/Tilite)	7500	7500
DEN-105	Zirconia Layering Restoration	11500	11500
DEN-106	Tilite PFM	10500	10500
DEN-107	PFM Crown	4750	4750
	ORTHODONTICS		
DEN-108	Fixed Orthodontics Metal Braces	50600	56930
DEN-109	Ceramic Braces	63250	69580
DEN-110	Lingual Braces	94880	101200

<i>S.No.</i>	<i>Description</i>		<i>Amount</i>
DEN-111	Clearaligners	170780	177100
DEN-112	Removeable Appliance	5700	6330
DEN-113	Fixed Retainer	6960	7590
	ORAL SURGERY		
✓ DEN-114	Extraction Local Anaesthetic/Tooth	390	510
✓ DEN-115	Extraction G.A/Tooth	1520	1900
✓ DEN-116	Extraction Of Decayed Tooth	690	950
DEN-117	Alveolectomy Per Jaw	2090	2340
DEN-118	Alveolectomy Both Jaws	4430	5060
DEN-119	Adveloplasty	1140	1520
DEN-120	Total Extractions Regular	5700	6330
DEN-121	Total Extractions Root Stumps	5700	6330
DEN-122	Intra Articular Injections	690	690
DEN-123	Reimplantation	2280	2660
DEN-124	Reimplantation With Splinting Per Tooth	1770	2020
DEN-125	Tumour Excision Small	3170	5700
DEN-126	Splint Removal	890	1140
DEN-127	Dry Socket Treatment Per Sitting	250	250
DEN-128	Apicectomy Add Tooth	890	890
DEN-129	Arch Bar Fixation Imf Basalwire	5700	6330
DEN-130	Cyst Enucleation/Marsupilation - Small	5700	7590
DEN-131	Excision Pericoronal Flap	890	1080
DEN-132	Excision Biopsy	1140	1520
DEN-133	Incisional Biopsy	950	1200
DEN-134	Impaction- Bony	5060	7590
✓ DEN-135	Incision And Drainage	1900	2280
DEN-136	Internal Wiring And Splinting (Per Quadrant)	3540	4430
DEN-137	Suture Removal	320	570
DEN-138	Suturing Extraction	1770	2280
DEN-139	Removal Of Archbar-Wires	640	950
DEN-140	Chemical Cauterization Per Visit	570	760
DEN-141	Dislocation Of TMJ Relocating	2530	4180
DEN-142	Intraarticular Injection	950	1200
DEN-143	Iodoform Dressing For Cyst :	590	690
DEN-144	Nerve Block In Neuralgia	1710	2530
DEN-145	Oroantral Communication Closure	15180	21430
DEN-146	Inj For OSMF	950	1270
DEN-147	Suture Removal	440	640
DEN-148	Haemorrhage Extraction Site Control	1080	1270
DEN-149	Bleeding Control (Intra Oral)Mild	640	640
DEN-150	Bleeding Control (Intraoral)Moderate To Severe	2530	6330
DEN-151	Alveogyl Dressing Per Visit	250	320
DEN-152	Wisdom Tooth Curved Root	10500	10500
DEN-153	Wisdom Tooth with Bone Removal	7500	7500
DEN-154	Wisdom Tooth Removal (Envelope Flap)	4750	4750
DEN-155	Maxillary Wisdom Tooth Removal	3650	3650
	DENTAL RADIOGRAPHY		

<i>S.No.</i>	<i>Description</i>	<i>Amount</i>	
DEN-156	Intra Oral Peri Apical	140	140
DEN-157	Intra Oral Occlissal	250	250
	Implants		
	Tooth Replacement Single/Multiple		
DEN-158	Stage I Per Implant (Cost Of Implant Extra)	25300	25300
DEN-159	2Nd Stage (Cost Of Implant & Crowns Extra)	6330	6330
	Edentulous Jaw		
DEN-160	Stage I Per Implant (Cost Of Implant Extra)	25300	25300
DEN-161	2Nd Stage Up To 3 Implants (Cost Of Parts Extra)	7590	7590
DEN-162	Bar Superstructure Non Precious (Up To Span Of 2 Implants+ Abutment Cost Extra)	10120	10120
DEN-163	Bar Superstructure Precious (Up To 2 Implants + Abutment & Material Cost Extra)	Rs.10100 + Cost of Material	Rs.10100 + Cost of Material
	Bar Superstructure Addition (Per Implant)		
DEN-164	Non Precious	6330	6330
DEN-165	Precious (Cost Of Alloy Additional)	8860	8860
	1)Only the initial Consultations and Treatment planing is charged.		
	2) Procedure charges do not include the Investigations charges,Dental lab charges,which will be charged on actual usage.		
	3) Procedure charge includes Consumables except Implant,Bone Graft and Ceramic Brackets.These items will be charged separately.		
	GRAFTS/AUGMENTATIONS		
DEN-166	Bone Splinting/Expansion (Up To 2 Implant Placement)	5060	5060
DEN-167	Sinus Lift Closed(In Addition To Implant Procedure)	5060	5060
DEN-168	Sinus Lift Open(In Addition To Implant Procedure)	10120	10120
DEN-169	Sinus Lift Open Without Implant Placement	15180	15180
DEN-170	Chin Plate Graft	10120	10120
DEN-171	Repair Of Implant Dentures	3800	3800
DEN-172	Miscellaneous Work On Implants	3800	3800
Note:-	All Graft materials will be charged at actual rates.		
	PREVENTIVE DENTISTRY		
DEN-173	Pit And Fissure Sealants /Tooth	570	690
DEN-174	Fluoride Application Per Quadrant	830	1200
DEN-175	Cavity Sealants Per Tooth	760	760
DEN-176	Fluoride Treatment	1900	2530
DEN-177	Mouth Guard (Removable Appliance Therapy)	3800	3800
	RESTORATIVE DENTISTRY		
DEN-178	Gi Liner Under Filling	150	150
DEN-179	Dycal Liner	510	640
DEN-180	Flowable Liner Under Filling	410	660
DEN-181	Post -Fibre	2850	3170
DEN-182	Custom Made Posts	1580	2780
DEN-183	Core Build Up	1270	1900
DEN-184	Aesthetic Composite Restorations Ant	3500	
DEN-185	Stain/Crack Coverage Anterior LC	1500	

Medical Attendance and treatment Rules

- the spouses are residing in the same premises with the employees; and fulfilment of other terms & conditions as prescribed in these Rules.
8. The parents of a deceased employee shall continue to be treated as dependant of widow of the deceased employee who has got employment in POWERGRID on compassionate grounds. Consequently, the parents of the widow of the deceased employee will not be treated as dependant.
9. The medical facility will be admissible to the childless employees belonging to Muslims and Christian community in respect of one child only provided the employee has been given the legal guardianship of the child by the competent Court of Law subject to restriction of age as defined above.
- 2.6 **"Medical Attendance"** means attendance in hospital or at the residence of the employee including such pathological, bacteriological, radiological or other methods of examination for the purpose of diagnosis as are available at the Company's hospital or failing that, in any Govt./Notified Hospital/Laboratory or in any private Hospital/ Laboratory and are considered necessary by the A.M.A. and such consultation with a specialist or other Medical Officer/Sr. Medical Officer in-charge certifies to be necessary to such extent and in such manner, within India as the specialist or Medical Officer, may in consultation with CMO/Sr. MO in-charge determine. If the tests are conducted in private hospitals/laboratories, the reimbursement of such expenditure will be made up to the limit of what would have been admissible had the tests been carried out in a Government Hospital/Laboratory. For this purpose, the rates prevalent in the nearest Govt./Notified Hospital will be taken as the criterion. In all matters of doubt, the opinion of the Chief Medical Officer or M.O. in-charge of the Company's hospital will be final.
- 2.7 **"Pay"** for purposes of these Rules will be the amount drawn monthly by an employee as pay which has been sanctioned for the post held by him. It will also include special pay, personal pay or such other emoluments e.g. non-practising allowance for Medical Officers specially classified under the rules as "Pay". In the case of Trainees and Apprentices, pay would mean the actual stipend drawn.
- 2.8 **"Patient"** means POWERGRID employee or a member of his family to whom these Rules apply and such others as are provided for in these Rules and who requires medical attention.
- 2.9 **"Treatment"** means the use of all medical and surgical facilities essential for the recovery or for prevention of deterioration in the condition of the patient.

Note 1: Confinement

In the case of female employee and families of male employees, treatment includes confinement at the hospital of the Company or notified hospital or at a Government hospital/Maternity Centre as well as pre-natal and post-natal treatment or in any private hospital subject to the condition that the reimbursement of charges for confinement at private hospital is limited to what would have been admissible had the confinement been carried out at notified/Govt. hospital.

Note 2: Dental Treatment

Dental treatment can be obtained from any Dental Surgeon. Charges for supply of denture, cleaning, polishing of teeth, filling of teeth with gold, Orthodontia treatment on account of cosmetics will not, however, be admissible. In other cases, however, for orthodontia treatment, reimbursement will be made on the merits of each case subject to the approval of General Manager on the advice of Authorised Medical Attendant. Consultation charges for treatment received from Dental Surgeons and the charges for various types of dental treatments are as per Bafra hospital rates. The reimbursement for dental treatment charges shall be restricted to the specified percentage of rates depending upon classification of cities (100%, 80% & 60% for A, B1 & B2 and unclassified cities).

Note 3: Eye-sight testing

Employees and their families may have their eye-sight tested for glasses once in every three years on the recommendations of the A.M.A. at a Government hospital/Notified hospital, if no such arrangements exist at Company's hospital and if any fees are incurred for this purpose, the same will be reimbursed. The condition of three years may be relaxed on the advice of AMA. The above concession does not include the provision of spectacles at the cost of the Company.

Note 4: Treatment for immunizing and prophylactic purposes

⁹Employees (self and dependent family members) shall be eligible for reimbursement towards cost of vaccination (within India), as mentioned in the list of admissible vaccine (given in **Annexure** to these rules), upto the MRP of the vaccine + administration charges as per provisions under these Rules, subject to prescription by doctor (minimum MBBS qualification)/ Vaccination schedule for children/ Universal Immunization Program/ Government Directives.

Note 5: Vaccinations inoculations etc.

The cost of vaccinations, inoculations and injections taken by the employee, his family and servants for prophylactic and immunizing purposes to secure health certificates under international travel regulations before commencement of such travel will be reimbursed by the Company, provided the journey is undertaken at the cost of the Company.

Note 6: Treatment of Diabetes

The cost of Human Insulin and Gluco-strips limited to 30-strips per month shall be reimbursed on prescription by the treating Doctor. The prescription shall be valid for one month. In case of further requirement of insulin and gluco-strips, fresh prescription of the treating doctor shall be required.

Note 7: Implantation of Pace Maker

¹⁰ Reimbursement of the cost of the following implants shall be allowed as per actual cost. However, the claim for cost of implants shall have to be supported with original bills/ vouchers from the supplier/ manufacturer along with the hospital bills.

⁹ Corporate Circular No. 543/2022 dated 22.08.2022

¹⁰ IOM dated 26.06.2012