STATE OF SOUTH CAROLINA
COUNTY OF OCONEE
PROCLAMATION 2025-06

A PROCLAMATION HONORING THE WALHALLA HIGH SCHOOL GIRLS VARSITY BASKETBALL TEAM ON THEIR CLASS 3A STATE CHAMPIONSHIP

WHEREAS, on Thursday, March 6, 2025 the Walhalla High School Girls Varsity Basketball Team captured the Class 3A State Championship in Florence, South Carolina; and

WHEREAS, this win at the state level is a first for a girls' varsity basketball team from Walhalla High School and the first state title for a Walhalla High athletic team since 1952; and

WHEREAS, the team had an exceptional regular season record of 27 – 3, going on to be undefeated, 8 – 0, in post-season regional games; and

WHEREAS, Head Coach, Byron Wimphrie, and Assistant Coach, Gary Woodard, provided outstanding direction, support and encouragement to their team, while showing admirable sportsmanship and dedication; and

WHEREAS, through countless hours of practice, with commitment and perseverance, the team and coaches will surely never forget that their hard work and commitment led them to win the Class 3A State Championship; and

WHEREAS, the Walhalla Girls Varsity Basketball Team, Coach Wimphrie and Coach Woodard represented themselves, their families, their school, and their community proudly.

NOW, THEREFORE, we, the Oconee County Council, wish to acknowledge and congratulate the Walhalla High School Girls' Varsity Basketball team, Coach Wimphrie and Coach Woodard on their Class 3A State Championship.

APPROVED AND ADOPTED this 20th day of May, 2025.

OCONEE COUNTY, SOUTH CAROLINA

ATTEST:

APPROVED:

_____
Jennifer C. Adams
Clerk to County Council
Oconee County

_____
Matthew Durham
Chairman
Oconee County Council

STATE OF SOUTH CAROLINA
COUNTY OF OCONEE
PROCLAMATION 2025-07

A PROCLAMATION HONORING THE WEST-OAK HIGH SCHOOL WRESTLING TEAM ON THEIR CLASS 3A STATE CHAMPIONSHIP

WHEREAS, on Saturday, February 8, 2025 the West-Oak High School Wrestling Team captured the Class 3A State Championship, held at Dreher High School in Columbia, South Carolina; and

WHEREAS, this victory marks a historic milestone as the team's fourth consecutive state title and the ninth state championship in the program's history, solidifying its reputation as a powerhouse in South Carolina high school wrestling; and

WHEREAS, over the course of eight days, West-Oak's victory rounded out a postseason sweep of the remainder of the top five teams in Class 3A, to complete their remarkable four-peat; and

WHEREAS, this accomplishment reflects the dedication, hard work, and leadership of Head Coach Derek Strobel and assistant coaches Representative Adam Duncan, Ian James, Al Billings, Rick McLaughlin, and Matt Williams, as well as the support of Principal Dr. Brandon Blackwell and the entire West-Oak High School community; and

WHEREAS, the West-Oak wrestling team has brought great pride and recognition to Oconee County, serving as a shining example of sportsmanship, perseverance, and excellence in athletics.

NOW, THEREFORE, we, the Oconee County Council, wish to acknowledge and congratulate the West-Oak High School Wrestling team and Coaches on their Class 3A State Championship.

APPROVED AND ADOPTED this 20th day of May, 2025.

OCONEE COUNTY, SOUTH CAROLINA

ATTEST:

APPROVED:

_____
Jennifer C. Adams
Clerk to County Council
Oconee County

_____
Matthew Durham
Chairman
Oconee County Council

STATE OF SOUTH CAROLINA
COUNTY OF OCONEE
ORDINANCE 2025-01

ORDINANCE 2025-01 AN ORDINANCE TO ESTABLISH THE BUDGET FOR OCONEE COUNTY AND PROVIDE FOR THE LEVY OF TAXES FOR ORDINARY COUNTY PURPOSES, FOR THE TRI-COUNTY TECHNICAL COLLEGE SPECIAL REVENUE FUND, FOR THE EMERGENCY SERVICES PROTECTION SPECIAL REVENUE FUND, FOR THE ROAD MAINTENANCE SPECIAL REVENUE FUND, FOR THE VICTIM SERVICES SPECIAL REVENUE FUNDS, FOR THE STATE ACCOMMODATIONS TAX SPECIAL REVENUE FUND, FOR THE LOCAL ACCOMMODATIONS TAX SPECIAL REVENUE FUND, FOR THE COMMUNITY HEALTH AND COMMUNITY SERVICES SPECIAL REVENUE FUND, FOR THE ECONOMIC DEVELOPMENT CAPITAL PROJECT FUND, FOR THE BRIDGE AND CULVERT CAPITAL PROJECT FUND, FOR THE CAPITAL VEHICLE / EQUIPMENT FUND, FOR THE PARKS, RECREATION, AND TOURISM CAPITAL PROJECTS FUND, FOR THE FIRE / EMERGENCY SERVICES CAPITAL VEHICLE AND EQUIPMENT FUND, FOR THE GENERAL ONE TIME CAPITAL FUND, AND FOR THE DEBT SERVICE FUND, ALL IN OCONEE COUNTY FOR THE **FISCAL YEAR BEGINNING JULY 1, 2025 AND ENDING JUNE 30, 2026.**

BE IT ORDAINED by the County Council for Oconee County, South Carolina, (the "County Council"), in accordance with the general law of the State of South Carolina and the Acts and Joint Resolutions of the South Carolina General Assembly, as follows:

SECTION 1

Pursuant to Section 4-9-140 of the South Carolina Code of Laws, 1976, as amended, the following amounts are hereby appropriated for the 2025-2026 fiscal year for Oconee County (the "County") for ordinary County purposes.[1]

General Fund:		
2.25% Cost of Living Increase	565,000	
		565,000
Administrator	922,214	
Airport	2,970,412	
Assessor	1,248,881	
Board of Assessment Appeals	2,225	
Building Codes	867,865	
Chau Ram Park	537,173	
County Attorney	364,410	
County Council	349,031	
Debt Service Lease Payments	242,224	
Delinquent Tax Collector	403,667	
Department of Social Services	10,300	
Economic Development	387,070	
Fire/Emergency Services	5,087,962	
Facilities Maintenance	1,559,320	
Finance Office	620,661	
Health Department	26,600	
High Falls Park	585,773	
Human Resources	391,113	
Information Technology	1,254,508	

[1] See Attachment A, which is incorporated herein by reference, for detailed budgetary appropriations.

Legislative Delegation	75,187	
Library	1,675,355	
Magistrate	1,108,306	
Non-Departmental	2,595,000	
Other Financing Uses	179,987	
Parks, Recreation and Tourism	687,452	
Planning	466,982	
Procurement	302,758	
Register of Deeds	404,831	
Roads and Bridges	3,467,443	
Soil and Water Conservation District	106,236	
Solid Waste	7,172,370	
South Cove Park	664,504	
Vehicle Maintenance	1,289,719	
Veterans' Affairs	243,890	
Voter Registration and Elections	346,469	
Total General:		**38,617,898**
Elected/Appointed Officials:		
Auditor	807,520	
Clerk of Court	1,010,565	
Coroner	377,948	
Probate Court	496,216	
Public Defender	275,000	
Sheriff	13,073,576	
Animal Control	890,450	
Communications	2,236,283	
Detention Center	6,101,375	
Solicitor	1,121,646	
Treasurer	762,067	
Total Elected Officials:		**27,152,646**
Total General Fund		**66,335,544**
Special Revenue Funds: [1]		
Emergency Services Protection	3,037,977	
Victim Services - Sheriff's Office	162,087	
Victim Services - Solicitor's Office	81,871	
911 Fund	682,000	
State Accommodations Tax	592,576	
Local Accommodations Tax	1,107,000	
Tri-County Technical College	3,260,042	
Road Maintenance Fund	2,956,334	
Community Health and Community Human Services	5,170,709	
Total Special Revenue Funds:		**17,050,596**
Capital Project Funds:[2]		
Economic Development	1,801,096	
Bridge & Culvert	1,815,500	
Capital Equipment / Vehicle	1,740,018	
Parks, Recreation and Tourism	728,269	
Fire/Emergency Services Capital Vehicle & Equipment	1,456,538	
One Time Capital	1,337,823	
Total Capital Project Funds:		**8,879,244**

Enterprise Fund:		**11,240,232**
Debt Service Fund:		**2,892,334**
Grand Total of all Funds FY 2025-2026		**106,397,950**
[1] See sections 3 – 11 below.		
[2] See sections 3 – 11 below.		

SECTION 2

A tax of sufficient millage to fund the aforestated appropriations (see also Sections 3 through 11 below) for the Oconee County Budget for the fiscal year beginning July 1, 2025 and ending June 30, 2026, after crediting against such appropriations all other unrestricted revenue anticipated to accrue to Oconee County and any fund balance budgeted to be used during said fiscal year, is hereby directed to be levied upon all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The Auditor of Oconee County is hereby requested to recommend to the Oconee County Council, for approval by Oconee County Council, a sufficient millage levy, and the Treasurer of Oconee County is herein directed to collect sufficient millage on taxable property in Oconee County to provide for the aforestated operations appropriations and direct expenditures of Oconee County for the fiscal year beginning July 1, 2025 and ending June 30, 2026. The Auditor and Treasurer of Oconee County are hereby directed to fund such bond repayment sinking fund(s) as are necessary to provide for an orderly and timely payment of the debt service of Oconee County and to satisfy any debt covenants.

SECTION 3

A tax of 3.0 mills to provide funding for the Tri-County Technical College Special Revenue Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The revenue from this levy is hereby appropriated for expenditures in the amount of $3,260,042 for support of Tri-County Technical College. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforestated appropriations of the Tri-County Technical College Special Revenue fund for the fiscal year beginning July 1, 2025 and ending June 30, 2026. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Tri-County Technical College Special Revenue Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

SECTION 4

A tax of 2.9 mills to provide funding for the Emergency Services Protection Special Revenue Fund is hereby levied on all taxable property eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy and a portion of fund balance as authorized by County Council is hereby appropriated for expenditures in the amount of $3,037,977 for the Emergency Services Protection Special Revenue Fund. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforestated operations appropriations and direct expenditures of the Emergency Services Protection Special Revenue Fund for the fiscal year beginning July 1, 2025 and ending June 30, 2026. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Emergency Services Protection Special Revenue Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

SECTION 5
A tax of 3.1 mills to provide funding for the Road Maintenance Special Revenue Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy and a portion of fund balance as authorized by County Council is hereby appropriated, for expenditures in the amount of $2,956,334 for the Road Maintenance Special Revenue Fund. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property within Oconee County to provide for the aforestated operations appropriations and direct expenditures of the Road Maintenance Special Revenue Fund for the fiscal year beginning July 1, 2025 and ending June 30, 2026. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Road Maintenance Special Revenue Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

SECTION 6
A tax of 7.1 mills to provide funding for the Community Health and Community Services Special Revenue Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy and a portion of fund balance as authorized by County Council is hereby appropriated for expenditures in the amount of $5,170,709 for the Community Health and Community Services Fund. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforestated operations appropriations and direct expenditures of the Community Health and Community Services Fund for the fiscal year beginning July 1, 2025 and ending June 30, 2026. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Community Health and Community Services Special Revenue Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

SECTION 7
A tax of 1.0 mills to provide funding for the Economic Development Capital Project Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy, other anticipated restricted revenues, transfers, and a portion of fund balance as authorized by County Council is hereby appropriated for expenditures in the amount of $1,801,096 for the Economic Development Capital Projects Fund for projects approved by County Council. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforestated operations appropriations and direct expenditures of the Economic Development Capital Project Fund for the fiscal year beginning July 1, 2025 and ending June 30, 2026. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Economic Development Capital Project Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

SECTION 8
A tax of 1 mill to provide funding for the Bridge and Culvert Capital Project Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy and a portion of fund balance as authorized by County Council is hereby appropriated, for expenditures in the amount of $1,815,500 for the Bridge and Culvert Capital Project Fund. The Auditor of Oconee County is hereby requested to levy and the Treasurer

of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforestated operations appropriations and direct expenditures of the Bridge and Culvert Capital Project Fund for the fiscal year beginning July 1, 2025 and ending June 30, 2026. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Bridge and Culvert Capital Project Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

SECTION 9

A tax of sufficient millage to provide funding for the Capital Vehicle / Equipment Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy and a portion of fund balance as authorized by County Council is hereby appropriated for expenditures in the amount of $1,740,018 for the Capital Vehicle / Equipment Fund. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforestated operations appropriations and direct expenditures of the Capital Vehicle / Equipment Fund for the fiscal year beginning July 1, 2025 and ending June 30, 2026. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Capital Vehicle / Equipment Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

SECTION 10

A tax of sufficient millage to provide funding for the Parks, Recreation and Tourism Capital Project Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy, other anticipated restricted revenues, transfers, and a portion of fund balance as authorized by County Council is hereby appropriated for expenditures in the amount of $728,269 for the Parks, Recreation and Tourism Capital Project Fund for projects approved by County Council. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforestated operations appropriations and direct expenditures of the Parks, Recreation and Tourism Capital Project Fund for the fiscal year beginning July 1, 2025 and ending June 30, 2026. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Parks, Recreation and Tourism Capital Project Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

SECTION 11

A tax of sufficient millage to provide funding for the Fire / Emergency Services Capital Vehicle and Equipment Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy and a portion of fund balance as authorized by County Council is hereby appropriated for expenditures in the amount of $1,456,538 for the Fire / Emergency Services Capital Vehicle and Equipment Fund. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforestated operations appropriations and direct expenditures of the Fire / Emergency Services Capital Vehicle and Equipment Fund for the fiscal year beginning July 1, 2025 and ending June 30, 2026. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Fire / Emergency Services Capital Vehicle and Equipment Fund and

shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

SECTION 12
A tax of sufficient millage to provide funding for the General One Time Capital Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy and a portion of fund balance as authorized by County Council is hereby appropriated for expenditures in the amount of $1,337,823 for the General One Time Capital Fund. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforestated operations appropriations and direct expenditures of the General One Time Capital Fund for the fiscal year beginning July 1, 2025 and ending June 30, 2026. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the General One Time Capital Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

SECTION 13
A tax of sufficient millage to provide funding for the Debt Service Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy and a portion of fund balance as authorized by County Council is hereby appropriated for expenditures in the amount of $2,892,334 for the Debt Service Fund. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforestated operations appropriations and direct expenditures of the Debt Service Fund for the fiscal year beginning July 1, 2025 and ending June 30, 2026. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Debt Service Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

SECTION 14
Oconee County receives certain recurring revenues that are restricted for certain purposes. These revenues are accounted for in various special revenue funds including the Victim Services-Sheriff's Office Fund, Victim Services-Solicitor's Office Fund, 911 Fund, State Accommodation Tax, Local Accommodation Tax and other special revenue funds. Any surplus in these funds of the County or any moneys accruing therefrom shall be retained and accounted for in these funds and shall be carried forward from year to year as fund balances in such funds.

SECTION 15
All capital projects and multi-year grant appropriations made by prior year budget ordinances for which the respective monies have been obligated or encumbered are hereby carried forward and reappropriated, as of July 1, 2025, as a part of the budget authorized by this Ordinance.

SECTION 16
Capital projects are budgeted on a project basis instead of an annual basis and as such, unexpended appropriations for uncompleted capital projects are carried forward as a part of the budget authorized by this Ordinance.

SECTION 17
All unexpended appropriations as of June 30, 2025, except for those specifically carried forward by this Ordinance shall lapse and expire and the monies involved shall revert to the fund balance of the fund from which the appropriation originated. The remaining unexpended appropriations will revert to the fund balance of the fund from which the appropriation originated, as stated herein.

SECTION 18
The County Administrator, as required by state law, shall oversee and supervise the day-to-day implementation of this budget ordinance, including the execution and delivery, on behalf of the County, of all contractual documents necessary or required for the expenditure of funds authorized by this budget ordinance, for the purposes for which such funds are so authorized. Subject to the procurement policies of the County, the County Administrator is hereby authorized to contract and enter into contracts on behalf of the County for purposes, activities and matters budgeted for herein.

SECTION 19
The fees authorized for all County departments to charge for services of the County and to use for operations of the County are as set forth in a schedule of fees. This schedule of fees is included within **ATTACHMENT A**, which is incorporated herein by reference as fully as if set forth verbatim herein, and adopted as part of this ordinance, and the fees are hereby approved to be charged by the appropriate County departments. Building Permit Fees shall reflect the International Code Council Building Valuation Data of the current calendar year's February Valuation Report. The County Administrator is hereby authorized to execute the Airport T-Hangar rental agreements, consistent with the rates established in the fee schedule.

SECTION 20
The County began contributing to retiree health benefits (the "Retiree Health Benefit Plan" or "Plan") on behalf of employees and County retirees on January 1, 1985. Several amendments to the County's Plan guidelines have occurred since that time; however, nothing in the Plan amendments permits or affords grandfathering eligibility for any individual other than those outlined explicitly in the guidelines, which are incorporated herein by reference, as fully as if set forth verbatim, and adopted as part of this Ordinance, and the rates are hereby approved to be charged and administered according to the Retiree Health Plan Guidelines. The County Administrator is authorized to administer the Plan in accordance with these guidelines and to establish health reimbursement accounts for eligible retirees for contributory purposes for the fiscal year beginning July 1, 2025 and ending June 30, 2026. **DUE TO THE RISK OF UNKNOWN CIRCUMSTANCES, THIS PLAN MAY BE DEEMED NON-SUSTAINABLE AT SOME FUTURE TIME. THE RETIREE HEALTH BENEFIT GUIDELINES ARE DISCRETIONARY ON THE PART OF THE COUNTY AND THE EMPLOYEE AND DO NOT CREATE ANY EXPRESS OR IMPLIED CONTRACT OF THIS BENEFIT BEING PROVIDED IN THE FUTURE OR IN ANY PARTICULAR AMOUNT AT ANY TIME. NO PAST PRACTICES OR PROCEDURES, PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, FORM ANY EXPRESS OR IMPLIED AGREEMENT TO CONTINUE SUCH PRACTICES OR PROCEDURES. IT IS EXPLICITLY STATED AND RECOGNIZED BY THE COUNTY AND EVERY EMPLOYEE ACCEPTING BENEFITS UNDER THE PLAN THAT ALL EMPLOYMENT IN OCONEE COUNTY (EXCEPT FOR THE OCONEE COUNTY ADMINISTRATOR AND SUCH OTHERS AS ARE SPECIFICALLY AUTHORIZED BY COUNTY COUNCIL TO BE BOUND TO AN EMPLOYMENT CONTRACT), IS "AT WILL" AND THAT ALL PROVISIONS OF ANY AND ALL EMPLOYMENT BENEFITS, INCLUDING WITHOUT LIMITATION, THOSE DESCRIBED IN THE PLAN IS ALWAYS SUBJECT TO ANNUAL APPROPRIATION BY OCONEE COUNTY COUNCIL, WHICH IS NEVER GUARANTEED AND NEVER WILL BE GUARANTEED.**

SECTION 21
If any clause, phrase, sentence, paragraph, appropriation, or section of this Ordinance shall be held invalid for any reason, it shall not affect the validity of this Ordinance as a whole or the remaining clauses, phrases, sentences, paragraphs, appropriations, or sections hereof, which are hereby declared separable.

SECTION 22
All other orders, resolutions, and ordinances of Oconee County, inconsistent herewith, are, to the extent of such inconsistency only, hereby revoked, rescinded, and repealed.

SECTION 23
This Ordinance shall become effective upon approval on third reading and enforced from and after July 1, 2025.

SECTION 24
The budget provisos attached hereto are hereby incorporated herein, by reference, as fully as if set forth verbatim herein, and adopted as part of this Ordinance.

Adopted in meeting duly assembled this 3rd day of June, 2025.

OCONEE COUNTY, SOUTH CAROLINA

_____
Matthew Durham
Chairman, Oconee County Council

ATTEST

_____
Jennifer C. Adams
Clerk to County Council

First Reading:	May 6, 2025
Public Hearing:	May 20, 2025
Second Reading:	May 20, 2025
Public Hearing:	June 3, 2025
Third Reading:	June 3, 2025

STATE OF SOUTH CAROLINA
COUNTY OF OCONEE
BUDGET PROVISOS FOR FISCAL YEAR 2025-2026
ORDINANCE 2025-01

Section 1

The fund appropriations made herein shall not be exceeded without proper authority or amendment by Oconee County Council. Any officer incurring indebtedness on the part of the County in excess of the appropriations herein made or authorized shall be liable upon his official bond.

Section 2

The Finance Director and Treasurer of Oconee County shall prepare such separate records and books of account as may be required by the United States Government or any of its agencies or by the State of South Carolina or any of its agencies, reflecting the receipt and disposition of all funds.

Section 3

All purchasing and contracting for the acquisition of goods and services for County purposes shall be in accordance with procedures outlined in the County Procurement Ordinance, as codified. Subject to the provisions of Oconee County policies, whenever possible and practical, goods and services shall be purchased from firms and individuals located in Oconee County whenever goods and services of equal quality and specifications are available from local suppliers at prices less than or equal to prices submitted by nonresident suppliers.

Section 4

No bills or claims against Oconee County shall be approved for payment and no check will be issued for same unless such bills or claims are properly itemized showing the goods purchased or services rendered, dated as of the date of delivery of said goods and/or services and signed by the person receiving said goods or services.

Section 5

No officer, elected official, or employee of Oconee County shall furnish any services or sell any materials or supplies to the County for pay, except upon open quote or bid in accordance with the County Procurement Ordinance, as codified.

Section 6

County Council may transfer funds from any fund, department, activity, or purpose to another by normal Council action, subject to all other applicable legal requirements.

The County Administrator is authorized to:

(1) Transfer non-salary appropriations within a department, or between departments within a fund, provided that no such transfer exceeds Fifty Thousand and 00/100 ($50,000.00) Dollars; this restriction may not be circumvented by way of multiple transfers.

(2) Transfer salary appropriations within a department, or between departments within a fund, provided that the sum of such transfers for the entire fiscal year does not exceed One Hundred Thousand and 00/100 ($100,000.00) Dollars.

(3) Transfer between salary appropriations and non-salary appropriations within a department, or between departments within a fund, provided that no such transfer exceeds Ten Thousand and 00/100 ($10,000.00) Dollars; this restriction may not be circumvented by way of multiple transfers; and, the sum of such transfers for the entire fiscal year shall not exceed One Hundred Thousand and 00/100 ($100,000.00) Dollars.
(4) Any other transfers by the County Administrator require Council authorization.
(5) Transfers by the County Administrator shall be reflected on the budgetary reports regularly submitted to Council.

All transfers authorized by this section are subject to the overall fund appropriation limits of this Ordinance.

Section 7

For any equipment, vehicle, or any other item that is approved in the budget as a replacement for existing items, the item being replaced will be relinquished to the Procurement Director for disposal or reassignment.

Section 8

The standard mileage rate reimbursed to County employees for use of their personal vehicles will be equal to the amount set, as the authorized rate at the applicable time, by the Internal Revenue Service.

Section 9

Oconee County will pay County employees a per diem for meals while traveling on County business, including travel related to training. No per diem will be paid for meals that are included in registration fees. The per diem rates will be equal to the amounts published for the applicable time period and location by the United States General Services Administration. For non-overnight travel reimbursement for meals will be based on actual expenditures for meals, limited to the per diem amounts above. Receipts for meals will be required for reimbursements.

Section 10

The first $1500 of Oconee County building permit fees and related and associated building code fees are, to the extent permitted by law, hereby waived and set at $0 for any Oconee County non-profit or eleemosynary entity duly recognized as such by the State of South Carolina and granted tax exempt status by the Internal Revenue Service of the United States ("IRS"), to the extent the building project is for the general public good, and only for so long as such entity maintains such non-profit or eleemosynary status and tax exempt recognition by the IRS. All building permit fees and building code fees in excess of $1500, per applying non-profit, eleemosynary entity per application, will be applied and collected as usual, per this budget, this proviso, and the attached and incorporated Oconee County Departmental Fees Schedule. Oconee County Council hereby determines and finds that this reduction in fees is appropriate and justified by the provision of public services which these non-profit, eleemosynary entities provide to Oconee County and the public of Oconee County – services of public use and public benefit which would otherwise have to be provided by some unit of local government.

Section 11

For all economic development projects in a joint County industrial or business park ("MCIP") in the unincorporated portion of the County, for which revenue is first received on or after July 1, 2025, excluding any MCIP agreements now in existence (or which have been previously approved by County ordinance) wherein a different allocation is in place, and subject to any superior agreements allocating portions of such revenue, all revenue or remaining revenue, as the case may be,

received from such MCIP which is/was attributable to the levy of all general fund millages shall be divided and distributed in the following percentages, in order to offset the costs of economic development which made the project(s) possible: (1) Oconee County General Fund – 50%; Oconee County Economic Development Capital Projects Fund – 25%; School District of Oconee County - 24%; (2) all other taxing entities levying millage at the site in question - 1% each;[1] (3) all other taxing entities in Oconee County - 0%. Revenue attributable to the levy of debt service millage or other non-general fund millage shall be distributed to the taxing entity levying such millage. For joint County industrial or business parks located within municipal limits, the intergovernmental agreement governing the creation of such MCIP shall govern distribution of revenues. Any unused revenues in such fund at the end of any fiscal year shall be carried over to the succeeding fiscal year.

Section 12

Pursuant to authority given to governing bodies of South Carolina counties by the South Carolina General Assembly in Section 12-43-360 of the South Carolina Code of Laws, 1976, as amended, the Oconee County Council hereby reduces the assessment ratio otherwise applicable in determining the assessed value of general aviation aircraft subject to property tax in Oconee County to a ratio of four percent (4%) of the fair market value of such general aviation aircraft. Such assessment ratio shall apply uniformly to all general aviation aircraft subject to *ad valorem* property taxation in Oconee County. This proviso first became effective in the 2011-2012 budget ordinance and is a part of the budget ordinance beginning July 1, 2024 and ending June 30, 2025.

Section 13

Pursuant to Section 12-37-224(A) of the South Carolina Code of Laws, 1976, as amended, motor homes or trailers used for camping and recreational travel which are pulled by a motor vehicle and as to which the interest portion of indebtedness is deductible pursuant to the Internal Revenue Code as an interest expense on a qualified primary or secondary residence are also considered primary or secondary residences for purposes of ad valorem property taxation in this State, and consequently, may qualify for a 4% or 6% assessment ratio, as determined by the County Auditor.

Section 14

Oconee County seeks to increase and maintain its unassigned fund balance to and at an amount not less than twenty-five percent (25%) of its regular general fund operating expenditures. (See Oconee Code of Ordinances Section 2-476.) Oconee County's unassigned fund balance as of the last audited fiscal year (2024) was $3,841,643. Oconee County's assigned fund balance as of the last audited fiscal year (2024) was as follows:

Assigned funds for the Solid Waste Reserve General Fund balance:	$ 912,806
Assigned funds for the Healthcare Reserve General Fund balance:	$2,000,000
Assigned funds for the OPEB Reserve General Fund Balance:	$1,207,715

Section 15

County Council adopts the employee benefit plan and ratifies the designation of the County Administrator to act as the Plan Administrator and affirms all plan amendments prior to the date hereof, attached hereto as **ATTACHMENT B.**

[1] If there are other taxing entities levying millage at the site in question, then the County and the SDOC percentages shall apply to the remainder.

Section 16

County Council adopts the retiree health benefit plan as modified and ratifies the designation of the County Administrator to act as the Plan Administrator and affirms all plan amendments prior to the date hereof, attached hereto as **ATTACHMENT C**.

Section 17

Oconee County receives federal, state, and local grants for specified purposes. Oconee County is hereby authorized, absent any other factor, to apply for, receive, and expend all such grants for which no local match is required or for which such funds are budgeted herein, in addition to all other authority elsewhere given, and in accordance with all other policies and directives of Oconee County. These grants, including any local match, are deemed budgeted for the specified purposes upon acceptance of such grants. These grants are budgeted for on a project basis in accordance with the grantors' terms and conditions instead of an annual basis and as such, unexpended appropriations for uncompleted grant projects are carried forward as a part of the budget authorized by this Ordinance. The Oconee County Administrator, or his or her duly authorized representative, is hereby authorized to apply for all federal, state, and other grants for which no County matching funds are required, if all necessary operating funds for the County facility, institution, or programs in question have been made available by County Council through the County's operating and capital budgets or are available in applicable County enterprise fund balances, or for those grants for which County matching funds are required when all necessary County matching funds have been made available by County Council through the annual County operating and capital budgets or are available in applicable County enterprise fund balances, for County Council authorized programs, institutions, and facilities of the County, and to receive and expend such federal and state grant funds, for the purposes authorized in the respective grant applications.

Section 18

Allocation of proceeds from sale or disposal of Vehicles/Equipment shall be deposited into the Capital Equipment – Vehicle Fund except for any proceeds from the sale of equipment belonging to the County rock quarry, which will be deposited back into the enterprise account for that activity. All other proceeds from the sale of disposal of surplus supplies and property shall be deposited into the County's general fund.

Section 19

Revenues collected from recycled concrete shall be designated for the rental / purchase of equipment required for concrete recycling.

Section 20

The County Administrator may waive up to Five Thousand and 00/100 ($5,000.00) Dollars per fiscal year in Oconee County encroachment fees, building permit fees, and related and associated building code fees for each municipality located within Oconee County, but only to the extent the subject building project is for a public purpose.

Section 21

As previously approved by County Council, the funds hereby budgeted for the County Attorney may also, or in the alternative, be applied by the County Administrator toward the outside counsel fees of the current Interim County Attorney.

Section 22

County Council, at its sole discretion, has the authority to amend or withhold District Recreational Funding for each district based on each district's willingness to allow for broader opportunities for expanded recreational participation. Council strongly supports the expansion of youth recreational opportunities in Oconee County, and thus, will provide priority funding for those districts that demonstrate their willingness to accommodate that goal.

Section 23

Oconee County distributes government funds to various non-county agencies, fire departments and non-profits, all of which are vital to our communities. In the current budget year, the County will distribute more than $1.5 Million in funding to outside agencies and public safety departments. As consistent increased oversight within the County's operations continues, those measures are now extended to all agencies in receipt of County funding.

- Require agencies to provide Secretary of State non-profit status (annually); submission of a recent IRS Form 990, audit, or banking statement; and complete a certification form for the use of County funds.
- A County employee shall provide purchasing management and oversight for all public safety divisions. This staff member is responsible for ensuring proper procurement policies are adhered to for all expenditures.

Section 24

All revenues resulting from the adoption of dogs/canines or cats/felines shall be directly distributed to the Oconee County Humane Society, quarterly.

Section 25

General Fund Growth Limitation: Council enacted a General Fund Growth Limitation (GFGL) on March 5, 2024. (See Ordinance 2024-10.) Consistent with the provisions of Ordinance 2024-10, the GFGL for fiscal year 2024/2025 is 4.11%. Of that amount, 98% is being utilized in this budget. Further, Ordinance 2024-10 provides for a carry forward, or a look back, of up the GFGL amounts for up to three years immediately preceding the subject fiscal year. Council hereby confirms that that provision includes the three years preceding this budget ordinance, which amount totals 8.66%. Of the prior years' GFGL, this budget utilizes 4.05%, leaving 8.72% for future use consistent with Ordinance 2024-10.

Oconee County, South Carolina
Fees Schedule
2025-2026 Budget

Description	Rate	FY 2025 Fees	FY 2026
General County Fees (Applicable to all departments, unless otherwise noted within the Departmental Fees below.)			
Copies			
8.5 X 11	Per Page	$0.50	$0.50
8.5 X 14	Per Page	$0.50	$0.50
11 X 17	Per Page	$0.75	$0.75
County Road Maps			
County Road Map (Less Than 50)	Per Map	$2.00	$2.00
	Per Map	$1.50	$1.50
Noise Ordinance Permit Fee	Per Event	$50.00	$50.00
Departmental Fees			
Airport			
T-Hanger Rental Rates	Per Month	$185.00	$185.00
1998 T-Hangars A, B, and Box D (27)	Per Month	$250.00	$250.00
New T-Hangars E (8)	Per Month	$300.00	$300.00
Aircraft Tie-Down Rate	Per Month	$30.00	$30.00
Long-Term Parking Fee	Per Month, Per Vehicle	$30.00	**$40.00**
After Hour Callout Fee - With purchase of fuel	Minimum of 100 gallons	$150.00	$150.00
After Hour Callout Fee - No purchase of fuel	Per Callout	$250.00	$250.00
GPU (Ground Power Unit)	Per Hour	$75.00	$75.00
Event Fee		$25.00 Single Engine $50.00 Multi Engine $100.00 Jet Aircraft	$25.00 Single Engine $50.00 Multi Engine $100.00 Jet Aircraft
		Aircraft above 20,000 pounds gross weight event fees revert to Tier Fee schedule.	Aircraft above 20,000 pounds gross weight event fees revert to Tier Fee schedule.
Ramp Fee -			
Tier 1 (100,000 - 20,000 Pounds)		100 Gallons/Top Off or $100.00	100 Gallons/Top Off or $100.00
		$15.00 per night after 48 hours	$15.00 per night after 48 hours
Tier 2 (20,000 - 30,000 Pounds)		200 Gallons or $200.00	200 Gallons or $200.00
		$35.00 per night after 48 hours	$35.00 per night after 48 hours
Tier 3 (30,000 - 40,000 Pounds)		300 gallons or $300.00	300 gallons or $300.00
		$50.00 per night after 48 hours	$50.00 per night after 48 hours
Airport customers with an Oconee Airport based corporate aircraft who purchase 150 or more gallons of Jet A fuel at one time will receive a $0.10 per gallon discount off the County Airport's normal retail price for the Jet A Fuel.		N/A	N/A
Airport customers who purchase 200 gallons or more of Jet A Fuel at one time will receive a $0.10 per gallon discount off the County Airport's normal retail price for the Jet A Fuel.		$0.10 reduction per gallon for 200 gallons or more Jet-A	$0.10 reduction per gallon for 200 gallons or more Jet-A
Animal Control			
Dog Adoption Fee	Per Dog	$25 - $125	$25 - $125
Cat Adoption Fee	Per Cat	$25 - $125	$25 - $125
Horse Adoption Fee	Per Horse	$100 - $200	$100 - $200
Quarantine Fee	10 Days	$60.00	$60.00
Owner Pick-Up Fee - Cat or Dog		$10.00	$10.00
Owner Pick-Up Fee - Large Animal		$20.00	$20.00
Boarding Fee - Cat or Dog	Per Day	$10.00	$10.00
Boarding Fee - Large Animal	Per Day	$20.00	$20.00
Vaccine(s) - Misc	Per Vaccine	$10.00	$10.00
Dewormed - Misc		$10.00	$10.00
Heartworm Test - Misc		$15.00	$15.00
Microchip Fee - Misc		$15.00	$15.00
Owner Surrender Euthanasia			**$50.00**

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Oconee County, South Carolina
Fees Schedule
2025-2026 Budget

Description	Rate	FY 2025 Fees	FY 2026
Assessor/GIS			
Custom Production -		$40.00 for 1st Hour + $20.00 per addition half hour	$40.00 for 1st Hour + $20.00 per addition half hour
Custom Scan and Prints		$40.00 for 1st Hour + $20.00 per addition half hour	$40.00 for 1st Hour + $20.00 per addition half hour
GIS A - 8.5 X 11		$3.00	$3.00
GIS B - 11 X 17		$5.00	$5.00
GIS C - 18 X 24		$10.00	$10.00
GIS D - 24 X 36		$15.00	$15.00
GIS E - 36 X 48		$20.00	$20.00
GIS A - 8.5 X 11 (Aerial Imagery)		$5.00	$5.00
GIS B - 11 X 14 (Aerial Imagery)		$0.00	$0.00
GIS B - 11 X 17 (Aerial Imagery)		$10.00	$10.00
GIS C - 18 X 24 (Aerial Imagery)		$15.00	$15.00
GIS D - 24 X 36 (Aerial Imagery)		$20.00	$20.00
GIS E - 36 X 48 (Aerial Imagery)		$25.00	$25.00
Tax Map Grid with Roads		$10.00	$10.00
Voting Precincts and Council Districts		$0.00	**$10.00**
Building Codes			
(See Section 10 of Provisos to the Oconee County Budget for this year)			
All Buildings, Demolition, and Mechanical Trades $10,000 or Less		$50.00	**$75.00**
All Buildings, Demolition, and Mechanical Trades $10,000 and Up		$75.00 + $4.00 for each additional $1,000 or fraction thereof	$75.00 + $4.00 for each additional $1,000 or fraction thereof
All buildings greater than 49 units MUST obtain the services of a third party building inspector. Permit fees shall reflect a 75% decrease in permit fees.			**$75.00 + $4.00 for each additional $1,000 or fraction thereof (minus 75%)**
Farm Exempt Structures		$50.00	$50.00
Manufactured Homes			
Set-Up Permit (Includes County Decal)		$100.00	**$125.00**
Decal Only		$20.00	**$25.00**
Manufactured Home De-Title Fee		$50.00	$50.00
Manufactured Home Moving Permit		$40.00	**$50.00**
Other Permits			
Moving Permits (Structures Other Than Manufactured Homes)		$100.00	**$125.00**
Penalties			
(Where work for which a permit is required by this Ordinance is started prior to obtaining said permit, the applicable fee shall be doubled.)			
Re-Inspection Fee - Shall be charged if an inspection is scheduled and the work is not ready when the inspector arrives.		$75.00	$100.00
Stop Work Order / Placard Placement		$50.00	**$100.00**
Re-Placard Fee			**$300.00**
Commercial Plan Review Fee		1/2 of building permit fee	1/2 of building permit fee
Pre-Bound Document - Less Than 50 Pages		$5.00	$5.00
Pre-Bound Document - Greater Than 50 Pages	Per Page	$5.00 + $0.25 per page	$5.00 + $0.25 per page
Documents on CD		$1.00	$1.00
Maps - 8.5 X 11	Each	$3.00	$3.00
Maps - 18 X 24	Each	$6.00	$6.00
Maps - 24 X 36	Each	$8.00	$8.00
Maps - 36 X 48	Each	$10.00	$10.00
Custom Mapping - Planning and Zoning Projects Only	Per Hour	$35.00	$35.00

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Oconee County, South Carolina
Fees Schedule
2025-2026 Budget

Description	Rate	FY 2025 Fees	FY 2026
Clerk of Court			
Certified Copies		$5.25 + $0.50 per page	$5.25 + $0.50 per page
Printouts for Family Court		.50 per page	.50 per page
Certified Printouts		$5.25	$5.25
Exemplified copies of orders	Per Document	$10.00	$10.00
Family Court Divorce Packets	Per Packet	$28.00	$28.00
All other fees are state mandated			
County Council			
Audio CD	Per Event	$5.00	$5.00
Delinquent Tax Collector			
Administrative Fee Cost:			
First Cost - Execution Cost		$10.00	**$12.00**
Second Cost - Certifies		$40.00	**$50.00**
Third Cost - Property Posting, Advertising & Title Search		$100.00	$100.00
Fourth Cost - Auctioneer		$40.00	$40.00
Library			
Overdue Fines			
Books, Magazines, or Music CD's - Up to a Maximum of $2.00 Per Book, Magazine, or Music CD	Per Day	$0.10	**$0.25**
Videos and DVD's - Up to a Maximum of $5.00 Per Item	Per Day	$0.50	$0.50
Items Borrowed Through Inter-Library Loan	Per Day, Per Item	$0.50	$0.50
Miscellaneous			
Lost Materials - Books, CD's, Videos, etc.		original price of item	original price of item
South Carolina Room Research (By Mail or E-Mail)		$5.00 + price of photocopies	$5.00 + price of photocopies
Lost Library Cards		$2.00	$2.00
Black and White Prints		$0.15	$0.15
Color Prints		$0.50	$0.50
Out of County Card	Annually *	$20.00	$20.00
** Not charged to patrons from Anderson and Pickens Counties who are in good standing with their libraries, or individuals who work or own property in Oconee County.*			

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Oconee County, South Carolina
Fees Schedule
2025-2026 Budget

Description	Rate	FY 2025 Fees	FY 2026
Parks, Recreation and Tourism			
Admission Fees (All Parks)			
Daily Parking	Per Vehicle	$3.00	**$5.00**
Daily Parking	Per Boat and Trailer	$5.00	$5.00
Annual Pass-Calendar Year (Commercial Use)	Per Boat and/or Trailer	$100.00	$100.00
Annual Pass - Calendar Year (Oconee County Residents)		$25.00	$25.00
Annual Pass - Calendar Year - Discounted for Senior Citizen (62+ Years Old), Legally Disabled, and Veterans		FREE	FREE
Annual Pass - Calendar Year - Out of County, South Carolina Residents		$50.00	$50.00
Annual Pass - Calendar Year - Out of County, South Carolina Residents Discounted for Senior Citizen (62+ Years Old), Legally Disabled, and Veterans		$40.00	$40.00
Camping (All Parks)			
Oconee County Resident	Per Night	$20.00	$20.00
Non-Resident	Per Night	$25.00	**$30.00**
Waterfront Site - Oconee County Resident	Per Night	$25.00	$25.00
Waterfront Site - Non-Resident	Per Night	$30.00	**$40.00**
All campers must have current license plates.			
No site may be occupied for more than thirty (30) days.			
Building Reservations (All Parks)			
Moving to full day rentals only, except Chau Ram			
Picnic Shelters			
Chau Ram Park			
Shelter #1 - Maximum Number of 36 People	1/2 Day	$30.00	$30.00
Shelter #2 - Maximum Number of 36 People	1/2 Day	$30.00	$30.00
Shelter #3 - Maximum Number of 12 People	1/2 Day	$20.00	$20.00
Gazebo #1 - Maximum Number of 12 People	1/2 Day	$20.00	$20.00
Gazebo #2 - Maximum Number of 12 People	1/2 Day	$20.00	$20.00
Recreation Building - 1 to 50 People	1/2 Day	$50.00	$50.00
Recreation Building - 51 to 100 People	1/2 Day	$100.00	$100.00
Recreation Building - 101 to 150 People	1/2 Day	$150.00	$150.00
Recreation Building - 151 to 200 People	1/2 Day	$175.00	$175.00
South Cove Park			
Pavilion	Full Day Only	$75.00	$75.00
Recreation Building - 1 to 100 People	Full Day Only	$150.00	$150.00
Recreation Building - 101 to 200 People	Full Day Only	$250.00	$250.00
Recreation Building - 201 to 300 People	Full Day Only	Must Call to set up	Must Call to set up
Recreation Building - 301 or More People	Full Day Only	Must Call to set up	Must Call to set up
High Falls Park			
Patio Deck-Max Number of 100 People	Full Day Only	$75.00	$75.00
Point Shelter Max Number of 70 People	Full Day Only	$75.00	$75.00
Weddings and Rehearsals			
Weddings	1/2 Day	$250.00	$250.00
Weddings	Full Day	$500.00	$500.00
Rehearsal Dinners and Receptions (For Off-Site Weddings)			
Less Than 100 People	1/2 Day	$100.00	$100.00
Less Than 100 People	Full Day	$200.00	$200.00
101 to 150 People	1/2 Day	$150.00	$150.00
101 to 150 People	Full Day	$300.00	$300.00
151 to 200 People	1/2 Day	$175.00	$175.00
151 to 200 People	Full Day	$350.00	$350.00
Miscellaneous			
Tennis	Per Hour to Reserve	$5.00	$5.00
Miniature Golf	Per Game	$2.00	$2.00
Softball Field	Per Hour to Reserve	$5.00	$5.00
Volleyball	Per Hour to Reserve	$5.00	$5.00
Non-Camper Dump Fee To Use Dump Station	Per Use	$5.00	$5.00

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Oconee County, South Carolina
Fees Schedule
2025-2026 Budget

Description	Rate	FY 2025 Fees	FY 2026
Planning			
Sign Fees			
Less Than 33 Square Feet		No Fee	No Fee
On Premise signs		$150.00	$150.00
Billboard - off premise sign		$250.00	$250.00
Billboard I-85		$500.00	$500.00
Basic Plat Review - per parcel		$25.00	**$50.00**
Subdivisions with creation of new parcels for recording			
Sketch Review		$300.00	$300.00
Preliminary Plan 1-10 New Parcels		$50 Per Parcel	$50 Per Parcel
Preliminary Plan 11- 49 New Parcels		$500 + $50 Per Parcel	$500 + $50 Per Parcel
Preliminary Plan 50-199 Parcels		$750 + $50 Per Parcel	$750 + $50 Per Parcel
Preliminary Plan 200+ Parcels		$1,000 + $50 Per Parcel	$1,000 + $50 Per Parcel
Preliminary Plan 201-299 Parcels		$1,000 + $75 Per Parcel	$1,000 + $75 Per Parcel
Preliminary Plan 300+ Parcels		$1,000 + $100 Per Parcel	$1,000 + $100 Per Parcel
1st and 2nd Revision		$250.00	$250.00
3rd or more Revision		$1,000.00	$1,000.00
Final Plat 1-10 Parcels		$50 Per Parcel	$50 Per Parcel
Final Plat 11-49 Parcels		$500 + $50 Per Parcel	$500 + $50 Per Parcel
Final Plat 50-199 Parcels		$750 + $50 Per Parcel	$750 + $50 Per Parcel
Final Plat 200+ Parcels		$1,000 + $50 Per Parcel	$1,000 + $50 Per Parcel
Final Plat 200-299 Parcels		$1,000 + $75 Per Parcel	$1,000 + $75 Per Parcel
Final Plat 300+ Parcels		$1,000 + $100 Per Parcel	$1,000 + $100 Per Parcel
Subdivisions NOT involving creation of new parcels for recording			
Sketch Review		$300.00	$300.00
Preliminary 1-9 Units	Per Unit	$1,000 + $50 Per Unit	$1,000 + $50 Per Unit
Preliminary 10 - 99 Units		$1,500 + $50 Per Unit	$1,500 + $50 Per Unit
Preliminary Plan 100 - 199 Units		$2,500 + $50 Unit	$2,500 + $50 Unit
Preliminary Plan 200-299 Units		$1,000 + $75 Per Unit	**$3,500 + $75 Per Unit**
Preliminary Plan 300+ Units		$1,000 + $100 Per Unit	**$4,500 + $100 Per Unit**
3rd or more Revision		$1,000.00	$1,000.00
Final Plat 1-9 Units		$1,000 + $50/Unit	$1,000 + $50/Unit
Final Plat 11-99 Units		$1,500 + $50/Unit	$1,500 + $50/Unit
Final Plat 100+ Units		$2,500 + $50/Unit	$2,500 + $50/Unit
Final Plat 200-299 Units		$1,000 + $75 Per Unit	$1,000 + $75 Per Unit
Final Plat 300+ Units		$1,000 + $100 Per Unit	$1,000 + $100 Per Unit
Towers			
Communication Towers - New Build		$6,000.00	$6,000.00
Communication Towers - Collocate		$3,000.00	$3,000.00
Communication Tower Fee -	Annual Fee	$1,000.00	$1,000.00
Wi-Fi Tower -		$500.00	$500.00
RV Park Plan Review			
2-10 New Units	Per Units	$15.00	$15.00
11+ New Units	Per Units	$100 + $15 Per Unit	$100 + $15 Per Unit
Zoning Verification Letter(s)	Per Parcel	$25.00	$25.00
3rd Party Review	Per Request	$1,500.00	$1,500.00
Additional 3rd Party Review	Per Request	$500.00	$500.00
Other			
Group Homes		$750.00	**$1,000.00**
Sexually Oriented Business	Annual Fee	$2,500.00	**$5,000.00**
Sexually Oriented Business Employee	Per Employee	$50.00	$50.00
Tattoo Facilities		$1,000.00	$1,000.00
Non-CFD Rezoning Application Fee	Per Parcel	$50.00	$50.00
Appeals, Variances, and Special Exception Application Fee		$300.00	$300.00
Zoning Permit Fee		$25.00	$25.00
Vegetation Removal Fee Application		$100.00	$100.00
Development within the Vegetation	Per Project	$100.00	$100.00
Ordinance Revisions			
No Review shall begin until all fees are paid			
Subdivision applications which make no response to County comments after 6 months are voided and must be re-applied for to begin again			

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Oconee County, South Carolina
Fees Schedule
2025-2026 Budget

Description	Rate	FY 2025 Fees	FY 2026
Probate			
Estate and Conservatorship Fees			
In estate and conservatorship proceedings, the fee shall be based upon the gross value of the decedent's probate estate or the			
(1) Property Valuation Less Than $5,000		$25.00	$25.00
(2) Property Valuation of $5,000.00 But Less Than $20,000		$45.00	$45.00
(3) Property Valuation of $20,000.00 But Less Than $60,000		$67.50	$67.50
(4) Property Valuation of $60,000.00 But Less Than $100,000		$95.00	$95.00
(5) Property Valuation of $100,000.00 But Less Than $600,000		$95.00 + .15 of one percent of the property valuation between $100,000 and $600,000	$95.00 + .15 of one percent of the property valuation between $100,000 and $600,000
(6) Property Valuation of $600,000.00 or Higher Amount		Set forth in item (5) above + 0.25 of one percent of the property valuation above $600,000	Set forth in item (5) above + 0.25 of one percent of the property valuation above $600,000
Filing Affidavit for Collection of Personal Property Under Section 62-3-1201, the Fee Pursuant to Items (1) Through (6) Above Based Upon Property Valuation Shown		See items (1) through (6) above	See items (1) through (6) above
Filing Initial Petition In Any Action or Proceeding Other Than Items (1) Through (6) Above, Same Fee as Charged for Filing Civil Actions In Circuit Court		$150.00	$150.00
Small Estate Proceeding			
No Real Estate total value under $25,000			
(1) Property Valuation Less Than $99.99		$12.50	$12.50
(2) Property Valuation of $100.00 But Less Than $4,999.99		$25.00	$25.00
(2) Property Valuation of $5,000.00 But Less Than $19,999.99		$45.00	$45.00
(2) Property Valuation of 20,000.00 But Less Than $25,000.00		$67.50	$67.50
Filing Summons and Petition for Formal Proceeding		$150.00	$150.00
Issuing Certified Copy		$5.25 + $0.50 per page copy fee	$5.25 + $0.50 per page copy fee
Issuing Exemplified/Authenticated Copy		$20.00	$20.00
Filing Demands for Notice		$5.00	$5.00
Filing Conservatorship Accountings		$10.00	$10.00
Filing Conservatorship Orders		$5.00	$5.00
Filing Conservatorship Motions		$10.00	$10.00
Recording Authenticated or Certified Record		$20.00	$20.00
Reopening Closed Estates		$22.50	$22.50
Appointment of Special, Temporary or Successor Personal Representative		$22.50	$22.50
Affidavit for Access to Safe Deposit Box		$22.50	$22.50
Affidavit to Obtain Bank Balance		$22.50	$22.50
Filing and Indexing Will Under Section 62-2-901		$10.00	$10.00
Certifying Appeal Record		$10.00	$10.00
Orders Issued without a Hearing		$15.00	$15.00
Copies per page		$0.50	$0.50
Will Probated Only-300 Petition		$25.00	$25.00
Certificate of Appointment for Personal Representative *(additional charge for copies given after initial 5 at time of appointment)*		$5.75	$5.75
Special Certificate		$10.00	$10.00
Marriage Fees			
Included with Marriage License - Domestic Violence Fund Fee/Each Marriage Application (State)		$20.00	$20.00
Marriage Ceremony Fee - Oconee County Resident		$30.00	$30.00
Marriage Ceremony Fee - Out of County Resident **(SC Resident)**		$50.00	$50.00
Marriage Ceremony Fee (out of State Resident)		$75.00	$75.00
Marriage License Fee - (Total Cost) - Oconee County Resident		$50.00	$50.00
Marriage License Fee - (Total Cost) - Out of County Resident **(SC Resident)**		$75.00	$75.00
Marriage License Fee (Out of State Resident)		$100.00	$100.00
Certified Copy of Marriage License		5.25 + .50 per page	5.25 + .50 per page
Filing Marriage License Affidavit		$1.00	$1.00
Reforming or Correcting Marriage Record		$10.00	**$6.75 (state statute)**
Issuing Duplicate Marriage License		$10.00	$10.00
Ceremonial Keepsake Marriage License folder (optional)		$2.00	$2.00
Research fee for marriage license-includes one certified copy		$5.75	$5.75
Newspaper Advertisement Fees			
Notice to Creditor - Daily Journal		$417.00	$417.00

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Oconee County, South Carolina
Fees Schedule
2025-2026 Budget

Description	Rate	FY 2025 Fees	FY 2026
Register of Deeds			
Deeds		$15.00	$15.00
Mortgages		$25.00	$25.00
Deed Stamps		$3.70 per $1,000 rounded up to next $500	$3.70 per $1,000 rounded up to next $500
Instrument Which Assigns, Transfers, or Releases Real Estate Mortgage		$10.00	$10.00
Affidavit of Missing Assignment and Trust Indenture		$10.00	$10.00
Lease, Contract of Sale		$25.00	$25.00
Satisfaction of Real Estate Mortgage		$10.00	$10.00
Plat - Any Size		$25.00	$25.00
Plat Larger Than 8.5 X 14		N/A	N/A
Plat of "Legal Size" Dimensions or Smaller		N/A	N/A
Plats Larger Than 17 X 24		N/A	N/A
Any Other Paper Affecting Title or Possession of Real Estate or Personal Property and Required by Law To Be Recorded, Except Judicial Records - Categorized by State Recording Fees		$10.00/$15.00/$25.00	$10.00/$15.00/$25.00
Power of Attorney, Trustee Qualification, or Other Appointment		$25.00	$25.00
Mechanics Liens & Assessment Liens		$25.00	$25.00
Cancellation of Mechanics Lien & Assessment Liens		$10.00	$10.00
Uniform Commercial Code (UCC) Financing Statement Filing - UCC1 or UCC3		$25.00	$25.00
Public Finance Transaction and Manufactured Home Transactions		$25.00	$25.00
Mailed - $5.00 Additional to Certify		$5.00 for 4 pages then $.50 per additional page	$5.00 for 4 pages then $.50 per additional page
Copies - 8.5 X 11	Per Page	$0.50	$0.50
Copies - 8.5 X 14	Per Page	$0.50	$0.50
Copies - 11 X 17	Per Page	$0.50	$0.50
All Register of Deeds fee increases have been in effect since August 2020 per South Carolina mandates			
Roads and Bridges			
Sign Fee - Municipalities		$25.00 + materials cost	**$40.00 + materials cost**
Sign Fee - Other		2.5 times the materials cost	2.5 times the materials cost
Encroachment Fee - Residential/Commercial		$60.00	$60.00
Encroachment Fee - Pavement Cut Fee (Contractor Only)		$250.00 + $10.00 per sq. ft.	$250.00 + $10.00 per sq. ft.
Encroachment Fee - Permit Extension		$10.00	$10.00
Encroachment Fee - Re-Inspection		$60.00	$60.00
Encroachment Fee - Longitudinal Work in ROW		$60.00 + $0.10 per linear ft.	$60.00 + $0.10 per linear ft.
Encroachment Fee - Annual Blanket Permit		$1,000.00	$1,000.00
Road Inspection Fee		$1.50 per foot minimum $600	$1.50 per foot minimum $600
Storm Water Fees		2.5 times the materials cost	2.5 times the materials cost
Sheriff			
Civil Fees			
Mechanics Liens	Each	$10.00	$10.00
Subpoenas	Each	$10.00	$10.00
Foreclosures	Each	$25.00	$25.00
Judgments	Each	$25.00	$25.00
Writs	Each	$25.00	$25.00
Trespass Notice	Each	$15.00	$15.00
Other	Each	$15.00	$15.00
Miscellaneous			
Incident Reports	Each	$2.00	$2.00
Record Check	Each	$5.00	$5.00
Executions	Each	$25.00	$25.00

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Oconee County, South Carolina
Fees Schedule
2025-2026 Budget

Description	Rate	FY 2025 Fees	FY 2026
Solid Waste			
MSW Transfer Station Tipping Fee- IN COUNTY Residential	Per Ton	$65.00	$65.00
MSW Transfer Station Tipping Fee - IN COUNTY Commercial	Per Ton	$65.00	$65.00
MSW Transfer Station Tipping Fee - Residential - Out of County	Per Ton	$85.00	**$95.00**
MSW Transfer Station Tipping Fee - Commercial - Out of County	Per Ton	$85.00	**$95.00**
C and D Landfill Tipping Fee - IN COUNTY - Commercial	Per Ton	$45.00	$45.00
C and D Landfill Tipping Fee - Commercial - Out of County	Per Ton	$65.00	$65.00
Railroad Ties and Telephone Poles	Per Ton	$80.00	$80.00
Passenger and Truck Tires - **with Documentation** (set by SC DHEC)	Per Ton	$150.00	$150.00
Passenger and Truck Tires with-out Documentation	Per Ton	$150.00	**$400.00**
Off-Road, Large Tractor, or Oversized Tires	Per Ton	$300.00	**$400.00**
Asbestos	Per Ton	$85.00	$85.00
Solid Waste License's			
Commercial/Industrial	Per Entity	$200.00	$200.00
Residential	Per Entity	$150.00	$150.00
Combined	Per Entity	$250.00	$250.00
Miscellaneous			
Truck Decal	Each	$5.00	$5.00
Credit			
Credit Application Fee		$100.00	$100.00
Billing Late Fee after 15 day grace period		**10%**	**10%**
Recycling Container Fees			
8 Yard Container (for cardboard/paper recycling)			
- 4 Pickups per month		$100.00	$100.00
- 8 pickups per month		-	-
- each additional pick up		$25.00	**$35.00**
8 Yard Container (for plastics or aluminum)			
- Monthly container Fee		$25.00	$25.00
- No charge when there is a scheduled pick up		-	-
40 Yard Container (for Metal)			
- Monthly container Fee		$25.00	**$50.00**
- No charge when there is a scheduled pick up		-	-
Landfill/Transfer Station Reloading Fee of Unacceptable/Unapproved Waste	Per Load	$150.00	$150.00
Clean Concrete for recycling not greater than 3' X 3' (Not mixed with rock, dirt or other waste with rebar less than 1/2")		$20.00	$20.00
Clean Asphalt for recycling (not mixed with dirt)		$10.00	$10.00
Clean Fill Dirt		No Charge	No Charge
Solicitor			
Worthless Check Fee		$50 for checks <$500; $100 dollars for checks $500.01 to $1000; and $150 for checks >$1000.01	$50 for checks <$500; $100 dollars for checks $500.01 to $1000; and $150 for checks >$1000.01
Treasurer			
Decal Fee	Each	$1.00	$1.00
Bad Check Fee	Each	$30.00	$30.00
Replacement Check Fee	Each	$30.00	$30.00

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Oconee County, South Carolina

Fees Schedule

2025-2026 Budget

Rock Quarry Fees

EFFECTIVE xxxx, 2025

		Current 2024-2025 In-County Rates		Proposed 2025-2026 In-County Rates		Current 2024-2025 Out-of-County Rates		Proposed 2025-2026 Out-of-County Rates	
PRODUCT#	MATERIAL DESCRIPTION	PRICE/TON CASH/CHECK	PRICE/TON CREDIT/DEBI	PRICE/TON CASH/CHEC	PRICE/TON CREDIT/DEBI	PRICE/TON CASH/CHEC	PRICE/TON CREDIT/DEBI	PRICE/TON CASH/CHE	PRICE/TON CREDIT/DEB
1	CRUSHER RUN 1-1/2"	$ 16.50	$ 17.03	$ 17.50	$ 18.06	$ 20.63	$ 21.29	$ 21.88	$ 22.58
2	CRUSHER RUN	$ 11.60	$ 11.97	$ 12.50	$ 12.90	$ 14.50	$ 14.96	$ 15.63	$ 16.13
3	2" X 3" SURGE	$ 17.50	$ 18.06	$ 19.00	$ 19.61	$ 21.88	$ 22.58	$ 23.75	$ 24.51
4	SCREENINGS	$ 6.00	$ 6.19	$ 7.25	$ 7.48	$ 6.00	$ 6.19	$ 7.25	$ 7.48
5	57: 1" CLEAN STONE	$ 18.75	$ 19.35	$ 20.50	$ 21.16	$ 23.44	$ 24.19	$ 25.63	$ 26.45
6	789: 3/8" X 1/2"	$ 17.85	$ 18.42	$ 18.75	$ 19.35	$ 22.31	$ 23.02	$ 23.44	$ 24.19
7	4" X 8" RIP RAP - CLASS A	$ 20.25	$ 20.90	$ 23.00	$ 23.74	$ 25.31	$ 26.12	$ 28.75	$ 29.67
8	9" X 15" RIP RAP - CLASS B	$ 20.45	$ 21.10	$ 24.00	$ 24.77	$ 25.56	$ 26.38	$ 30.00	$ 30.96
9	ASPHALT SAND	$ 13.60	$ 14.04	$ 14.00	$ 14.45	$ 17.00	$ 17.54	$ 17.50	$ 18.06
13	BOULDERS - CLASS E	$ 30.00	$ 30.96	$ 32.50	$ 33.54	$ 37.50	$ 38.70	$ 40.63	$ 41.93
14	FLAT BOULDERS	$ 35.00	$ 36.12	$ 37.50	$ 38.70	$ 43.75	$ 45.15	$ 46.88	$ 48.38
15	15-1/2" X 21" RIP RAP - CLASS C	$ 22.00	$ 22.70	$ 24.00	$ 24.77	$ 27.50	$ 28.38	$ 30.00	$ 30.96
16	21-1/2" X 27" RIP RAP - CLASS D	$ 22.00	$ 22.70	$ 24.00	$ 24.77	$ 27.50	$ 28.38	$ 30.00	$ 30.96
17	OVERBURDEN	$ 7.00	$ 7.22	$ 5.00	$ 5.16	$ 8.75	$ 9.03	$ 6.25	$ 6.45

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CALL FOR AVAILABILITY 864-638-4214

APPLICABLE SALES TAX WILL BE ADDED

CREDIT/DEBIT TRANSACTIONS INCLUDE A FEE OF APPROXIMATELY 3.2%

ROCK SOLD WITHOUT WARRANTY

OPERATING HOURS:

7:30AM - 4:30PM MONDAY - FRIDAY

7:30AM - 11:30AM SATURDAY

Application Fee for Monthly Credit Account - $100.00

Oconee County
Administrator's Recommended Budget
2025-2026

Ordinance 2025-01
Administrator's Recommended

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May 6, 2025 – 1st Reading
May 20, 2025 – Public Hearing
May 20, 2025 – 2nd Reading
June 3, 2025 – Public Hearing
June 3, 2025 – 3rd & Final Reading

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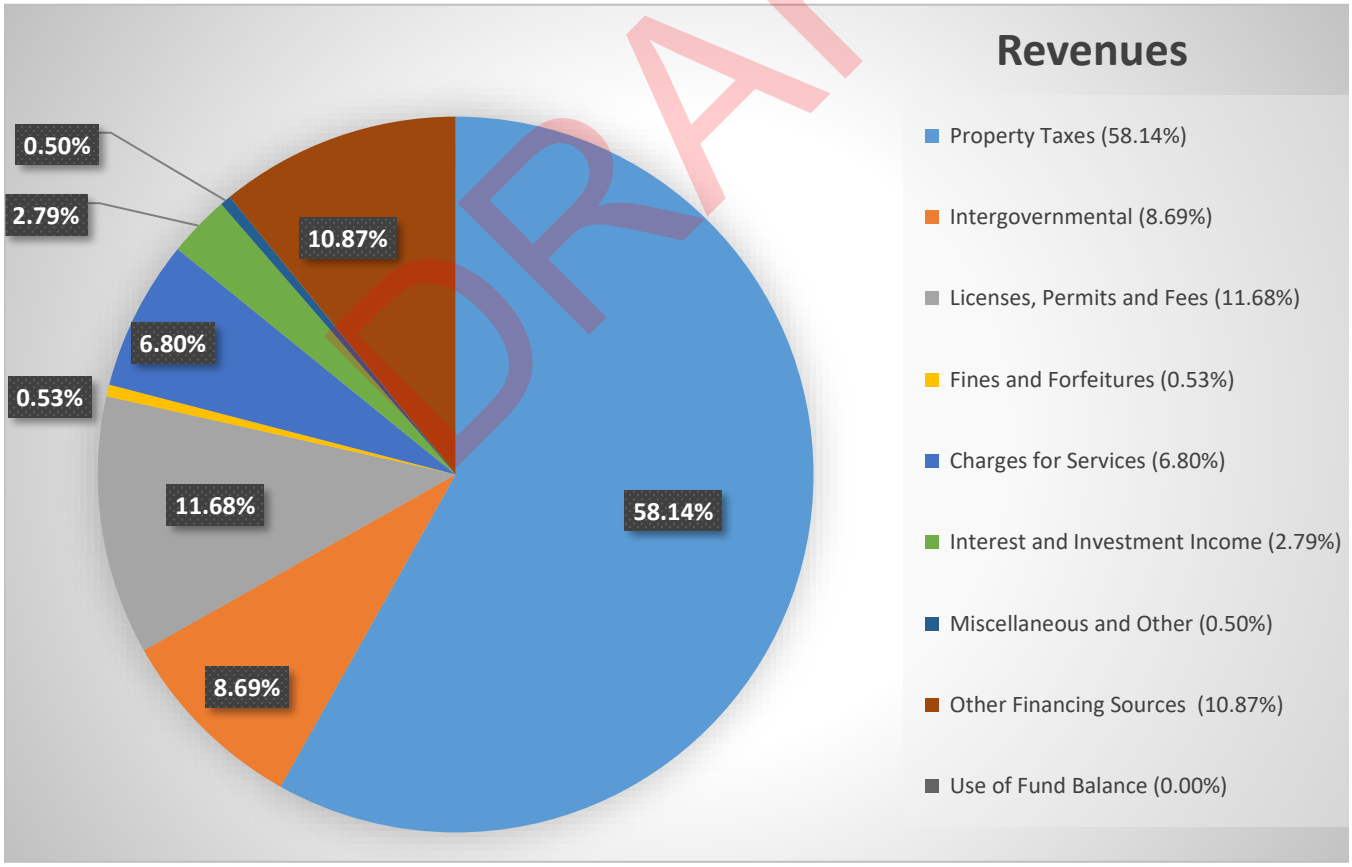
Oconee County, South Carolina
General Fund Summary
2025-2026 Budget

Revenues and Other Financing Sources					
Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
Property Tax	41,474,586	41,639,984	38,702,368	39,478,627	38,565,196
Intergovernmental	4,888,193	5,022,961	4,155,399	5,271,833	5,765,865
Licenses, Permits and Fees	7,342,104	7,427,883	7,247,783	8,181,960	7,749,125
Fines and Forfeitures	257,591	320,489	323,345	323,750	353,700
Charges for Services	4,085,819	3,096,829	4,479,083	4,300,228	4,511,000
Interest and Investment Income	-	1,665,781	2,919,155	2,000,000	1,850,000
Miscellaneous and Other	260,828	353,940	587,247	361,214	329,539
Other Financing Sources	2,893,684	1,281,266	882,737	1,833,744	7,211,119
Use of Fund Balance	-	384,056	-	-	-
Wage & Compensation Implementa	-	-	-	2,000,000	-
	61,202,805	**61,193,189**	**59,297,117**	**63,751,356**	**66,335,544**



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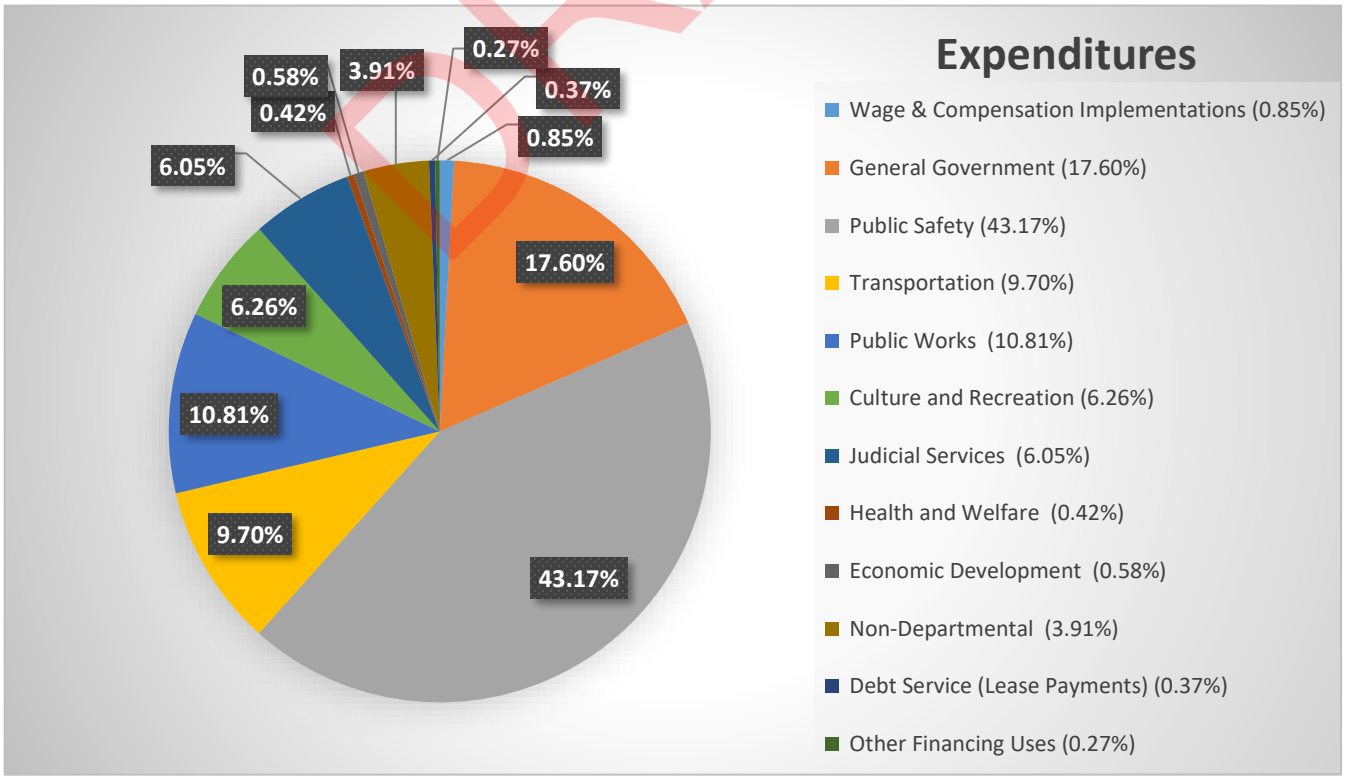
Oconee County, South Carolina
General Fund Summary
2025-2026 Budget

Expenditures and Other Financing Uses					
Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
Wage & Compensation Implementations / COLA Increases				2,000,000	565,000
General Government	9,277,978	10,008,942	10,568,562	11,147,518	11,677,799
Public Safety	21,073,067	23,172,549	25,788,619	26,321,367	28,635,459
Transportation	4,710,528	4,750,275	5,366,370	5,657,180	6,437,855
Public Works	5,086,095	5,757,776	6,299,273	6,573,341	7,172,370
Culture and Recreation	3,556,088	3,675,848	3,803,497	4,264,738	4,150,257
Judicial Services	2,946,805	3,271,412	3,574,908	3,871,420	4,011,733
Health and Welfare	285,382	269,135	274,584	282,313	280,790
Economic Development	530,555	642,879	559,311	615,659	387,070
Non-Departmental	4,686,257	4,172,565	3,385,513	2,219,000	2,595,000
Debt Service (Lease Payments)	886,296	1,031,266	1,035,420	703,820	242,224
Other Financing Uses	1,718,765	149,367	87,365	95,000	179,987
	54,757,817	**56,902,014**	**60,743,422**	**63,751,356**	**66,335,544**
					-
Actual Value of a Mill	586,604	602,892	640,128	660,000	715,000



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Expenditures by Department - Operational and Salary

Expenditures and Other Financing Uses					
Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
General Government					
Council - Comp & Wage Study / COLAs	-	-	-	2,000,000	565,000
Administrator (717)	446,949	613,849	593,173	750,462	922,214
Assessor (301)	967,481	1,093,914	1,084,651	1,220,184	1,248,881
Auditor (302)	590,127	630,095	736,372	778,630	807,520
Board of Assessment Appeals (303)	1,547	4,840	340	4,084	2,225
County Attorney (741)	374,996	363,184	439,695	357,830	364,410
County Council (704)	289,685	321,043	326,749	346,880	349,031
Delinquent Tax Collector (305)	375,455	366,063	375,793	409,370	403,667
Facilities Maintenance (714)	1,326,458	1,502,765	1,556,279	1,561,156	1,559,320
Finance Office (708)	532,054	562,249	524,971	580,553	620,661
Human Resources (710)	428,980	403,649	390,061	375,937	391,113
Information Technology (711)	1,056,544	1,111,537	1,320,408	1,295,031	1,254,508
Legislative Delegation (706)	92,659	21,883	12,257	94,419	75,187
Planning Commission (712)	309,604	328,903	411,697	442,125	466,982
Procurement (713)	187,041	241,373	246,062	284,615	302,758
Register of Deeds (735)	328,224	337,979	351,556	368,775	404,831
Soil and Water Conservation District (716)	75,211	90,899	94,600	102,619	106,236
Treasurer (306)	619,985	674,374	713,968	742,159	762,067
Vehicle Maintenance (721)	991,733	992,759	995,042	1,072,963	1,289,719
Voter Registration and Elections (715)	283,245	347,584	394,888	359,726	346,469
Total General Government	**9,277,978**	**10,008,942**	**10,568,562**	**11,147,518**	**11,677,799**
Public Safety					
Animal Control (110)	638,161	693,237	841,736	851,107	890,450
Building Codes (702)	614,805	675,193	793,508	844,901	867,865
Communications ((104)	1,754,918	1,956,507	2,062,305	2,104,354	2,236,283
Coroner (103)	306,492	328,125	352,664	380,370	377,948
Detention Center (106)	4,563,534	4,797,281	5,186,304	5,402,238	6,101,375
Fire/Emergency Services (107)	3,142,327	3,782,614	4,386,318	4,398,026	5,087,962
Sheriff (101)	10,052,830	10,939,592	12,165,784	12,340,371	13,073,576
Total Public Safety	**21,073,067**	**23,172,549**	**25,788,619**	**26,321,367**	**28,635,459**
Transportation					
Airport (720)	2,131,089	2,009,901	2,721,473	2,699,854	2,970,412
Roads and Bridges (601)	2,579,439	2,740,374	2,644,897	2,957,326	3,467,443
Total Transportation	**4,710,528**	**4,750,275**	**5,366,370**	**5,657,180**	**6,437,855**
Public Works					
Solid Waste (718)	5,086,095	5,757,776	6,299,273	6,573,341	7,172,370
Total Public Works	**5,086,095**	**5,757,776**	**6,299,273**	**6,573,341**	**7,172,370**
Culture and Recreation					

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Expenditures and Other Financing Uses					
Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
Chau Ram Park (205)	411,117	365,687	408,057	498,228	537,173
High Falls Park (203)	491,681	513,955	530,503	563,299	585,773
Library (206)	1,426,414	1,468,943	1,459,580	1,583,180	1,675,355
Parks, Recreation and Tourism (202)	620,851	712,808	787,323	987,589	687,452
South Cove Park (204)	606,025	614,455	618,034	632,442	664,504
Total Culture and Recreation	**3,556,088**	**3,675,848**	**3,803,497**	**4,264,738**	**4,150,257**
Judicial Services					
Clerk of Court (501)	741,393	835,301	910,436	913,817	1,010,565
Magistrate (509)	845,301	920,479	1,027,949	1,125,205	1,108,306
Probate Court (502)	348,316	425,915	450,423	470,686	496,216
Public Defender (510)	250,000	250,000	275,000	275,000	275,000
Solicitor (504)	761,795	839,717	911,100	1,086,712	1,121,646
Total Judicial Services	**2,946,805**	**3,271,412**	**3,574,908**	**3,871,420**	**4,011,733**
Health and Welfare					
Department of Social Services (402)	11,420	10,602	10,421	11,300	10,300
Health Department (403)	69,029	27,785	28,008	28,500	26,600
Veterans' Affairs (404)	204,933	230,748	236,155	242,513	243,890
Total Health and Welfare	**285,382**	**269,135**	**274,584**	**282,313**	**280,790**
Economic Development (707)	**530,555**	**642,879**	**559,311**	**615,659**	**387,070**
Non-Departmental (709)	**4,686,257**	**4,172,565**	**3,385,513**	**2,219,000**	**2,595,000**
Debt Service Lease Payments	**886,296**	**1,031,266**	**1,035,420**	**703,820**	**242,224**
Other Financing Uses	**1,718,765**	**149,367**	**87,365**	**95,000**	**179,987**
Total Expenditures and Other Financing Uses	**54,757,817**	**56,902,014**	**60,743,422**	**63,751,356**	**66,335,544**

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Salary & Fringe

Expenditures and Other Financing Uses					
Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
General Government					
Wage & Compensation Implementations / COLA Increases				2,000,000	565,000
Administrator (717)	290,905	371,908	339,435	402,462	473,699
Assessor (301)	862,824	972,505	989,681	1,113,734	1,141,131
Auditor (302)	494,369	552,994	614,469	626,430	653,820
Board of Assessment Appeals (303)	1,476	4,462	340	3,284	1,625
County Attorney (741)	219,894	238,396	145,831	223,275	224,855
County Council (704)	164,475	167,043	168,491	173,823	180,764
Delinquent Tax Collector (305)	193,948	198,124	208,631	217,505	231,061
Facilities Maintenance (714)	840,633	912,484	980,704	993,006	1,045,070
Finance Office (708)	474,839	509,675	492,135	546,783	587,676
Human Resources (710)	302,828	284,451	273,097	273,162	291,288
Information Technology (711)	568,071	646,082	667,071	640,181	711,308
Legislative Delegation (706)	79,969	9,806	-	80,919	61,837
Planning Commission (712)	263,057	309,385	362,322	393,925	420,182
Procurement (713)	160,740	214,559	216,075	253,500	270,133
Register of Deeds (735)	254,878	257,668	294,859	298,125	313,181
Soil and Water Conservation District (716)	48,539	56,480	58,725	61,481	63,598
Treasurer (306)	462,155	503,985	517,206	524,964	532,967
Vehicle Maintenance (721)	888,651	866,660	850,393	936,163	1,126,769
Voter Registration and Elections (715)	214,260	252,904	259,012	243,284	234,669
Total General Government	**6,786,511**	**7,329,571**	**7,438,477**	**8,006,006**	**9,130,633**
Public Safety					
Animal Control (110)	411,798	417,495	481,520	525,857	557,150
Building Codes (702)	497,132	500,355	491,334	629,401	583,215
Communications ((104)	1,558,977	1,733,518	1,838,176	1,866,654	1,988,333
Coroner (103)	253,101	278,789	306,528	320,865	248,668
Detention Center (106)	3,206,625	3,249,872	3,624,306	3,822,388	4,195,425
Fire/Emergency Services (107)	2,565,675	3,033,324	3,619,168	3,929,926	4,624,212
Sheriff (101)	8,702,609	9,524,873	10,603,287	10,699,521	11,350,526
Total Public Safety	**17,195,917**	**18,738,226**	**20,964,319**	**21,794,612**	**23,547,529**
Transportation					
Airport (720)	464,032	523,689	658,211	613,204	821,887
Roads and Bridges (601)	2,128,018	2,133,908	2,058,390	2,358,676	2,881,943
Total Transportation	**2,592,050**	**2,657,597**	**2,716,601**	**2,971,880**	**3,703,830**
Public Works					
Solid Waste (718)	1,914,271	2,071,057	2,344,202	2,289,041	2,743,995
Total Public Works	**1,914,271**	**2,071,057**	**2,344,202**	**2,289,041**	**2,743,995**

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Expenditures and Other Financing Uses					
Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
Culture and Recreation					
Chau Ram Park (205)	277,124	264,022	291,982	395,643	433,388
High Falls Park (203)	311,260	355,282	369,677	404,001	435,225
Library (206)	1,022,602	1,093,332	1,074,142	1,183,581	1,270,711
Parks, Recreation and Tourism (202)	271,798	288,284	362,005	573,309	338,752
South Cove Park (204)	346,013	388,087	383,448	397,495	427,557
Total Culture and Recreation	**2,228,797**	**2,389,007**	**2,481,254**	**2,954,029**	**2,905,633**
Judicial Services					
Clerk of Court (501)	610,466	685,536	785,457	754,972	859,720
Magistrate (509)	771,147	820,174	923,231	1,013,510	993,916
Probate Court (502)	285,032	341,719	385,338	394,136	409,516
Public Defender (510)	-	-	-	-	-
Solicitor (504)	758,382	835,906	907,712	1,082,962	1,117,646
Total Judicial Services	**2,425,027**	**2,683,335**	**3,001,738**	**3,245,580**	**3,380,798**
Health and Welfare					
Department of Social Services (402)	-	-	-	-	-
Health Department (403)	-	-	-	-	-
Veterans' Affairs (404)	198,407	209,767	220,177	225,323	229,462
Total Health and Welfare	**198,407**	**209,767**	**220,177**	**225,323**	**229,462**
Economic Development (707)	**273,820**	**336,022**	**335,391**	**352,472**	**332,730**
Non-Departmental (709)	**-**	**-**	**-**	**-**	**-**
Debt Service Lease Payments	**-**	**-**	**-**	**-**	**-**
Other Financing Uses	**-**	**-**	**-**	**-**	**-**
Total Expenditures and Other Financing Uses	**33,614,801**	**36,414,582**	**39,502,159**	**43,838,943**	**46,539,610**

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Operational

Expenditures and Other Financing Uses

Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
General Government					
Salary Increases	-	-	-	-	565,000
Contingency	-	-	-	200,000	292,265
	-	**-**	**-**	**200,000**	**857,265**
Administrator (717)	156,044	241,941	253,738	148,000	156,250
Assessor (301)	104,657	121,409	94,970	106,450	107,750
Auditor (302)	95,758	77,101	121,903	152,200	153,700
Board of Assessment Appeals (303)	71	378	-	800	600
County Attorney (741)	155,102	124,788	293,864	134,555	139,555
County Council (704)	125,210	154,000	158,258	173,057	168,267
Delinquent Tax Collector (305)	181,507	167,939	167,162	191,865	172,606
Facilities Maintenance (714)	485,825	590,281	575,575	568,150	514,250
Finance Office (708)	57,215	52,574	32,836	33,770	32,985
Human Resources (710)	126,152	119,198	116,964	102,775	99,825
Information Technology (711)	488,473	465,455	653,337	654,850	543,200
Legislative Delegation (706)	12,690	12,077	12,257	13,500	13,350
Planning Commission (712)	46,547	19,518	49,375	48,200	46,800
Procurement (713)	26,301	26,814	29,987	31,115	32,625
Register of Deeds (735)	73,346	80,311	56,697	70,650	91,650
Soil and Water Conservation District (716)	26,672	34,419	35,875	41,138	42,638
Treasurer (306)	157,830	170,389	196,762	217,195	229,100
Vehicle Maintenance (721)	103,082	126,099	144,649	136,800	162,950
Voter Registration and Elections (715)	68,985	94,680	135,876	116,442	111,800
Total General Government	**2,491,467**	**2,679,371**	**3,130,085**	**2,941,512**	**2,819,901**
Public Safety					
Animal Control (110)	226,363	275,742	360,216	325,250	333,300
Building Codes (702)	117,673	174,838	302,174	215,500	284,650
Communications ((104)	195,941	222,989	224,129	237,700	247,950
Coroner (103)	53,391	49,336	46,136	59,505	129,280
Detention Center (106)	1,356,909	1,547,409	1,561,998	1,579,850	1,905,950
Fire/Emergency Services (107)	576,652	749,290	767,150	468,100	463,750
Sheriff (101)	1,350,221	1,414,719	1,562,497	1,640,850	1,723,050
Total Public Safety	**3,877,150**	**4,434,323**	**4,824,300**	**4,526,755**	**5,087,930**
Transportation					
Airport (720)	1,667,057	1,486,212	2,063,262	2,086,650	2,148,525
Roads and Bridges (601)	451,421	606,466	586,507	598,650	585,500
Total Transportation	**2,118,478**	**2,092,678**	**2,649,769**	**2,685,300**	**2,734,025**
Public Works					
Solid Waste (718)	3,171,824	3,686,719	3,955,071	4,284,300	4,428,375
Total Public Works	**3,171,824**	**3,686,719**	**3,955,071**	**4,284,300**	**4,428,375**

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Culture and Recreation					
Chau Ram Park (205)	133,993	101,665	116,075	102,585	103,785
High Falls Park (203)	180,421	158,673	160,826	159,298	150,548
Library (206)	403,812	375,611	385,438	399,599	404,644
Parks, Recreation and Tourism (202)	349,053	424,524	425,318	414,280	348,700
South Cove Park (204)	260,012	226,368	234,586	234,947	236,947
Total Culture and Recreation	**1,327,291**	**1,286,841**	**1,322,243**	**1,310,709**	**1,244,624**
Judicial Services					
Clerk of Court (501)	130,927	149,765	124,979	158,845	150,845
Magistrate (509)	74,154	100,305	104,718	111,695	114,390
Probate Court (502)	63,284	84,196	65,085	76,550	86,700
Public Defender (510)	250,000	250,000	275,000	275,000	275,000
Solicitor (504)	3,413	3,811	3,388	3,750	4,000
Total Judicial Services	**521,778**	**588,077**	**573,170**	**625,840**	**630,935**
Health and Welfare					
Department of Social Services (402)	11,420	10,602	10,421	11,300	10,300
Health Department (403)	69,029	27,785	28,008	28,500	26,600
Veterans' Affairs (404)	6,526	20,981	15,978	17,190	14,428
Total Health and Welfare	**86,975**	**59,368**	**54,407**	**56,990**	**51,328**
Economic Development (707)	**256,735**	**306,857**	**223,920**	**263,187**	**54,340**
Non-Departmental (709)	**4,686,257**	**4,172,565**	**3,385,513**	**2,219,000**	**2,595,000**
Debt Service Lease Payments	**886,296**	**1,031,266**	**1,035,420**	**703,820**	**242,224**
Other Financing Uses	**1,718,765**	**149,367**	**87,365**	**95,000**	**179,987**
Total Expenditures and Other Financing Uses	**21,143,016**	**20,487,432**	**21,241,263**	**19,912,413**	**20,633,669**

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Oconee County, South Carolina
All Other Revenue

Account Number	Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
010-080-00805-00190	SC Cares COVID	22,173	-	17,909	-	-
010-080-00805-10290	Gain/Loss on Sales of Forfeited Land	(156,566)	(9,185)	-	-	-
010-080-00805-10311	Noise Ord Permit Fee	50	150	250	-	200
010-080-00805-10312	Franchise Fee Cable TV	259,003	263,118	250,747	260,000	260,000
010-080-00805-10320	Rent - USDA Building	7,684	7,800	7,150	7,800	7,800
010-080-00805-10321	Rent - Bantam Chef	3,000	3,000	3,000	3,000	3,000
010-080-00805-10340	Miscellaneous Income	100,542	236,337	453,919	200,000	200,000
010-080-00805-10343	Brady Lease Revenue	-	-	-	-	-
010-080-00805-10385	Land Sales - Forfeited Land Commission (FLC)	98,126	17,310	611	25,000	25,000
010-080-00805-10386	Auditor FLC Processing Fees	8,060	1,400	60	1,275	1,000
010-080-00805-10387	Auditor FLC Delinquent Tax Fee	105,625	18,480	1,080	25,000	10,000
010-080-00805-15406	Credit Application Fees	(406)	2,262	2,030	-	1,200
010-081-00810-15000	1/2 Pollution Control Fine	25,535	9,550	10,922	10,000	10,000
010-081-00810-20005	State Aid to Subdivisions	2,326,642	3,930,292	2,575,717	3,686,659	3,872,957
010-081-00810-20060	Flood Control	45,148	98,621	248,697	100,000	128,000
010-081-00810-20065	TNC Act Local Assessment Fees	4,260	5,475	7,529	6,500	8,200
010-081-00810-22950	SCABL On Premise License	39,750	26,050	29,150	31,000	34,000
010-082-00825-00161	Fema Disaster Hurricane	-	-	-	-	-
010-082-00825-00191	FEMA 2020 Tornado	11,333	-	-	-	-
010-082-00825-00192	FEMA 2020 Flooding	86,701	-	69,388	-	-
010-082-00830-40030	Federal Owned Land PILT	181,193	162,502	242,532	180,000	225,000
Several	Interest - Administrative Investment Accounts	-	1,665,781	2,919,155	2,000,000	1,850,000
	Total Other Revenue	**3,167,853**	**6,438,943**	**6,839,846**	**6,536,234**	**6,636,357**
	Other Financing Sources and Uses					
010-090-00170-70230	Transfer From State Accommodations Tax (Fund 230)	727	-	227	-	-
010-090-00170-70235	Transfer From Local Accommodations Tax (Mountain Lakes CVB LAT Salaries) (Fund 235)	44,144	7,449	5,186	-	-
010-080-00805-10305	Sale of Capital Assets	-	-	-	-	-
010-080-00805-10300	Non-Capital Sales	5,219	27,258	710	25,000	25,000
010-080-00170-07190	Insurance Recovery & Health Plan	-	-	-	-	336,538
010-090-00180-07191	OFS Insurance Proceeds Prepaid Leg	-	-	-	-	312,836
	Proceeds from Capital Lease	-	-	-	-	-
010-090-00170-70017	Transfer From Rock Quarry	138,750	202,032	58,311	100,000	100,000
	Total Other Financing Sources and Uses	**188,840**	**236,739**	**64,434**	**125,000**	**774,374**
	Total All other Revenues	**3,356,693**	**6,675,682**	**6,904,280**	**6,661,234**	**7,410,731**
			61,193,189	59,297,117	63,751,356	66,335,544
			10.9%	11.6%	10.4%	11.2%

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Oconee County, South Carolina
Program Revenue

Account Number	Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget
010-080-00805-10900	Airport - Hangar Rent	127,960	136,496	136,235	148,802
010-080-00805-10904	Airport Comm./Mechanic	6,300	6,300	5,775	6,300
010-080-00805-10905	Tie Down	3,915	3,610	4,800	4,000
010-080-00805-10906	Airport Miscellaneous	976	767	1,095	1,000
010-080-00805-10911	Bare Land Lease	2,743	3,094	412	2,626
010-080-00805-10912	Airport - Call Out Fees	32,550	25,750	27,550	27,000
010-080-00805-10913	Airport - Long-Term Parking Fees	9,650	7,400	12,495	15,000
010-080-00805-10914	Airport - Ramp Fee	153,405	86,715	130,835	125,000
010-080-00805-10915	Airport Special Events	1,375	-	2,225	1,000
010-080-00805-10916	Airport Shuttle - SR Solutions	1,341	-	-	-
010-080-00805-10980	Airport - Aviation Fuel	296,796	205,086	330,451	340,000
010-080-00805-10990	Airport - Jet Fuel	1,974,099	1,371,552	2,545,160	2,300,000
	Airport Total	**2,611,110**	**1,846,770**	**3,197,033**	**2,970,728**
010-080-00805-11100	Dog Adoption Fees	10,660	4,305	9,863	10,000
010-080-00805-11101	Cat Adoption Fees	18,940	19,525	21,890	21,000
010-080-00805-11103	Animal Boarding Fees	270	250	-	-
010-080-00805-11106	Animal Control Miscellaneous Revenue	17,532	14,932	15,407	15,000
	Animal Control Total	**47,402**	**39,012**	**47,160**	**46,000**
010-080-00805-11703	Map Copies Assessor	1,549	-	1,383	1,500
	Assessor Total	**1,549**	**-**	**1,383**	**1,500**
010-080-00805-13700	Building Codes	1,458,453	1,703,103	1,486,879	1,750,000
010-080-00805-13701	Building Codes Mobile Home Fees	23,590	22,890	25,340	25,000
010-080-00805-13705	Building Codes Plan Review Fees	92,761	176,682	137,674	175,000
010-080-00805-13706	Subdivision Plan Review Fees	4,750	13,635	16,315	25,000
010-080-00805-13723	Code Book Revenues	325	1,200	1,345	1,000
010-080-00805-60735	One Stop Recording Fees	6,425	6,000	6,925	7,000
	Building Codes Total	**1,586,304**	**1,923,510**	**1,674,478**	**1,983,000**
010-080-00805-00205	Chau Ram Park	85,946	66,512	74,108	85,000
	Chau Ram Park Total	**85,946**	**66,512**	**74,108**	**85,000**
010-080-00805-11900	Clerk of Court	198,619	231,440	245,163	235,000
010-080-00805-16020	Master in Equity	6,585	7,485	11,540	8,000
010-081-00810-21900	Clerk of Court Supplement	1,575	15,000	15,000	15,000
	Clerk of Court Total	**206,779**	**253,925**	**271,703**	**258,000**
010-081-00810-21200	Coroner Supplement	1,575	1,575	15,000	15,000
	Coroner Total	**1,575**	**1,575**	**15,000**	**15,000**
010-080-00805-10285	Tax Sale Fees	221,694	207,104	198,220	250,000
010-080-00805-12501	Tax Collector Fees	37,408	42,560	40,661	50,000
	Delinquent Tax Total	**259,102**	**249,664**	**238,881**	**300,000**
010-082-00830-25500	Department of Social Services	18,416	38,514	30,655	95,000
	Department of Social Services Total	**18,416**	**38,514**	**30,655**	**95,000**
010-080-00805-00203	High Falls Park	220,798	261,970	246,719	250,000
010-080-00805-62051	Fairplay Recreation Area Revenue	3,092	-	538	-

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Oconee County, South Carolina
Program Revenue

Account Number	Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget
010-080-00805-62052	Lawrence Bridge Rec Area Revenue	2,512	-	-	-
010-080-00805-62053	Mullins Ford Rec Area Revenue	336	-	-	-
010-080-00805-62054	Choestoea Landing Revenue	962	-	-	-
010-080-00805-62055	Port Bass Landing Revenue	1,095	-	-	-
010-080-00805-62056	Seneca Creek Landing Revenue	333	-	-	-
010-080-00805-62057	South Union Landing Revenue	333	-	-	-
	High Falls Park Total	**229,461**	**261,970**	**247,257**	**250,000**
010-080-00805-11000	Library Fines and Fees	13,262	12,402	12,053	15,000
	Library Total	**13,262**	**12,402**	**12,053**	**15,000**
010-080-00805-16001	Magistrate Fines	255,207	316,815	320,534	320,000
010-080-00805-16002	Magistrate Court Fees	2,729	307	41	1,500
010-080-00805-16003	Magistrate Civil Paper Fees	84,196	91,163	93,174	93,500
010-080-00805-16004	25% Boating Fines Retained	1,192	1,145	1,533	1,500
010-080-00805-16016	Litter Fines (90% GF)	559	1,476	765	1,500
010-080-00805-16030	Magistrate Collection Cost	2,660	2,826	2,842	2,800
	Magistrate Total	**346,543**	**413,732**	**418,889**	**420,800**
010-080-00805-13724	Land Use Appeals - Planning	4,250	3,500	7,675	7,000
010-080-00805-13724	Planning Documents	6,378	-	-	-
010-080-00805-10370	Communication Tower Fees	53,000	25,000	12,000	25,000
010-080-00805-13753	Zoning Permit Fees	28,850	30,775	28,500	28,000
	Planning Total	**92,478**	**59,275**	**48,175**	**60,000**
010-080-00805-12301	Probate Judge Estates	197,607	131,770	149,670	155,000
010-080-00805-12302	Probate Judge Advertising	140,144	158,100	136,509	150,000
010-080-00805-12304	Probate Judge Marriage Licenses	9,085	19,852	19,338	21,000
010-080-00805-12305	Probate Judge Returns	360	120	302	160
010-080-00805-12306	Miscellaneous - Probate Judge	29,992	40,451	72,308	56,000
010-080-00805-12307	Probate Judge Marriage Certificates	6,417	6,139	7,143	6,500
010-080-00805-12308	Probate Judge Marriage Ceremony	4,292	4,465	6,857	8,000
010-081-00810-22300	Probate Judge Supplement	1,575	15,000	15,000	15,000
	Probate Judge Total	**389,472**	**375,897**	**407,127**	**411,660**
010-080-00805-14100	Register of Deeds	1,734,133	1,372,839	1,748,253	1,850,000
010-080-00805-11902	3% State Document Fee	96,778	73,294	71,266	70,000
010-081-00810-21400	Register of Deeds Supplement	1,575	1,575	15,000	15,000
	Register of Deeds Total	**1,832,486**	**1,447,708**	**1,834,519**	**1,935,000**
010-080-00805-10601	Encroachment Fees - Roads and Bridges	24,642	31,748	26,341	35,000
010-080-00805-60003	Storm Water Assistance Fund	8,463	7,077	7,324	7,000
010-080-00805-60105	Sign Fees - Roads and Bridges	3,043	2,541	1,703	2,500
	Road Department Total	**36,148**	**41,366**	**35,368**	**44,500**
010-080-00805-00900	Sheriff-Voluntary Extra Duty Pay	142,980	176,512	229,652	185,000
010-080-00805-10400	Sheriff Civil Fees	7,585	7,435	9,545	8,500
010-080-00805-10401	Miscellaneous - Sheriff	23,787	2,714	2,293	7,000
010-080-00805-16024	Litter Fine In Lieu of Pickup	480	480	360	250

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Oconee County, South Carolina
Program Revenue

Account Number	Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget
010-081-00810-20400	Sheriff Supplement	1,575	15,000	15,000	15,000
010-081-00810-60460	Resource Officer Reimbursement	547,458	594,975	698,074	886,696
010-082-00830-25600	Sheriff Title IVD Service of Process	8,976	-	6,815	9,500
	Sheriff's Total	**732,841**	**797,116**	**961,739**	**1,111,946**
010-080-00805-20800	Soil and Water	6,139	6,139	6,139	6,139
	Soil and Water Total	**6,139**	**6,139**	**6,139**	**6,139**
010-080-00805-10504	Worthless Checks	2,050	2,009	1,845	2,000
010-080-00805-16006	Solicitor's Traffic Education	153	573	153	500
	Solicitor Total	**2,203**	**2,582**	**1,998**	**2,500**
010-080-00805-14904	Solid Waste Impact Fee for Tires	14,795	11,903	13,302	13,000
010-080-49807-14900	Solid Waste Tipping Fees	2,497,785	2,671,576	2,378,991	2,800,000
010-080-49807-14902	Solid Waste - Recyclables	579,530	309,846	295,557	350,000
010-080-49807-14910	Solid Waste - Mulch Sales	-	-	-	-
010-081-00810-14904	Impact Fee For Tires	33,187	58,562	32,529	50,000
	Solid Waste Total	**3,125,297**	**3,051,887**	**2,720,379**	**3,213,000**
010-080-00805-00204	South Cove Park	439,026	434,854	437,301	460,000
	South Cove Park Total	**439,026**	**434,854**	**437,301**	**460,000**
010-080-00805-00306	PRT Season Pass/Treasurer	815	365	400	500
010-080-00805-10310	Vehicle Decal Fees	71,256	73,895	73,523	76,000
	Treasurer Total	**72,071**	**74,260**	**73,923**	**76,500**
010-080-00805-12032	Vehicle Maintenance Labor Reimbursement	-	-	-	-
	Vehicle Maintenance Total	**-**	**-**	**-**	**-**
010-081-00810-25900	Veterans' Affairs State Aid	5,615	5,784	6,073	5,478
	Veterans' Affairs Total	**5,615**	**5,784**	**6,073**	**5,478**
010-081-00810-21300	Registration Board	7,500	7,500	7,187	7,500
010-081-00825-97715	SC State Election Reimb Revenue	41,711	36,986	52,973	85,000
	Voters Registration Total	**49,211**	**44,486**	**60,160**	**92,500**
	Grand Total of Program Revenue	**12,190,436**	**11,448,940**	**12,821,501**	**13,859,251**

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Oconee County, South Carolina
Property Taxes
2025 - 2026 Budget

Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
*Real Estate	33,294,286	33,135,138	31,483,940	30,937,000	31,573,878
*Vehicle	2,786,072	2,971,555	2,906,500	2,706,584	2,523,885
*Watercraft	854,142	923,216	863,832	915,000	913,390
Fee-In-Lieu	1,950,080	2,267,197	1,515,859	2,350,000	1,500,000
Merchants Inventory	75,043	75,043	75,043	75,043	75,043
Heavy Equipment Rental Fee	-	6,558	11,658	20,000	10,000
Motor Carrier	485,822	478,912	363,473	400,000	392,000
Manufacturer's Exemption	348,167	217,712	282,527	336,000	285,000
Manufacturer PVE Reimb	87,722	391,861	296,726	400,000	300,000
County Penalty	168,244	189,788	201,728	189,000	189,000
Delinquent	1,425,008	983,004	701,082	1,150,000	803,000
Total Property Taxes	**41,474,586**	**41,639,984**	**38,702,368**	**39,478,627**	**38,565,196**

**** Used to Calculate Millage***

Budget Numbers by Fiscal Years

Description	FY 2022 Budget	FY 2023 Budget	FY 2024 Budget	FY 2025 Budget	FY 2026 Administrator Recommended
Real Estate	34,957,132	37,335,450	31,483,940	30,937,000	31,573,878
Vehicle	2,642,500	2,731,500	2,906,500	2,706,584	2,523,885
Watercraft	700,000	825,000	835,000	915,000	913,390
Fee-In-Lieu	1,800,000	1,900,000	2,100,000	2,350,000	1,500,000
Merchants Inventory	75,000	75,000	75,000	75,043	75,043
Heavy Equipment Rental Fee	-	-	-	20,000	10,000
Motor Carrier	170,753	170,753	350,000	400,000	392,000
Manufacturer's Exemption	336,000	336,000	336,000	336,000	285,000
Manufacturer PVE Reimb	70,000	70,000	400,000	400,000	300,000
County Penalty	150,000	150,000	160,000	189,000	189,000
Delinquent	900,000	900,000	1,150,000	1,150,000	803,000
Total Property Taxes	**41,801,385**	**44,493,703**	**39,796,440**	**39,478,627**	**38,565,196**

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Oconee County, South Carolina
Intergovernmental
2025-2026 Budget

Account Number	Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
010-081-00810-14904	Impact Fee For Tires	33,187	58,562	32,529	50,000	33,000
010-081-00810-15000	1/2 Pollution Control Fine	25,535	9,550	10,922	10,000	10,000
010-081-00810-20005	State Aid to Subdivisions	2,326,642	3,930,292	2,575,717	3,686,659	3,872,957
010-081-00810-20060	Flood Control	45,148	98,621	248,697	100,000	128,000
010-081-00810-20065	TNC Act Local Assessment Fees	4,260	5,475	7,529	6,500	8,200
010-081-00810-20400	Sheriff Supplement	1,575	15,000	15,000	15,000	15,000
010-081-00810-21200	Coroner Supplement	1,575	1,575	15,000	15,000	15,000
010-081-00810-21300	Registration Board	7,500	7,500	7,187	7,500	7,500
010-081-00810-21400	Register of Deeds Supplement	1,575	1,575	15,000	15,000	15,000
010-081-00810-21900	Clerk of Court Supplement	1,575	15,000	15,000	15,000	15,000
010-081-00810-22300	Probate Judge Supplement	1,575	15,000	15,000	15,000	15,000
010-081-00810-22950	SCABL On Premise License	39,750	26,050	29,150	31,000	34,000
010-081-00810-25900	Veterans' Affairs State Aid	5,615	5,784	6,073	5,478	6,208
010-081-00810-60460	Resource Officer Reimbursement	547,458	594,975	698,074	886,696	895,000
010-081-00810-74701	Salary Reimb - Magistrate	-	-	35,000	32,500	42,000
010-081-00825-97715	SC State Election Reimb Revenue	41,711	36,986	52,973	85,000	40,000
010-082-00825-00191	FEMA 2020 Tornado	11,333	-	-	-	-
010-082-00825-00190	SC Cares COVID	22,173	-	17,909	-	-
010-082-00825-00192	FEMA 2020 Flooding	86,701	-	69,388	-	-
	FEMA Helene 2024					350,000
010-082-00830-25500	Department of Social Services	18,416	38,514	30,655	95,000	30,000
010-082-00825-00021	Hurricane Florence	30,023	-	-	-	-
010-080-00805-17799	City/Town Election Reimb	2,179	-	9,249	11,000	-
010-080-00870-76023	MPVE	1,442,518	-	-	-	-
010-082-00830-25600	Sheriff Title IVD Service of Process	8,976	-	6,815	9,500	9,000
010-082-00830-40030	Federal Owned Land PILT	181,193	162,502	242,532	180,000	225,000
Total	**Total Intergovernmental**	**4,888,193**	**5,022,961**	**4,155,399**	**5,271,833**	**5,765,865**

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Oconee County, South Carolina
License, Permits, & Fees
2025-2026 Budget

Account Number	Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
010-080-00805-10285	Tax Sale Fees	221,694	207,104	198,220	250,000	215,000
010-080-00805-10310	Vehicle Decal Fees	71,256	73,895	73,523	76,000	76,000
010-080-00805-10311	Noise Ord Permit Fee	50	150	250	-	200
010-080-00805-10312	Franchise Fee Cable TV	259,003	263,118	250,747	260,000	260,000
010-080-00805-10370	Communication Tower Fees	53,000	25,000	12,000	25,000	25,000
010-080-00805-10400	Sheriff Civil Fees	7,585	7,435	9,545	8,500	9,750
010-080-00805-10504	Worthless Checks	2,050	2,009	1,845	2,000	1,800
010-080-00805-10601	Encroachment Fees - Roads and Bridges	24,642	31,748	26,341	35,000	39,000
010-080-00805-10915	Airport Special Events	1,375	-	2,225	1,000	1,000
010-080-00805-10916	Airport Shuttle - SR Solutions	1,341	-	-	-	-
010-080-00805-11000	Library Fines and Fees	13,262	12,402	12,053	15,000	12,850
010-080-00805-11100	Dog Adoption Fees	10,660	4,305	9,863	10,000	-
010-080-00805-11101	Cat Adoption Fees	18,940	19,525	21,890	21,000	-
010-080-00805-11103	Animal Boarding Fees	270	250	-	-	-
010-080-00805-11703	Map Copies Assessor	1,549	-	1,383	1,500	1,000
010-080-00805-11900	Clerk of Court	198,619	231,440	245,163	235,000	250,000
010-080-00805-11902	3% State Document Fee	96,778	73,294	71,266	70,000	74,000
010-080-00805-12032	Vehicle Maintenance Labor Reimbursement	-	-	-	-	-
010-080-00805-12301	Probate Judge Estates	197,607	131,770	149,670	155,000	200,000
010-080-00805-12302	Probate Judge Advertising	140,144	158,100	136,509	150,000	136,000
010-080-00805-12304	Probate Judge Marriage Licenses	9,085	19,852	19,338	21,000	21,000
010-080-00805-12305	Probate Judge Returns	360	120	302	160	200
010-080-00805-12307	Probate Judge Marriage Certificates	6,417	6,139	7,143	6,500	7,250
010-080-00805-12308	Probate Judge Marriage Ceremony	4,292	4,465	6,857	8,000	8,000
010-080-00805-12501	Tax Collector Fees	37,408	42,560	40,661	50,000	44,000
010-080-00805-13700	Building Codes	1,458,453	1,703,103	1,486,879	1,750,000	1,716,000
010-080-00805-13701	Building Codes Mobile Home Fees	23,590	22,890	25,340	25,000	25,000
010-080-00805-13705	Building Codes Plan Review Fees	92,761	176,682	137,674	175,000	210,000
010-080-00805-13706	Subdivision Plan Review Fees	4,750	13,635	16,315	25,000	54,000
010-080-00805-13708	Code Book Revenues- Building Codes	325	1,200	1,345	1,000	1,300
010-080-00805-13723	LP Documents - Planning	6,378	-	-	-	-
010-080-00805-13724	Land Use Appeals - Planning	4,250	3,500	7,675	7,000	7,275
010-080-00805-13753	Zoning Permit Fees	28,850	30,775	28,500	28,000	27,000
010-080-00805-14100	Register of Deeds	1,734,133	1,372,839	1,748,253	1,850,000	1,600,000
010-080-00805-14904	Solid Waste Impact Fee for Tires	14,795	11,903	13,302	13,000	11,500
010-080-00805-15406	Credit Application Fees	(406)	2,262	2,030	-	1,200
010-080-00805-16002	Magistrate Court Fees	2,729	307	41	1,500	1,800
010-080-00805-16003	Magistrate Civil Paper Fees	84,196	91,163	93,174	93,500	100,000
010-080-00805-16030	Magistrate Collection Cost	2,660	2,826	2,842	2,800	3,000
010-080-00805-60105	Sign Fees - Roads and Bridges	3,043	2,541	1,703	2,500	2,000
010-080-00805-60735	One Stop Recording Fees	6,425	6,000	6,925	7,000	7,000
010-080-49807-14900	Solid Waste Tipping Fees	2,497,785	2,671,576	2,378,991	2,800,000	2,600,000
Total	**Total License, Permits, and Fees**	**7,342,104**	**7,427,883**	**7,247,783**	**8,181,960**	**7,749,125**

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Oconee County, South Carolina
Fines & Forfeitures
2025-2026 Budget

Account Number	Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
010-080-00805-16001	Magistrate Fines	255,207	316,815	320,534	320,000	350,000
010-080-00805-16004	25% Boating Fines Retained	1,192	1,145	1,533	1,500	1,600
010-080-00805-16006	Solicitor's Traffic Education	153	573	153	500	200
010-080-00805-16016	Litter Fines (90% GF)	559	1,476	765	1,500	1,500
010-080-00805-16024	Litter Fine In Lieu of Pickup	480	480	360	250	400
Total	**Total Fines and Forfeitures**	**257,591**	**320,489**	**323,345**	**323,750**	**353,700**

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Oconee County, South Carolina
Charges for Services
2025-2026 Budget

Account Number	Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
010-080-00805-00203	High Falls Park	220,798	261,970	246,719	250,000	240,000
010-080-00805-00204	South Cove Park	439,026	434,854	437,301	460,000	430,000
010-080-00805-00205	Chau Ram Park	85,946	66,512	74,108	85,000	70,000
010-080-00805-00306	PRT Season Pass/Treasurer	815	365	400	500	500
010-080-00805-00950	Sheriff-Voluntary Extra Duty Pay	142,980	176,512	229,652	185,000	287,000
010-080-00805-10900	Airport - Hangar Rent	127,960	136,496	136,235	148,802	146,000
010-080-00805-10904	Airport Comm./Mechanic	6,300	6,300	5,775	6,300	6,300
010-080-00805-10905	Tie Down	3,915	3,610	4,800	4,000	4,000
010-080-00805-10906	Airport Miscellaneous	976	767	1,095	1,000	1,000
010-080-00805-10911	Bare Land Lease	2,743	3,094	412	2,626	400
010-080-00805-10912	Airport - Call Out Fees	32,550	25,750	27,550	27,000	33,000
010-080-00805-10913	Airport - Long-Term Parking Fees	9,650	7,400	12,495	15,000	13,800
010-080-00805-10914	Airport - Ramp Fee	153,405	86,715	130,835	125,000	136,000
010-080-00805-10980	Airport - Aviation Fuel	296,796	205,086	330,451	340,000	328,000
010-080-00805-10990	Airport - Jet Fuel	1,974,099	1,371,552	2,545,160	2,300,000	2,500,000
010-080-00805-62051	Fairplay Recreation Area Revenue	3,092	-	538	-	-
010-080-00805-62052	Lawrence Bridge Rec Area Revenue	2,512	-	-	-	-
010-080-00805-62053	Mullins Ford Rec Area Revenue	336	-	-	-	-
010-080-00805-62054	Choestoea Landing Revenue	962	-	-	-	-
010-080-00805-62056	Seneca Creek Landing Revenue	1,095	-	-	-	-
010-080-00805-62057	South Union Landing Revenue	333	-	-	-	-
010-080-49807-14902	Solid Waste - Recyclables	579,530	309,846	295,557	350,000	315,000
Total	**Total Charges for Services**	**4,085,819**	**3,096,829**	**4,479,083**	**4,300,228**	**4,511,000**

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Oconee County, South Carolina
Interest and Investment Income
2025-2026 Budget

Account Number	Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
Multiple Account Numbers	Interest - Administrative Investment Accounts	-	1,665,781	2,919,155	2,000,000	1,850,000
Total	Total Interest and Investment Income	-	1,665,781	2,919,155	2,000,000	1,850,000

LGIP AVG MONTHLY INTEREST RATE

MONTH	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
JULY	0.28	0.71	1.08	2.07	2.42	0.50	0.11	1.72	5.42	5.50
AUGUST	0.30	0.70	1.06	2.10	2.28	0.34	0.10	2.32	5.59	5.48
SEPTEMBER	0.35	0.78	1.08	2.09	2.18	0.28	0.10	2.62	5.60	5.35
OCTOBER	0.40	0.77	1.10	2.26	2.08	0.21	0.10	3.24	5.64	5.03
NOVEMBER	0.39	0.78	1.12	2.31	1.92	0.17	0.11	3.94	5.68	4.86
DECEMBER	0.49	0.86	1.24	2.39	1.84	0.16	0.14	4.32	5.68	4.74
JANUARY	0.57	0.90	1.35	2.43	1.81	0.16	0.15	4.57	5.61	4.17
FEBRUARY	0.63	0.92	1.44	2.43	1.74	0.14	0.17	4.75	5.61	4.56
MARCH	0.70	0.97	1.68	2.47	1.58	0.13	0.34	4.85	5.54	4.54
APRIL	0.67	1.01	1.88	2.45	1.40	0.13	0.52	5.10	5.52	
MAY	0.69	1.01	1.94	2.41	1.00	0.11	0.87	5.27	5.53	
JUNE	0.70	1.07	2.01	2.30	0.76	0.09	1.26	5.35	5.52	

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Oconee County, South Carolina
Miscellaneous and Other
2025-2026 Budget

Account Number	Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
010-080-00805-10290	**Gain/Loss on Sales of Forfeited Land**	(156,566)	(9,185)	-	-	-
010-080-00805-10320	**Rent - USDA Building**	7,684	7,800	7,150	7,800	7,800
010-080-00805-10321	**Rent - Bantam Chef**	3,000	3,000	3,000	3,000	3,000
010-080-00805-10340	**Miscellaneous Income**	100,542	236,337	453,919	200,000	200,000
010-080-00805-10343	**Brady Lease Revenue**	-	-	-	-	-
010-080-00805-10385	**Land Sales - Forfeited Land Commission (FLC)**	98,126	17,310	611	25,000	25,000
010-080-00805-10386	**Auditor FLC Processing Fees**	8,060	1,400	60	1,275	1,000
010-080-00805-10387	**Auditor FLC Delinquent Tax Fee**	105,625	18,480	1,080	25,000	10,000
010-080-00805-10401	**Miscellaneous - Sheriff**	23,787	2,714	2,293	7,000	3,000
010-080-00805-11106	**Animal Control Miscellaneous Revenue**	17,532	14,932	15,407	15,000	15,000
010-080-00805-12306	**Miscellaneous - Probate Judge**	29,992	40,451	72,308	56,000	36,000
010-080-00805-16020	**Master in Equity**	6,585	7,485	11,540	8,000	8,600
010-080-00805-20800	**Soil and Water**	6,139	6,139	6,139	6,139	6,139
010-080-00805-60003	**Storm Water Assistance Fund**	8,463	7,077	7,324	7,000	14,000
	GASB Lease Adjustments	1,859	-	6,416	-	-
Total	**Total Miscellaneous and Other**	**260,828**	**353,940**	**587,247**	**361,214**	**329,539**

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Oconee County, South Carolina
Other Financing Sources and Uses
2025-2026 Budget

Account Number	Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
010 - 080 - 00170 - 07180	**Proceeds from Capital Lease**	1,359,734	-		-	-
010 - 080 - 00170 - 07190	**Insurance Recovery & Health Plan**	138,750	202,032	58,311	100,000	100,000
010 - 080 - 00805 - 10300	**Non-Capital Sales**	727	-	227	-	-
010 - 090 - 00170 - 70013	**Transfer From Special Revenues**	44,144	7,449	5,186	-	-
010 - 090 - 00170 - 70017	**Transfer From Rock Quarry**	1,000,000	1,000,000	750,000	1,000,000	1,500,000
010 - 090 - 00170 - 70230	**Transfer From State Accommodations Tax**	50,456	44,527	53,004	50,000	50,000
010 - 081 - 00810 - 74700	**Solicitors Extra State Funding**	-	-	-	158,744	
010 - 090 - 00170 - 70235	**Transfer From Local Accommodations Tax (Mountain Lakes CVB LAT Salaries) (Fund 235)**	-	-	-	500,000	-
010 - 090 - 00170 - 70250	**Conveyance of allocation from fund 250**	-	-	-	-	1,291,842
010 - 090 - 00170 - 70260	**Conveyance of allocation from fund 260**	-	-	-	-	950,000
010 - 090 - 00170 - 70275	**Conveyance of allocation from fund 275**	-	-	-	-	608,709
010 - 090 - 00170 - 70315	**Conveyance of allocation from fund 315**	-	-	-	-	557,409
010 - 090 - 00170 - 70320	**Conveyance of allocation from fund 320**	-	-	-	-	735,500
010 - 090 - 00170 - 70325	**Conveyance of allocation from fund 325**	-	-	-	-	357,500
010 - 090 - 00170 - 70330	**Conveyance of allocation from fund 330**	-	-	-	-	385,785
010 - 090 - 00170 - 70335	**Conveyance of allocation from fund 335**	-	-	-	-	336,538
010 - 090 - 00170 - 70340	**Conveyance of allocation from fund 340**	-	-	-	-	312,836
010 - 090 - 00180 - 07191	**OFS Insurance Proceeds Prepaid Legal**	5,219	27,258	710	25,000	25,000
- - -	**Lease Principal**	294,654	-	15,299	-	-
		2,893,684	**1,281,266**	**882,737**	**1,833,744**	**7,211,119**

Use of General Fund Balance

Account Number	Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
	Use of Fund Balance - Airport Grant	-	384,056	-	-	-
Total	**Total Other Financing Sources**	**-**	**384,056**	**-**	**-**	**-**
	Total of OFS	**2,893,684**	**1,665,322**	**882,737**	**1,833,744**	

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Oconee County, South Carolina
Administrator (717)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
010	717	10110	00000	**Salary and Wages**	206,530	264,456	234,097	280,629	339,976
010	717	10710	00000	**Overtime**	14	9	-	-	-
010	717	20013	00000	**Social Security**	15,606	19,917	17,553	21,468	26,008
010	717	20014	00000	**Retirement**	34,340	47,063	43,594	49,278	63,100
010	717	20015	00000	**Workers Compensation**	5,048	5,448	5,015	11,931	5,459
010	717	20016	00000	**Health Insurance**	27,417	32,690	36,576	36,556	36,556
010	717	20027	00000	**Dental Insurance**	1,650	1,967	2,200	2,200	2,200
010	717	20028	00000	**Vision Insurance**	300	358	400	400	400
				Salary and Wage Totals	**290,905**	**371,908**	**339,435**	**402,462**	**473,699**
				Building Codes Contingency	-	-	-	-	25,000
010	717	60767	00000	**Contingency**		-	-	200,000	267,265
					-	**-**	**-**	**200,000**	**292,265**
010	717	30018	00000	**Travel**	-	732	4,753	-	2,000
010	717	30025	00000	**Professional**	121,085	186,850	188,227	100,000	100,000
010	717	30037	00000	**Equipment-Leased/Rented**	-	1,160	-	-	-
010	717	30059	00000	**Copier Click Charges**	978	933	714	1,500	1,000
010	717	30062	00000	**Medical**	-	13,082	22,582	20,000	25,000
010	717	30080	00000	**Dues: Organizations**	4,500	2,500	4,600	3,000	3,000
010	717	30084	00000	**Staff Development**	4,500	15,260	4,871	3,000	5,000
010	717	40027	00000	**Safety Equipment**	-	1,511	2,791	7,000	7,000
010	717	40031	00000	**Small Equipment**	13,512	4,183	1,217	1,500	1,500
010	717	40032	00000	**Operational**	6,389	6,667	14,120	5,000	5,000
010	717	40034	00000	**Food**	3,065	4,828	7,118	3,500	3,500
010	717	40045	00000	**IT Replacement Eq/Software**	-	-	261	-	-
010	717	80717	00000	**Vehicle Maintenance - Administrator**	190	1,892	217	1,000	750
010	717	81717	00000	**Gasoline - Administrator**	1,825	2,343	2,267	2,500	2,500
				Expenditure Total	156,044	241,941	253,738	148,000	156,250
				Department Total	**446,949**	**613,849**	**593,173**	**750,462**	**922,214**

Direct Revenue

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
	-	-	-	-	-
Departmental Direct Revenue	-	-	-	-	-

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	3	3	4	4	3
	3	**3**	**4**	**4**	**3**

Oconee County, South Carolina
Salary Increases
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
				Pay Increase for all Employees 2.25%	-	-	-	-	565,000
				Pay Increase for all Employees 3%	647,592	-	675,000	-	-
				Tenure Adjustment	65,000	-	-	-	-
				Cost of Living Increase 6%	-	1,772,259	-	-	-
				Sheriff Salary Adjustments	-	250,000	-	-	-
				Sheriff Salary Increase (2/3rds Funding)	-	-	470,000	-	-
				Salary (General) Increase (2/3rds Funding)	-	-	445,804	-	-
				Comp and Wage Study	-	-	-	2,000,000	-
				Department Total	**712,592**	**2,022,259**	**1,590,804**	**2,000,000**	**565,000**

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Oconee County, South Carolina
Airport (720)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
010	720	10110	00000	**Salary and Wages**	287,498	316,320	430,920	411,191	565,520
010	720	10710	00000	**Overtime**	22,691	13,021	23,489	10,000	20,000
010	720	20013	00000	**Social Security**	23,272	26,643	34,092	32,221	44,792
010	720	20014	00000	**Retirement**	48,013	65,176	74,108	78,173	108,673
010	720	20015	00000	**Workers Compensation**	14,035	14,428	17,290	13,096	14,379
010	720	20016	00000	**Health Insurance**	63,973	82,251	73,112	63,973	63,973
010	720	20027	00000	**Dental Insurance**	3,850	4,950	4,400	3,850	3,850
010	720	20028	00000	**Vision Insurance**	700	900	800	700	700
				Salary and Wage Totals	**464,032**	**523,689**	**658,211**	**613,204**	**821,887**
010	720	30018	00000	**Travel**	493	-	-	-	500
010	720	30024	00000	**Equipment Maintenance**	5,385	9,709	6,747	7,500	8,500
010	720	30025	00000	**Professional**	74,808	12,000	87,577	85,000	92,000
010	720	30037	00000	**Equipment Rental**	(10,609)	16,547	26,610	25,000	38,100
010	720	30056	00000	**Data Processing**	1,860	2,743	2,908	3,000	5,200
010	720	30059	00000	**Copier Click Charges**	912	750	756	800	850
010	720	30080	00000	**Dues: Organizations**	250	250	290	400	400
010	720	30084	00000	**School/Seminar/Training/MTG**	75	711	365	2,000	4,000
010	720	30090	00000	**Commission Honoraria**	700	700	400	700	700
010	720	33022	00000	**Building/Grounds Maintenance**	39,768	32,890	32,613	27,500	40,000
010	720	33022	00265	**Maint Bldgs/FY 22 Flooding**	-	10,875	-	-	-
010	720	34043	00000	**Electricity**	24,732	21,774	26,845	23,000	23,000
010	720	34044	00000	**Water/Sewer/Garbage**	1,714	1,882	1,957	2,000	2,000
010	720	40027	00000	**Safety Equipment**	1,706	1,676	1,853	3,000	3,500
010	720	40031	00000	**Small Equipment**	4,219	4,463	3,097	5,500	6,000
010	720	40031	00265	**Small Equipment/FY 22 Flooding**	-	5,042	-	-	-
010	720	40032	00000	**Operational**	8,338	7,922	7,229	8,500	10,000
010	720	40032	00265	**Operational/FY 22 Flooding**	-	504	-	-	-
010	720	40033	00000	**Postage**	150	126	147	250	250
010	720	40034	00000	**Food**	1,193	1,608	2,378	2,000	3,500
010	720	40045	00000	**IT Replacement Eq/Software**	2,204	-	-	-	900
010	720	40065	00000	**Uniforms/Clothing**	2,066	1,312	1,365	2,500	3,000
010	720	40932	00000	**Airport Resale Items**	1,313	1,091	1,253	2,500	3,500
010	720	40980	00000	**Aviation Gas**	256,285	152,848	253,299	325,000	270,000
010	720	40990	00000	**Jet Fuel**	1,176,665	847,044	1,505,306	1,500,000	1,392,000
010	720	50850	00000	**Capital Building Expenditure**	-	-	15,135	-	-
010	720	60990	00000	**Credit Cards Processing Fees**	48,873	37,060	55,503	40,000	40,000
010	720	80720	00000	**Vehicle Maintenance**	15,173	10,036	21,284	13,000	20,000
010	720	81720	00000	**Gasoline**	3,388	3,293	4,545	3,500	4,500
010	720	82720	00000	**Diesel**	5,394	3,909	3,799	4,000	5,500
010	720	99999	00000	**Grant Match**	-	297,447	-	-	170,625
				Expenditure Total	**1,667,057**	**1,486,212**	**2,063,262**	**2,086,650**	**2,148,525**
				Department Total	**2,131,089**	**2,009,901**	**2,721,473**	**2,699,854**	**2,970,412**

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Airport (720)
2025-2026 Budget

Account Number	Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
Direct Revenue						
		FY 2022 Actual	**FY 2023 Actual**	**FY 2024 Actual**	**FY 2025 Budget**	**FY 2026 Budget**
010 080 00805 10900	Airport - Hangar Rent	127,960	136,496	136,235	148,802	146,000
010 080 00805 10904	Airport Comm./Mechanic	6,300	6,300	5,775	6,300	6,300
010 080 00805 10905	Tie Down	3,915	3,610	4,800	4,000	4,000
010 080 00805 10906	Airport Miscellaneous	976	767	1,095	1,000	1,000
010 080 00805 10911	Bare Land Lease	2,743	3,094	412	2,626	400
010 080 00805 10912	Airport - Call Out Fees	32,550	25,750	27,550	27,000	33,000
010 080 00805 10913	Airport - Long-Term Parking Fees	9,650	7,400	12,495	15,000	13,800
010 080 00805 10914	Airport - Ramp Fee	153,405	86,715	130,835	125,000	136,000
010 080 00805 10915	Airport Special Events	1,375	-	2,225	1,000	1,000
010 080 00805 10916	Airport Shuttle - SR Solutions	1,341	-	-	-	-
010 080 00805 10980	Airport - Aviation Fuel	296,796	205,086	330,451	340,000	328,000
010 080 00805 10990	Airport - Jet Fuel	1,974,099	1,371,552	2,545,160	2,300,000	2,500,000
Departmental Direct Revenue		2,611,110	1,846,770	3,197,033	2,970,728	3,169,500
Positions						
		FY 2022	**FY 2023**	**FY 2024**	**FY 2025**	**FY 2026**
	Life After Lock-Up	1	1	1	-	-
	Part Time Employees	-	3	4	4	4
	Full Time Employees	7	7	7	7	7
		8	**11**	**12**	**11**	**11**

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Oconee County, South Carolina
Animal Control (110)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
010	110	10110	00000	**Salary and Wages**	236,271	239,299	297,053	325,242	348,519
010	110	10710	00000	**Overtime**	31,133	26,780	24,157	17,500	20,000
010	110	20013	00000	**Social Security**	19,563	21,096	23,860	26,220	28,192
010	110	20014	00000	**Retirement**	47,043	54,158	64,191	67,816	72,852
010	110	20015	00000	**Workers Compensation**	9,265	7,639	3,736	10,767	9,275
010	110	20016	00000	**Health Insurance**	63,973	63,973	63,973	73,112	73,112
010	110	20027	00000	**Dental**	3,850	3,850	3,850	4,400	4,400
010	110	20028	00000	**Vision**	700	700	700	800	800
				Salary and Wage Totals	**411,798**	**417,495**	**481,520**	**525,857**	**557,150**
010	110	30025	00067	**Professional - Spay/Neuter Program**	77,400	80,130	116,400	105,000	105,000
010	110	30025	00110	**Professional - community Cats Program**	-	-	-	20,000	-
010	110	30056	00000	**Data Processing**	575	567	715	1,500	1,500
010	110	30059	00000	**Copier Click Charges**	1,481	1,668	1,471	1,500	1,500
010	110	30062	00000	**Medical**	48,290	72,755	109,445	80,000	100,000
010	110	30084	00000	**Staff Development**	1,740	4,018	6,107	6,000	7,000
010	110	33022	00000	**Building/Grounds Maintenance**	10,800	13,794	31,164	15,000	23,000
010	110	34042	00000	**Gas and Fuel Oil**	5,598	7,472	6,101	8,500	7,000
010	110	34043	00000	**Electricity**	9,926	11,578	13,598	12,000	13,500
010	110	34044	00000	**Water/Sewer/Garbage**	3,831	3,544	5,539	5,000	5,000
010	110	40031	00000	**Small Equipment**	8,914	23,475	5,777	7,000	7,000
010	110	40032	00000	**Operational**	15,665	21,530	15,969	20,000	20,000
010	110	40034	00000	**Food**	270	17	-	250	300
010	110	40045	00000	**Non-Capital IT Eq/Software**	7,729	3,977	2,073	5,000	3,000
010	110	40065	00000	**Uniforms/Clothing**	5,538	5,797	4,710	7,000	8,000
010	110	40360	00000	**Pet ID Microchips**	3,763	-	-	-	-
010	110	60735	00000	**General Gravel Use**	814	-	294	-	-
010	110	80110	00000	**Vehicle Maintenance**	5,684	9,383	22,095	12,500	12,500
010	110	81110	00000	**Gasoline**	18,345	16,037	18,758	19,000	19,000
				Expenditure Total	**226,363**	**275,742**	**360,216**	**325,250**	**333,300**
				Department Total	**638,161**	**693,237**	**841,736**	**851,107**	**890,450**

Direct Revenue

					FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
010	080	00805	11100	**Dog Adoption Fees**	10,660	4,305	9,863	10,000	-
010	080	00805	11101	**Cat Adoption Fees**	18,940	19,525	21,890	21,000	-
010	080	00805	11103	**Animal Boarding Fees**	270	250	-	-	-
010	080	00805	11106	**Animal Control Miscellaneous**	17,532	14,932	15,407	15,000	15,000
				Departmental Direct Revenue	47,402	39,012	47,160	46,000	15,000

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Life After Lock-Up	1	1	1	2	2
Officers	3	3	3	3	3
General Staff	3	3	3	3	3
Total Positions	**7**	**7**	**7**	**8**	**8**

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Oconee County, South Carolina
Assessor (301)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
010	301	10110	00000	**Salary and Wages**	560,715	641,065	650,444	737,510	762,432
010	301	10710	00000	**Overtime**	72	402	745	1,500	1,000
010	301	20013	00000	**Social Security**	40,682	48,312	47,550	56,534	58,403
010	301	20014	00000	**Retirement**	92,585	115,703	120,712	137,160	141,693
010	301	20015	00000	**Workers Compensation**	12,146	10,399	3,817	14,617	11,190
010	301	20016	00000	**Health Insurance**	146,224	146,224	155,363	155,363	155,363
010	301	20027	00000	**Dental**	8,800	8,800	9,350	9,350	9,350
010	301	20028	00000	**Vision**	1,600	1,600	1,700	1,700	1,700
				Salary and Wage Totals	**862,824**	**972,505**	**989,681**	**1,113,734**	**1,141,131**
010	301	30024	00000	**Equipment Maintenance**	-	-	-	500	500
010	301	30056	00000	**Data Processing**	78,568	63,755	64,594	71,700	74,180
010	301	30059	00000	**Copies**	3,718	3,867	3,078	4,120	4,000
010	301	30080	00000	**Dues: Organizations**	275	295	295	420	420
010	301	30084	00000	**Staff Development**	9,899	8,384	13,377	9,010	9,270
010	301	40027	00000	**Safety Equipment**	1,400	1,400	-	1,600	1,600
010	301	40031	00000	**Small Equipment**	1,382	1,770	-	1,000	1,000
010	301	40032	00000	**Operational**	4,038	8,825	3,619	6,300	6,000
010	301	40034	00000	**Food**	367	-	-	-	-
010	301	40033	00000	**Postage**	-	20,170	2,471	2,060	1,500
010	301	40045	00000	**IT Replacement Equip/Software**	777	6,163	884	1,200	1,200
010	301	40065	00000	**Uniforms/Clothing**	709	1,143	877	1,250	1,250
010	301	40102	00000	**Newspaper/Magazines**	1,044	1,060	915	1,290	1,330
010	301	80301	00000	**Vehicle Maintenance**	837	956	1,815	1,500	2,000
010	301	81301	00000	**Gasoline**	1,643	3,621	3,045	4,500	3,500
				Expenditure Total	**104,657**	**121,409**	**94,970**	**106,450**	**107,750**
				Department Total	**967,481**	**1,093,914**	**1,084,651**	**1,220,184**	**1,248,881**

Direct Revenue

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
Map Copies Assessor	1,549	-	1,383	1,500	1,000
Departmental Total Direct Revenue	**1,549**	**-**	**1,383**	**1,500**	**1,000**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	16	16	16	17	17
Life After Lock Up	-	-	1	-	-
	16	**16**	**17**	**17**	**17**

DRAFT

Oconee County, South Carolina
Auditor (302)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
010	302	10110	00000	**Salary and Wages**	342,417	383,365	425,001	431,307	453,633
010	302	20013	00000	**Social Security**	24,193	28,346	30,692	32,995	34,703
010	302	20014	00000	**Retirement**	56,093	69,235	78,806	80,051	84,194
010	302	20015	00000	**Workers Compensation**	3,143	3,525	1,658	3,765	2,978
010	302	20016	00000	**Health Insurance**	63,973	63,973	73,112	73,112	73,112
010	302	20027	00000	**Dental**	3,850	3,850	4,400	4,400	4,400
010	302	20028	00000	**Vision**	700	700	800	800	800
				Salary and Wage Totals	**494,369**	**552,994**	**614,469**	**626,430**	**653,820**
010	302	30018	00000	**Travel**	209	361	692	1,000	2,500
010	302	30024	00000	**Equipment Maintenance**	-	-	-	500	500
010	302	30025	00000	**Professional**	-	-	-	-	-
010	302	30056	00000	**Data Processing**	67,388	45,119	88,848	100,000	100,000
010	302	30059	00000	**Copier Click Charges**	1,368	1,263	1,358	2,200	2,200
010	302	30080	00000	**Dues: Organizations**	150	325	325	800	800
010	302	30084	00000	**Staff Development**	200	4,106	3,115	6,000	6,000
010	302	40031	00000	**Non-Cap Equipment**	-	974	-	-	-
010	302	40032	00000	**Operational**	20,642	23,267	25,667	37,500	37,500
010	302	40045	00000	**IT Replacement Equipment/Software**	2,903	-	1,113	2,500	2,500
010	302	40065	00000	**Uniforms/Clothing**	865	850	733	1,200	1,200
010	302	60211	00000	**Forfeited Land Commission (FLC) Expenditures**	2,033	836	52	500	500
				Expenditure Total	**95,758**	**77,101**	**121,903**	**152,200**	**153,700**
				Department Total	**590,127**	**630,095**	**736,372**	**778,630**	**807,520**

Direct Revenue

					FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
					-	-	-	-	-
				Departmental Total Direct Revenue	**-**	**-**	**-**	**-**	**-**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	8	8	8	8	8

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Oconee County, South Carolina
Board of Assessment Appeals (303)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	303	10110	00000	Salary and Wages/Board Members	1,428	4,262	330	3,000	1,500
10	303	20013	00000	Social Security	45	192	10	274	115
10	303	20015	00000	Workers Compensation	3	8	-	10	10
				Salary and Wage Totals	**1,476**	**4,462**	**340**	**3,284**	**1,625**
10	303	30018	00000	Travel	71	328	-	500	500
10	303	30068	00000	Advertising	-	-	-	200	-
10	303	40032	00000	Operational	-	50	-	100	100
				Expenditure Total	**71**	**378**	**-**	**800**	**600**
				Department Total	**1,547**	**4,840**	**340**	**4,084**	**2,225**

Direct Revenue

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
	-	-	-	-	-
Departmental Total Direct Revenue	**-**	**-**	**-**	**-**	**-**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Part Time Employees	1	1	1	1	1

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Oconee County, South Carolina
Building Codes Department (702)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	702	10110	00000	**Salary and Wages**	331,647	308,236	306,290	406,074	387,458
10	702	10710	00000	**Overtime**	6,516	20,613	19,934	12,000	15,000
10	702	20013	00000	**Social Security**	25,107	25,531	24,427	35,655	30,788
10	702	20014	00000	**Retirement**	55,677	59,903	60,338	86,503	74,696
10	702	20015	00000	**Workers Compensation**	9,662	7,760	2,033	10,857	6,750
10	702	20016	00000	**Health Insurance**	63,973	73,112	73,112	73,112	63,973
10	702	20027	00000	**Dental**	3,850	4,400	4,400	4,400	3,850
10	702	20028	00000	**Vision**	700	800	800	800	700
				Salary and Wage Totals	**497,132**	**500,355**	**491,334**	**629,401**	**583,215**
10	702	30025	00000	**Professional**	48,297	91,002	220,143	125,000	200,000
10	702	30056	00000	**Data Processing**	32,620	42,790	43,451	42,000	47,650
10	702	30059	00000	**Copies**	1,198	873	998	3,000	2,000
10	702	30068	00000	**Advertising**	-	395	-	-	-
10	702	30080	00000	**Dues: Organizations**	511	593	1,390	2,000	1,500
10	702	30084	00000	**Staff Development**	2,396	12,371	5,757	11,000	7,500
10	702	40027	00000	**Safety Equipment**	700	751	700	2,000	1,000
10	702	40031	00000	**Small Equipment**	4,838	180	9,520	2,000	1,500
10	702	40032	00000	**Operational**	1,701	2,179	3,908	3,500	3,000
10	702	40045	00000	**IT Replacement**	1,470	-	-	-	-
10	702	40065	00000	**Uniforms/Clothing**	2,431	1,822	1,960	3,500	2,000
10	702	80702	00000	**Vehicle Maintenance**	5,889	8,493	5,000	7,500	6,500
10	702	81702	00000	**Gasoline**	15,622	13,389	9,347	14,000	12,000
				Expenditure Total	**117,673**	**174,838**	**302,174**	**215,500**	**284,650**
				Department Total	**614,805**	**675,193**	**793,508**	**844,901**	**867,865**

Direct Revenue

					FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
10	80	805	13700	Building Codes	1,458,453	1,703,103	1,486,879	1,750,000	1,716,000
10	80	805	13701	Building Codes Mobile Home Fees	23,590	22,890	25,340	25,000	25,000
10	80	805	13705	Building Codes Plan Review Fees	92,761	176,682	137,674	175,000	210,000
10	80	805	13706	Subdivision Plan Review Fees	4,750	13,635	16,315	25,000	54,000
10	80	805	13708	Code Books Revenue	325	1,200	1,345	1,000	1,300
10	80	805	60735	One Stop Recording Fees	6,425	6,000	6,925	7,000	7,000
				Departmental Total Direct Revenue	**1,586,304**	**1,923,510**	**1,674,478**	**1,983,000**	**2,013,300**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	7	8	8	8	8

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Oconee County, South Carolina
Chau Ram Park (205)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	205	10110	00000	**Salary and Wages**	178,775	155,598	178,532	249,401	280,331
10	205	10710	00000	**Overtime**	9,317	9,689	10,984	10,000	10,000
10	205	20013	00000	**Social Security**	14,120	12,983	14,241	19,844	22,210
10	205	20014	00000	**Retirement**	25,719	29,426	35,102	48,145	53,885
10	205	20015	00000	**Workers Compensation**	10,037	7,381	4,178	9,519	8,228
10	205	20016	00000	**Health Insurance**	36,556	45,695	45,695	54,834	54,834
10	205	20027	00000	**Dental**	2,200	2,750	2,750	3,300	3,300
10	205	20028	00000	**Vision**	400	500	500	600	600
				Salary and Wage Totals	**277,124**	**264,022**	**291,982**	**395,643**	**433,388**
10	205	30024	00000	**Equipment Maintenance**	1,507	1,199	1,011	1,200	1,200
10	205	30025	00000	**Professional**	37,810	47,040	62,348	45,585	45,585
10	205	30037	00000	**Equipment (Leased or Rented)**	3,973	4,960	5,316	5,700	5,700
10	205	30059	00000	**Copier Clicks**	738	501	469	1,000	1,000
10	205	33022	00000	**Building/Grounds Maintenance**	40,187	2,426	1,870	-	
10	205	34042	00000	**Gas and Fuel Oil**	2,382	2,223	2,162	2,400	2,400
10	205	34043	00000	**Electricity**	17,183	14,185	14,609	15,000	15,000
10	205	34044	00000	**Water/Sewer/Garbage**	6,504	1,983	3,183	1,800	3,000
10	205	40031	00000	**Small Equipment**	5,538	2,948	6,018	7,000	7,000
10	205	40032	00000	**Operational**	7,266	11,517	7,786	8,100	8,100
10	205	40034	00000	**Food**	172	143	119	300	300
10	205	40045	00000	**IT Replacement Equip/Software**	-	-	-	-	-
10	205	40065	00000	**Uniforms/Clothing**	929	2,692	2,873	3,500	3,500
10	205	40832	00000	**Concessions**	9,804	9,848	8,311	11,000	11,000
				Expenditure Total	**133,993**	**101,665**	**116,075**	**102,585**	**103,785**
				Department Total	**411,117**	**365,687**	**408,057**	**498,228**	**537,173**

Direct Revenue

					FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
10	80	805	00205	Chau Ram Park Revenues	85,946	66,512	74,108	85,000	70,000
				Departmental Total Direct Revenue	**85,946**	**66,512**	**74,108**	**85,000**	**70,000**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	4	5	5	6	6

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Oconee County, South Carolina
Clerk of Court (501)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	501	10110	00000	**Salary and Wages**	413,185	454,679	537,963	510,038	585,441
10	501	10710	00000	**Overtime**	2,088	1,227	455	1,500	1,500
10	501	20013	00000	**Social Security**	28,802	34,846	38,881	39,133	44,901
10	501	20014	00000	**Retirement**	66,115	85,910	99,856	94,941	108,936
10	501	20015	00000	**Workers Compensation**	2,386	1,195	623	1,681	1,474
10	501	20016	00000	**Health Insurance**	91,390	100,529	100,529	100,529	109,668
10	501	20027	00000	**Dental**	5,500	6,050	6,050	6,050	6,600
10	501	20028	00000	**Vision**	1,000	1,100	1,100	1,100	1,200
				Salary and Wage Totals	**610,466**	**685,536**	**785,457**	**754,972**	**859,720**
10	501	30018	00000	**Travel**	172	-	185	375	375
10	501	30025	00000	**Professional**	-	-	-	1,500	-
10	501	30026	00000	**Court Expenditures**	34,151	56,016	34,462	57,500	55,000
10	501	30056	00000	**Data Processing**	25,000	26,194	25,776	27,000	26,000
10	501	30059	00000	**Copier Click Charges**	4,692	4,526	5,272	7,000	5,000
10	501	30084	00000	**Staff Development**	1,257	1,431	939	2,500	2,000
10	501	40031	00000	**Small Equipment**	3,944	4,727	3,326	5,000	4,500
10	501	40032	00000	**Operational**	4,961	6,951	5,933	7,500	7,500
10	501	40045	00000	**IT Replacement Equipment/Software**	10,442	-	-	-	-
10	501	60901	00155	**DSS Child Support Title IV-D**	10,252	13,864	13,030	14,414	14,414
10	501	95100	20220	**Master in Equity**	36,056	36,056	36,056	36,056	36,056
				Expenditure Total	**130,927**	**149,765**	**124,979**	**158,845**	**150,845**
				Department Total	**741,393**	**835,301**	**910,436**	**913,817**	**1,010,565**

Direct Revenue									
					FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
10	80	805	11900	**Clerk of Court**	198,619	231,440	245,163	235,000	250,000
10	80	805	16020	**Master in Equity**	6,585	7,485	11,540	8,000	8,600
10	80	805	21900	**Clerk of Court Supplement**	1,575	15,000	15,000	15,000	15,000
				Departmental Total Direct Revenue	**206,779**	**253,925**	**271,703**	**258,000**	**273,600**

Positions									
					FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
				General Fund Full Time Employees	10	11	11	11	11
				265 Fund Full Time Employees	2	2	2	2	2
					12	**13**	**13**	**13**	**13**

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Oconee County, South Carolina
Communications (104)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	104	10110	00000	**Salary and Wages**	960,572	1,052,235	1,120,850	1,159,082	1,258,508
10	104	10710	00000	**Overtime**	118,646	127,146	139,802	110,000	110,000
10	104	20013	00000	**Social Security**	78,886	89,071	92,397	99,380	104,691
10	104	20014	00000	**Retirement**	177,888	213,766	236,262	244,711	260,643
10	104	20015	00000	**Workers Compensation**	7,627	6,575	4,140	8,756	9,766
10	104	20016	00000	**Health Insurance**	201,058	228,475	228,475	228,475	228,475
10	104	20027	00000	**Dental**	12,100	13,750	13,750	13,750	13,750
10	104	20028	00000	**Vision**	2,200	2,500	2,500	2,500	2,500
				Salary and Wage Totals	**1,558,977**	**1,733,518**	**1,838,176**	**1,866,654**	**1,988,333**
10	104	30018	00000	**Travel**	763	-	-	-	-
10	104	30024	00000	**Equipment Maintenance**	64,420	80,519	85,368	85,000	85,000
10	104	30025	00000	**Professional**	228	466	396	4,000	1,000
10	104	30041	00000	**Telecommunications**	98,433	102,499	97,091	95,000	98,000
10	104	30056	00000	**Data Processing**	4,807	7,970	8,447	19,000	30,000
10	104	30059	00000	**Copier Click Charges**	3,208	3,179	3,426	3,500	3,500
10	104	30080	00000	**Dues: Organizations**	192	100	104	450	200
10	104	30084	00000	**Staff Development**	5,918	5,661	5,859	6,000	6,000
10	104	33022	00000	**Building/Grounds Maintenance (External Radio Sites)**	1,123	840	1,618	2,000	2,000
10	104	34042	00000	**Gas and Fuel Oil - Generators**	540	1,417	1,292	1,750	1,750
10	104	34043	00000	**Electricity - Radio Sites**	6,629	6,798	7,304	7,000	7,500
10	104	40031	00000	**Small Equipment**	2,902	4,504	3,716	4,000	4,000
10	104	40032	00000	**Operational**	3,905	3,782	3,940	4,000	4,000
10	104	40034	00000	**Food**	813	721	1,162	1,000	1,000
10	104	40045	00000	**IT Replacement EQ/Software**	1,990	4,533	4,406	5,000	4,000
10	104	40102	00000	**Periodical Subscriptions**	70	-	-	-	-
				Expenditure Total	**195,941**	**222,989**	**224,129**	**237,700**	**247,950**
				Department Total	**1,754,918**	**1,956,507**	**2,062,305**	**2,104,354**	**2,236,283**

Direct Revenue

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
	-	-	-	-	
Departmental Total Direct Revenue	**-**	**-**	**-**	**-**	**-**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	24	25	25	25	25
Part-Time Employee	1	1	1	1	1
Total Positions	**25**	**26**	**26**	**26**	**26**

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Oconee County, South Carolina
Coroner (103)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	103	10110	00000	Salary and Wages	181,058	191,695	223,105	237,271	177,034
10	103	20013	00000	Social Security	13,272	14,625	16,535	16,391	13,543
10	103	20014	00000	Retirement	30,878	35,862	42,780	39,767	33,551
10	103	20015	00000	Workers Compensation	8,315	7,240	4,530	7,858	4,962
10	103	20016	00000	Health Insurance	18,278	27,417	18,278	18,278	18,278
10	103	20027	00000	Dental	1,100	1,650	1,100	1,100	1,100
10	103	20028	00000	Vision	200	300	200	200	200
				Salary and Wage Totals	**253,101**	**278,789**	**306,528**	**320,865**	**248,668**
10	103	30024	00000	Equipment Maintenance	1,518	2,439	900	6,000	2,000
10	103	30025	00000	Professional	14,362	13,321	9,864	12,000	90,000
10	103	30041	00000	Telecommunications	195	175	137	225	150
10	103	30059	00000	Copier Click Charges	881	916	984	1,200	1,200
10	103	30080	00000	Dues: Organizations	320	300	300	400	400
10	103	30084	00000	Staff Development	1,450	1,944	2,333	2,500	2,600
10	103	33022	00000	Building/Grounds Maintenance	5,112	2,950	5,790	4,000	3,500
10	103	34042	00000	Gas & Fuel Oil	232	208	202	400	250
10	103	34043	00000	Electricity	4,618	4,213	4,996	5,000	4,000
10	103	34044	00000	Water/Sewer/Garbage	1,504	1,478	1,555	2,000	1,650
10	103	40027	00000	Safety Equipment	32	1,155	938	1,000	1,000
10	103	40031	00000	Small Equipment	5,767	2,384	509	2,500	1,500
10	103	40032	00000	Operational	7,073	6,823	9,493	7,000	7,000
10	103	40045	00000	IT Replacement Eq/Software	1,006	-	-	1,500	-
10	103	40065	00000	Uniforms/Clothing	526	632	610	750	1,000
10	103	40102	00000	Periodicals	240	260	280	280	280
10	103	60831	00000	Pauper Funerals - Moved from DSS in 2021	200	1,210	311	3,000	3,000
10	103	80103	00000	Vehicle Maintenance	1,950	2,390	1,200	2,750	2,750
10	103	81103	00000	Gasoline	6,405	6,538	5,734	7,000	7,000
				Expenditure Total	**53,391**	**49,336**	**46,136**	**59,505**	**129,280**
				Department Total	**306,492**	**328,125**	**352,664**	**380,370**	**377,948**
									-8%

Direct Revenue

					FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
10	81	00810	21200	Coroner Supplement	1,575	1,575	15,000	15,000	15,000
				Departmental Total Direct Revenue	**1,575**	**1,575**	**15,000**	**15,000**	**15,000**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Full Time General Fund Employees	3	3	3	3	2
Part-Time General Fund Employees	-	-	1	1	1
Total Positions	**3**	**3**	**4**	**4**	**3**

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Oconee County, South Carolina
County Attorney (741)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	741	10110	00000	**Salary and Wages**	160,906	174,153	99,692	170,000	170,000
10	741	20013	00000	**Social Security**	11,126	12,568	7,380	13,005	13,005
10	741	20014	00000	**Retirement**	26,496	31,386	19,218	29,852	31,552
10	741	20015	00000	**Workers Compensation**	1,788	711	(37)	629	509
10	741	20016	00000	**Health Insurance**	18,278	18,278	18,278	9,139	9,139
10	741	20027	00000	**Dental**	1,100	1,100	1,100	550	550
10	741	20028	00000	**Vision**	200	200	200	100	100
				Salary and Wage Totals	**219,894**	**238,396**	**145,831**	**223,275**	**224,855**
10	741	30025	00000	**Professional**	143,919	109,799	288,109	110,000	125,000
10	741	30080	00000	**Dues: Organizations**	978	688	-	1,255	1,255
10	741	30084	00000	**Staff Development**	480	365	625	3,000	3,000
10	741	40031	00000	**Small Equipment**	689	1,338	160	1,500	1,500
10	741	40032	00000	**Operational**	8,963	12,035	4,970	8,000	8,000
10	741	40045	00000	**IT Replacement Eq/Software**	-	490	-	500	500
10	741	40102	00000	**Periodicals**	73	73	-	300	300
10	741	60767	00000	**Contingency**		-	-	10,000	-
				Expenditure Total	155,102	124,788	293,864	134,555	139,555
				Department Total	**374,996**	**363,184**	**439,695**	**357,830**	**364,410**

Direct Revenue					
	FY 2022 Actual	**FY 2023 Actual**	**FY 2024 Actual**	**FY 2025 Budget**	**FY 2026 Budget**
	-	-	-	-	-
Departmental Total Direct Revenue	**-**	**-**	**-**	**-**	**-**

Positions					
	FY 2022	**FY 2023**	**FY 2024**	**FY 2025**	**FY 2026**
Total Full Time Employees	2	2	2	1	1
	2	**2**	**2**	**1**	**1**

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Oconee County, South Carolina
County Council (704)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	704	10110	00000	Salary and Wages	86,907	88,859	89,952	90,134	95,871
10	704	20013	00000	Social Security	5,112	5,815	5,660	6,895	7,334
10	704	20014	00000	Retirement	12,451	13,245	13,717	16,729	17,794
10	704	20015	00000	Workers Compensation	1,271	390	428	1,331	1,031
10	704	20016	00000	Health Insurance	54,834	54,834	54,834	54,834	54,834
10	704	20027	00000	Dental	3,300	3,300	3,300	3,300	3,300
10	704	20028	00000	Vision	600	600	600	600	600
				Salary and Wage Totals	**164,475**	**167,043**	**168,491**	**173,823**	**180,764**
10	704	30018	00000	Travel	1,314	1,542	1,404	3,850	3,850
10	704	30025	00000	Professional	3,113	4,640	4,066	6,050	6,000
10	704	30025	00001	Professional - Auditing Firm	53,900	69,000	76,900	82,500	80,000
10	704	30059	00000	Xerox Copies	1,281	1,408	1,553	2,000	1,500
10	704	30080	00000	Dues: Organizations	1,535	1,535	1,535	1,689	1,700
10	704	30084	00000	Staff Development	4,888	15,333	9,800	17,500	17,500
10	704	40031	00000	Small Equipment	519	-	8,370	3,000	3,000
10	704	40032	00000	Operational	894	2,555	1,072	2,200	2,000
10	704	40034	00000	Food	219	440	851	1,500	1,000
10	704	40045	00000	It Replacement/Equip Software		-	-	-	-
10	704	40102	00000	Magazines/Newspapers		-	160	220	220
10	704	60767	00000	Contingency		-	-	-	-
10	704	95100	20201	SC Association of Counties	13,554	13,554	13,554	13,555	12,502
10	704	95100	20217	Appalachian Council of Governments	38,993	38,993	38,993	38,993	38,995
10	704	95100	20255	Ten at the Top (TATT)	5,000	5,000	-	-	-
				Expenditure Total	**125,210**	**154,000**	**158,258**	**173,057**	**168,267**
				Department Total	**289,685**	**321,043**	**326,749**	**346,880**	**349,031**

Direct Revenue

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
Departmental Total Direct Revenue	**-**	**-**	**-**	**-**	**-**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	1	1	1	1	1
Council Members	5	5	5	5	5

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Oconee County, South Carolina
Delinquent Tax Collector (305)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	305	10110	00000	**Salary and Wages**	132,562	133,928	143,767	145,703	156,937
10	305	10710	00000	**Overtime**	91	-	51	-	100
10	305	20013	00000	**Social Security**	9,285	9,816	10,269	11,146	12,013
10	305	20014	00000	**Retirement**	21,704	24,271	26,663	27,042	29,146
10	305	20015	00000	**Workers Compensation**	939	742	(1,486)	4,247	3,498
10	305	20016	00000	**Health Insurance**	27,417	27,417	27,417	27,417	27,417
10	305	20027	00000	**Dental**	1,650	1,650	1,650	1,650	1,650
10	305	20028	00000	**Vision**	300	300	300	300	300
				Salary and Wage Totals	**193,948**	**198,124**	**208,631**	**217,505**	**231,061**
10	305	30025	60305	**Professional-Tax Sale**	105,095	94,839	89,245	110,000	90,000
10	305	30056	00000	**Data Processing**	6,012	7,737	8,299	9,000	9,651
10	305	30059	00000	**Copier Click Charges**	3,349	2,220	2,156	3,000	2,000
10	305	30068	60305	**Advertising- Tax Sale**	22,302	24,419	24,419	25,400	28,000
10	305	30080	00000	**Dues: Organizations**	305	105	105	115	105
10	305	30084	00000	**Staff Development**	1,427	1,048	684	1,500	1,000
10	305	40031	00000	**Small Equipment**	4,194	-	170	-	-
10	305	40032	00000	**Operational**	1,556	2,213	1,632	1,700	1,700
10	305	40032	60305	**Operational- Tax Sale**	5,110	2,098	3,754	6,000	4,000
10	305	40033	60305	**Postage - Tax Sale**	31,175	33,162	36,568	35,000	36,000
10	305	40045	00000	**IT replacement eq/software**	878	-	-	-	-
10	305	40065	60305	**Uniform Clothing - Tax Sale**	104	98	130	150	150
				Expenditure Total	**181,507**	**167,939**	**167,162**	**191,865**	**172,606**
				Department Total	**375,455**	**366,063**	**375,793**	**409,370**	**403,667**

Direct Revenue

					FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
10	80	805	10285	**Tax Sale Fees**	221,694	207,104	198,220	250,000	215,000
10	80	805	12501	**Tax Collector Fees**	37,408	42,560	40,661	50,000	44,000
				Departmental Total Direct Revenue	**259,102**	**249,664**	**238,881**	**300,000**	**259,000**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	3	3	3	3	3

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Oconee County, South Carolina
Department of Social Services (402)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	402	30041	00000	**Telecommunications**	11,225	10,499	10,197	11,000	10,000
10	402	40032	00000	**Operational**	195	103	224	300	300
				Expenditure Total	**11,420**	**10,602**	**10,421**	**11,300**	**10,300**
				Department Total	**11,420**	**10,602**	**10,421**	**11,300**	**10,300**

Direct Revenue

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
	-	-	-	-	-
Departmental Total Direct Revenue	**-**	**-**	**-**	**-**	**-**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	-	-	-	-	-

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Oconee County, South Carolina
Detention Center (106)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	106	10110	00000	**Salary and Wages**	1,965,099	1,941,341	2,257,974	2,345,981	2,686,528
10	106	10710	00000	**Overtime**	117,805	135,474	139,907	100,000	125,000
10	106	20013	00000	**Social Security**	153,038	160,449	177,712	206,724	215,082
10	106	20014	00000	**Retirement**	397,746	435,742	505,855	572,794	592,968
10	106	20015	00000	**Workers Compensation**	93,276	77,627	43,619	97,650	76,608
10	106	20016	00000	**Health Insurance**	447,811	466,089	466,089	466,089	466,089
10	106	20027	00000	**Dental**	26,950	28,050	28,050	28,050	28,050
10	106	20028	00000	**Vision**	4,900	5,100	5,100	5,100	5,100
				Salary and Wage Totals	**3,206,625**	**3,249,872**	**3,624,306**	**3,822,388**	**4,195,425**
10	106	30018	00000	**Travel**	-	-	137		-
10	106	30024	00000	**Equipment Maintenance**	14,659	13,189	15,247	15,000	15,000
10	106	30025	00000	**Professional**	758	2,368	1,578	3,000	16,000
10	106	30028	00000	**State Inmate Stipend**	11,888	13,436	10,792	14,000	14,000
10	106	30037	00000	**Equipment (Leased or Rented)**	-	-	-	-	-
10	106	30056	00000	**Data Processing**	40,151	46,021	52,673	53,000	56,650
10	106	30059	00000	**Copier Click Charges**	8,431	8,965	7,998	10,000	10,000
10	106	30062	00000	**Medical**	411,545	421,632	458,978	498,750	711,000
10	106	30080	00000	**Dues: Organizations**	1,200	1,190	1,370	2,000	2,000
10	106	30084	00000	**Staff Development**	12,381	5,982	5,165	10,000	10,000
10	106	33022	00000	**Building/Grounds Maintenance**	70,566	175,188	114,397	100,000	115,000
10	106	34042	00000	**Gas and Fuel Oil**	30,905	37,168	29,296	35,000	30,000
10	106	34043	00000	**Electricity**	191,424	214,502	225,480	200,000	225,000
10	106	34044	00000	**Water/Sewer/Garbage**	68,036	88,987	82,928	70,000	82,000
10	106	40031	00000	**Small Equipment**	32,818	21,247	14,903	27,000	22,000
10	106	40032	00000	**Operational**	72,470	76,568	73,462	75,000	75,000
10	106	40033	00000	**Postage**	165	164	111	500	500
10	106	40034	00000	**Food**	332,359	352,043	400,575	394,500	450,000
10	106	40045	00000	**IT Replacement Equipment/Software**	4,532	8,578	14,841	10,000	10,000
10	106	40065	00000	**Uniforms/Clothing**	39,571	46,931	37,067	45,000	46,800
10	106	40102	00000	**Periodicals**	-	-	-	100	-
10	106	60741	00000	**Juvenile Detention Services (Department of Juvenile Justice)**	13,050	13,250	15,000	17,000	15,000
				Expenditure Total	**1,356,909**	**1,547,409**	**1,561,998**	**1,579,850**	**1,905,950**
				Department Total	**4,563,534**	**4,797,281**	**5,186,304**	**5,402,238**	**6,101,375**

Direct Revenue

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
	-	-	-	-	
Departmental Total Direct Revenue	**-**	**-**	**-**	**-**	**-**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
General Fund Officers	48	49	49	49	49
General Fund Regular Staff	2	2	2	2	2
Grant Funded Officer - Fund 013	-	-	1	1	1
	50	**51**	**52**	**52**	**52**

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Oconee County, South Carolina
Economic Development (707)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	707	10110	00000	Salary and Wages	184,868	231,624	233,848	230,917	236,195
10	707	10110	00000	Overtime	-	-	85		-
10	707	20013	00000	Social Security	13,628	17,665	17,392	21,643	18,069
10	707	20014	00000	Retirement	30,219	41,011	43,100	52,509	43,838
10	707	20015	00000	Workers Compensation	5,949	6,566	1,810	8,247	5,261
10	707	20016	00000	Health Insurance	36,556	36,556	36,556	36,556	27,417
10	707	20027	00000	Dental	2,200	2,200	2,200	2,200	1,650
10	707	20028	00000	Vision	400	400	400	400	300
				Salary and Wage Totals	**273,820**	**336,022**	**335,391**	**352,472**	**332,730**
10	707	30059	00000	Copier Click Charges	395	1,100	1,249	1,500	1,500
10	707	30071	00000	Rent	11,872	22,700	25,700	27,000	27,690
10	707	33022	00000	Equip Maint-Sign Maint	1,798	49	8	1,500	500
10	707	34043	00001	Electricity - Commerce Center	1,562	1,907	2,290	2,400	1,700
10	707	34043	00104	Electricity-OITP	3,969	4,644	4,229	5,100	6,250
10	707	34044	00104	Water/Sewer/Garbage-OITP	816	861	853	1,200	900
10	707	40031	00000	Non-Capital Equipment	-	475	-	2,000	1,000
10	707	60907	90715	SDOC C-14-2286 US Engine	-	-	-	-	-
10	707	80707	00000	Vehicle Maintenance	222	4,772	244	500	500
10	707	81707	00000	Gasoline	940	2,276	2,148	2,500	2,000
10	707	95100	20217	EDIS Partnership via Appalachian Council of Governments	12,199	12,199	12,199	12,300	12,300
10	707	95100	20254	Mountain Lakes Business Development Corporation	27,500	27,500	25,000	18,000	-
10	707	95100	20256	Oconee Economic Alliance	156,275	150,000	150,000	150,000	-
10	707	95100	20257	Upstate SC Alliance	39,187	78,374	-	39,187	-
				Expenditure Total	**256,735**	**306,857**	**223,920**	**263,187**	**54,340**
				Department Total	**530,555**	**642,879**	**559,311**	**615,659**	**387,070**

Direct Revenue

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
Departmental Total Direct Revenue	**-**	**-**	**-**	**-**	**-**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	4	4	4	3	3

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Oconee County, South Carolina
Facilities Maintenance (714)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	714	10110	00000	**Salary and Wages**	533,618	586,965	640,720	645,691	690,991
10	714	10710	00000	**Overtime**	1,670	1,261	1,432	1,500	1,750
10	714	20013	00000	**Social Security**	38,797	44,116	47,267	49,527	52,995
10	714	20014	00000	**Retirement**	88,352	105,870	119,268	120,159	128,573
10	714	20015	00000	**Workers Compensation**	31,361	27,437	15,393	29,294	23,926
10	714	20016	00000	**Health Insurance**	137,085	137,085	146,224	137,085	137,085
10	714	20027	00000	**Dental**	8,250	8,250	8,800	8,250	8,250
10	714	20028	00000	**Vision**	1,500	1,500	1,600	1,500	1,500
				Salary and Wage Totals	**840,633**	**912,484**	**980,704**	**993,006**	**1,045,070**
10	714	30024	00000	**Equipment Maintenance**	659	835	1,445	1,200	1,000
10	714	30025	00000	**Professional**	8,321	765	465	7,500	1,000
10	714	30059	00000	**Copier Clicks**	237	266	239	250	300
10	714	30084	00000	**Staff Development**	-	-	420	250	250
10	714	33022	00000	**Building/Grounds Maintenance**	11,533	8,165	9,963	7,750	8,500
10	714	33022	00109	**Building Maintenance - Probation and Parole**	1,241	4,088	2,695	5,000	3,000
10	714	33022	00206	**Building/Grounds-Salem Library**	-	-	-	-	-
10	714	33022	00208	**Building/Grounds-Seneca Library**	-	-	-	-	-
10	714	33022	00270	**Building/Grounds - Oakway Intm**	1,659	1,974	5,244	2,000	2,000
10	714	33022	00310	**Building/Grounds - Christ Central**	-	-	-	-	-
10	714	33022	00402	**Building Maintenance - DSS Building**	19,876	32,651	12,033	10,000	12,000
10	714	33022	00405	**Buildings/Grounds Rosa Clark**	129	140	211	1,000	500
10	714	33022	00407	**Building Maintenance - Lakeview Rest Home**	14,277	7,339	7,047	10,000	8,500
10	714	33022	00510	**Building Maintenance - Courthouse**	31,875	80,120	79,301	65,000	67,500
10	714	33022	00703	**Building Maintenance - Walhalla Health Department**	5,604	8,852	10,770	6,000	7,000
10	714	33022	00716	**Building Maintenance - USDA Building**	723	175	1,544	1,500	1,000
10	714	33022	00723	**Building Maintenance - Pine Street**	44,706	63,979	32,957	55,000	30,000
10	714	33022	00729	**Building Maintenance - Brown Building**	2,208	3,574	6,675	3,500	3,000
10	714	34042	00109	**Gas and Fuel Oil - Probation and Parole**	1,619	1,328	1,240	2,000	1,500
10	714	34042	00270	**Gas and Fuel Oil - Oakway Intm**	5,771	6,979	5,185	7,250	6,000
10	714	34042	00410	**Gas and Fuel Oil - Walhalla Health**	157	160	179	200	200
10	714	34042	00510	**Gas and Fuel Oil - Courthouse**	29,533	30,942	21,784	33,000	25,000
10	714	34042	00723	**Gas and Fuel Oil - Pine Street**	2,194	3,209	2,448	3,500	3,000
10	714	34042	00729	**Gas and Fuel Oil - Brown Building**	1,373	1,940	1,751	2,000	2,000
10	714	34043	00000	**Electricity - Facilities Maintenance**	721	1,064	798	1,100	1,250
10	714	34043	00109	**Electricity - Probation and Parole**	4,142	4,602	4,699	5,700	5,000
10	714	34043	00270	**Electricity - Oakway School**	26,451	27,219	28,929	30,000	17,000
10	714	34043	00402	**Electricity - DSS Building**	38,178	40,718	44,607	42,000	42,000

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Oconee County, South Carolina
Facilities Maintenance (714)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	714	34043	00403	Electricity - Walhalla Health Department	19,449	23,522	14,260	25,500	24,000
10	714	34043	00409	Electricity - Foothills Alliance	970	1,031	1,080	1,350	1,500
10	714	34043	00510	Electricity - Courthouse	66,693	73,156	78,001	76,500	78,000
10	714	34043	00723	Electricity - Pine Street	37,771	39,315	44,949	41,500	45,000
10	714	34043	00729	Electricity - Brown Building	12,959	10,505	10,852	13,500	12,500
10	714	34044	00000	Water - Facilities Maintenance	905	912	827	1,000	1,250
10	714	34044	00109	Water - Probation and Parole	972	1,027	1,362	1,350	1,200
10	714	34044	00270	Water - Oakway School	1,196	1,402	1,294	2,650	-
10	714	34044	00402	Water - DSS Building	3,550	3,945	3,774	4,000	4,500
10	714	34044	00403	Water - Walhalla Health Department	975	882	1,158	1,350	1,500
10	714	34044	00409	Water - Foothills Alliance	659	736	778	1,000	1,200
10	714	34044	00510	Water - Courthouse	3,677	4,635	4,051	4,250	4,500
10	714	34044	00723	Water - Pine Street	2,936	3,263	3,665	3,350	3,600
10	714	34044	00729	Water - Brown Building	1,381	2,002	1,646	1,800	2,000
10	714	40027	00000	Safety Equipment	3,625	3,421	3,841	3,600	3,500
10	714	40031	00000	Small Equipment	8,343	12,806	8,439	10,500	7,500
10	714	40032	00000	Operational	33,368	35,300	36,233	35,500	40,000
10	714	40034	00000	Food	-	-	-	-	500
10	714	40045	00000	IT Replacement Eq/Software	-	-	-	-	-
10	714	40065	00000	Uniforms/Clothing	4,039	9,875	6,270	6,250	6,500
10	714	50870	00000	Vehicles/Equip Capital	-	-	11,306	-	-
10	714	50884	00000	Capital Depart Paving	-	-	30,168		-
10	714	80714	00000	Vehicle Maintenance	6,204	8,366	8,568	7,500	7,000
10	714	81714	00000	Gasoline	22,966	23,063	20,424	23,000	20,000
10	714	82714	00000	Diesel	-	33	-	-	-
				Expenditure Total	**485,825**	**590,281**	**575,575**	**568,150**	**514,250**
				Department Total	**1,326,458**	**1,502,765**	**1,556,279**	**1,561,156**	**1,559,320**

Direct Revenue

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
Departmental Total Direct Revenue	**-**	**-**	**-**	**-**	**-**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	15	15	15	15	15
	15	**15**	**15**	**15**	**15**

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Oconee County, South Carolina
Finance Department (708)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	708	10110	00000	**Salary and Wages**	336,611	361,136	366,754	385,482	418,265
10	708	10710	00000	**Overtime**	1,369	407	154	-	-
10	708	20013	00000	**Social Security**	24,403	26,821	2,606	29,566	31,997
10	708	20014	00000	**Retirement**	52,311	61,345	63,580	71,549	77,630
10	708	20015	00000	**Workers Compensation**	1,411	1,232	307	1,452	1,050
10	708	20016	00000	**Health Insurance**	54,834	54,834	54,834	54,834	54,834
10	708	20027	00000	**Dental**	3,300	3,300	3,300	3,300	3,300
10	708	20028	00000	**Vision**	600	600	600	600	600
				Salary and Wage Totals	**474,839**	**509,675**	**492,135**	**546,783**	**587,676**
10	708	30025	00000	**Professional**	33,554	28,043	12,355	15,000	15,000
10	708	30059	00000	**Copies**	5,360	5,809	6,411	5,000	5,700
10	708	30080	00000	**Dues: Organizations**	1,095	1,095	595	1,170	985
10	708	30084	00000	**Staff Development**	790	909	4,223	3,000	3,000
10	708	40031	00000	**Small Equipment**	6,508	9,629	2,330	1,800	1,800
10	708	40032	00000	**Operational**	6,456	5,190	6,922	6,000	6,500
10	708	40045	00000	**IT Replacement Equipment/Software**	3,452	1,899	-	1,800	-
				Expenditure Total	**57,215**	**52,574**	**32,836**	**33,770**	**32,985**
				Department Total	**532,054**	**562,249**	**524,971**	**580,553**	**620,661**

Direct Revenue	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
Departmental Total Direct Revenue	**-**	**-**	**-**	**-**	**-**

Positions	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	6	6	6	6	6
Part-Time Employee	1	1	1	1	1
	7	**7**	**7**	**7**	**7**

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Oconee County, South Carolina
Fire/Emergency Services (107)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	107	10110	00000	Salary and Wages	1,444,408	1,584,840	2,052,059	2,187,548	2,745,875
10	107	10710	00000	Overtime	165,306	310,701	363,084	175,000	250,000
10	107	20013	00000	Social Security	117,145	147,292	178,956	201,772	237,325
10	107	20014	00000	Retirement	301,245	391,502	497,495	559,060	657,635
10	107	20015	00000	Workers Compensation	194,956	187,851	116,436	307,307	282,783
10	107	20016	00000	Health Insurance	319,865	383,838	383,838	466,089	420,394
10	107	20027	00000	Dental	19,250	23,100	23,100	28,050	25,300
10	107	20028	00000	Vision	3,500	4,200	4,200	5,100	4,900
				Salary and Wage Totals	**2,565,675**	**3,033,324**	**3,619,168**	**3,929,926**	**4,624,212**
10	107	30024	00000	Equipment Maintenance	18,249	11,483	13,576	16,000	13,000
10	107	30025	00000	Professional	3,888	5,016	30,455	4,000	4,000
10	107	30041	00000	Telecommunications	4,442	4,770	6,096	6,000	7,000
10	107	30056	00000	Data Processing	29,294	30,536	34,039	35,000	34,000
10	107	30059	00000	Copier Click Charges	5,506	4,538	4,385	4,800	4,500
10	107	30062	00000	Medical - Physicals for Volunteers and Medical Supplies	81,712	95,718	27,653	020 Fund	020 Fund
10	107	30080	00000	Dues: Organizations	2,498	3,371	3,123	4,000	3,500
10	107	30084	00000	Staff Development	47,984	58,021	32,955	020 Fund	020 Fund
10	107	30090	00000	Commission Honoraria	900	1,000	1,000	1,200	1,200
10	107	30810	90910	Maint Rep Watershed Local USDA	-	-	-	-	-
10	107	33022	00000	Buildings/Grounds Maintenance	18,373	40,227	31,604	25,000	25,000
10	107	34042	00140	Fuel Oil Oakway	120	-	-	-	-
10	107	34043	00000	Electricity	9,427	12,092	15,898	16,000	16,000
10	107	34044	00000	Water/Sewer/Garbage	990	1,082	1,839	2,500	2,000
10	107	40031	00000	Non-Capital Equipment	-	103,449	24,033	020 Fund	020 Fund
10	107	40032	00000	Operational	26,216	31,183	31,894	33,000	28,000
10	107	40032	00000	Operational BountyLand	-	-	-	3,500	-
10	107	40033	00000	Postage	-	89	20	100	50
10	107	40034	00000	Food	7,255	11,429	12,247	8,000	8,000
10	107	40045	00000	It Replacement Equipment/Software	2,845	4,000	14,835	4,000	5,500
10	107	40065	00000	Uniforms/Clothing	29,792	31,623	36,543	46,000	43,000
10	107	80107	00000	Vehicle Maintenance	183,553	208,478	342,456	165,000	170,000
10	107	81107	00000	Gasoline	88,306	74,354	78,310	65,000	75,000
10	107	82107	00000	Diesel	6,857	12,078	19,846	25,000	20,000
				LEPC Budget	-	-	-	4,000	4,000
10	107	99999	00000	Miscellaneous Grant Match	8,445	4,753	4,343	-	-
				Expenditure Total	**576,652**	**749,290**	**767,150**	**468,100**	**463,750**
				Department Total	**3,142,327**	**3,782,614**	**4,386,318**	**4,398,026**	**5,087,962**

Direct Revenue	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
Departmental Total Direct Revenue	**-**	**-**	**-**	**-**	**-**

Positions	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Fire Employees	26	29	39	44	42
Total Emergency Services Employees	13	13	13	8	8
Grant Funded Opioid Awareness	-	-	1	1	1
Grant Funded Part Time Community Medical Responder	3	3	3	3	3
Total Part-Time Employees	7	7	7	7	7
	49	**52**	**63**	**63**	**61**

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Oconee County, South Carolina
Health Department (403)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	403	30041	00000	**Telecommunications**	1,570	1,826	1,810	1,750	1,800
10	403	30062	00000	**Medical**	945	1,546	1,798	3,000	-
10	403	33022	00000	**Building/Grounds Maintenance**	47,932	4,345	5,110	4,000	5,000
10	403	34043	00000	**Electricity**	13,116	13,780	15,230	14,000	15,800
10	403	34044	00000	**Water/Sewer/Garbage**	3,170	2,906	3,195	3,000	3,000
10	403	40032	00000	**Operational**	1,964	3,382	865	2,750	1,000
10	403	40033	00000	**Postage**	332	-	-	-	-
				Expenditure Total	**69,029**	**27,785**	**28,008**	**28,500**	**26,600**
				Department Total	**69,029**	**27,785**	**28,008**	**28,500**	**26,600**

Direct Revenue					
	FY 2022 Actual	**FY 2023 Actual**	**FY 2024 Actual**	**FY 2025 Budget**	**FY 2026 Budget**
Departmental Total Direct Revenue	**-**	**-**	**-**	**-**	**-**

Positions					
	FY 2022	**FY 2023**	**FY 2024**	**FY 2025**	**FY 2026**
Total Full Time Employees	-	-	-	-	-

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Oconee County, South Carolina
High Falls Park (203)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	203	10110	00000	Salary and Wages	191,669	232,080	248,272	256,363	281,675
10	203	10710	00000	Overtime	11,578	7,555	899	8,000	9,000
10	203	20013	00000	Social Security	14,428	17,588	18,438	20,262	22,237
10	203	20014	00000	Retirement	33,468	38,598	47,010	49,159	53,949
10	203	20015	00000	Workers Compensation	11,172	10,516	6,113	11,483	9,630
10	203	20016	00000	Health Insurance	45,695	45,695	45,695	54,834	54,834
10	203	20027	00000	Dental	2,750	2,750	2,750	3,300	3,300
10	203	20028	00000	Vision	500	500	500	600	600
				Salary and Wage Totals	**311,260**	**355,282**	**369,677**	**404,001**	**435,225**
10	203	30024	00000	Equipment Maintenance	76	121	184	700	400
10	203	30025	00000	Professional	65,961	61,884	52,639	50,098	50,098
10	203	30037	00000	Equipment Rental	-	-	-	-	-
10	203	30041	00000	Telecommunication (Lake Hartwell Ranger)	-	600	-	-	-
10	203	30059	00000	Copier Click Charges	595	641	504	600	400
10	203	33022	00000	Building/Grounds Maintenance	15,888	29	346	-	-
10	203	34042	00000	Gas and Fuel Oil	6,502	6,412	5,760	6,500	6,000
10	203	34043	00000	Electricity	37,323	37,842	39,465	38,000	38,000
10	203	34044	00000	Water/Sewer/Garbage	6,662	7,230	6,250	7,200	6,500
10	203	40027	00000	Safety Equipment (swim area)	696	449	872	1,000	1,000
10	203	40031	00000	Small Equipment	4,217	2,454	1,692	3,000	2,000
10	203	40032	00000	Operational	19,296	21,162	18,992	22,000	20,000
10	203	40034	00000	Food	45	224	142	200	150
10	203	40045	00000	IT Replacement/Software	863	23	1,083	1,000	-
10	203	40065	00000	Uniforms/Clothing	1,690	1,788	3,388	3,000	2,000
10	203	40832	00000	Concessions	20,125	17,467	28,569	22,000	22,000
10	203	60735	00000	General Gravel Use	482	347	940	4,000	2,000
				Expenditure Total	**180,421**	**158,673**	**160,826**	**159,298**	**150,548**
				Department Total	**491,681**	**513,955**	**530,503**	**563,299**	**585,773**

Direct Revenue					FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
10	80	805	00203	High Falls Park	220,798	261,970	246,719	250,000	240,000
10	80	805	62051	Fairplay Recreation Area	3,092	-	538	-	-
10	80	805	62052	Lawrence Bridge Recreation Area	2,512	-	-	-	-
10	80	805	62053	Mullins Ford	336	-	-	-	-
10	80	805	62054	Choestoea Landing	962	-	-	-	-
10	80	805	62056	Seneca Creek Landing	333	-	-	-	-
10	80	805	62057	South union Landing	333	-	-	-	-
				Departmental Total Direct Revenue	**220,798**	**261,970**	**246,719**	**250,000**	**240,000**

Positions	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	5	6	6	6	6

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Oconee County, South Carolina
Human Resources (710)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	710	10110	00000	**Salary and Wages**	218,920	196,440	191,751	192,558	206,116
10	710	10710	00000	**Overtime**	76	597	924	500	1,000
10	710	20013	00000	**Social Security**	15,400	14,954	13,849	14,807	15,844
10	710	20014	00000	**Retirement**	35,508	35,793	35,694	35,294	38,441
10	710	20015	00000	**Workers Compensation**	3,557	3,159	1,512	636	520
10	710	20016	00000	**Health Insurance**	27,417	31,283	27,417	27,417	27,417
10	710	20027	00000	**Dental**	1,650	1,883	1,650	1,650	1,650
10	710	20028	00000	**Vision**	300	342	300	300	300
				Salary and Wage Totals	**302,828**	**284,451**	**273,097**	**273,162**	**291,288**
10	710	30025	00000	**Professional**	6,633	11,166	21,222	13,500	13,500
10	710	30059	00000	**Copies**	1,713	1,381	1,907	2,000	2,000
10	710	30062	00000	**Medical**	101,233	85,965	85,104	75,000	75,000
10	710	30080	00000	**Dues: Organizations**	937	349	652	800	600
10	710	30084	00000	**Staff Development**	3,242	5,652	3,342	4,000	4,000
10	710	40027	00000	**Safety Equipment**	3,576	1,082	-	-	-
10	710	40031	00000	**Small Equipment**	-	11,522	1,156	1,375	1,150
10	710	40032	00000	**Operational**	7,598	1,429	3,006	3,850	3,000
10	710	40034	00000	**Food**	-	136	-	-	-
10	710	40045	00000	**IT Replacement Equipment/Software**	1,220	-	-	1,500	-
10	710	40102	00000	**Periodicals**	-	516	575	750	575
				Expenditure Total	**126,152**	**119,198**	**116,964**	**102,775**	**99,825**
				Department Total	**428,980**	**403,649**	**390,061**	**375,937**	**391,113**

Direct Revenue

	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
Departmental Total Direct Revenue	**-**	**-**	**-**	**-**	**-**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	3	4	3	3	3

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Oconee County, South Carolina
Information Technology (711)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	711	10110	00000	**Salary and Wages**	398,950	455,594	472,427	457,381	514,219
10	711	20013	00000	**Social Security**	29,335	34,903	35,134	34,990	39,338
10	711	20014	00000	**Retirement**	65,688	82,124	87,772	84,890	95,439
10	711	20015	00000	**Workers Compensation**	5,575	4,938	3,215	4,186	3,578
10	711	20016	00000	**Health Insurance**	63,973	63,973	63,973	54,834	54,834
10	711	20027	00000	**Dental**	3,850	3,850	3,850	3,300	3,300
10	711	20028	00000	**Vision**	700	700	700	600	600
				Salary and Wage Totals	**568,071**	**646,082**	**667,071**	**640,181**	**711,308**
10	711	30024	00000	**Equipment Maintenance**	79,020	51,156	154,182	177,000	190,000
10	711	30024	00073	**Equipment Maintenance - GIS**	55,000	55,000	64,038	59,000	60,300
10	711	30025	00000	**Professional**	7,547	2,227	3,306	12,000	12,000
10	711	30025	00073	**Professional - GIS**	14,573	11,573	14,073	19,500	19,500
10	711	30025	00371	**Professional-Website**	24,000	24,000	24,000	24,000	24,000
10	711	30037	00000	**Equipment - Leased/Rented**	40,630	-	36,197	37,000	37,000
10	711	30041	00000	**Telecommunications**	144,550	115,159	106,557	143,000	-
10	711	30056	00000	**Data Processing**	58,706	94,150	145,225	95,000	105,000
10	711	30059	00000	**Copier Click Charges**	345	289	573	350	400
10	711	30084	00000	**Staff Development**	750	2,470	2,873	5,000	6,000
10	711	40031	00000	**Small Equipment**	9,705	41,092	14,045	10,000	11,000
10	711	40031	00073	**Small Equipment - GIS**	-	-	1,030	1,500	1,500
10	711	40032	00000	**Operational**	2,943	5,092	6,573	5,500	6,000
10	711	40045	00000	**IT Replacement EQ/Software (All Dept)**	44,977	56,194	72,870	60,000	64,000
10	711	80711	00000	**Vehicle Maintenance**	1,740	3,176	3,960	2,000	2,000
10	711	81711	00000	**Gasoline**	3,987	3,877	3,835	4,000	4,500
				Expenditure Total	**488,473**	**465,455**	**653,337**	**654,850**	**543,200**
				Department Total	**1,056,544**	**1,111,537**	**1,320,408**	**1,295,031**	**1,254,508**

Direct Revenue	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
Departmental Total Direct Revenue	**-**	**-**	**-**	**-**	**-**

Positions	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	6	6	6	6	6

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Oconee County, South Carolina
Legislative Delegation (706)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	706	10110	00000	**Salary and Wages**	54,575	-	-	56,212	41,157
10	706	20013	00000	**Social Security**	4,366	-	-	4,300	3,149
10	706	20014	00000	**Retirement**	9,505	-	-	10,433	7,639
10	706	20015	00000	**Workers Compensation**	1,734	17	-	185	103
10	706	20016	00000	**Health Insurance**	9,139	9,139	-	9,139	9,139
10	706	20027	00000	**Dental**	550	550	-	550	550
10	706	20028	00000	**Vision**	100	100	-	100	100
				Salary and Wage Totals	**79,969**	**9,806**	**-**	**80,919**	**61,837**
10	706	30018	00000	**Travel**	-	-	-	500	500
10	706	30059	00000	**Copier Click Charges**	928	520	416	750	600
10	706	30071	00000	**Rent**	11,400	11,400	11,400	11,400	11,400
10	706	40031	00000	**Small Equipment**		-	-	-	-
10	706	40032	00000	**Operational**	362	147	437	750	750
10	706	40033	00000	**Postage**		10	4	100	100
				Expenditure Total	**12,690**	**12,077**	**12,257**	**13,500**	**13,350**
				Department Total	**92,659**	**21,883**	**12,257**	**94,419**	**75,187**

Direct Revenue				
	FY 2022 Actual	**FY 2023 Actual**	**FY 2024 Budget**	**FY 2025 Budget**	**FY 2026 Budget**
Departmental Total Direct Revenue	**-**	**-**	**-**	**-**	**-**

Positions					
	FY 2022	**FY 2023**	**FY 2024**	**FY 2025**	**FY 2026**
Total Full Time Employees	1	1	1	1	1

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Oconee County, South Carolina
Library (206)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	206	10110	00000	**Salary and Wages**	668,830	718,646	704,781	785,152	856,532
10	206	10710	00000	**Overtime**	174	331	158	500	500
10	206	20013	00000	**Social Security**	48,503	54,742	52,133	60,102	65,281
10	206	20014	00000	**Retirement**	110,043	128,240	128,623	145,817	158,381
10	206	20015	00000	**Workers Compensation**	9,061	5,382	2,366	6,019	4,026
10	206	20016	00000	**Health Insurance**	173,641	173,641	173,641	173,641	173,641
10	206	20027	00000	**Dental**	10,450	10,450	10,540	10,450	10,450
10	206	20028	00000	**Vision**	1,900	1,900	1,900	1,900	1,900
				Salary and Wage Totals	**1,022,602**	**1,093,332**	**1,074,142**	**1,183,581**	**1,270,711**
10	206	30018	00000	**Travel**	-	-	307	-	1,500
10	206	30024	00000	**Equipment Maintenance**	1,255	2,475	2,703	2,703	2,745
10	206	30025	00000	**Professional**	144,648	134,369	132,708	145,000	150,000
10	206	30041	00000	**Telecommunications**	1,147	836	-	1,000	-
10	206	30056	00000	**Data Processing**	28,289	28,300	29,464	30,026	31,749
10	206	30059	00000	**Copier Click Charges**	7,569	9,392	11,056	8,500	8,500
10	206	30080	00000	**Dues: Organizations**	750	750	750	750	750
10	206	30084	00000	**Staff Development**	1,014	2,959	1,953	3,000	2,500
10	206	30090	00000	**Commission Honoraria**	900	900	900	900	900
10	206	33022	00207	**Building/Grounds Maintenance -Walhalla**	9,742	7,323	8,506	7,000	7,000
10	206	33022	00208	**Building/Grounds Maintenance - Seneca**	2,858	2,981	4,229	3,500	4,000
10	206	33022	00209	**Building/Grounds Maintenance - Westminster**	3,931	2,797	3,163	2,500	3,000
10	206	33022	00210	**Building/Grounds Maintenance - Salem**	2,585	2,102	1,464	2,020	2,000
10	206	34043	00207	**Electricity - Walhalla**	17,239	15,864	18,173	18,000	18,000
10	206	34043	00208	**Electricity - Seneca**	11,032	10,681	13,344	12,000	12,000
10	206	34043	00209	**Electricity - Westminster**	10,554	8,809	8,598	11,000	9,000
10	206	34043	00210	**Electricity - Salem**	5,000	5,000	5,000	5,000	5,000
10	206	34044	00207	**Water/Sewer/Garbage - Walhalla**	1,979	1,547	1,787	1,700	1,700
10	206	34044	00208	**Water/Sewer/Garbage - Seneca**	1,607	1,727	2,485	2,000	2,000
10	206	34044	00209	**Water/Sewer/Garbage - Westminster**	969	1,004	1,967	1,200	2,250
10	206	40031	00000	**Small Equipment**	5,453	2,200	2,801	2,800	2,800
10	206	40032	00000	**Operational**	6,652	8,904	7,747	8,000	8,000
10	206	40033	00000	**Postage**	33	48	105	500	250
10	206	40034	00000	**Food**	395	165	500	500	500
10	206	40045	00000	**IT Replacement/Software**	3,209	-	-	-	-
10	206	40101	00000	**Books**	92,456	84,685	85,625	87,000	87,000
10	206	40102	00000	**Periodicals**	22,200	22,200	22,499	23,000	23,000
10	206	40103	00000	**Audio Visual**	11,293	11,300	11,225	11,500	11,500
10	206	80206	00000	**Vehicle Maintenance**	2,718	1,607	1,474	1,500	1,500
10	206	81206	00000	**Gasoline**	3,957	2,227	2,663	4,000	3,000
10	206	82206	00000	**Diesel**	2,378	2,459	2,242	3,000	2,500
				Expenditure Total	**403,812**	**375,611**	**385,438**	**399,599**	**404,644**
				Department Total	**1,426,414**	**1,468,943**	**1,459,580**	**1,583,180**	**1,675,355**

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Oconee County, South Carolina
Library (206)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
Direct Revenue					**FY 2022 Actual**	**FY 2023 Actual**	**FY 2024 Actual**	**FY 2025 Budget**	**FY 2026 Budget**
10	80	805	11000	**Library Fines and Fees**	13,262	12,402	12,053	15,000	12,850
				Departmental Total Direct Revenue	**13,262**	**12,402**	**12,053**	**15,000**	**12,850**
Positions									
					FY 2022	**FY 2023**	**FY 2024**	**FY 2025**	**FY 2026**
				Total Full Time Employees	19	19	19	19	19
				Part-Time Employees	2	2	2	2	2
				Grant Funded Employees	0	1	1	1	1
					21	**22**	**22**	**22**	**22**

Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
Maintenance of Effort	1,426,414	1,468,943	1,459,580	1,583,180	1,675,355
			33,166	114,237	215,775
No one time capital is to be included in totals.					

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Oconee County, South Carolina
Magistrate (509)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	509	10110	00000	**Salary and Wages**	535,867	562,832	646,782	701,828	691,150
10	509	10710	00000	**Overtime**	1,962	4,078	2,919	5,000	3,500
10	509	20013	00000	**Social Security**	39,622	42,751	47,721	54,072	53,141
10	509	20014	00000	**Retirement**	96,976	110,372	130,136	141,981	139,020
10	509	20015	00000	**Workers Compensation**	8,619	12,040	7,572	12,739	9,215
10	509	20016	00000	**Health Insurance**	82,251	82,251	82,251	91,390	91,390
10	509	20027	00000	**Dental**	4,950	4,950	4,950	5,500	5,500
10	509	20028	00000	**Vision**	900	900	900	1,000	1,000
				Salary and Wage Totals	**771,147**	**820,174**	**923,231**	**1,013,510**	**993,916**
10	509	30018	00000	**Travel**	4	236	401	400	480
10	509	30026	00000	**Court Expenditures**	8,470	10,794	5,789	13,000	13,000
10	509	30041	00000	**Telecommunications**	106	-	-	100	-
10	509	30056	00000	**Data Processing**	25,000	25,000	25,000	25,000	25,000
10	509	30059	00000	**Copier Click Charges**	5,829	4,911	6,669	5,500	6,000
10	509	30071	00000	**Rent**	1,482	15,840	25,740	23,760	23,760
10	509	30080	00000	**Dues: Organizations**	785	410	330	635	700
10	509	30084	00000	**Staff Development**	3,444	5,035	4,572	5,000	6,000
10	509	33022	00000	**Building/Grounds Maintenance**	1,310	7,791	6,514	9,000	8,000
10	509	34042	00000	**Gas and Fuel Oil - Walhalla**	858	1,834	1,508	1,800	1,750
10	509	34043	00000	**Electricity**	10,408	11,230	15,958	12,000	14,000
10	509	34044	00000	**Water/Sewer/Garbage - Seneca**	721	7,531	873	1,000	1,100
10	509	40031	00000	**Small Equipment**	2,312	634	1,676	2,000	2,000
10	509	40032	00000	**Operational**	7,183	5,568	5,790	5,500	6,000
10	509	40034	00000	**Food**	106	74	57	500	100
10	509	40045	00000	**IT Replacement Equipment/Software**	3,828	927	1,536	3,500	3,500
10	509	80509	00000	**Vehicle Maintenance**	669	1,182	1,278	1,500	1,500
10	509	81509	00000	**Gasoline**	1,639	1,308	1,027	1,500	1,500
				Expenditure Total	**74,154**	**100,305**	**104,718**	**111,695**	**114,390**
				Department Total	**845,301**	**920,479**	**1,027,949**	**1,125,205**	**1,108,306**

Direct Revenue

					FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
10	80	805	16001	Magistrate Fines	255,207	316,815	320,534	320,000	350,000
10	80	805	16002	Magistrate Court Fees	2,729	307	41	1,500	1,800
10	80	805	16003	Magistrate Civil Paper Fees	84,196	91,163	93,174	93,500	100,000
10	80	805	16004	25% Boating Fines Retained	1,192	1,145	1,533	1,500	1,600
10	80	805	16016	Liter Fines (90% GF)	559	1,476	765	1,500	1,500
10	80	805	16030	Magistrate Collection Cost	2,660	2,826	2,842	2,800	3,000
				Departmental Total Direct Revenue	**346,543**	**413,732**	**418,889**	**420,800**	**350,000**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
General Fund Full Time Employees	9	9	10	10	10
Part-Time Employees	2	2	2	2	2
	11	**11**	**12**	**12**	**12**

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Oconee County, South Carolina
Non-Departmental (709)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	709	20014	00000	**Retirement Refunds**	-	-	(750,157)	-	-
10	709	20015	00000	**Workers Compensation**	-	(104,472)	-	-	-
10	709	20016	00000	**Health Insurance - Overage**	2,512,552	2,061,191	1,622,368	-	-
10	709	20029	00000	**Retiree Health Stipend**	190,890	204,925	214,576	200,000	216,500
10	709	20032	00000	**Pori Fee**	3,055	3,040	3,183	4,000	3,500
10	709	30025	00000	**Professional**	150,015	8,482		-	-
10	709	30025	00025	**Professional Quarterly Shred**	-	-	-	-	-
10	709	30025	00017	**Health Clinic at Pine Street**	26,658	51,984	64,844	50,000	50,000
10	709	30025	00724	**Courthouse Demo**	-	-	12,444	-	-
10	709	30025	20265	**Westminster Water Infras**			3,391	-	-
10	709	30025	20266	**Salem Water Infras**			20,274	-	-
10	709	30025	20267	**Walhalla Water Infras**			23,705	-	-
10	709	30025	20267	**Seneca Creek Project**			10,952	-	-
10	709	30025	20610	**Professional - XXXX**			122,022	-	-
10	709	30037	00000	**Mail Machine**	339	4,881	684	5,000	5,000
10	709	30041	00000	**Telecommunications**	143,094	155,447	135,548	150,000	140,000
10	709	30041	00000	**Communications**	-	-	-	-	150,000
10	709	30056	00000	**Data Processing**	205,619	183,126	274,909	230,000	230,000
10	709	30066	00000	**P & L Insurance**	1,109,544	1,213,171	1,258,773	1,200,000	1,400,000
10	709	30068	00000	**Advertising**	214,133	227,260	223,080	215,000	225,000
10	709	30780	00000	**Unemployment**	-	3,595	15,518	5,000	5,000
10	709	40031	00000	**Non Capital Equipment**	143	62	-	-	-
10	709	40032	00019	**Community Safety**	20,907	64,511	38,217	50,000	30,000
10	709	40032	00000	**Operational**	327	403	772	-	-
10	709	40033	00000	**Postage**	81,138	92,439	90,410	110,000	140,000
10	709	XXXXX	00190	**Covid 19**	19,043	-	-	-	-
10	709	XXXXX	00191	**Tornado**	-	-	-	-	-
10	709	XXXXX	00192	**Flood Event**	8,800	2,520	-	-	-
					4,686,257	**4,172,565**	**3,385,513**	**2,219,000**	**2,595,000**
				Debt Service					
10	709	55100	02015	**2015 Lease-Principal Payoff 10/01/2020 $4,200,000 Last Payment FY 20/21 10/01/2020 $866,278.65**	**Paid Off in FY 2020-2021**				
10	709	55200	02015	**2015 Lease-Interest Payoff 10/01/2020 $4,200,000**					
10	709	55100	02018	**Principal Payment - 2018 BB&T Capital Lease Last Payment FY 23/24 06/01/2024 $365,000**	61,618	63,528	66,814	-	-
10	709	55200	02018	**Interest Payment - 2018 BB&T Capital Lease Purchase**	5,910	4,000	715	-	-
10	709	55300	02018	**Issuance Cost - 2018 Capital Lease Purchase**		-	-	-	-
10	709	55100	02019	**2019 Lease - Principal BB&T Last Payment 11/22/2024 2.2M**	431,247	439,829	448,582	457,509	-
10	709	55200	02019	**2019 Lease - Interest BB&T**	35,366	26,784	18,031	9,104	-
10	709	55300	02019	**Issuance Cost - 2019 Capital Lease Purchase**		-	-	-	-

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Oconee County, South Carolina
Non-Departmental (709)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	709	55100	02020	2020 Lease - Principal JCI - TD Equip Finance - Pay off 01/01/2036	157,357	158,572	165,248	192,499	200,580
10	709	55200	02020	2020 Lease - Interest - TD Equip Finance	47,044	49,861	47,338	44,708	41,644
10	709	55300	02020	2020 Lease - Issuance Cost	-	-	-	-	-
Moved to Unincorporated Fire Fund 020				2022 Cap Lease SCBAs - Principal	-	273,526	261,602	-	-
				2022 Cap Lease SCBAs Interest	-	15,166	27,090	-	-
				GASB Lease Principal	147,754				
				Expenditure Total	886,296	1,031,266	1,035,420	703,820	242,224
				Department Total	5,572,553	5,203,831	4,420,933	2,922,820	2,837,224

Direct Revenue	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
Departmental Total Direct Revenue	-	-	-	-	-

Positions	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	-	-	-	-	-

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Oconee County, South Carolina
Parks, Recreation, and Tourism (202)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	202	10110	00000	**Salary and Wages**	171,860	171,238	249,940	398,542	241,177
10	202	10710	00000	**Overtime**	43	200	1,426	-	750
10	202	20013	00000	**Social Security**	12,038	12,492	17,255	30,488	18,450
10	202	20014	00000	**Retirement**	28,462	34,978	46,237	73,969	44,762
10	202	20015	00000	**Workers Compensation**	10,450	8,157	4,629	11,576	4,246
10	202	20016	00000	**Health Insurance**	45,695	56,669	39,268	54,834	27,417
10	202	20027	00000	**Dental**	2,750	3,850	2,750	3,300	1,650
10	202	20028	00000	**Vision**	500	700	500	600	300
				Salary and Wage Totals	**271,798**	**288,284**	**362,005**	**573,309**	**338,752**
10	202	30025	00000	**Professional**	-	871	-	-	-
10	202	30059	00000	**Copier Click Charges**	1,253	1,406	1,589	1,500	1,500
10	202	30080	00000	**Dues: Organizations**	1,361	1,463	2,090	1,780	2,700
10	202	30084	00000	**Staff Development**	8,776	7,233	6,648	8,500	8,500
10	202	30090	00000	**Commission Honoraria**	700	700	700	700	700
10	202	30901	00000	**Recreation - District 1**	30,000	50,000	50,000	50,000	50,000
10	202	30902	00000	**Recreation - District 2**	30,000	50,000	50,000	50,000	50,000
10	202	30903	00000	**Recreation - District 3**	30,000	50,000	50,000	50,000	50,000
10	202	30904	00000	**Recreation - District 4**	30,000	50,000	50,000	50,000	50,000
10	202	30905	00000	**Recreation - District 5**	30,000	50,000	50,000	50,000	50,000
10	202	34042	00000	**Gas & Fuel Oil**	-	428	-	-	-
10	202	34043	62051	**Electricity - Fairplay Rec Area**	959	904	966	1,200	1,200
10	202	34043	62052	**Electricity - Lawrence Br. Rec Area**	746	876	616	1,000	1,000
10	202	34043	62053	**Electricity - Mullins Ford Landing**	1,369	1,169	597	1,200	1,200
10	202	34043	62058	**Electricity-Friendship Rec Area**	2,677	2,008	300	2,200	2,200
10	202	34043	62061	**Electricity - Seneca Creek**	-	-	5,812	-	6,000
10	202	34044	62051	**Water/Sewer - Fairplay Rec Area**	457	459	419	600	600
10	202	34044	62052	**Water/Sewer-Lawrence Bridge Rec**	365	342	335	500	500
10	202	34044	62058	**Water/Sewer-Friendship Rec Area**	451	436	454	500	500
10	202	34044	62060	**Water/Sewer/Garbage-Conneross Creek**	-	455	513	600	600
10	202	40027	00000	**Safety Equipment**	4,533	3,574	4,110	3,500	3,500
10	202	40031	00000	**Small Equipment**	454	2,507	1,546	1,000	1,000
10	202	40032	00000	**Operational**	1,676	3,364	2,935	3,500	3,500
10	202	40034	00000	**Food**	194	104	-	200	200
10	202	40045	00000	**IT Replacement Eq**	-	251	-	-	-
10	202	40065	00000	**Uniforms/Clothing**	360	325	531	800	800
10	202	60735	00000	**General Gravel Use**	3,226	3,279	784	4,000	4,000
10	202	80202	00000	**Vehicle Maintenance**	18,056	27,403	29,304	22,000	22,000
10	202	81202	00000	**Gasoline**	24,930	27,890	25,578	25,000	25,000
10	202	82202	00000	**Diesel**	1,010	1,957	1,991	1,500	1,500
10	202	95100	20221	**Visit Oconee**	85,000	75,000	75,000	72,500	-
10	202	95100	20223	**Foothills YMCA**	2,500	2,500	2,500	-	-
10	202	95100	20228	**Oconee Heritage Center Museum**	38,000	7,620	10,000	10,000	10,000
				Expenditure Total	**349,053**	**424,524**	**425,318**	**414,280**	**348,700**
				Department Total	**620,851**	**712,808**	**787,323**	**987,589**	**687,452**

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Oconee County, South Carolina
Parks, Recreation, and Tourism (202)
2025-2026 Budget

Account Number	Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
Direct Revenue		**FY 2022 Actual**	**FY 2023 Actual**	**FY 2024 Actual**	**FY 2025 Budget**	**FY 2026 Budget**
	Departmental Total Direct Revenue	**-**	**-**	**-**	**-**	**-**
Positions						
		FY 2022	**FY 2023**	**FY 2024**	**FY 2025**	**FY 2026**
	General Fund Employees	3	3	4	3	3
	General Fund CVB - Reimb Employees	2	2	3	3	3
	LAT Fund 235 Employees	2	2	2	2	2
		7	**7**	**9**	**8**	**8**

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Oconee County, South Carolina
Planning Department (712)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	712	10110	00000	**Salary and Wages**	176,748	206,044	224,543	264,555	269,041
10	712	10710	00000	**Overtime**	44	3,184	22,536	2,500	20,000
10	712	20013	00000	**Social Security**	12,950	15,879	18,442	20,468	22,112
10	712	20014	00000	**Retirement**	28,349	38,912	44,728	49,658	53,646
10	712	20015	00000	**Workers Compensation**	5,810	6,210	2,128	7,799	6,438
10	712	20016	00000	**Health Insurance**	36,556	36,556	45,695	45,695	45,695
10	712	20027	00000	**Dental**	2,200	2,200	3,750	2,750	2,750
10	712	20028	00000	**Vision**	400	400	500	500	500
				Salary and Wage Totals	**263,057**	**309,385**	**362,322**	**393,925**	**420,182**
10	712	40034	00000	**Travel**	254	448	968	500	700
10	712	30025	00000	**Professional**	14,542	-	22,578	20,000	20,000
10	712	30056	00000	**Data Processing**	1,212	-	-	-	-
10	712	30059	00000	**Copies**	1,029	956	856	1,250	1,000
10	712	30080	00000	**Dues: Organizations**	326	442	591	750	750
10	712	30084	00000	**Staff Development**	4,279	6,409	5,910	6,000	6,000
10	712	30090	00000	**Commission Honoraria**	3,375	3,875	4,300	4,500	4,500
10	712	40027	00000	**Safety Equipment**	1,132	1,124	850	1,000	1,000
10	712	40031	00000	**Non-Cap Equipment**	10,896	135	2,385	2,500	2,000
10	712	40032	00000	**Operational**	2,408	1,554	2,794	3,000	3,000
10	712	40034	00000	**Food**	54	55	-	200	100
10	712	40045	00000	**IT Replacement Equipment/Software**	1,452	-	295	2,000	1,000
10	712	40065	00000	**Clothing/Uniforms**	323	-	1,701	500	750
10	712	80712	00000	**Vehicle Maintenance**	1,356	961	2,149	1,500	1,500
10	712	81712	00000	**Gasoline**	3,909	3,559	3,998	4,500	4,500
				Expenditure Total	**46,547**	**19,518**	**49,375**	**48,200**	**46,800**
				Department Total	**309,604**	**328,903**	**411,697**	**442,125**	**466,982**

Direct Revenue

					FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
10	80	805	13724	Land Use Appeals - Planning	4,250	3,500	7,675	7,000	7,275
10	80	805	13724	Planning Document	6,378	-	-	-	-
10	80	805	10370	Communication Tower Fees	53,000	25,000	12,000	25,000	25,000
10	80	805	13753	Zoning Permit Fees	28,850	30,775	28,500	28,000	27,000
				Departmental Total Direct Revenue	**92,478**	**59,275**	**48,175**	**60,000**	**59,275**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	4	4	5	5	5
Intern	-	1	1	1	1
	4	**5**	**6**	**6**	**6**

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Oconee County, South Carolina
Probate Court (502)
2025-2026 Budget

Account Number	Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10 502 10110 00000	Salary and Wages	187,279	229,898	264,802	270,392	283,408
10 502 10710 00000	Overtime	90	120	139	500	200
10 502 20013 00000	Social Security	13,690	17,187	19,062	20,723	21,696
10 502 20014 00000	Retirement	31,930	41,216	49,104	50,278	52,638
10 502 20015 00000	Workers Compensation	3,098	4,353	3,286	3,298	2,629
10 502 20016 00000	Health Insurance	45,695	45,695	45,695	45,695	45,695
10 502 20027 00000	Dental	2,750	2,750	2,750	2,750	2,750
10 502 20028 00000	Vision	500	500	500	500	500
	Salary and Wage Totals	**285,032**	**341,719**	**385,338**	**394,136**	**409,516**
10 502 30018 00000	travel		**367**	910	500	500
10 502 30024 00000	Equipment Maintenance	3,000	350	-	2,400	-
10 502 30025 00000	Professional	38,197	43,381	33,189	35,000	33,000
10 502 30025 00000	Professional - Scanning of 1983 to 2014 Estate File					15,500
10 502 30026 00000	Court Expenditures	4,837	10,266	5,437	10,000	10,000
10 502 30059 00000	Copier Click Charges	3,955	3,936	4,274	4,000	4,000
10 502 30080 00000	Dues: Organizations	382	644	1,015	1,500	1,200
10 502 30084 00000	Staff Development	3,047	5,290	5,677	6,000	7,000
10 502 40031 00000	Small Equipment	1,288	9,341	4,489	2,500	2,000
10 502 40032 00000	Operational	6,299	6,136	6,079	10,000	9,000
10 502 40034 00000	Food	40	565	203	600	500
10 502 40045 00000	IT Replacement Equipment/Software	1,909	1,315	926	1,500	1,000
10 502 40065 00000	Clothing/Uniforms	-	675	813	-	750
10 502 80502 00000	Vehicle Maintenance Probate	119	906	311	800	500
10 502 81502 00000	Gasoline Probate Court	211	1,024	1,762	1,750	1,750
	Expenditure Total	**63,284**	**84,196**	**65,085**	**76,550**	**86,700**
	Department Total	**348,316**	**425,915**	**450,423**	**470,686**	**496,216**

Direct Revenue						
		FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
10 080 00805 12301	Probate Judge Estates	197,607	131,770	149,670	155,000	200,000
10 080 00805 12302	Probate Judge Advertising	140,144	158,100	136,509	150,000	136,000
10 080 00805 12304	Probate Judge Marriage Licenses	9,085	19,852	19,338	21,000	21,000
10 080 00805 12305	Probate Judge Returns	360	120	302	160	200
10 080 00805 12306	Miscellaneous - Probate Judge	29,992	40,451	72,308	56,000	36,000
10 080 00805 12307	Probate Judge Marriage Certificates	6,417	6,139	7,143	6,500	7,250
10 080 00805 12308	Probate Judge Marriage Ceremony	4,292	4,465	6,857	8,000	8,000
10 080 00805 22300	Probate Judge Supplement	1,575	15,000	15,000	15,000	15,000
	Departmental Total Direct Revenue	**389,472**	**375,897**	**407,127**	**411,660**	**423,450**

Positions					
	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	5	5	5	5	5

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Oconee County, South Carolina
Procurement (713)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	713	10110	00000	**Salary and Wages**	113,783	147,848	148,541	177,126	190,387
10	713	10710	00000	**Overtime**	55	-	71	-	-
10	713	20013	00000	**Social Security**	8,144	10,388	10,228	13,550	14,565
10	713	20014	00000	**Retirement**	18,709	26,457	27,736	32,875	35,336
10	713	20015	00000	**Workers Compensation**	471	499	132	582	478
10	713	20016	00000	**Health Insurance**	18,278	27,417	27,417	27,417	27,417
10	713	20027	00000	**Dental**	1,100	1,650	1,650	1,650	1,650
10	713	20028	00000	**Vision**	200	300	300	300	300
				Salary and Wage Totals	**160,740**	**214,559**	**216,075**	**253,500**	**270,133**
10	713	30018	00000	**Travel**	236	452	889	600	600
10	713	30056	00000	**Data Processing**	12,384	15,501	16,744	17,000	17,000
10	713	30059	00000	**Copier Click Charges**	1,626	1,625	1,715	1,800	2,000
10	713	30080	00000	**Dues: Organizations**	1,737	1,922	1,882	2,025	2,250
10	713	30084	00000	**Staff Development**	2,143	1,959	4,176	4,000	5,000
10	713	40031	00000	**Small Equipment**	7,112	1,810	1,332	1,000	1,000
10	713	40032	00000	**Operational**	913	1,410	2,281	2,500	2,500
10	713	40034	00000	**Food**	-	103	57	-	100
10	713	40045	00000	**IT Replacement Equipment/Software**	-	1,607	-	1,500	1,500
10	713	40065	00000	**Clothing/Uniforms**		265	751	500	500
10	713	40102	00000	**Subscription**	150	160	160	190	175
				Expenditure Total	**26,301**	**26,814**	**29,987**	**31,115**	**32,625**
				Department Total	**187,041**	**241,373**	**246,062**	**284,615**	**302,758**

Direct Revenue	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
Departmental Total Direct Revenue	**-**	**-**	**-**	**-**	**-**

Positions	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	2	3	3	3	3
	2	**3**	**3**	**3**	**3**

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Oconee County, South Carolina
Public Defender (510)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	510	95100	20204	**Oconee County Public Defender**	250,000	250,000	275,000	275,000	275,000
				Department Total	**250,000**	**250,000**	**275,000**	**275,000**	**275,000**

Direct Revenue					
	FY 2022 Actual	**FY 2023 Actual**	**FY 2024 Actual**	**FY 2025 Budget**	**FY 2026**
Departmental Total Direct Revenue	**-**	**-**	**-**	**-**	**-**

Positions					
	FY 2022	**FY 2023**	**FY 2024**	**FY 2025**	**FY 2026**
Total Full Time Employees	-	-	-	-	-

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Oconee County, South Carolina
Register of Deeds (735)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
010	735	10110	00000	**Salary and Wages**	173,968	173,436	203,025	204,083	216,187
010	735	10710	00000	**Overtime**	135	169	181	500	500
010	735	20013	00000	**Social Security**	12,225	12,858	14,645	15,677	16,577
010	735	20014	00000	**Retirement**	28,662	31,455	37,640	38,036	40,217
010	735	20015	00000	**Workers Compensation**	732	594	212	673	544
010	735	20016	00000	**Health Insurance**	36,556	36,556	36,556	36,556	36,556
010	735	20027	00000	**Dental**	2,200	2,200	2,200	2,200	2,200
010	735	20028	00000	**Vision**	400	400	400	400	400
				Salary and Wage Totals	**254,878**	**257,668**	**294,859**	**298,125**	**313,181**
010	735	30024	00000	**Equipment Maintenance**	270	2,344	2,344	2,350	2,350
010	735	30056	00000	**Data Processing**	50,164	49,746	45,596	53,500	68,500
010	735	30059	00000	**Copier Click Charges**	1,898	1,900	3,146	2,500	2,500
010	735	30080	00000	**Dues: Organizations**	235	235	260	300	300
010	735	30084	00000	**Staff Development**	-	-	90	500	500
010	735	40031	00000	**Small Equipment**	18,003	2,151	1,257	1,500	7,500
010	735	40032	00000	**Operational**	2,776	23,935	4,004	10,000	10,000
				Expenditure Total	**73,346**	**80,311**	**56,697**	**70,650**	**91,650**
				Department Total	**328,224**	**337,979**	**351,556**	**368,775**	**404,831**

Direct Revenue

					FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
010	080	00805	14100	Register of Deeds	1,734,133	1,372,839	1,748,253	1,850,000	1,600,000
10	80	805	11902	3% State Document Fee	96,778	73,294	71,266	70,000	74,000
010	081	00810	21400	Register of Deeds Supplemental Salary	1,575	1,575	15,000	15,000	15,000
				Departmental Total Direct Revenue	**1,832,486**	**1,447,708**	**1,834,519**	**1,935,000**	**1,689,000**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	4	4	4	4	4
	4	**4**	**4**	**4**	**4**

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Oconee County, South Carolina
Roads and Bridges (601)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	601	10110	00000	**Salary and Wages**	1,277,508	1,295,788	1,274,180	1,363,926	1,859,847
10	601	10710	00000	**Overtime**	46,389	32,458	48,178	40,000	50,000
10	601	20013	00000	**Social Security**	96,474	101,205	97,829	131,880	146,103
10	601	20014	00000	**Retirement**	217,463	238,313	244,917	319,961	354,468
10	601	20015	00000	**Workers Compensation**	137,780	113,740	40,882	140,716	119,121
10	601	20016	00000	**Health Insurance**	329,004	329,004	329,004	338,143	329,004
10	601	20027	00000	**Dental**	19,800	19,800	19,800	20,350	19,800
10	601	20028	00000	**Vision**	3,600	3,600	3,600	3,700	3,600
				Salary and Wage Totals	**2,128,018**	**2,133,908**	**2,058,390**	**2,358,676**	**2,881,943**
10	601	30018	00000	**Travel**	-	-	201	-	-
10	601	30024	00000	**Equipment Maintenance**	1,973	4,159	2,037	4,250	3,000
10	601	30025	00000	**Professional**	3,187	7,500	8,459	7,000	8,300
10	601	30037	00000	**Equipment Rental (Crusher & Screen)**	2,353	-	-	-	-
10	601	30056	00000	**Data Processing**	1,232	1,233	1,372	1,700	1,700
10	601	30059	00000	**Copier Click Charges**	1,355	1,137	1,320	2,000	1,500
10	601	30080	00000	**Dues: Organizations**	232	239	-	1,000	1,000
10	601	30084	00000	**Staff Development**	2,000	1,954	7,131	3,500	3,500
10	601	30091	00000	**Special Departmental Supplies**	2,499	9,686	10,152	2,000	2,000
10	601	33022	00000	**Building/Grounds Maintenance**	4,409	3,635	2,224	4,000	3,500
10	601	34042	00000	**Gas and Fuel Oil**	2,870	3,660	2,580	4,000	3,000
10	601	34043	00000	**Electricity**	11,380	10,500	11,557	12,000	12,000
10	601	34044	00000	**Water/Sewer/Garbage**	3,067	2,392	2,676	3,200	3,000
10	601	40027	00000	**Safety Equipment**	12,368	10,072	7,401	14,000	10,000
10	601	40031	00000	**Small Equipment**	8,204	9,825	11,398	15,000	10,000
10	601	40032	00000	**Operational**	1,471	2,509	5,227	3,500	3,500
10	601	40034	00000	**Food**	2,433	3,281	3,541	3,500	3,500
10	601	40065	00000	**Uniforms/Clothing**	9,896	14,225	14,147	16,000	14,000
10	601	80601	00000	**Vehicle Maintenance**	201,486	325,623	310,661	300,000	300,000
10	601	81601	00000	**Gasoline**	45,708	39,453	42,904	47,000	47,000
10	601	82601	00000	**Diesel**	133,298	155,383	141,519	155,000	155,000
				Expenditure Total	**451,421**	**606,466**	**586,507**	**598,650**	**585,500**
				Department Total	**2,579,439**	**2,740,374**	**2,644,897**	**2,957,326**	**3,467,443**

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Oconee County, South Carolina

Roads and Bridges (601)

2025-2026 Budget

Account Number	Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
Direct Revenue						
		FY 2022 Actual	**FY 2023 Actual**	**FY 2024 Actual**	**FY 2025 Budget**	**FY 2026 Budget**
10 80 805 10601	Encroachment Fees - Roads and Bridges	24,642	31,748	26,341	35,000	39,000
10 80 805 60003	Storm Water Assistance Fund	8,463	7,077	7,324	7,000	14,000
10 80 805 60105	Sign Fees - Roads and Bridges	3,043	2,541	1,703	2,500	2,000
	Departmental Total Direct Revenue	**36,148**	**41,366**	**35,368**	**44,500**	**55,000**
Positions						
		FY 2022	**FY 2023**	**FY 2024**	**FY 2025**	**FY 2026**
	General Fund Full Time Employees	37	37	37	37	36
	April 29th, 2025 Designated Funding					**715,000**

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Oconee County, South Carolina
Sheriff (101)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	101	10110	00000	**Salary and Wages**	5,359,727	5,769,580	6,608,565	6,638,366	7,223,017
10	101	10710	00000	**Overtime**	332,688	328,586	379,179	300,000	350,000
10	101	20013	00000	**Social Security**	416,514	469,857	526,389	560,620	579,336
10	101	20014	00000	**Retirement**	1,080,941	1,283,898	1,501,222	1,547,972	1,599,776
10	101	20015	00000	**Workers Compensation**	251,719	220,511	135,491	258,094	203,928
10	101	20016	00000	**Health Insurance**	1,033,836	1,149,229	1,149,229	1,105,819	1,105,819
10	101	20027	00000	**Dental**	62,150	69,163	69,163	66,550	66,550
10	101	20028	00000	**Vision**	11,300	12,575	12,575	12,100	12,100
10	120	10120	00000	**Bailiffs**	44,371	48,388	48,388	60,000	60,000
10	101	10110	00000	**Extra Duty Pay**	109,363	173,086	173,086	150,000	150,000
				Salary and Wage Totals	**8,702,609**	**9,524,873**	**10,603,287**	**10,699,521**	**11,350,526**
10	101	30018	00000	**Travel**	(6,422)	688	238	-	-
10	101	30024	00000	**Equipment Maintenance**	3,448	6,454	6,230	9,500	7,500
10	101	30025	00000	**Professional**	99,966	117,674	122,496	130,000	120,000
10	101	30025	00260	**Professional K9**	-	-	-	28,800	20,000
10	101	30056	00000	**Data Processing**	85,322	80,241	136,336	215,000	260,000
10	101	30059	00000	**Copier Click Charges**	11,403	11,252	11,492	11,000	11,000
10	101	30062	00000	**Medical**	3,410	5,265	6,552	7,500	7,500
10	101	30080	00000	**Dues: Organizations**	6,416	6,911	6,748	7,500	12,500
10	101	30084	00000	**Staff Development**	39,232	40,544	40,741	50,000	50,000
10	101	33022	00260	**Maint. Bldg/Grds-Sheriffs Dept Fire**	2,260	-	-	-	-
10	101	34043	00000	**Electricity**	4,057	3,694	4,435	4,200	5,000
10	101	34044	00000	**Water/Sewer/Garbage**	501	463	446	600	600
10	101	40031	00000	**Small Equipment**	44,780	53,131	86,484	65,000	75,000
10	101	40031	00260	**Non-Cap Equipment**	-	-	-	-	-
10	101	40032	00000	**Operational**	41,391	42,891	42,901	50,000	45,000
10	101	40033	00000	**Postage**	621	584	198	600	300
10	101	40034	00000	**Food**	2,234	1,974	3,466	4,000	4,000
10	101	40045	00000	**IT Replacement**	26,016	26,794	31,188	35,000	32,000
10	101	40065	00000	**Uniforms/Clothing**	138,745	106,293	72,145	112,000	110,000
10	101	40065	00004	**Clothing for Plain Clothes Officers**	27,073	26,939	27,760	27,900	27,900
10	101	40353	00000	**Firing Range**	60,052	67,381	111,233	90,000	100,000
10	101	40354	00000	**Sub-Station**	1,939	17,367	1,137	3,000	2,000
10	101	60402	00155	**DSS Child Support (Federal)**	4,537	3,010	2,740	-	-
10	101	60444	00000	**Helicopter Maint - Change to Unmanned Air Maint**	8,586	6,966	15,546	8,500	7,500
10	101	60735	00000	**General Gravel Use**	-	291	603	-	-
10	101	80101	00000	**Vehicle Maintenance**	277,328	344,199	388,092	330,000	390,000
10	101	81101	00000	**Gasoline**	466,681	443,314	443,061	450,000	435,000
10	101	82101	00000	**Diesel**	645	399	229	750	250
				Expenditure Totals	**1,350,221**	**1,414,719**	**1,562,497**	**1,640,850**	**1,723,050**
				Department Total	**10,052,830**	**10,939,592**	**12,165,784**	**12,340,371**	**13,073,576**

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Oconee County, South Carolina
Sheriff (101)
2025-2026 Budget

Direct Revenue									
					FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
10	80	805	900	Sheriff-Voluntary Extra Duty Pay	142,980	176,512	229,652	185,000	287,000
10	80	805	10400	Sheriff Civil Fees	7,585	7,435	9,545	8,500	9,750
10	80	805	10401	Miscellaneous - Sheriff	23,787	2,714	2,293	7,000	3,000
10	80	805	16024	Litter Fine In Lieu of Pickup	480	480	360	250	400
10	81	810	20400	Sheriff Supplement	1,575	15,000	15,000	15,000	15,000
10	81	810	60460	Resource Officer Reimbursement	547,458	594,975	698,074	886,696	895,000
10	82	830	25600	Process	8,976	-	6,815	9,500	9,000
				Departmental Total Direct Revenue	**732,841**	**797,116**	**961,739**	**1,111,946**	**1,219,150**

Positions	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
General Fund Officers	89	94	94	94	94
School Resources Officers - School District Funded	11	11	11	11	11
School Resources Officers - County Funded	6	6	6	6	6
General Fund General Staff	9	9	9	9	9
School Resources Officers - Grant Funded	1	1	1	1	1
Victims Services Employees Fund 210	2	2	2	2	2
Bailiffs Employees	1	1	1	0	0
Part-Time Employees	8	8	8	8	8
Total Positions	**127**	**132**	**132**	**131**	**131**

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Oconee County, South Carolina
Soil and Water Conservation District (716)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	716	10110	00000	**Salary and Wages**	28,487	35,570	37,955	39,465	41,172
10	716	10710	00000	**Overtime**	625	861	755	500	500
10	716	20013	00000	**Social Security**	2,618	2,724	2,926	3,080	3,188
10	716	20014	00000	**Retirement**	5,870	6,533	7,176	7,473	7,734
10	716	20015	00000	**Workers Compensation**	1,150	1,003	124	1,174	1,215
10	716	20016	00000	**Health Insurance**	9,139	9,139	9,139	9,139	9,139
10	716	20027	00000	**Dental**	550	550	550	550	550
10	716	20028	00000	**Vision**	100	100	100	100	100
				Salary and Wage Totals	**48,539**	**56,480**	**58,725**	**61,481**	**63,598**
10	716	30066	00000	**Insurance**	2,375	2,375	2,375	2,500	2,500
10	716	33022	00000	**Building/Grounds Maintenance**	5,594	12,100	12,900	17,500	17,500
10	716	34042	00000	**Gas and Fuel Oil - USDA Building**	1,529	1,713	1,522	1,800	1,800
10	716	34043	00000	**Electricity - USDA Building**	4,060	4,044	5,070	5,000	6,000
10	716	34044	00000	**Water/Sewer/Garbage**	876	1,349	1,170	1,500	2,000
10	716	95100	20200	**Coop. Extension Service**	12,238	12,838	12,838	12,838	12,838
				Expenditure Total	**26,672**	**34,419**	**35,875**	**41,138**	**42,638**
				Department Total	**75,211**	**90,899**	**94,600**	**102,619**	**106,236**

Direct Revenue

					FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
10	80	805	20800	**Soil and Water**	6,139	6,139	6,139	6,139	6,139
				Departmental Total Direct Revenue	**6,139**	**6,139**	**6,139**	**6,139**	**6,139**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	1	1	1	1	1
	1	**1**	**1**	**1**	**1**

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Oconee County, South Carolina
Solicitor (504)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	504	10110	00000	**Salary and Wages**	506,782	570,045	620,324	754,115	782,445
10	504	20013	00000	**Social Security**	37,273	40,532	44,174	57,690	59,857
10	504	20014	00000	**Retirement**	88,101	100,658	118,706	144,809	150,159
10	504	20015	00000	**Workers Compensation**	8,758	9,638	7,040	8,880	7,717
10	504	20016	00000	**Health Insurance**	109,668	107,233	109,668	109,668	109,668
10	504	20027	00000	**Dental**	6,600	6,600	6,600	6,600	6,600
10	504	20028	00000	**Vision**	1,200	1,200	1,200	1,200	1,200
				Salary and Wage Totals	**758,382**	**835,906**	**907,712**	**1,082,962**	**1,117,646**
10	504	80504	00000	**Vehicle Maintenance**	157	784	32	750	1,000
10	504	81504	00000	**Gasoline**	3,256	3,027	3,356	3,000	3,000
				Expenditure Total	**3,413**	**3,811**	**3,388**	**3,750**	**4,000**
				Department Total	**761,795**	**839,717**	**911,100**	**1,086,712**	**1,121,646**

Direct Revenue

					FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
10	80	805	10504	**Worthless Checks**	2,050	2,009	1,845	2,000	1,800
10	80	805	16006	**Solicitor's Traffic Education**	153	573	153	500	200
				Departmental Total Direct Revenue	**2,203**	**2,582**	**1,998**	**2,500**	**2,000**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
General Fund Employees	10	10	10	10	10
General Fund Employees - Reimbursed from Anderson County	2	2	2	2	2
215 Fund Victim Services Coordinator	1	1	1	1	1
	13	**13**	**13**	**13**	**13**

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Oconee County, South Carolina
Solid Waste (718)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	718	10110	00000	**Salary and Wages**	1,105,562	1,149,053	1,377,839	1,348,223	1,688,745
10	718	10710	00000	**Overtime**	79,540	153,803	153,903	80,000	125,000
10	718	20013	00000	**Social Security**	84,891	97,445	111,378	116,909	138,751
10	718	20014	00000	**Retirement**	194,905	234,864	282,745	283,638	336,631
10	718	20015	00000	**Workers Compensation**	96,969	83,488	65,933	98,078	92,675
10	718	20016	00000	**Health Insurance**	329,004	329,004	329,004	338,143	338,143
10	718	20027	00000	**Dental**	19,800	19,800	19,800	20,350	20,350
10	718	20028	00000	**Vision**	3,600	3,600	3,600	3,700	3,700
				Salary and Wage Totals	**1,914,271**	**2,071,057**	**2,344,202**	**2,289,041**	**2,743,995**
10	718	30018	00000	**Travel**	-	705	-	-	-
10	718	30024	00000	**Equipment Maintenance**	37,950	59,573	57,222	57,000	62,000
10	718	30025	00000	**Professional**	327,117	444,878	420,686	600,000	615,000
10	718	30037	00000	**Equipment Rental**	53,626	99,532	43,906	20,000	40,000
10	718	30059	00000	**Copier Click Charges**	1,545	1,569	1,351	1,600	1,650
10	718	30080	00000	**Dues: Organizations**	223	245	245	500	500
10	718	30084	00000	**Staff Development**	530	2,567	700	4,000	4,000
10	718	30091	00000	**Special Departmental Supplies**	-	-	1,930	2,500	2,500
10	718	33022	00000	**Building/Grounds Maintenance**	24,642	64,646	45,944	47,000	65,000
10	718	34043	00000	**Electricity**	53,384	54,842	67,283	55,500	60,000
10	718	34044	00000	**Water/Sewer/Garbage**	10,588	11,266	11,993	11,500	11,500
10	718	40027	00000	**Safety Equipment**	8,835	9,387	9,242	11,000	15,000
10	718	40031	00000	**Small Equipment**	11,762	13,390	8,053	15,000	25,000
10	718	40032	00000	**Operational**	14,292	37,300	27,685	36,000	38,000
10	718	40033	00000	**Postage**	233	183	134	200	225
10	718	40034	00000	**Food**	562	2,046	2,035	1,500	3,500
10	718	40045	00000	**IT Replacement Equipment/Software**	2,205	1,515	-	-	4,500
10	718	40065	00000	**Uniforms/Clothing**	6,255	11,960	11,362	12,000	17,500
10	718	60005	00000	**Testing Wells**	66,704	196,488	83,404	145,000	150,000
10	718	60007	00000	**Tipping Fees/MSW Disposal**	2,010,491	1,933,239	2,502,508	2,700,000	2,700,000
10	718	60008	00000	**Impact Fees for Tires**	75,698	60,038	76,989	90,000	90,000
10	718	60014	00000	**Fuel Surcharge Fees**	-	-	1,812		-
10	718	60055	00000	**Credit Application Fee**	1,227	2,597	1,613	-	-
10	718	60735	00000	**General Gravel Use**	26,585	19,821	15,901	10,000	15,000
10	718	80718	00000	**Vehicle Maintenance**	228,731	456,191	356,424	240,000	275,000
10	718	81718	00000	**Gasoline**	11,724	11,972	11,198	12,000	12,500
10	718	82718	00000	**Diesel**	196,915	190,769	195,451	212,000	220,000
				Expenditure Total	**3,171,824**	**3,686,719**	**3,955,071**	**4,284,300**	**4,428,375**
				Department Total	**5,086,095**	**5,757,776**	**6,299,273**	**6,573,341**	**7,172,370**

Direct Revenue

					FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
10	80	805	14904	Solid Waste Impact Fee for Tires	14,795	11,903	13,302	13,000	11,500
10	80	49807	14900	Solid Waste Tipping Fees	2,497,785	2,671,576	2,378,991	2,800,000	2,600,000
10	80	49807	14902	Solid Waste - Recyclables	579,530	309,846	295,557	350,000	315,000
10	80	49807	14910	Solid Waste - Mulch Sales	-	-	-	-	-
10	81	810	14904	Impact Fee For Tires	33,187	58,562	32,529	50,000	33,000
				Departmental Total Direct Revenue	**3,125,297**	**3,051,887**	**2,720,379**	**3,213,000**	**2,959,500**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	37	37	37	37	37
	37	**37**	**37**	**37**	**37**

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Oconee County, South Carolina
South Cove Park (204)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	204	10110	00000	**Salary and Wages**	217,789	239,408	241,391	245,308	271,119
10	204	10710	00000	**Overtime**	13,150	15,042	13,540	14,000	13,500
10	204	20013	00000	**Social Security**	17,075	19,405	18,949	19,837	21,773
10	204	20014	00000	**Retirement**	38,063	45,859	47,090	48,128	52,825
10	204	20015	00000	**Workers Compensation**	10,991	9,639	3,744	11,488	9,606
10	204	20016	00000	**Health Insurance**	45,695	54,834	54,834	54,834	54,834
10	204	20027	00000	**Dental**	2,750	3,300	3,300	3,300	3,300
10	204	20028	00000	**Vision**	500	600	600	600	600
				Salary and Wage Totals	**346,013**	**388,087**	**383,448**	**397,495**	**427,557**
10	204	30018	00000	**Travel**	-	318	197	-	-
10	204	30024	00000	**Equipment Maintenance**	876	1,486	770	1,000	1,000
10	204	30025	00000	**Professional**	51,229	42,444	44,396	45,447	45,447
10	204	30037	00000	**Equipment Rental**	752	-	228	1,000	500
10	204	30041	00000	**Telecommunications**	200	-	-	-	-
10	204	30080	00000	**Dues Organizations**	-	-	-	-	-
10	204	30084	00000	**Staff Development**	1,044	1,534	2,067	2,500	2,500
10	204	33022	00000	**Building/Grounds Maintenance**	41,514	-	171	-	-
10	204	34042	00000	**Gas and Fuel Oil**	-	328	-	500	500
10	204	34043	00000	**Electricity**	66,779	72,212	76,549	72,000	76,000
10	204	34044	00000	**Water/Sewer/Garbage**	11,192	11,574	11,263	13,000	11,500
10	204	40031	00000	**Small Equipment**	4,789	4,766	8,109	7,500	7,500
10	204	40032	00000	**Operational**	24,584	28,918	30,880	29,000	29,000
10	204	40034	00000	**Food**	108	138	239	500	500
10	204	40045	00000	**IT Replacement Eq**	-	750	1,813	500	-
10	204	40065	00000	**Uniforms/Clothing**	3,628	4,254	4,875	5,000	4,500
10	204	40832	00000	**Concessions**	53,317	57,646	53,029	57,000	58,000
				Expenditure Total	**260,012**	**226,368**	**234,586**	**234,947**	**236,947**
				Department Total	**606,025**	**614,455**	**618,034**	**632,442**	**664,504**

Direct Revenue

					FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
10	80	805	00204	**South Cove Park**	439,026	434,854	437,301	460,000	430,000
				Departmental Total Direct Revenue	**439,026**	**434,854**	**437,301**	**460,000**	**430,000**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	6	6	6	6	6

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Oconee County, South Carolina
Treasurer (306)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	306	10110	00000	**Salary and Wages**	320,962	342,581	353,568	357,448	365,641
10	306	10710	00000	**Overtime**	354	38	-	500	500
10	306	20013	00000	**Social Security**	23,120	25,533	25,585	27,421	28,010
10	306	20014	00000	**Retirement**	52,842	61,618	65,550	66,528	67,956
10	306	20015	00000	**Workers Compensation**	6,143	5,692	3,980	4,544	2,337
10	306	20016	00000	**Health Insurance**	54,834	63,973	63,973	63,973	63,973
10	306	20027	00000	**Dental**	3,300	3,850	3,850	3,850	3,850
10	306	20028	00000	**Vision**	600	700	700	700	700
				Salary and Wage Totals	**462,155**	**503,985**	**517,206**	**524,964**	**532,967**
10	306	30018	00000	**Travel**	2,109	830	2,207	1,200	1,400
10	306	30024	00000	**Equipment Maintenance - Decal Printers**	2,529	-	313	2,700	-
10	306	30025	00000	**Professional**	23,256	21,917	27,809	40,000	37,000
10	306	30056	00000	**Data Processing**	33,496	30,588	32,649	45,000	45,000
10	306	30059	00000	**Copier Click Charges**	797	949	855	1,300	1,000
10	306	30080	00000	**Dues: Organizations**	150	-	225	225	200
10	306	30084	00000	**Staff Development**	1,399	3,289	5,431	4,000	4,000
10	306	40031	00000	**Small Equipment**	19	-	-	1,000	6,000
10	306	40032	00000	**Operational**	7,952	13,530	12,399	16,000	13,000
10	306	40033	00000	**Postage**	84,430	96,997	113,210	100,000	118,000
10	306	40045	00000	**IT Replacement Equipment/Software**	-	801	-	3,870	2,000
10	306	80306	00000	**Vehicle Maintenance**	20	157	482	500	500
10	306	81306	00000	**Gasoline**	1,673	1,331	1,182	1,400	1,000
				Expenditure Total	**157,830**	**170,389**	**196,762**	**217,195**	**229,100**
				Department Total	**619,985**	**674,374**	**713,968**	**742,159**	**762,067**

Direct Revenue

					FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
10	80	805	00306	PRT Season Pass - Treasurer	815	365	400	500	500
10	80	805	10310	Vehicle Decal Fees	71,256	73,895	73,523	76,000	76,000
				Departmental Total Direct Revenue	**72,071**	**74,260**	**73,923**	**76,500**	**76,500**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	7	7	7	7	7

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Oconee County, South Carolina
Vehicle Maintenance (721)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	721	10110	00000	**Salary and Wages**	574,256	556,668	546,272	605,645	755,180
10	721	10710	00000	**Overtime**	3,691	6,722	13,212	5,000	7,500
10	721	20013	00000	**Social Security**	42,361	42,481	40,664	46,791	58,345
10	721	20014	00000	**Retirement**	96,203	97,215	101,994	113,521	141,553
10	721	20015	00000	**Workers Compensation**	35,094	26,528	11,205	28,160	27,145
10	721	20016	00000	**Health Insurance**	127,946	127,946	127,946	127,946	127,946
10	721	20027	00000	**Dental**	7,700	7,700	7,700	7,700	7,700
10	721	20028	00000	**Vision**	1,400	1,400	1,400	1,400	1,400
				Salary and Wage Totals	**888,651**	**866,660**	**850,393**	**936,163**	**1,126,769**
10	721	30024	00000	**Equipment Maintenance**	4,570	9,460	3,574	6,800	7,200
10	721	30025	00000	**Professional**	7,593	-	-	-	-
10	721	30056	00000	**Data Processing**	5,890	10,677	16,844	14,000	18,000
10	721	30059	00000	**Copier Click Charges**	1,445	1,722	1,698	1,500	1,700
10	721	30080	00000	**Dues: Organizations**	100	300	-	150	200
10	721	30084	00000	**Staff Development**	1,965	4,209	1,280	8,500	9,000
10	721	33022	00000	**Building/Grounds Maintenance**	4,364	5,379	4,343	5,500	4,400
10	721	34042	00000	**Gas and Fuel Oil**	3,257	4,291	4,042	4,500	4,800
10	721	34043	00000	**Electricity**	10,236	10,320	10,508	11,500	12,200
10	721	34044	00000	**Water/Sewer/Garbage**	2,044	2,163	1,923	2,500	2,500
10	721	40027	00000	**Safety Equipment**	5,016	5,927	5,512	6,500	7,000
10	721	40031	00000	**Small Equipment**	16,792	24,493	42,556	25,000	43,000
10	721	40032	00000	**Operational**	8,977	13,912	16,111	14,000	15,000
10	721	40033	00000	**Postage**	-	-	-	1,100	200
10	721	40034	00000	**Food**	374	499	1,005	750	750
10	721	40045	00000	**IT Replacement Equipment/Software**	1,122	-	891	2,500	2,700
10	721	40065	00000	**Uniforms/Clothing**	5,760	6,318	6,253	6,500	6,900
10	721	80721	00000	**Vehicle Maintenance - Vehicle Maintenance**	7,863	9,655	11,813	10,000	11,000
10	721	81721	00000	**Gasoline - Vehicle Maintenance**	15,064	16,667	15,922	15,000	16,000
10	721	82721	00000	**Diesel - Vehicle Maintenance**	650	107	374	500	400
				Expenditure Total	**103,082**	**126,099**	**144,649**	**136,800**	**162,950**
				Department Total	**991,733**	**992,759**	**995,042**	**1,072,963**	**1,289,719**

Direct Revenue

					FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
10	80	805	12032	Vehicle Maintenance Labor	-	-	-	-	-
				Departmental Total Direct Revenue	**-**	**-**	**-**	**-**	**-**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	14	14	14	14	14
	14	**14**	**14**	**14**	**14**

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Oconee County, South Carolina
Veterans' Affairs (404)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	404	10110	00000	**Salary and Wages**	134,070	141,852	150,636	153,121	156,987
10	404	20013	00000	**Social Security**	10,154	10,398	11,110	11,771	12,010
10	404	20014	00000	**Retirement**	22,062	25,667	27,960	28,558	29,137
10	404	20015	00000	**Workers Compensation**	2,754	2,483	1,103	2,506	1,961
10	404	20016	00000	**Health Insurance**	27,417	27,417	27,418	27,417	27,417
10	404	20027	00000	**Dental**	1,650	1,650	1,650	1,650	1,650
10	404	20028	00000	**Vision**	300	300	300	300	300
				Salary and Wage Totals	**198,407**	**209,767**	**220,177**	**225,323**	**229,462**
10	404	30018	00000	**Travel**	248	-	-	-	-
10	404	30025	00000	**Professional**	1,378	1,130	1,432	1,500	1,600
10	404	30056	00000	**Data Processing**	36	42	48	40	48
10	404	30059	00000	**Copier Click Charges**	1,247	1,481	1,633	1,500	1,500
10	404	30080	00000	**Dues: Organizations**	50	25	25	50	30
10	404	30084	00000	**Staff Development**	449	-	-	-	-
10	404	40031	00000	**Small Equipment**	601	964	823	1,500	1,000
10	404	40032	00000	**Operational**	2,148	6,795	3,762	3,000	3,000
10	404	40032	91703	**Operational - VA Festivals**	-	-	-	1,000	1,000
10	404	40034	00000	**Food**	369	10,412	8,255	3,500	1,000
10	404	40034	91703	**Food - VA Festivals**	-	-	-	5,000	5,000
10	404	40065	00000	**Clothing/Uniforms**		132	-	100	250
				Expenditure Total	**6,526**	**20,981**	**15,978**	**17,190**	**14,428**
				Department Total	**204,933**	**230,748**	**236,155**	**242,513**	**243,890**

Direct Revenue									
					FY 2022 Actual	**FY 2023 Actual**	**FY 2024 Actual**	**FY 2025 Budget**	**FY 2026 Budget**
10	81	810	25900	**Veterans' Affairs State Aid**	5,615	5,784	6,073	5,478	6,208
				Departmental Total Direct Revenue	**5,615**	**5,784**	**6,073**	**5,478**	**6,208**

Positions									
					FY 2022	**FY 2023**	**FY 2024**	**FY 2025**	**FY 2026**
				Total Full Time Employees	3	3	3	3	3

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Oconee County, South Carolina
Voter Registration and Elections (715)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
10	715	10110	00000	**Salary and Wages**	135,482	142,868	146,706	153,017	158,224
10	715	20013	00000	**Social Security**	10,201	11,069	10,983	11,729	12,104
10	715	20014	00000	**Retirement**	21,480	24,933	26,183	28,456	29,366
10	715	20015	00000	**Workers Compensation**	667	523	207	504	397
10	715	20016	00000	**Health Insurance**	18,278	18,278	18,278	18,278	18,278
10	715	20027	00000	**Dental**	1,100	1,000	1,100	1,100	1,100
10	715	20028	00000	**Vision**	200	200	200	200	200
10	799	10130	97715	**Poll Workers**	26,852	54,033	55,355	30,000	15,000
				Salary and Wage Totals	**214,260**	**252,904**	**259,012**	**243,284**	**234,669**
10	715	30018	00000	**Travel**	2,447	4,885	4,236	4,000	6,000
10	715	30018	17799	**Travel - City & Towns**	-	-	147	-	-
10	715	30018	97715	**Travel - SC Election Comm**	-	-	2,683	-	-
10	715	30024	00000	**Equipment Maintenance**	24,836	24,836	24,836	24,836	30,000
10	715	30025	00000	**Professional**	5,559	8,822	15,537	25,000	12,500
10	715	30056	00000	**Data Processing**	21,247	30,756	30,756	30,756	37,000
10	715	30059	00000	**Coper Click Charges**	978	1,273	2,004	1,500	1,500
10	715	30068	00000	**Advertising**	-	-	1,600		-
10	715	30068	17799	**Advertising - City & Town**			1,331		-
10	715	30068	97715	**Advertising SC Elect Reimb**	1,735	3,021	2,714	-	-
10	715	30080	00000	**Dues: Organizations**	350	350	350	350	550
10	715	30084	00000	**Staff Development**	4,448	5,690	7,657	7,500	9,000
10	715	40031	00000	**Small Equipment**		1,107	972	1,000	1,000
10	715	40032	00000	**Operational**	6,071	7,691	27,817	20,000	12,500
10	715	40032	97715	**Operational - SC Elect Reimb**	150	4,824	4,817	-	-
10	715	40033	00000	**Postage**	27	-	6,883	-	-
10	715	40034	00000	**Food**	-	-	772	500	750
10	715	40045	00000	**IT Replacement Equipment/Software**	1,137	1,425	764	1,000	1,000
				Expenditure Total	**68,985**	**94,680**	**135,876**	**116,442**	**111,800**
				Department Total	**283,245**	**347,584**	**394,888**	**359,726**	**346,469**

Direct Revenue

					FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Budget
10	81	810	21300	Registration Board	7,500	7,500	7,187	7,500	7,500
10	81	825	97715	SC State Election Reimb	41,711	36,986	52,973	85,000	40,000
				Departmental Total Direct Revenue	**49,211**	**44,486**	**60,160**	**92,500**	**47,500**

Positions

	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	2	2	2	2	2
Board Members	5	5	5	5	5
	7	**7**	**7**	**7**	**7**

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Oconee County, South Carolina
Other Financing Uses
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
010	095	00171	70012	**Transfer To Capital Projects Fund - Westminster Magistrate**	500,490	-	-	-	-
010	095	00171	70013	**Transfer Out - 13 Fund**	37,275	-	-	-	-
010	095	00171	70210	**Transfer To Sheriff's Victim Services 210 Fund**	137,000	40,000	40,000	60,000	70,000
010	095	00171	70215	**Transfer To Solicitor's Victim Services 215 Fund**	110,000	45,000	47,365	35,000	35,000
010	095	00171	70017	**Transfer to Rock Quarry for COLA Increase**	-	64,367	-	-	-
010	095	00171	70325	**Transfer to Capital Equipment - Vehicle Fund**	-	-	-	-	-
010	090	00171	70340	**Transfer to One Time Capital Fund**	-	-	-	-	74,987
010	095	00171	70515	**Transfer Out - 515 Fund - FOCUS**	934,000	-	-	-	-
				Total Other Financing Uses	**1,718,765**	**149,367**	**87,365**	**95,000**	**179,987**

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Oconee County, South Carolina
Emergency Services Unincorporated Protection District Special Revenue Fund
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
				Number of Mills	2.9	2.9	2.9	2.9	2.9
				Value of a mill	586,604	602,892	640,128	660,000	645,000
Revenues									
020	080	00950	00000	Emergency Services Protection District Millage	1,775,130	1,776,268	1,871,902	1,914,000	1,911,909
				Transfer In From Community Health & Welfare	-	-	-	-	550,000
				Total Revenues	**1,775,130**	**1,776,268**	**1,871,902**	**1,914,000**	**2,461,909**
Expenditures									
020	107	10110	00000	Salary			-	58,688	217,417
020	107	10710	00000	Overtime			-	7,500	7,500
020	107	20013	00000	Social Security			-	5,063	16,632
020	107	20014	00000	Retirement			-	13,117	46,179
020	107	20015	00000	Workers Comp			-	6,672	16,748
020	107	20016	00000	Health Insurance			-	9,139	27,417
020	107	20027	00000	Dental Insurance			-	550	1,650
020	107	20028	00000	Vision Insurance			-	100	300
				3 New Fire Lieutenants					245,571
				3 New Fire Engineers					225,471
020	107	30024	00000	Equipment Maintenance	56,184	24,843	90,770	70,000	74,000
020	107	30025	00000	Professional	-	1,315	-	-	-
020	107	30041	00000	Telecommunication	12,532	6,856	9,323	10,000	10,000
020	107	30056	00000	Data Processing	-	-	13,306	40,000	40,000
020	107	30062	00000	Medical Physicals	15,000	20,000	50,000	55,000	55,000
020	107	30062	00000	Medical - Physicals for Volunteers and Medical Supplies	81,712	95,718	-	95,000	95,000
020	107	30084	00000	Staff Development	47,984	58,021	-	70,000	70,000
020	107	33022	00000	Maintenance Bldg Grounds	10,747	5,940	14,458	20,000	20,000
020	107	34042	00000	Gas and Fuel Oil	5,832	7,640	10,618	13,500	10,000
020	107	34043	00000	Electricity	17,630	19,658	28,118	27,500	33,000
020	107	34044	00000	Water/Sewer/Garbage	1,955	2,505	2,683	4,000	3,000
020	107	40031	00000	Small Equipment	9,879	17,075	29,979	13,500	15,000
020	107	40031	00000	Small Equipment - AED Replacement	-	-		15,000	15,000
020	107	40031	00000	Small Equipment - Radio/GOS Upgrades	-	-		5,000	10,000
020	107	40032	00000	Operational	-	-	10,555		-
020	107	50850	00000	Buildings, Capital Exp	10,500	-	-	50,000	30,000
020	107	50850	00091	Capital Buildings - Whetstone Sub	-	-	-	-	-
020	107	50850	00000	Burn Building Inspecting and repair		-	-	15,000	7,400
020	107	50884	00000	Departmental Paving	-	25,124	-	25,000	15,000
020	107	60735	00000	General Gravel Use	-	-	867		-
020	107	80107	00000	Engine Pump Test		-	-	20,000	20,000
				Department Fuel Cost	-	-	-	48,000	30,000
020	107	81107	00000	Gasoline	758	-	2,468	30,000	22,000
020	107	82107	00000	Diesel		-	-	-	-
				Grant to Independent Agencies/Basic Station Exp	1,127,749	1,133,489	1,099,944	1,180,000	1,170,000
020	199	10410	00000	Volunteer Compensation	151,623	143,600	216,047	200,000	200,000
				2022 Cap Lease SCBAs -Principal	273,526	261,602	268,126	268,126	274,813
				2022 Cap Lease SCBAs Interest	15,166	27,090	20,566	20,566	13,879
				*Payoff August, 15, 2026			-		-
				Total Expenditures	**1,838,777**	**1,850,476**	**1,867,828**	**2,396,021**	**3,037,977**

Positions	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	0	0	0	1	10
	0	**0**	**0**	**1**	**10**

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Oconee County Emergency Services Protection District			
	District Support	Basic Departmental Expenditures	Total Amount of Support
2025-2026 Budget			
Oakway Fire Department	45,000	15,000	**60,000**
Corinth - Shiloh Fire Department	45,000	15,000	**60,000**
Mountain Rest Fire Department	45,000	15,000	**60,000**
Fair Play Fire Department	45,000	15,000	**60,000**
Long Creek Fire Department	45,000	15,000	**60,000**
Cleveland Fire Department	45,000	15,000	**60,000**
Keowee Ebenezer Fire Department	45,000	15,000	**60,000**
Friendship Fire Department	45,000	15,000	**60,000**
Cross Roads Fire Department	45,000	15,000	**60,000**
Pickett Post Fire Department	45,000	15,000	**60,000**
South Union Fire Department	45,000	15,000	**60,000**
West Union Fire Department	45,000	15,000	**60,000**
Keowee Key Fire Department	45,000	15,000	**60,000**
Holly Springs Fire Department	45,000	15,000	**60,000**
Bountyland Fire Department	-	-	**15,000**
Haz-Mat	22,400	10,000	**32,400**
Rescue			
Dive Team	26,300	10,000	**36,300**
Special Rescue Team	26,300	10,000	**36,300**
Keowee Rescue Squad	20,000	10,000	**30,000**
Mountain Rest Rescue Squad	20,000	10,000	**30,000**
Oakway Rescue Squad	20,000	10,000	**30,000**
Salem Rescue Squad	20,000	10,000	**30,000**
Seneca Rescue Squad	20,000	10,000	**30,000**
Walhalla Rescue Squad	20,000	10,000	**30,000**
Westminster Rescue Squad	20,000	10,000	**30,000**
Totals	845,000	310,000	**1,170,000**

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Oconee County, South Carolina
Sheriffs Victims Services Special Revenue Fund (210)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
Revenues									
				Assessments					
210	080	00805	16008	12% Assessment (Magistrate)	32,684	39,854	38,356	35,000	40,000
210	080	00805	16009	12% Assessment (Municipal)	2,480	872	2,242	1,600	3,500
210	080	00811	16009	12% Assessment (Municipal Walhalla)	5,070	5,678	11,251	6,000	6,000
210	080	00812	16009	12% Assessment (Municipal Westminster)	3,590	4,322	939	3,600	3,600
				Surcharges					
210	080	00805	16010	Surcharge Victims (Magistrate)	22,710	28,136	28,554	28,000	29,500
210	080	00805	16011	Surcharge Victims (Municipal)	1,813	241	553	300	600
210	080	00811	16011	Surcharge Victims (Municipal Walhalla)	1,502	1,772	4,768	3,000	3,000
210	080	00812	16011	Surcharge Victims (Municipal Westminster)	1,175	1,037	2,874	1,200	1,200
210	080	00811	16040	Municipal Contract (Walhalla)	-	-			
				General Fund Transfer	137,000	40,000	40,000	60,000	70,000
				Total Revenues	**208,024**	**121,912**	**129,537**	**138,700**	**157,400**
Expenditures									
210	114	10110	00000	Salaries and Fringe	130,803	135,236	157,281	158,130	162,087
				Pay Increase including Fringe					
				Total Expenditures	**130,803**	**135,236**	**157,281**	**158,130**	**162,087**

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Oconee County, South Carolina
Solicitor's Victims Services Special Revenue Fund (215)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
Revenues									
215	080	00805	73700	Assessments	2,961	2,856	3,600	4,000	4,000
215	080	00805	73800	Surcharges	29,884	34,869	43,069	28,000	28,000
215	090	00170	70010	General Fund Transfer	110,000	45,000	45,000	35,000	35,000
				Total Revenues	**142,845**	**82,725**	**91,669**	**67,000**	**67,000**
Expenditures									
215	512	10110	00000	Salaries and Fringe	75,903	83,405	73,403	74,530	81,871
				Total Expenditures	**75,903**	**83,405**	**73,403**	**74,530**	**81,871**

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Oconee County, South Carolina
911 Communications Special Revenue Fund (225)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
Revenues									
225	080	00805	36000	AT&T E-911 Surcharge Taxes	85,968	70,597	49,395	70,000	60,000
225	080	00805	31010	Competitive Local Exchange Carrier Taxes	56,698	59,905	61,669	60,000	60,000
225	081	00810	19050	State Wireless Funding	161,974	147,113	160,350	150,000	158,000
225	081	00810	19070	Budget and Control Board Funding	345,586	684,388	314,951	350,000	350,000
				Total Revenues	**650,226**	**962,003**	**586,365**	**630,000**	**628,000**
Expenditures									
225	104	30018	00000	Travel	788	4,900	4,732	5,000	5,000
225	104	30024	00000	Equipment Maintenance	509,660	269,455	243,792	275,000	275,000
225	104	30041	00000	Telecommunications	107,918	148,133	108,171	75,000	75,000
225	104	30056	00000	Data Processing	127,738	126,159	135,386	130,000	130,000
225	104	30084	00000	Staff Development	3,441	7,064	8,236	7,000	7,000
225	104	40031	00000	Small Capital	105,477	27,325	37,723	20,000	20,000
225	104	40032	00000	Operational	12,397	17,645	16,711	15,000	15,000
225	104	40045	00000	Non-Cap IT Eq/Software	52,167	27,408	9,674	25,000	25,000
225	104	50840	00000	Equipment, Capital Expenditure	87,603	192,322	99,529	300,000	100,000
225	104	50845	00000	IT Equip, Capital Expenditure	244	-	38,087	-	-
225	104	60083	00000	Grant to Indep Agency	24,277	19,960	31,595	30,000	30,000
				Total Expenditures	**1,031,710**	**840,371**	**733,636**	**882,000**	**682,000**

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Oconee County, South Carolina
State Accomodations Tax Special Revenue Fund (230)
2025-2026 Budget

Account Number	Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 YTD 4/30/2025	FY 2026 Administrator Recommended
Revenue						
230 081 00810 20091	**30% State Accommodation Tax**	152,739	162,031	168,022	103,943	165,000
230 081 00810 20092	**65% State Accommodation Tax**	330,934	351,067	364,047	225,210	374,308
230 081 00810 20093	**5% State Accommodation Tax**	50,457	52,005	53,004	42,324	53,268
	Total Revenues	**534,130**	**565,103**	**585,072**	**371,476**	**592,576**
Expenditures						
230 200 90091 00255	**Visit Oconee Advertising and Promotions**	152,739	162,031	164,872	103,943	165,000
230 200 90092 00255	**Visit Oconee Salaries**	200,000	289,761	326,452	332,237	231,570
230 202 50857 00000	**Capital Imporvements**					142,738
230 203 50857 92082	**Cap-Improvement Match-HF-Fish Dock**	-	-	-	92,792	
230 204 50857 92083	**Cap-Improvement Match-SC-Trans Dock**	-	-	-	8,910	
230 204 50857 92084	**Cap-Improvement Match-SC-Kayak Dock**	-	-	-	28,743	
230 204 50857 92085	**Cap-Improvement Match-SC-Fish Dock**	-	-	-	59,645	
	Total Expenditures	**352,739**	**451,792**	**491,324**	**626,270**	**539,308**
Other Finance Uses						
230 95 171 70010	**Interfund Transfer Out - 010**	50,457	52,005	53,004	42,324	53,268
	Total Expenditures and Other Financing Uses	**403,196**	**503,797**	**544,327**	**668,594**	**592,576**

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Oconee County, South Carolina
Local Accomodations Tax Special Revenue Fund (235)
2025-2026 Budget

Account Number	Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 YTD 4/30/2025	FY 2026 Administrator Recommended
Revenue						
235 080 00800 90093	**LAT Revenue**	999,800	1,085,655	1,069,383	755,539	1,107,000
235 080 00805 08888	**Encumbrance Reserve**	-	-	-	-	-
235 090 00180 07190	**OFS - Insurance Proceeds**	-	4,696	-	-	-
	Total Revenues	**999,800**	**1,090,351**	**1,069,383**	**755,539**	**1,107,000**
Expenditures						
200 Culture & Recreation		234,548	218,869	205,607	223,040	325,811
202 Parks, Recreation & Tourism		25,454	209,851	91,338	157,364	289,912
203 High Falls Park		143,071	210,597	194,418	69,603	188,914
204 South Cove Park		542,468	202,871	114,432	90,501	159,744
205 Chau Ram Park		3,872	33,972	58,023	44,595	85,727
213 Heritage Center Museum		-	54,967	38,873	47,052	56,892
214 Seneca Creek		-	240,372	-	-	-
	Total Expenditures	**949,411**	**1,171,499**	**702,689**	**632,155**	**1,107,000**

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Oconee County, South Carolina
Tri-County Technical College Special Revenue Fund (250)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
				Number of Mills	3.0	3.0	3.0	3.0	3.0
				Value of a mill	586,604	602,892	640,128	660,000	715,000
Revenue									
250	080	00876	00000	**Tri-County Technical College**	2,018,809	2,037,124	2,163,593	1,980,000	2,184,806
				Use of Fund Balance					1,075,236
				Total Revenues	**2,018,809**	**2,037,124**	**2,163,593**	**1,980,000**	**3,260,042**
Expenditures									
250	876	60085	00011	**Pendleton Upgrade**	460,200	459,100	458,000	457,300	455,700
250	876	60200	00000	**County Contribution**	1,120,000	1,167,500	1,230,000	1,295,000	1,512,500
				Total Expenditures	**1,580,200**	**1,626,600**	**1,688,000**	**1,752,300**	**1,968,200**
250	095	00171	00340	**Transfer out of TCTC Fund to One Time Capital Fund**	-	-	500,000	-	-
250	095	00171	00010	**Conveyance of allocation to fund 010**	-	-	-	-	1,291,842
				Total Expenditures & Other Financing Uses	**1,580,200**	**1,626,600**	**2,188,000**	**1,752,300**	**3,260,042**

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Oconee County, South Carolina
Road Maintenance Millage - 2.1 (Fund 260)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
				Number of Mills	2.1	2.1	3.1	3.1	3.1
				Value of a mill	586,604	602,892	640,128	660,000	715,000
260	080	00868	00000	**Road Maintenance Millage**	1,415,012	1,423,987	2,189,152	2,046,000	2,257,633
260	081	00815	41875	**C-Funds**	-	140,000	1,026,966	-	-
260	082	00830	40010	**National Forestry Title I**	175,158	149,435	143,496	150,000	150,000
				Use of Fund Balance	-	-	-	-	548,701
				Total Revenues	**1,590,170**	**1,713,422**	**3,359,614**	**2,196,000**	**2,956,334**
Expenditures									
260	601	00601	40010	**National Forestry**	-	-	-	150,000	150,000
260	601	30025	00000	**Professional And Road Inventory**	48,873	27,873	54,557	100,000	100,000
260	601	40032	00000	**Operational**	124,426	194,423	230,309	300,000	300,000
260	601	50840	00000	**Capital Equipment***	-	-	-	-	-
260	601	50881	00000	**Road Paving**	-	951,264	16,672		-
260	601	50882	00000	**Capital Road Paving Overlay**	-	888,542	-	1,361,000	1,361,000
260	601	60735	00000	**Gravel Use**	147,089	196,116	301,979	285,000	285,000
260	095	00171	70010	**Conveyance of allocation to fund 010**	-	-	-	-	760,334
260	095	00171	70013	**Interfund Transfer Out - 013**	38,664	-	-	-	-
				Total Expenditures	**359,052**	**2,258,218**	**603,517**	**2,196,000**	**2,956,334**

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Oconee County, South Carolina
Community Health and Human Services New Fund (275)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
				Number of Mills			7.1	7.1	7.1
				Value of a mill		602,892	640,128	660,000	715,000
275	080	00805	00000	**Community Health & Human Services Millage**			**4,855,101**	**4,686,000**	**5,170,709**
				Total Revenue			**4,855,101**	**4,686,000**	**5,170,709**
				Expenditures					
				Charity Medical:					
275	705	60083	00000	**Rosa Clark Medical Clinic**	80,000	80,000	80,000	80,000	80,000
275	705	60583	00000	**Medically Indigent Assistance**	153,967	153,967	154,280	151,088	151,925
				Charity Medical Expenditure Total	**233,967**	**233,967**	**234,280**	**231,088**	**231,925**
				Direct Aid					
275	705	95100	02041	**CAT Bus System**	60,000	60,000	60,000	-	-
275	705	95100	20205	**OC Board of Disabilities and Special Needs**	75,000	75,000	75,000	75,000	75,000
				Oconee Fire/Medical Contribution					
275	705	95100	20207	Seneca	650,000	650,000	1,300,000	1,300,000	1,300,000
275	705	95100	20208	Walhalla	300,000	300,000	550,000	550,000	-
275	705	95100	20209	Westminster	285,000	285,000	550,000	550,000	550,000
275	705	95100	20210	Salem	200,000	200,000	300,000	300,000	300,000
275	705	95100	20263	Prisma	300,000	300,000	1,000,000	1,200,000	1,200,000
275	705	95100	20206	**Anderson, Oconee, and Pickens Mental Health**	60,000	60,000	60,000	60,000	60,000
275	705	95100	20216	**Senior Solutions/Lake View Assisted**	92,000	92,000	92,900	92,000	92,000
275	705	95100	20262	**Oconee Support**	246,122	215,000	185,478	200,000	203,075
				Transfer Out to 2.9 Unincorporated Fire SRF	-	-	-	-	550,000
				Conveyance of allocation to fund 010	-	-	-	-	608,709
				Direct Aid Expenditure Total	**2,268,122**	**2,237,000**	**4,173,378**	**4,327,000**	**4,938,784**

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Oconee County, South Carolina
Economic Development Capital Projects Fund (315)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
			Number of Mills		1.1	1.1	2.1	1.1	1.0
				Value of a mill	586,604	602,892	640,128	660,000	715,000
Revenue									
315	080	00875	00000	Economic Development Millage	734,019	786,037	1,679,391	726,000	801,096
315	080	00875	76021	FILOT	503,625	1,080,384	840,965	1,000,000	1,000,000
315	080	00807	00000	Utility Tax Credits	-	-		-	
315	080	00840	00000	Interest Earnings	-	23,677	34,598	-	
315	080	00805	10340	Misc Income	1,932	234,768	383,161	-	
				State Grants					
315	081	00825	90116	SC Rural Infrastructure Authority	-	-	-	-	
315	081	00815	90112	C-Funds	-	-	-	200,000	
				Rural Development Administration			-	600,000	600,000
				SC Power Team Grant	-	-	-	-	
				Department of Commerce	-	-	-	142,000	
				Total Revenue	**1,239,576**	**2,124,866**	**2,938,115**	**2,668,000**	**2,401,096**
General					**To be distributed to correct account number (Project) at time of Councils approval.**				
315	707	30025	00000	Professional	45,971	15,952	10,239	**1,779,000**	**1,000,000**
315	707	30025	00035	Professional - Ed Gardner Land	35,057	-	-		-
315	707	30025	00060	Professional - GCCP	-	140,015	17,167	850,000	-
315	707	30025	00068	Professional-OITP Project	-	-	6,400	-	-
315	707	30025	00258	Professional-Higher Capa	-	-	15,000	-	-
315	707	30025	00099	Professional-SRP Water/Sewer	-	-	-	-	-
315	707	30025	00280	Professional-Exit 4 Sewer	21,047	102,844	5,000	-	-
315	707	30025	00858	Professional - 2016B GO Bond	4,720	-	-	-	-
315	707	34043	00000	Electric	8,572	9,427	12,363	9,000	4,500
315	707	50830	00099	Cap Infra-SRP Water	-	-	-	-	-
315	707	50830	90114	Cap Infra - RIA Grant OITP	-	-	-	-	-
315	707	50850	92052	Cap Buildings-Chau Ram	-	-	-	-	-
315	707	50860	00035	Capital Land - Ed Gardner	-	-	-	-	-
315	707	50881	43238	Cap Road - OITP Ext	-	-	66,571		-
315	707	50881	90115	Cap Road-BREC OITP	-	-	-	-	-
315	707	51010	00000	Land Transfer to Company	150,009	-		-	-
315	707	60707	00047	Casto Infrastructure	18,987	-		-	-
315	707	60735	90707	General Gravel Use	-	-	42,433		-
315	707	90707	00194	Ind Park Dev-GCCP	-	-	890,445		-
315	707	90707	98004	Ind Park Dev-Power	-	-	580,980		-
315	707	90707	98005	Ind Park Dev-SCDOC	-	-	871,235		-
315	707	95101	00311	OJRSA-Fair Play Sewer Operations/Maintenance	29,596	27,772	29,448	30,000	30,000
315	707	95101	00312	OJRSA-Fair Play Sewer Contribution	234,522	68,637	7,849	-	-
315	707	95101	00313	OJRSA Contri-RIA Fplay/I85	-	-	4,787,011		-
315	707	95110	00016	Grant to Salem Water Line Loop	210,000	-	-	-	-
315	707	95110	02041	Grant to Seneca Cat Bus	-	-	-	-	
315	707	95100	20254	Grant to Mountain Lakes Business	27,500	27,500	25,000	18,000	20,000
315	707	95100	20256	Grant to Oconee Economic Alliance	156,275	150,000	150,000	150,000	150,000
315	707	95100	20257	Grant to Upstate SC Alliance	39,187	78,374	-	39,187	39,187
							Paid out of General Fund		
Total Expenditures					**981,443**	**620,521**	**7,517,141**	**2,875,187**	**1,243,687**
Other Financing Sources									
				Use of Fund Balance					
Other Financing Uses									
				Sewer/OJRSA	(500,000)	-		-	-
				Conveyance of allocation to fund 010	-	-	-	-	557,409
				Transfer to PRT Fund 330			725,640	-	-
Total Expenditures and Other Financing Sources and Uses					**481,443**	**620,521**	**8,242,781**	**2,875,187**	**1,801,096**

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Oconee County, South Carolina
Bridges and Culverts Capital Projects Fund (320)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
				Number of Mills	1	1	1	1	1
				Value of a mill	586,604	602,892	640,128	660,000	715,000
Revenue									
320	080	00899	00000	Bridges and Culverts Millage	677,236	672,004	720,377	660,000	728,269
				Use of Fund Balance	-	-	-	-	1,087,231
				Total Revenue	**677,236**	**672,004**	**720,377**	**660,000**	**1,815,500**
Expenditures									
320	601	30025	00000	Professional	88,741	1,428	-	-	-
320	601	30025	52005	Professional Cherokee Lake Bridge	69,366	-	-	-	-
320	601	50885	52005	Lake Cherokee Bridge	677,582	-	-	-	-
320	601	30885	00000	Maintenance / Repair	52,803	62,365	56,169	620,000	80,000
320	601	50840	00000	Capital Equipment	-	-	-	-	-
320	601	50885	?????	Cap Bridge/Culvert - Hoyt Street	-	-	-	-	-
320	601	50885	?????	Cap Bridge/Culvert - Duck Pond	-	-	-	-	-
320	601	50885	?????	Cap Bridge/Culvert - Crestwood Drive Bridge	-	-	-	900,000	-
320	601	50885	?????	Cap Bridge/Culvert - Armada Way Culvert Replacement	-	-	-	-	-
320	601	50885	?????	Cap Bridge/Culvert - Flat Rock Road	-	-	-	-	1,000,000
320	601	50885	63078	Cap Bridge/Culvert - Tabor	-	49,223	-	-	-
				Conveyance of allocation to fund 010	-	-	-	-	735,500
				Total Expenditures	**888,492**	**113,016**	**56,169**	**1,520,000**	**1,815,500**

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Capital Equipment and Vehicle Capital Projects Fund (325)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
				Number of Mills	2.0	2.0	2.3	2.3	2.3
				Value of a mill	586,604	602,892	640,128	660,000	715,000
Revenues									
325	080	00867	00000	**Capital Equip/Vehicle Millage**	1,324,785	1,381,033	1,645,726	1,518,000	1,675,018
325	090	00180	07190	**Insurance Proceeds for Capital**	53,746	-	22,896	35,000	35,000
325	090	00195	10305	**Sale of Capital Assets**	69,018	3,625	21,027	30,000	30,000
				Use of Fund Balance	-	-	-	-	
				Total Revenues	**1,447,549**	**1,384,658**	**1,689,649**	**1,583,000**	**1,740,018**
Expenditures									
325	101	50870	00000	Capital Vehicle Sheriff	-	820,456	384,922		
325	103	50870	00000	Capital Vehicle Coroner	-	39,377	-		
325	106	50840	00000	Cap Equip LEC	-	-	10,882		
325	110	50870	00000	Capital Vehicle Animal Control	-	-	-		
325	202	50870	00000	Capital Vehicle PRT Admin	-	47,618			
325	203	50840	00000	Capital Equipment High Falls	-	-			
325	205	50840	00000	Capital Equipment Chau Ram	-	-			
325	206	50870	00000	Capital Vehicle Library	-	-	48,006		
325	301	50870	00000	Capital Vehicle Assessor	-	26,036	31,879		
325	302	50870	00000	Capital Vehicle Auditor	-	-	-		
325	502	50870	00000	Capital Vehicle Probate Court	-	-	28,793		
325	601	50870	00000	Capital Vehicle Roads	-	86,868	426,555		
325	702	50870	00000	Capital Vehicle Building Codes	-	-	-		
325	711	50870	00000	Capital Vehicle Information Tech	-	-	40,997		
525	712	50870	00000	Capital Vehicles Planning Dept	-	-	32,321		
325	714	50870	00000	Capital Vehicle Facilities Maint	-	85,699	-		
325	717	50870	00000	Capital Vehicle Administrator	938,712	-	-	1,583,000	1,382,518
325	718	50870	00000	Capital Vehicle Solid Waste	-	604,926	-		
325	720	50840	00000	Capital Equipment Airport	-	-	-		
325	720	50870	00000	Capital Vehicle Airport	-	88,400	-		
325	721	50870	00000	Capital Vehicle Vehicle Maint	-	-	-		
				Conveyance of allocation to fund 010					357,500
				Total Expenditures	**938,712**	**1,799,380**	**1,004,355**	**1,583,000**	**1,740,018**

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Oconee County, South Carolina
Parks, Recreation and Tourism (330)
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
				Number of Mills	1.3	1.3	1.0	1.0	1.0
				Value of a mill	586,604	602,892	640,128	660,000	715,000
330	080	00866	00000	Parks, Recreation and Tourism	897,440	838,338	732,283	660,000	728,269
330	090	00170	70235	Transfer from Econ Development 315			725,640		
				Use of Fund Balance					
				Total Revenue	**897,440**	**838,338**	**1,457,923**	**660,000**	**728,269**
				Parks, Recreation and Tourism					
330	202	30025	00000	Professional/Capital	1,500	-	6,780	660,000	35,287
330	202	50840	00000	Capital Equipment	-	-	27,250	-	-
				High Falls Park					
330	203	30025	00000	Professional - ACHHouse					17,750
330	203	33022	00000	Maint on Building & Grounds	-	12,000	63,920		60,768
330	203	40031	00000	Non-Capital Equipment	-	7,323	-		-
330	203	50850	00000	Cap Buildings	-	267,321	16,612		-
330	203	50850	00000	Cap Buildings - ACH House					16,234
				South Cove Park					
330	204	30025	00000	Professional	9,683	3,420	-		
330	204	50000	00000	Capital Infrastructure	-	-	-	-	140,068
330	204	50850	00000	Capital Buildings	-	-	216,476		11,533
				Chau Ram Park					
330	205	50884	00000	Chau Ram - Paving	-	-	-		
330	205	50860	00000	Capital Land	-	-	31,487		
				Miscellaneous PRT Projects					
330	202	30025	00000	Site/Dock Work Seneca Creek	936,375	573,644	31,487		60,844
330	202	30025	00000	Misc	-	1,500			
				Conveyance of allocation to fund 010					385,785
				Total Expenditures	**947,558**	**865,208**	**394,012**	**660,000**	**728,269**
									-

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Oconee County, South Carolina
Fire/Emergency Services Capital Vehicle & Equipment
2025-2026 Budget

Account Number				Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
				Number of Mills			2.0	2.0	2.0
				Value of a mill			640,128	660,000	715,000
Revenues									
335	080	00000	00000	**Capital Equip/Vehicle Millage**			1,370,049	1,320,000	1,456,538
335	090	00180	07190	**Insurance Proceeds for Capital**			-	-	
335	090	00195	10305	**Sale of Capital Assets**			-	-	
				Total Revenues	**-**	**-**	**1,370,049**	**1,320,000**	**1,456,538**
Expenditures					**Prior Years were in General Fund**				
				Capital Fire Apparatus				1,304,000	
335	107	40031	00000	**Non-Cap Equipment**			138,904		93,000
335	107	40031	00094	**Non-Cap Bounty Land**			4,132		-
335	107	50840	00000	**Capital Equipment**			12,960		-
335	107	50870	00000	**Capital Vehicles**			403,849		520,000
				Upfit Vehicle Equipt 10 Vehicle					95,000
				Lease Purchase Tankers					412,000
				6 New Hires					-
				6 New Hire Contracts					-
				Conveyance of allocation to fund 010					336,538
				Total Expenditures			**559,845**	**1,304,000**	**1,456,538**

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Oconee County, South Carolina
Capital Request Fund
2025-2026 Budget

Account Number	Description	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
	Number of Mills	2.0	2.0	2.0
	Value of a mill	640,128	660,000	715,000
Revenues				
	Capital Request Millage	1,366,899	1,320,000	1,456,538
	Transfer In from General Fund	704,000	-	-
	Transfer In from TCTC	500,000	-	-
	Use of Fund Balance	-	-	-
	Total Revenues	**2,570,899**	**1,320,000**	**1,456,538**
Expenditures				
	Administrator			1,024,987
	Conveyance of allocation to fund 010			312,836
	Total Expenditures			**1,337,823**
				118,715

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Oconee County, South Carolina
Rock Quarry Enterprise Fund
2025-2026 Budget

Account Number	Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
	Operating Revenues					
017 080 00805 00000	**Customer Sales**	7,422,341	9,173,509	9,503,234	10,300,000	10,000,000
017 080 00805 10340	**Miscellaneous - Includes Rock Inv adjment**	40,942	128,453	(27,647)	50,000	50,000
	Total Revenues	**7,463,283**	**9,301,962**	**9,475,587**	**10,350,000**	**10,050,000**
	Operating Expenses					
017 719 10110 00000	**Salary and Wages**	802,857	942,668	1,030,660	1,052,647	1,168,320
	New Position: Electrician - Salary (70,000 to 75,000), Fringe and Benefits	-	-	-	125,000	-
017 719 10710 00000	**Overtime**	118,660	143,903	150,234	140,000	140,000
017 719 20013 00000	**Social Security**	65,925	80,899	84,925	91,237	100,086
017 719 20014 00000	**Retirement**	150,371	195,301	217,025	221,355	242,824
017 719 20015 00000	**Workers Compensation**	60,045	55,483	39,973	63,590	534,054
017 719 20016 00000	**Health Insurance**	271,806	226,018	215,767	201,058	201,058
017 719 20027 00000	**Dental**	16,454	16,133	13,792	12,100	12,100
017 719 20028 00000	**Vision**	3,040	2,934	2,986	2,200	2,200
	Salary and Wage Totals	**1,489,158**	**1,663,339**	**1,755,362**	**1,909,187**	**2,400,642**
017 719 30024 00000	**Equipment Maintenance**	1,389,590	2,521,362	1,654,405	2,500,000	2,500,000
017 719 30025 00000	**Professional**	82,887	71,198	33,055	45,000	50,000
017 719 30037 00000	**Equipment Rental**	65,326	59,766	40,281	55,000	110,000
017 719 30039 00000	**Blasting**	681,033	885,137	885,190	925,000	900,000
017 719 30041 00000	**Telecommunications**	1,685	3,928	3,429	3,500	4,100
017 719 30056 00000	**Data Processing**	4,018	4,263	9,721	9,300	1,100
017 719 30059 00000	**Copier Click Charges**	1,156	1,322	1,090	1,590	1,590
017 719 30066 00000	**Insurance - Property and Liability**	129,723	117,073	104,059	130,000	130,000
017 719 30084 00000	**Staff Development**	1,995	2,249	9,471	15,000	12,000
017 719 30091 00000	**Special Departmental Supplies**	-	531	969	1,500	1,500
017 719 33022 00000	**Building/Grounds Maintenance**	19,207	42,651	41,541	50,000	120,000
017 719 34042 00000	**Gas and Fuel Oil**	1,624	1,241	1,575	2,000	4,000
017 719 34043 00000	**Electricity**	155,570	162,194	151,710	170,000	170,000
017 719 34044 00000	**Water/Sewer/Garbage**	3,338	3,295	3,079	5,000	5,000
017 719 40027 00000	**Safety Equipment**	9,192	10,670	11,268	12,500	12,500
017 719 40031 00000	**Small Equipment**	33,780	32,362	49,435	50,000	45,000
017 719 40032 00000	**Operational**	34,277	34,771	33,014	32,000	35,000
017 719 40034 00000	**Food**	1,997	3,123	3,253	5,000	5,000
017 719 40045 00000	**Equipment/Software**	4,538	8,299	3,971	2,300	2,300
017 719 40065 00000	**Uniforms/Clothing**	9,323	9,318	12,332	12,300	12,500
017 719 50840 00000	**Capital Equipment**	-	-	-	-	1,153,000
017 719 50841 00000	**Equipment Replacement**	43,400	805,569	-	209,000	-
017 719 50850 00000	**Capital Building**	-	-	-	850,000	75,000
017 719 50860 00000	**Capital Land**	411,060	401,197	-	410,000	410,000
017 019 50870 00000	**Capital Vehicle**	-	-	-	-	55,000
017 719 60055 00000	**Credit Application Fee**	223	207	12,245	1,000	1,000
017 719 80719 00000	**Vehicle Maintenance**	26,722	29,738	22,333	35,000	35,000
017 719 81719 00000	**Gasoline**	15,330	19,380	16,557	20,000	20,000
017 719 72719 00000	**Diesel**	492,824	550,772	475,091	600,000	500,000
017 719 00000 00000	**Loss on Sale of Capital Asset**	256,825	-	-	-	-
017 719 90150 73499	**Depreciation Expense**	914,254	953,418	952,953	900,000	9,000
017 719 90150 73500	**Depletion Expense**	6,882	6,882	6,901	7,000	7,000
	Total Operating Expenses	6,286,937	8,405,255	6,294,290	8,968,177	8,787,232
	Net Operating Income (Loss)	1,176,346	896,707	3,181,297	1,381,823	1,262,768
017 095 00171 70010	**Transfer To General Fund**	(1,000,000)	(1,000,000)	(750,000)	(1,000,000)	(1,500,000)
	Transfer to Land Acquisition Fund	-	-	(250,000)	(250,000)	(250,000)
017 719 55100 00000	**Lease Principal Payment**	(488,016)	(508,171)	(529,158)	(549,000)	(570,177)
017 719 55200 00000	**Lease Interest Payment**	(214,437)	(194,281)	(173,294)	(154,000)	(132,823)
	Change in Net Assets	**(526,107)**	**(805,745)**	**1,478,845**	**(571,177)**	**(1,190,232)**

Positions	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Total Full Time Employees	21	22	22	22	22
Life After Lockup	1	1	1	1	1
	22	**23**	**23**	**23**	**23**

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Oconee County, South Carolina
Debt Service Fund 090
2025-2026 Budget

Account Number	Description	FY 2022 Actual	FY 2023 Actual	FY 2024 Actual	FY 2025 Budget	FY 2026 Administrator Recommended
	Number of Mills	3.0	3.0	3.0	3.0	2.7
	Value of a Mill	586,604	602,892	640,128	660,000	715,000
090 080 00805 28000	Debt Service Revenue	1,637,663	1,857,268	2,542,269	1,980,000	1,930,500
	Premium for 2023 GO Bond			1,647,491	-	
	Total Debt Service Revenue	1,637,663	1,857,268	4,829,891	1,980,000	1,930,500
	General Obligation Debt Service					
Principal Payments						
090 854 55100 00000	2020 GO Refunding Bond - (Formerly 2011 GO Bond Detention Center)	640,000	750,000	760,000	770,000	785,000
090 858 55100 00000	2016B GO Bond - Workforce Development Center	366,000	373,000	379,000	386,000	392,000
090 862 55100 00000	2014 SS Refunding Revenue Bond Pointe West (Formerly 2010 SS Revenue Bond)	289,000	294,000	303,000	312,000	-
090 892 55100 00000	2017 GO Refunding Bond - Keowee Fire District (Formerly 2007 GO Bond) (Final Payment FY21/22)	105,275	-	-	-	-
090 893 55100 00000	2019 GO Bond - Keowee Fire District	47,876	49,078	50,310	51,573	52,867
090 894 55100 00000	2022 GO Bond - Keowee Fire District	-	-	60,951	62,948	200,000
090 896 55100 00000	2013 GO Bond - Echo Hills	175,000	180,000	190,000	195,000	-
090 898 55100 00000	2011 GO Bond - Detention Center (Final Payment FY20/21)	-	-	-	-	65,397
	2023 GO Bond	-	-	-	-	-
		1,623,151	1,646,078	1,743,261	1,777,521	1,495,264
Interest Payments						
090 854 55200 00000	2020 GO Refunding Bond - (Formerly 2011 GO Bond Detention Center)	116,369	106,833	95,658	84,334	72,861
090 858 55200 00000	2016B GO Bond - Workforce Development Center	32,232	26,010	19,669	13,226	6,664
090 862 55200 00000	2014 SS Refunding Revenue Bond Pointe West (Formerly 2010 SS Revenue Bond)	34,143	25,907	17,528	8,892	-
090 892 55200 00000	2017 GO Refunding Bond - Keowee Fire District (Formerly 2007 GO Bond) (Final Payment FY21/22)	1,651	-	-	-	-
090 893 55200 00000	2019 GO Bond - Keowee Fire District	10,502	9,300	8,068	6,806	5,511
090 894 55200 00000	2022 GO Bond - Keowee Fire District	-	-	42,790	40,433	22,500
090 896 55200 00000	2013 GO Bond - Echo Hills	45,830	40,580	34,820	28,740	-
090 898 55200 00000	2011 GO Bond - Detention Center (Final Payment FY20/21)	-	-	-	-	37,984
	2023 GO Bond	-	-	103,381	1,250,000	1,250,000
		240,726	208,630	321,914	1,432,431	1,395,520
Issuance Costs & Fiscal Charges						
090 854 55300 00000	2020 GO Refunding Bond - (Formerly 2011 GO Bond Detention Center)	-	-	-	-	-
090 862 55300 00000	2014 SS Refunding Revenue Bond Pointe West (Formerly 2010 SS Revenue Bond)	-	2,000	1,956	2,000	-
090 893 55300 00000	2019 GO Bond - Keowee Fire District	-	-	-	-	-
090 894 55300 00000	2022 GO Bond - Keowee Fire District	-	-	-	-	-
090 896 55300 00000	2013 GO Bond - Echo Hills	591	560	591	600	600
090 898 55300 00000	2011 GO Bond - Detention Center (Final Payment FY20/21)	-	-	-	-	-
	2023 GO Bond	-	-	-	2,000	950
		591	2,560	2,547	4,600	1,550
	Total Debt Service Expenditures	1,864,469	1,857,268	2,067,722	3,214,552	2,892,334

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PLANNED ADMINISTRATORS, INC.
ADMINISTRATIVE SERVICES ONLY (ASO) AGREEMENT

This Agreement, dated this 2nd day of May 2025, effective for the Administrative Service Period of 12 months beginning May 1, 2025, and ending April 30, 2026, is entered into by and among the Plan Sponsor/Administrator, Oconee County, and the Plan Supervisor, Planned Administrators, Inc. ("PAI").

WITNESSETH:

Whereas, The Plan Sponsor/Administrator identified above has adopted an Employee Health and Welfare Benefit Plan known as the Oconee County Employee Health and Welfare Benefit Plan ("Plan"), which is set forth in the Plan Document, for certain employees and their dependents (hereinafter referred to as "covered persons"); and

Whereas, PAI has been designated by the Plan Sponsor/Administrator as the Third Party Administrator (TPA) to provide administration and claims services for the establishment and operation of the Plan; and

Whereas, the Plan Sponsor/Administrator has requested that PAI perform the services that are specified in the Agreement and PAI has agreed to do same upon the terms and conditions hereinafter set forth.

Now therefore, in consideration of the mutual promises and covenants contained herein, it is hereby agreed as follows:

SECTION 1. ADMINISTRATIVE SERVICES

1.1 To the extent specified in Exhibits A, B, C & D attached hereto, PAI shall provide the services for, and shall assist the Plan Sponsor/Administrator in, the administration of the Plan.

1.2 PAI shall follow the terms and provisions of the Plan Document in accordance with the Plan Sponsor/Administrator's intent and directions in carrying out the terms and purposes of this Agreement.

1.3 To the extent set forth in Exhibits A, B, C & D, PAI shall assist the Plan Sponsor/Administrator in the preparation of any report, or similar papers, required by a state or federal authority, for the Plan.

SECTION 2. PLAN SPONSOR/ADMINISTRATOR OBLIGATIONS

2.1 It is understood that the effective performance of all obligations hereunder by PAI will require that the Plan Sponsor/Administrator furnish to PAI certain timely reports and information in a form and manner specified by PAI, and such shall be as follows:

A. Previous Plan Document and Health Insurance Contract;

B. Plan Summary Booklet;

C. Copy of previous Carrier's billing for month preceding the effective date of coverage of the new Plan;

D. Complete, legible, and accurate enrollment forms on all covered employees and timely submission of Employee Data Change Forms and Health Questionnaires when appropriate;

E. Any and all necessary information regarding any Excess Loss (Stop Loss) Insurance ("Excess Loss (Stop Loss) Insurance" means the insurance procured by the Plan Sponsor/Administrator that insures against claims made in excess of certain amounts); and

F. Other information or documentation as may be required from time to time, within 30 days of request.

If applicable, items A through C shall be delivered to PAI within 15 days of the effective date of this Agreement. Item D shall be delivered to PAI no later than the 20th of each month for enrollments, changes, and questionnaires completed during the prior calendar month.

2.2 PAI shall not be responsible for delay in the performance of the claim and administrative and billing services

caused by failure of the Plan Sponsor/Administrator to furnish any required information on a timely basis.

2.3 The Plan Sponsor/Administrator shall comply with all requirements of the Employee Retirement Income Security Act of 1974 and any other laws and regulations covering self-funded employee benefits programs.

2.4 The Plan Sponsor/Administrator shall be responsible for determining which covered persons are eligible for benefits under the Plan and shall certify this eligibility to PAI. Eligibility determinations shall be made by the Plan Sponsor/Administrator in compliance with the terms of the Plan Document. The Plan Sponsor/Administrator is responsible for ensuring that any member (employees or employees' dependents who Plan Sponsor/Administrator determines are eligible to participate in the Plan and who have elected to participate in the Plan) coverage rescissions reported to PAI are due to fraud, intentional misrepresentation of material fact or non-payment of premium contribution amounts. Any member notices required by law due to rescissions of coverage are also the Plan Sponsor/Administrator's responsibility. The Plan Sponsor/Administrator is responsible for reconciling its employment records to the lists of covered employees on PAI's monthly invoices, and reporting any discrepancies to PAI.

2.5 The Plan Sponsor/Administrator shall open and maintain a separate checking account at the bank of its choice, from which claims payments will be issued. The Plan Sponsor/Administrator shall provide PAI with bank account documentation, i.e. signature card, MICR encoded bank specifications sheet. Claims checks will be issued from this account on a twice-weekly basis. The Plan Sponsor/Administrator shall be responsible for timely deposit of sufficient funds for claims checks to be mailed two business days following the date of the check issuance (check date). Escheat/Unclaimed Funds reporting and compliance shall be the responsibility of the Plan Sponsor/Administrator.

2.6 The Plan Sponsor/Administrator is responsible for timely payment of all premiums for any insurance purchased by or for the benefit of the Plan. The Plan Sponsor/Administrator has the final authority to decide the insurance company(s) that will provide any such insurance.

2.7 If the Plan Sponsor/Administrator purchases COBRA services from PAI, Plan Sponsor/Administrator shall:

A. Complete a COBRA initial notification form (which shall be provided by PAI or its designee within ninety (90) days of any new employees and within thirty (30) days of a member's Qualifying Event (as defined in the Plan Document);

B. Determine the amount of contributions required for COBRA continuation coverage and notify PAI or its designee of such amount;

C. Inform PAI or its designee of continuation rights, by use of the COBRA notification form or other electronic means upon the occurrence of a Qualifying Event;

D. Notify PAI or its designee upon receipt of notification of any second Qualifying Event.

If the Plan Sponsor/Administrator does not purchase COBRA services from PAI, then this section is not applicable.

2.8 Internal Revenue Code Section 125 Plan ("125 Plan") Services: If applicable and if the Plan Sponsor/Administrator purchases 125 Plan Services from PAI, then the Plan Sponsor/Administrator shall:

A. Sponsor and encourage employee support of the 125 Plan.

B. Provide PAI or its designee (in a format reasonably acceptable to PAI or its designee) any necessary employee payroll, census, benefit information and any other information reasonably requested from time to time by PAI or its designee.

C. Be responsible for creation of any 125 Plan documents.

D. At all times be responsible for contributions to the 125 Plan and funds held by the 125 Plan.

E. Report participant terminations and changes of family status to PAI or its designee.

F. Reconcile payroll amounts redirected to the 125 Plan.

G. Complete and file form(s) 5500 with the IRS each plan year.

H. Initiate any action required in the event 125 Plan becomes discriminatory.

I. Distribute funds according to the requirements of the 125 Plan and PAI's or its designee's direction.

If the Plan Sponsor/Administrator does not purchase 125 Plan Services from PAI, then this section is not applicable.

2.9 Summary of Benefits and Coverage (SBC): The Plan Sponsor/Administrator agrees:

A. To promptly provide to PAI the information necessary to complete the SBC;

B. There is an understanding and agreement that the Plan Sponsor/Administrator's failure to provide information in a timely manner may substantially delay and/or jeopardize the timely delivery of the SBC;

C. To distribute the SBC required under the Patient Protection and Affordable Care Act (PPACA) to members;

D. To ensure that electronic access shall be restricted to a "read-only" or similar basis;

E. To replace any hard-copy SBC that is modified by PAI;

F. That the hard-copy SBC on file with PAI shall control in the event of any discrepancy; and

G. That the Plan Sponsor/Administrator remains solely responsible for the content of the SBC and all other legal requirements related to the SBC. To the extent that PAI incurs any liability as a result of the preparation or distribution of the SBCs to Plan Sponsor/Administrator's members, Plan Sponsor/Administrator shall fully indemnify PAI.

2.10 RxDC Reporting Under the Consolidated Appropriations Act.

A. On an annual basis, PAI will submit prescription drug and health care spending (RxDC) reports required under the Consolidated Appropriations Act (CAA) on behalf of the Plan Administrator/Plan Sponsor, at no cost, for reportable items and services administered by PAI. Plan Administrator/Plan Sponsor must notify PAI in writing by no later than thirty (30) days from the initial group outreach following the reference year at issue if and to the extent that Plan Administrator/Plan Sponsor contracts with or otherwise utilizes a third party to complete such reporting. If Plan Administrator/Plan Sponsor provides, or arranges for a third party to provide, PAI with data for items and services that are not administered by PAI (such as pharmacy data for coverage that is administered or insured by a third party pharmacy benefits manager) and requests that PAI include such data in its reporting for Plan Administrator/Plan Sponsor, Plan Administrator/Plan Sponsor shall be solely liable for the accuracy and completeness of such data.

B. For RxDC reports required under the CAA, by no later than thirty (30) days from the initial group outreach following the reference year at issue, Plan Administrator/Plan Sponsor will supply PAI with any claims costs, premiums (including for any stop-loss coverage), or fees from other vendors for any coverage to be reported by PAI. Alternatively, Plan Administrator/Plan Sponsor may supply PAI, by no later than thirty (30) days from the initial group outreach following the reference year at issue, with the COBRA applicable premium amount (less the 2% administrative fee, if applicable) for the coverage to be reported by PAI. Plan Administrator/Plan Sponsor also must include, in the information supplied to PAI pursuant to this paragraph, the average monthly premium (or premium equivalent) amount that Plan Administrator/Plan Sponsor paid or will pay toward the coverage on behalf of Members (including dependents) for the reference year.

2.11 Gag Clause Compliance Attestation. PAI will complete and submit Gag Clause Prohibition Compliance Attestations on behalf of the Plan Sponsor/Administrator's Plan, pursuant to section 9824 of the Internal Revenue Code of 1986, as amended (the "Code"), section 724 of ERISA, and section 2799A-9 of the Public Health Service Act ("PHSA"), and the applicable federal guidance issued thereunder, as follows:

A. PAI will complete and submit, by no later than December 31st of each calendar year that this Agreement is in effect, the annual Gag Clause Prohibition Compliance Attestation on behalf of the Plan for that calendar year. Absent written direction from the Plan Sponsor/Administrator, the attestation will cover any and all agreements between the Plan (or Plan Sponsor/Administrator on behalf of the Plan) and any health care provider, network or association of providers, third-party administrator, or other service provider offering access to a network of health care providers.

B. The Plan Sponsor/Administrator represents and warrants that the Plan currently is, and at all times during the term of this Agreement will be, compliant with the provisions of Code section 9824, ERISA section 724, and/or PHSA section 2799A-9, as applicable, with regard to any and all agreements between the Plan (or Plan Sponsor/Administrator on behalf of the Plan) and any health care provider, network or association of providers, third-party administrator, or other service provider offering access to a network of health care providers, if applicable.

C. The Plan Sponsor/Administrator will provide to PAI upon request, and in the timeframe and manner specified by PAI, if applicable, all information that PAI requires in order to complete and submit the Gag Clause Prohibition Compliance Attestation on behalf of the Plan. If the Plan Sponsor/Administrator fails to provide any such requested information, PAI may, in its discretion, use its best efforts to complete and submit a Gag Clause Prohibition Compliance Attestation on behalf of the Plan, in good faith, in accordance with this Agreement.

D. The Plan Sponsor/Administrator acknowledges that PAI will rely entirely on the Plan Sponsor/Administrator's representations and warranties as described herein, and any information that the Plan Sponsor/Administrator provides to PAI, in completing and submitting each Gag Clause Prohibition Compliance Attestation on behalf of the Plan, in accordance with this Section.

E. The Plan Sponsor/Administrator agrees to defend, indemnify, and hold harmless PAI, its directors, officers, agents, employees, affiliates, successors, and assigns from and against any and all claims, demands, liabilities, damages, losses, suits, costs (including reasonable legal costs) and judgments arising out of or related in any way to PAI's completion and submission of one or more Gag Clause Prohibition Compliance Attestations on behalf of the Plan in accordance with this Agreement, including but not limited to such submissions made where the Plan Sponsor/Administrator has failed to provide any or all requested information to PAI.

F. If this Agreement terminates during a calendar year, and there is no successor agreement between the parties, this Section will survive such termination and remain in effect through December 31st of that calendar year. For the avoidance of doubt, if this Agreement terminates during a calendar year, PAI will complete and submit an annual Gag Clause Prohibition Compliance Attestation on behalf of the Plan with regard to the portion of that calendar year that this Agreement was in effect.

SECTION 3. PAYMENTS

3.1 **Monthly Billing** - Monthly billings reflecting Fixed Costs (all Plan Costs except Claim Costs) will be provided to the Plan Sponsor/Administrator to arrive approximately seven (7) calendar days prior to the first day of the month in which it is due. This bill will reflect all written changes received by PAI prior to the 10th day of the previous month. Payment is due on the 1st day of each month, and will be delinquent if not received prior to the 10th. All claims adjudication will be curtailed on delinquent accounts until such time as the account is brought current. If payment is not received within 30 days following the due date, PAI Administrative and Claims Services may be

cancelled. If life insurance premiums are included on the billing, that coverage will also be cancelled. The Plan Sponsor/Administrator is required to pay as billed and accept reasonable or appropriate retroactive additions or terminations, if applicable, on the subsequent month's billing.

3.2 If during the operation of the Plan, any tax (other than state or federal income taxes), or any other assessment or premium charge shall be assessed against the Plan, or if PAI is required to pay such tax, PAI shall report the payment to the Plan Sponsor/Administrator and the Plan Sponsor/Administrator shall reimburse PAI for the same, to exclude any expenses or taxes that are not appropriately allocable to the operation of the Plan.

3.3 In addition to monthly administrative, claims, and handling fees, the Plan Sponsor/Administrator shall pay PAI additional charges for any special request items or services not specifically covered in Exhibits A, B, C & D. Such items may be:

A. Printing and supplies expenses incurred after exhausting the supplies provided under the initial set-up fee for Plan inserts, Plan Document changes, ID cards, etc.;

B. Special statistical reports other than customary or annual reports, (See Exhibit B, paragraph F). Unusual or extraordinary expenses for services or support that PAI and the Plan Sponsor/Administrator mutually agreed upon.

3.4 All charges incurred as a result of paragraph 3.3 will be submitted for payment on the next Plan monthly billing statement and subject to payment in full with that billing remittance.

3.5 All charges incurred for services to be rendered for an administrative run-out of claims at termination of a contract will be billed and remitted as set forth in Section 9, Termination of Agreement, paragraph 9.5.

3.6 PAI has the right to change the monthly Fixed Costs charges, in the following circumstances. PAI will, to the extent possible, give the Plan Sponsor/Administrator no less than thirty (30) days advance written notice of the change. The portion of the Fixed Costs representing policy premiums (if any) may be changed at any time the policy premiums are changed by the insurer(s). The administrative service fees of PAI may be changed once every twelve months. PAI may also change the administrative service fees (1) on the date a substantive change is made to the Plan which increases the responsibilities of PAI or (2) on the date the number of employees covered by the Plan has changed by 25% or more since the date the then current administrative services fees were effective. If Fixed Costs charges change during the term of this Agreement, an amended Schedule D will be prepared, agreed upon and initialed by both parties to the Agreement.

SECTION 4. MISCELLANEOUS PROVISIONS

4.1 PAI in performing its obligations under this Agreement is acting only as an agent of the Plan Sponsor/Administrator. For the purposes of the Employee Retirement Income Security Act of 1974, as amended from time to time, and any applicable state legislation of similar nature, the Sponsor shall be the Administrator of the Plan, unless the Sponsor by action of its Board of Directors designates an individual or committee to act as Administrator. In no instance shall PAI be deemed to be, or be, the Sponsor or the Administrator of the Plan for purposes of the Employee Retirement Income Security Act of 1974, as amended from time to time. Both parties acknowledge and agree that all documents and records generated by PAI in performance of its obligations under this Agreement are owned by the Plan Sponsor/Administrator, and that PAI serves as the custodian of such documents and records on behalf of the Plan Sponsor/Administrator.

4.2 PAI shall not be liable, nor advance its funds, for the payment of claims under the Plan or insurance or other premiums or monies owed to other providers of goods or services that are the responsibility of the Plan Sponsor/Administrator. PAI shall not be considered the Insurer or Underwriter of the liability of the Plan Sponsor/Administrator to provide benefits for the Plan's covered persons and the Plan Sponsor/Administrator shall have final responsibility and liability for payment of claims in accordance with the provisions of the Plan.

4.3 This Agreement shall not restrict PAI from pursuing any and all legal or equitable remedies from any party for any claims, lawsuits, settlements, judgments, costs, penalties, liabilities and expenses ("Damages") resulting from,

or related to, any third party claim under this Agreement or the Sponsor/Administrator's Plan or the Plan Document if PAI is acting or administering the Sponsor/Administrator's benefits or Plan Document at the express direction and/or instruction of Sponsor/Administrator unless such Damages are the direct consequence of criminal conduct, fraud or willful misconduct on the part of PAI.PAI agrees to indemnify and hold harmless the Plan Sponsor/Administrator from any and all claims, lawsuits, settlements, judgments, costs, penalties, liabilities and expenses, including a reasonable attorney's fee (for attorneys chosen by The Plan Sponsor/Administrator), arising out of or related to the Plan, Plan Document or this Agreement, but only if resulting from PAI's criminal conduct, fraud, or willful misconduct.

4.4 The Plan Sponsor/Administrator also recognizes and agrees that Plan Sponsor/Administrator's failure to adhere to the check release process as outlined in Section 4.10, or Plan Sponsor/Administrator's failure to pay the Administrative Fee due to PAI under this Agreement, may result in PAI incurring significant costs and has the potential to result in a delay in the release of the claims checks, Provider Vouchers and Explanation of Benefits Statements beyond the time frames for such release as set forth in the U.S. Department of Labor claims regulations. In the event that the Plan Sponsor/Administrator delays the release of any claims checks, or fails to pay the Administrative Fee, PAI will be entitled to indemnification for any and all claims, lawsuits, settlements, judgments, costs, penalties, liabilities and expenses, including attorneys' fees (for attorneys chosen by PAI), resulting from, or arising out of, based on, or in connection with such delay or non-payment.

4.5 PAI may secure the services of actuaries, computer service firms and any other firms it deems necessary in performing its duties under this Agreement.

4.6 Both parties acknowledge and agree that pursuant to this Agreement, PAI is an independent contractor under South Carolina State law. Personnel performing services under this Agreement will remain employees of their respective parties and no such employee of either party shall be considered in any way to be an agent, officer, representative, or employee of the other party, or have binding authority as an agent, officer, representative, or employee of the other party.

4.8 A. If PAI becomes aware of an excess payment or overpayment made under the Plan in excess of $50.00, PAI shall use its standard overpayment collection processes and procedures to attempt to recover any overpayment; PAI will not attempt to recover overpayments in the amount of $50.00 or less. PAI's services for its standard overpayment collection processes are included in the Administrative Charge. In the event PAI uses the services of a Medical Provider Audit Firm ("MPAF"), the fee for such MPAF services shall be based on a percentage of the amount recovered and is listed on Exhibit D. PAI, in its sole discretion, shall settle and resolve overpayments on any basis it determines is reasonable (provided that PAI may only pursue litigation in accordance with this Section 4.8), including payment of less than the entire overpayment amount. Notwithstanding the foregoing, PAI is not required to initiate court proceedings to comply with this Section 4.8; however, if PAI determines that litigation is necessary to collect the overpayment, PAI will notify Plan Sponsor/Administrator, and Plan Sponsor/Administrator will be solely responsible for the decision to pursue litigation and funding all litigation costs and expenses, including attorney's fees; PAI shall deliver any related files to the Plan Sponsor/Administrator for the Plan Sponsor/Administrator to pursue such amount. PAI shall notify the Plan Sponsor/Administrator whenever attempted recovery of overpayments is unsuccessful, and the Plan Sponsor/Administrator shall hold PAI harmless for any overpayment not recovered.

B. PAI shall engage the services of a healthcare subrogation and reimbursement recovery provider on behalf of Plan Sponsor/Administrator to serve as a recovery agent ("Recovery Agent") of the health benefit plan. The Recovery Agent will assert the right to recover and subrogate claim reimbursements from third parties, including covered persons, claims administrators and any other person or source having a potential third-party liability ("TPL") related to said claims. PAI shall charge an additional fee based on a percentage of the subrogation amount recovered (hereinafter the "Subrogation Fee"). The Subrogation Fee is listed on Exhibit D and is not included in the Administrative Charge or any other fee

described herein. PAI shall work with the Recovery Agent to settle and resolve all such claims on any basis it determines as reasonable, including collection of less than the entire amount of such claim and contributions to the Member's attorney's fees. Notwithstanding the foregoing, PAI is not required to initiate court proceedings to comply with this Section 4.8. In the event PAI determines litigation is necessary to recover a subrogation claim, PAI will notify Plan Sponsor/Administrator, and Plan Sponsor/Administrator will be solely responsible for the decision to pursue litigation and funding all litigation costs and expenses, including attorney's fees; PAI shall deliver any related files to the Plan Sponsor/Administrator, for the Plan Sponsor/Administrator to pursue such amount. PAI shall notify the Plan Sponsor/Administrator whenever attempted recovery of subrogation claims is unsuccessful, and the Plan Sponsor/Administrator shall hold PAI harmless for any subrogation claim not recovered. If the Plan Sponsor/Administrator separately contracts with an outside vendor for subrogation services, references Agent will assert the right to recover and subrogate claim reimbursements from third parties, including covered persons, claims administrators and any other person or source having a potential third-party liability ("TPL") related to said claims. PAI shall charge an additional fee based on a percentage of the subrogation amount recovered (hereinafter the "Subrogation Fee"). The Subrogation Fee is listed on Exhibit D and is not included in the Administrative Charge or any other fee described herein. PAI shall work with the Recovery Agent to settle and resolve all such claims on any basis it determines as reasonable, including collection of less than the entire amount of such claim and contributions to the Member's attorney's fees. Notwithstanding the foregoing, PAI is not required to initiate court proceedings to comply with this Section 4.8. In the event PAI determines litigation is necessary to recover a subrogation claim, PAI will notify Plan Sponsor/Administrator, and Plan Sponsor/Administrator will be solely responsible for the decision to pursue litigation and funding all litigation costs and expenses, including attorney's fees; PAI shall deliver any related files to the Plan Sponsor/Administrator, for the Plan Sponsor/Administrator to pursue such amount. PAI shall notify the Plan Sponsor/Administrator whenever attempted recovery of subrogation claims is unsuccessful, and the Plan Sponsor/Administrator shall hold PAI harmless for any subrogation claim not recovered. If the Plan Sponsor/Administrator separately contracts with an outside vendor for subrogation services, references to subrogation recovery in this paragraph are not applicable.

C. In the event that PAI engages the services of a healthcare payment integrity provider for the purposes of payment integrity, a fee will be assessed to the Plan Administrator/Sponsor based on a percentage of the amount saved or recovered as listed within Exhibit D.

4.9 The Plan Sponsor/Administrator has separately contracted with a pharmacy benefits manager ("PBM"). PAI shall be entitled to rely on any information provided to it by the Plan Sponsor/Administrator's PBM. PAI shall base certain eligibility, coverage and other determinations in the performance of its responsibilities under this Agreement in reliance on the information so provided, and shall not be required to confirm or verify the accuracy, authenticity or completeness of any information so provided. PAI shall not be liable for any damages that may result from its reliance on and/or utilization of inaccurate or incomplete information received from the Plan Sponsor/Administrator's PBM. If the Plan Sponsor/Administrator's PBM does not electronically exchange member level claims data with PAI, then PAI is not responsible for (1) integrating pharmaceutical claims payment information into members' maximum out-of-pocket accumulators or (2) inclusion of pharmaceutical claims payment information in stop loss claims submissions for reimbursement.

4.10 The Plan Sponsor/Administrator agrees to operate under the prescribed procedures for auto-release of their claims checks. Checks will be mailed two business days after the date of the checks. Failure of the Plan Sponsor/Administrator to comply with prescribed auto-release procedures may result in immediate placement of claims processing on administrative hold.

4.11 PAI shall not be bound by any notice, or directive or request unless and until it is received in writing at its office in Columbia, South Carolina, addressed to Planned Administrators, Inc., Post Office Box 6927, Columbia, South Carolina 29260.

4.12 This Agreement, including any attached Exhibit, Schedule, Attachment or Supplement, contains the entire agreement between the parties with respect to the subject matter hereof and it supersedes all prior oral or written agreements, commitments or understandings with respect to such matters. Unless otherwise provided in this Agreement, no modification or waiver of any of the provisions, or any future representation, promise, or addition, shall be binding upon the parties unless made in writing and signed by both parties.

SECTION 5. LAWS GOVERNING AGREEMENT

This Agreement shall be construed and enforced according to the laws of the State of South Carolina, except to the extent such laws are preempted by the Employee Retirement Income Security Act of 1974 and any other federal law in which such federal law shall apply.

SECTION 6. AGREEMENT COUNTERPARTS

This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, and said counterpart shall constitute but one of the same instrument.

SECTION 7. MODIFICATION OF AGREEMENT

This Agreement and any attachments thereto constitute the entire Agreement between the parties. Changes in the Agreement or in any attachments must be mutually agreed to, in writing, signed and delivered to the respective parties.

SECTION 8. TIME LIMIT FOR FILING CLAIMS

8.1 It is understood that the Plan Sponsor/Administrator has implemented a self-funded health benefit plan and that all provisions of the Plan must be described in a Plan Document.

8.2 The Plan Sponsor/Administrator understands that if it purchases Excess Loss (Stop Loss) coverage to reimburse it for some losses sustained under the Plan, the coverage contract will contain a time limit within which covered and complete claims must be filed by persons covered under the Plan in order for the loss to be reimbursable to the Plan Sponsor/Administrator.

8.3 It is understood that the Plan Sponsor/Administrator is responsible for the Plan Document and for all provisions in the Plan Document including, but not limited to, a description of any time limits within which complete claims must be filed. It is understood, further, that if the Plan Document provides for a longer time period to pay claims than the Excess Loss (Stop Loss) coverage provides, there could be claims payable under the Plan which will not be reimbursed by the Excess Loss (Stop Loss) contract, which otherwise might have been reimbursable. In all cases where claims are submitted to PAI for payment, PAI is responsible for processing and presenting claims for payment to the Plan Sponsor/Administrator in a time and manner as specified in Exhibit B, and within a reasonable timeframe to secure reimbursement under the Excess Loss (Stop Loss) contract. If PAI receives a claim after the deadline for reimbursement under the Excess Loss (Stop Loss) contract, PAI will promptly notify the Plan Sponsor/Administrator. PAI will not disrupt the standard flow of the adjudication process, but will follow its standard processing procedures.

Claims must be filed with PAI within the time requirements as set forth in the Plan Document, unless it was not reasonably possible to do so. PAI will determine if enough information has been submitted to enable proper consideration of the claim.

8.4 For purposes of claims processing, a complete claim is one that includes all information necessary for PAI to properly adjudicate the claim. If PAI receives incomplete claims or if the claim is considered incomplete due to any other information being needed, PAI will request the needed information and the Plan Sponsor/Administrator shall be notified in writing, via a monthly "LPR-Claim Letter Listing" report, which informs the Plan

Sponsor/Administrator about any claims received by PAI that are pending additional information. This report provides information regarding all letters PAI has sent out to subscribers on behalf of the Plan Sponsor/Administrator, requesting additional information necessary to complete the adjudication of the claim in question. PAI will use reasonable means to secure the information needed for the incomplete claim to become complete. It is ultimately, however, the responsibility of the Plan Sponsor/Administrator to secure any information needed by PAI.

8.5 If PAI receives any claim which is incomplete, as described in paragraph 8.4 and the information needed to make the claim complete is not received within the claim filing and payment time limit in the Excess Loss (Stop Loss) contract, that claim if subsequently paid under the Plan may not be reimbursed to the Plan Sponsor/Administrator by the carrier providing the Excess Loss (Stop Loss) coverage.

SECTION 9. TERMINATION OF AGREEMENT

9.1 This Agreement may be terminated by either party by written notice of intention to terminate given to the other party, to be effective as of a certain date set forth in the written notice which shall not be less than thirty (30) days from the date of such notice. Failure by the Plan Sponsor/Administrator to render written notice of at least thirty (30) days will result in the equivalent of one month's administrative service fees being due to the Plan Supervisor, payable immediately. Failure of the Plan Sponsor/Administrator to remit said amount will void and invalidate any further obligation of PAI to furnish materials or data as outlined in Section 9, paragraph 9.5, item C.

9.2 This Agreement shall automatically terminate in the event of:

A. Bankruptcy or insolvency of the Plan Sponsor/Administrator or PAI;

B. Failure by the Plan Sponsor/Administrator to deliver to PAI on a timely basis the reports and information set forth in Section 2, paragraph 2.1;

C. Merger, sale or consolidation of Plan Sponsor/Administrator, unless the surviving entity, as new Plan Sponsor/Administrator, and PAI agree to continue this Agreement;

D. Merger, sale or consolidation of PAI, unless the surviving entity, as new Plan Supervisor, and Plan Sponsor/Administrator agree to continue this Agreement;

E. The enactment of any law or the promulgation of any regulation, which makes illegal the continuance of this Agreement or the performance of any obligations hereunder;

F. Failure of the Plan Sponsor/Administrator to deposit funds for the payment of claims within a two week time period from the date of the checks.

Provided, however, in the event of any termination of this Agreement pursuant to items A through F of this Section 9.2, such termination shall not occur and shall not be effective until the 15th day after the terminating party notifies the other party in writing that the Agreement is being terminated. As to items B and F above, there shall be a right to cure the default during the first 7 days of this 15-day notice period.

9.3 In the event of termination of this Agreement, PAI shall complete the processing of all fully documented requests for claim payments under the Plan that were received by it and are due and payable prior to the termination of this Agreement, but it shall have no obligation:

A. To complete the processing of any such requests upon its determination that the Plan Sponsor/Administrator has failed to provide funds for the payment of benefits due;

B. To process requests for claim payments that were received by it after termination of this Agreement;

C. To process requests for claims payment for which full documentation does not arrive at PAI until after the termination of the Agreement;

D. To issue checks after the termination date for requests for claim payment relative to conditions existing on or after such date.

9.4 All checks issued by PAI, which are outstanding upon the termination of this Agreement or issued thereafter in accordance with Section 9, paragraph 9.3, shall continue to be the responsibility and liability of the Plan Sponsor/Administrator. The Plan Sponsor/Administrator shall continue to be responsible and liable for the payment of all benefits and expenses under the Plan after the termination of this Agreement.

9.5 Notwithstanding anything herein to the contrary, if the Agreement is terminated for any reason the following applies:

A. Termination of this Agreement will result in cessation of all administrative and claims services, upon the date of termination. However, when mutually agreeable the Plan Sponsor/Administrator can request an Administrative and Claims Service Agreement only, to allow for the orderly resolution of the incurred but not paid, pending claims (runout). This in no way will be construed as an extension of any insurance contracts that may exist. Such an agreement can be arranged for three months at a time (up to a total of 12 months), and the runout fees will be based on the administrative rates and number of enrollees on the invoice of the final month of the contract. The monthly runout fees will be determined at the time of contract termination. The monthly runout fees will be equal to 100% of the last contract month's administrative fees for the first three months, 50% of the last contract month's administrative fees for the fourth through sixth months, and 25% of the last contract month's administrative fees for the seventh through twelfth months. Any runout PPO network fees are not reduced quarterly in the same manner as the administrative fees. The runout fees will be payable in advance, unless otherwise agreed upon.

B. PAI will deliver to the Plan Sponsor/Administrator, for a standard end-of-contract reporting fee of $500.00, the following items after the termination of this Service Agreement:

1. The Plan year-end closing documentation;

2. A final accounting of all reimbursements made by the Excess Loss (Stop Loss) Carrier;

3. All unused check stock;

4. Copies of paperwork on outstanding reimbursements which was forwarded to Excess Loss (Stop Loss) Carrier;

5. Claims submitted but not processed;

6. All claims documentation and other materials utilized to process claims;

7. A listing of all deductible and out-of-pocket accumulations;

8. Any other documents or records for which PAI is responsible pursuant to the terms of this Agreement.

C. The delivery of those items in the paragraph above to the Plan Sponsor/Administrator or its representative will release PAI of all further administrative, legal, financial and consultative responsibility of any ongoing or future actions that may be taken by claimants or providers of services, etc.

In Witness whereof, the Plan Sponsor/Administrator and PAI have executed this Agreement as of the day and year first above written.

For:	**OCONEE COUNTY**	For:	**PLANNED ADMINISTRATORS, INC. (PAI)**
By:	*(Signature)*	By:	*(Signature)*
Name:	Amanda F. Brock *(Print)*	Name:	Kerri M. Flowers *(Print)*
Title:	Oconee County Administrator	Title:	AVP, Self Funded Operations & Account Management
Date:	5/5/2025 *(Please enter exact date signed.)*	Date:	05/05/2025 *(Please enter exact date signed.)*

This Agreement shall be effective on the earlier of the Effective Date or, if Plan Sponsor/Administrator shall not return an executed copy prior to the Effective Date, the first date the Plan Sponsor/Administrator receives Services. If Plan Sponsor/Administrator has not returned an executed copy of this Agreement prior to the receipt of Services, then the version of this Agreement initially provided to the Plan Sponsor/Administrator shall control.

EXHIBIT A

General Administrative Services

1. PAI will provide technical assistance, guidance and administrative support in the preparation for approval by the Plan Sponsor/Administrator of the following:

   A. Standard Plan Document with the Schedule of Benefits (Benefit Booklet);
   (*If Plan Sponsor/Administrator has not returned an approved and executed copy of the Plan Document prior to the receipt of Services, then the version of the Plan Document initially provided to the Plan Sponsor/Administrator shall control.)*

   B. Billing format;

   C. Checks for any bank account.

2. PAI will provide the following:

   A. Enrollment/Change Forms;

   B. Claim Forms (medical, dental, and disability);

   C. Health Questionnaires;

   D. Monthly billing;

   E. Explanation of benefit forms (EOB);

   F. Standard PAI identification cards.

3. PAI may perform the marketing function to obtain quotes and coordinate the procurement process for any Stop Loss Insurance Contracts.

4. PAI will furnish information to the Plan Sponsor/Administrator necessary for the Plan Sponsor/Administrator to complete 5500 filings (if applicable), within the prescribed deadline of 120 days from end of Plan year. It is the Plan Sponsor/Administrator's responsibility to determine whether the Plan is required to file Form 5500.

5. PAI will print and mail 1099s to the appropriate recipients at the end of each calendar year. PAI's actual cost will be billed to the Plan Sponsor/Administrator. PAI will also electronically file the 1099 information returns with the appropriate governmental authorities, on behalf of the Plan Sponsor/Administrator.

6. If Plan Sponsor/Administrator purchases COBRA Services from PAI, PAI or its designee shall:

   A. Mail the initial COBRA rights notice (as approved by the Department of Labor) to the member or dependent under the Plan. A separate COBRA rights notice will be mailed to the covered spouse if applicable.

   B. Send the appropriate COBRA notice and election forms to the qualified beneficiaries and monitor the election period for the COBRA beneficiaries upon notice of a qualified member. (Forms must be completed in its entirety; incomplete elections will be treated as elected as offered.)

   C. Bill and collect the initial premium payment covering the period during which coverage would have normally ended to the date the beneficiary elects COBRA continuation.

   D. Bill and collect the monthly premiums from the COBRA beneficiaries who elected continuation of coverage beginning with the first monthly premium due after notice of continuation coverage is made by the beneficiary.

   E. Monitor the appropriate continuation of coverage period for each beneficiary and disenroll the beneficiary at the end of the period of continued coverage.

   F. Send conversion notices to eligible COBRA beneficiaries to the extent and within the period prescribed by applicable law, provided that a conversion option is included in their Plan Document.

   G. Not be responsible for giving notice to the COBRA continuants of any open enrollment periods as well as the available benefit plan options and applicable premium rates for the periods.

   H. Provide reports as follows:

1) a monthly report summarizing the following items for the preceding month: coverage elections and terminations; premium payment status; eligibility expirations; and all changes related to coverage and/or demographics that have been affected;

2) a daily report indicating: receipt of initial premium, notice of election (including type of coverage chosen) and notice of termination (including date of and reason for termination);

3) additional reports may be available upon mutual agreement and for an additional fee.

I. Forward contributions received for the preceding month to Plan Sponsor/Administrator on a monthly basis, less any amount due as payment for COBRA Services furnished pursuant to this Agreement.

Neither PAI nor its designee shall be responsible for providing notice of any open enrollment periods, available benefit plan options, and/or applicable premium rates for such periods.

PAI or its designee shall rely upon any information provided to it by the Plan Sponsor/Administrator, shall base certain eligibility, coverage and other determinations in the performance of its responsibilities under this Agreement in reliance on the information so provided, and shall not be required to confirm or verify the accuracy, authenticity or completeness of any information so provided. PAI's or its designee's only obligation hereunder shall be to compile such information accurately and to utilize such information in performing its responsibilities under this Agreement.

If the Plan Sponsor/Administrator does not purchase COBRA services from PAI, then this section is not applicable.

7. If Plan Sponsor/Administrator purchases 125 Plan Services from PAI, PAI or its designee shall:

A. Provide sample announcement letters, sample communications materials for employee education and annual enrollment materials as requested by the Plan/Administrator.

B. Process employee reimbursement requests as directed by the Employer's Section 125 Plan, 125 Plan Master Application and IRS guidelines.

C. Provide toll-free customer service access via telephone.

D. Provide 125 Plan discrimination reports at the beginning and end of the year.

E. Provide standard monthly reports for reconciling amounts redirected to the 125 Plan. Standard monthly reports include:

1) Reports detailing the monthly administrative fees;

2) Reports detailing billing for employees; and,

3) Reports detailing employees' elections and participation.

F. Not have any obligation or duty to maintain any accounts or handle funds on behalf of the Plan Sponsor/Administrator.

If the Plan Sponsor/Administrator does not purchase 125 Plan Services from PAI, then this section is not applicable.

EXHIBIT B

Claim Payment Services

1. PAI shall, in accordance with the terms of the Plan Document or other written agreements, as originally stated or as subsequently amended, do the following:

   A. Promptly process claims with respect to covered persons and calculate the amounts due and payable in accordance with the Plan Document.

   B. Prepare for signature by the authorized party, process and distribute payment checks drawn on the Plan's checking account.

   C. Prepare and submit all reports and notices of claims to the reinsurer in a time and manner required by the Excess Loss Insurance Policy; maintain records reasonably required by the reinsurer and furnish to the reinsurer upon request, all pertinent data with respect to Covered Persons as required by the Excess Loss Insurance Policy; or perform any other duty in a time and manner as specified in the Excess Loss Insurance Policy. PAI shall promptly notify Plan Sponsor/Administrator of any notices received by PAI from the reinsurer, and promptly forward Excess Loss Insurance reimbursements received from the reinsurer to the Plan Sponsor/Administrator.

   D. Maintain current and complete records and files of claim payments for each covered person in accordance with PAI's current practices.

   E. Request, as needed, any Medical Records necessary with which to process claims and file claims reimbursements with the Excess Loss (Stop Loss) carrier on behalf of the Plan Sponsor/Administrator. The Plan Sponsor/Administrator shall be responsible for any expenses incurred in obtaining these Medical Records. This expense will be charged against the Plan Sponsor/Administrator's claims account.

   F. Submit the following claims related reports to the Plan Sponsor/Administrator:

      1. Check register;

      2. Monthly Individual Specific Analysis (policy year); Benefit Analysis (month-to-date) and Coverage Analysis;

      3. Loss Ratio Report and Benefit Analysis (year-to-date);

      4. The reports in items 1 through 3 above, if requested at intervals other than specified above, will be provided for an additional fee. Non-standard reports such as Cost Containment, Lag Studies, or other program reports, can also be provided for an additional fee. Any such additional fees will be pre-approved by the Plan Sponsor/Administrator.

   G. Conduct reviews of all written appeals of claim decisions. Claims appeal findings and determinations are subject to the Plan Sponsor/Administrator’s right for final approval or denial.

EXHIBIT C

Agreement Regarding Disclosure of Group Claim Information

HIPAA

1. HIPAA. For purposes of this Section 1, any reference to Plan Sponsor/Administrator shall include any group health plan administrated pursuant to the Administrative Services Agreement (the "Agreement").

   A. Privacy of Protected Health Information.

      i. PAI is permitted or required to use or disclose Protected Health Information ("PHI") it creates or receives for or from Plan Sponsor/Administrator's health plan or to request PHI on Plan Sponsor/Administrator's health plan's behalf as follows:

         a. PAI is permitted to request the PHI on Plan Sponsor/Administrator's health plan's behalf, and to use and to disclose the Minimum Necessary PHI to perform functions, activities, or services for or on behalf of Plan Sponsor/Administrator's health plan, as specified in this Agreement.

         b. PAI may use or disclose PHI it creates for or receives from Plan Sponsor/Administrator as necessary for data aggregation purposes. PAI may use the PHI for PAI's proper management and administration or to carry out PAI's legal responsibilities. PAI may disclose the PHI for PAI's proper management and administration or to carry out PAI's legal responsibilities only if:

            1) The disclosure is required by law; or

            2) PAI obtains reasonable assurances, in the form of a written contract, from any person or organization to which PAI will disclose PHI that the person or organization will hold such PHI in confidence and use or further disclose it only for the purpose for which PAI disclosed it to the person or organization or as required by law, and promptly notify PAI of any instance of which the person or organization becomes aware in which the confidentiality of such PHI was breached.

      ii. PAI will develop, document, implement, maintain, and use appropriate administrative, technical, and physical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Plan Sponsor/Administrator's Electronic Protected Health Information that PAI creates, receives, maintains, or transmits on Plan Sponsor/Administrator's behalf as required by the HIPAA Security Rule and as required by the HITECH Act. PAI also shall develop and implement policies and procedures and meet the HIPAA Security Rule documentation requirements as required by the HITECH Act. PAI agrees to mitigate, to the extent practicable, any harmful effect that is known to PAI of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.

      iii. PAI will require any of its subcontractors and agents to provide reasonable assurance that such subcontractor or agent will comply with the same privacy and security obligations as PAI with respect to such PHI.

      iv. PAI's use, disclosure or request of PHI shall utilize a limited data set if practicable. Otherwise, PAI will, in its performance of the functions, activities, services, and operations allowed or required by this Agreement, make reasonable efforts to use, to disclose, and to request of a covered entity only the minimum amount of Plan Sponsor/Administrator's PHI reasonably necessary to accomplish the intended purpose of the use, disclosure or request.

      v. PAI will neither use nor disclose PHI except as permitted or required by this Exhibit, or as required by law.

   B. Individual Rights.

      i. PAI will, within a reasonable time after Plan Sponsor/Administrator's request, make available to Plan Sponsor/Administrator or, at Plan Sponsor/Administrator's direction, to the individual (or the individual's personal representative) for inspection and obtaining copies, any PHI about the individual that is in PAI's custody or control, so that Plan Sponsor/Administrator may meet its access obligations under 45 C.F.R. § 164.524.

      ii. PAI will, upon receipt of notice from Plan Sponsor/Administrator, promptly amend any applicable portion of the PHI under 45 C.F.R. § 164.526.

iii. Disclosure Accounting.

a. PAI will record information concerning each disclosure of PHI, not excepted from disclosure tracking under Section 1(b)(iii)(b) below, that PAI makes to Plan Sponsor/Administrator or a third party. For repetitive disclosures made by PAI to the same person or entity for a single purpose, PAI may provide (i) the disclosure information for the first of these repetitive disclosures; (ii) the frequency, periodicity or number of these repetitive disclosures; and (iii) the date of the last of these repetitive disclosures. PAI will make this disclosure information available to Plan Sponsor/Administrator within a reasonable time after Plan Sponsor/Administrator's request.

b. PAI need not record disclosure information or otherwise account for disclosures of PHI that this Agreement or Plan Sponsor/Administrator in writing permits or requires: (i) for purposes of treating the individual who is the subject of the PHI disclosed, payment for that treatment, or for the healthcare operations PAI; (ii) to the individual who is the subject of the PHI disclosed or to that individual's personal representative; (iii) pursuant to a valid authorization by the person who is the subject of the PHI disclosed; (iv) to persons involved in that individual's healthcare or payment related to that individual's healthcare; (v) for notification for disaster relief purposes, (vi) for national security or intelligence purposes; (vii) as part of a limited data set; or (viii) to law enforcement officials or correctional institutions regarding inmates or other persons in lawful custody.

c. PAI must have available for Plan Sponsor/Administrator the disclosure information required by Section 1(b)(iii)(a) above for the six (6) years preceding Plan Sponsor/Administrator's request for the disclosure information (except PAI need have no disclosure information for disclosures occurring before the effective date of the Agreement).

iv. PAI will comply with any reasonable requests for restriction requests or confidential communications of which it is aware and to which Plan Sponsor/Administrator agrees pursuant to 45 C.F.R. § 164.522 (a) or (b).

v. In addition to the obligations described above, PAI will provide such additional individual rights to access and accounting as mandated by and, where applicable, the HITECH Act. Specifically, PAI shall make such access information available in an electronic format where directed by Plan Sponsor/Administrator. In addition, PAI shall include within its accounting, disclosures for payment and health care operations purposes where such recording or accounting is required by the HITECH Act. PAI further shall provide any additional information to the extent required by the HITECH Act and any accompanying regulations.

vi. Where PAI is contacted directly by an individual based on information provided to the individual by Plan Sponsor/Administrator and where so required by the HITECH Act and/or any accompanying regulations, PAI shall make such disclosure information available directly to the individual.

vii. PAI will make its internal practices, books, and records, relating to its use and disclosure of PHI, available to the U.S. Department of Health and Human Services to determine Plan Sponsor/Administrator's compliance with 45 C.F.R. Parts 160-64 or the Agreement.

C. Other Plan Sponsor/Administrator Responsibilities.

i. Plan Sponsor/Administrator shall promptly provide PAI with Plan Sponsor/Administrator's health plan's notice of privacy practices and any changes to such notice.

ii. Plan Sponsor/Administrator shall provide PAI with any changes to, or revocation of, authorization by an individual to use or disclose PHI, to the extent such changes affect PAI's permitted or required uses and disclosures.

D. Breach of Privacy Obligations.

i. PAI agrees to report to Plan Sponsor/Administrator any use or disclosure of PHI not provided for by this Agreement of which it becomes aware.

ii. In the event Plan Sponsor/Administrator determines that PAI has materially breached this Section 1, Plan Sponsor/Administrator may terminate the Agreement upon thirty (30) days prior written notice to PAI and PAI fails to cure the breach within such thirty (30) day period.

iii. Obligations upon Termination. Upon termination, cancellation, expiration or other conclusion of this Agreement, PAI will, at its sole discretion and if feasible, return to Plan Sponsor/Administrator or destroy all PHI. If PAI agrees to return Plan Sponsor/Administrator's PHI, all costs related to the return of such PHI will be paid by Plan Sponsor/Administrator. PAI may identify any PHI that cannot feasibly be returned to Plan Sponsor/Administrator or destroyed. PAI will limit its further use or disclosure of that PHI that is not returned or destroyed.

iv. If for any reason Plan Sponsor/Administrator determines that PAI has breached these terms and such breach has not been cured, but Plan Sponsor/Administrator determines that termination of the Agreement is not feasible, Plan Sponsor/Administrator may report such breach to the U.S. Department of Health and Human Services.

v. PAI will have the right to terminate this Agreement if Plan Sponsor/Administrator has engaged in a pattern of activity or practice that constitutes a material breach or violation of Plan Sponsor/Administrator's obligations regarding Plan Sponsor/Administrator's PHI and, on notice of such material breach or violation from PAI, fails to take reasonable steps to cure the breach or end the violation. If Plan Sponsor/Administrator fails to cure the material breach or end the violation within thirty (30) days after receipt PAI's notice, PAI may terminate this Agreement by providing Plan Sponsor/Administrator written notice of termination, stating the uncured material breach or violation that provides the basis for the termination and specifying the effective date of the termination. If for any reason PAI determines that Plan Sponsor/Administrator has breached the terms of this Section 1 and such breach has not been cured, but PAI determines that termination of this Agreement is not feasible, PAI may report such breach to the U.S. Department of Health and Human Services.

E. The Plan Sponsor/Administrator, as the plan sponsor of its self-funded group health plan, has amended the plan document to comply with the requirements of 45 CFR Sections 164.314(b) and 164.504(f)(2).

F. Security Incident. If PAI becomes aware of any Security Incident, PAI shall report the same in writing to Plan Sponsor/Administrator as provided below. PAI agrees to mitigate, to the extent practicable, any harmful effect resulting from such Security Incident.

i. In determining how and how often PAI shall report to Plan Sponsor/Administrator in writing the Security Incidents required above, both Plan Sponsor/Administrator and PAI agree that unsuccessful attempts at unauthorized access or system interference occur frequently and that there is no significant benefit for data security from requiring the documentation and reporting of such unsuccessful intrusion attempts. In addition, both parties agree that the cost of documenting and reporting such unsuccessful attempts as they occur would outweigh any potential benefit gained from reporting them. Consequently, both Plan Sponsor/Administrator and PAI agree that this Agreement shall constitute the documentation, notice and written report of such unsuccessful attempts at unauthorized access or system interference as required above and by 45 C.F.R. Part 164, Subpart C and that no further documentation, notice or report of such attempts will be required. By way of example (and not limitation in any way), the Parties consider the following to be illustrative (but not exhaustive) of Unsuccessful Security Incidents when they do not result in unauthorized access, use, disclosure, modification, or destruction of e-PHI or interference with an information system:

a. Pings on a Party's firewall,

b. Port scans,

c. Attempts to log on to a system or enter a database with an invalid password or username,

d. Denial-of-service attacks that do not result in a server being taken off-line, and

e. Malware (e.g., worms, viruses).

ii. Otherwise, PAI will document as required by 45 C.F.R. Part 164, Subpart C and report to Plan Sponsor/Administrator any successful unauthorized access, use, disclosure, modification, or destruction of Plan Sponsor/Administrator's Electronic Protected Health Information of which PAI becomes aware if such security incident either (a) results in a breach of confidentiality; (b) results in a breach of integrity but only if such breach results in a significant, unauthorized alteration or destruction of Plan Sponsor/Administrator's Electronic Protected Health Information; or (c) results in a breach of availability of Plan

Sponsor/Administrator's Electronic Protected Health Information, but only if said breach results in a significant interruption to normal business operations. Such reports will be provided in writing within ten (10) business days after PAI becomes aware of the impact of such Security Incident upon Plan Sponsor/Administrator's Electronic Protected Health Information.

G. In addition to any reporting obligations in this Agreement, PAI will report, following discovery and without unreasonable delay, but in no event later than sixty (60) days following discovery, any "Breach" of "Unsecured Protected Health Information" as these terms are defined by the HITECH Act and any implementing regulations. PAI agrees to mitigate, to the extent practicable, any harmful effect it knows to have resulted from Breach. Any such report shall include, to the extent possible, the identification (if known) of each individual whose Unsecured Protected Health Information has been, or is reasonably believed by PAI to have been, accessed, acquired, or disclosed during such Breach, along with any other information required to be reported under the HITECH Act and any accompanying regulations.

H. Plan Sponsor/Administrator represents and certifies that it is solely responsible for and has obtained consent from all members authorizing the release of PHI by PAI to Plan Sponsor/Administrator or, the Plan Sponsor/Administrator otherwise has the legal authority to review, access, and /or use such information.

I. Plan Sponsor/Administrator will only use claims information provided by PAI to administer the Plan Sponsor/Administrator's group health plan. This may include auditing, monitoring and evaluating the costs and performance PAI and the Plan Sponsor/Administrator's health plan. Plan Sponsor/Administrator will not use any information provided by PAI for any improper or illegal or unauthorized purpose.

J. PAI is prohibited from releasing alcohol and drug abuse patient information protected under 42 U.S.C. § 290dd-2(a) to Plan Sponsor/Administrator.

K. If the Plan Sponsor/Administrator accesses the Benefit Coordinator features of the PAI website, it will ensure that Protected Health Information is only accessed while the individual whose information is being accessed is present or such individual has otherwise consented to such access.

L. Plan Sponsor/Administrator will protect and safeguard the integrity, privacy and confidentiality of all Protected Health Information in accordance with all federal and state laws, regulations and guidelines governing and applicable to Protected Health Information. Plan Sponsor/Administrator will only use or further disclose Protected Health Information for the purpose for which PAI disclosed it to the Plan Sponsor/Administrator or as required by law, and will promptly notify PAI of any instance of which the person or organization becomes aware in which the confidentiality of such PHI was breached.

M. If Plan Sponsor/Administrator requests that PAI disclose Protected Health Information to a third party, Plan Sponsor/Administrator agrees that it will indemnify and hold PAI harmless from any consequences from such disclosure. Plan Sponsor/Administrator will not require PAI to disclose information to any third party until such third party has executed PAI's disclosure agreement.

N. Notwithstanding anything herein to the contrary, no provision of this Exhibit C, or the Agreement, shall be interpreted as prohibiting any provision, access, use, or disclosure of information to the extent required by applicable law.

2. Compliance with Standard Transactions. For purposes of this Section 2, any reference to Plan Sponsor/Administrator shall include any group health plan administrated pursuant to this Agreement. If Plan Sponsor/Administrator conducts, in whole or part, Standard Transactions for or on behalf of Plan Sponsor/Administrator's health plan, Plan Sponsor/Administrator will comply, and will require any subcontractor or agent involved with the conduct of such Standard Transactions to comply, with 45 C.F.R. Part 162. All Standard Transactions submitted by the Plan Sponsor/Administrator or its subcontractors must be in a format that is acceptable to PAI.

EXHIBIT D - Administrative Services Only Agreement

Rate Schedule - Disclosure of Charges Billed by PAI

GROUP NAME: Oconee County GROUP #: 817

FOR THE PERIOD FROM: 5 /1 /2025 TO: 4 /30/2026

(Rates are based on "Per Employee Per Month" unless otherwise stated.)

		SINGLE	FAMILY
ADMINISTRATIVE SERVICE FEES:			
Medical		$19.13	$19.13
Dental	Delta Dental Billing Fee	$4.75	$4.75
Vision		$0.00	$0.00
Short Term Disability (STD)(PAI In-house)		$0.00	$0.00
Agent Commission		$0.00	$0.00
HIPAA Privacy Services		$0.75	$0.75
COBRA Services		$1.35	$1.35
Veracity Benefits & Broker Fee		$2.50	$2.50
NY-HCRA Services		$0.00	$0.00
(Monthly NY-HCRA assessment fees will also apply if any subscribers are NY residents)			
PPO NETWORK ACCESS FEES:			
Preferred Blue		$37 pepm	$37 pepm
First Health		25% of savings	25% of savings
First Health		$6.65 pepm	$6.65 pepm
		$0 pepm	$0 pepm
		$0 pepm	$0 pepm
		$0 pepm	$0 pepm

PRE-CERTIFICATION, MEDICAL REVIEW + MANAGED CARE ACCESS FEE			
Managed Care Services	included in pepm fee	included in pepm fee	
Managed Care Services	2.50	2.50	
Maternity Care	n/a	n/a	
Health Management	n/a	n/a	
Complex Care - setup fee per patient	n/a	n/a	
Complex Care - ongoing fees per patient	n/a	n/a	
24 hour Nurse Advisor - pepm	n/a	n/a	
Smoking Cessation	n/a	n/a	
Weight Management	n/a	n/a	
Quit for Life	n/a	n/a	
Cholesterol Management	n/a	n/a	
Back Pain Management	n/a	n/a	
Stress Management	n/a	n/a	
Autism Management	n/a	n/a	
PRESCRIPTION DRUG PROGRAM			
Applicable Fee Schedule: PBM: Prime Therapeutics			
Per employee per month		$3.00	$3.00
ELECTRONIC ELIGIBILITY ELIG Download Vendor:	ELIG Download Vendor:	$0.00	$0.00
DATA WAREHOUSE FEES:	PAI Analytics	0	0
OTHER CHARGES: Description:	Description:	$0.00	$0.00
STOP LOSS PREMIUMS: (Contract is between Group and Stop Loss Carrier. Not a PAI Contract)			
Medical Specific per employee per month		$130.50	$344.51
Medical Specific Marketing Fee - PAI		$1.15	$3.04
Medical Specific Marketing Fee - Broker		$21.88	$57.76
Rolling Aggregate (medical) per employee per month		$0.00	$0.00
Medical Aggregate per employee per month		$5.55	$5.55
Medical Aggregate Marketing Fee - PAI		$0.05	$0.05
Medical Aggregate Marketing Fee - Broker		$0.93	$0.93

OTHER STOP LOSS INFORMATION ** Note: Please refer to your Stop Loss contract for information concerning:

- Specific Contract Basis
- Specific Deductible
- Aggregate Contract Basis
- Aggregate Attachment Point
- Maximum Claim Liability Funding Factors
- Any individuals on whom the Stop Loss carrier placed "lasers" or other limitations.
- All other stop loss contract terms and conditions.

** Note: Aggregate attachment point will be determined after final enrollment.

** Note: Contract ending check runs may be processed several working days prior to the end of the contract period, to enable proper and timely year-end closeout under Stop Loss requirements.

SYSTEM GENERATED REPORTS:

Standard monthly reports

Custom reports (per hour of programming time)

ONE-TIME SETUP FEE:

Includes the initial production and printing of Plan Document 0

Plan Building and Design (to include loading of benefit maximums if applicable)

PRINTING CHARGES

Employee Booklets: Actual Vendor Cost + 10% Processing Fee

Group ID Cards:

* If ID cards produced by PAI: Initial Printing = Actual Vendor Cost; Subsequent Printing = No charge unless bulk reprinting (actual vendor cost)

Sponsor/Administrator Initials _____ PAI Initials _____

EXHIBIT D - Administrative Services Only Agreement

Division of Responsibilities

This Exhibit is a Disclosure of (1) All Charges Billed by PAI, and (2) Responsibilities of Parties to this Agreement.

GROUP NAME: Oconee County GROUP #: 817

FOR THE PERIOD FROM: 5 /1 /2025 TO: 4 /30/2026

DIVISION OF RESPONSIBILITIES

	Plan Sponsor/ Administrator	PAI
Production of Plan Document Draft	☐	☑
Approval of the Final Plan Design and Plan Document	☑	☐
Final Approval of Plan Document	☑	☐
Cost of Printing Employee Booklets:	☑	☐
Cost of Group I.D. Cards		
a) Initial Plastic ID Cards, new group or bulk reprinting	☑	☐
b) Subsequent ID Cards, due to membership enrollment changes	☐	☑
Cost of Printing or Copying PPO Directories (Initial and Subsequent Orders)	☑	☐
Cost of Printing of Membership Applications and Enrollment Forms		
Standard PAI Forms	☐	☑
Custom Forms Requested by Plan Sponsor/Administrator	☑	☐
Banking:		
a) Claims Checking Account Owned and Maintained By	☑	☐
b) Reconciliation of Claims Checking Account	☑	☐
c) Escheat/Unclaimed Funds compliance and reporting	☑	☐
d) Signature of Claims Checks	☐	☑
e) Cost of Printing Plan Sponsor Claims Check Stock	☐	☑
Plan Sponsor/Administrator Audit Fees, Bank Fees, Attorney + Other Legal Expenses	☑	☐
Fees for Medical Information	☑	☐
Fees for Discounts Obtained and Applied to Non-Network Claims	☑	☐
Reconciliation of PAI's monthly fixed cost invoice to employment records	☑	☐
Preparation and Filing of Form 5500	☑	☐
(PAI will furnish summary information to assist PAI Sponsor/Administrator with Form 5500)		
1099 Forms:		
Preparation, printing, and mailing	☐	☑
Filing of Forms 1099 and other related information returns with governmental authorities	☐	☑
Responsibility for Obtaining Prior Claim Files, Billings and/or Other Required Reports	☑	☐
Refunds:		
* If refund due to Plan Sponsor/Administrator is identified by and obtained through a Medical Provider Audit Firm (MPAF), MPAF's fee is to be paid by the Plan Sponsor/Administrator. (MPAF fees range from 10% to 15% of the refund secured for the Plan Sponsor/Administrator)	☑	☐
* If subrogation refund due to the Plan Sponsor/Administrator is obtained through the efforts of the PAI designated recovery agent, the 30% recovery agent fee is to be paid by the Plan Sponsor/Admin.	☑	☐
*All refunds identified by PAI, will be sought by PAI.	☐	☑
Out of Network Claims Negotiation Fee: 25% of savings to be paid by the Plan Sponsor/Admin.	☑	☐
Payment Integrity: 30% of savings to be paid by the Plan Sponsor/Administrator.	☑	

Sponsor/Administrator Initials _____ PAI Initials _____

SELF-FUNDED
PLAN DOCUMENT
FOR

GROUP MEDICAL PLAN

Effective Date: May 1, 2025

Ordinance 2025-01
Attachment B - Health Insurance

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Capitalized terms are defined in the Definitions section of this Plan Document.

ABOUT YOUR PLAN

Because of the dramatic increase in the cost of medical care, group health Plans encourage and reward those covered individuals who are selective in their purchase of medical services.

Please review this booklet, which describes your health Plan. Be a selective medical consumer and assume the major role in keeping the cost of medical services at a minimum.

Your Plan Sponsor has established a comprehensive Group Health Plan (Plan) for its Employees. In connection with the Plan, your Plan Sponsor has retained the services of *Planned Administrators, Inc.* (PAI) (a third-party administrator) to process and pay health claims and to provide administrative services in connection with the operation of this Plan of Benefits. PAI has contracted with **BlueCross BlueShield of South Carolina Preferred Blue, First Health and First Health Travel** as the Preferred Provider Organizations (PPOs).

Under this Plan of Benefits, the Benefits you receive will depend on whether the Provider of medical services is a Participating or Non-Participating Provider. You will receive maximum Benefits that can be paid if you use Participating Providers who participate in the PPO Program (the term "PPO Providers" is explained further below) and when you obtain Preauthorization, when required, before getting medical care. The amount you have to pay may increase when you do not use Participating Providers and if you do not obtain preauthorization (unless it is an emergency) before you receive medical care or services.

It is your responsibility to ensure that your Provider is a PPO Provider. You should verify your Provider's status before services are rendered. To verify whether your Provider is a PPO Provider, you may:

- Ask the Provider if they participate in the PPO program referenced above.
- See the appropriate website for Provider information. Link available on www.paisc.com.
- Call PAI.*

* The methods of verifying PPO participation may have timing differences between when a Provider is participating in the PPO or terminating from the PPO. The preferable method of obtaining the most correct information is to ask your Provider.

For South Carolina Employees, the BlueCross BlueShield Preferred Blue Network is the PPO for this Group Health Plan. For Employees living outside of South Carolina, the PPO is First Health. Employees traveling outside of their home networks will have access to First Health Travel.

PPO Providers include Hospitals, Skilled Nursing Facilities, Home Health Agencies, hospices, doctors and other Providers of medical services and supplies (as listed in the Definitions section) that have a written agreement with the PPO. Under their agreement with the PPO, PPO Providers will:

- File all claims for Benefits or supplies with PAI;
- Ask you to pay only the Deductible, per occurrence Copays and Coinsurance amounts, if any, for Benefits;
- Accept the preferred allowance as payment in full for Covered Expenses;
- Make sure that all necessary approvals are obtained from the Medical Services Department.

Non-PPO Providers include Hospitals, Skilled Nursing Facilities, Home Health Agencies, hospices, doctors and other Providers of medical services and supplies that are not under contract with the PPO. Non-PPO Providers can bill you their total charge. They may ask you to pay the total amount of their charges at the time you receive services or supplies, or to file your own claims, and you will need to obtain any necessary approvals for benefits to be paid. In addition to Deductibles and Coinsurance, you are responsible for the difference between the Non-PPO Provider's charge and the Allowed Amount for Covered Expenses.

Although Benefits typically are reduced when you use a Non-PPO Provider, Benefits provided by a Non-PPO Provider will be covered at the PPO Provider level under these circumstances:

- In the event treatment is for an Emergency Medical Condition as defined in this Plan of Benefits and PPO Provider care is not available;
- For Dependents living out of state;
- For treatment by a Specialist when a PPO Provider Specialist is not available;
- For Non-PPO Provider ancillary services rendered in a PPO Provider Hospital, and/or

Out-of-area Emergency Provision—If a Participant receives care for an Emergency Medical Condition from a Non-Participating Provider, the Plan will pay for Benefits at a PPO Provider level of Benefits if all of these conditions are met:

- You were traveling for reasons other than seeking medical care when the Emergency Medical Condition occurred.
- You were treated for an Accidental injury or new Emergency Medical Condition.

Benefits under this provision are subject to the Deductibles or Copays, Coinsurance and all Plan of Benefits maximums, limits and exclusions.

If you have claims that meet all of these conditions, write or call PAI. PAI will review your claims to determine if additional Benefits can be provided.

Customer Service

PAI is committed to helping you understand your coverage and obtain maximum Benefits on your claims. If you have questions about your coverage, you may call or write PAI at:

Planned Administrators, Inc.
Attn: Claims
P.O. Box 6927
Columbia, SC 29260
800-768-4375
www.paisc.com

Once a claim has been processed, you will have access to an Explanation of Benefits (EOB) at www.paisc.com or by contacting customer service. An EOB also will be mailed to you. The EOB explains who provided the care, the kind of service or supply received, the amount billed, the Allowed Amount, the Coinsurance rate and the amount paid. It also shows Benefit Year Deductible information and the reasons for denying or reducing a claim.

Time Limits to File a Claim

Claims should be filed within 180 days of the date charges were incurred. Benefits are based on the Plan's provisions at the time the charges were incurred. Claims filed later than that date will be decline unless:

a. it is not reasonably possible to submit the claim in that time;
b. the claim is submitted within one year from the incurred date. This one year period will only apply when the person is not legally capable of submitting the claim, and the Plan Administrator has final authority to decide whether there is sufficient cause for a claim to be considered beyond the 180 day filing limit.

Authorized Representatives and Representatives designated under Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Unless expressly permitted by law, you and your Dependent's PHI generally cannot be released to any other person without your or your Dependent's consent. Nevertheless, there are instances when you may want someone to discuss your PHI with PAI or receive an Explanation of Benefits etc. to manage your care. In order to comply with applicable laws and also to comply with your request, you must sign a written authorization form. To obtain a copy of the form, please log in to your Member page at www.paisc.com and click on the Forms tab where you will find the PAI HIPAA Forms option. You can print this form and mail to the PAI address, or you can call 800-768-4375 for a copy of the form.

A Provider may be considered a Participant's authorized representative without a specific designation by the Participant when the claim request is for an Urgent Care Claim. A Provider may be a Participant's authorized representative with regard to non-Urgent Care Claims for Benefits or an appeal of an Adverse Benefit Determination only when the Participant gives the Plan supervisor a specific written designation in a format that is reasonably acceptable to PAI to act as an authorized representative. All information and notifications will continue to be directed to the Participant unless the Participant gives contrary directions.

This Plan Sponsor believes this Plan of Benefits is a "grandfathered health Plan" under the Affordable Care Act ("ACA"). As permitted by ACA, a grandfathered health Plan can preserve certain basic health coverage that already was in effect when that law was enacted. Being a grandfathered health Plan means that this Plan of Benefits may not include certain consumer protections of ACA that apply to other Plans; for example, the requirement for the provision of preventive health services without any cost sharing. Nevertheless, grandfathered health Plans must comply with certain other consumer protections in ACA; for example, the elimination of lifetime limits on Benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health Plan and what might cause a Plan to change from grandfathered health Plan status can be directed to the Plan Administrator at the number on your Identification Card. For ERISA Plans, the Participant also may contact the Employee Benefits Security Administration, U.S. Department of Labor, at 866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health Plans.

PREAUTHORIZATION

To receive the maximum Benefits, certain types of services and equipment and all Admissions require Preauthorization in order to be covered under the Plan. Depending on the type of service, either the BlueCross BlueShield of South Carolina Medical Review Department or Companion Benefit Alternatives, Inc. ("CBA") must give advance authorization for the services and equipment that require Preauthorization and for all Admissions.

All Admissions and some Benefits (as indicated herein or on the Schedule of Benefits) require Preauthorization to determine the Medical Necessity of such Admission or Benefit. The Group Health Plan reserves the right to add or remove Benefits that are subject to Preauthorization. Each Participant is responsible for obtaining Preauthorization and the appropriate review. If Preauthorization is not obtained for an Admission or outpatient services and the Participant is still admitted, Benefits may be reduced (up to and including denial of all or a portion of the room and board charges associated with the Admission) as listed on the Schedule of Benefits. If a PPO fails to obtain Preauthorization, they are required to write off this reduced amount and cannot bill the Participant for this amount. The Participant is responsible for obtaining Preauthorization for Admission to a Non-PPO Provider facility, and the Participant will be responsible for any penalty or reduction in payable charges as stated in the Schedule of Benefits if approval is not obtained. Preauthorization is obtained through these procedures:

1. For all Admissions that are not the result of an Emergency Medical Condition, Preauthorization is granted or denied in the course of the Preadmission Review.
2. For all Admissions that result from an Emergency Medical Condition, Preauthorization is granted or denied in the course of the Emergency Admission Review.
3. For Admissions that are anticipated to require more days than approved through the initial review process, Preauthorization is granted or denied for additional days in the course of the Continued Stay Review.
4. For specific Benefits that require Preauthorization, Preauthorization is granted or denied in the course of the Preauthorization process.
5. For items requiring Preauthorization, the Medical Review Department or CBA must be called at the numbers listed below or on the Identification Card.

Items requiring Preauthorization are listed on the Schedule of Benefits.

Who to Call for Preauthorization

For Preauthorization for medical care, call the BlueCross BlueShield of South Carolina Medical Review Department at 800-652-3076.

For Preauthorization for Inpatient Mental Health Services, Mental Health Conditions or Substance Use Services, call CBA at 800-868-1032. CBA is a Mental Health and Substance Use subsidiary of BlueCross BlueShield of South Carolina.

If you are unsure if Preauthorization is required, call PAI customer service. Nevertheless, customer service representatives cannot give approval for services.

These numbers also are on the back of your Identification Card. Be sure to keep your Identification Card with you at all times, since you never know when you may need to reach us.

When you call for Preauthorization, you will be asked for this information:

- Your name and ID number
- Participant's Employer
- The patient's name and relationship to you
- The Provider's name, address and phone number
- If applicable, the Hospital or Skilled Nursing Facility's name, address and phone number
- The reason the requested service, supply or Admission is necessary

After careful review, your Physician and Hospital will be notified whether the service, supply or Admission is approved as Medically Necessary and how long the approval is valid.

If you are or a Dependent is undergoing a human organ and/or tissue Transplant, written approval must be obtained in advance and the procedure must be done at a facility that PAI designates. **If PAI does not pre-approve these services in writing** or they are not done by a Provider PAI designates, then this Plan will not pay any Benefits.

If your Physician recommends services and supplies for you or your Dependent for any reason, make sure you tell your Physician that your health insurance Plan requires Preauthorization. Participating Providers will be familiar with this requirement and will get the necessary approvals.

Please note that if your claim for services or Benefits is denied, you may request further review under the guidelines set out in the Claims Filing and Appeal Procedures section of this booklet. Remember that a denial of a Preauthorization is a denied claim for purposes of an appeal.

CLAIMS FILING AND APPEAL PROCEDURES

A. CLAIMS FILING PROCEDURES

1. Where a Participating Provider renders services, generally the Participating Provider should either file the claim on a Participant's behalf or provide an electronic means for the Participant to file a claim while the Participant is in the Participating Provider's office. Nevertheless, the Participant is responsible for ensuring that the claim is filed.
2. Written notice of receipt of services on which a claim is based must be furnished to PAI, at its address listed in this booklet, within twenty (20) days of the beginning of services, or as soon thereafter as is reasonably possible. Failure to give notice within the time does not invalidate nor reduce any claim if the Participant can show that it was not reasonably possible to give the notice within the required time frame and if notice was given as soon as reasonably possible. Upon receipt of the notice, PAI will furnish or cause a claim form to be furnished to the Participant. If the claim form is not furnished within fifteen (15) days after PAI receives the notice, the Participant will be deemed to have complied with the requirements of this Plan of Benefits as to proof of loss. The Participant must submit written proof covering the character and extent of the services within this Plan of Benefits' time fixed for filing proof of loss.
3. For Benefits not provided by a Participating Provider, the Participant is responsible for filing claims with PAI. When filing the claims, the Participant will need:
    a. A claim form for each Participant. Participants can get claim forms from PAI at the telephone number indicated on the Identification Card or via the website, www.paisc.com.
    b. Itemized bills from the Provider(s). These bills should contain the:
        i. Provider's name and address;
        ii. Participant's name and date of birth;
        iii. Participant's Identification Card number;
        iv. Description and cost of each service;
        v. Date that each service took place;
        vi. Description of the illness or injury and diagnosis.
    c. Participants must complete each claim form and attach the itemized bill(s) to it. If a Participant has other insurance that already paid on the claim(s), the Participant also should attach a copy of the other Plan's Explanation of Benefits notice.
    d. Participants should make copies of all claim forms and itemized bills for the Participant's records, since they will not be returned. Claims should be mailed to PAI's address listed on the claim form.
4. PAI must receive the claim within ninety (90) days after the beginning of services. Failure to file the claim within the ninety (90) day period, however, will not prevent payment of Covered Expenses if the Participant shows it was not reasonably possible to file the claim timely, provided the claim is filed as soon as is reasonably possible. Except in the absence of legal capacity, claims must be filed no later than twelve (12) months following the date services were received.
5. Receipt of a claim by PAI will be deemed written proof of loss and will serve as written authorization from the Participant to PAI to obtain any medical or financial records and documents useful to the Plan of Benefits. The Plan of Benefits, however, is not required to obtain any additional records or documents to support payment of a claim and is responsible to pay claims only on the basis of the information supplied at the time the claim was processed. Any party who submits medical or financial reports and documents to PAI in support of a Participant's claim will be deemed to be acting as the agent of the Participant. If the Participant desires to appoint an Authorized Representative in connection with such Participant's claims, the Participant should contact PAI for an Authorized Representative form.

6. There are four (4) types of claims: Pre-Service Claims, Urgent Care Claims, Post-Service Claims, and Concurrent Care Claims. The Group Health Plan will make a determination for each type of claim within these time periods:

   a. Pre-Service Claim

      i. A determination will be provided in writing or in electronic form within a reasonable period of time, appropriate to the medical circumstances, but no later than fifteen (15) days from receipt of the claim.

      ii. If a Pre-Service Claim is improperly filed, or otherwise does not follow applicable procedures, the Participant will be sent notification within five (5) days of receipt of the claim.

      iii. An extension of fifteen (15) days is permitted if PAI (on behalf of the Group Health Plan) determines, for reasons beyond the control of PAI, an extension is necessary. If an extension is necessary, PAI will notify the Participant within the initial fifteen (15) day time period that an extension is necessary, the circumstances requiring the extension, and the date PAI expects to render a determination. If the extension is necessary to request additional information, the extension notice will describe the required information. The Participant will have at least forty-five (45) days to provide the required information. If PAI does not receive the required information within the forty-five (45) day time period, the claim will be denied. PAI will make its determination within fifteen (15) days of receipt of the requested information, or, if earlier, the deadline to submit the information. If PAI receives the requested information after the forty-five (45) days, but within two hundred twenty-five (225) days, the claim will be reviewed as a first-level appeal. Reference the Claims Filing and Appeal Procedures section, B. Appeal Procedures for an Adverse Benefit Determination, for details regarding the appeals process.

   b. Urgent Care Claim

      i. A determination will be sent to the Participant in writing or in electronic form as soon as possible, taking into account the medical exigencies, but no later than seventy-two (72) hours from receipt of the claim.

      ii. If the Participant's Urgent Care Claim is determined to be incomplete, the Participant will be sent a notice to this effect within twenty-four (24) hours of receipt of the claim. The Participant then will have forty-eight (48) hours to provide the additional information. Failure to provide the additional information within forty-eight (48) hours may result in the denial of the claim.

      iii. If the Participant requests an extension of Urgent Care Benefits beyond an initially determined period and makes the request at least twenty-four (24) hours prior to the expiration of the original determination period, the Participant will be notified within twenty-four (24) hours of receipt of the request for an extension.

   c. Post-Service Claim

      i. A determination will be sent within a reasonable time period, but no later than thirty (30) days from receipt of the claim.

      ii. An extension of fifteen (15) days may be necessary if PAI (on behalf of the Group Health Plan) determines, for reasons beyond the control of PAI, an extension is necessary. If an extension is necessary, PAI will notify the Participant within the initial thirty (30) day time period that an extension is necessary, the circumstances requiring the extension, and the date PAI expects to render a determination. If the extension is necessary to request additional information, the extension notice will describe the required information. The Participant will have at least forty-five (45) days to provide the required information. If PAI does not receive the required information within the forty-five (45) day time period, the claim will be denied. PAI will make its determination within fifteen (15) days of receipt of the requested information, or, if earlier, the deadline to submit the information. If PAI receives the requested information after the forty-five (45) days, but within two hundred twenty-five (225) days, the claim will be reviewed as a first-level appeal. Reference the Claims Filing and Appeal Procedures section, B. Appeal Procedures for an Adverse Benefit Determination, for details regarding the appeals process.

d. Concurrent Care Claim

The Participant will be notified if there is to be any reduction or termination in coverage for ongoing care sufficiently in advance of such reduction or termination to allow the Participant time to appeal the decision before the Benefits are reduced or terminated.

7. Notice of Determination

a. If the Participant's claim is filed properly, and the claim is in part or wholly denied, the Participant will receive notice of an Adverse Benefit Determination, in a culturally and linguistically appropriate manner, that will:

i. Include information sufficient to identify the claim involved (including date of service, healthcare Provider, claim amount (if applicable) and a statement describing the availability, upon request, of the diagnosis and treatment codes and their corresponding meanings;

ii. State the specific reason(s) for the Adverse Benefit Determination, including the denial code and its corresponding meaning, as well as a description of the standard (if any) that was used in denying the claim;

iii. Reference the specific Plan of Benefits provisions on which the determination is based;

iv. State that the Member is entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to the Participant's claim;

v. Describe additional material or information, if any, needed to complete the claim and the reasons such material or information is necessary;

vi. Describe the claims review procedures and the Plan of Benefits and the time limits applicable to such procedures;

vii. Disclose any internal rule, guideline, or protocol relied on in making the Adverse Benefit Determination (or state that such information is available free of charge upon request);

viii. If the reason for denial is based on a lack of Medical Necessity, or Experimental or Investigational services exclusion or similar limitation, explain the scientific or clinical judgment for the determination (or state that such information will be provided free of charge upon request).

ix. Disclose the availability of, and contact information for, any applicable office of health insurance consumer assistance or ombudsman established under section 2793 of the Public Health Service Act to assist individuals with the internal claims and appeals and external review processes.

b. The Participant will also receive a notice if the claim is approved.

B. APPEAL PROCEDURES FOR AN ADVERSE BENEFIT DETERMINATION

1. The Participant has one hundred eighty (180) days from receipt of an Adverse Benefit Determination to file an appeal. An appeal must meet these requirements:

a. An appeal must be in writing;

b. An appeal must be sent (via U.S. mail or FAX) at the address or FAX number below:

Planned Administrators, Inc.
Attention: Appeals
P.O. Box 6927
Columbia, SC 29260
FAX 803-870-8012

c. The appeal request must state that a formal appeal is being requested and include all pertinent information regarding the claim in question;

d. An appeal must include the Participant's name, address, identification number and any other information, documentation or materials that support the Participant's appeal.

2. The Participant may submit written comments, documents, or other information in support of the appeal, and will (upon request) have access to all documents relevant to the claim. A person other than the person who made the initial decision will conduct the appeal. No deference will be afforded to the initial determination.
3. The Participant must raise all issues and grounds for appealing an Adverse Benefit Determination at every stage of the appeals process or such issues and grounds will be deemed permanently waived.
4. If the appealed claim involves an exercise of medical judgment, the Plan Sponsor will consult with an appropriately qualified health care practitioner with training and experience in the relevant field of medicine. If a health care professional was consulted for the initial determination, a different health care professional will be consulted on the appeal.
5. The final decision on the appeal will be made within the time periods specified below:
    a. Pre-Service Claim

        PAI (on behalf of the Group Health Plan) will decide the appeal within a reasonable period of time, taking into account the medical circumstances, but no later than thirty (30) days after receipt of the appeal.

    b. Urgent Care Claim

        The Participant may request an expedited appeal of an Urgent Care Claim. This expedited appeal request may be made orally, and the Plan Sponsor will communicate with the Participant by telephone or facsimile. The Plan Sponsor will decide the appeal within a reasonable period of time, taking into account the medical circumstances, but no later than seventy-two (72) hours after receipt of the request for an expedited appeal.

    c. Post-Service Claim

        PAI (on behalf of the Group Health Plan) will decide the appeal within a reasonable period of time, but no later than sixty (60) days after receipt of the appeal.

    d. Concurrent Care Claim

        The Plan Sponsor will decide the appeal of Concurrent Care Claims within the time frames set forth in the Claims Filing and Appeal Procedures section, B. Appeal Procedures for an Adverse Benefit Determination, item 4 a.-c., depending on whether such claim also is a Pre-Service Claim, an Urgent Care Claim or a Post-Service Claim.

6. Notice of Final Internal Appeals Determination
    a. If a Participant's appeal is denied in whole or in part, the Participant will receive notice of an Adverse Benefit Determination, in a culturally and linguistically appropriate manner, that will:
        i. Include information sufficient to identify the claim involved (including date of service, healthcare Provider, claim amount (if applicable)) and a statement describing the availability, upon request, of the diagnosis and treatment codes and their corresponding meanings;

        ii. State specific reason(s) for the Adverse Benefit Determination, including the denial code and its corresponding meaning, as well as a description of the standard (if any) that was used in denying the claim and a discussion of the decision;

        iii. Reference specific provision(s) of the Plan of Benefits on which the Benefit determination is based;

        iv. State that the Member is entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to the claim for Benefits;

        v. Describe any voluntary appeal procedures offered by the Corporation (on behalf of the Group Health Plan) and the Member's right to obtain such information;

        vi. Disclose any internal rule, guideline or protocol relied on in making the Adverse Benefit Determination (or state that such information is available free of charge upon request);

vii. If the reason for an Adverse Benefit Determination on appeal is based on a lack of Medical Necessity, Investigational or Experimental or other limitation or exclusion, explain the scientific or clinical judgment for the determination (or state that such information will be provided free of charge upon request);

b. The Member will also receive, free of charge, any new or additional evidence considered, relied upon or generated in connection with the claim. This evidence will be provided as soon as possible and sufficiently in advance of the date on which the notice of Adverse Benefit Determination is received to give the Member a reasonable opportunity to respond prior to that date.

c. If the Adverse Benefit Determination is based on a new or additional rationale, then the Member will be provided with the rationale, free of charge. The rationale will be provided as soon as possible and sufficiently in advance of the date of the Adverse Benefit Determination to give the Member a reasonable opportunity to respond prior to that date.

d. The Member will be provided, as soon as practicable upon request, the diagnosis and treatment codes and their corresponding meanings associated with the Adverse Benefit Determination.

e. No decisions regarding hiring, compensation, termination, promotion or other similar matters with respect to any individual will be made based upon the likelihood that the individual will support the denial of Benefits.

f. A Member's claim and appeals will be decided pursuant to a good faith interpretation of the Plan of Benefits, in the best interest of the Member, without taking into account either the amount of the Benefits that will be paid to the Member or the financial impact on the Group Health Plan.

g. The Member will also receive a notice if the claim on appeal is approved.

7. The Plan Sponsor may retain PAI to assist the Plan Sponsor in making the determination on appeal. Regardless of its assistance, PAI is acting only in an advisory capacity and is not acting in a fiduciary capacity. The Plan Sponsor at all times retains the right to make the final determination.

C. EXTERNAL REVIEW PROCEDURES

1. After a Participant has completed the appeal process, a Participant may be entitled to an additional, external review of the Participant's claim at no cost to the Participant. An external review may be used to reconsider the Participant's claim if PAI has denied, either in whole or in part, the Participant's claim. In order to qualify for external review, the termination or denial or reduction of the claim must be related to:

   a. Medical Necessity, appropriateness, healthcare setting, level of care or effectiveness of a Benefit;

   b. An Investigational or Experimental service that involves a life-threatening or seriously disabling condition; or,

   c. Administration of the Plan of Benefits' provisions related to cost-sharing and surprise billing protections for emergency or air ambulance services by Non-Participating Providers and care provided by Non-Participating Providers at certain Participating Provider facilities.

2. After a Participant has completed the appeal process (and an Adverse Benefit Determination has been made), such Participant will be notified in writing of such Participant's right to request an external review. The Participant should file a request for external review within four (4) months of receiving the notice of PAI's decision on the Participant's appeal. In order to receive an external review, the Participant will be required to authorize the release of such Participant's medical records (if needed in the review for the purpose of reaching a decision on Participant's claim).

3. Within five (5) business days of the date of receipt of a Participant's request for an external review, PAI will respond by either:

   i. Assigning the Participant's request for an external review to an Independent Review Organization and forwarding the Participant's records to such organization;

   ii. Notifying the Participant in writing that the Participant's request does not meet the requirements for an external review and the reasons for PAI's decision.

4. The external review organization will take action on the Participant's request for an external review within forty-five (45) days after it receives the request for external review from PAI.

5. Expedited external reviews are available if the Participant's Physician certifies that the Participant has a serious medical condition. A serious medical condition, as used in the Claims Filing and Appeal Procedures section, C. External Review Procedures, item 5, means one requires immediate medical attention to avoid serious impairment to body functions, serious harm to an organ or body part, or would place the Participant's health in serious jeopardy. If the Participant may be held financially responsible for the treatment, a Participant may request an expedited review of PAI's decision if PAI's denial of Benefits involves Emergency Medical Care and the Participant has not been discharged from the treating Hospital.

COMPREHENSIVE CASE MANAGEMENT

Case management is provided through a contract between PAI and BlueCross BlueShield of South Carolina.

COMPREHENSIVE CASE MANAGEMENT

Your Employer provides you with access to ***Comprehensive Case Management***, a unique patient support and education program which provides you with a registered nurse case manager to assist you in making informed decisions about your healthcare when you're seriously ill or injured. Participation in the program, however, is voluntary and at no cost to Members.

The comprehensive case management program is a patient-centered approach to developing a comprehensive plan of cost-effective health care. The services provided under the case management program include:

A. Evaluation and assistance for the Participant to help develop a plan of services to meet specific needs;

B. Assistance with obtaining unusual equipment or supply needs;

C. Assistance in home care planning and implementation;

D. Arrangements for needed nursing/caregiver services;

E. Providing help with assessment of rehabilitation needs and Provider arrangements;

F. Offering appropriate and effective alternative care/therapy suggestions for Mental Health Services and/or Substance Use Services as determined by medical care review;

G. Monitoring and assuring treatment programs and interventions for Mental Health Services and/or Substance Use Services;

H. Functioning as an effective resource for information on treatment facilities and available care for Mental Health Services and/or Substance Use Services.

The case management program is voluntary and will not provide Benefits in excess of those ordinarily available under the Plan.

ALTERNATIVE TREATMENT PLAN UNDER CASE MANAGEMENT

In the course of the case management program, the Plan Administrator shall have the right to alter or waive the normal provisions of this Plan of Benefits when it is reasonable to expect a cost-effective result without a sacrifice to the quality of patient care.

Benefits provided under this section are subject to all other Plan of Benefits provisions. Alternative care will be determined on the merits of each individual case, and any care or treatment provided will not be considered as setting any precedent or creating any future liability with respect to that Participant or any other Participant. Nothing contained in this Plan of Benefits shall obligate the Plan Administrator to approve an alternative treatment plan.

MEDICAL SCHEDULE OF BENEFITS

This Schedule of Benefits and the Benefits described herein are subject to all terms and conditions of the Plan of Benefits. In the event of a conflict between the Plan of Benefits and this Schedule of Benefits, the Schedule of Benefits shall control. Capitalized terms used in this Schedule of Benefits have the meaning given to such terms in the Plan of Benefits. Percentages stated are those paid by the Group Health Plan. Covered Expenses will be paid only for Benefits that are Medically Necessary.

Benefit Year is from January 1st – December 31st.

Deductibles:	
Benefit Year Deductible: Benefits with an "*" indicate that the Benefit Year Deductible is waived.	$500 per Participant per Benefit Year at a Participating Provider, limited to $1,500 per family (includes Non-Participating Providers of ambulance services, Emergency Services, and Non-Emergency Services furnished at certain Participating Provider facilities). $1,000 per Participant per Benefit Year at a Non-Participating Provider, limited to $3,000 per family
Benefit Year Deductible and any Copays must be met before any Covered Expenses are paid. The Copay for each Hospital Admission is $250 at a Participating Provider and $500 at a Non-Participating Provider.	

Maximums:	
Annual Out-of-Pocket Maximum: Includes Benefit Year Deductible, Medical Copays and Medical Coinsurance.	$4,000 per Participant and $8,000 per family at a Participating Provider (includes Non-Participating Providers of ambulance services, Emergency Services, and Non-Emergency Services furnished at certain Participating Provider facilities). $7,500 per Participant and $15,000 per family at a Non-Participating Provider Allowed Amounts are paid at 100% after the Out-of-Pocket Maximum is met. Covered Expenses that are applied to the Out-of-Pocket Maximum shall contribute to both the Participating and Non-Participating Provider Out-of-Pocket Maximums. Penalties, Prescription Drug Copays and Prescription Drug Coinsurance do not contribute to the Out-of-Pocket Maximum determination, nor does the percentage of reimbursement change from the amount indicated on the Schedule of Benefits.

Preauthorization Requirements:

(Preauthorization required except emergency room admissions)

- **All Admissions require Preauthorization—**If Preauthorization is not obtained for services at a Participating Provider, room and board charges will be denied. Preauthorization for services at a Non-Participating Provider is your responsibility, and you will be responsible for the first $1,000 if it is not obtained.

- **Outpatient Services—**Preauthorization is required for these outpatient Benefits:
  - Any surgical procedure that may be potentially cosmetic: i.e., blepharoplasty, reduction mammoplasty
  - Cancer Chemotherapy
  - Hysterectomy
  - Experimental or Investigational procedures
  - Radiation therapy
  - Sclerotherapy
  - Septoplasty

  If Preauthorization is not obtained, Benefits may be denied. Benefits for outpatient services that require Preauthorization will be reduced by 50% of the Allowable Charge when Preauthorization is not obtained or approved.

- **Mental Health/Substance Abuse-** Preauthorization is required for these Mental Health Services and Substance Use Disorder Services:
  - Facility-based inpatient services
  - Facility-based outpatient services (partial hospitalization, electroconvulsive therapy (ECT) and intensive outpatient programs)
  - Inpatient and Outpatient for Mental Health
  - Inpatient and Outpatient for Substance Use
  - Psychological testing
  - Residential Treatment Centers

  Benefits for psychological testing for the facility-based outpatient services listed below will be reduced by 50% of the Allowable Charge when Preauthorization is not obtained.
- **Other Services** that Require Preauthorization:
  - Ambulance Services including Air Ambulance Services (non-emergency)
  - Cleft lip and palate
  - Dental care for accidental injury
  - Durable Medical Equipment when the purchase price or rental cost of the equipment is $500 or more
  - Home Health Care
  - Hospice Care
  - Human organ and/or tissue Transplants
  - Orthotic devices (Limited to initial appliance only)
  - Oxygen
  - Radiology Management - CAT/MRI/MRA/PET Scans
  - Radiation therapy

MEDICAL SCHEDULE OF BENEFITS CONTINUED

INPATIENT HOSPITAL SERVICES: Preauthorization required except emergency room admissions	**PPO:**	**Non-PPO:**
Room and Board: Semi-private room rate: Private room rate:	80% 90%	60%
All other (non-emergency) Benefits in a Hospital during an Admission (including, for example, facility charges related to the administration of anesthesia, obstetrical services including labor and delivery rooms, drugs, medicine, lab and X-ray services)	80%	60%[2]
Hospital Admission resulting from an emergency room visit:	80%	80%[1]
Skilled Nursing Facility: Limited to 100 days per Benefit Year—Per Admission Copay does not apply	80%	60%
Residential Treatment Facility:	80%	60%
Physical Rehabilitation Facility:	80%	60%
Intensive Care Unit, Cardiac Care Unit, Burn Unit:	80%	60%
Newborn Nursery:	80%	60%
Physician Expenses:	80%	60%
Radiology/Pathology Charges:	80%	60%
Mental Health or Substance Use (Non-Emergency Services):	80%	60%[1] [2]
Mental Health or Substance Use, Physician Charges (Non-Emergency Services):	80%	60%[1] [2]
Mental Health or Substance Use (Emergency Room Admissions):	80%	80%[1] [2]
Mental Health or Substance Use, Physician Charges (Emergency Room Admissions):	80%	80%[1] [2]
Anesthesia:	80%	60%
Inpatient Prescription Drugs Only:	80%	60%

[1]When services are received from a Non-PPO provider, and the Non-PPO Provider satisfies advance patient notice and consent requirements, the Participant may be required to pay the balance of the Provider's charge if the Allowable charge is less.

[2]Non-PPO provider **at a PPO Provider Facility**: When services are received **from a Non-PPO provider in a PPO Provider Facility**, such services will be processed at the PPO benefit level. This means an application of the appropriate PPO deductible and coinsurance. Otherwise, the Participant must pay the balance of the Provider's Charge, if greater than the Allowable Charge.

MEDICAL SCHEDULE OF BENEFITS CONTINUED

OUTPATIENT SERVICES:	PPO:	Non-PPO:
Hospital and Ambulatory Surgical Center Charges:	80%	60%[1] [2]
Diagnostic X-ray, Laboratory, Pathology, and Radiology: Preauthorization required for CAT/MRI/MRA/PET Scans	80%	60%[1] [2]
Physician Charges (Non-Emergency Services):	80%	60%[1] [2]
Emergency Room Charges: Copay waived if admitted	$250 Copay per visit, then 80%	$250 Copay per visit, then 80%
Emergency Room Physician Charges:	80%	80%
Preadmission Testing:	80%	60%[1] [2]
Anesthesia:	80%	60%[1] [2]
Cardiac Rehabilitation:	80%	60%[1] [2]
Mental Health or Substance Use (Non-Emergency Services): Preauthorization required	80%	60%[1] [2]
Mental Health or Substance Use (Emergency Room) charges: Copay waived if admitted	$250 Copay per visit, then 80%	$250 Copay per visit, then 80%[1] [2]

[1]When services are received from a Non-PPO provider, and the Non-PPO Provider satisfies advance patient notice and consent requirements, the Participant may be required to pay the balance of the Provider's charge if the Allowable charge is less.

[2]Non-PPO provider **at a PPO Provider Facility**: When services are received **from a Non-PPO provider in a PPO Provider Facility**, such services will be processed at the PPO benefit level. This means an application of the appropriate PPO deductible and coinsurance. Otherwise, the Participant must pay the balance of the Provider's Charge, if greater than the Allowable Charge.

PHYSICIAN OFFICE SERVICES:	PPO:	Non-PPO:
Surgery:	$25 Copay, then *100%	60%
Physician Office Visit: Including Lab, X-ray, Pathology, Radiology, Supplies, Injections, CAT/MRI/MRA/PET Scans or Allergy Services	$25 Copay, then *100%	60%
Mental Health and Substance Use:	*100%	60%
Allergy Injections: Copay applies with or without Office Visit	$25 Copay, then *100%	60%
Birth Control Device Surgery: Includes Implanon, IUD and Norplant	*100%	Not Covered
Radiology, Pathology, X-ray, Labs, Supplies, CAT/MRI/MRA/PET Scans and Injections (other than Allergy Injections) billed separate from Office Visit: Note: Office Visit Copay applies to all services rendered in a physician's office **and billed by the physician**. Lab, X-ray or other services billed by another entity will be subject to applicable deductible and coinsurance provisions.	80%	60%
Diagnostic Hearing Exam:	$25 Copay, then *100%	60%

MEDICAL SCHEDULE OF BENEFITS CONTINUED

OTHER SERVICES:	PPO:	Non-PPO:
Chiropractic Care: Limited to 24 visits per Benefit Year	80%	60%
Hospice Care: Preauthorization required	80%	60%
Bereavement Counseling: Limited to 3 visits within 12 months of death	*80%	80%
Home Health Care: Preauthorization required	80%	60%
Durable Medical Equipment (DME): Preauthorization required if $500 or more	80%	60%
Prosthetics:	80%	60%
Second Surgical Opinion (not mandatory)**:**	*100%	*100%
Human Organ/Tissue Transplants: Preauthorization required	80%	60%
Air Ambulance Service:	*80%	*80%[1] [2]
Ground Ambulance Service:	*80%	*80%[1] [2]
Physical /Occupational/Speech Therapy:	80%	60%
Radiation Therapy and Chemotherapy: Preauthorization required	80%	60%
Diagnostic Colonoscopies:	80%	60%
Orthotics: Preauthorization required Limited to initial appliance only	80%	60%
Maternity Care:	80%	60%
Private Duty Nursing:	80%	60%
Refractive Eye Surgery: Includes Lasik, PRK, Radial Keratotomy and any similar procedures Limited to lifetime maximum of $1,000 per eye	50%	50%
All Other Benefits:	80%	60%

[1]When services are received from a Non-PPO provider, and the Non-PPO Provider satisfies advance patient notice and consent requirements, the Participant may be required to pay the balance of the Provider's charge if the Allowable charge is less.

[2]Non-PPO provider **at a PPO Provider Facility**: When services are received **from a Non-PPO provider in a PPO Provider Facility**, such services will be processed at the PPO benefit level. This means an application of the appropriate PPO deductible and coinsurance. Otherwise, the Participant must pay the balance of the Provider's Charge, if greater than the Allowable Charge.

MEDICAL SCHEDULE OF BENEFITS CONTINUED

WELLNESS SERVICES:	PPO:	Non-PPO:
Annual Physical Exam:	*100%	Not Covered
Annual Gynecological Exam or Prostate Exam:	*100%	Not Covered
Well-Child Care: Immunizations are covered at 100%, not subject to Benefit Year deductible or Copay	*100%	Not Covered
Routine Mammograms: Subject to these age guidelines: one mammogram is covered between ages 35 and 39 and each year thereafter for women 40 and over.	*100%	Not Covered
Adult and Child Immunizations: Based on CDC guidelines including administration fees (except those required for travel)	*100%	Not Covered
Routine Colonoscopies: Limited to one every 10 years for Participants age 50 or over	*100%	Not Covered
Routine Hearing Exams:	$25 Copay, then *100%	Not Covered
BlueCross BlueShield of South Carolina Mammography Network Provider:		
Routine Mammogram: BlueCross BlueShield of South Carolina Mammography Benefit subject to these age guidelines: one mammogram is covered between ages 35 and 39 and each year thereafter for women 40 and over.	*100%	

Note: Benefits covered per ACA guidelines with no cost sharing for services at a Participating Provider. Wellness Services that fall outside of ACA Guidelines: $25 copay, then *100% IN and Not Covered OON.

PRESCRIPTION DRUG BENEFITS

Prescription Drug Benefits are subject to all of the Prescription Drug Exclusions listed in this document.

Prescription Drugs are provided through the Magellan R_x Prescription Drug Program. Magellan R_x uses the Medispan defined drug/therapeutic classification for product coverage and exclusion. Prescription Drugs will be covered in this manner:

Participating Pharmacies:

Copay per prescription (30-day supply maximum per prescription):

Generic Drug	$3 Copay, then 100%
Brand Name Drug	30% up to a maximum of $250 per prescription

Participating Pharmacies:

Copay per prescription (90-day supply maximum available for **Maintenance Drugs** at **all retail locations**):

Generic Drug	$6 Copay, then 100%
Brand Name Drug	20% up to a maximum of $250 per prescription

Mail Service Pharmacy:

Copay per prescription (90-day supply maximum per prescription):

Generic Drug	$6 Copay, then 100%
Brand Name Drug	20% up to a maximum of $250 per prescription

Diabetic Medication:

30-day supply maximum per prescription	$50 Copay, then 100%
60-90-day supply maximum per prescription	$100 Copay, then 100%

Diabetic Supplies:

30-day supply maximum per prescription	$6 Copay, then 100%
60-90-day supply maximum per prescription	$12 Copay, then 100%

Participant will pay the difference in price between the Brand Name Drug and its generic equivalent when a brand name drug is dispensed (up to a maximum of $225). This differential is in addition to the Brand Name Copayment. However, if there is no Generic bioequivalent available, there will be no additional cost of the Participant (other than the Brand Name Copay).

*Anti-Obesity prescription drugs are covered.

*Blood products, blood serum are covered but require prior authorization.

*Contraceptives are covered to include injectables, orals, patches and IUDs.

* Smoking Cessations drugs are covered at no cost as outlined by ACA.

All Specialty Drugs require Preauthorization and are limited to 30-day supply at retail and mail order locations. Other drugs may require Prior Authorization as well.
Prior authorization is a requirement that your physician obtain approval from your health plan to prescribe a specific medication.

Please visit www.magellanrx.com or call Customer Service at 1.800.424.0472 to determine if any of your medications require prior authorization.

All Rx dollars track to a separate Rx OOP Maximum: $4,150 Individual/ $8,300 Family (Embedded) not combined with Medical dollars.

MEDICARE PART D NOTICE

The prescription benefits offered by this Benefit Plan are considered "Creditable" for purposes of the CMS/Medicare Part D drug benefit option. This means that the Benefits offered by this Plan are generally the same as, or better than, what would be available under an approved Part D drug option plan. The determination that this Plan's drugs coverage is "Creditable" is important. As such, if you participate in this Plan's prescription drug Benefit program, and are also eligible for CMS/Medicare coverage but do not elect a CMS/Medicare Part D option, CMS/Medicare will not penalize you with higher premiums should you elect to participate in such a program in the future.

It is important to note that the "Creditable" coverage provided by this Plan could be forfeited in the event there is a break in coverage of 63 days or more before enrolling in an approved Part D plan.

MEDICAL BENEFITS

A. Payment

The payment of Covered Expenses for Benefits is subject to all terms and conditions of this Plan of Benefits and the Schedule of Benefits. In the event of a conflict between the Plan of Benefits and the Schedule of Benefits, the Schedule of Benefits controls. Oral statements cannot alter the terms of the Plan of Benefits or Schedule of Benefits. The Group Health Plan will only pay for Benefits:

1. Performed or provided on or after the Participant Effective Date;
2. Performed or provided prior to termination of coverage;
3. Provided by a Provider, within the scope of his or her license;
4. For which the required Preadmission Review, Emergency Admission Review, Preauthorization and/or Continued Stay Review has been requested and Preauthorization was received from PAI (the Participant should refer to the Schedule of Benefits for services that require Preauthorization);
5. That are Medically Necessary;
6. That are not subject to an exclusion of this Plan of Benefits;
7. After the payment of all required Benefit Year Deductibles, Coinsurance and Copays.

B. Specific Covered Benefits

If all of the following requirements are met, the Group Health Plan will pay for the Benefits described in this section:

1. All of the requirements of this Benefits Section must be met;
2. The Benefit must be listed in this section;
3. The Benefit must not have a “Non-Covered” notation associated with it on the Schedule of Benefits;
4. The Benefit (separately or collectively) must not exceed the dollar amount or other limitations contained on the Schedule of Benefits; and
5. The Benefit must not be subject to one (1) or more of the exclusions set forth in the Exclusions and Limitations Section.

The Group Health Plan will provide these Benefits:

1. **Ambulance Services-** Benefits will be paid for professional ground and air ambulance services to the nearest network Hospital in case of an accident or Emergency Medical Condition. The following requirements apply to all ground and air ambulance services and transports:

   a. The transport is Medically Necessary and reasonable under the circumstances;

   b. A Participant is transported;

   c. The destination is local within the United States; and,

   d. The facility is medically appropriate to treat the Participant’s condition.

   Benefits will be paid for ground ambulance transport between two Hospitals only when such ground ambulance transport has been Preauthorized and PAI confirms that the receiving Hospital is the closest facility that can provide medically appropriate care to treat the Participant's condition. Transport from one facility to a new facility for the purpose of the Participant obtaining a lower level of care at the new receiving facility must be Preauthorized. Repatriation for Participant convenience is excluded and is not a Benefit for which Covered Expenses are payable.

Preauthorization is required for transportation as an inpatient from one Hospital to a second Hospital using an air ambulance. The following requirements must be met:

a. The first Hospital does not have the needed Hospital or skilled nursing care to treat the Participant's illness or injury (such as burn care, cardiac care, trauma care, and critical care);

b. The second Hospital is the nearest medically appropriate facility to treat the Participant's illness or injury;

c. A ground ambulance transport would endanger the Participant's medical condition; and,

d. The transport is not related to a hospitalization outside the United States.

2. Covered Expenses made by an **Ambulatory Surgical Center** or minor emergency medical clinic.
3. Covered Expenses for the cost and administration of an **anesthetic**; however, anesthesia rendered by the attending surgeon or his/her assistant is excluded.
4. Covered Expenses for **artificial limbs or breast prosthesis**, to replace body parts when the replacement is necessary because of physiological changes.
5. When an **assistant surgeon** is required to render technical assistance at an operation, the eligible expense for such services shall be limited to 20% of the Allowed Amount of the surgical procedure.
6. Covered Expenses incurred for the treatment of **autism.**
7. Covered expenses for **Diabetes Education and Training.**
8. **Blood transfusions**, including cost of blood, blood plasma, blood plasma expanders and other blood products not donated or replaced by a blood bank.
9. Phase II **cardiac rehabilitation** (to improve a patient's tolerance for physical activity or exercise) will be covered under a medically supervised and controlled reconditioning program.
10. **Chiropractic Services** - Benefits will be paid for services and Medical Supplies required in connection with the detection and correction, by manual or mechanical means, of structural imbalance, distortion, or subluxation in the human body for purposes of removing nerve interference and the effects of such nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column. Benefits shall include but not be limited to:
    1. Spinal manipulation/subluxation;
    2. Related X-rays;
    3. Modalities; and
    4. Office visits.
11. Charges incurred for Routine Participant Costs for items and services related to **clinical trials** are covered when:

    A. The Participant has cancer or other life-threatening disease or condition;

    B. The referring Provider is a Participating Provider that has concluded the Participant's involvement in such a trial would be appropriate;

    C. The Participant provides medical and scientific information establishing the Participant's involvement in such a trial would be appropriate;

    D. The services are furnished in connection with an Approved Clinical Trial.

    Group Health Plans may not:

    A. Deny a Qualified Individual participation in an Approved Clinical Trial with respect to the treatment of cancer or another life-threatening disease or condition;

B. Deny (or limit or impose additional conditions on) a Qualified Individual the coverage of Routine Participant Costs for items and services furnished in connection with participation in the trial;

C. Discriminate against an individual on the basis of the individual's participation in the trial.

USE OF IN-NETWORK PROVIDERS: If one or more Participating Providers participate in an Approved Clinical Trial, then the Plan requires the Qualified Individual participate in the trial through a Participating Provider accepting patients for the trial.

USE OF OUT-OF-NETWORK PROVIDERS: Qualified Individuals participating in Approved Clinical Trials conducted outside the State in which the Qualified Individual resides will receive out-of- network Benefits for Routine Participant Costs.

12. Initial **contact lenses or** one pair of **eyeglasses** required following cataract surgery;

13. Covered Expenses for **cosmetic surgery**, only for these situations:

A. When the malappearance or deformity is due to a congenital anomaly;

B. When due solely to surgical removal of all or part of the breast tissue because of an injury or illness to the breast;

C. When required for the medical care and treatment of a cleft lip and palate.

Coverage for the proposed cosmetic surgery or treatment must be Preauthorized by the Medical Review Department prior to the date of that surgery or treatment.

14. Charges for **CRNAs and Supervising Medical Doctors** will be a Covered Charge subject to these provisions:

A. The Allowed Amount for a CRNA will be 50% of the PPO re-priced amount for the MD Anesthesiologist, subject to all other Plan and modifier limitations.

B. If the MD Anesthesiologist is not a PPO, then the CRNA Allowed Amount will be equal to 50% of the UCR for the MD Anesthesiologist, subject to all other Plan and modifier limitations.

C. Charges for the Supervising MD will be limited to 50% of the PPO re-priced amount for the MD Anesthesiologist working independently.

15. Covered Expenses for Prescription **Drugs** requiring a written prescription of a licensed Physician; such drugs must be necessary for the treatment of an illness or injury.

16. Covered Expenses for **Durable Medical Equipment** (such as renal dialysis machines, resuscitators or Hospital-type beds), required for temporary therapeutic use in the Participant's home by an individual patient for a specific condition when such equipment ordinarily is not used without the direction of a Physician. If such equipment is not available for rent, the monthly payments toward the purchase of the equipment may be approved by the Plan supervisor. Benefits will be reduced to standard equipment allowances when deluxe equipment is used. The rental or purchase Benefits cannot exceed the purchase price of the equipment. **Preauthorization required for expenses $500 or more**.

17. Covered Expenses for **electrocardiograms**, electroencephalograms, pneumoencephalograms, basal metabolism tests or similar well-established diagnostic tests generally approved by Physicians throughout the United States.

18. Benefits will be paid for the treatment of **Emergency Medical Conditions.** Benefits are only available to treat an Emergency Medical Condition provided on an outpatient basis at a Hospital emergency room or department and only for as long as the condition continues to be considered an Emergency Medical Condition, unless otherwise required by applicable law.

19. Covered Expenses for Preauthorized **Home Health Care** when rendered to a homebound Participant in the Participant's current place of residence.

20. Covered Expenses for Preauthorized **Hospice Care** provided in an inpatient or outpatient setting. Bereavement counseling covered for up to three visits for any combination of family members within 12 months of death.

21. **Hospital Covered Expenses** for:
    A. Daily room and board charges in a Hospital, not to exceed the daily semiprivate room rate (charges when a Hospital private room has been used will be reimbursed at the average semiprivate room rate in the facility). Hospitals with all private rooms will be allowed at the prevailing private room rate;
    B. The day on which a Participant leaves a Hospital or Skilled Nursing Facility, with or without permission, is treated as the discharge day and will not be counted as an inpatient care day, unless Participant returns to the Hospital by midnight of the same day. The day the Participant returns to the Hospital or Skilled Nursing Facility is treated as the Admission day and is counted as an inpatient care day. The days during which the Participant is not physically present for inpatient care are not counted as inpatient days;
    C. Confinement in an intensive care unit, cardiac care unit or burn unit;
    D. Miscellaneous Hospital services and supplies during Hospital confinement if such charges should not have been included in the underlying Hospital charge (as determined by the Plan);
    E. Inpatient charges for well newborn care for nursery room and board and for professional service. Eligible expenses will be subject to the fee schedule rates for pediatric services and circumcision;
    F. Outpatient Hospital services and supplies and emergency room treatment.
22. Charges for **Human Organ or Tissue Transplants** subject to these limits:
    A. The transplant must be performed to replace an organ or tissue of the participant.
    B. If the organ or tissue donor is a participant and the recipient is not, then the Plan will cover donor organ or tissue charges for:
        i. Evaluating the organ or tissue;
        ii. Removing the organ or tissue from the donor.

        The Plan will always pay secondary to any other coverage for the organ or tissue donor, however, if no coverage is available for the donor then benefits will be considered under the recipient's coverage and subject to the recipient's deductible and coinsurance. If the donor and recipient are both covered under this Plan the donor's charge will be considered as incurred by the recipient.

        This Plan will **not** pay benefits for Travel or Lodging expenses.

        Transplant arrangements are often assisted by Utilization Review, and at times Transplant facilities may or may not participate in one of the approved Preferred Provider Organizations (PPO). If the Utilization Review Coordinator assists in arranging services with an out-of-network facility (and usually is able to negotiate a discount in the process) then network benefit levels will be utilized when benefit payments are issued. If, however, Utilization review approves the Transplant procedure, but the patient chooses to have the service rendered in a non-network facility that is other than that recommended by Utilization review, then the benefits will be paid at the out-of-network benefit level.

        Preauthorization by Cost Management/Utilization Review is <u>mandatory</u> for Transplant Coverage to be in effect (except for Cornea transplants).
23. Benefits will be paid for **mammography testing**, regardless of Medical Necessity, as set forth in the Schedule of Benefits. Benefits will be paid for additional mammograms during a Benefit Year based on Medical Necessity.
24. Care and treatment for **marital or pre-marital** counseling is covered.
25. Expenses for **maternity care** for Employee and covered Dependents.
26. Any expenses incurred in obtaining **medical records** in order to substantiate Medical Necessity.
27. Covered Expenses for dressings, sutures, casts, splints, trusses, crutches, pacemakers, braces (not dental braces) or other **Medical Supplies** determined by the Plan to be appropriate for treatment of an illness or injury.
28. Covered Expenses for **Mental Health Services** if rendered by a licensed medical Physician (M.D.), licensed psychologist (Ph.D.), clinical psychologist, licensed masters social worker or licensed professional counselor. Expenses for psychological testing are also covered.
29. Covered Expenses for **newborn care**. The Plan of Benefits will comply with the terms of the Newborns' and Mothers' Health Protection Act of 1996. The Plan of Benefits will not restrict Benefits for any length of Hospital

stay in connection with childbirth for the mother or newborn child to less than forty-eight (48) hours following a vaginal delivery (not including the day of delivery), or less than ninety-six (96) hours following a cesarean section (not including the day of surgery). Nothing in this paragraph prohibits the mother's or newborn's attending Provider, after consulting with the mother, from discharging the mother or her newborn earlier than the specified time frames or from requesting additional time for hospitalization. In any case, PAI may not require that a Provider obtain authorization from PAI for prescribing a length of stay not in excess of forty-eight (48) or ninety-six (96) hours as applicable. Nevertheless, Preauthorization is required to use certain Providers or facilities, or to reduce out-of-pocket costs.

30. Covered Expenses for the treatment and services rendered by an **occupational therapist** in a home setting, at a facility or institution whose primary purpose is to provide medical care for an illness or injury, or at a free-standing outpatient facility.

31. Charges for Injury to or care of the mouth, teeth, gums and alveolar processes will be Covered Expenses only if that care is for these **oral surgical procedures**:

    A. Emergency repair due to Injury to sound natural teeth;

    B. Surgery needed to correct accidental injuries to the jaws, cheeks, lips, tongue, floor and roof of the mouth;

    C. Excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth when a lab exam is required; excision of benign bony growths of the jaw and hard palate; external incision and drainage of cellulitis and incision of sensory sinuses, salivary glands or ducts.

32. The initial purchase and fitting of **orthotic appliances** such as braces, splints or other appliances which are required for support for an injured or deformed part of the body as a result of a disabling congenital condition or an Injury or Sickness that occurred while covered under the plan. Replacement or repair will be covered only if it is necessary due to a change in the person's physical condition or it is less costly to buy a replacement rather than repair the existing equipment or rent like equipment.

33. Covered Expenses for **oxygen** and other gases and their administration.

34. Benefits will be paid, as specified in the Schedule of Benefits, for a **rehabilitation facility or Skilled Nursing Facility**, for participation in a multidisciplinary team-structured rehabilitation program following severe neurologic or physical impairment if the following criteria are met:

    The Participant must be under the continuous care of a Physician, and the attending Physician must certify that the individual requires nursing care 24 hours a day. Nursing care must be rendered by a registered nurse or a licensed vocational or practical nurse. The confinement cannot be primarily for domiciliary, custodial, personal-type care, care due to senility, alcoholism, drug abuse, blindness, deafness, mental deficiency, tuberculosis or mental disorders.

35. Covered Expenses for the treatment or services rendered by a **physical therapist** in a home setting, a facility or institution whose primary purpose is to provide medical care for an illness or injury, or at a free-standing duly licensed outpatient therapy facility.

36. Covered Expenses for the services of a **Physician** for medical care and/or surgical treatments including office, home visits, Hospital inpatient care, Hospital outpatient visits/exams, clinic care, and surgical opinion consultations, subject to:

    In-Hospital medical service consists of a Physician's visit or visits to a Participant who is a registered bed-patient in a Hospital or Skilled Nursing Facility for treatment of a condition other than that for which surgical service or obstetrical service is required, as follows:

    A. In-Hospital medical Benefits will be provided, limited to one visit per specialty per day;

    B. In-Hospital medical Benefits in a Skilled Nursing Facility;

    C. When two or more Physicians, within the same study, render in-Hospital medical services at the same time, payment for such service will be made only to one Physician;

    D. Concurrent medical/surgical care Benefits for in-Hospital medical service in addition to Benefits for surgical service will be provided only:

        i When the condition for which in-Hospital medical service requires medical care not related to Surgical Services or obstetrical service and does not constitute a part of the usual, necessary and related pre-

operative and postoperative care but requires supplemental skills not possessed by the attending surgeon or such attending surgeon's assistant;

ii When a Physician other than a surgeon admits a Participant to the Hospital for medical treatment and it later develops that surgery becomes necessary, such Benefits cease on the date of surgery for the admitting Physician and become payable under the surgeon only;

iii When the surgical procedure performed is designated by the Plan supervisor as a "warranted diagnostic procedure" or as a "minor surgical procedure."

37. **Preadmission testing** for a scheduled Admission when performed on an outpatient basis prior to such Admission. The tests must be in connection with the scheduled Admission and:
    A. Must be made within seven (7) days prior to Admission;
    B. Must be ordered by the same Physician who ordered the Admission and must be Medically Necessary for the illness or injury for which the Participant is subsequently admitted to the Hospital.
38. **Preventive services** are covered according to:
    A. United States Preventive Services Task Force (USPSTF recommendations Grade A or B);
    B. Centers for Disease Control and Prevention (CDC) recommendations for immunizations;
    C. Health Resources and Services Administration (HRSA) recommendations for children and women preventive care and screening;
    D. Women's preventive services as provided under the ACA.

    These Benefits are provided without any cost-sharing by the Participant when the services are provided by a Participating Provider. Any other covered preventive screenings will be provided as shown in the Schedule of Benefits.
39. Covered Expenses for **Private Duty Nursing Care** by a licensed nurse (R.N., L.P.N. or L.V.N.) as follows:
    A. Inpatient Nursing Care: Charges are covered only when care is Medically Necessary or not Custodial in nature and the Hospital's Intensive Care Unit is filled or the Hospital has no Intensive Care Unit.
    B. Outpatient Nursing Care: Charges are covered only when care is Medically Necessary and not Custodial in nature. The only charges covered for Outpatient nursing care are those covered under Home Health Care and does not include outpatient private duty nursing care on a 24 hour shift basis.
40. Covered Expenses for **radiation therapy** or treatment, and **chemotherapy**.
41. Covered Expenses at a **Residential Treatment Center**.
42. Expenses for a **Second Surgical Opinion** (Not Mandatory). The Second Opinion must be rendered by a board-certified surgeon who is not professionally or financially associated with the Physician or the surgeon who rendered the first surgical opinion. The surgeon who gives the second surgical opinion may not perform the surgery. If the Second Opinion is different from the first, a third opinion also will be payable, provided the opinion is obtained before the procedure is performed. The conditions that apply to a Second Opinion also apply to any third surgical opinion.
43. Benefits will be paid for Admissions in a **Skilled Nursing Facility** as follows:
    A. Semiprivate room, board, and general nursing care;
    B. Private room, at semiprivate rate;
    C. Services performed in a Special Care Unit when it is Medically Necessary that such services be performed in such unit;
    D. Ancillary services and Medical Supplies including services performed in operating, recovery and delivery rooms;
    E. Diagnostic services including interpretation of radiological and laboratory examinations, electrocardiograms, and electroencephalograms; and,
    F. In a Long-Term Acute Care Hospital.

Benefits for Admissions may be subject to the requirements for Preadmission Review, Emergency Admission Review, and Continued Stay Review. The day on which a Member leaves a Skilled Nursing Facility, with or without permission, is treated as a day of discharge and will not be counted as a day of Admission, unless such Member returns to the Skilled Nursing Facility by midnight of the same day. The day a Member enters a Skilled Nursing Facility is treated as a day of Admission. The days during which a Member is not physically present for inpatient care are not counted as Admission days.

44. Fees of a licensed **speech therapist** for restorative speech therapy for speech loss or impairment due to:
    A. Surgery for correction of a congenital condition of the oral cavity, throat or nasal complex (other than a frenulectomy);
    B. An injury or illness.
45. Covered Expenses for **Substance Use** treatment will be payable if rendered by a licensed medical Physician (M.D.), licensed psychologist (Ph.D.), clinical psychologist, licensed masters social worker or licensed professional counselor. Services or charges for Detoxification are also covered.
46. Benefits will be paid for **Surgical Services**:
    A. If two (2) or more operations or procedures are performed at the same surgical approach, the total amount covered for the operations or procedures will be payable for the major procedure only, or Benefits will be payable according to the recommendations of the Medical Review Department;
    B. If two (2) or more operations or procedures are performed at the same time, through different surgical openings or by different surgical approaches, the total amount covered will be paid according to the Allowed Amount for the operation or procedure bearing the highest allowance, plus one half of the Allowed Amount for all other operations or procedures performed;
    C. If an operation consists of the excision of multiple skin lesions, the total amount covered will be paid according to the Allowed Amount for the procedure bearing the highest allowance, 50 percent (50%) for procedures bearing the second- and third-highest allowance, 25 percent (25%) for procedures bearing the fourth- through the eighth-highest allowance, and 10 percent (10%) for all other procedures;
    D. If an operation or procedure is performed in two or more steps or stages, coverage for the entire operation or procedure will be limited to the allowance for such operation or procedure;
    E. If two (2) or more licensed medical doctors or oral surgeons perform operations or procedures in conjunction with one another, other than as an assistant surgeon at surgery or anesthesiologist, the allowance, subject to the above paragraphs, will be prorated between them by the Plan supervisor when so required by the Physician in charge of the case;
    F. Certain surgical procedures, which are normally exploratory in nature, are designated as “independent procedures” by the Plan supervisor, and the Allowed Amount is covered when such a procedure is performed as a separate and single entity. However, when an independent procedure is performed as an integral part of another surgical service, the total amount covered will be paid according to the Fee Schedule for the major procedure only.
47. Covered Expenses for services for **voluntary sterilization** for Participants.
48. Charges associated with the initial purchase of a **wig after chemotherapy.**
49. Covered Expenses for **x-rays**, microscopic tests, and **laboratory tests**.

MEDICAL EXCLUSIONS AND LIMITATIONS

Notwithstanding any provision of the Plan to the contrary, if the Plan generally provides Benefits for a type of injury, then in no event shall a limitation or exclusion of Benefits be applied to deny coverage for such injury if the injury results from an act of domestic violence or a medical condition (including both physical and mental health conditions), even if the medical condition is not diagnosed before the injury.

1. Any service or supply that is not **Medically Necessary**.
2. Charges incurred as a **result of declared or undeclared war or any act of war** or caused during service in the armed forces of any country.
3. **Professional services** billed by a Physician or nurse who is an employee of a Hospital or Skilled Nursing Facility and paid by the Hospital or facility for the service.
4. **Travel expenses**, whether or not recommended by a Physician.
5. **Ambulance Services:**
   A. That do not meet coverage guidelines outlined in the Ambulance Services description under Medical Benefits;
   B. That are not Medically Necessary and reasonable;
   C. For transport to a more distant Hospital solely for the Member's convenience, regardless of the reason, or to allow the Member to use the services of a specific Provider or Specialist. The Group Health Plan will pay the base rate and mileage for a Medically Necessary ambulance transport to the nearest medically appropriate facility. If the transport is to a facility that is not the nearest medically appropriate facility, the Member is responsible for additional cost incurred to go to the Member's preferred facility;
   D. If the Member is medically stable and the situation does not involve an emergency, except as specified under Medical Benefits; or,
   E. For transport from a Hospital in connection with a hospitalization outside the United States.

   Any and all travel expenses including, but not limited to, transportation, lodging and repatriation are excluded.
6. Any medical **social services, recreational or Milieu Therapy, education testing or training**, except as part of Preauthorized Home Health Care or Hospice Care program.
7. **Nutritional counseling or vitamins, food supplements, and other dietary supplies** even if the supplements are ordered or prescribed by a Physician. Exceptions to this exclusion are noted under the Medical Schedule of Benefits and the Prescription Drug Benefits section.
8. Services, supplies or charges for **pre-marital and pre-employment physical examinations**.
9. Any service or supply for which a Participant is entitled to receive payment or Benefits (whether such payment or Benefits have been applied for or paid) under any law (now existing or that may be amended) of the United States or any state or political subdivision thereof, except for Medicaid. These include, but may not be limited to, Benefits provided by or payable under **workers' compensation laws**, the Veteran's Administration for care rendered for service-related disability, or any state or federal Hospital services for which the Participant is not legally obligated to pay. This exclusion applies if the Participant receives such Benefits or payments in whole or in part, and is applied to any settlement or other agreement regardless of how it is characterized and even if payment for medical expenses is specifically excluded.
10. Services to the extent the Participant is entitled to payment or Benefits under any **state or federal** program that provides health care benefits, including Medicare, but only to the extent Benefits are paid or are payable under such programs.
11. Charges incurred for which the Participant is not in the absence of this coverage **legally obligated** to pay or for which a charge would not ordinarily be made in the absence of this coverage.

12. **Illegal Acts—**Any illness or injury received, directly or indirectly, related to and/or contributed to, in whole or in part, while committing or attempting to commit **a felony or while engaging or attempting to engage in an illegal act or occupation**.
13. **Intoxication or Drug Use**—Any service (other than Substance Use Disorder Services), Medical Supplies, charges or losses directly or indirectly resulting from, related to and/or contributed to, in whole or in part, a Participant being **Legally Intoxicated or under the influence of alcohol, chemicals, narcotics, drugs and/or other substances, or taking some action the purpose of which is to create a euphoric state or alter consciousness.** The Participant, or Participant's representative, must provide any available test results showing blood alcohol, chemical, narcotic, drug and/or substance levels upon request. If the Participant refuses to provide these test results, no Benefits will be provided.
14. Services and supplies received as the result of any intentionally **self-inflicted injury**.
15. Charges incurred for services or supplies that constitute **personal comfort or beautification items**, such as television or telephone use.
16. All **cosmetic procedures** and any related **medical supplies,** in which the purpose is improvement of appearance or correction of deformity without restoration of bodily function. Examples of services that are cosmetic and are not covered are: rhinoplasty (nose); mentoplasty (chin), rhytidoplasty (face lift); surgical planing (dermabrasion); and blepharoplasty (eyelid).
17. Charges for **custodial care,** including sitters and companions**.**
18. Charges for **services, supplies, or treatment** not commonly and customarily recognized throughout the Physician's profession or by the American Medical Association as generally accepted and Medically Necessary for the Participant's diagnosis and/or treatment of the Participant's illness or injury; or charges for procedures, surgical or otherwise, which are specifically listed by the American Medical Association as having no medical value.
19. Any Medical Supplies or services rendered by a Participant to himself or herself or by a Participant's **immediate family** (parent, Child, spouse, brother, sister, grandparent or in-law).
20. Charges for inpatient confinement, primarily for x-rays, laboratory, diagnostic study, physiotherapy, hydrotherapy, medical observation, convalescent, custodial or rest care, or any medical examination or test **not connected with an active illness or injury**, unless otherwise provided under any preventable care covered under this Plan of Benefits.
21. Charges incurred for treatment on or to the **teeth, the nerves or roots of the teeth, gingival tissue or alveolar processes**.
22. Treatment of **infertility** (including the reversal of voluntary sterilization).
23. **Experimental or Investigational** services, including surgery, medical procedures, devices or drugs. The Group Health Plan reserves the right to approve, upon medical review, non-labeled use of chemotherapy agents that have been approved by the Food and Drug Administration (FDA) for cancer.
24. Charges incurred for treatment or supplies of weak, strained, or **flat feet**, instability or imbalance of the feet, treatment of any tarsalgia, metatarsalgia or bunion (other than operations involving the exposure of bones, tendons or ligaments), cutting or removal by any method of toenails or superficial lesions of the feet, including treatment of corns, calluses and hyperkeratoses, unless needed in treatment of a metabolic or peripheral-vascular disease.
25. Charges for **custom molded inserts and/or orthotics, other than the initial appliance, unless needed in treatment of a metabolic or peripheral-vascular disease.**
26. Charges for **maintenance care**. Unless specifically mentioned otherwise, the Plan of Benefits does not provide Benefits for services and supplies intended primarily to maintain a level of physical or mental function.

27. Any service or supply rendered to a Participant for the treatment of **obesity** or for the purpose of weight reduction. This includes all procedures designed to restrict the Participant's ability to assimilate food; for example, gastric bypass, the insertion of gastric bubbles, the wiring shut of the mouth, and any other procedure the purpose of which is to restrict the ability of the Participant to take in food, digest food or assimilate nutrients. Also excluded are services, supplies or charges for the correction of complications arising from weight control procedures, services, supplies or charges, such as procedures to reverse any restrictive or diversionary procedures and such reconstructive procedures as may be necessitated by the weight loss produced by these non-covered restrictive or diversionary procedures, except as specified on the Schedule of Benefits. Examples of such reconstructive procedures include, but are not limited to, abdominal panniculectomy and removal of excessive skin from arms, legs or other areas of the body. Membership fees to weight control programs are also excluded.
28. Any service or treatment for complications resulting from any **non-covered procedures**.
29. Any service or supply rendered to a Participant for the diagnosis or treatment of **sexual dysfunction** (including impotence) except when Medically Necessary due to an organic disease.
30. Any charges for **elective abortions,** except for abortion performed in accordance with federal Medicaid guidelines.
31. No charge will be covered under Medical Benefits for **dental and oral surgical procedures** involving orthodontic care of the teeth, periodontal disease and preparing the mouth for the fitting of or continued use of dentures.
32. Charges not included as part of a Hospital bill for autologous **blood donation** that involves collection and storage of a patient's own blood prior to elective surgery.
33. Charges incurred for **take-home drugs** upon discharge from the Hospital.
34. **Spare items** of the nature of braces of the leg, arm, back and neck, artificial arms, legs or eyes, lenses for the eye, or hearing aids, unless needed due to physiological changes.
35. Care and treatment of **hair loss**.
36. **Exercise programs** for treatment of any condition.
37. Air conditioners, air-purification units, humidifiers, allergy-free pillows, blanket or mattress covers, electric heating units, swimming pools, orthopedic mattresses, exercising equipment, vibratory equipment, elevators or stair lifts, blood pressure instruments, stethoscopes, clinical thermometers, scales, elastic bandages or stockings, wigs, non-Prescription Drugs and medicines, first aid supplies and non-Hospital adjustable beds.
38. **Acupuncture or hypnosis**, except when performed by a Physician in lieu of anesthesia.
39. Care and treatment for **sleep apnea**, unless Medically Necessary.
40. Treatment of **dysfunctional conditions** related to the muscles of mastication, malpositions or deformities of the jaw bone(s), orthognathic deformities, or temporomandibular joint (TMJ) disorders.
41. Charges that exceed any **Benefit limitations** stated in the Medical Schedule of Benefits of this Plan document.
42. Admissions or portions thereof for **custodial care or long-term care** including:
    A. Rest cares;
    B. Long-term acute or chronic psychiatric care;
    C. Care to assist a Participant in the performance of activities of daily living (including, but not limited to: walking, movement, bathing, dressing, feeding, toileting, continence, eating, food preparation and taking medication);
    D. Care in a sanitarium;
    E. Custodial or long-term care;
    F. Psychiatric or Substance Use residential treatment when provided at therapeutic schools; wilderness/boot camps; therapeutic boarding homes; halfway houses; and therapeutic group homes.
43. **Counseling and psychotherapy services** for these conditions are not covered:
    A. Feeding and eating disorders in early childhood and infancy;

B. Tic disorders, except when related to Tourette's disorder;

C. Elimination disorders;

D. Mental disorders due to a general medical condition;

E. Sexual function disorders;

F. Sleep disorders;

G. Medication-induced movement disorders;

H. Nicotine dependence, unless specifically listed as a covered Benefit in the Plan of Benefits or on the Medical Schedule of Benefits.

44. Medical supplies, services or charges for the diagnosis or treatment of sexual and gender dysphoria, learning disorders, dissociative disorders, developmental speech delay, communication disorders, developmental coordination disorders, mental retardation or vocational rehabilitation.

45. **Gender Reassignment Surgery** – Any charges for medical supplies; drugs; medical and clinical consultation and services for gender altering or reassignment medical or surgical services.

46. **Error**. Charges for care, supplies, treatment, and/or services that are required to treat injuries that are sustained or an illness that is contracted, including infections and complications, while the Participant was under, and due to the care of a Provider wherein such illness, injury, infection or complication is not reasonably expected to occur. This exclusion will apply to expenses directly or indirectly resulting from the circumstances of the course of treatment that, in the opinion of the Plan Administrator, in its sole discretion, unreasonably gave rise to the expense.

47. Charges for services that are not reasonable, not Medically Necessary, are not Usual and Customary, and/or are in excess of the **Maximum Allowable Charge** (See definition of Maximum Allowable Charge for application when utilizing PPO network discounts).

48. **Foreign travel.** Care, treatment or supplies out of the U.S. if travel is for the sole purpose of obtaining medical services (unless Medically Necessary as determined by the Plan Administrator and approved in advance).

49. Charges for care, supplies, treatment, and/or services for expenses actually **incurred by other persons.**

50. Charges for care, supplies, treatment, and/or services for Injuries resulting from **negligence**, misfeasance, malfeasance, nonfeasance or malpractice on the part of any licensed Physician.

51. All charges in connection with treatments or medications where the patient either is in **non-compliance** with or is discharged form a Hospital or Skilled Nursing Facility against medical advice.

52. Care, treatment, services or supplies **not recommended and approved by a Physician;** or treatment, services or supplies when the Participant is not under the regular care of a Physician. Regular care means ongoing medical supervision or treatment which is appropriate care for the Injury or Sickness.

53. Treatments and supplies which are **not specified as covered** under this Plan.

54. Care and treatment billed by a Hospital for **non-medical emergency admissions** on a Friday or Saturday. This does not apply if surgery is performed within 24 hours of admission.

55. Charges for **Orthognathic surgery**.

56. **Subrogation, Reimbursement, and/or Third Party Responsibility.** Charge for care, supplies, treatment, and /or services of an Injury or Sickness not payable by virtue of the Plan's subrogation, reimbursement, and/or third party responsibility provisions.

57. Excision of wholly or partly unerupted **impacted teeth.**

58. **Behavioral, Educational, or Alternate Therapy Programs:**

    Any behavioral, educational or alternative therapy techniques to target cognition, behavior language and social skills modification, including:

    A. Applied Behavioral Analysis (ABA) therapy;

    B. Teaching, Expanding, Appreciating, Collaborating and Holistic (TEACCH) programs;

    C. Higashi schools/daily life;

D. Facilitated communication;
E. Floor time;
F. Developmental Individual—Difference Relationship-based model (DIR);
G. Relationship Development Intervention (RDI);
H. Group socialization;
I. Primal therapy;
J. Holding therapy;
K. Movement therapies;
L. Art therapy;
M. Dance therapy'
N. Music therapy;
O. Animal assisted therapy;
P. Sexual conversion therapy, and,
Q. Cranial electrical stimulation (CES).

59. **Prescription Drug Exclusions** under this Plan of Benefits:

A. Therapeutic devices or appliances, including hypodermic needles, syringes, support garments, ostomy supplies and non-medical substances regardless of intended use;

B. Any over-the-counter medication, unless specified otherwise;

C. Prescription Drugs that have not been prescribed by a Physician;

D. Prescription Drugs not approved by the Food and Drug Administration;

E. Prescription Drugs for non-covered therapies, services, or conditions;

F. Prescription Drug refills in excess of the number specified on the Physician's prescription order or Prescription Drug refills dispensed more than one (1) year after the original prescription date;

G. Unless different time frames are specifically listed on the Schedule of Benefits more than a thirty (30) day supply for Prescription Drugs (ninety (90) day supply for Prescription Drugs obtained through a Mail Service Pharmacy);

H. Any type of service or handling fee (with the exception of the dispensing fee charged by the pharmacist for filling a prescription) for Prescription Drugs, including fees for the administration or injection of a Prescription Drug;

I. Dosages that exceed the recommended daily dosage of any Prescription Drug as described in the current Physician's Desk Reference or as recommended under the guidelines of the Pharmacy Benefit Manager, whichever is lower;

J. Prescription Drugs administered or dispensed in a Physician's office, Skilled Nursing Facility, Hospital or any other place that is not a Pharmacy licensed to dispense Prescription Drugs in the state where it is operated;

K. Prescription Drugs for which there is an over-the-counter equivalent and over-the-counter supplies or supplements;

L. Prescription Drugs that are being prescribed for a specific medical condition that are not approved by the Food and Drug Administration for treatment of that condition (except for Prescription Drugs for the treatment of a specific type of cancer, provided the drug is recognized for treatment of that specific cancer in at least one standard, universally accepted reference compendia or is found to be safe and effective in formal clinical studies, the results of which have been published in peer-reviewed professional medical journals);

M. Prescription Drugs that are not consistent with the diagnosis and treatment of a Participant's illness, injury or condition, or are excessive in terms of the scope, duration, dosage or intensity of drug therapy that is needed to provide safe, adequate and appropriate care;

N. Prescription Drugs to enhance physical growth or athletic performance or appearance;

O. Prescription Drugs that are immunization agents or biological sera;

P. Prescription Drugs or services that require Preauthorization by PAI and Preauthorization is not obtained;

Q. Prescription Drugs for injury or disease that are paid by workers' compensation benefits (if a workers' compensation claim is settled, it will be considered paid by workers' compensation benefits);

R. Prescription Drugs that are not Medically Necessary.

60. **Home Health Care Exclusions** under the Home Health Care Benefit:

A. Services and supplies not included in the Medical Schedule of Benefits, but not limited to, general housekeeping services and services for custodial care;

B. Services of a person who ordinarily resides in the home of the Participant, or is a Participant's immediate family member (parent, Child, spouse, brother, sister, grandparent or in-law);

C. Transportation services.

Notwithstanding the above exclusions, in the event that, after review of the medical records, other documentation, and case notes, the health care management medical director (or similarly titled position) of PAI, deems a plan of treatment and procedures are appropriate care for a Participant, the Plan shall deem the cost of the plan of treatment and procedures a Covered Expense.

ELIGIBILITY FOR COVERAGE

Eligibility:	
Waiting Period:	Coverage for new Employees will commence on the first day of the month following 60 days of continuous employment.
Annual Enrollment:	Month of March for a May 1st effective date
Actively at Work: Minimum hours per week:	At least 30 full-time hours per week
Dependent Child, in addition to meeting the requirements contained in the Plan of Benefits; the maximum age limitation to qualify as a Dependent Child is:	An Employee may cover a Dependent Child up to the end of the calendar month during which the Dependent Child reaches age 26 for medical Benefits.
The column to the right identifies other group classifications, as defined by the Plan Sponsor, that also may participate in the Plan of Benefits:	Council Members (not subject to the 30 full-time hours per week minimum)
The column to the right identifies other group classifications, as defined by the Plan Sponsor, that may not participate in the Plan of Benefits:	Seasonal or Temporary Employees Post 65 Retirees and Medicare Eligible Individuals
Coverage for Participants will terminate the last day of the month in which employment is terminated or the end of the period for which the required premium has been paid.	

A. ELIGIBILITY

1. Every Employee who is Actively at Work and who has completed the Waiting Period on or after the Plan Sponsor Effective Date is eligible to enroll (and to enroll his or her Dependents) for coverage under this Plan of Benefits.
2. If an Employee is not Actively at Work or has not completed the Waiting Period, such Employee is eligible to enroll (and to enroll his or her Dependents) beginning on the next day that the Employee is:
   a. Actively at Work;
   b. Has completed the Waiting Period.
3. Dependents are not eligible to enroll for coverage under Plan of Benefits without the sponsorship of an Employee who is enrolled under this Plan of Benefits.
4. Probationary periods and/or contribution levels will not be based on any factor that discriminates in favor of higher-wage employees as required under federal law.

B. ELIGIBLE CLASSES OF EMPLOYEES—RETIREE HEALTH INSURANCE PLAN PROVISIONS

THESE RETIREE HEALTH INSURANCE PLAN (THE "PLAN") PROVISIONS ARE SUBJECT TO CHANGE AND THE COUNTY'S ABILITY TO FUND THIS BENEFIT CAN BE IMPACTED BY FISCAL CHALLENGES AND LEGISLATIVE CHANGES. DUE TO THE RISK OF UNKNOWN CIRCUMSTANCES, THIS PLAN, AS DESCRIBED HEREIN, MAY BE DEEMED UNSUSTAINABLE AT SOME FUTURE TIME. THE RETIREE HEALTH INSURANCE GUIDELINES DESCRIBED HEREIN, OR OTHERWISE, ARE DISCRETIONARY ON THE PART OF THE COUNTY AND THE EMPLOYEE AND DO NOT CREATE ANY EXPRESS OR IMPLIED CONTRACT OF THIS BENEFIT BEING PROVIDED IN THE FUTURE OR IN ANY PARTICULAR AMOUNT AT ANY PARTICULAR TIME. NO PAST PRACTICES OR PROCEDURES, PROMISES OR ASSURANCES, WHETHER

WRITTEN OR ORAL, FORM ANY EXPRESS OR IMPLIED AGREEMENT TO CONTINUE SUCH PRACTICES OR PROCEDURES. IT IS EXPLICITLY STATED AND RECOGNIZED BY THE COUNTY AND EVERY EMPLOYEE OR OTHER PERSON ACCEPTING BENEFITS UNDER THE PLAN THAT ALL EMPLOYMENT IN OCONEE COUNTY (EXCEPT FOR THE OCONEE COUNTY ADMINISTRATOR) IS "AT WILL" AND THAT NO OCONEE COUNTY EMPLOYEE (EXCEPT FOR THE OCONEE COUNTY ADMINISTRATOR) HAS AN EMPLOYMENT AGREEMENT OR CONTRACT, AND THAT ALL PROVISIONS OF ANY AND ALL EMPLOYMENT BENEFITS, INCLUDING, WITHOUT LIMITATION, THOSE DESCRIBED IN THIS PLAN ARE ALWAYS SUBJECT TO ANNUAL APPROPRIATION BY THE OCONEE COUNTY COUNCIL, WHICH IS NEVER GUARANTEED AND NEVER WILL BE GUARANTEED.

All current Retirees of Oconee County will continue with their current Retiree health insurance/Plan Benefits with no changes at this time; however, such Benefits are subject to change in the future.

1. Grandfathered Employees:
    a. "Grandfathered Employees" are those Employees of Oconee County who had at least twenty (20) consecutive years of full-time employment for Oconee County as of December 31, 2013.
    b. Upon retirement, Grandfathered Employees will remain on the Oconee County Health Care Plan under the same terms and conditions as when they were actively employed until age 65 or when they become Medicare eligible, whichever occurs first. Spouses of Grandfathered Employees are eligible for the same coverage as Grandfathered Employees, provided the spouse is on the Grandfathered Employee's County Health Care Plan at the time of his or her retirement.
    c. Once a retired Grandfathered Employee reaches age 65, he or she is required to enroll in Medicare parts A & B in order to receive the Subsidy, as defined and described in Section 1.d below,
    d. The Subsidy:
        i. The County desires to contribute a monthly subsidy to all Grandfathered Employees upon retirement, when they reach 65 years of age or when they become Medicare eligible, whichever occurs first.
        ii. Current Oconee County paid health Benefit coverage for Grandfathered Employees under the Oconee County Employee Health Care Plan shall cease when the Grandfathered Employee retires (becoming a "Grandfathered Retiree") and reaches age 65 or becomes Medicare eligible, whichever occurs first. Discontinuance of County paid health Benefit coverage for spouses of Grandfathered Employees/Retirees will also occur when the spouse reaches age 65 or becomes Medicare eligible, whichever occurs first. Effective January 1, 2016 the County began contributing a monthly subsidy of $158 per Grandfathered Retiree, or $316 per month if married and the spouse is covered. This subsidy is solely for the purpose of assisting the Grandfathered Retiree and spouse, if applicable, in purchasing a Medicare supplemental insurance plan.
        iii. Increases to the cost of the Oconee County Employee Care Plan will depend upon actual costs; increases to the Subsidy will change annually by the lower of CPI (Consumer Price Index) or 3% per year. The CPI increase will be determined using September over September time frame.
        iv. Grandfathered Employees/Retirees may choose to decline coverage under the Plan at any time, but they will not be allowed to re-enroll in the Plan in the future, (with the exception of 2 prior Grandfathered Employees with special circumstances).
2. "Non-Grandfathered Employees" are those Employees hired prior to July 1, 2005, who complete 20 years of consecutive employment for Oconee County but who do not qualify as Grandfathered Employees.
    a. Non-Grandfathered Employees will remain eligible for Oconee County Employee Health Care Plan Benefits upon their retirement, subject to the conditions stated therein, and otherwise provided by law.
    b. Spouses of Non-Grandfathered Employees will not be eligible for Oconee County Employee Health Care Plan coverage upon retirement of the Non-Grandfathered Employee.
    c. Once a Non-Grandfathered Employee retires and attains the age of 65 or becomes Medicare eligible, whichever occurs first, Oconee County Employee Health Care Plan coverage will cease.
    d. No Subsidy will be provided Non-Grandfathered Employees or their spouses.

3. For all groups (Grandfathered and Non-Grandfathered) identified in these guidelines, only actual Oconee County employment time is considered for the purpose of determining contributions by Oconee County. No purchased service time of any kind will be considered for any group for purpose of Retiree health Benefits from Oconee County.

4. Employees hired after June 30, 2005 are ineligible for both Retiree health care coverage and the Subsidy.

Summary

Grandfathered Employees

- Must have 20 consecutive years of County employment as of December 31, 2013.
- Retiree and spouse will remain on the Oconee County Health Care Plan until they reach age 65 or become Medicare eligible, whichever occurs first.
- At age 65 or upon Medicare eligibility, whichever occurs first, a subsidy in the amount of $158 for Retiree or $316 for Retiree/Spouse will be offered in calendar year 2016. Subsidy increases over time by the lesser of 3% per year or the prevailing CPI rate increase each year.

Non-Grandfathered Employees

- Must have 20 consecutive years of County employment and hired before July 1, 2005.
- If retired prior to age 65, retiree will remain on the Oconee County Health Care Plan until the retiree reaches age 65 or becomes Medicare eligible, whichever occurs first.
- No coverage will be provided for spouse upon retirement of the Non-Grandfathered Employee.
- No subsidy will be provided for Non-Grandfathered Employees or their spouses.

Employees hired on or after July 1, 2005

- Oconee County provides no retiree health care coverage or subsidy.

Current Retirees

- Will continue with the current retiree health insurance Plan Benefits being received, with no changes at this time; however, the Plan is subject to change in the future.

C. ELECTION OF COVERAGE

Any Employee may enroll for coverage under the Group Health Plan for such Employee and such Employee's Dependents by completing and filing a Membership Application with the Plan Sponsor. Dependents must be enrolled within thirty-one (31) days of the date on which they first become Dependents. Employees and Dependents also may enroll if eligible under the terms of any late enrollment or Special Enrollment procedure.

D. COMMENCEMENT OF COVERAGE

Coverage under the Group Health Plan will commence as:

1. Employees and Dependents eligible on the Plan Sponsor Effective Date

   For Employees who are Actively at Work prior to and on the Plan Sponsor Effective Date, coverage will generally commence on the Plan of Benefits Effective Date.

2. Employees and Dependents Eligible After the Plan of Benefits Effective Date

   Employees and Dependents who become eligible for coverage after the Plan of Benefits Effective Date and have elected coverage will have coverage after they have completed the Waiting Period.

3. Dependents Resulting from Marriage

   Dependent(s) resulting from the marriage of an Employee will have coverage effective on the date of marriage provided they have enrolled for coverage within thirty-one (31) days after marriage and the coverage has been paid for under this Plan of Benefits.

4. Newborn Children

   A newborn Child will have coverage from the date of birth provided he or she has been enrolled for coverage within thirty-one (31) days after the Child's birth and the coverage has been paid for under this Plan of Benefits.

5. Adopted Children

   For an adopted Child of an Employee:

   a. Coverage shall be retroactive to the Child's date of birth when a decree of adoption is entered within thirty-one (31) days after the date of the Child's birth.

   b. Coverage shall be retroactive to the Child's date of birth when adoption proceedings have been instituted by the Employee within thirty-one (31) days after the date of the Child's birth, and if the Employee has obtained temporary custody of the Child.

   c. For an adopted Child other than a newborn, coverage shall begin when temporary custody of the Child begins. Nevertheless, such coverage shall only continue for one (1) year unless a decree of adoption is entered, in which case coverage shall be extended so long as such Child is otherwise eligible for coverage under the terms of this Plan of Benefits.

6. Special Enrollment

   In addition to enrollment under Eligibility for Coverage Section (C)(2-5) above, the Group Health Plan shall permit an Employee or Dependent who is not enrolled to enroll if each of these are met:

   a. The Employee or Dependent was covered under a group health Plan or had Creditable Coverage at the time coverage was previously offered to the Employee or Dependent;

   b. The Employee stated in writing at the time of enrollment that the reason for declining enrollment was because the Employee or Dependent was covered under a group health Plan or had Creditable Coverage at that time. This requirement shall apply only if the Plan Sponsor required such a statement at the time the Employee declined coverage and provided the Employee with notice of the requirement and the consequences of the requirement at the time;

   c. The Employee or Dependent's coverage described above:

      i. Was under a COBRA continuation provision and the coverage under the provision was exhausted;

      ii. Was not under a COBRA continuation provision described in section 6(c)(i), above, and either the coverage was terminated as a result of loss of eligibility for the coverage (including as a result of divorce, cessation of Dependent status (such as attaining the maximum age to be eligible as a Dependent Child under the Plan), death, termination of employment) or reduction in the number of hours of employment), or if the Plan Sponsor's contributions toward the coverage were terminated;

      iii. Was one of multiple Plans offered by a Plan Sponsor and the Employee elected a different Plan during an open enrollment period or when a Plan Sponsor terminates all similarly situated individuals;

      iv. Was under a HMO that no longer serves the area in which the Employee lives, works or resides;

      v. Under the terms of the Plan, the Employee requests the enrollment not later than thirty-one (31) days after date of exhaustion described in 6(c)(i) above, or termination of coverage or Plan Sponsor contribution described in 6(c)(ii) above. Coverage will begin no later than the first day of the first calendar month following the date the completed enrollment form is received.

The above list is not an all-inclusive list of situations when an Employee or Dependent loses eligibility. For situations other than those listed above, see the Plan Sponsor.

<u>Medicaid or State Children's Health Insurance Program Coverage</u>

A. The Employee or Dependent was covered under a Medicaid or State Children's Health Insurance Program Plan and coverage was terminated due to loss of eligibility;

B. The Employee or Dependent becomes eligible for assistance under a Medicaid or State Children's Health Insurance Program Plan;

C. The Employee or Dependent requests such enrollment not more than sixty (60) days after either:

i. the date of termination of Medicaid or State Children's Health Insurance Program coverage;

ii. determination that the Employee or Dependent is eligible for such assistance.

E. DEPENDENT CHILD'S ENROLLMENT

1. A Dependent's eligibility for or receipt of Medicaid assistance will not be considered in enrolling that Dependent for coverage under this Plan of Benefits.
2. Absent the sponsorship of an Employee, Dependents are not eligible to enroll for coverage under this Plan of Benefits.

F. CHANGE IN FAMILY STATUS

The Plan permits you to change your benefit election during the Plan Year if a qualified change in family status occurs. Enrollment Application forms are available from your Human Resources Department. A qualified change in family status can occur for many reasons such as:

Type of Event	You need to...
Birth or Adoption	Complete an Enrollment Application and indicate name of Dependent, date of birth or adoption and submit a copy of the birth certificate or proof of adoption.
Marriage	Complete an Enrollment Application and indicate name of Spouse, date of marriage and copy of the marriage certificate.
Divorce	Complete an Enrollment Application and indicate the date of divorce and submit a copy of the divorce decree.
Death	Complete an Enrollment Application, indicate the name of deceased and date of death.
Child reaches dependent age limit of 26.	Complete an Enrollment Application and indicate the names of the family members who will continue to be covered.
Termination of employment	Review section entitled Termination of Coverage in this booklet.
Loss of Spouse's employment	Review section entitled Special Enrollment Periods. If enrolling your spouse outside of open enrollment due to loss of other employer sponsored coverage, complete an Enrollment Application and submit proof of loss of employment. Examples of acceptable proof include Cobra election notice, credible coverage letter from prior employer (if available) showing coverage end date or letter from previous employer on company letterhead showing date coverage ended.

In order to effect a change in your Benefits, you must complete and return an Enrollment Application form to your Human Resources Department within 31 days following the qualifying event. Please note that the requested change in Benefits must be consistent with your change in family status (i.e. change from a single to family coverage due to marriage).

If you have (or expect to have) a change in family status or if you are unsure about your rights and responsibilities when applying for coverage, please contact the Human Resources Department to discuss your options and the necessary enrollment procedures.

G. PARTICIPANT CONTRIBUTIONS

The Participant is solely responsible for making all payments for any Premium.

H. DISCLOSURE OF MEDICAL INFORMATION

By accepting Benefits or payment of Covered Expenses, the Participant agrees that the Group Health Plan (and including BlueCross on behalf of the Group Health Plan) may obtain claims information, medical records, and other information necessary for the Group Health Plan to consider a request for Preauthorization, a Continued Stay Review, an Emergency Admission Review, a Preadmission Review or to process a claim for Benefits.

TERMINATION OF THIS PLAN OF BENEFITS

A. TERMINATION OF THIS PLAN OF BENEFITS

Termination of an Employee's coverage and all of such Employee's Dependents' coverage will occur on the earliest of these dates:

1. The date the Group Health Plan is terminated pursuant to Sections (B)-(E) below.
2. The date an Employee retires unless the Group Health Plan covers such individual as a retiree.
3. The date an Employee ceases to be eligible for coverage as set forth in the Eligibility Section.
4. The last day of the month in which an Employee is no longer Actively at Work or the end of the period for which the required premium has been paid, except that a qualified Employee (as qualified under the Family and Medical Leave Act of 1993) may be considered Actively at Work during any leave taken pursuant to the Family and Medical Leave Act of 1993.
5. In addition to terminating when an Employee's coverage terminates, a Dependent spouse's coverage terminates on the date of entry of a court order ending the marriage between the Dependent spouse and the Employee regardless of whether such order is subject to appeal.
6. In addition to terminating when an Employee's coverage terminates, a Child's coverage terminates when that individual no longer meets the definition of a Dependent under the Group Health Plan.
7. In addition to terminating when an Employee's coverage terminates, an Incapacitated Dependent's coverage terminates when that individual no longer meets the definition of an Incapacitated Dependent.
8. Death of the Employee.

B. TERMINATION FOR FAILURE TO PAY PREMIUMS

1. If a Participant fails to pay the Premium during the Grace Period, such Participant shall automatically be terminated from participation in the Group Health Plan, without prior notice to such Participant.
2. In the event of termination for failure to pay Premiums, Premiums received after termination will not automatically reinstate the Employee in participation under the Group Health Plan absent written agreement by the Plan Sponsor. If the Employee's participation in the Group Health Plan is not reinstated, the late Premium will be refunded to the Employee.

C. TERMINATION WHILE ON LEAVE

During an Employee's leave of absence that is taken pursuant to the Family and Medical Leave Act, the Plan Sponsor must maintain the same health Benefits as provided to Employees not on leave. The Employee must continue to pay his or her portion of the Premium. If Premiums are not paid by an Employee, coverage ends as of the due date of that Premium contribution.

D. TERMINATION DUE TO A RESCISSION OF COVERAGE

In the event that a Participant:

1. Performs an act, practice, or omission that constitutes fraud;
2. Makes an intentional misrepresentation of material fact,

The Participant's coverage under this Plan of Benefits will terminate retroactively at one of these times:

1. If event occurs upon application for participation in the Plan, the Participant's coverage will be void from the time of his/her effective date;
2. If event occurs at any other time, the Participant's coverage will terminate retroactively to the date of the event occurrence, as outlined above.

In the event your coverage is rescinded, you will be given 30 days' advance written notice of the Rescission as well as the retroactive effective date. Any Premiums paid will be returned once the Plan Administrator deducts the

amount for any claims paid.

A Participant has an internal appeal right following written notice of a Rescission of coverage as outlined within the Claims Filing and Appeal Procedures section of this document.

E. NOTICE OF TERMINATION TO PARTICIPANTS

Other than as expressly required by law, if the Group Health Plan is terminated for any reason, the Plan Sponsor is solely responsible for notifying all Participants of such termination and that coverage will not continue beyond the termination date.

F. REINSTATEMENT

The Group Health Plan in its sole discretion (and upon such terms and conditions as any stop-loss carrier or the Plan Sponsor may determine) may reinstate coverage under the Group Health Plan that has been terminated for any reason. If a Participant's coverage (and including coverage for the Participant's Dependents) for Covered Expenses under the Group Health Plan terminates while the Participant is on leave pursuant to the Family and Medical Leave Act because the Participant fails to pay such Participant's Premium, the Participant's coverage will be reinstated without new probationary periods if the Participant returns to work immediately after the leave period, re-enrolls and, within thirty-one (31) days following such return, pays all such Employee's portion of the past due amount and then current Premium.

G. PLAN SPONSOR IS AGENT OF PARTICIPANTS

By accepting Benefits, a Participant agrees that the Plan Sponsor is the Participant's agent for all purposes of any notice under the Group Health Plan. The Participant further agrees that notifications received from, or given to, the Plan Sponsor by PAI are notification to the Employees except for any notice required by law to be given to the Participants by PAI.

H. PERSONNEL POLICIES

Except as required under the Family and Medical Leave Act or the Uniformed Services Employment and Reemployment Rights Act, the Plan Sponsor's current personnel policies regarding Waiting Periods, continuation of coverage, or reinstatement of coverage shall apply during these situations: Plan Sponsor-certified disability, leave of absence, layoff, reinstatement, hire or rehire.

I. RETURN TO WORK

An Employee who returns to work **within six (6) months** of a layoff or an approved leave of absence will retain the same insurance status as prior to the said date, provided any required contributions have been paid in full. No new eligibility Waiting Period will apply unless these conditions were still to be met at the time of layoff or leave of absence.

An Employee who returns to work **after six (6) months** of an approved leave of absence or layoff will be considered a new Employee and will be subject to all eligibility requirements, including all requirements relating to the Effective Date of coverage (except as provided under the provision entitled "status change").

J. STATUS CHANGE

If an Employee or Dependent has a status change while covered under this Plan of Benefits (i.e. Employee to Dependent, COBRA to active) and no interruption in coverage has occurred, the Plan of Benefits will allow continuity of coverage with respect to any Waiting Period.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

In the case of a Participant who is receiving Covered Expenses in connection with a mastectomy, the Group Health Plan will pay Covered Expenses for each of these (if requested by such Participant):

A. Reconstruction of the breast on which the mastectomy has been performed;

B. Surgery and reconstruction of the other breast to produce a symmetrical appearance;

C. Prosthesis and physical complications at all stages of mastectomy, including lymphedemas.

The Plan of Benefits' Benefit Year Deductible and Copay will apply to these Benefits.

FAMILY AND MEDICAL LEAVE ACT (FMLA)

The Group Health Plan must comply with FMLA as outlined in the regulations issued by the U.S. Department of Labor. During any leave taken under the FMLA, the Plan Sponsor will maintain coverage under this Plan of Benefits on the same basis as coverage would have been provided if the Employee had been continuously employed during the entire leave period.

In general, eligible Employees may be entitled to:

Twelve workweeks of leave in a 12-month period for:

- the birth of a Child and to care for the newborn Child within one year of birth;
- the placement with the Employee of a Child for adoption or foster care and to care for the newly placed Child within one year of placement;
- to care for the Employee's spouse, Child, or parent who has a serious health condition;
- a serious health condition that makes the Employee unable to perform the essential functions of his or her job;
- any qualifying exigency arising out of the fact that the Employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" or

Twenty-six workweeks of leave in a single 12-month period to care for a covered service member with a serious injury or illness of a service member spouse, son, daughter, parent, or next of kin to the Employee (military caregiver leave).

An extension up to an indeterminate amount of time may be authorized by Department Heads and/or the County Administrator when medical documentation is provided. The additional leave will be allowed only for Employees with no active or unresolved discipline issues in place.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985

The Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA") requires that Plan Sponsors allow these categories of eligible people continue coverage under the Group Health Plan after such individuals would ordinarily not be eligible.

You also may have other options available when you lose this coverage. For example, you may be eligible to enroll into an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. (For more information about the Marketplace, visit www.HealthCare.gov). Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally does not accept late enrollees.

If you decide to continue this coverage, it is available for a period of up to 18, 29 or 36 months, depending on the circumstances:

A. 18 months for Employees whose working hours are reduced – during a non-FMLA leave of absence or when an Employee changes from full-time to part-time – and any family members who also lose coverage for this reason;

B. 18 months for Employees who voluntarily quit work and any family members who also lose coverage for this reason;

C. 18 months for Employees who are part of a layoff and any family members who also lose coverage for this reason;

D. 18 months for Employees who are fired, unless the firing is due to gross misconduct of the Employee, and any family members who also lose coverage for this reason;

E. 29 months for Employees and all covered Dependents who are determined to be disabled under the Social Security Act before or during the first sixty (60) days after termination of employment or reduction of hours of employment. Notice of the Social Security Disability determination must be given to the Plan Sponsor within 60 days of the determination of disability and before the end of the first 18 months of continuation of coverage. Nevertheless, if the determination was prior to termination, the Notice can be provided with COBRA election form in order to secure the extension;

F. 36 months for Employees' widows or widowers and their Dependent Children;

G. 36 months for separated (in states where legal separation is recognized) or divorced husbands or wives of the Employee and their Dependent Children;

H. 36 months for Dependent Children who lose coverage under the Plan of Benefits because they no longer meet the Plan's definition of a Dependent Child;

I. 36 months for Dependents who are not eligible for Medicare when the Employee is eligible for Medicare and no longer has coverage with the Plan Sponsor;

J. For Plans providing coverage for retired Employees and their Dependents, a special rule applies for such persons who would lose coverage due to the Plan Sponsor filing for Title 11 Bankruptcy. (Loss of coverage includes a substantial reduction of coverage within a year before or after the bankruptcy filing.) Upon occurrence of such an event, retired Employees and their eligible Dependents may continue their coverage under the Plan of Benefits until the date of death of the retiree. If a retiree dies while on this special continued coverage, surviving Dependents may elect to continue coverage for up to 36 additional months.

Except for items E, G, and H, above, the Plan Administrator is responsible for getting the proper form(s) to the Participant so continuation of coverage can be applied for.

For items E, G, and H, the Participant is responsible for notifying the Plan Administrator within sixty (60) days that the qualifying event has occurred. The notice must be given in writing to the Plan Administrator and should contain this information: (1) name of benefit Plan, (2) covered Employee's name, (3) your name and address, and (4) the type of qualifying event and the date it occurred. Upon receipt of notice, the Plan Sponsor will then forward the COBRA application form to the Participant or the appropriate Dependent.

The Participant or the appropriate Dependent must complete a COBRA application form and return it to the Plan Administrator no later than 60 days (called the election period) from the later of: (1) the date the Participants coverage ends, or (2) the date the Participant receives notice of the right to apply for continuation coverage.

An application by the Participant or their spouse for continuation of coverage also applies to any other family members who also lose coverage for the same reason. However, each family member losing coverage for the same reason is entitled to make a separate application for continuation of coverage. If there is a choice among types of coverage under the Plan of Benefits, each family member can make a separate selection from the available types of coverage.

During an 18-month continuation of coverage period, some persons may have another situation occur to them from among items B, C, D, and F through I. They will be entitled to continuation of coverage for an overall total of up to **36** months. For items G and H, the Participant must notify the Plan Administrator within **60** days that the situation has occurred.

Premiums for continuation of coverage should be paid to the Plan Administrator or their designated party. The Plan Administrator has the right to require you to pay the entire Premium, even if active employees pay only part of the Premium. The Plan Administrator also has the right to charge and keep an extra two percent administration fee each month. For disabled employees who have applied for the 29-month COBRA continuation period, the Plan Administrator has the right to charge 150% of the applicable Premium each month for the 19th month through the 29th month of coverage.

For those Participants electing COBRA continuation of coverage, the first Premium payment must be postmarked and mailed to the Plan Administrator by the 45th day after the Participant elects continuation coverage. Thereafter, Premium payments are due on the first of each month. There is a 31-day grace period for payment of the monthly Premiums.

COBRA Continuation of Coverage ends earlier than the maximum continuation period under these circumstances:

A. When Premiums are not paid on time.

B. When the Participant who has continuation of coverage becomes covered under another group health Plan or Medicare, after the date of the COBRA election, through employment or otherwise.

C. When a disabled person covered under the extended 29-month COBRA continuation period has been determined by the Social Security Administration to be no longer disabled, coverage ends for the disabled person and any covered family members on the later of 30 days after the determination or 18 months. (Notification must be given to the Company within 30 days of final determination.)

D. The termination of the Group Health Plan.

Uniformed Services Employment and Re-employment Rights Act (USERRA)

A. In any case in which an Employee or any of such Employee's Dependents has coverage under the Plan of Benefits, and such Employee is not Actively at Work by reason of active duty service in the uniformed services, the Employee may elect to continue coverage under the Plan of Benefits as provided in this section. The maximum period of coverage of the Employee and such Employee's Dependents under such an election shall be the lesser of:

   i. The twenty-four (24) month period beginning on the date on which the Employee's absence from being Actively at Work by reason of active duty service in the uniformed services begins; or

   ii. The day after the date on which the Employee fails to apply for or return to a position of employment, as determined under USERRA.

   The continuation of coverage period under USERRA will be counted toward any continuation of coverage period available under COBRA.

B. An Employee who elects to continue coverage under this section of the Plan of Benefits must pay one hundred and two percent (102%) such Employee's normal Premium. Except that, in the case of an Employee who performs service in the uniformed services for less than thirty-one (31) days, such Employee will pay the normal contribution for the thirty-one (31) days.

C. An Employee who is qualified for re-employment under the provisions of USERRA will be eligible for reinstatement of coverage under the Group Health Plan upon re-employment. Except as otherwise provided in this Article upon re-employment and reinstatement of coverage no new exclusion or Probationary Period will be imposed in connection with the reinstatement of such coverage if an exclusion or Waiting Period normally would have been imposed. This Article applies to the Employee who is re-employed and to a Dependent who is eligible for coverage under the Plan of Benefits by reason of the reinstatement of the coverage of such Employee.

D. This Section shall not apply to the coverage of any illness or injury determined by the Secretary of Veterans Affairs to have been incurred in, or aggravated during, performance of service in the uniformed services.

National Defense Authorization Act—Military Leave Entitlements

A. Permits a "spouse, son, daughter, parent or next of "kin" to take up to 26 workweeks of leave to care for a "member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy and is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness".

B. Permits an Employee to take FMLA leave for "any qualifying exigency (as the Secretary of Labor shall, by regulation, determine) arising out of the fact that the spouse, or a son, daughter, or parent of the Employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation".

SUBROGATION / RIGHT OF REIMBURSEMENT

A. BENEFITS SUBJECT TO THIS PROVISION

This provision shall apply to all Benefits provided under any section of the Plan of Benefits. All Benefits under this Plan of Benefits are being provided by a self-funded plan.

B. STATEMENT OF PURPOSE

Subrogation and Reimbursement represent significant Group Health Plan assets and are vital to the financial stability of the Group Health Plan. Subrogation and Reimbursement recoveries are used to pay future claims by other Group Health Plan members. Anyone in possession of these assets holds them as a fiduciary and constructive trustee for the benefit of the Group Health Plan. The Group Health Plan may have a fiduciary obligation under the Employee Retirement Income Security Act (ERISA) to pursue and recover these Group Health Plan assets to the fullest extent possible.

C. DEFINITIONS

1. Another Party

   Another Party shall mean any individual or entity, other than the Group Health Plan, who is liable or legally responsible to pay expenses, compensation or damages in connection with a Member's injuries or illness.

   Another Party shall include the party or parties who caused the injuries or illness; the liability insurer, guarantor or other indemnifier of the party or parties who caused the injuries or illness; a Member's own insurance coverage, such as uninsured, underinsured, medical payments, no-fault, homeowner's, renter's or any other insurer; a workers' compensation insurer or governmental entity; or, any other individual, corporation, association or entity that is liable or legally responsible for payment in connection with the injuries or illness.

2. Member

   As it relates to the Subrogation and Reimbursement Provision, a Member shall mean any person, Dependent or representatives, other than the Group Health Plan, who is bound by the terms of the Subrogation and Reimbursement Provision herein. A Member shall include but is not limited to any beneficiary, Dependent, Spouse or person who has or will receive Benefits under the Group Health Plan, and any legal or personal representatives of that person, including parents, guardians, attorneys, trustees, administrators or executors of an estate of a Member, and heirs of the estate.

3. Recovery

   Recovery shall mean any and all monies identified, paid or payable to the Member through or from Another Party by way of judgment, award, settlement, covenant, release or otherwise (no matter how those monies may be characterized, designated or allocated) to compensate for any losses caused by, or in connection with, the injuries or illness. A Recovery exists as soon as any fund is identified as compensation for a Member from Another Party. Any recovery shall be deemed to apply, first, for Reimbursement of the Group Health Plan's lien. The amount owed from the Recovery as Reimbursement of the Group Health Plan's lien is an asset of the Group Health Plan.

4. Reimbursement

   Reimbursement shall mean repayment to the Group Health Plan of recovered medical or other Benefits that it has paid toward care and treatment of the injuries or illness for which there has been a Recovery.

5. Subrogation

   Subrogation shall mean the Group Health Plan's right to pursue the Member's claims for medical or other charges paid by the Group Health Plan against Another Party.

D. WHEN THIS PROVISION APPLIES

This provision applies when a Member incurs medical or other charges related to injuries or illness caused in part or in whole by the act or omission of the Member or another person; or Another Party may be liable or legally responsible for payment of charges incurred in connection with the injuries or illness; or Another Party may otherwise make a payment without an admission of liability. If so, the Member may have a claim against that other person or Another Party for payment of the medical or other charges. In that event, the Member agrees, as a condition of receiving Benefits from the Group Health Plan, to transfer to the Group Health Plan all rights to recover damages in full for such Benefits.

E. DUTIES OF THE MEMBER

The Member will execute and deliver all required instruments and papers provided by the Group Health Plan or Corporation, including an accident questionnaire, as well as doing and providing whatever else is needed, to secure the Group Health Plan's rights of Subrogation and Reimbursement, before any medical or other Benefits will be paid by the Group Health Plan for the injuries or illness. The Group Health Plan or Corporation may determine, in its sole discretion, that it is in the Group Health Plan's best interests to pay medical or other Benefits for the injuries or illness before these papers are signed (for example, to obtain a prompt payment discount); however, in that event, the Group Health Plan will remain entitled to Subrogation and Reimbursement. In addition, the Member will do nothing to prejudice the Group Health Plan's right to Subrogation and Reimbursement and acknowledges that the Group Health Plan precludes operation of the made-whole and common-fund doctrines. A Member who receives any Recovery (whether by judgment, settlement, compromise, or otherwise) has an absolute obligation to immediately tender the portion of the Recovery subject to the Group Health Plan's lien to the Group Health Plan under the terms of this provision. A Member who receives any such Recovery and does not immediately tender the Group Health Plan's portion of the Recovery to the Group Health Plan will be deemed to hold the Group Health Plan's portion of the Recovery in constructive trust for the Group Health Plan, because the Member is not the rightful owner of the Group Health Plan's portion of the Recovery and should not be in possession of the Recovery until the Group Health Plan has been fully reimbursed. The portion of the Recovery owed by the Member for the Group Health Plan's lien is an asset of the Group Health Plan.

As a condition of receiving Benefits, the Member must:

1. Immediately notify the Group Health Plan or Corporation of an injury or illness for which Another Party may be liable, legally responsible or otherwise makes a payment in connection with the injuries or illness;

2. Execute and deliver to the Corporation an accident questionnaire within one hundred eighty (180) days of the accident questionnaire being mailed to the Member;

3. Deliver to the Group Health Plan or Corporation a copy of the Personal Injury Protection Log, Medical Payments log and/or Medical Authorization within ninety (90) days of being requested to do so;

4. Deliver to the Group Health Plan or Corporation a copy of the police report, incident or accident report, or any other reports issued as a result of the injuries or illness within ninety (90) days of being requested to do so;

5. Authorize the Group Health Plan or Corporation to sue, compromise and settle in the Member's name to the extent of the amount of medical or other Benefits paid for the injuries or illness under the Group Health Plan and the expenses incurred by the Group Health Plan or Corporation in collecting this amount, and assign to the Group Health Plan the Member's rights to Recovery when this provision applies;

6. Include the amount paid for Benefits as a part of the damages sought against Another Party. Immediately reimburse the Group Health Plan or Corporation, out of any Recovery made from Another Party, the amount

of medical or other Benefits paid for the injuries or illness by the Group Health Plan up to the amount of the Recovery and without reduction for attorneys' fees, costs, comparative negligence, limits of collectability or responsibility, or otherwise;

7. Immediately notify the Group Health Plan or Corporation in writing of any proposed settlement and obtain the Group Health Plan or Corporation's written consent before signing any release or agreeing to any settlement; and,

8. Cooperate fully with the Group Health Plan or Corporation in its exercise of its rights under this provision, do nothing that would interfere with or diminish those rights and furnish any information required by the Group Health Plan or Corporation.

F. FIRST PRIORITY RIGHT OF SUBROGATION AND/OR REIMBURSEMENT

Any amounts recovered will be subject to Subrogation or Reimbursement. The Member's submission of claims for illnesses or injury caused by Another Party constitutes the Member's agreement to the terms of this provision and the Member's grant to the Group Health Plan of a first priority equitable lien by agreement. The Group Health Plan's right to recover exists regardless of whether it is based on Subrogation or Reimbursement.

The Group Health Plan will be subrogated to all rights the Member may have against that other person or Another Party and will be entitled to first priority Reimbursement out of any Recovery to the extent of the Group Health Plan's payments. In addition, the Group Health Plan shall have a first priority equitable lien against any Recovery to the extent of Benefits paid and to be payable in the future. The Group Health Plan's first priority equitable lien supersedes any right that the Member may have to be "made whole." In other words, the Group Health Plan is entitled to the right of first Reimbursement out of any Recovery the Member procures or may be entitled to procure regardless of whether the Member has received full compensation for any of such Member's damages or expenses, including attorneys' fees or costs and regardless of whether the Recovery is designated as payment for medical expenses or otherwise. Additionally**,** the Group Health Plan's right of first Reimbursement will not be reduced for any reason, including attorneys' fees, costs, comparative or contributory negligence, limits of collectability or responsibility, characterization of Recovery as pain and suffering or otherwise. As a condition to receiving Benefits under the Group Health Plan and Plan of Benefits, the Member agrees that acceptance of Benefits is constructive notice of this provision.

G. WHEN A MEMBER RETAINS AN ATTORNEY

An attorney who receives any Recovery (whether by judgment, settlement, compromise, or otherwise) for an injury or illness in which the Group Health Plan has paid or will pay Benefits, has an absolute obligation to immediately tender the portion of the Recovery subject to the Group Health Plan's equitable lien to the Group Health Plan under the terms of this provision. As a possessor of a portion of the Recovery, the Member's attorney holds the Recovery as a constructive trustee and fiduciary and is obligated to tender the Group Health Plan's portion of the Recovery immediately over to the Group Health Plan. A Member's attorney who receives any such Recovery and does not immediately tender the Group Health Plan's portion of the Recovery to the Group Health Plan will be deemed to hold the Recovery in constructive trust for the Group Health Plan, because neither the Member nor the attorney is the rightful owner of the portion of the Recovery subject to the Group Health Plan's lien. The portion of the Recovery owed for the Group Health Plan's lien is an asset of the Group Health Plan.

If the Member retains an attorney, the Member's attorney must recognize and consent to the fact that this provision precludes the operation of the "made-whole" and "common fund" doctrines, and the attorney must agree not to assert either doctrine against the Group Health Plan in such attorney's pursuit of Recovery. The Group Health Plan will not pay the Member's attorneys' fees and costs associated with the recovery of funds, nor will it reduce its Reimbursement pro rata for the payment of the Member's attorneys' fees and costs, without the expressed written consent of the Corporation.

H. WHEN THE MEMBER IS A MINOR OR IS DECEASED OR INCAPACITATED

This Subrogation and Reimbursement Provision will apply with equal force to the parents, trustees, guardians, administrators, or other representatives of a minor, incapacitated, or deceased Member and to the heirs or personal and legal representatives, regardless of applicable law. No representative of a Member listed herein may allow proceeds from a Recovery to be allocated in a way that reduces or minimizes the Group Health Plan's claim by arranging for others to receive proceeds of any judgment, award, settlement, covenant, release or other payment or releasing any claim in whole or in part without full compensation therefore or without the prior written consent from the Group Health Plan or Corporation.

I. WHEN A MEMBER DOES NOT COMPLY

When a Member does not comply with the provisions of this section, the Group Health Plan or Corporation shall have the authority, in its sole discretion, to deny payment of any claims for Benefits by the Member and to deny or reduce future Benefits payable (including payment of future Benefits for other injuries or illnesses) under this Plan of Benefits by the amount due as satisfaction for the Reimbursement to the Group Health Plan. The Group Health Plan or Corporation may also, in its sole discretion, deny or reduce future Benefits (including future Benefits for other injuries or illnesses) for the Member under any other group benefits plan maintained by the Employer. The reductions will equal the amount of the required Reimbursement; however, under no circumstances shall the Reimbursement, denial or reduction of Benefits exceed the amount of the Recovery. If the Group Health Plan must bring an action against a Member to enforce the provisions of this section, then the Member agrees to pay the Group Health Plan's attorneys' fees and costs, regardless of the action's outcome.

J. PRIOR RECOVERIES

In certain circumstances, a Member may receive a Recovery that exceeds the amount of the Group Health Plan's payments for past and/or present expenses for treatment of the injuries or illness that is the subject of the Recovery. In other situations, based on the extent of the Member's injuries or illness, the Member may have received a prior Recovery for treatment of the injuries or illness that is the subject of a claim for Benefits under the Group Health Plan. In these situations, the Group Health Plan will not provide Benefits for any expenses related to the injuries or illness for which compensation was provided through a current or previous Recovery. The Member is required to submit full and complete documentation of any such Recovery in order for the Group Health Plan to consider eligible expenses. To the extent a Member's Recovery exceeds the amount of the Group Health Plan's lien, the Group Health Plan is entitled to deny that amount as an offset against any claims for future Benefits relating to the injuries or illness. In those situations, the Member will be solely responsible for payment of medical bills related to the injuries or illness. The Group Health Plan also precludes operation of the made-whole and common-fund doctrines in applying this provision.

The Group Health Plan or Corporation has sole discretion to determine whether expenses are related to the injuries or illness to the extent this provision applies. Acceptance of Benefits under this Plan of Benefits for injuries or illness which the Member has already received a Recovery may be considered fraud, and the Member will be subject to any sanctions determined by the Group Health Plan or Corporation, in their sole discretion, to be appropriate, including denial of present or future Benefits under this Plan of Benefits.

WORKERS' COMPENSATION PROVISION

This policy does not provide benefits for diagnosis, treatment or other service for any injury or illness that is sustained or alleged by a Participant that arises out of, in connection with, or as the result of any work for wage or profit when coverage under any Workers' Compensation Act or similar federal or state law is required or is otherwise available for the Participant. Benefits will not be provided under this Plan if coverage under the Workers' Compensation Act or similar law would have been available to the Participant but the Participant elected exemption from available Workers' Compensation coverage; waives entitlement to Workers' Compensation benefits for which the Participant is eligible; failed to timely file a claim for Workers' Compensation benefits; or the Member sought treatment for the injury or illness from a Provider that is not authorized by the Participant's Plan Sponsor.

If the Group Health Plan, or its designee, including PAI (hereinafter referred to as "the Plan") pays Benefits for an injury or illness and the Plan determines the Participant also received Workers' Compensation benefits by means of a settlement, judgment, or other payment for the same injury or illness, Participant shall reimburse the Plan in full all Benefits paid by the Plan relating to the injury or illness.

The Plan's right of recovery will be applied even if: the Workers' Compensation benefits are in dispute or are made by means of a compromised, doubtful and disputed, clincher or other settlement; no final determination is made that the injury or illness was sustained in the course of or resulted from the Participant's employment; the amount of Workers' Compensation benefits due to medical or health care is not agreed upon or defined by the Participant or the Workers' Compensation carrier; or the medical or health care benefits are specifically excluded from the Workers' Compensation settlement or compromise.

As a condition of receiving Benefits, the Member must:

1. Immediately notify the Group Health Plan or Corporation of an injury or illness for which the Member's Employer and/or Employers' Workers' Compensation carrier may be liable, legally responsible or otherwise makes a payment in connection with the injuries or illness;

2. Execute and deliver to the Corporation an accident questionnaire within one hundred eighty (180) days of the accident questionnaire being mailed to the Member;

3. Deliver to the Group Health Plan or Corporation a copy of the police report, incident or accident report or any other reports issued as a result of the injury or illness within ninety (90) days of being requested to do so;

4. Assert a claim or lawsuit against the Employer and/or Employer's Workers' Compensation carrier or any other insurance coverage to which the Member may be entitled;

5. Include the amount paid for Benefits as a part of the damages sought against the Member's Employer and/or Employer's Workers' Compensation carrier. Immediately reimburse the Group Health Plan, out of any recovery made from the Employer and/or Employer's Workers' Compensation carrier, the amount of medical or other Benefits paid for the injuries or illness by the Group Health Plan up to the amount of the recovery and without reduction for attorneys' fees, costs, comparative negligence, limits of collectability or responsibility, or otherwise;

6. Immediately notify the Group Health Plan or Corporation in writing of any proposed settlement and obtain the Group Health Plan or Corporation's written consent before signing any release or agreeing to any settlement; and,

7. Cooperate fully with the Group Health Plan or Corporation in its exercise of its rights under this provision, do nothing that would interfere with or diminish those rights and furnish any information required by the Group Health Plan or Corporation.

The Group Health Plan or Corporation has sole discretion to determine whether claims for Benefits submitted under the Plan of Benefits are related to the injuries or illness to the extent this provision applies. If the Group Health Plan

or Corporation pays Benefits for an injury or illness and the Group Health Plan or Corporation determines the Member also received a recovery from the Employer and/or Employer's Workers' Compensation carrier by means of a settlement, judgment or other payment for the same injury or illness, the Member shall reimburse the Group Health Plan from the recovery for all Benefits paid by the Group Health Plan relating to the injury or illness. However, under no circumstances shall the Member's reimbursement to the Group Health Plan exceed the amount of such recovery.

If the Member receives a recovery from the Employer and/or Employer's Workers' Compensation carrier, the Group Health Plan's right of reimbursement from the recovery will be applied even if: liability is denied, disputed or is made by means of a compromised, doubtful and disputed, clincher or other settlement; no final determination is made that the injury or illness was sustained in the course of or resulted from the Member's employment; the amount of workers' compensation benefits due to medical or healthcare is not agreed upon or defined by the Member, Employer or the Workers' Compensation carrier; or the medical or healthcare benefits are specifically excluded from the settlement or compromise.

Failure to reimburse the Group Health Plan from the recovery as required under this section will entitle the Group Health Plan or Corporation to invoke the Workers' Compensation exclusion and deny payment for all claims relating to the injury or illness.

COORDINATION OF BENEFITS

Coordination of benefits rules apply when a Participant is covered by this Plan of Benefits and also covered by any other Plan or Plans. When more than one coverage exists, one Plan normally pays its benefits in full and the other Plan pays a reduced benefit. This Plan of Benefits will always pay either its Benefits in full or a reduced amount that, when added to the benefits payable by the other Plan or Plans, will not exceed 100% of Allowed Amounts. Only the amount paid by the Plan of Benefits will be included for purposes of determining the maximums in the Schedule of Benefits. Through the coordination of benefits, a Participant or Dependent will not receive more than the Allowed Amounts for a loss.

The coordination of benefits provision applies whether or not a claim is filed under the other Plan or Plans. The Participant agrees to provide authorization to this Plan of Benefits to obtain information as to benefits or services available from any other Plan or Plans, or to recover overpayments. All Benefits contained in the Plan of Benefits are subject to this provision.

When this Plan of Benefits is primary, Benefits are determined before those of the other Plan. The benefits of the other Plan are not considered. When this Plan of Benefits is secondary, Benefits are determined after those of the other Plan. Benefits may be reduced when the sum of the following exceeds the Covered Expenses in a Benefit Year:

a. The Covered Expenses in the absence of this coordination of benefits provision; plus

b. The expenses that would be payable under the other Plan, in the absence of provisions with a purpose like that of this coordination of benefits provision, whether or not a claim is made.

When the sum of these two (2) amounts exceeds the maximum amount payable for Covered Expenses in a Benefit Year, the Covered Expenses will be reduced so that they and the Benefits payable under the Primary Plan do not total more than the Covered Expenses. When the Covered Expenses of the Group Health Plan are reduced in this manner, each Benefit is reduced in proportion and then charged against any applicable limit of the Group Health Plan.

A. ORDER OF DETERMINATION RULES FOR EMPLOYEE MEMBERS

If a Participant covered hereunder is also covered for comparable benefits or services under another Plan that is the Primary Plan, Benefits applicable under this Plan of Benefits will be reduced so that, for benefits incurred, benefits available under all Plans shall not exceed the Allowed Amounts of such benefits.

This Plan of Benefits determines its order of Benefits using the first of these that apply:

A. **General** - A Plan that does not coordinate with other Plans is always the Primary Plan;

B. **Non-Dependent/Dependent** - The benefits of the Plan that covers the person as an Employee (other than a Dependent) is the Primary Plan; the Plan that covers the person as a Dependent is the Secondary Plan;

C. **Dependent Child/Parents Not Separated or Divorced** - Except as stated in (D) below, when this Plan of Benefits and another Plan cover the same Child as a Dependent of different parents:

   1. The Primary Plan is the Plan of the parent whose birthday (month and day) falls earlier in the year. The Secondary Plan is the Plan of the parent whose birthday falls later in the year; but

   2. If both parents have the same birthday, the benefits of the Plan that covered the parent the longer time is the Primary Plan; the Plan that covered the parent the shorter time is the Secondary Plan;

   3. If the other Plan does not have the birthday rule, but has the gender rule and if, as a result, the Plans do not agree on the order of benefits, the rule in the other Plan will determine the order of benefits.

D. **Dependent Child/Separated or Divorced Parents** - If two or more Plans cover a person as a Dependent Child of divorced or separated parents, benefits for the Child are determined in this order:

   1. First, the Plan of the parent with custody of the Child;

   2. Then, the Plan of the spouse of the parent with custody;

   3. Finally, the Plan of the parent without custody of the Child.

Nevertheless, if the specific terms of a court decree state that one parent is responsible for the health care expenses of the Child, then that parent's Plan is the Primary Plan. If a court decree exists stating that the parents shall share joint custody, without stating that one of the parents is financially responsible for the health care of the Child, the order of liability will be determined according to the rules for Dependent Children whose parents are not separated or divorced. Anyone who legally adopts the Child will assume natural parent status.

E. **Active/Inactive Employee** - The Primary Plan is the Plan that covers the person as an Employee who is neither laid off nor retired (or as that Employee's Dependent). The Secondary Plan is the Plan that covers that person as a laid off or retired Employee (or as that Employee's Dependent). If the other Plan does not have this rule, and if, as result the Plans do not agree on the order of benefits, this rule does not apply.

F. **Longer/Shorter Length of Coverage** - If none of the above rules determines the order of benefits, the Primary Plan is the Plan that covered an Employee longer. The Secondary Plan is the Plan that covered that person the shorter time.

G. **Continuation Coverage** - In instances where a Member is covered by this Group Health Plan and other employer-sponsored coverage and only one of them is continuation coverage (e.g., COBRA or other continuation coverage), such continuation coverage will be the Secondary Plan.

H. In the case of a Plan that contains order of benefit determination rules that declare that Plan to be excess to or **always secondary to all other Plans**, this Plan of Benefits will coordinate benefits as:

1. If this Plan of Benefits is Primary, it will pay or provide Benefits on a Primary basis;
2. If this Plan of Benefits is secondary, it will pay or provide Benefits first, but the amount of Benefits payable will be determined as if this Plan of Benefits were the Secondary Plan. The liability of this Plan of Benefits will be limited to such payment;
3. If the Plan does not furnish the information needed by this Plan of Benefits to determine Benefits within a reasonable time after such information is requested, this Plan of Benefits shall assume that the benefits of the other Plan are the same as those provided under this Plan of Benefits, and shall pay Benefits accordingly. When information becomes available as to the actual benefits of the other Plan, any Benefit payment made under this Plan of Benefits will be adjusted accordingly.

I. **Right To Coordination of Benefits Information**

The Plan Administrator and PAI are entitled to such information as it deems reasonably necessary to apply these coordination of benefit provisions, and the Member and the Employer must provide any such information as reasonably requested:

1. To obtain or share information with any insurance company or other organization regarding coordination of benefits without the claimant's consent;
2. To require that the claimant provide the Plan Administrator with information on such other Plans so that this provision may be implemented;
3. To pay more than the amount due under this Plan of Benefits to an insurer or other organization if this is necessary, in the Plan Administrator or PAI's opinion, to satisfy the terms of this provision.

J. **Facility of Payment**

Whenever payments that should have been made under this Plan of Benefits in accordance with this provision have been made under any other Plan or Plans, the Plan Administrator will have the right, exercisable alone and in its sole discretion, to pay to any insurance company or other organizations or person making such other payments any amount it will determine in order to satisfy the intent of this provision, and amount so paid will be deemed to be Benefits paid under this Plan of Benefits and to the extent of such payment, the Plan Administrator will be fully discharged from liability under this Plan of Benefits. The Benefits that are payable will be charged against any applicable Maximum Payment or Benefit of this Plan of Benefits rather than the amount payable in the absence of this provision.

K. **Right of Recovery**

If the amount of the payments made by the Group Health Plan is more than the Group Health Plan should have paid, the Group Health Plan may recover the excess or overpayment from the Member on whose behalf it has made payments, from a Provider, any group insurer, Plan, or any other person or organization contractually obligated to such Member with respect to such overpayments.

L. **Medicare**

Individuals Age 65 or Older

The Group Health Plan is a Primary Plan except where federal law mandates that the Group Health Plan is the Secondary Plan. Any claims where Medicare is primary must be filed by the Member after Medicare payment is made.

If you are a Participant and are age 65 or older, this Plan is the primary payer. Medicare will be the secondary payer.

If you are a retiree and are age 65 or older and are eligible to participate in this Plan, Medicare will be the primary payer and this Plan will pay secondary.

If you are not a Participant and are age 65 or older, Medicare will be your only medical coverage.

Disabled Participants*

If you are a Participant who is disabled, this Plan is the primary payer and Medicare is the secondary payer.

*This applies for Plans with 100 or more employees. (If the Plan has less than 100 employees, Medicare is primary for disabled individuals).

End-Stage Renal Disease

If you have End-Stage Renal Disease and are a Participant, this Plan is the primary payer and Medicare is the secondary payer for the first 30 months of eligibility or entitlement to Medicare. After 30 months, Medicare will be the primary payer, and this Plan will be the secondary payer.

COBRA - Age 65 or Older or Disabled

If you are age 65 or older or disabled, and covered by Medicare and COBRA, Medicare will be the primary payer and the COBRA coverage will pay secondary.

Coordination:

When Medicare is primary and the Plan is secondary, Medicare (Parts A and B) will be considered a Plan for the purposes of coordination of benefits. The Plan will coordinate benefits with Medicare whether or not the Participant or their Dependents is/are actually receiving Medicare benefits.

B. COORDINATION OF BENEFITS WITH AUTO INSURANCE

This is a self-funded Plan which does not provide benefits for claims which are paid or payable under automobile insurance coverage. Automobile insurance coverage shall include, but is not limited to, no-fault, personal injury protection, medical payments, liability, uninsured and underinsured coverage, umbrella or any other insurance coverage which may be paid or payable for the injury or illness.

Although benefits for claims which are paid or payable under automobile insurance coverage are not covered by this Plan of Benefits, the Group Health Plan or Corporation may, in its sole discretion, agree to extend Benefits to a Member for the injury or illness. In this instance, if a Member has automobile no-fault, personal injury protection or medical payments coverage, or if such coverage is extended to the Member through a group or their own automobile insurance carrier, that coverage is primary to the Group Health Plan. The Group Health Plan will always be secondary to automobile no-fault, personal injury protection or medical payments coverage plans and the Group Health Plan will coordinate benefits for claims which are payable under those automobile policies.

If the Member resides in a state where automobile no-fault, personal injury protection or medical payments coverage is mandatory and the Member does not have the state mandated automobile coverage, the Group Health Plan will deny Benefits up to the amount of the state mandated automobile coverage.

This coordination of benefits provision applies whether or not the Member submits a claim under the automobile no-fault, personal injury protection or medical payments coverage.

As a condition of receiving Benefits, the Member must:

1. Immediately notify the Group Health Plan or Corporation of an injury or illness for which automobile insurance coverage may be liable, legally responsible, or otherwise makes a payment in connection with the injuries or illness;

2. Execute and deliver to the Corporation an accident questionnaire within one hundred eighty (180) days of the accident questionnaire being mailed to the Member;

3. Deliver to the Group Health Plan or Corporation a copy of your Personal Injury Protection Log, Medical Payments log and/or Medical Authorization within ninety (90) days of being requested to do so;

4. Deliver to the Group Health Plan or Corporation a copy of the police report, incident or accident report, or any other reports issued as a result of the injuries or illness within ninety (90) days of being requested to do so; and,

5. Cooperate fully with the Group Health Plan or Corporation in its exercise of its rights under this provision, do nothing that would interfere with or diminish those rights and furnish any information required by the Group Health Plan or Corporation.

Failure to cooperate with the Group Health Plan as required under this section will entitle the Group Health Plan or Corporation to invoke the Auto Accident Exclusion and deny payment for all claims relating to the injury or illness up to the amount of available or state mandated coverage.

DISCLOSURE OF PROTECTED HEALTH INFORMATION TO PLAN SPONSOR

The Group Health Plan will disclose (or require PAI to disclose) Participant's PHI to the Plan Sponsor only to permit the Plan Sponsor to carry out Plan administration functions for the Group Health Plan not inconsistent with the requirements of HIPAA. Any disclosure to and use by the Plan Sponsor will be subject to and consistent with the provisions of the sections below.

1. Disclosure of Protected Health Information to Plan Sponsor.

    a. The Group Health Plan and any health insurance issuer or business associate servicing the Group Health Plan will disclose PHI to the Plan Sponsor only to permit the Plan Sponsor to carry out Plan administration functions for the Group Health Plan not inconsistent with the requirements of the HIPAA and its implementing regulations, as amended. Any disclosure to and use by the Plan Sponsor of PHI will be subject to and consistent with the provisions of paragraphs 2 and 3 of this section.

    b. Neither the Group Health Plan nor any health insurance issuer or business associate servicing the Plan of Benefits will disclose Participant's PHI to the Plan Sponsor unless the disclosures are explained in the Notice of Privacy Practices distributed to the Participants.

    c. Neither the Group Health Plan nor any health insurance issuer or business associate servicing the Plan of Benefits will disclose Participant's PHI to the Plan Sponsor for the purpose of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the Plan Sponsor.

2. Restrictions on Plan Sponsor's Use and Disclosure of Protected Health Information.

    a. The Plan Sponsor will neither use nor further disclose Participant's PHI, except as permitted or required by the Plan documents, as amended, or required by law.

    b. The Plan Sponsor will ensure that any agent, including any subcontractor, to whom it provides Participant's PHI, agrees to the restrictions and conditions of the Plan of Benefits, with respect to PHI.

    c. The Plan Sponsor will not use or disclose Participant PHI for employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the Plan Sponsor.

    d. The Plan Sponsor will report to the Group Health Plan any use or disclosure of Participant PHI that is inconsistent with the uses and disclosures allowed under this section promptly upon learning of such inconsistent use or disclosure.

    e. The Plan Sponsor will make PHI available to the Participant who is the subject of the information in accordance with HIPAA.

    f. The Plan Sponsor will make PHI available for amendment, and will on notice amend Participant PHI, in accordance with HIPAA.

    g. The Plan Sponsor will track disclosures it may make of Participant PHI so that it can make available the information required for the Group Health Plan to provide an accounting of disclosures in accordance with HIPAA.

    h. The Plan Sponsor will make available its internal practices, books, and records, relating to its use and disclosure of Participants' PHI, to the Group Health Plan and to the U.S. Department of Health and Human Services to determine compliance with HIPAA.

    i. The Plan Sponsor will, if feasible, return or destroy all Participant PHI, in whatever form or medium (including in any electronic medium under the Plan Sponsor's custody or control), received from the Group Health Plan, including all copies of and any data or compilations derived from and allowing identification of any Participant who is the subject of the PHI, when the Participants' PHI is no longer needed for the Plan administration functions for which the disclosure was made. If it is not feasible to return or destroy all Participant PHI, the Plan Sponsor will limit the use or disclosure of any Participant PHI it cannot feasibly return or destroy to those purposes that make the return or destruction of the information infeasible.

3. Adequate Separation Between the Plan Sponsor and the Group Health Plan.

   a. Certain classes of employees or other workforce members under the control of the Plan Sponsor may be given access to Participant PHI received from the Group Health Plan or business associate servicing the Group Health Plan:

   b. These employees will have access to PHI only to perform the Plan administration functions that the Plan Sponsor provides for the Group Health Plan.

   c. These employees will be subject to disciplinary action and sanctions, including termination of employment or affiliation with the Plan Sponsor, for any use or disclosure of Participant PHI in breach or violation of or noncompliance with the provisions of this section of the Plan of Benefits. The Plan Sponsor will promptly report such breach, violation or noncompliance to the Group Health Plan, and will cooperate with the Group Health Plan to correct the breach, violation or noncompliance, to impose appropriate disciplinary action or sanctions on each employee or other workforce member causing the breach, violation or noncompliance, and to mitigate any deleterious effect of the breach, violation or noncompliance on any Participant, the privacy of whose PHI may have been compromised by the breach, violation or noncompliance.

   d. Plan Sponsor shall ensure that the separation required by the above provisions will be supported by reasonable and appropriate security measures.

4. Plan Sponsor Obligations to the security of Electronic Protected Health Information ("ePHI"):

   Where ePHI will be created, received, maintained or transmitted to or by the Plan Sponsor on behalf of the Group Health Plan, the Plan Sponsor shall reasonably safeguard the ePHI as follows:

   a. Plan Sponsor will implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the ePHI that the Plan Sponsor creates, receives, maintains or transmits on behalf of the Group Health Plan. Plan Sponsor will ensure that any agent, including a subcontractor, to whom it provides ePHI agrees to implement reasonable and appropriate security measures to protect this information;

   b. The Plan Sponsor shall report any security incident of which it becomes aware to the Group Health Plan as provided below.

      i. In determining how and how often Plan Sponsor shall report security incidents to Group Health Plan, both Plan Sponsor and Group Health Plan agree that unsuccessful attempts at unauthorized access or system interference occur frequently and that there is no significant benefit for data security from requiring the documentation and reporting of such unsuccessful intrusion attempts. In addition, both parties agree that the cost of documenting and reporting such unsuccessful attempts as they occur outweigh any potential benefit gained from reporting them. Consequently, both Plan Sponsor and Group Health Plan agree that this Agreement shall constitute the documentation, notice and written report of any such unsuccessful attempts at unauthorized access or system interference as required above and by 45 C.F.R. Part 164, Subpart C, and that no further notice or report of such attempts will be required. By way of example (and not limitation in any way), the Parties consider these to be illustrative (but not exhaustive) of unsuccessful security incidents when they do not result in unauthorized access, use, disclosure, modification, or destruction of ePHI or interference with an information system:

         - Pings on a Party's firewall,
         - Port scans,
         - Attempts to log on to a system or enter a database with an invalid password or username,
         - Denial-of-service attacks that do not result in a server being taken off-line, and
         - Malware (e.g., worms, viruses)

ii. Plan Sponsor shall, however, separately report to Group Health Plan (i) any successful unauthorized access, use, disclosure, modification, or destruction of the Group Health Plan's ePHI of which Plan Sponsor becomes aware if such security incident either (a) results in a breach of confidentiality; (b) results in a breach of integrity but only if such breach results in a significant, unauthorized alteration or destruction of Group Health Plan's ePHI; or (c) results in a breach of availability of Group Health Plan's ePHI, but only if said breach results in a significant interruption to normal business operations. Such reports will be provided in writing within ten (10) business days after Plan Sponsor becomes aware of the impact of such security incident upon Group Health Plan's ePHI.

GENERAL INFORMATION

Whereas Plan Sponsor establishes this Group Health Plan and the applicable Benefits, rights and privileges that shall pertain to participating employees, hereinafter referred to as "Employees" and the eligible Dependents of such Employees, as herein defined, for which Benefits are provided through a fund established by the Plan Sponsor and hereinafter referred to as the "Plan of Benefits":

ADMINISTRATIVE SERVICES ONLY
PAI provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. The Group Health Plan is a self-funded health Plan, and the Plan Sponsor assumes all financial risk and obligation with respect to claims.

AMENDMENT
Upon thirty (30) days prior written notice, the Employer may unilaterally amend the Group Health Plan. Increases in the Benefits provided or decreases in the Premium are effective without such prior notice. The Corporation has no responsibility to provide individual notices to each Member when an amendment to the Group Health Plan has been made.

AUTHORIZED REPRESENTATIVES
A Provider may be considered a Member's Authorized Representative without a specific designation by the Member when the Preauthorization request is for Urgent Care Claims. A Provider may be a Member's Authorized Representative with regard to non-Urgent Care Claims only when the Member gives the Corporation or the Provider a specific designation, in a format that is reasonably acceptable to the Group Health Plan to act as an Authorized Representative. If the Member has designated an Authorized Representative, all information and notifications will be directed to that representative unless the Member gives contrary directions.

CLERICAL ERRORS
Clerical errors by PAI or the Plan Sponsor will not cause a denial of Benefits that should otherwise have been granted, nor will clerical errors extend Benefits that should otherwise have ended.

CONTINUATION OF CARE
If a Participating Provider's contract ends or is not renewed for any reason other than fraud or a failure to meet applicable quality standards and the Participant is a Continuing Care Patient, the Participant may be eligible to continue to receive in-network Benefits from that Provider with respect to the course of treatment relating to the Participant's status as a Continuing Care Patient.

In order to receive this Continuation of Care, the Participant must submit a request to PAI on the appropriate form. Upon receipt of the request, PAI will notify the Participant and the Provider of the last date the Provider is part of the network and a summary of Continuation of Care requirements. PAI will review the request to determine qualification for the Continuation of Care. If additional information is necessary to make a determination, PAI may contact the Participant or the Provider for such information. If PAI approves the request, in-network Benefits for that Provider will be provided, with respect to the course of treatment relating to the Participant's status as a Continuing Care Patient, for ninety (90) days or until the date the Participant is no longer a Continuing Care Patient for the Provider. During this time, the Provider will accept the network allowance as payment in full. Continuation of Care is subject to all other terms and conditions of this contract, including regular Benefit limits.

GOVERNING LAW
The Group Health Plan may be governed by and subject to ERISA and any other applicable federal law. If ERISA or another federal law does not apply, the Group Health Plan is governed by and subject to the laws of the State of South Carolina. If federal law conflicts with any state law, then such federal law shall govern. If any provision of the Group Health Plan conflicts with such law, the Group Health Plan shall automatically be amended solely as required to comply with such state or federal law.

IDENTIFICATION CARD
A Participant must present their Identification Card prior to receiving Benefits.

Identification Cards are for identification only. Having an Identification Card creates no right to Benefits or other services. To be entitled to Benefits, the cardholder must be a Member whose Premium has been paid. Any person receiving Covered Expenses to which the person is not entitled will be responsible for the charges.

INFORMATION AND RECORDS
PAI and the Plan Sponsor are entitled to obtain such medical and Hospital records as may reasonably be required from any Provider incident to the treatment, payment and health-care operations for the administration of the Benefits hereunder and the attending Physician's certification as to the Medical Necessity for care or treatment.

LEGAL ACTIONS
No action at law or in equity can be brought under the Group Health Plan until such Participant has exhausted the administrative process (including the exhaustion of all appeals) as described in this booklet. No such action may be brought after the expiration of any applicable period prescribed by law.

MEMBERSHIP APPLICATION
The Corporation will only accept a Membership Application submitted by the Employer on behalf of its Employees. The Corporation will not accept Membership Applications directly from Employees or Dependents.

MISSTATEMENT OF AGE
If age is a factor in determining eligibility or amount of coverage and there has been a misstatement of age, the coverage or amounts of Benefits, or both, for which the person is covered shall be adjusted in accordance with the covered individual's true age. Any such misstatement of age shall neither continue coverage otherwise validly terminated, nor terminate coverage otherwise validly in force. Contributions and Benefits will be adjusted on the contribution due date next following the date of the discovery of such misstatement.

NEGLIGENCE OR MALPRACTICE
PAI and the Plan Sponsor do not practice medicine. Any medical treatment, service or Medical Supplies rendered to or supplied to any Participant by a Provider is rendered or supplied by such Provider and not by PAI or the Plan Sponsor. PAI and the Plan Sponsor are not liable for any improper or negligent act, inaction or act of malfeasance of any Provider in rendering such medical treatment, service, Medical Supplies or medication.

NOTICES
Except as otherwise provided in this Plan of Benefits, any notice under the Group Health Plan may be given by United States mail, postage paid and addressed:

1. To PAI:
   Planned Administrators, Inc.
   Post Office Box 6927
   Columbia, South Carolina 29260
2. To a Participant: To the last known name and address listed for the Employee on the membership application. Participants are responsible for notifying PAI of any name or address changes within thirty-one (31) days of the change.
3. To the Plan Sponsor: To the name and address last given to PAI. The Plan Sponsor is responsible for notifying PAI and Participants of any name or address change within thirty-one (31) days of the change.

NO WAIVER OF RIGHTS
On occasion, PAI (on behalf of the Group Health Plan) or the Plan Sponsor may, at their discretion, choose not to enforce all of the terms and conditions of this Plan of Benefits. Such a decision does not mean the Group Health Plan or the Plan Sponsor waives or gives up any rights under this Plan of Benefits in the future.

OTHER INSURANCE
Each Participant must provide the Group Health Plan (and its designee, including PAI) and the Plan Sponsor with information regarding all other Health Insurance Coverage to which such Participant is entitled.

PAYMENT OF CLAIMS
Except for the Participant's Provider, a Participant is expressly prohibited from assigning any right to payment of Covered Expenses or any payment related to Benefits. The Group Health Plan may pay Covered Expenses directly to the Employee or to the Non-Participating Provider upon receipt of due proof of loss for services provided by a Non-Participating Provider. Where a Participant has received Benefits from a Participating Provider or Contracting Provider, the Group Health Plan will pay Covered Expenses directly to such Participating Provider or Contracting Provider.

PHYSICAL EXAMINATION
The Group Health Plan has the right to examine, at their own expense, a Participant whose injury or sickness is the basis of a claim (whether Pre-Service, Post-Service, Concurrent or Urgent Care). Such physical examination may be made as often as the Group Health Plan (through its designee, including PAI) may reasonably require while such claim for Benefits or request for Preauthorization is pending.

PLAN AMENDMENTS
Upon thirty (30) days prior written notice, the Plan Sponsor may unilaterally amend the Group Health Plan. Increases in the Benefits provided or decreases in the Premium are effective without such prior notice. Notice of an amendment will be effective when addressed to the Plan Sponsor. PAI has no responsibility to provide individual notices to each Participant when an amendment to the Group Health Plan has been made.

PLAN IS NOT A CONTRACT
This Plan of Benefits constitutes the entire Group Health Plan. The Plan of Benefits will not be deemed to constitute a contract of employment or give any employee of the Plan Sponsor the right to be retained in the service of the Plan Sponsor or to interfere with the right of the Plan Sponsor to discharge or otherwise terminate the employment of any employee.

PLAN INTERPRETATION
The Plan Administrator has full discretionary authority to interpret and apply all Plan of Benefits provisions, including, but not limited to, all issues concerning eligibility and determination of Benefits. The Plan Administrator may contract with an independent administrative firm to process claims, maintain Group Health Plan data, and perform other Group Health Plan-connected services; however, final authority to construe and apply the provisions of the Plan of Benefits rests exclusively with the Plan Administrator. Decisions of the Plan Administrator, made in good faith, shall be final and binding.

REPLACEMENT COVERAGE
If the Group Health Plan replaced the Plan Sponsor's prior Plan, all eligible persons who were validly covered under that Plan on its termination date will be covered on the Plan of Benefits Effective Date of the Group Health Plan, provided such persons are enrolled for coverage as stated in the Eligibility for Coverage Section.

TERMINATION OF PLAN
The Plan Administrator reserves the right at any time to terminate the Group Health Plan by a written instrument to that effect. All previous contributions by the Plan Administrator shall continue to be issued for the purpose of paying Benefits under the provisions of this Plan of Benefits with respect to claims arising before such termination, or shall be used for the purpose of providing similar health Benefits to covered Employees, until all contributions are exhausted.

ADMINISTRATIVE INFORMATION

TYPE OF ADMINISTRATION

The Plan is a self-funded group health and disability Plan and the administration is provided through a Third Party Claims Administrator. The funding for the benefits is derived from the funds of the Employer and contributions made by covered Employees. The Plan is not insured.

PLAN NAME

Oconee County Employee Health Plan

PLAN NUMBER: 817

TAX ID NUMBER: 57-6000391

PLAN EFFECTIVE DATE: 5/1/2024

PLAN YEAR ENDS: April 30th

EMPLOYER INFORMATION

Oconee County
415 South Pine Street
Walhalla, SC 29691
864-638-4244

PLAN ADMINISTRATOR

Oconee County
415 South Pine Street
Walhalla, SC 29691
864-638-4244

NAMED FIDUCIARY

Oconee County
415 South Pine Street
Walhalla, SC 29691
864-638-4244

AGENT FOR SERVICE OF LEGAL PROCESS

Oconee County
415 South Pine Street
Walhalla, SC 29691
864-638-4244

CLAIMS ADMINISTRATOR

Planned Administrators, Inc.
P.O. Box 6927
Columbia, SC 29260
800-768-4375
www.paisc.com

DEFINITIONS

Capitalized terms that are used in this Plan of Benefits shall have these defined meanings:

ACA: the Affordable Care Act of 2010, as amended.

Active Employee: an Employee who is on the regular payroll of the Plan Sponsor and who has begun to perform the duties of his/her job with the Plan Sponsor on a full-time or part-time basis.

Actively at Work: a permanent, full-time employee who works at least the minimum number of hours per week and the minimum number of weeks per year (each as set forth in the ELIGIBILITY section) and who is not absent from work during the initial enrollment period because of a leave of absence or temporary layoff. An absence during the initial enrollment period due to a Health Status Related Factor will not keep an employee from qualifying for Actively at Work status.

Admission: the period of time between a Member's admission as a registered bed-patient into a Hospital or Skilled Nursing Facility and the time the Member leaves or is discharged.

Adverse Benefit Determination: any denial, reduction or termination of, or failure to provide or make (in whole or in part) payment for a claim for Benefits, including any such denial, reduction, termination, or failure to provide or make payment that is based on a determination of a Participant's or beneficiary's eligibility to participate in a Group Health Plan, and including a denial, reduction or termination of, or failure to provide or make payment (in whole or in part) for a Benefit that results from the application of any utilization review as well as a failure to cover an item or service for which Benefits are otherwise provided because it is determined to be Experimental or Investigational or not Medically Necessary or appropriate. An Adverse Benefit Determination includes any cancellation or discontinuance of coverage that has retroactive effect (whether or not there is an adverse effect on any particular Benefit), except to the extent attributable to a failure to pay any required Premiums or Employee contributions.

A Rescission of coverage, whether or not the Rescission has an adverse effect on any particular Benefit, also is considered an Adverse Benefit Determination.

Allowable Charge: the amount PAI agrees to pay a Provider as payment in full for a service, procedure, supply or equipment. Additionally:

1. The Allowable Charge shall not exceed the Maximum Payment, unless otherwise required by applicable law;
2. The Allowable Charge for Emergency Services (including air ambulance services) provided by Non-Participating/Non-Contracting Providers, as well as non-Emergency Services provided by Non-Participating/Non-Contracting Providers at Participating/Contracting Hospitals, Hospital outpatient departments, Critical Access Hospitals, or Ambulatory Surgical Centers, will pay in accordance with applicable federal law; and,
3. In addition to the Participant's liability for Benefit Year Deductibles, Copayments and/or Coinsurance, the Participant may be balance billed by the Non-Participating/Non-Contracting Provider for any difference between the Allowable Charge and the Billed Charge, except where prohibited by applicable law.

   For covered items and services described in item 2, above, the Allowable Charge will be the Recognized Amount (less any applicable Benefit Year Deductible, Copayment and/or Coinsurance), unless otherwise prescribed under applicable law. If the Provider disputes such Allowable Charge and initiates a 30-day open negotiation and/or independent dispute resolution process in accordance with applicable federal law, PAI will administer such processes.

   Notwithstanding anything herein to the contrary, the Participant's responsibility for Benefit Year Deductibles, Copayments and/or Coinsurance for covered items and services provided by Non-Participating/Non-Contracting Providers described in item 2, above, will be calculated as if the item or service was furnished by a Participating/Contracting Provider, and based on the Recognized Amount (which may differ from the Allowable Charge).

Ambulatory Surgical Center: a licensed facility that:

1. Has permanent facilities and equipment for the primary purpose of performing surgical procedures on an outpatient basis;
2. Provides treatment by or under the supervision of licensed medical doctors or oral surgeons and provides nursing services when the Participant is in the facility;
3. Does not provide inpatient accommodations; and,
4. Is not, other than incidentally, a facility used as an office or clinic for the private practice of a licensed medical doctor or oral surgeon.

An Ambulatory Surgical Center includes any licensed facility described in section 1833(i)(1)(A) of the Social Security Act.

Applied Behavioral Analysis (ABA): behavioral modification to target cognition, language and social skills for Autism Spectrum Disorder.

Approved Clinical Trial: means* a phase I, phase II, phase III, or phase IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition and is:

1. A Federally Funded Trial—the study or investigation is approved or funded (which may include funding through in-kind contributions) by one or more of these:
    a. The National Institutes of Health;
    b. The Centers for Disease Control and Prevention;
    c. The Agency for Health Care Research and Quality;
    d. The Centers for Medicare & Medicaid Services;
    e. Cooperative group or center of any of the entities described in clauses (i) through (iv) or the Department of Defense or the Department of Veterans Affairs;
    f. A qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health for center support grants;
    g. Any of these departments if the conditions described in paragraph (2) are met:
        i. The Department of Veterans Affairs.
        ii. The Department of Defense.
        iii. The Department of Energy.
2. A Food and Drug Administration Trial—the study or investigation is conducted under an investigational new drug application reviewed by the Food and Drug Administration.
3. A Drug Trial for investigating new drug applications—the study or investigation is a drug trial that is exempt from having such an investigational new drug application.

*****Conditions for Departments. The conditions for a study or investigation conducted by a Department referenced above are that the study or investigation has been reviewed and approved through a system of peer review that the Health and Human Services determines:

1. To be comparable to the system of peer review of studies and investigations used by the National Institutes of Health;
2. Assures unbiased review of the highest scientific standards by Qualified Individuals who have no interest in the outcome of the review.

Authorized Representative: an individual (including a Provider) whom the Member designates in writing to act on such Member's behalf.

Autism Spectrum Disorder: the diagnoses designated as such in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

Behavioral Health Clinician: a Clinician who renders Mental Health Services and/or Substance Use Disorder Services and is licensed to practice independently.

Behavioral Health Services: all Mental Health Services and/or Substance Use Disorder Services performed by a licensed Behavioral Health Clinician.

Benefit Year: the period of time set forth on the Schedule of Benefits. The initial Benefit Year may be more or less than twelve (12) months.

Benefit Year Deductible: the amount, if any, listed on the Schedule of Benefits that must be paid by the Participant each Benefit Year before the Group Health Plan will pay Covered Expenses. The Benefit Year Deductible is subtracted from the Allowed Amount before Coinsurance is calculated. Participants must refer to the Schedule of Benefits to determine if the Benefit Year Deductible applies to the Out-of-Pocket Maximum.

Benefits: medical services or Medical Supplies that are:

1. Medically Necessary;
2. Preauthorized (when required under this Plan of Benefits or the Schedule of Benefits);
3. Included in this Plan of Benefits;
4. Not limited or excluded under the terms of this Plan of Benefits.

Birthing Center: any freestanding health facility, place, professional office or institution which is not a Hospital or in a Hospital, where births occur in a home-like atmosphere. This facility must be licensed and operated in accordance with the laws pertaining to Birthing Centers in the jurisdiction where the facility is located.

Brand Name Drug: a Prescription Drug that is manufactured under a registered trade name or trademark.

Calendar Year: January 1st through December 31st of the same year.

Child: An Employee's Child, whether a natural Child, adopted Child, foster Child, stepchild, or Child for whom an Employee has custody or legal guardianship. The term "Child" also includes an Incapacitated Dependent, or a Child of a divorced or divorcing Employee who, under a Qualified Medical Child Support Order, has a right to enroll under the Group Health Plan. The term "Child" does not include the spouse of an eligible Child.

Clean Claim: one that can be processed in accordance with the terms of this document without obtaining additional information from the service Provider or third party. It is a claim which has no defect or impropriety. A defect or impropriety shall include a lack of required sustaining documentation as set forth and in accordance with this document, or a particular circumstance requiring special treatment which prevents timely payment as set forth in this document, and only as permitted by this document, from being made. A Clean Claim does not include claims under investigation for fraud and abuse or claims under review for Medical Necessity and Reasonableness, or fees under review for Usual and Customariness, or any other matter that may prevent the charge(s) from being covered expenses in accordance with the terms of this document.

Filing a Clean Claim—A Provider submits a Clean Claim by providing the required data elements on the standard claims forms, along with any attachments and additional elements or revisions to data elements, of which the Provider has knowledge. The Plan Administrator may require attachments or other information in addition to these standard forms (as noted elsewhere in this document and at other times prior to claim submittal) to ensure charges constitutes covered expenses as defined by and in accordance with the terms of this document. The paper claim form or electronic file record must include all required data elements and must be complete, legible, and accurate. A claim will not be considered to be a Clean Claim if the Plan Participant has failed to submit required forms or additional information to the Plan as well.

COBRA: The Consolidated Omnibus Budget Reconciliation Act of 1985, as amendment.

Coinsurance: the sharing of Covered Expenses between the Participant and the Group Health Plan. After the Participant's Benefit Year Deductible requirement is met, the Group Health Plan will pay the percentage of Allowed Amounts as set forth on the Schedule of Benefits. The Participant is responsible for the remaining percentage of the Allowed Amount. Coinsurance is calculated after any applicable Benefit Year Deductible or Copay is subtracted from the Allowed Amount based upon the network charge or lesser charge of the Provider.

For Prescription Drug Benefits, Coinsurance means the amount payable by the Participant calculated by multiplying the percentage listed on the Schedule of Benefits and the negotiated pharmacy price for that item at the time of the sale.

Companion Benefit Alternatives (CBA): a separate company that is responsible for managing Behavioral Healthcare Services (including Preauthorization) on behalf of BlueCross.

Concurrent Care Claim: an ongoing course of treatment to be provided over a period of time or number of treatments.

Continuation of Care: the payment of Participating Provider level of Benefits for services rendered by certain Non-Participating Providers for a definite period of time in order to ensure continuity of care for covered Participants for a Serious Medical Condition.

Continued Stay Review: the review that must be obtained by a Participant (or the Participant's representative) regarding an extension of an Admission to determine if an Admission for longer than the time that was originally preauthorized is Medically Necessary (when required).

Continuing Care Patient: a Participant who, with respect to a Provider or facility, is either:

1. Undergoing a course of treatment for a serious and complex condition from the Provider or facility;
2. Undergoing a course of institutional or inpatient care from the Provider or facility;
3. Scheduled to undergo non-elective surgery from the Provider or facility, including receipt of postoperative care;
4. Pregnant and undergoing a course of treatment for the pregnancy from the Provider or facility; or,
5. Receiving treatment for a terminal illness from the Provider or facility.

For this purpose, a serious and complex condition means a condition that, in the case of an acute illness, is serious enough to require specialized medical treatment to avoid the reasonable possibility of death or permanent harm, or in the case of a chronic illness or condition, is life-threatening, degenerative, potentially disability, or congenital and requires specialized medical care over a prolonged period of time.

Copayment: the amount, if any, specified on the Schedule of Benefits that the Participant must pay directly to the Provider each time the Participant receives Benefits.

Cosmetic Dentistry: unnecessary dental procedures ("cosmetic" dental procedures may be covered if necessary due to an accident while covered under this Plan).

Cosmetic Surgery: medically unnecessary surgical procedures, usually, but not limited to plastic surgery directed toward preserving beauty or correction scars, burns or disfigurements ("cosmetic" procedures may be covered if necessary due to a disfiguring procedure while covered under this plan.

Covered Charge(s): those Medically Necessary services or supplies that are covered under this Plan.

Covered Expenses: the amount payable by the Group Health Plan for Benefits. The amount of Covered Expenses payable for Benefits is determined as set forth in this Plan of Benefits and at the percentages set forth in the Schedule of Benefits. Covered Expenses are subject to the limitations and requirements set forth in the Plan of Benefits and on the Schedule of Benefits. Covered Expenses will not exceed the Allowed Amount.

Credit(s): financial credits (including rebates and/or other amounts) to Group Health Plan and/or PAI directly from drug manufacturers or other Providers through a Pharmacy Benefit Manager (PBM). Credits are used to help stabilize overall rates and to offset expenses and may not be payable to Participants.

Reimbursements to a Participating Pharmacy, or discounted prices charged at Pharmacies, are not affected by these credits. Any Coinsurance that a Participant must pay for Prescription Drugs is based on the Allowed Amount at the Pharmacy and does not change due to receipt of any Credit received by Group Health Plan and/or PAI. Copays are not affected by any Credit.

Critical Access Hospital: a facility that is designated by the state in which it is located, and certified by the United States Department of Health and Human Services, as a critical access hospital.

Custodial Care: care (including room and board needed to provide that care) that is given principally for personal hygiene or for assistance in daily activities and can, according to generally accepted medical standards, be performed by persons who have no medical training. Examples of Custodial Care are help in walking and getting out of bed; assistance in bathing, dressing, feeding, or supervision over medication which could normally be self-administered.

Dependent: an individual who is:

1. An Employee's spouse, which is any individual who is legally married under any state law;
2. A Child under the age set forth in the Eligibility for Coverage section;
3. An Incapacitated Dependent.

Detoxification: a Hospital service providing treatment to diminish or remove from a Patient's body the toxic effects of chemical substances, such as alcohol or drugs, usually as an initial step in the treatment of a chemical-dependent person.

Discount Services: services (including discounts on services) that are not Benefits but may be offered to Participants from time to time as a result of being a Participant.

Durable Medical Equipment: equipment that:

1. Can stand repeated use;
2. Is Medically Necessary;
3. Is customarily used for the treatment of a Participant's illness, injury, disease or disorder;
4. Is appropriate for use in the home;
5. Is not useful to a Participant in the absence of illness or injury;
6. Does not include appliances that are provided solely for the Participant's comfort or convenience;
7. Is a standard, non-luxury item (as determined by the Group Health Plan);
8. Is ordered by a medical doctor, oral surgeon, podiatrist or osteopath.

Prosthetic Devices, Orthopedic Devices and Orthotic Devices are considered Durable Medical Equipment. Items such as air conditioners, dehumidifiers, whirlpool baths, and other equipment that have nontherapeutic uses are not considered Durable Medical Equipment.

Emergency Admission Review: the review that must be obtained by a Participant (or the Participant's representative) within twenty-four (24) hours of or by the end of the first working day after the commencement of an Admission to a Hospital to treat an Emergency Medical Condition.

Emergency Medical Condition: a medical condition, including a mental health condition or Substance Use Disorder, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

1. Placing the health of the Participant, or with respect to a pregnant Participant, the health of the Participant or the Participant's unborn child, in serious jeopardy;

2. Serious impairment to bodily functions; or,

3. Serious dysfunction of any bodily organ or part.

Emergency Services: an appropriate medical screening examination, services, supplies and treatment for stabilization, evaluation and/or initial treatment of an Emergency Medical Condition when provided on an outpatient basis at a Hospital emergency room or department or an independent freestanding emergency department, as well as post-stabilization services provided as part of outpatient observation or an inpatient or outpatient stay with respect to the visit in which the Emergency Services are furnished.

Employee: any employee of the Employer (also known as Plan Sponsor) who is eligible for coverage as provided in the eligibility section of this Plan of Benefits, and who is so designated to PAI by the Employer (also known as Plan Sponsor).

Employer: the entity providing this Plan of Benefits, also known as Plan Sponsor.

Employer Effective Date: the date PAI begins to provide services under this Plan of Benefits, also known as Plan Sponsor Effective Date.

Enrollment Date: the date of enrollment in the Group Health Plan or the first day of the Waiting Period for enrollment, whichever is earlier.

Experimental or Investigational: surgical procedures or medical procedures, supplies, devices or drugs that, at the time provided, or sought to be provided, are in the judgment of PAI not recognized as conforming to generally accepted medical practice, or the procedure, drug or device:

1. Has not received required final approval to market from appropriate government bodies;
2. Is one about which the peer-reviewed medical literature does not permit conclusions concerning its effect on health outcomes;
3. Is not demonstrated to be as beneficial as established alternatives;
4. Has not been demonstrated to improve net health outcomes;
5. Is one in which the improvement claimed is not demonstrated to be obtainable outside the experimental or investigational setting.

Excepted Benefits:

1. Coverage only for accident, or disability income insurance, or any combination thereof;
2. Coverage issued as a supplement to liability insurance;
3. Liability insurance, including general liability insurance and automobile liability insurance;
4. Workers' compensation or similar insurance;
5. Automobile medical payment insurance;
6. Credit-only insurance;
7. Coverage for on-site medical clinics;
8. Other similar insurance coverage specified in regulations, under which benefits for medical care are secondary or incidental to other insurance benefits.

<u>If offered separately</u>:

1. Limited scope dental or vision benefits;

2. Benefits for long-term care, nursing home care, Home Health Care, community-based care, or any combination thereof;
3. Such other similar, limited benefits as specified in regulations.

If offered as independent, non-coordinated benefits:

1. Coverage only for a specified disease or illness;
2. Hospital indemnity or other fixed indemnity insurance.

If offered as a separate insurance policy:

1. Medicare supplemental health insurance (as defined under Section 1882(g)(1) of the Social Security Act);
2. Coverage supplemental to the coverage provided under Chapter 55 of Title 10 of the United States Code;
3. Similar supplemental coverage under a group health Plan.

Family Unit: the covered Employee or Retiree and the family members who are covered as Dependents under the Plan.

Formulary: a list of prescription medications compiled by the third party payor of safe, effective therapeutic drugs specifically covered by this Plan.

Foster Child: an unmarried child under the limiting age shown in the Eligibility for Coverage section of this Plan for whom a covered Employee has assumed a legal obligation. All of these conditions must be met:

1. the child is being raised as the covered Employee's;
2. the child depends on the covered Employee for primary support;
3. the child lives in the home of the covered Employee;
4. the covered Employee may legally claim the child as a federal income tax deduction.

A covered Foster Child is not a child temporarily living in the covered Employee's home; one placed in the covered Employee's home by a social service agency which retains control of the child; or whose natural parent(s) may exercise or share parental responsibility and control.

Generic Drug: a Prescription Drug that has a chemical structure that is identical to and has the same bioequivalence as a Brand Name Drug but is not manufactured under a registered brand name or trademark or sold under a brand name. The Pharmacy Benefit Manager has the discretion to determine if a Prescription Drug is a Generic Drug.

Genetic Information: information about genes, gene products (messenger RNA and transplanted protein) or genetic characteristics derived from a Participant or family member of the Participant. Genetic Information includes information regarding carrier status and information derived from laboratory tests that identify mutations in specific genes or chromosomes, physical medical examinations, family histories, and direct analysis of genes or chromosomes. However, Genetic Information shall not include routine physical measurements, chemical, blood, and urine analyses unless conducted to diagnose a genetic characteristic; tests for abuse of drugs; and tests for the presence of human immunodeficiency virus.

Grace Period: a period of time as determined by the Plan Sponsor that allows for the Participant to pay any Premium due.

Group Health Plan: an employee welfare benefit plan adopted by the Plan Sponsor to the extent that such Plan provides health benefits to employees or their dependents, as defined under the terms of such Group Health Plan, directly or through insurance, reimbursement or otherwise. This Plan of Benefits is a Group Health Plan.

Health Insurance Coverage: benefits consisting of medical care (provided directly, through insurance or reimbursement, or otherwise) under any Hospital or medical service policy or certificate, Hospital or medical service Plan contract, or health maintenance organization contract offered by a health insurance issuer. Health Insurance Coverage includes group health insurance coverage, individual health insurance coverage, and short-term, limited-duration insurance.

Health Status Related Factor: information about a Participant's health, including health status, medical conditions (including both physical and mental illnesses), claims experience, receipt of health care, medical history, Genetic Information, evidence of insurability (including conditions arising out of acts of domestic violence), or disability.

HIPAA: the Health Insurance Portability and Accountability Act of 1996, as amended.

Home Health Care Agency: an agency or organization licensed by the appropriate state regulatory agency to provide Home Health Care.

Home Health Care Plan: must meet these tests: it must be a formal written plan made by the patient's attending Physician which is reviewed at least every 30 days; it must sate the diagnosis; it must certify that the Home Health Care is in place of Hospital confinement; and it must specify the type and extent of Home Health Care required for the treatment of the patient.

Home Health Care Services and Supplies: part-time or intermittent nursing care, health aide services, or physical, occupational, or speech therapy provided or supervised by a Home Health Agency and provided to a homebound Participant in such Participant's private residence.

Hospice Agency: an organization where its main function is to provide Hospice Care Services and Supplies and it is licensed by the state in which it is located, if licensing is required.

Hospice Care Plan: a plan of terminal patient care that is established and conducted by a Hospice Agency and supervised by a Physician.

Hospice Care Services and Supplies: those provided through a Hospice Agency and under a Hospice Care Plan and include inpatient care in a Hospice Unit or other licensed facility, home care, and family counseling during the bereavement period.

Hospice Unit: a facility or separate Hospital Unit that provides treatment under a Hospice Care Plan and admits at least two unrelated persons who are expected to die within six months.

Hospital: a short-term, acute-care facility licensed as a hospital by the state in which it operates. A Hospital is engaged primarily in providing medical, surgical, or acute behavioral health diagnosis and treatment of injured or sick persons, by or under the supervision of a staff of licensed Physicians, and continuous twenty-four (24) hour-a-day services by licensed, registered, graduate nurses physically present and on duty. The term Hospital does not include Long Term Acute Care Hospitals, chronic care institutions or facilities that principally provide custodial, rehabilitative or long-term care, whether or not such institutions or facilities are affiliated with or are part of a Hospital. A Hospital may participate in a teaching program. This means medical students, interns, or residents participating in a teaching program may treat Participants.

Identification Card: the card issued by PAI to a Participant that contains the Participant's identification number.

Incapacitated Dependent: A covered Dependent Child who reaches the limiting age and is Totally Disabled, incapable of financial self-sufficiency by reason of mental or physical handicap, primarily dependent upon the covered Employee for at least fifty-one (51) percent of the Child's support and maintenance. The Plan Administrator may require, at reasonable intervals during the two years following the Dependent's reaching the limiting age, subsequent proof of the child's Total Disability and dependency.

The Plan Administrator may require subsequent proof not more than once each year. The Plan Administrator reserves the right to have such Dependent examined by a Physician of the Plan Administrator's choice, at the Plan's expense, to determine the existence of such incapacity.

Independent Review Organization: An external review organization approved by the South Carolina Department of Insurance and accredited by a nationally recognized private accrediting organization, and not affiliated with the health carrier.

Illness: a bodily disorder, disease, physical sickness or Mental Disorder. Illness includes Pregnancy, childbirth, miscarriage or complications of Pregnancy.

Injury: an accidental physical Injury to the body caused by unexpected means.

Intensive Care Unit: a separate, clearly designated service area which is maintained within a Hospital solely for the care and treatment of patients who are critically ill. This also includes what is referred to as a "coronary care unit" or an "acute care unit". It has: facilities for special nursing care not available in regular rooms and wards of the Hospital; special lifesaving equipment which is immediately available at all times; at least two beds for the accommodation of the critically ill; and at least one registered nurse (R.N.) in continuous and constant attendance 24 hours a day.

Late Enrollee: an Employee who enrolls under this Group Health Plan other than during:

1. The first period in which the Employee or Dependent is eligible to enroll if such initial enrollment period is a period of at least thirty (30) days;
2. A Special Enrollment period (as set forth in the Eligibility for Coverage section).

Legal Intoxication/Legally Intoxicated: the Member's blood alcohol level was at or in excess of the amount established under applicable state law to create a presumption and/or inference that the Member was under the influence of alcohol when measured by law enforcement or medical personnel.

Life-Threatening Condition: means any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted.

Legal Guardian: a person recognized by a court of law as having the duty of taking care of the person and managing the property and rights of a minor child.

Lifetime: a word that appears in this Plan in reference to benefit maximums and limitations. Lifetime is understood to mean while covered under this Plan. Under no circumstances does Lifetime mean during the lifetime of a Participant.

Mail Service/Home Delivery Pharmacy: a Pharmacy maintained by the Pharmacy Benefit Manager that fills prescriptions and sends Prescription Drugs by mail.

Maternity Management Program: the voluntary program offered by the Group Health Plan to Participants who are pregnant.

Maximum Payment: the maximum amount the Group Health Plan will pay (as determined by PAI) for a particular Benefit. The Maximum Payment will not be affected by any credit. The Maximum Payment will be one of the following as determined by PAI in its discretion, subject to any different amount that may be required under applicable law:

1. The actual charge submitted to PAI for the service, procedure, supply or equipment by a Provider;
2. An amount based upon the reimbursement rates established by the Plan Sponsor in its Benefits Checklist;
3. An amount that has been agreed upon in writing by a Provider and PAI;
4. An amount established by PAI, based upon factors including, but not limited to:
    a. Governmental reimbursement rates applicable to the service, procedure, supply or equipment; or,
    b. Reimbursement for a comparable or similar service, procedure, supply or equipment, taking into consideration the degree of skill, time and complexity involved; geographic location and circumstances giving rise to the need for the service, procedure, supply or equipment; or,
5. The lowest amount of reimbursement PAI allows for the same or similar service, procedure, supply or equipment when provided by a Participating/Contracting Provider.

In addition, the Maximum Payment for Emergency Services or Air Ambulance Services by a Non-Participating/Non-Contracting Provider, or Non-Emergency Services by a Non-Participating/Non-Contracting Provider at a Participating/Contracting Hospital, Hospital outpatient department, Critical Access Hospital, or Ambulatory Surgical Center, will be the Recognized Amount, unless a different Maximum Payment amount is permitted or required under applicable law.

Maximum Payment: the maximum amount the Group Health Plan will pay for a particular Benefit. The Maximum Payment will not be affected by any Credit. The Maximum Payment will be one of these:

1. The actual charge submitted to the Plan Supervisor for the service, procedure, supply or equipment by a Provider;
2. An amount based upon the reimbursement rates established by the Plan Sponsor in its Benefits Checklist;
3. An amount that has been agreed upon in writing by a Provider and the network used by the Plan Sponsor based upon factors including but not limited to, (i) governmental reimbursement rates applicable to the service, procedure, supply or equipment, or (ii) reimbursement for a comparable or similar service, procedure, supply or equipment, taking into consideration the degree of skill, time and complexity involved, geographic location and the circumstances giving rise to the need for the service, procedure, supply or equipment;
4. The lowest amount of reimbursement allowed for the same or similar services, procedure, supply or equipment when provided by a Participating Provider.

Medical Care Facility: a Hospital, a facility that treats one or more specific ailments or any type of Skilled Nursing Facility.

Medical Child Support Order: any judgment, decree or order (including an approved settlement agreement) issued by a court of competent jurisdiction or a national medical support notice issued by the applicable state agency that:

1. Provides child support with respect to a child or provides for health benefit coverage to a child, is made pursuant to a state domestic relations law (including a community property law), and relates to the Plan of Benefits;
2. Enforces a law relating to medical child support described in Section 1908 of the Social Security Act (as added by section 13822 of the Omnibus Budget Reconciliation Act of 1993) with respect to a group health Plan.
3. A Medical Child Support Order must clearly specify:
    a. The name and the last known mailing address (if any) of each participant employee and the name and mailing address of each alternate recipient covered by the order;
    b. A reasonable description of the type of coverage to be provided by the group health Plan to each such alternate recipient or the manner in which such type of coverage is to be determined;
    c. The period to which such order applies;
    d. Each group health Plan to which such order applies.
4. If the Medical Child Support Order is a national medical support notice, the order must also include:
    a. The name of the issuing agency;
    b. The name and mailing address of an official or agency that has been substituted for the mailing address of any alternate recipient;
    c. The identification of the underlying Medical Child Support Order.
5. A Medical Child Support Order meets the requirement of this definition only if such order does not require a group health Plan to provide any type or form of the requirements of a law relating to medical child support described in Section 1908 of the Social Security Act (as added by section of 13822 of the Omnibus Budget Reconciliation Act of 1993).

Medical Emergency: a sudden onset of a condition with acute symptoms requiring immediate medical care and includes such conditions as heart attacks, cardiovascular accidents, poisonings, loss of consciousness or respiration, convulsions or other such acute medical conditions.

Medical Non-Emergency Care: care which can safely and adequately be provided other than in a Hospital.

Medically Necessary/Medical Necessity: health care services that a Physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

1. In accordance with generally accepted standards of medical practice;
2. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease;
3. Not primarily for the convenience of the patient, patient's caregiver(s) or Provider, and
4. Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

All requirements of the above-referenced definition must be met in order for a health care service or Behavioral Health Service to be deemed Medically Necessary. The failure of a health care service or Behavioral Health Service to meet any one of the above referenced requirements means, in the discretion of the Corporation or CBA, the health care service or Behavioral Health Service does not meet the definition of Medically Necessary.

For the purposes of determining Medical Necessity:

1. The Corporation and CBA have the discretion to utilize and rely upon any medical and behavioral health (which includes substance use and mental health) standards, policies, guidelines, criteria, protocols, manuals, publications, studies or literature (herein collectively referred to as "criteria"), whether developed by them or others, which, in their discretion, are determined to be generally accepted standards by the medical and/or behavioral health community;

2. "Generally accepted standards of medical or behavioral health practice" means United States standards that are based on credible scientific evidence published in peer-reviewed medical and/or behavioral health literature generally recognized by the relevant United States medical or behavioral health community, physician or behavioral health specialty society recommendations, and/or any other factors deemed relevant in the discretion of the Corporation or CBA; and,

   The Corporation and CBA may, in their discretion, use the following materials, including but not limited to, Corporate Administrative Medical ("CAM") Policies, Technology Evaluation Center ("TEC") Assessments, Behavioral Health Care Utilization Management Criteria and/or any Care Guidelines or criteria by MCG Health, LLC, its affiliated companies, or other entities generally recognized as providing industry guidance and expertise, which reflect clinically appropriate health care services and Behavioral Health Services and generally accepted standards of medical and behavioral health practice. MCG Health, LLC, its affiliated companies and/or other entities are independent companies that develop evidence based guidelines and criteria for medical, behavioral health and insurance industries to interpret clinical determinations and determine the Medical Necessity and appropriateness of requested services, procedures, devices and supplies.

Medical Record Review: in the event that the Plan, based upon a medical record review and audit, determines that a different treatment or different quantity of a drug or supply was provided which is not supported in the billing, then the plan Administrator may determine the Maximum Allowable Charge according to the medical record review and audit results.

Medical Supplies: supplies that are:

1. Medically Necessary;
2. Prescribed by a Physician acting within the scope of such Provider's license (or are provided to a Participant in a Physician's office);
3. Are not available on an over-the-counter basis (unless such supplies are provided to a Participant in a Provider's

office and should not (in PAI's discretion) be included as part of the treatment received by the Participant);

4. Are not prescribed in connection with any treatment or benefit that is excluded under this Plan of Benefits.

Medicare: the Health Insurance For The Aged and Disabled program under Title XVIII of the Social Security Act, as amended.

Mental Health Parity: Pursuant to the Mental Health Parity and Addiction Equity Act of 2008, this Plan applies the terms **uniformly** and enforces parity between covered health care Benefits and covered mental health and substance disorder Benefits relating to financial cost sharing restrictions and treatment duration limitations. For further details, please contact the Plan Administrator.

Mental Health Services: treatment (except Substance Use Disorder Services) for a condition that is defined, described or classified **as** a psychiatric disorder or condition in the most current *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association and is not otherwise excluded by the terms and conditions of this Plan of Benefits.

Midwife: a person who is certified or licensed to assist women in the act of childbirth.

Milieu Therapy: type of treatment in which the patient's social environment is manipulated for his/her benefit.

Morbid Obesity: a diagnosed condition in which the body weight exceeds the medically recommended weight by either 100 pounds or is twice the medically recommended weight for a person of the same height, age and mobility as the Participant.

Natural Teeth: teeth that:

1. Are free of active or chronic clinical decay;
2. Have at least 50% bony support;
3. Are functional in the arch; and,
4. Have not been excessively weakened by multiple dental procedures;
5. Teeth that have been treated for one (1) or more of the conditions referenced in 1-4 above and, as a result of such treatment, have been restored to normal function.

No-fault Auto Insurance: basic reparations provision of a law providing for payments without determining fault in connection with automobile accidents.

Non-Participating Provider: any Provider who does not have a current, valid Provider Agreement.

Non-Preferred Brand Name Drug: a Prescription Drug that bears a recognized brand name of a particular manufacturer but does not appear on the list of Preferred Brand Name Drugs and has not been chosen by PAI or its designated Pharmacy Benefit Manager to be a Preferred Brand Name Drug, including any Brand Name Drug with an "A" rated Generic Drug available.

Orthognathic surgery: surgery performed on the bones of the jaws to change their positions. Orthognathic surgery is corrective facial surgery where deformities of the jaw exist. It may be indicated for functional, cosmetic , or health reasons. It is surgery commonly done on the jaws in conjunction with orthodontic treatment, which straightens the teeth**.**

Orthopedic Device: any rigid or semi-rigid leg, arm, back or neck brace and casting materials that are used directly for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body.

Orthotic Device: any device used to mechanically assist, restrict, or control function of a moving part of the Participant's body.

Other Plan: includes, but is not limited to:

1. Any primary payer besides the Plan;
2. Any other group health plan;
3. Any other coverage or policy covering the Participant;
4. Any first party insurance through medical payment coverage, personal injury protection, no-fault coverage, uninsured or underinsured motorist coverage;
5. Any policy of insurance from any insurance company or guarantor of a responsible party;
6. Any policy of insurance from any insurance company or guarantor of a third party;
7. Worker's compensation or other liability insurance company;
8. Any other source, including but not limited to crime victim restitution funds, any medical, disability or other benefit payments, and school insurance coverage.

Outpatient Care and/or Services: treatment including services, supplies and medicines provided and used at a Hospital under the direction of a Physician to a person not admitted as a registered bed patient; or services rendered in a Physician's office, laboratory or X-ray facility, and Ambulatory Surgical Center, or the patient's home.

Out-of-Pocket Maximum: the maximum amount (if listed on the Schedule of Benefits) of otherwise Covered Expenses incurred during a Benefit Year that a Participant will be required to pay.

Over-the-Counter Drug: a drug that does not require a prescription.

Paid Claim: for contractual purpose of this Plan, means a claim will be deemed Paid on the date a check is cut for the services rendered.

Partial Hospitalization: an outpatient program specifically designed for the diagnosis or active treatment of a Mental Disorder or Substance Use when there is a reasonable expectation for improvement or when it is necessary to maintain a patient's functional level and prevent relapse; this program shall be administered in a psychiatric facility which is accredited by the Joint Commission on Accreditation of Health Care Organizations and shall be licensed to provide partial hospitalization services, if required, by the state in which the facility is providing these services. Treatment lasts less than 24 hours, but more than four hours a day and no charge is made for room and board.

Participant: an Employee or Dependent who has enrolled (and qualifies for coverage) under this Plan of Benefits. A Participant may also include individuals who meet the criteria under the "other eligible group classifications" as defined in the Eligibility section of this document.

Participant Effective Date: the date on which a Participant is covered for Benefits under the terms of this Plan of Benefits.

Participating Provider: a Physician, Hospital or other Provider who has a Provider Agreement with one of the networks used by this Plan of Benefits and who has agreed to provide Benefits to a Participant and submit claims to PAI and to accept the Allowed Amount as payment in full for Benefits. The participating status of a Provider may change.

Pharmacy: a licensed establishment where Prescription Drugs are filled and dispensed by a pharmacist licensed under the laws of the state where the pharmacist practices.

Physician: a person who is:

1. Not an:
    h. Intern;
    i. Resident;
    j. In-house physician;

2. Duly licensed by the appropriate state regulatory agency as a:
    a. Medical doctor;
    b. Oral surgeon;
    c. Osteopath;
    d. Podiatrist;
    e. Chiropractor;
    f. Optometrist;
    g. Psychologist with a doctoral degree in psychology;
3. Legally entitled to practice within the scope of his or her license;
4. Customarily bills for his or her services.

Physician Services: these services, performed by a Physician within the scope of his or her license, training and specialty and within the scope of generally acceptable medical standards as determined by PAI:

1. Office visits, which are for the purpose of seeking or receiving care for an illness or injury;
2. Basic diagnostic services and machine tests;
3. Physician Services includes these services when performed by a medical doctor, osteopath, podiatrist or oral surgeon, but specifically excluding such services when performed by a chiropractor, optometrist, or licensed psychologist with a doctoral degree:
    a. Benefits rendered to a Participant in a Hospital or Skilled Nursing Facility;
    b. Benefits rendered in a Participant's home;
    c. Surgical Services;
    d. Anesthesia services, including the administration of general or spinal block anesthesia;
    e. Radiological examinations;
    f. Laboratory tests;
    g. Maternity services, including consultation, prenatal care, conditions directly related to pregnancy, delivery and postpartum care, and delivery of one or more infants. Physician Services also include maternity services performed by certified nurse midwives.

Plan: any program that provides benefits or services for medical or dental care or treatment including:

1. Individual or group coverage, whether insured or self-insured. This includes, but is not limited to, prepayment, group practice or individual practice coverage;
2. Coverage under a governmental Plan or coverage required or provided by law. This does not include a state Plan under Medicaid (Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act, as amended).

Each contract or other arrangement for coverage is a separate Plan for purposes of this Plan of Benefits. If a Plan has two (2) or more parts and the coordination of benefits rules apply only to one (1) of the parts, each part is considered a separate Plan.

Plan Administrator: the entity charged with the administration of the Plan of Benefits. The Plan Sponsor is the Plan Administrator of this Plan of Benefits.

Plan of Benefits: This Plan of Benefits including, the membership application, the Schedule of Benefits, and all endorsements, amendments, riders or addendums.

Plan of Benefits Effective Date: 12:01 a.m. EST on the date listed on the Schedule of Benefits.

Plan Sponsor: also known as the Employer.

Plan Year: the 12-month period beginning on either the effective date of the Plan or on the day following the end of the first Plan Year which is a short Plan Year.

Post-Service Claim: any claim that is not a Pre-Service Claim.

Preadmission Review: the review that must be obtained by a Participant (or the Participant's Authorized Representative) prior to all Admissions that are not related to an Emergency Medical Condition.

Preauthorized/Preauthorization: the approval of Benefits based on Medical Necessity prior to the rendering of such Benefits to a Participant. Preauthorization means only that the Benefit is Medically Necessary. Preauthorization is not a guarantee of payment or a verification that Benefits will be paid or are available to the Participant. Notwithstanding Preauthorization, payment for Benefits is subject to a Participant's eligibility and all other limitations and exclusions contained in this Plan of Benefits. A Participant's entitlement to Benefits is not determined until the Participant's claim is processed.

Preferred Brand Drug: a Prescription Drug that bears a recognized brand name of a particular manufacturer and appears on the list of Preferred Brand Drugs.

Preferred Brand Name Drug: a Prescription Drug that has been reviewed for cost effectiveness, clinical efficacy and quality that is preferred by the Pharmacy Benefit Manager for dispensing to Participants. Preferred Brand Name Drugs are subject to periodic review and modification by PAI, or its designated Pharmacy Benefit Manager, and include Brand Name Drugs and Generic Drugs.

Pregnancy: childbirth and conditions associated with Pregnancy, including complications.

Premium: the monthly amount paid to the Plan Sponsor by the Participant for coverage under this Plan of Benefits. Payment of Premiums by the Participant constitutes acceptance by the Participant of the terms of this Plan of Benefits.

Prescription Drugs: a drug or medicine that is:

1. Required to be labeled that it has been approved by the Food and Drug Administration;
2. Bears the legend "Caution: Federal Law prohibits dispensing without a prescription" or "R_x Only" prior to being dispensed or delivered, or labeled in a similar manner;
3. Insulin.

Additionally, to qualify as a Prescription Drug, the drug must:

1. Be ordered by a medical doctor or oral surgeon as a prescription;
2. Not be entirely consumed at the time and place where the prescription is dispensed;
3. Be purchased for use outside a Hospital.

Prescription Drugs which otherwise may not meet the definition of Prescription Drugs:

1. DESI drugs – These drugs are determined by the FDA (Food and Drug Administration) as lacking substantial evidence of effectiveness. The DESI drugs do not have studies to back up the medications' uses, but since they have been used and accepted for many years without any safety problems, they continue to be used in today's marketplace.
2. Controlled substance 5 (CV) OTC's are covered. (Examples: Robitussin AC syrup and Naldecon-CX) Federal law designates these medications as OTC. Nevertheless, depending on certain state Pharmacy laws, the medications may be considered prescription medications and are, therefore, all covered.
3. Single entity vitamins – These vitamins have indications in addition to their use as nutritional supplements. For this reason, Plan supervisor recommends covering these medications. Single entity vitamins are used for the treatment of specific vitamin deficiency diseases. Some examples include: vitamin B12 (cyanocobalamin) for the treatment of pernicious anemia and degeneration of the nervous system; vitamin K (phytonadione) for the

treatment of hypoprothrombinemia or hemorrhage; and folic acid for the treatment of megaloblastic and macrocytic anemias.

Prescription Drug Copayment: the amount payable, if any, set forth on the Schedule of Benefits, by the Participant for each Prescription Drug filled or refilled. This amount will not be applied to the Benefit Year Deductible or the Out-of-Pocket Maximum.

Pre-Service Claim: any claim or request for a Benefit where prior authorization or approval must be obtained from BlueCross Medical Review Department before receiving the medical care, service or supply.

Primary Plan: a Plan whose benefits must be determined without taking into consideration the existence of another Plan.

Prior to Effective Date or After Termination Date: dates occurring before a Participant gains eligibility from the Plan, or dates occurring after a Participant loses eligibility from the Plan, as well as charges incurred prior to the effective date of coverage under the Plan or after coverage is terminate, unless Extension of Benefits applies.

Private Duty Nursing (PDN): hourly or shift skilled nursing care provided in a patient's home. PDN provides more individual and continuous skilled care than can be provided in a skilled nurse visit through a Home Health Agency. The intent of PDN is to assist the patient with complex direct skilled nursing care, to develop caregiver competencies through training and education and to optimize patient health status and outcomes. The frequency and duration of PDN services is intermittent and temporary in nature and is not intended to be provided on a permanent ongoing basis. PDN is not long-term care.

Probationary Period: the period of continuous employment (if included on the Schedule of Benefits) with the Employer that an Employee must complete before becoming eligible to enroll in the Plan of Benefits. The Employer may require an additional orientation period.

Protected Health Information (PHI): Protected Health Information as that term is defined under HIPAA.

Prosthetic Device: any device that replaces all or part of a missing body organ or body member, except a wig, hairpiece or any other artificial substitute for scalp hair.

Provider: any person or entity licensed by the appropriate state regulatory agency and legally engaged within the scope of such person or entity's license in the practice of:

- Medicine
- Dentistry
- Optometry
- Podiatry
- Chiropractic Services
- Physical Therapy
- Behavioral Health
- Oral Surgery
- Speech Therapy
- Occupational Therapy

The term Provider also includes a Hospital; a Rehabilitation Facility; a Skilled Nursing Facility; a physician assistant; nurses practicing in expanded roles (such as pediatric nurse practitioners, family practice nurse practitioners and certified nurse midwives) when supervised by a licensed medical doctor or oral surgeon; and Behavioral Health Services when performed by a Behavioral Health Clinician, licensed professional counselor, masters level licensed social worker, licensed marriage and family therapist or other licensed Behavioral Health Clinician approved by the Corporation. The term Provider does not include interns, residents, physical trainers, lay midwives or masseuses.

Provider Agreement: an agreement between PAI (or another BCBS licensee) and a Provider under which the Provider has agreed to accept the Corporation's allowance (as set forth in the Provider Agreement) as payment in full for Benefits (subject to the Member liability amounts) and other mutually acceptable terms and conditions.

Qualified Individual: means an individual who is a Participant in a health Plan who meets these conditions:

1. The individual is eligible to participate in an Approved Clinical Trial according to the trial protocol with respect to treatment of cancer or other life-threatening disease or condition;
2. Is either:
    a. Referred by a participating health care provider and has concluded that the individual's participation in such trial would be appropriate;
    b. The Participant provides medical and scientific information establishing that their participation in the trial would be appropriate.

Qualified Medical Child Support Order (QMCSO): a Medical Child Support Order that:

1. Creates or recognizes the existence of an Alternate Recipient's right to enroll under this Plan of Benefits;
2. Assigns to an Alternate Recipient the right to enroll under this Plan of Benefits.

Qualifying Event: for continuation of coverage purposes, a Qualifying Event is any one of these:

1. Termination of the Employee's employment (other than for gross misconduct) or reduction of hours worked that renders the Employee no longer Actively at Work and therefore ineligible for coverage under the Plan of Benefits;
2. Death of the Employee;
3. Divorce of the Employee from his or her spouse;
4. A Child ceasing to qualify as a Dependent under this Plan of Benefits.
5. Entitlement to Medicare by an Employee, or by a parent of a Child;
6. A proceeding in bankruptcy under Title 11 of the United States Code with respect to an Employer from whose employment an Employee retired at any time.

Reasonable and/or Reasonableness: in the administrator's discretion, services or supplies, or fees for services or supplies which are necessary for the care and treatment of illness or injury not caused by the treating Provider. Determination that fee(s) or services are reasonable will be made by the Plan Administrator, taking into consideration unusual circumstances or complications requiring additional time, skill and experience in connection with a particular service or supply; industry standards and practices as they relate to similar scenarios; and the cause of injury or illness necessitation the service(s) and/or charge(s).

This determination will consider, but will not be limited to, the findings and assessments of these entities: (a) The national Medical Associations, Societies, and organizations; and (b) The Food and Drug Administration. To be Reasonable, service(s) and/or fee(s) must be in compliance with generally accepted billing practices for unbundling or multiple procedures. Services, supplies, care and/or treatment that results from errors in medical care that are clearly identifiable, preventable, and serious in their consequence for patients, are not Reasonable. The Plan Administrator retains discretionary authority to determine whether service(s) and/or fee(s) are Reasonable based upon information presented to the Plan Administrator. A finding of Provider negligence and/or malpractice is not required for service(s) and/or fee(s) to be considered not Reasonable.

Charge(s) and/or service(s) are not considered to be Reasonable, and as such are not eligible for payment (exceed the Maximum Allowable Charge), when they result from Provider error(s) and/or facility-acquired conditions deemed "reasonably preventable" through the use of evidence-based guidelines, taking into consideration but not limited to CMS guidelines.

The Plan reserves for itself and parties acting on behalf of the right to review charges processed and/or paid by the Plan, to identify charge(s) and/or service(s) that are not reasonable and therefore not eligible for payment by the Plan.

Recognized Amount: the lesser of the Non-Participating/Non-Contracting Provider's Billed Charges or PAI's median contracted rate for Participating/Contracting Providers for the same or similar item or service furnished in the same or similar specialty in the same geographic region; provided that, except in connection with air ambulance services, if there is a recognized amount specified for this purpose under an applicable All-Payer Model Agreement under Section

1115A of the Social Security Act, or if not, under applicable state law, then such amount, as applicable, will instead serve as the Recognized Amount.

Rehabilitation Facility: licensed facility operated for the purpose of assisting Members with neurological or other physical injuries to recover as much restoration of function as possible.

Rescission: a cancellation or discontinuance of coverage that has retroactive effect. A cancellation or discontinuance of coverage is not a Rescission if the cancellation or discontinuance of coverage:

1. Has only a prospective effect;
2. Is effective retroactively to the extent it is attributable to a failure to timely pay required premiums or contributions toward the cost of coverage.

A Rescission retroactively canceling coverage is permitted if an individual performs an act, practice or omission that constitutes fraud or if the individual makes an intentional misrepresentation of material fact, as prohibited by the terms of the Plan or coverage.

Residential Treatment Center (RTC): a licensed institution, other than a Hospital, which meets all six (6) of these requirements:

1. Maintains permanent and full-time Facilities for bed care of resident patients,
2. Has the services of a Psychiatrist (Addictionologist, when applicable) or Physician extender available at all times and is responsible for the diagnostic evaluation, provides face-to-face evaluation services with documentation a minimum of once per week and PRN as indicated;
3. Has a physician or RN on full-time duty who is in charge of patient care along with one (1) or more RNs or LPNs on duty at all times (twenty-four (24) hours per day, and seven (7) days per week); and
4. Keeps a daily medical record for each patient;
5. Is primarily providing a continuous structured therapeutic program specifically designed to treat behavioral health disorders and is not a group or boarding home, boarding or therapeutic school, half-way house, sober living residence, wilderness camp or any other facility that provides Custodial Care;
6. Is operating lawfully as a residential treatment center in the area where it is located.

Routine Participant Costs: include all items and services consistent with what is typically covered by the Plan for a Qualified Individual who is not enrolled in a clinical trial. This DOES NOT include services that are considered:

1. The investigational item, device, or service, itself;
2. Items and services provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the Participant;
3. A service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis.

Retired Employee: a former Active Employee of the Plan Sponsor who was retired while employed by the Plan Sponsor under the formal written plan of the Employer and elects to contribute to the Plan the contribution required from the Retired Employee.

Schedule of Benefits: the pages of this Plan of Benefits, so titled, which specify the coverage provided and the applicable Copays, Coinsurance, Benefit Year Deductibles, Out-of-Pocket Maximums and Benefit limitations.

Second Surgical Opinion: the medical opinion of a board-certified surgeon regarding an elective surgical procedure. The opinion must be based on the surgeon's examination of the patient. The examination must be performed after another licensed medical doctor has proposed to perform surgery, but before the surgery is performed. The second licensed medical doctor must not be associated with the primary licensed medical doctor.

Secondary Plan: the plan that that is not a Primary Plan and has secondary responsibility for paying a Participant's claim as determined through the coordination of benefits provisions of this Plan of Benefits.

Serious Medical Condition: a health condition or illness that requires medical attention and for which failure to provide the current course of treatment through the current Provider would place the Participant's health in serious jeopardy. This includes cancer, acute myocardial infarction and pregnancy.

Sickness: For a covered Employee and covered Spouse: Illness, disease or Pregnancy.

For a covered Dependent other than Spouse: Illness or disease.
Skilled Nursing Facility: A licensed institution and accredited, other than a Hospital, which meets all six of these requirements:

1. Maintains permanent and full-time facilities for bed care of resident patients; and
2. Has the services of a Physician available at all times and is responsible for the diagnostic evaluation, provides face-to-face evaluation services with documentation a minimum of once/week and PRN as indicated; and
3. Has a physician or RN on full-time duty who is in charge of patient care, along with one (1) or more RNs or LPNs on duty at all times (twenty-four (24) hours a day; seven (7) days a week); and
4. Keeps a daily medical record for each patient; and
5. Is primarily providing continuous skilled nursing care for sick or injured patients during the recovery stage of their illnesses or injuries and isn't, other than incidentally, a rest home or a home for Custodial Care for the aged; and
6. Is operating lawfully as a skilled nursing facility in the area where it is located.

Special Enrollment: the time period during which an Employee or eligible Dependent who is not enrolled for coverage under this Plan of Benefits may enroll for coverage due to the involuntary loss of other coverage or under circumstances described in the Eligibility For Coverage section of this Plan of Benefits.

Specialist: a licensed medical doctor who specializes in a particular branch of medicine.

Specialty Drugs: Prescription Drugs that treat a complex clinical condition and/or require special handling such as refrigeration. They generally require complex clinical monitoring, training and expertise. Specialty Drugs include, but are not limited to, infusible Specialty Drugs for chronic diseases, injectable and self-injectable drugs for acute and chronic diseases, and specialty oral drugs. Specialty Drugs are used to treat acute and chronic disease states (e.g. growth deficiencies, hemophilia, multiple sclerosis, rheumatoid arthritis, Gaucher's Disease, hepatitis, cancer, organ transplantation, Alpha 1-antitrypsin disease and immune deficiencies).

Spinal Manipulation/Chiropractic Care: skeletal adjustments, manipulation or other treatment in connection with the detection and correction by manual or mechanical means of structural imbalance or subluxation in the human body. Such treatment is done by a Physician to remove nerve interference resulting from, or related to, distortion, misalignment or subluxation of, or in, the vertebral column.

Substance Use Disorder: the continued use, abuse and/or dependence on legal or illegal substance(s), despite significant consequences or marked problems associated with the use (as defined, described or classified in the most current version of *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association).

Substance Use Services: services or treatment relating to Substance Use.

Surgical Services: an operative or cutting procedure, including the usual, necessary and related pre-operative and post-operative care when performed by a licensed medical doctor.

Totally Disabled/Total Disability: the Participant is able to perform none of the usual and customary duties of such Participant's occupation. With respect to a Participant who is a Dependent, the terms refer to disability to the extent that such Participant can perform none of the usual and customary duties or activities of a person in good health of the same age. The Participant must provide a licensed medical doctor's statement of disability upon periodic request by the Group Health Plan.

Transplant: The transfer of organs or tissues, including bone marrow, stem cells and cord blood, from human to human. Transplants are covered only at facilities approved by PAI in writing and include only those procedures that otherwise are not excluded by this Plan of Benefits. Preauthorization is required. Transplant Physician Charges are subject to the Benefit Year Deductible.

Transplant Benefit Period: the period of time that for Transplant of:

1. an organ, the period that begins one day prior to the Admission date for Transplant and continues for a 12-month period. Anti-rejection drugs are not subject to the Transplant Benefit Period;
2. bone marrow, the period that begins one day prior to the date marrow ablative therapy begins, or one day prior to the day the preparative regimen for non-myeloablative Transplant begins and continues for a twelve (12) month period. Mobilization therapy and stem-cell harvest are also included. Anti-rejection drugs are not subject to the Transplant Benefit Period.

Urgent Care: treatment required in order to treat an unexpected illness or injury that is life-threatening and required in order to prevent a significant deterioration of the Participant's health if treatment were delayed.

Urgent Care Claim: any claim for medical care or treatment where making a determination under other than normal time frames could seriously jeopardize the Participant's life or health or the Participant's ability to regain maximum function; or, in the opinion of a medical doctor or oral surgeon with knowledge of the Participant's medical condition, would subject the Participant to severe pain that could not be managed adequately without the care or treatment that is the subject of the claim.

Usual and Customary (U & C): Only Usual and Customary charges are covered expenses. When determining whether an expense is Usual and Customary, the Plan Administrator will take into consideration the fee(s) which the provider most frequently charges the majority of patients for the service or supply, and the prevailing range of fees charged in the same "area" by provider of similar training and experience for the service or supply. The term(s) "same geographic locale" and/or "area" shall be defined as a metropolitan area, county, or such greater area as is necessary to obtain a representative cross-section of providers, person or organizations rendering such treatment, services, or supplies for which a specific charge is made. To be Usual and Customary, fee(s) must be in compliance with generally accepted billing practices for unbundling or multiple procedures.

The term "Customary" refers to the form and substance of a service, supply, or treatment provided in accordance with generally accepted standards of medical practice to one individual, which is appropriate for the care or treatment of the same sex, comparable age and who receive such services or supplies within the same geographic locale.

The term "Usual and Customary" does not necessarily mean the actual charge made nor the specific service or supply furnished to a Participant by a provider of services or supplies, such as a physician, therapist, nurse, hospital, or pharmacist. The Plan Administrator will determine what the Usual and Customary charge is, for any procedure, service, or supply, and has the discretionary authority to decide whether a specific procedure, service or supply is Usual and Customary.

Usual and Customary charges may alternatively be determined and established by the Plan using normative data such as Medicare cost to charge ratios, average wholesale price (AWP) for prescriptions and/or manufacturer's retail pricing (MRP) for supplies and devices. In the event a PPO network provider is utilized, the network scheduled allowance may be utilized in lieu of the Usual and Customary Charge. This does not, however, remove the Plan Administrator's discretionary authority to decide whether a charge is Usual and Customary.

Waiting Period: a period of continuous employment with the Plan Sponsor that an Employee must complete before becoming eligible to enroll in the Plan of Benefits.

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Oconee County
Employee Medical Benefits Plan
Effective Date: May 1, 2025

Plan Document Signature Page

Employer hereby amends and restates by this Plan Document an employee welfare benefit plan. It is intended that this Plan Document will serve to describe the nature, funding and benefits of the Plan.

Amanda F Brock — County Administrator

By — Title

Amanda F. Brock — May 15, 2025

Typed/Printed Name — Date

Ladale V Price

Witness

Oconee County
Plan Sponsor
OconeeCountyPD2025

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Oconee County Ordinance 2016-24
EXHIBIT A

MODIFICATIONS TO THE OCONEE COUNTY HEALTH INSURANCE PLAN - RETIREE HEALTH INSURANCE PLAN PROVISIONS

THESE RETIREE HEALTH INSURANCE PLAN (THE "PLAN") PROVISIONS ARE SUBJECT TO CHANGE, AND THE COUNTY'S ABILITY TO FUND THIS BENEFIT CAN BE IMPACTED BY FISCAL CHALLENGES AND LEGISLATIVE CHANGES. DUE TO THE RISK OF UNKNOWN CIRCUMSTANCES, THIS PLAN, AS DESCRIBED HEREIN, MAY BE DEEMED UNSUSTAINABLE AT SOME FUTURE TIME. THE RETIREE HEALTH INSURANCE GUIDELINES DESCRIBED HEREIN, OR OTHERWISE, ARE DISCRETIONARY ON THE PART OF THE COUNTY AND THE EMPLOYEE AND DO NOT CREATE ANY EXPRESS OR IMPLIED CONTRACT OF THIS BENEFIT BEING PROVIDED IN THE FUTURE OR IN ANY PARTICULAR AMOUNT AT ANY PARTICULAR TIME. NO PAST PRACTICES OR PROCEDURES, PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, FORM ANY EXPRESS OR IMPLIED AGREEMENT TO CONTINUE SUCH PRACTICES OR PROCEDURES. IT IS EXPLICITLY STATED AND RECOGNIZED BY THE COUNTY AND EVERY EMPLOYEE OR OTHER PERSON ACCEPTING BENEFITS UNDER THE PLAN THAT ALL EMPLOYMENT IN OCONEE COUNTY (EXCEPT FOR THE OCONEE COUNTY ADMINISTRATOR) IS "AT WILL" AND THAT NO OCONEE COUNTY EMPLOYEE (EXCEPT FOR THE OCONEE COUNTY ADMINISTRATOR) HAS AN EMPLOYMENT AGREEMENT OR CONTRACT, AND THAT ALL PROVISIONS OF ANY AND ALL EMPLOYMENT BENEFITS, INCLUDING, WITHOUT LIMITATION, THOSE DESCRIBED IN THIS PLAN ARE ALWAYS SUBJECT TO ANNUAL APPROPRIATION BY THE OCONEE COUNTY COUNCIL, WHICH IS NEVER GUARANTEED AND NEVER WILL BE GUARANTEED.

1. To the extent there are any inconsistencies between the provisions contained herein and the provisions of "ATTACHMENT C" to Ordinance 2016-01, the provisions herein supersede and replace such provisions, which are hereby revoked and repealed.

2. Oconee County (the "County") acting by and through the Oconee County Council ("County Council") currently pays a percentage of the total cost of health benefits for certain retirees of Oconee County and desires to share cost increases of such benefits with current and future retirees who are qualified by twenty (20) or more years of consecutive full-time employment with Oconee County.

3. All current retirees will continue with their current retiree health insurance / plan benefits, with no changes at this time; however, such benefits are subject to change in the future.

4. **Grandfathered Employees**:

    a. "Grandfathered Employees" are those employees of Oconee County who had at least twenty (20) consecutive years of full-time employment for Oconee County as of December 31, 2013.
    b. Upon retirement, Grandfathered Employees will remain on the Oconee County Health Care Plan, under the same terms and conditions as when they were

actively employed, until age 65 or when they become Medicare eligible, whichever occurs first. Spouses of Grandfathered Employees are eligible for the same coverage as Grandfathered Employees, provided the spouse is on the Grandfathered Employee's County Health Care Plan at the time of his or her retirement.

c. Once a retired Grandfathered Employee reaches age 65, he or she is required to enroll in Medicare parts A & B in order to receive the Subsidy, as defined and described in Section 4.d. below,

d. The Subsidy:

   i. The County desires to contribute a monthly subsidy to all Grandfathered Employees upon retirement, when they reach 65 years of age or when they become Medicare eligible, whichever occurs first.

   ii. Current Oconee County paid health benefit coverage for Grandfathered Employees under the Oconee County Employee Health Care Plan shall cease when the Grandfathered Employee retires (becoming a "Grandfathered Retiree") and reaches age 65 or becomes Medicare eligible, whichever occurs first. Discontinuance of County paid health benefit coverage for spouses of Grandfathered Employees / Retirees will also occur when the spouse reaches age 65 or becomes Medicare eligible, whichever occurs first. Effective January 1, 2016 the County began contributing a monthly subsidy of $158 per Grandfathered Retiree, or $316 per month if married and the spouse is covered. This subsidy is solely for the purpose of assisting the Grandfathered Retiree and spouse, if applicable, in purchasing a Medicare supplemental insurance plan.

   iii. Increases to the cost of the Oconee County Employee Health Care Plan will depend upon actual costs; increases to the Subsidy will change annually by the lower of CPI (Consumer Price Index) or 3% per year. The CPI increase will be determined using September over September time frame

   iv. Grandfathered Employees / Retirees may choose to decline coverage under the Plan at any time, but they will not be allowed to re-enroll in the Plan in the future, (with the exception of 2 prior grandfathered employees with special circumstances).

5. "**Non-grandfathered Employees**" are those employees hired prior to July 1, 2005, who complete 20 years of consecutive employment for Oconee County but who do not qualify as Grandfathered Employees.

   a. Non-grandfathered Employees will remain eligible for Oconee County Employee Health Care Plan benefits upon their retirement, subject to the conditions stated therein, and otherwise provided by law.

   b. Spouses of Non-grandfathered Employees will not be eligible for Oconee County Employee Health Care Plan coverage upon retirement of the Non-grandfathered Employee.

   c. Once a Non-grandfathered Employee retires and attains the age of 65 or becomes Medicare eligible, whichever occurs first, Oconee County Employee Health Care Plan Coverage will cease.

   d. No Subsidy will be provided Non-grandfathered Employees or their spouses.

6. For all groups (Grandfathered and Non-grandfathered), identified in these guidelines, only actual Oconee County employment time is considered for the purpose of determining contributions by Oconee County. No purchased service time of any kind will be considered for any group for purposes of retiree health benefits from Oconee County.

7. Employees hired after June 30, 2005 are ineligible for both retiree health care coverage and the Subsidy

Summary:

Grandfathered Employees

- Must have 20 consecutive years of County employment as of December 31, 2013.
- Retiree and Spouse will remain on the Oconee County Health Care Plan until they reach age 65 or become Medicare eligible, whichever occurs first.
- At age 65 or upon Medicare eligibility, (whichever occurs first) a subsidy in the amount of $158 for Retiree or $316 for Retiree/Spouse will be offered in calendar year 2016. Subsidy increases over time by the lesser of 3% per year or the prevailing CPI rate increase each year.

Non-Grandfathered Employees

- Must have 20 consecutive years County employment and hired before July 1, 2005.
- If retired prior to age 65, Retiree will remain on the Oconee County Health Care Plan until the retiree reaches age 65 or becomes Medicare eligible, whichever occurs first.
- No coverage will be provided for spouse upon retirement of the Non-Grandfathered Employee.
- No Subsidy will be provided Non-grandfathered Employees or their spouses.

Employees hired on or after July 1, 2005

- Oconee County provides no retiree health care coverage or Subsidy.

Current Retirees

- Will continue with the current retiree health insurance / Plan benefits being received, with no changes at this time; however, the Plan is subject to change in the future.

STATE OF SOUTH CAROLINA
COUNTY OF OCONEE
ORDINANCE 2025-02

AN ORDINANCE TO ESTABLISH THE BUDGET FOR THE SCHOOL DISTRICT OF OCONEE COUNTY AND TO PROVIDE FOR THE LEVY OF TAXES FOR THE OPERATIONS OF THE SCHOOL DISTRICT OF OCONEE COUNTY FOR THE FISCAL YEAR BEGINNING JULY 1, 2025 AND ENDING JUNE 30, 2026.

BE IT ORDAINED by the County Council for Oconee County, South Carolina (the "County Council"), in accordance with the general law of the State of South Carolina and the Acts and Joint Resolutions of the South Carolina General Assembly, as follows:

SECTION 1
The following amounts are hereby approved for budget purposes and appropriated for the 2025 -2026 fiscal year for the School District of Oconee County:

School Operations	$	86,135,380
School Debt*	$	8,772,300
Total School District	$	94,907,680

* The School District of Oconee has transitioned its debt issuance schedule from March to September annually. As a result, a revised budget amendment reflecting updated debt payments timelines should be anticipated.

SECTION 2
A tax of sufficient millage**, not to exceed 108.6 mills**, to fund the aforestated appropriations for the School District of Oconee County for the fiscal year beginning July 1, 2025 and ending June 30, 2026 is hereby directed to be levied upon all property eligible to be taxed for this purpose in Oconee County and duly collected.

SECTION 3
The Auditor of Oconee County is hereby requested to recommend to County Council, for approval by County Council, a sufficient millage levy, and the Treasurer of Oconee County is hereby directed to collect sufficient millage on all taxable property in Oconee County on which school taxes may be levied to provide for the aforestated operations appropriations and direct expenditures of the School District of Oconee County for the fiscal year beginning July 1, 2025 and ending June 30, 2026.

SECTION 4
In accordance with the Constitution and general law of the State of South Carolina, and the Acts and Joint Resolutions of the South Carolina General Assembly, the Auditor of Oconee County shall set the millage levy for the debt service requirements of the School District and the Treasurer

of Oconee County shall collect sufficient millage on all taxable property in Oconee County on which school taxes may be levied to provide for the debt service requirements of the School District of Oconee County for the fiscal year beginning July 1, 2025 and ending June 30, 2026.

SECTION 5
If any clause, phrase, sentence, paragraph, appropriation, or section of this Ordinance shall be held invalid for any reason, it shall not affect the validity of this Ordinance as a whole or the remaining clauses, phrases, sentences, paragraphs, appropriations, or sections hereof, which are hereby declared severable.

SECTION 6
All other orders, resolutions, and ordinances of Oconee County, inconsistent herewith, are, to the extent of such inconsistency only, hereby revoked, rescinded, and repealed.

SECTION 7
This Ordinance shall become effective upon approval on third reading and enforced from and after July 1, 2025.

Adopted in meeting duly assembled this 3rd day of June, 2025.

OCONEE COUNTY, SOUTH CAROLINA

_____
Matthew Durham
Chairman, Oconee County Council

ATTEST

_____
Jennifer C. Adams
Clerk to County Council

First Reading:	May 6, 2025
Public Hearings:	May 20, 2025
Second Reading:	May 20, 2025
Public Hearings:	June 3, 2025
Third Reading:	June 3, 2025

STATE OF SOUTH CAROLINA
COUNTY OF OCONEE
ORDINANCE 2025-03

AN ORDINANCE TO PROVIDE FOR THE LEVY OF TAXES FOR THE KEOWEE FIRE TAX DISTRICT AND TO ESTABLISH THE BUDGET FOR THE KEOWEE FIRE TAX DISTRICT FOR THE FISCAL YEAR BEGINNING JULY 1, 2025 AND ENDING JUNE 30, 2026.

BE IT ORDAINED by the County Council for Oconee County, South Carolina, (the "County Council"), in accordance with the general law of the State of South Carolina, including, without limitation, Section 4-9-30, South Carolina Code, 1976, as amended and the Acts and Joint Resolutions of the South Carolina General Assembly, as follows:

SECTION 1
For the fiscal year beginning July 1, 2025 and ending June 30, 2026, $1,210,000 is hereby appropriated for fire protection services in the Keowee Fire Tax District.

Keowee Fire Special Tax District	$ 1,210,000.00
General Obligation Bond Series 2022 Payment	(103,381.04)
Total payout of Tax Funding	**$ 1,106,618.96**

SECTION 2
A tax of sufficient millage, not to exceed 17.5 mills, to fund the aforestated appropriations for the Keowee Fire Special Tax District for the fiscal year beginning July 1, 2025 and ending June 30, 2026, after crediting against such appropriations all other unrestricted revenue anticipated to accrue to Keowee Fire Special Tax District and any fund balance budgeted to be used during said fiscal year, is hereby directed to be levied on all taxable property, eligible to be lawfully taxed for such purposes, in the Keowee Fire Special Tax District.

SECTION 3
The Auditor of Oconee County is hereby requested to recommend to the Oconee County Council, for approval by Oconee County Council, a sufficient millage levy, and the Treasurer of Oconee County is herein directed to collect sufficient millage on taxable property in the Keowee Fire Special Tax District to provide for the aforestated appropriations and direct expenditures of that Special Tax District for the fiscal year beginning July 1, 2025 and ending June 30, 2026.

SECTION 4
If any clause, phrase, sentence, paragraph, appropriation, or section of this Ordinance shall be held invalid for any reason, it shall not affect the validity of this Ordinance as a whole or the remaining clauses, phrases, sentences, paragraphs, appropriations, or sections hereof, which are hereby declared separable.

SECTION 5
All other orders, resolutions, and ordinances of Oconee County, inconsistent herewith, are, to the extent of such inconsistency only, hereby revoked, rescinded, and repealed.

SECTION 6
This Ordinance shall become effective upon approval on third reading and enforced from and after July 1, 2025.

Adopted in meeting duly assembled this 3rd day of June, 2025.

OCONEE COUNTY, SOUTH CAROLINA

_____
Matthew Durham
Chairman, Oconee County Council

ATTEST

_____
Jennifer C. Adams
Clerk to County Council

First Reading:	May 6, 2025
Public Hearings:	May 20, 2025
Second Reading:	May 20, 2025
Public Hearings:	June 3, 2025
Third Reading:	June 3, 2025

STATE OF SOUTH CAROLINA
COUNTY OF OCONEE
ORDINANCE 2025-04

AN ORDINANCE TO PROVIDE FOR THE LEVY OF TAXES FOR THE CORINTH-SHILOH SPECIAL PURPOSE TAX DISTRICT FOR FIRE PROTECTION AND TO ESTABLISH THE BUDGET FOR THE CORINTH-SHILOH SPECIAL PURPOSE TAX DISTRICT FOR FIRE PROTECTION FOR THE FISCAL YEAR BEGINNING JULY 1, 2025 AND ENDING JUNE 30, 2026.

BE IT ORDAINED by the County Council for Oconee County, South Carolina, (the "County Council"), in accordance with the general law of the State of South Carolina, including, without limitation, Section 4-9-30, South Carolina Code, 1976, as amended and the Acts and Joint Resolutions of the South Carolina General Assembly, as follows:

SECTION 1
For the fiscal year beginning July 1, 2025 and ending June 30, 2026, $1,158,278 is hereby appropriated for fire protection services in the Corinth-Shiloh Special Purpose Tax District for Fire Protection.

Corinth-Shiloh Special Purpose Tax District for Fire Protection	$ 1,158,278
Total payout of Tax Funding	**$ 1,158,278**

SECTION 2
A tax of sufficient millage, not to exceed 25 mills, to fund the aforestated appropriations for the Corinth-Shiloh Special Purpose Tax District for Fire Protection for the fiscal year beginning July 1, 2025 and ending June 30, 2026, after crediting against such appropriations all other unrestricted revenue anticipated to accrue to Corinth-Shiloh Special Purpose Tax District for Fire Protection and any fund balance budgeted to be used during said fiscal year, is hereby directed to be levied on all taxable property, eligible to be lawfully taxed for such purposes, in the Corinth-Shiloh Special Purpose Tax District for Fire Protection.

SECTION 3
The Auditor of Oconee County is hereby requested to recommend to the Oconee County Council, for approval by Oconee County Council, a sufficient millage levy, and the Treasurer of Oconee County is herein directed to collect sufficient millage on taxable property in the Corinth-Shiloh Special Purpose Tax District for Fire Protection to provide for the aforestated appropriations and direct expenditures of that Special Tax District for the fiscal year beginning July 1, 2025 and ending June 30, 2026.

SECTION 4
If any clause, phrase, sentence, paragraph, appropriation, or section of this Ordinance shall be held invalid for any reason, it shall not affect the validity of this Ordinance as a whole or the

remaining clauses, phrases, sentences, paragraphs, appropriations, or sections hereof, which are hereby declared separable.

SECTION 5
All other orders, resolutions, and ordinances of Oconee County, inconsistent herewith, are, to the extent of such inconsistency only, hereby revoked, rescinded, and repealed.

SECTION 6
This Ordinance shall become effective upon approval on third reading and enforced from and after July 1, 2025.

Adopted in meeting duly assembled this 3rd day of June, 2025.

OCONEE COUNTY, SOUTH CAROLINA

_____
Matthew Durham
Chairman, Oconee County Council

ATTEST

_____
Jennifer C. Adams
Clerk to County Council

First Reading:	May 6, 2025
Public Hearings:	May 20, 2025
Second Reading:	May 20, 2025
Public Hearings:	June 3, 2025
Third Reading:	June 3, 2025

STATE OF SOUTH CAROLINA
COUNTY OF OCONEE
ORDINANCE 2025-11

AN ORDINANCE AUTHORIZING THE EXECUTION AND DELIVERY OF A REAL PROPERTY LEASE AGREEMENT BETWEEN THE SOUTH UNION VOLUNTEER FIRE DEPARTMENT, AS LESSOR, AND OCONEE COUNTY, SOUTH CAROLINA, AS LESSEE, FOR CERTAIN IMPROVED REAL PROPERTY LOCATED AT 111 FIRE STATION ROAD, WESTMINSTER, SOUTH CAROLINA, CURRENTLY IDENTIFIED BY TAX MAP NUMBER 324-00-04-031; AND OTHER MATTERS RELATED THERETO.

WHEREAS, Oconee County, South Carolina ("County") is a body politic and corporate and a political subdivision of the State of South Carolina and is authorized by the provisions of Title 4, Chapter 9 of the Code of Laws of South Carolina 1976, as amended, to lease real property and to make and execute contracts;

WHEREAS, the South Union Volunteer Fire Department (as "Lessor") and County (as "Lessee"), desire to enter into a Real Property Lease Agreement in order for the County to lease certain real property located at 111 Fire Station Road, Westminster, South Carolina, currently identified by tax map number 324-00-04-031 (the "Lease Premises");

WHEREAS, a copy of the Real Property Lease Agreement (the "Lease") is attached hereto as Exhibit A;

WHEREAS, the Oconee County Council ("Council") has reviewed the form of the Lease and determined that it is in the best interest of the County and its residents and citizens for the County to execute and enter into the Lease, and Council wishes to approve the same and to authorize the County Administrator to execute and deliver the Lease and all related agreements and documents necessary or incidental thereto.

NOW THEREFORE, be it ordained by Council in meeting duly assembled that:

Section 1. Lease Approved. The Lease is hereby approved, and the County Administrator is hereby authorized to execute and deliver the Lease in substantially the same form as Exhibit A, attached hereto.

Section 2. Related Documents and Instruments; Future Acts. The County Administrator is hereby authorized to negotiate such documents and instruments which may be necessary or incidental to the Lease and to execute and deliver any such documents and instruments on behalf of the County.

Section 3. Severability. Should any term, provision, or content of this Ordinance be deemed unconstitutional or otherwise unenforceable by any court of competent jurisdiction, such determination shall have no effect on the remainder of this Ordinance.

Section 4. General Repeal. All ordinances, orders, resolutions, and actions of the Oconee County Council inconsistent herewith are, to the extent of such inconsistency only, hereby repealed, revoked, and superseded.

Section 5. Effective Date. This Ordinance shall become effective and be in full force from and after public hearing and third reading in accordance with the Code of Ordinances of Oconee County, South Carolina.

ORDAINED in meeting, duly assembled, this ____ of _____, 2025.

ATTEST:

Jennifer C. Adams	Matthew Durham
Clerk to Oconee County Council	Chair, Oconee County Council

First Reading:	May 06, 2025
Second Reading:	May 20, 2025
Third Reading:	June 03, 2025
Public Hearing:	June 03, 2025

EXHIBIT A

[See attached]

STATE OF SOUTH CAROLINA
COUNTY OF OCONEE
ORDINANCE 2025-12

AN ORDINANCE AMENDING THE OCONEE COUNTY CONSERVATION BANK ORDINANCE, O.C. CODE SECTIONS 2-398 THROUGH 2-409.

WHEREAS, Oconee County, South Carolina (the "County"), a body politic and corporate and a political subdivision of the State of South Carolina, acting by and through its governing body, the Oconee County Council (the "County Council"), has adopted multiple ordinances for the effective, efficient governance of the County, which, subsequent to adoption, are codified in the Oconee County Code of Ordinances (the "Code of Ordinances");

WHEREAS, the County, acting by and through the County Council, is authorized by Sections 4-9-30 and 4-9-170 of the South Carolina Code of Laws, among other sources, to create boards and commissions for the betterment of the County;

WHEREAS, Sections 2-398 through 2-409 of the Code of Ordinances contains terms, provisions, and procedures applicable to the County Conservation Bank (the "Conservation Bank Ordinance"); and

WHEREAS, County Council recognizes that there is a need to revise the law of the County to meet the changing needs of the County, and that there is a need to amend, specifically, the Conservation Bank Ordinance, and to affirm and preserve all other provisions of the Code of Ordinances not specifically or by implication amended hereby.

NOW, THEREFORE, it is hereby ordained by the Oconee County Council, in meeting duly assembled, that:

1. The Conservation Bank Ordinance is hereby revised, rewritten, and amended to read as set forth in Exhibit A, which is attached hereto and incorporated herein by reference. Attached hereto as Exhibit B is a copy of the Conservation Bank Ordinance that specifies the changes reflected in Exhibit A. Exhibit B is for illustrative purposes only and shall not be codified.

2. Should any part or provision of this Ordinance be deemed unconstitutional or unenforceable by any court of competent jurisdiction, such determination shall not affect the rest and remainder of this Ordinance, all of which is hereby deemed separable.

3. All ordinances, orders, resolutions, and actions of County Council inconsistent herewith are, to the extent of such inconsistency only, hereby repealed, revoked, and rescinded.

4. All other terms, provisions, and parts of the Code of Ordinances not amended hereby, directly or by implication, shall remain in full force.

5. This Ordinance shall take effect and be in full force from and after third reading and enactment by County Council

ORDAINED in meeting, duly assembled, this ____ of _____, 2025.

ATTEST:

Jennifer C. Adams	Matthew Durham
Clerk to Oconee County Council	Chair, Oconee County Council

First Reading:	May 20, 2025
Second Reading:	June 03, 2025
Third Reading:	July 15, 2025
Public Hearing:	July 15, 2025

EXHIBIT A

DIVISION 9. - COUNTY CONSERVATION BANK

Sec. 2-398. Establishment of bank.

There is hereby established the Oconee County Conservation Bank (the "OCCB") in order to protect lands with significant natural, cultural, and/or historic resources in Oconee County that meet the criteria set forth in section 2-403, by providing a financial incentive to willing landowners to convey either a conservation easement or fee simple title to Eligible Recipients (as defined herein), and by supporting other voluntary conservation projects that preserve or enhance such resources, consistent with the criteria set forth in section 2-403.

Sec. 2-399. Definitions.

Application means an application to participate in the program addressed by this division, including its grants.

Bank or OCCB for purposes of this division means the Oconee County Conservation Bank.

Board means the governing board of the Bank.

Community Conservation Initiatives means voluntary, community-led conservation projects that involve local participation in preserving, restoring, or enhancing natural, cultural, or historic resources. This term includes, but is not limited to, community gardens, pollinator habitat projects, public green-space cleanups, and educational workshops or programs that promote environmental stewardship.

Conservation Easement means an interest in real property as defined by Chapter 8 of Title 27, South Carolina Code of Laws (the South Carolina Conservation Easement Act of 1991).

Council or County Council means Oconee County Council.

County means Oconee County, South Carolina.

Eligible OCCB Recipient or Recipient means any of the following:

(1) Oconee County;

(2) A municipality in Oconee County;

(3) An independent agency or commission in Oconee County whose mission directly relates to the conservation of lands and natural, cultural and historic resources;

(4) A not-for-profit charitable corporation or trust authorized to do business in this state and organized and operated for natural resource conservation, land conservation, or historical preservation purposes, and having tax-exempt status as a public charity under the Internal Revenue Code of 1986, as amended, and having the power to acquire, hold, and maintain Interests in Land for these purposes;

(5) Federal, state, and local agencies organized and operated for natural resource protection, land conservation, or historical preservation purposes.

Interests in Land means fee simple titles to land or Conservation Easements on land.

Land means real property, including highlands and wetlands of any description.

Sustainable Private Water Infrastructure means privately owned water supply systems, including residential wells and related equipment, that provide independent, sustainable water access for properties (particularly in rural or unincorporated areas) as an alternative to municipal water service. This term is intended to encompass projects that enable landowners to secure reliable water sources on-site, thereby supporting environmentally sound rural land use by virtue of lower energy consumption, lower chemical usage, and reduced infrastructure demands, while also avoiding forced municipal annexation for utility access that, among other issues, may create sprawl.

Sec. 2-400. Board.

(a) The Bank will be governed by a seven-member Board ("Board") appointed by Oconee County Council in accordance with the following requirements and recommendations:

(1) Each Board member's primary residence shall be located in Oconee County; and

(2) At least one of the appointed Board members shall be from each of the County Council districts; and

(3) The Council shall endeavor to appoint but not require candidates to be appointed as follows:

- A Board member or executive officer of a charitable corporation or trust authorized to do business in this state that is one of the following:
  - (i) Actively engaged in the acquisition of Interests in Land from voluntary sellers for the purposes of natural resource or land conservation in Oconee County; or
  - (ii) Is organized for historic or cultural preservation purposes; or
  - (iii) Is an organization that represents hunting, fishing, or outdoor recreation interests; and
- A Board member who is an owner of rural real property who is actively engaged in the management and operation of forestlands, farmlands, or wildlife habitat; and
- A Board member who is actively engaged in one of the following:
  - (i) The real estate business; or
  - (ii) The business of appraising forestland, farmland, or Conservation Easements; or
  - (iii) The business of banking, finance, or accounting; or
  - (iv) A licensed attorney admitted to practice before the South Carolina Supreme Court with an emphasis in real estate or land use law.
- To the extent possible, all appointed Board members should have a demonstrated background, experience, and interest in the conservation of lands with significant natural, cultural and/or historical resources.

(b) The initial terms of the at-large Board members shall be for two years, the terms of the Board members from County Council district numbers 1, 3 and 5 shall be for three years, and the terms for the Board members from County Council district numbers 2 and 4 shall be for four years. Thereafter, all terms shall be for four years. All members may be reappointed. Vacancies shall be filled for the unexpired portion of the term.

(c) Members shall serve without compensation, but may receive such mileage and per diem as may be authorized and appropriated by Oconee County Council. The Board shall elect a chair and other officers as the Board deems necessary. The Board shall adopt rules and procedures to conduct its meetings, consistent with those used by County Council.

(d) The Board is a public body and its members are hereby expressly subject to, among other applicable laws and regulations, the South Carolina Ethics Act and the South Carolina Freedom of Information Act, as amended, and shall perform their duties in accordance with their provisions.

(e) The Board shall meet at least three times per year in regularly scheduled meetings and in special meetings as the chair may call, all open to the public (except for executive sessions when duly held in accordance with law). All meetings shall be conducted in accordance with the South Carolina Freedom of Information Act.

(f) The Board shall report to County Council any Board member who, without adequate excuse (such as documented illness), misses three consecutive meetings or a majority of meetings in any calendar year.

Sec. 2-401. Board duties and responsibilities.

(a) The Board is authorized to:

(1) Award grants from the "OCCB fund" (defined herein) to Eligible OCCB Recipients for the purchase of land or Interests in Land or for "Eligible Conservation Activities" (defined herein), all as evaluated under the criteria contained in Section 2-403; and

(2) Apply for and receive funding for the OCCB fund, for the Bank, from federal, state, private and other sources, to be used as provided in this division; and

(3) Receive charitable contributions and donations, including through endowment funding to the OCCB, to the OCCB fund, for the Bank, to be used as provided in this division;[1] and

(4) Receive contributions to the OCCB fund, for the Bank, in satisfaction of any public or private obligation for environmental mitigation or habitat conservation, whether such obligation arises out of law, equity, contract, regulation, administrative proceeding, or judicial proceeding. Such contributions shall be used as provided for in this division; and

(5) To, upon approval by County Council, transfer OCCB funds to a conservation-related endowment, or similar entity or agreement, for the purposes stated herein.

(b) To carry out its functions, the Bank shall:

(1) Operate a program which includes:

a. Developing a ranking system for Applications for program participation, including grants, pursuant to the criteria contained in section 2-403;

b. Receiving grant and participation Applications from Eligible OCCB Recipients pursuant to section 2-404;

c. Evaluating Applications from Eligible OCCB Recipients for eligibility for grants and to participate in the program pursuant to section 2-404;

d. Reviewing and ranking Applications from Eligible OCCB Recipients for grants and to participate in the program pursuant to the ranking system;

e. Recommending the approval of certain Applications to County Council pursuant to section 2-404;

(2) Establish additional guidelines and procedures, consistent with this division, as necessary to implement this division; and

(3) Submit an annual report to Oconee County Council concerning all matters addressed by this division.

(c) The county administrator is directed to provide administrative resources and support needed to operate and manage the OCCB, other than financial resources and support, to the extent possible, and within existing

[1] Funding held and disbursed by the OCCB shall not be derived from tax or fee revenue, but shall be comprised of donations, grants, or other similar non-taxpayer funded sources.

resources of the County. When and if deemed appropriate by the Board, the Board may seek County Council's approval to hire permanent staff, who will be County staff, reporting to the Administrator.

(d) Operating expenses of the Bank may be paid out of the OCCB fund in accordance with Oconee County Policies and Procedures, and, as authorized and appropriated by County Council, provided such expenses shall not exceed ten percent of the total annual OCCB funding amount. Notwithstanding any other provision of this division, Oconee County tax dollars shall not be used for the operation or purposes of the Bank.

Sec. 2-402. OCCB fund.

The Oconee County Treasurer shall establish an account separate and distinct from all other funds appropriated by County Council, called the Oconee County Conservation Bank Fund (the "OCCB fund"). The OCCB fund shall receive monies, awards, and assets from third parties, including but not limited to donors, the state, or from the County according to one or more funding measures approved by Oconee County Council. The Council acknowledges and agrees that County funding measures should be undertaken as soon as feasible, consistent with overall budget priorities of the County, in order to avoid escalating land costs and lost acquisition opportunities. The OCCB fund shall be used only for the purposes set forth herein. Funds donated to the OCCB by third parties shall not be re-directed by Council.

Sec. 2-403. Criteria.

(a) The Board shall use the following conservation criteria in developing a ranking system for Applications pursuant to subsection 2-401(b)(1):

(1) Environmental sensitivity.

a. Presence of wetlands.

b. Frontage on USGS Blue Line Stream.

c. Water quality classification of such stream by the South Carolina Department of Environmental Services.

d. Presence of threatened/endangered species.

e. Habitat suitable for threatened/endangered species.

f. Habitat suitable for native wildlife species.

g. Extent of biological diversity.

h. Presence of unique geological/natural features.

i. Plans for restoration.

(2) Percentage of property sharing a boundary with protected land.

(3) Historic/cultural features.

a. Contains feature designated on the National Historic Register.

b. Contains feature eligible for the National Historic Register.

c. Contains historic/prehistoric structures.

d. Contains historic/prehistoric site or location of a historic event.

(4) Percentage of property containing prime/statewide important soil types.

(5) Extent of active farming on property and extent proposed to be kept as wooded land or farmland.

(6) Extent of public visibility of property.

a. Visibility from public roads.

b. Visibility from public land.

(7) Scenic view from property or preservation of general scenic nature of that part of County.

(8) Extent of public access.

(9) Location of property.

(10) Threat of development.

(11) Size of property.

(12) Potential water quality impact on a wetland or water body that is not part of the property.

(b) The Board shall use the following financial criteria in developing the ranking system for Applications for participation in the program and grants pursuant to subsection 2-402(b)(l).

(1) Funding percentage of the appraised fee simple interest or Conservation Easement value requested or as to the Eligible Conservation Activity proposed;

(2) Amount of applicable partnerships, matching contributions, management agreements, management leases, and similar collaborations among state agencies, federal agencies, Eligible OCCB Recipients, and local governments, boards, and commissions;

(3) No matching funds or other contributions are required to receive grants from the OCCB fund. However, the commitment of such other funds shall be a factor considered by the Board in its evaluation and recommendation of the Applications.

(c) Eligible Conservation Activities: In addition to land or easement acquisitions, the Board may consider and prioritize grants for projects involving the following categories of conservation activities, provided such projects support the purposes of this division and meet applicable criteria:

(1) Habitat Restoration Projects. Projects focused on restoring native ecosystems or wildlife habitat are eligible for OCCB support. Eligible activities include reforestation or planting of native species; wetland restoration (including removal of invasive plants and reestablishment of natural hydrology); and the enhancement or creation of wildlife corridors. Projects should demonstrate a direct benefit to local biodiversity and, where feasible, align with state or federal conservation priorities (for example, the restoration of habitat for threatened or endangered species).

(2) Water Quality Improvements. Projects that improve surface or groundwater quality are eligible. Eligible activities include establishing vegetative riparian buffers along streams or rivers; streambank stabilization to reduce erosion and sedimentation; and installation of rainwater capture or stormwater management systems for agricultural or community use. Projects must positively impact water quality within Oconee County, with priority given to projects located in designated watershed protection areas or addressing identified water quality issues.

(3) Agricultural and Forestry Best Practices. Projects implementing sustainable agriculture or forestry practices are eligible. Eligible activities include soil conservation measures (such as contour farming or cover cropping); establishment of rotational grazing systems to prevent overuse of pastureland; and development of forest management plans that incorporate sustainable timber harvesting. Projects should increase the long-term productivity of working lands while reducing environmental impact. Applicants may be required to provide a multi-year management plan (for example, a ten-year stewardship plan) outlining measurable conservation outcomes.

(4) Historic and Cultural Preservation. Projects to preserve or restore sites with historic or cultural significance are eligible. Eligible activities include the preservation, rehabilitation, or restoration of historically significant buildings or sites; documentation and protection of cultural, archaeological, or

heritage sites; and development of educational materials or programs to raise public awareness of local history and culture. Projects must pertain to sites or resources officially documented or evaluated as having historic or cultural importance, and should be conducted in accordance with recognized preservation standards (such as those of the National Register of Historic Places or the Secretary of the Interior's Standards).

(5) Public Access and Recreational Infrastructure. Projects that enhance public access to natural areas or improve outdoor recreational infrastructure are eligible. Eligible activities include creation or improvement of hiking and biking trails, greenways, boat landings, fishing piers, picnic areas, or campgrounds; installation of educational or interpretive signage highlighting natural or historical features; and establishment of wildlife observation platforms or small nature centers. Projects must increase or improve public access to outdoor recreation opportunities while maintaining the conservation values of the site. Applicants shall provide a plan for the long-term maintenance of any improvements funded.

(6) Community Conservation Initiatives. Locally driven conservation projects that engage and benefit the community are eligible for support. Eligible activities include creating pollinator gardens or native plant habitats in community parks or school grounds; organizing cleanup and habitat restoration efforts for community green spaces, streams, or lakes; and conducting conservation-related educational workshops, events, or youth programs. Projects should involve community participation and have demonstrated local support. While matching funds or in-kind volunteer contributions are encouraged for these initiatives, they are not required.

(7) Sustainable Private Water Infrastructure. Projects that develop or improve private water supply infrastructure for the purpose of sustaining rural land use and avoiding unnecessary municipal expansion are eligible. Eligible activities include the drilling and installation of new residential potable water wells, the rehabilitation or upgrade of existing private wells, and associated infrastructure improvements to secure independent water access for properties. Projects must primarily serve properties in unincorporated or rural areas where public water service is not available or where connecting to a public water system would require annexation or otherwise infringe on property rights. All such projects shall comply with applicable well permitting and groundwater safety regulations. This category is intended to preserve the County's rural character by enabling landowners to obtain essential water resources without reliance on municipal systems, thereby supporting environmentally sound rural land use by virtue of lower energy consumption, lower chemical usage, and reduced infrastructure demands, while also avoiding forced municipal annexation for utility access that, among other issues, may create sprawl.

Sec. 2-404. Program and procedures.

(a) *Application.*

(1) An Eligible OCCB Recipient independently or in conjunction with the landowner may apply for a grant from the OCCB by submitting an Application in accordance with the rules and procedures established by the Board under and consistent with this division;

(2) Prior to the submission of its Application, the Eligible OCCB Recipient must notify in writing the owner of the land that is the subject of the Application of the following:

a. That Interests in Land purchased with OCCB funds result in a permanent conveyance of such Interests in land from the landowner to the Eligible OCCB Recipient and its assigns; and

b. That it may be in the landowner's interest to retain independent legal counsel, perform appraisals, create surveys, and seek other professional advice; and

The Application must contain an affirmation that the notice requirement of this subsection has been met, along with the commitment of the landowner to convey title to or an easement on the property if grant funds are approved for an Interest in Land in the property, all signed by the landowner and duly notarized by a notary public of the State of South Carolina.

(3) At the time of the submission of its Application, the Eligible OCCB Recipient must notify in writing all landowners adjacent to the property and all lessees of the property of the submission of its Application and informing the adjacent landowners and lessees that they have 30 days from receipt of said notice to submit to the Board, in writing, their views in support of or in opposition to the Application.

(4) In each Application, the Eligible OCCB Recipient must provide information regarding how the proposal meets the criteria contained in section 2-403.

(5) For each grant Application the applicant shall specify:

a. The purpose of the Application;

b. How the Application satisfies the criteria contained in section 2-403;

c. The uses to which the land or activity will be put;

d. The party responsible for managing and maintaining the land or activity; and

e. The parties responsible for enforcing any Conservation Easement or other restrictions upon the land.

(6) Where an Eligible OCCB Recipient seeks an OCCB grant to acquire fee title to land, the Eligible OCCB Recipient must demonstrate both the expertise and financial resources to manage the land for the purposes set forth in its Application. The Board shall require an Eligible OCCB Recipient acquiring fee simple title to land to place a Conservation Easement on such property.

(7) Where an Eligible OCCB Recipient seeks an OCCB grant to acquire a Conservation Easement, the Eligible OCCB Recipient must demonstrate both the expertise and financial resources to monitor and enforce the restrictions placed upon the land for the purposes set forth in its Application. The Board shall evaluate each proposal to determine the qualifications of the proposed managing party and to determine whether the proposed management is consistent with the purposes set forth in the Application.

(8) The Board shall establish reasonable procedures and requirements to ensure that the personal information of Eligible OCCB Recipients and landowners is protected as permitted by the South Carolina Freedom of Information Act.

(b) *Application review.*

(1) The Board shall accept Applications throughout the calendar year.

(2) The Board shall evaluate each Application according to the criteria contained in section 2-403 of this division and recommend approval of the Application and associated grants to County Council based on how well the proposals meet these criteria. The more criteria a proposal satisfies, the higher priority it shall be given.

(3) The Board shall evaluate each Application and submit recommendations to County Council within 90 days of the submission of an Application. The recommendation of an Application may be for full approval, partial approval, or disapproval.

(4) In recommending the awarding of a grant from the OCCB fund, the Board shall set forth findings that address the items below. The Board may delegate to one of its members this duty to write a report summarizing the Board's findings and delivering it to Council:

a. How the Application meets the criteria set forth in section 2-403;

b. The purpose of the award and the use to which the land or activity will be put;

c. The party responsible for managing and maintaining the land or activity;

d. The party responsible for monitoring and enforcing any Conservation easements or other restrictions upon the land;

e. How the parties designated in items c. and d. possess the expertise and financial resources to fulfill their obligations;

f. The availability of funds in the OCCB fund for the award;

g. Any other findings or information relevant to the award.

(5) County Council shall take action on the Board's recommendations within 30 days of the Board's submission thereof. The Council shall consider and vote on each recommendation individually. The Council shall accept the recommendation of the Board for the award of a grant unless (i) it is determined that there are not sufficient funds in the OCCB fund for the award or (ii) at least a majority of the Council members present and voting vote to reject the recommendation. If the Board's recommendation for the award of a grant is approved by Council, the award shall be made and the transaction closed in accordance with Subsection (c).

(6) The Board may only authorize grants to purchase Interests in Land at or below fair market value pursuant to a current (within 12 months of grant approval by County Council), independent certified appraisal. The Board may accept a market analysis update covering the time period from the date of the original appraisal to the present in the form of a letter prepared and signed by the original appraiser. Said market analysis update letter must be submitted to the Board no later than 30 days prior to the next scheduled Board meeting. The Board shall establish reasonable procedures and requirements to ensure the confidentiality of appraisals.

(c) *Grant award.*

(1) The Board shall notify the Eligible OCCB Recipient of its recommendation and the action taken by County Council on the Application.

(2) If the Board recommends the Application in whole or in part and the recommendation is approved by County Council in accordance with subsection (b)(5), the Eligible OCCB Recipient shall have a period of four months from the date of the County Council's approval to decide whether to accept the award. At closing, the Eligible OCCB Recipient shall execute and record a grant agreement or memorandum thereof, which shall be in a form approved by the Board. Said grant agreement shall include provisions for the indemnification and reimbursement of the OCCB for improperly used OCCB funds, or title issues or defects, perpetual monitoring and enforcement, and other actions pursuant to section 2-405.

(3) The Eligible OCCB Recipient shall submit the following documents to the Board prior to closing a transaction involving a transfer of an Interest in Land, and the Board and the County Attorney or an attorney designated by the County Administrator on recommendation of the Board shall review and approve the documents before OCCB funds can be disbursed:

a. A certified appraisal satisfying the requirements of subsection 2-404(b)(6);

b. Final drafts of the:

i. Conservation easement and/or deed,

ii. Settlement statement,

iii. Title insurance commitment and exceptions,

iv. Grant agreement required pursuant to subsection 2-404(c)(2),

v. Subordination agreement and any other documents that will be recorded at or after closing.

c. A Phase 1 environmental site assessment. In order to identify potential liability pursuant to applicable state or federal environmental laws or regulations, a certified Phase 1 environmental site assessment shall be conducted on lands before the disbursement of OCCB funds for the acquisition of any interest in such lands where the Application is for more than $30,000.00 or ten percent of the appraised fair market value of either the Conservation easement or fee simple acquisition, whichever value is smaller. However, the Board shall have the discretion to require a Phase 1 environmental site assessment for Applications for grants of $30,000.00 or less if it determines that the circumstances warrant an assessment. In the event that a Phase 1 environmental site assessment reveals issues of concern on or at the property, the Board may determine and require that follow-up by the Eligible OCCB recipient is necessary prior to the disbursement of OCCB funds.

(4) The Eligible OCCB Recipient shall submit any documents or information required by the Board and/or County Council prior to receiving OCCB funding to pursue an Eligible Conservation Activity.

(5) Eligible OCCB recipients receiving monies from the OCCB fund shall retain all records of acquisition of Interests in Land with OCCB funds including, but not limited to deeds, title documents, contracts, surveys, inventories, appraisals, title insurance policies, environmental assessments, Applications, and closing documents and provide copies of the executed settlement statement, title insurance commitment and exceptions, and all recorded documents showing the Register of Deeds time and date stamp to the OCCB.

(6) The Board shall disburse OCCB funds to Eligible OCCB Recipients and the closing shall occur after all applicable requirements of this section are fully satisfied, provided the closing shall take place no later than one year after the Eligible OCCB Recipient and owner of the Interest in Land decide to accept the award unless the Board, for good cause shown, extends the deadline for a period not to exceed six months.

(7) No later than 60 days after the day of closing, the OCCB grant recipient shall submit a report to the Board describing how the OCCB grant funds were distributed or used and the status of the project. The report shall include supporting documentation, such as the closing settlement statement, disbursement statement, and the recorded Conservation Easement or deed.

Sec. 2-405. Use of funds.

(a) Only Eligible OCCB Recipients may acquire Interests in Land or be awarded funding for an Eligible Conservation Activity with OCCB funds.

(b) The Bank may purchase an Interest in Land on behalf of Oconee County subject to the criteria contained in section 2-403.

(c) OCCB funds shall be used only by Eligible OCCB Recipients for the acquisition of Interests in Land, including closing costs, or Eligible Conservation Activities, as described in Section 2-403, above. "Closing costs" shall include recording fees, deed transfer or documentary stamp fees, the costs of performing the work and providing the documentation required under subsection 2-404(c)(3), attorney's fees, and the cost of obtaining surveys or an updated market analysis pursuant to subsection 2-404(b)(6). The Board shall have the discretion to allow the OCCB funds to be used solely for closing costs after considering the amount of the award, the value of the project, the amount of the closing costs, or other factors. In the event that OCCB determines that OCCB funds were spent for purposes other than those listed in this subsection or the grant agreement, the Eligible OCCB Recipient or landowner shall reimburse the OCCB in the amount of the improperly used funds, plus interest.

(d) All Interests in Land acquired with OCCB funds shall be held by the Eligible OCCB Recipient approved by the Board to acquire the Interest in Land; except that an Interest in Land obtained with OCCB funds may be assigned from one Eligible OCCB Recipient to another upon approval of the Board by majority vote. In the event that there is a mortgage on any property interest protected through the use of OCCB funds, the Eligible OCCB Recipient and landowner, if any, shall notify and inform the mortgagee or debtholder that the mortgage will be subordinate to the Conservation Easement or conservation provisions in the deed. The Eligible OCCB Recipient shall provide the OCCB with a copy of the notice and information to the mortgagee.

(e) The owner of the fee simple title to property for which a Conservation Easement was purchased with OCCB funds, whether the original owner that conveyed the Conservation Easement or a successor-in-interest, may reacquire and terminate or extinguish the Conservation Easement, whether in whole or in part, only by complying with all of the following: (i) proving that the original conservation and/or historic values of the protected land have been lost or substantially impaired by factors beyond the owner's control such as through eminent domain; (ii) obtaining unanimous approval by the OCCB Board; (iii) obtaining unanimous approval by County Council; (iv) obtaining approval by the Oconee County Court of Common Pleas; and (v) making payment in cash to the OCCB fund of whichever is higher of the amount of the grant or its equivalent percent of the current conservation value. Equivalent percent means the ratio of the grant to the original conservation value, as determined by a certified appraisal paid for by the owner of fee simple title to the property.

(f) If an Eligible OCCB Recipient acquires fee simple title to land for conservation and/or historic purposes with OCCB funds, that land may not be sold, transferred, assigned, alienated, or converted to a use other than the use set forth in the grant award except by complying with all of the following: (i) proving that the original conservation and/or historic values of the protected land have been lost or substantially impaired by factors beyond the owner's control, such as through eminent domain; (ii) obtaining unanimous approval by the OCCB Board; (iii) obtaining unanimous approval by the County Council; (iv) obtaining approval by the Oconee County Court of Common Pleas; and (v) making payment in cash to the OCCB fund of whichever is higher of the amount of the grant or its equivalent percent of the current conservation value. Equivalent percent means the ratio of the grant to the original conservation value, as determined by a certified appraisal paid for by the Eligible OCCB Recipient.

(g) If any Interests in Land that have been acquired by an Eligible OCCB Recipient with OCCB funds are extinguished, terminated, sold, transferred, assigned, alienated, or converted pursuant to subsections (e) and (f), the Eligible OCCB Recipient extinguishing, selling, transferring, assigning, alienating, or converting the Interests in Land shall replace them with the Interests in Land of substantially equal current fair market value, with any excess from the sale of the prior Interests in Land being used by contribution to the OCCB fund. The replacement land shall have the same or greater significance when evaluated under the criteria set forth in section 2-403. The Board shall verify that suitable replacement Interests in Land have been identified and will be obtained before authorizing that any Interest in land purchased with OCCB funds be extinguished, sold, transferred, assigned, alienated, or conveyed. Where replacement in whole or in part is impossible, funds realized which are not used for replacement Interests in land must be credited to the OCCB fund. Where funding for an original acquisition was from multiple sources, funds realized must be credited to the OCCB fund under this section in proportion equal to the contribution that OCCB funds made to the original acquisition.

(h) The Eligible OCCB Recipient or landowner shall notify the Board in the event that a claim against the title to the property has been made.

(i) In the event that the title to the protected property interest is invalidated or otherwise found to be deficient, the Board shall be reimbursed by the Eligible OCCB Recipient and/or landowner in an amount up to the amount of the award approved by County Council and disbursed to the Eligible OCCB Recipient.

(j) In the event that there is no Conservation Easement on a property funded by the OCCB, the County Administrator shall be responsible for ensuring that landowner complies with the ordinance and for

enforcing the provisions of the ordinance. The grant agreement shall specify that the County shall be able to access the property for monitoring and/or enforcement purposes in perpetuity.

Sec. 2-406. Eminent domain or condemnation proceedings.

OCCB funds may not be used to acquire Interests in Land or other interests in real property through the exercise of any power of eminent domain or condemnation proceedings.

Sec. 2-407. Recreational and economic use.

The provisions of this division shall not be construed to eliminate or unreasonably restrict hunting, fishing, farming, forestry, timber management, or wildlife habitat management, as regulated by the law of this state, upon lands for which Interests in Land are obtained pursuant to this division. These and other traditional and compatible activities may be conducted, where appropriate, upon lands protected with OCCB funds.

Sec. 2-408. Conservation easements.

When OCCB funds are used to purchase a Conservation Easement on land, the Conservation Easement shall be the controlling legal document regarding what is and what is not permitted upon the land, how the land will be protected, and what rights are vested with the Eligible OCCB Recipient and its assigns which holds the Conservation Easement. If any inconsistencies or ambiguities arise between the provisions of this division and the terms and conditions of the Conservation Easement purchased with OCCB funds, the terms and conditions of the Conservation easement shall prevail. The Eligible OCCB Recipient shall have sole responsibility for monitoring the property subject to the Conservation Easement and for enforcing the terms and conditions thereof.

Sec. 2-409. Historic properties.

The Board may authorize up to ten percent of the annual OCCB appropriation to acquire Interests in Land that qualify solely as a historic or cultural feature according to the criteria contained in section 2-403.

EXHIBIT B

DIVISION 9. - COUNTY CONSERVATION BANK

Sec. 2-398. - Establishment of bank.

There is hereby established the Oconee County Conservation Bank (the "OCCB") in order to protect lands with significant natural, cultural, and/or historic resources in Oconee County that meet the criteria set forth in section 2-403, by providing a financial incentive to willing landowners to convey either a conservation easement or fee simple title to Eligible Recipients (as defined herein).), and by supporting other voluntary conservation projects that preserve or enhance such resources, consistent with the criteria set forth in section 2-403.

Sec. 2-399. - Definitions.

Application means an application to participate in the program addressed by this division, including its grants.

Bank or OCCB for purposes of this division means the Oconee County Conservation Bank.

Board means the governing board of the Bank.

Community Conservation Initiatives means voluntary, community-led conservation projects that involve local participation in preserving, restoring, or enhancing natural, cultural, or historic resources. This term includes, but is not limited to, community gardens, pollinator habitat projects, public green-space cleanups, and educational workshops or programs that promote environmental stewardship.

Conservation Easement means an interest in real property as defined by Chapter 8 of Title 27, South Carolina Code of Laws, (the South Carolina Conservation Easement Act of 1991.).

Council or County Council means Oconee County Council.

County means Oconee County, South Carolina.

Eligible OCCB Recipient or Recipient means any of the following:

(1) Oconee County;

(2) A municipality in Oconee County;

(3) An independent agency or commission in Oconee County whose mission directly relates to the conservation of lands and natural, cultural and historic resources;

(4)—— A not-for-profit charitable corporation or trust authorized to do business in this state and organized and operated for natural resource conservation, land conservation, or historical preservation purposes, and having tax-exempt status as a public charity under the Internal Revenue Code of 1986, as amended, and having the power to acquire, hold, and maintain Interests in Land for these purposes;

(5)—— Federal, state, and local agencies organized and operated for natural resource protection, land conservation, or historical preservation purposes.

Interests in Land means fee simple titles to land or Conservation Easements on land.

Land means real property, including highlands and wetlands of any description.

Sustainable Private Water Infrastructure means privately owned water supply systems, including residential wells and related equipment, that provide independent, sustainable water access for properties (particularly in rural or unincorporated areas) as an alternative to municipal water service. This term is intended to encompass projects that enable landowners to secure reliable water sources on-site, thereby supporting environmentally sound rural land use by virtue of lower energy consumption, lower chemical usage, and reduced infrastructure demands, while also avoiding forced municipal annexation for utility access that, among other issues, may create sprawl.

Sec. 2-400. Board.

(a) The Bank will be governed by a seven-member Board ("Board") appointed by Oconee County Council in accordance with the following requirements and recommendations:

(1) Each Board member's primary residence shall be located in Oconee County; and

(2) At least one of the appointed Board members shall be from each of the County Council districts; and

(3) The Council shall endeavor to appoint but not require candidates to be appointed as follows:

- A Board member or executive officer of a charitable corporation or trust authorized to do business in this state that is one of the following:
  - (i) Actively engaged in the acquisition of Interests in Land from voluntary sellers for the purposes of natural resource or land conservation in Oconee County; or
  - (ii) Is organized for historic or cultural preservation purposes; or
  - (iii) Is an organization that represents hunting, fishing, or outdoor recreation interests; and
- A Board member who is an owner of rural real property who is actively engaged in the management and operation of forestlands, farmlands, or wildlife habitat; and
- A Board member who is actively engaged in one of the following:
  - (i) The real estate business; or
  - (ii) The business of appraising forestland, farmland, or Conservation Easements; or
  - (iii) The business of banking, finance, or accounting; or
  - (iv) A licensed attorney admitted to practice before the South Carolina Supreme Court with an emphasis in real estate or land use law.

- To the extent possible, all appointed Board members should have a demonstrated background, experience, and interest in the conservation of lands with significant natural, cultural and/or historical resources.

(b) The initial terms of the at-large Board members shall be for two years, the terms of the Board members from County Council district numbers 1, 3 and 5 shall be for three years, and the terms for the Board members from County Council district numbers 2 and 4 shall be for four years. Thereafter, all terms shall be for four years. All members may be reappointed. Vacancies shall be filled for the unexpired portion of the term.

(c) Members shall serve without compensation, but may receive such mileage and per diem as may be authorized and appropriated by Oconee County Council. The Board shall elect a chair and other officers as the Board deems necessary. The Board shall adopt rules and procedures to conduct its meetings, consistent with those used by County Council.

(d) The Board is a public body and its members are hereby expressly subject to, among other applicable laws and regulations, the South Carolina Ethics Act~~,~~ and the South Carolina Freedom of Information Act, as amended, and shall perform their duties in accordance with their provisions.

(e) The Board shall meet at least three times per year in regularly scheduled meetings and in special meetings as the chair may call, all open to the public (except for executive sessions when duly held in accordance with law). All meetings shall be conducted in accordance with the South Carolina Freedom of Information Act.

(f) The Board shall report to County Council any Board member who, without adequate excuse (such as documented illness~~,~~), misses three consecutive meetings or a majority of meetings ~~for~~in any calendar year.

Sec. 2-401. Board duties and responsibilities.

(a) The Board is authorized to:

(1) Award grants from the "OCCB fund" (defined herein) to Eligible OCCB Recipients for the purchase of land or Interests in ~~land that meet~~Land or for "Eligible Conservation Activities" (defined herein), all as evaluated under the criteria contained in Section 2-403; and

(2) Apply for and receive funding for the OCCB fund, for the Bank, from federal, state, private and other sources, to be used as provided in this division; and

(3) Receive charitable contributions and donations, including through endowment funding to the OCCB, to the OCCB fund, for the Bank, to be used as provided in this division;[1] and

(4) Receive contributions to the OCCB fund, for the Bank, in satisfaction of any public or private obligation for environmental mitigation or habitat conservation, whether such obligation arises out of law, equity, contract, regulation, administrative proceeding, or judicial proceeding. Such contributions shall be used as provided for in this division; and

(5) To, upon approval by County Council, transfer OCCB funds to a conservation-related endowment, or similar entity or agreement, for the purposes stated herein.

(b) To carry out its functions, the Bank shall:

(1) Operate a program which includes:

a. Developing a ranking system for Applications for program participation, including grants, pursuant to the criteria contained in section 2-403;

b. Receiving grant and participation Applications from Eligible OCCB Recipients pursuant to section 2-404;

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[1] Funding held and disbursed by the OCCB shall not be derived from tax or fee revenue, but shall be comprised of donations, grants, or other similar non-taxpayer funded sources.

c. Evaluating Applications from Eligible OCCB Recipients for eligibility for grants and to participate in the program pursuant to section 2-404;

d. Reviewing and ranking Applications from Eligible OCCB Recipients for grants and to participate in the program pursuant to the ranking system;

e. Recommending the approval of certain Applications to County Council pursuant to section 2-404;

(2) Establish additional guidelines and procedures, consistent with this division, as necessary to implement this division; and

(3) Submit an annual report to Oconee County Council concerning all matters addressed by this division.

(c) The county administrator is directed to provide administrative resources and support needed to operate and manage the OCCB, other than financial resources and support, to the extent possible, and within existing resources of the County. When and if deemed appropriate by the Board, the Board may seek County Council's approval to hire permanent staff, who will be County staff, reporting to the Administrator.

(d) Operating expenses of the Bank may be paid out of the OCCB fund in accordance with Oconee County Policies and Procedures, and, as authorized and appropriated by County Council, provided such expenses shall not exceed ten percent of the total annual OCCB funding amount. Notwithstanding any other provision of this division, Oconee County tax dollars shall not be used for the operation or purposes of the Bank.

Sec. 2-402. OCCB fund.

The Oconee County Treasurer shall establish an account separate and distinct from all other funds appropriated by County Council, called the Oconee County Conservation Bank Fund (the "OCCB fund"). The OCCB fund shall receive monies, awards, and assets from third parties, including but not limited to donors, the state, or from the County according to one or more funding measures approved by Oconee County Council. The Council acknowledges and agrees that County funding measures should be undertaken as soon as feasible, consistent with overall budget priorities of the County, in order to avoid escalating land costs and lost acquisition opportunities. The OCCB fund shall be used only for the purposes set forth herein. Funds donated to the OCCB by third parties shall not be re-directed by Council.

Sec. 2-403. Criteria.

(a) The Board shall use the following conservation criteria in developing a ranking system for Applications pursuant to subsection 2-401(b)(1):

(1) Environmental sensitivity.

a. Presence of wetlands.

b. Frontage on USGS Blue Line Stream.

c. Water quality classification of such stream by the South Carolina Department of ~~Health and~~ Environmental ~~Control~~Services.

d. Presence of threatened/endangered species.

e. Habitat suitable for threatened/endangered species.

f. Habitat suitable for native wildlife species.

g. Extent of biological diversity.

h. Presence of unique geological/natural features.

i. Plans for restoration.

(2) Percentage of property sharing a boundary with protected land.

(3) Historic/cultural features.

a. Contains feature designated on the National Historic Register.

b. Contains feature eligible for the National Historic Register.

c. Contains historic/prehistoric structures.

d. Contains historic/prehistoric site or location of a historic event.

(4) Percentage of property containing prime/statewide important soil types.

(5) Extent of active farming on property and extent proposed to be kept as wooded land or farmland.

(6) Extent of public visibility of property.

a. Visibility from public roads.

b. Visibility from public land.

(7) Scenic view from property or preservation of general scenic nature of that part of County.

(8) Extent of public access.

(9) Location of property.

(10) Threat of development.

(11) Size of property.

(12) Potential water quality impact on a wetland or water body that is not part of the property.

(b) The Board shall use the following financial criteria in developing the ranking system for Applications for participation in the program and grants pursuant to subsection 2-402(b)(l).

(1) Funding percentage of the appraised fee simple interest or Conservation Easement value requested or as to the Eligible Conservation Activity proposed;

(2) Amount of applicable partnerships, matching contributions, management agreements, management leases, and similar collaborations among state agencies, federal agencies, Eligible OCCB Recipients, and local governments, boards, and commissions;

(3) No matching funds or other contributions are required to receive grants from the OCCB fund. However, the commitment of such other funds shall be a factor considered by the Board in its evaluation and recommendation of the Applications.

(c) Eligible Conservation Activities: In addition to land or easement acquisitions, the Board may consider and prioritize grants for projects involving the following categories of conservation activities, provided such projects support the purposes of this division and meet applicable criteria:

(1) Habitat Restoration Projects. Projects focused on restoring native ecosystems or wildlife habitat are eligible for OCCB support. Eligible activities include reforestation or planting of native species; wetland restoration (including removal of invasive plants and reestablishment of natural hydrology); and the enhancement or creation of wildlife corridors. Projects should demonstrate a direct benefit to local biodiversity and, where feasible, align with state or federal conservation priorities (for example, the restoration of habitat for threatened or endangered species).

(2) Water Quality Improvements. Projects that improve surface or groundwater quality are eligible. Eligible activities include establishing vegetative riparian buffers along streams or rivers; streambank stabilization to reduce erosion and sedimentation; and installation of rainwater capture or stormwater management systems for agricultural or community use. Projects must positively impact water quality

within Oconee County, with priority given to projects located in designated watershed protection areas or addressing identified water quality issues.

(3) Agricultural and Forestry Best Practices. Projects implementing sustainable agriculture or forestry practices are eligible. Eligible activities include soil conservation measures (such as contour farming or cover cropping); establishment of rotational grazing systems to prevent overuse of pastureland; and development of forest management plans that incorporate sustainable timber harvesting. Projects should increase the long-term productivity of working lands while reducing environmental impact. Applicants may be required to provide a multi-year management plan (for example, a ten-year stewardship plan) outlining measurable conservation outcomes.

(4) Historic and Cultural Preservation. Projects to preserve or restore sites with historic or cultural significance are eligible. Eligible activities include the preservation, rehabilitation, or restoration of historically significant buildings or sites; documentation and protection of cultural, archaeological, or heritage sites; and development of educational materials or programs to raise public awareness of local history and culture. Projects must pertain to sites or resources officially documented or evaluated as having historic or cultural importance, and should be conducted in accordance with recognized preservation standards (such as those of the National Register of Historic Places or the Secretary of the Interior's Standards).

(5) Public Access and Recreational Infrastructure. Projects that enhance public access to natural areas or improve outdoor recreational infrastructure are eligible. Eligible activities include creation or improvement of hiking and biking trails, greenways, boat landings, fishing piers, picnic areas, or campgrounds; installation of educational or interpretive signage highlighting natural or historical features; and establishment of wildlife observation platforms or small nature centers. Projects must increase or improve public access to outdoor recreation opportunities while maintaining the conservation values of the site. Applicants shall provide a plan for the long-term maintenance of any improvements funded.

(6) Community Conservation Initiatives. Locally driven conservation projects that engage and benefit the community are eligible for support. Eligible activities include creating pollinator gardens or native plant habitats in community parks or school grounds; organizing cleanup and habitat restoration efforts for community green spaces, streams, or lakes; and conducting conservation-related educational workshops, events, or youth programs. Projects should involve community participation and have demonstrated local support. While matching funds or in-kind volunteer contributions are encouraged for these initiatives, they are not required.

(7) Sustainable Private Water Infrastructure. Projects that develop or improve private water supply infrastructure for the purpose of sustaining rural land use and avoiding unnecessary municipal expansion are eligible. Eligible activities include the drilling and installation of new residential potable water wells, the rehabilitation or upgrade of existing private wells, and associated infrastructure improvements to secure independent water access for properties. Projects must primarily serve properties in unincorporated or rural areas where public water service is not available or where connecting to a public water system would require annexation or otherwise infringe on property rights. All such projects shall comply with applicable well permitting and groundwater safety regulations. This category is intended to preserve the County's rural character by enabling landowners to obtain essential water resources without reliance on municipal systems, thereby supporting environmentally sound rural land use by virtue of lower energy consumption, lower chemical usage, and reduced infrastructure demands, while also avoiding forced municipal annexation for utility access that, among other issues, may create sprawl.

Sec. 2-404. Program and procedures.

(a) *Application.*

(1) An Eligible OCCB Recipient independently or in conjunction with the landowner may apply for a grant from the OCCB by submitting an Application in accordance with the rules and procedures established by the Board under and consistent with this division;

(2) Prior to the submission of its Application, the Eligible OCCB Recipient must notify in writing the owner of the land that is the subject of the Application of the following:

a. That Interests in Land purchased with OCCB funds result in a permanent conveyance of such Interests in land from the landowner to the Eligible OCCB Recipient and its assigns; and

b. That it may be in the landowner's interest to retain independent legal counsel, perform appraisals, create surveys, and seek other professional advice; and

The Application must contain an affirmation that the notice requirement of this subsection has been met, ~~and~~along with the commitment of the landowner to convey title to or an easement on the property if grant funds are approved for an Interest in Land in the property, all signed by the landowner and duly notarized by a notary public of the State of South Carolina.

(3) At the time of the submission of its Application, the Eligible OCCB Recipient must notify in writing all landowners adjacent to the property and all lessees of the property of the submission of its Application and informing the adjacent landowners and lessees that they have 30 days from receipt of said notice to submit to the Board, in writing, their views in support of or in opposition to the Application.

(4) In each Application, the Eligible OCCB Recipient must provide information regarding how the proposal meets the criteria contained in section 2-403.

(5) For each grant Application the applicant shall specify:

a. The purpose of the Application;

b. How the Application satisfies the criteria contained in section 2-403;

c. The uses to which the land or activity will be put;

d. The party responsible for managing and maintaining the land or activity; and

e. The parties responsible for enforcing any Conservation Easement or other restrictions upon the land.

(6) Where an Eligible OCCB Recipient seeks an OCCB grant to acquire fee title to land, the Eligible OCCB Recipient must demonstrate both the expertise and financial resources to manage the land for the purposes set forth in its Application. The Board shall require an Eligible OCCB Recipient acquiring fee simple title to land to place a Conservation Easement on such property.

(7) Where an Eligible OCCB Recipient seeks an OCCB grant to acquire a Conservation Easement, the Eligible OCCB Recipient must demonstrate both the expertise and financial resources to monitor and enforce the restrictions placed upon the land for the purposes set forth in its Application. The Board shall evaluate each proposal to determine the qualifications of the proposed managing party and to determine whether the proposed management is consistent with the purposes set forth in the Application.

(8) The Board shall establish reasonable procedures and requirements to ensure that the personal information of Eligible OCCB Recipients and landowners is protected as permitted by the South Carolina Freedom of Information Act.

(b) *Application review.*

(1) The Board shall accept ~~three rounds of~~ Applications ~~per~~ throughout the calendar year ~~in accordance with the following deadlines: April 1st, August 1st, and November 1st~~.

(2) The Board shall evaluate each Application according to the criteria contained in section 2-403 of this division and recommend approval of the Application and associated grants to County Council based on how well the proposals meet these criteria. The more criteria a proposal satisfies, the higher priority it shall be given.

(3) The Board shall evaluate each Application and submit recommendations to County Council within 90 days of ~~each~~the submission of an Application ~~deadline referred to in subsection (b)(1).~~ The recommendation of an Application may be for full approval, partial approval, or disapproval.

(4) In recommending the awarding of a grant from the OCCB fund, the Board shall set forth findings that ~~indicate~~address the items below. The Board may delegate to one of its members this duty to write a report summarizing the Board's findings and delivering it to Council:

a. How the Application meets the criteria set forth in section 2-403;

b. The purpose of the award and the use to which the land or activity will be put;

c. The party responsible for managing and maintaining the land or activity;

d. The party responsible for monitoring and enforcing any Conservation easements or other restrictions upon the land;

e. How the parties designated in items c. and d. possess the expertise and financial resources to fulfill their obligations;

f. The availability of funds in the OCCB fund for the award;

g. Any other findings or information relevant to the award.

(5) County Council shall take action on the Board's recommendations within 30 days of the Board's submission thereof. The Council shall consider and vote on each recommendation individually. The Council shall accept the recommendation of the Board for the award of a grant unless (i) it is determined that there are not sufficient funds in the OCCB fund for the award or (ii) at least a majority of the Council members present and voting vote to reject the recommendation. If the Board's recommendation for the award of a grant is approved by Council, the award shall be made and the transaction closed in accordance with Subsection (c).

(6) The Board may only authorize grants to purchase Interests in Land at or below fair market value pursuant to a current (within 12 months of grant approval by County Council), independent certified appraisal. The Board may accept a market analysis update covering the time period from the date of the original appraisal to the present in the form of a letter prepared and signed by the original appraiser. Said market analysis update letter must be submitted to the Board no later than 30 days prior to the next scheduled Board meeting. The Board shall establish reasonable procedures and requirements to ensure the confidentiality of appraisals.

(c) *Grant award.*

(1) The Board shall notify the Eligible OCCB Recipient of its recommendation and the action taken by County Council on the Application.

(2) If the Board recommends the Application in whole or in part and the recommendation is approved by County Council in accordance with subsection (b)(5), the Eligible OCCB Recipient shall have a period of four months from the date of the County Council's approval to decide whether to accept the award. At closing, the Eligible OCCB Recipient shall execute and record a grant agreement or memorandum thereof, which shall be in a form approved by the Board. Said grant agreement shall include provisions for the indemnification and reimbursement of the OCCB for improperly used OCCB funds, or title issues or defects, perpetual monitoring and enforcement, and other actions pursuant to section 2-405.

(3) The Eligible OCCB Recipient shall submit the following documents to the Board prior to closing ~~the~~a transaction involving a transfer of an Interest in Land, and the Board and the County Attorney or an attorney designated by the County Administrator on recommendation of the Board shall review and approve the documents before OCCB funds can be disbursed:

a. A certified appraisal satisfying the requirements of subsection 2-404(b)(6);

b. Final drafts of the:

i. Conservation easement and/or deed,

ii. Settlement statement,

iii. Title insurance commitment and exceptions,

iv. Grant agreement required pursuant to subsection 2-404(c)(~~4~~2),

v. Subordination agreement and any other documents that will be recorded at or after closing.

c. A Phase 1 environmental site assessment. In order to identify potential liability pursuant to applicable state or federal environmental laws or regulations, a certified Phase 1 environmental site assessment shall be conducted on lands before the disbursement of OCCB funds for the acquisition of any interest in such lands where the Application is for more than $30,000.00 or ten percent of the appraised fair market value of either the Conservation easement or fee simple acquisition, whichever value is smaller. However, the Board shall have the discretion to require a Phase 1 environmental site assessment for Applications for grants of $30,000.00 or less if it determines that the circumstances warrant an assessment. In the event that a Phase 1 environmental site assessment reveals issues of concern on or at the property, the Board may determine and require that follow-up by the Eligible OCCB recipient is necessary prior to the disbursement of OCCB funds.

~~(4~~(4) The Eligible OCCB Recipient shall submit any documents or information required by the Board and/or County Council prior to receiving OCCB funding to pursue an Eligible Conservation Activity.

(5) Eligible OCCB recipients receiving monies from the OCCB fund shall retain all records of acquisition of Interests in ~~land~~Land with OCCB funds including, but not limited to deeds, title documents, contracts, surveys, inventories, appraisals, title insurance policies, environmental assessments, Applications, and closing documents and provide copies of the executed settlement statement, title insurance commitment and exceptions, and all recorded documents showing the Register of Deeds time and date stamp to the OCCB.

(~~5~~6) The Board shall disburse OCCB funds to Eligible OCCB Recipients and the closing shall occur after all applicable requirements of this section are fully satisfied, provided the closing shall take place no later than one year after the Eligible OCCB Recipient and owner of the Interest in ~~land~~Land decide to accept the award unless the Board, for good cause shown, extends the deadline for a period not to exceed six months.

(~~6~~7) No later than 60 days after the day of closing, the OCCB grant recipient shall submit a report to the Board describing how the OCCB grant funds were distributed or used and the status of the project. The report shall include supporting documentation, such as the closing settlement statement, disbursement statement, and the recorded Conservation Easement or deed.

Sec. 2-405. Use of funds.

(a) Only Eligible OCCB Recipients may acquire Interests in Land or be awarded funding for an Eligible Conservation Activity with OCCB funds.

(b) The Bank may purchase an Interest in Land on behalf of Oconee County subject to the criteria contained in section 2-403.

(c) OCCB funds shall be used only by Eligible OCCB Recipients for the acquisition of Interests in Land, including closing costs~~.~~, or Eligible Conservation Activities, as described in Section 2-403, above. "Closing costs" shall include recording fees, deed transfer or documentary stamp fees, the costs of performing the work and providing the documentation required under subsection 2-404(c)(3), attorney's fees, and the cost of obtaining surveys or an updated market analysis pursuant to subsection 2-404~~(~~(b)(6). The Board shall have the discretion to allow the OCCB funds to be used solely for closing costs after considering the amount of the award, the value of the project, the amount of the closing costs, or other factors. In the event that OCCB determines that OCCB funds were spent for purposes other than those listed in this subsection or the grant agreement, the Eligible OCCB Recipient or landowner shall reimburse the OCCB in the amount of the improperly used funds, plus interest.

(d) All Interests in Land acquired with OCCB funds shall be held by the Eligible OCCB Recipient approved by the Board to acquire the Interest in Land; except that an Interest in Land obtained with OCCB funds may be assigned from one Eligible OCCB Recipient to another upon approval of the Board by majority vote. In the event that there is a mortgage on any property interest protected through the use of OCCB funds, the Eligible OCCB Recipient and landowner, if any, shall notify and inform the mortgagee or debtholder that the mortgage will be subordinate to the Conservation Easement or conservation provisions in the deed. The Eligible OCCB Recipient shall provide the OCCB with a copy of the notice and information to the mortgagee.

(e) The owner of the fee simple title to property for which a Conservation Easement was purchased with OCCB funds, whether the original owner that conveyed the Conservation Easement or a successor-in-interest, may reacquire and terminate or extinguish the Conservation Easement, whether in whole or in part, only by complying with all of the following: (i) proving that the original conservation and/or historic values of the protected land have been lost or substantially impaired by factors beyond the owner's control such as through eminent domain; (ii) obtaining unanimous approval by the OCCB Board; (iii) obtaining unanimous approval by County Council; (iv) obtaining approval by the Oconee County Court of Common Pleas; and (v) making payment in cash to the OCCB fund of whichever is higher of the amount of the grant or its equivalent percent of the current conservation value. Equivalent percent means the ratio of the grant to the original conservation value, as determined by a certified appraisal paid for by the owner of fee simple title to the property.

(f) If an Eligible OCCB Recipient acquires fee simple title to land for conservation and/or historic purposes with OCCB funds, that land may not be sold, transferred, assigned, alienated, or converted to a use other than the use set forth in the grant award except by complying with all of the following: (i) proving that the original conservation and/or historic values of the protected land have been lost or substantially impaired by factors beyond the owner's control, such as through eminent domain; (ii) obtaining unanimous approval by the OCCB Board; (iii) obtaining unanimous approval by the County Council; (iv) obtaining approval by the Oconee County Court of Common Pleas; and (v) making payment in cash to the OCCB fund of whichever is higher of the amount of the grant or its equivalent percent of the current conservation value. Equivalent percent means the ratio of the grant to the original conservation value, as determined by a certified appraisal paid for by the Eligible OCCB Recipient.

(g) If any Interests in Land that have been acquired by an Eligible OCCB Recipient with OCCB funds are extinguished, terminated, sold, transferred, assigned, alienated, or converted pursuant to subsections (e) and (f), the Eligible OCCB Recipient extinguishing, selling, transferring, assigning, alienating, or converting the Interests in Land shall replace them with the Interests in Land of substantially equal current fair market

value, with any excess from the sale of the prior Interests in Land being used by contribution to the OCCB fund. The replacement land shall have the same or greater significance when evaluated under the criteria set forth in section 2-403. The Board shall verify that suitable replacement Interests in Land have been identified and will be obtained before authorizing that any Interest in land purchased with OCCB funds be extinguished, sold, transferred, assigned, alienated, or conveyed. Where replacement in whole or in part is impossible, funds realized which are not used for replacement Interests in land must be credited to the OCCB fund. Where funding for an original acquisition was from multiple sources, funds realized must be credited to the OCCB fund under this section in proportion equal to the contribution that OCCB funds made to the original acquisition.

(h) The Eligible OCCB Recipient or landowner shall notify the Board in the event that a claim against the title to the property has been made.

(i) In the event that the title to the protected property interest is invalidated or otherwise found to be deficient, the Board shall be reimbursed by the Eligible OCCB Recipient and/or landowner in an amount up to the amount of the award approved by County Council and disbursed to the Eligible OCCB Recipient.

(j) In the event that there is no Conservation Easement on a property funded by the OCCB, the County Administrator shall be responsible for ensuring that landowner complies with the ordinance and for enforcing the provisions of the ordinance. The grant agreement shall specify that the County shall be able to access the property for monitoring and/or enforcement purposes in perpetuity.

Sec. 2-406. Eminent domain or condemnation proceedings.

OCCB funds may not be used to acquire Interests in Land or other interests in real property through the exercise of any power of eminent domain or condemnation proceedings.

Sec. 2-407. Recreational and economic use.

The provisions of this division shall not be construed to eliminate or unreasonably restrict hunting, fishing, farming, forestry, timber management, or wildlife habitat management, as regulated by the law of this state, upon lands for which Interests in Land are obtained pursuant to this division. These and other traditional and compatible activities may be conducted, where appropriate, upon lands protected with OCCB funds.

Sec. 2-408. Conservation easements.

When OCCB funds are used to purchase a Conservation Easement on land, the Conservation Easement shall be the controlling legal document regarding what is and what is not permitted upon the land, how the land will be protected, and what rights are vested with the Eligible OCCB Recipient and its assigns which holds the Conservation Easement. If any inconsistencies or ambiguities arise between the provisions of this division and the terms and conditions of the Conservation Easement purchased with OCCB funds, the terms and conditions of the Conservation easement shall prevail. The Eligible OCCB Recipient shall have sole responsibility for monitoring the property subject to the Conservation Easement and for enforcing the terms and conditions thereof.

Sec. 2-409. Historic properties.

The Board may authorize up to ten percent of the annual OCCB appropriation to acquire Interests in Land that qualify solely as a historic or cultural feature according to the criteria contained in section 2-403.

THE JOURNAL

PUBLISHER'S AFFIDAVIT

STATE OF SOUTH CAROLINA COUNTY OF OCONEE

OCONEE COUNTY COUNCIL
IN RE:

BEFORE ME *the undersigned, a Notary Public for the State and County above named, This day personally came before me, Hal Welch, who being first duly sworn according to law, says that he is the General Manager of* ***THE JOURNAL****, a newspaper published Tuesday through Saturday in Seneca, SC and distributed in* ***Oconee County, Pickens County*** *and the Pendleton area of* ***Anderson County*** *and the notice (of which the annexed is a true copy) was inserted in said papers on*

April 30, 2025

the rate charged therefore is not in excess of the regular rates charged private individuals for similar insertions.

Hal Welch
General Manager

Subscribed and sworn to before me this 4/30/2025

VELMA J. NELSON NOTARY PUBLIC SOUTH CAROLINA

Velma J. Nelson
Notary Public
State of South Carolina

eneca Township, City of Seneca, con-
ining 0.33 of an acre, more or less,
shown and more fully described
a plat thereof prepared by Michael
Henderson, PS #6946 of Corner-
one of Seneca, Inc., dated March 27,
998 and recorded in Plat Book A555
Page 7; records of Oconee County,
outh Carolina.
ubject to those easements and/or
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emises and/or of record and all zon-
and setback requirements.
iis being the same property conveyed
Nedra N. Dendy by deed of Olin D.
aynes dated March
, 1998 and recorded April 2, 1998 in
ed Book 967 at Page 0081 in the Of-
e of the Clerk of
ourt/Register of Deeds for Oconee
unty.
MS No. 520-46-06-013
operty address: 804 S. Townville
eet, Seneca, SC 29678
ERMS OF SALE: The successful bid-
r, other than the Plaintiff, will deposit
h the Clerk of Court,
conclusion of the bidding, five per-
nt (5%) of said bid is due and pay-
e immediately upon closing of the
ding, in certified funds or equivalent,
evidence of good faith, same to be
plied to purchase price in case of
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ot in the case of non-compliance. In
event of a third party bidder and that
third party bidder fails to deliver the
uired deposit in certified (immedi-
ly collectible) funds with the
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ng due and payable immediately
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ding on the day of sale, the Clerk of
rt will re-sell the subject property
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luding the day of sale) upon notifica-
to counsel for Plaintiff. Should the
and highest bidder fail or refuse to
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in 30 days, then the Clerk of Court
re-sell the property on the same
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e of the bid from the date of sale to
of compliance with the bid at the
of 6.000% per annum.
Plaintiff may waive any of its rights,
ding its right to a deficiency judg-
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sale shall be subject to taxes and
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sale is subject to all title matters of
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rming an independent title ex-
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anty is given.
sale will not be held unless either
tiff's attorney or Plaintiff's bidding
it is present

PLAINTIFF,
vs.
Willie O Nichols, Jr a/k/a Willie Oscar Nichols, Jr; and if Willie O Nichols, Jr a/k/a Willie Oscar Nichols, Jr; be deceased then any child and heir at law to the Estate of Willie O Nichols, Jr a/k/a Willie Oscar Nichols, Jr; distributees and devisees at law to the Estate of Willie O Nichols, Jr a/k/a Willie Oscar Nichols, Jr; and if any of the same be dead any and all persons entitled to claim under or through them also all other persons unknown claiming any right, title, interest or lien upon the real estate described in the complaint herein; unknown adults, any unknown infants or persons under a disability being a class designated as John Doe, and any persons in the military service of the United States of America being a class designated as Richard Roe; Dilsey M Nichols a/k/a Dilsey Thomas Nichols; Stephanie Harris; Veronica Boyd; Cassandra Nichols; Willie O Nichols, III,
DEFENDANT(S) TO THE DEFENDANTS, ABOVE NAMED: YOU ARE HEREBY SUMMONED and required to answer the Complaint herein, a copy of which is herewith served upon you, or otherwise appear and defend, and to serve a copy of your Answer to said Complaint upon the subscriber at his office, Hutchens Law Firm LLP, P.O. Box 8237, Columbia, SC 29202, within thirty (30) days after service hereof, except as to the United States of America, which shall have sixty (60) days, exclusive of the day of such service, and if you fail to answer the Complaint within the time aforesaid, or otherwise appear and defend, the Plaintiff in this action will apply to the Court for the relief demanded therein, and judgment by default will be rendered against you for the relief demanded in the Complaint. YOU WILL ALSO TAKE NOTICE that should you fail to Answer the foregoing Summons, the Plaintiff will move for an Order of Reference of this case to the Master-in-Equity/Special Referee for this County, which Order shall, pursuant to Rule 53 of the South Carolina Rules of Civil Procedure, specifically provide that the said Master-in-Equity/Special Referee is authorized and empowered to enter a final judgment in this case with appeal only to the South Carolina Court of Appeals pursuant to Rule 203(d)(1) of the SCACR, effective June 1, 1999. TO MINOR(S) OVER FOURTEEN YEARS OF AGE, AND/OR TO MINOR(S) UNDER FOURTEEN YEARS OF AGE AND THE PERSON WITH WHOM THE MINOR(S) RESIDES, AND/OR TO PERSONS UNDER SOME LEGAL DISABILITY: YOU ARE FURTHER SUMMONED AND NOTIFIED to apply for the appointment of a guardian ad litem within thirty (30) days after the service of this Summons and Notice upon you. If you fail to do so, application for such appointment will be made by the Plaintiff immediately and separately and such application will be deemed absolute and total in the absence of your application for such an appointment within thirty (30) days after the service of the Summons and Complaint upon you.

29691, telephone (864) 638-4141 or at the County's E-bidding portal https://oconeesc.bonfirehub.com/portal/?tab=openOpportunities Oconee County reserves the right to reject any or all proposals, to waive any technicalities and informalities, and to accept the proposal deemed to be in the best interest of the County.

Notice of Public Hearing

Oconee County Council will hold a public hearing at 6 pm on Tuesday, May 20, 2025 in Oconee County Council Chambers located at 415 S. Pine St., Walhalla, SC for the following: ORDINANCE 2025-01 AN ORDINANCE TO ESTABLISH THE BUDGET FOR OCONEE COUNTY AND PROVIDE FOR THE LEVY OF TAXES FOR ORDINARY COUNTY PURPOSES, FOR THE TRI-COUNTY TECHNICAL COLLEGE SPECIAL REVENUE FUND, FOR THE EMERGENCY SERVICES PROTECTION SPECIAL REVENUE FUND, FOR THE ROAD MAINTENANCE SPECIAL REVENUE FUND, FOR THE VICTIM SERVICES SPECIAL REVENUE FUNDS, FOR THE STATE ACCOMMODATIONS TAX SPECIAL REVENUE FUND, FOR THE LOCAL ACCOMMODATIONS TAX SPECIAL REVENUE FUND, FOR THE COMMUNITY HEALTH AND COMMUNITY SERVICES SPECIAL REVENUE FUND, FOR THE ECONOMIC DEVELOPMENT CAPITAL PROJECT FUND, FOR THE BRIDGE AND CULVERT CAPITAL PROJECT FUND, FOR THE CAPITAL VEHICLE / EQUIPMENT FUND, FOR THE PARKS, RECREATION, AND TOURISM CAPITAL PROJECTS FUND, FOR THE FIRE / EMERGENCY SERVICES CAPITAL VEHICLE AND EQUIPMENT FUND, FOR THE GENERAL ONE TIME CAPITAL FUND, AND FOR THE DEBT SERVICE FUND, ALL IN OCONEE COUNTY FOR THE FISCAL YEAR BEGINNING JULY 1, 2025 AND ENDING JUNE 30, 2026. ORDINANCE 2025-02 AN ORDINANCE TO ESTABLISH THE BUDGET FOR THE SCHOOL DISTRICT OF OCONEE COUNTY AND TO PROVIDE FOR THE LEVY OF TAXES FOR THE OPERATIONS OF THE SCHOOL DISTRICT OF OCONEE COUNTY FOR THE FISCAL YEAR BEGINNING JULY 1, 2025 AND ENDING JUNE 30, 2026. ORDINANCE 2025-03 AN ORDINANCE TO PROVIDE FOR THE LEVY OF TAXES FOR THE KEOWEE FIRE SPECIAL TAX DISTRICT AND TO ESTABLISH THE BUDGET FOR THE KEOWEE FIRE SPECIAL TAX DISTRICT FOR THE FISCAL YEAR BEGINNING JULY 1, 2025 AND ENDING JUNE 30, 2026. ORDINANCE 2025-04 AN ORDINANCE TO PROVIDE FOR THE LEVY OF TAXES FOR THE CORINTh-SHILOH SPECIAL PURPOSE TAX DISTRICT FOR FIRE PROTECTION AND TO ESTABLISH THE BUDGET FOR THE CORINTH-SHILOH SPECIAL PURPOSE TAX DISTRICT FOR FIRE PROTECTION FOR THE FISCAL YEAR BEGINNING JULY 1, 2025 AND ENDING JUNE 30, 2026.

Notice of Public Hearing of the

THE JOURNAL

PUBLISHER'S AFFIDAVIT

STATE OF SOUTH CAROLINA COUNTY OF OCONEE

OCONEE COUNTY COUNCIL
IN RE:

BEFORE ME *the undersigned, a Notary Public for the State and County above named, This day personally came before me, Hal Welch, who being first duly sworn according to law, says that he is the General Manager of* ***THE JOURNAL****, a newspaper published Tuesday through Saturday in Seneca, SC and distributed in* ***Oconee County, Pickens County*** *and the Pendleton area of* ***Anderson County*** *and the notice (of which the annexed is a true copy) was inserted in said papers on*

January 11, 2025

the rate charged therefore is not in excess of the regular rates charged private individuals for similar insertions.

Hal Welch
General Manager

Subscribed and sworn to before me this 1/11/2025

VELMA J. NELSON NOTARY PUBLIC SOUTH CAROLINA

Velma J. Nelson
Notary Public
State of South Carolina

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Personal Representative: PEGGY J BREAZEALE
Address: 124 LOLA DRIVE FAIR PLAY, SC 29643
Estate: EDWARD TATE ZEIGLER SR
Date of Death: 9/22/2024
Case Number: 2024ES3700851
Personal Representative: EDWARD T ZEIGLER JR
Address: 38 LANNEAU DRIVE GREENVILLE, SC 29605

The Oconee County Council will meet in 2025 on the first and third Tuesday of each month with the following exceptions: July, August, and November meetings, which will be only on the third Tuesday of each of these months;
March, June and December meetings, which will be only on the first Tuesday of each of these months.
All Council meetings, unless otherwise noted, are held in Council Chambers, Oconee County Administrative Offices, 415 South Pine Street, Walhalla, South Carolina.
Oconee County Council will also hold a Planning Retreat beginning at 9:00 a.m. on Thursday, February 20, 2025 to establish short- and long-term goals. This meeting will be held off-site in the Tri-County Technical College, Oconee Campus, conference room located at 552 Education Way, Westminster, South Carolina.
Oconee County Council will also meet on Tuesday, January 6, 2026 in Council Chambers at which point they will establish their 2026 Council and Committee meeting schedules.
Additional Council meetings, workshops, and/or committee meetings may be added throughout the year as needed.
Oconee County Council Committees will meet in 2025 prior to County Council meetings on the following dates/times in Council Chambers located at 415 South Pine Street, Walhalla, South Carolina unless otherwise advertised.
The Law Enforcement, Public Safety, Health, & Welfare Committee at 4:30 p.m. on the following dates: February 18, May 20, July 15, & September 16, 2025.
The Transportation Committee at 4:30 p.m. on the following dates: February 18, May 20, July 15, & September 16, 2025.
The Real Estate, Facilities, & Land Management Committee at 4:30 p.m. on the following dates: April 1, June 3, August 19, & October 21, 2025.
The Planning & Economic Development Committee at 4:30 p.m. on the following dates: April 1, June 3, August 19, & October 21, 2025.
The Budget, Finance, & Administration Committee at 9:00 a.m. on the following dates: February 20 [Strategic Planning Retreat] and 4:30 p.m. on the following dates: March 4 [4 p.m.], April 15, & May 6, 2025.

NOTICE OF APPLICATION

Notice is hereby given that Ash

South Carolina Department of Revenue for a license/permit that will allow the sale and On Premises consumption of Beer, Wine and Liquor at 671 Highway 123 Bypass Seneca SC 29678.
To object to the issuance of this permit/license, written protest must be postmarked no later than January 26, 2025.
For a protest to be valid, it must be in writing, and should include the following information:
(1) The name, address and telephone
number of the person filing
the protest;
(2) The specific reasons why the application should be denied;
(3) That the person protesting is willing to attend a hearing (if one is requested by the applicant);
(4) That the person protesting resides in the same county where the proposed place of business is located or within five miles of the business; and,
(5) The name of the applicant and the address of the premises to be licensed. ent of Revenue, ABL SECTION, P.O. Box 125, Columbia,
SC 29214-097.

Yard Sale?

Call 864-973-6676 today to place an ad!

Oconee County Council

Oconee County
Administrative Offices
415 South Pine Street
Walhalla, SC 29691

Phone: 864-718-1023
Fax: 864 718-1024

E-mail:
jennifercadams@oconeesc.com

John Elliott
District I

Matthew Durham
Chairman
District II

Don Mize
Vice Chairman
District III

Thomas James
District IV

J. Glenn Hart
Chairman Pro Tem
District V

The Oconee County Council will meet in 2025 on the first and third Tuesday of each month with the following exceptions:

- July, August, and November meetings, which will be **only** on the third Tuesday of each of these months;
- March, June and December meetings, which will be **only** on the first Tuesday of each of these months.

All Council meetings, unless otherwise noted, are held in Council Chambers, Oconee County Administrative Offices, 415 South Pine Street, Walhalla, South Carolina.

Oconee County Council will also hold a Planning Retreat beginning at 9:00 a.m. on Thursday, February 20, 2025 to establish short- and long-term goals. This meeting will be held off-site in the Tri-County Technical College, Oconee Campus, conference room located at 552 Education Way, Westminster, South Carolina.

Oconee County Council will also meet on Tuesday, January 6, 2026 in Council Chambers at which point they will establish their 2026 Council and Committee meeting schedules.

Additional Council meetings, workshops, and/or committee meetings may be added throughout the year as needed.

Oconee County Council Committees will meet in 2025 prior to County Council meetings on the following dates/times in Council Chambers located at 415 South Pine Street, Walhalla, South Carolina unless otherwise advertised.

The Law Enforcement, Public Safety, Health, & Welfare Committee at 4:30 p.m. on the following dates: February 18, May 20, July 15, & September 16, 2025.

The Transportation Committee at 4:30 p.m. on the following dates: February 18, May 20, July 15, & September 16, 2025.

The Real Estate, Facilities, & Land Management Committee at 4:30 p.m. on the following dates: April 1, June 3, August 19, & October 21, 2025.

The Planning & Economic Development Committee at 4:30 p.m. on the following dates: April 1, June 3, August 19, & October 21, 2025.

The Budget, Finance, & Administration Committee at 9:00 a.m. on the following dates: February 20 [Strategic Planning Retreat] and 4:30 p.m. on the following dates: March 4 [4 p.m.], April 15, & May 6, 2025.

Sec. 2-61. - Access to and conduct at county meetings, facilities and property.

(a) *Purpose.* The county council has determined that it is necessary to regulate access to county facilities, grounds and property in order to ensure the safety and security of the public who visit these areas or the county employees who serve them. The conduct of persons who visit county facilities and/or who have contact with county employees must also be regulated to preserve public order, peace and safety. The regulation of access and conduct must be balanced with the right of the public to have reasonable access to public facilities and to receive friendly, professional service from county employees. These regulations apply to all county facilities and meetings, as defined below, for and over which county council exercises control and regulation, and to the extent, only, not pre-empted by state or federal law.

(b) *Definitions.* The following words, terms and phrases, when used in this section, shall have the meanings ascribed to them in this subsection, except where the context clearly indicates a different meaning:

Facility means any building, structure, or real property owned, leased, rented, operated or occupied by the county or one of its departments, offices or agencies.

Meeting means any assemblage of persons for the purpose of conducting county governmental business, operations or functions or any assemblage of persons within a county governmental facility. The term "meeting" includes, but is not limited to, county council meetings, county board and committee and staff meetings, trials, hearings and other proceedings conducted in the courts of general sessions and common pleas, family court, master-in-equity, probate court and magistrate's court; and other meetings by entities duly authorized by the county council.

(c) *Prohibited acts.* It shall be unlawful for any person to:

(1) Utter loud, obscene, profane, threatening, disruptive or abusive language or to engage in any disorderly or disruptive conduct that impedes, disrupts or disturbs the orderly proceedings of any meeting, or operations of any department or function of the county government, including, without limitation, speaking when not explicitly recognized and authorized to do so by the presiding official in such meeting.

(2) Bring, carry, or otherwise introduce any firearm, knife with blade longer than two inches or other dangerous weapon, concealed or not concealed, into any facility or meeting. This prohibition does not apply to law enforcement personnel or any other person whose official, governmental duties require them to carry such firearm, knife, or other weapon.

(3) Engage in partisan political activity, including speech, in any meeting not authorized and called for the purpose of partisan political activity and explicitly authorized for such purpose in the facility in which such activity is to be conducted, or refusing to cease such activity when

the presiding official of the meeting in question has ruled that the activity in question is partisan political activity and has directed that such activity stop.

(4) Interfere with, impede, hinder or obstruct any county governmental official or employee in the performance of his duties, whether or not on county government property.

(5) Enter any area of a county government facility, grounds or property when such entry is prohibited by signs, or obstructed or enclosed by gates, fencing or other physical barriers. Such areas include rooms if clearly marked with signs to prohibit unauthorized entry.

(6) Enter by vehicle any area of a county governmental facility, grounds or property when such area is prohibited by signs or markings or are obstructed by physical barriers; or park a vehicle in such restricted areas; or park in a manner to block, partially block or impede the passage of traffic in driveways; or park within 15 feet of a fire hydrant or in a fire zone; or park in any area not designated as a parking space; or park in a handicapped parking space without proper placarding or license plate; or park in a reserved parking space without authorization.

(7) Use any county governmental facility, grounds or other property for any purpose not authorized by law or expressly permitted by officials responsible for the premises.

(8) Enter without authorization or permission or refuse to leave any county governmental facility, grounds or other property after hours of operation.

(9) Obstruct or impede passage within a building, grounds or other property of any county governmental facility.

(10) Enter, without legal cause or good excuse, a county governmental facility, grounds or property after having been warned not to do so; or, having entered such property, fail and refuse without legal cause or good excuse to leave immediately upon being ordered or requested to do so by an official, employee, agent or representative responsible for premises.

(11) Damage, deface, injure or attempt to damage, deface or injure a county governmental property, whether real property or otherwise.

(12) Enter or attempt to enter any restricted or nonpublic ingress point or any restricted access area, or bypass or attempt to bypass the designated public entrance or security checkpoint of a facility without authorization or permission.

(13) Perform any act which circumvents, disables or interferes with or attempts to circumvent, disable or interfere with a facility's security system, alarm system, camera system, door lock or other intrusion prevention or detection device. This includes, without limitation, opening, blocking open, or otherwise disabling an alarmed or locked door or other opening that would allow the entry of an unauthorized person into a facility or restricted access area of the facility.

(14) Exit or attempt to exit a facility through an unauthorized egress point or alarmed door.

(d) *Penalty for violation of section.* Any person violating the provisions of this section shall be deemed guilty of a misdemeanor and, upon conviction, shall be punished in accordance with section 1-7. In addition, vehicles that are improperly parked on any county property, facility, or other premises may be towed at the owner's expense.

(Ord. No. 2003-04, §§ 1—4, 4-15-2003; Ord. No. 2012-06, § 1, 4-3-2012)

OCONEE COUNTY QUARRY PRICELIST

Proposed Price Amendment as of May 20, 2025

PRODUCT#	MATERIAL DESCRIPTION	IN COUNTY CUSTOMERS		OUT OF COUNTY CUSTOMERS	
		PRICE/TON CASH/CHECK	PRICE/TON CREDIT/DEBIT	PRICE/TON CASH/CHECK	PRICE/TON CREDIT/DEBIT
1	CRUSHER RUN 1-1/2"	$ 16.50	$ 17.03	$ 20.63	$ 21.29
2	CRUSHER RUN	$ 11.60	$ 11.97	$ 14.50	$ 14.96
3	2" X 3" SURGE	$ 17.50	$ 18.06	$ 21.88	$ 22.58
4	SCREENINGS	$ 6.00	$ 6.19	$ 6.00	$ 6.19
5	57: 1" CLEAN STONE	$ 18.75	$ 19.35	$ 28.44	$ 29.35
6	789: 3/8" X 1/2"	$ 17.85	$ 18.42	$ 27.31	$ 28.18
7	4" X 8" RIP RAP - CLASS A	$ 20.25	$ 20.90	$ 30.31	$ 31.28
8	9" X 15" RIP RAP - CLASS B	$ 20.45	$ 21.10	$ 25.56	$ 26.38
9	ASPHALT SAND	$ 13.60	$ 14.04	$ 17.00	$ 17.54
13	BOULDERS - CLASS E	$ 30.00	$ 30.96	$ 37.50	$ 38.70
14	FLAT BOULDERS	$ 35.00	$ 36.12	$ 43.75	$ 45.15
15	15-1/2" X 21" RIP RAP - CLASS C	$ 22.00	$ 22.70	$ 27.50	$ 28.38
16	21-1/2" X 27" RIP RAP - CLASS D	$ 22.00	$ 22.70	$ 27.50	$ 28.38
17	OVERBURDEN	$ 7.00	$ 7.22	$ 8.75	$ 9.03

INCORRECT UPLOAD

CALL FOR AVAILABILITY 864-638-4214

APPLICABLE SALES TAX WILL BE ADDED

CREDIT/DEBIT TRANSACTIONS INCLUDE A FEE OF APPROXIMATELY 3.2%

ROCK SOLD WITHOUT WARRANTY

OPERATING HOURS:

7:30AM - 4:30PM MONDAY - FRIDAY

7:30AM - 11:30AM SATURDAY

Application Fee for Monthly Credit Account - $100.00

OCONEE COUNTY QUARRY PRICELIST

EFFECTIVE AUGUST 4, 2025

PRODUCT#	MATERIAL DESCRIPTION	Current 2024-2025 In-County Rates		Proposed 2025-2026 In-County Rates		Current 2024-2025 Out-of-County Rates		Proposed 2025-2026 Out-of-County Rates	
		PRICE/TON CASH/CHECK	PRICE/TON CREDIT/DEBIT	PRICE/TON CASH/CHECK	PRICE/TON CREDIT/DEBIT	PRICE/TON CASH/CHECK	PRICE/TON CREDIT/DEBIT	PRICE/TON CASH/CHECK	PRICE/TON CREDIT/DEBIT
1	CRUSHER RUN 1-1/2"	$ 16.50	$ 17.03	$ 17.50	$ 18.06	$ 20.63	$ 21.29	$ 21.88	$ 22.58
2	CRUSHER RUN	$ 11.60	$ 11.97	$ 12.50	$ 12.90	$ 14.50	$ 14.96	$ 15.63	$ 16.13
3	2" X 3" SURGE	$ 17.50	$ 18.06	$ 19.00	$ 19.61	$ 21.88	$ 22.58	$ 23.75	$ 24.51
4	SCREENINGS	$ 6.00	$ 6.19	$ 7.25	$ 7.48	$ 6.00	$ 6.19	$ 7.25	$ 7.48
5	57: 1" CLEAN STONE	$ 18.75	$ 19.35	$ 20.50	$ 21.16	$ 23.44	$ 24.19	$ 30.63	$ 31.61
6	789: 3/8" X 1/2"	$ 17.85	$ 18.42	$ 18.75	$ 19.35	$ 22.31	$ 23.02	$ 28.44	$ 29.35
7	4" X 8" RIP RAP - CLASS A	$ 20.25	$ 20.90	$ 23.00	$ 23.74	$ 25.31	$ 26.12	$ 33.75	$ 34.83
8	9" X 15" RIP RAP - CLASS B	$ 20.45	$ 21.10	$ 24.00	$ 24.77	$ 25.56	$ 26.38	$ 30.00	$ 30.96
9	ASPHALT SAND	$ 13.60	$ 14.04	$ 14.00	$ 14.45	$ 17.00	$ 17.54	$ 17.50	$ 18.06
13	BOULDERS - CLASS E	$ 30.00	$ 30.96	$ 32.50	$ 33.54	$ 37.50	$ 38.70	$ 40.63	$ 41.93
14	FLAT BOULDERS	$ 35.00	$ 36.12	$ 37.50	$ 38.70	$ 43.75	$ 45.15	$ 46.88	$ 48.38
15	15-1/2" X 21" RIP RAP - CLASS C	$ 22.00	$ 22.70	$ 24.00	$ 24.77	$ 27.50	$ 28.38	$ 30.00	$ 30.96
16	21-1/2" X 27" RIP RAP - CLASS D	$ 22.00	$ 22.70	$ 24.00	$ 24.77	$ 27.50	$ 28.38	$ 30.00	$ 30.96
17	OVERBURDEN	$ 7.00	$ 7.22	$ 5.00	$ 5.16	$ 8.75	$ 9.03	$ 6.25	$ 6.45

CALL FOR AVAILABILITY 864-638-4214

APPLICABLE SALES TAX WILL BE ADDED

CREDIT/DEBIT TRANSACTIONS INCLUDE A FEE OF APPROXIMATELY 3.2%

ROCK SOLD WITHOUT WARRANTY

OPERATING HOURS:

7:30AM - 4:30PM MONDAY - FRIDAY

7:30AM - 11:30AM SATURDAY

Application Fee for Monthly Credit Account - $100.00

CORRECTED DOCUMENT

Public Comment
SIGN IN SHEET

May 20, 2025 **6:00 PM**

The Public Comment Sessions at this meeting is limited to a total of 50 minutes, 5 minutes per person. Please be advised that citizens not utilizing their full four [5] minutes may not "donate" their remaining time to another speaker.

PLEASE PRINT

	FULL NAME	PURPOSE OF COMMENT
1	Lee Hill	Fraternity Party Houses
2	D. Morris Morris	Fraternity Party Houses
3	Hattie Smith	Fraternity Party Houses
4	Joseph Tinsley	Oconee Co. Coon Bank
5	Andy Smith	Conservation Bank
6	Ralph Lanteigne Jr.	
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Everyone speaking before Council will be required to do so in a civil manner. Council will not tolerate personal attacks on individual council members, county staff or any person or group. Racial slurs will not be permitted. Council's number one priority is to conduct business for the citizens of this county. All citizens who wish to address Council and all Boards and Commission appointed by Council should do so in an appropriate manner.

PUBLIC HEARING SIGN IN SHEET

Oconee County Council Meeting

May 20, 2025 ~ 6:00 p.m.

ORDINANCE 2025-01 AN ORDINANCE TO ESTABLISH THE BUDGET FOR OCONEE COUNTY AND PROVIDE FOR THE LEVY OF TAXES FOR ORDINARY COUNTY PURPOSES, FOR THE TRI-COUNTY TECHNICAL COLLEGE SPECIAL REVENUE FUND, FOR THE EMERGENCY SERVICES PROTECTION SPECIAL REVENUE FUND, FOR THE ROAD MAINTENANCE SPECIAL REVENUE FUND, FOR THE VICTIM SERVICES SPECIAL REVENUE FUNDS, FOR THE STATE ACCOMMODATIONS TAX SPECIAL REVENUE FUND, FOR THE LOCAL ACCOMMODATIONS TAX SPECIAL REVENUE FUND, FOR THE COMMUNITY HEALTH AND COMMUNITY SERVICES SPECIAL REVENUE FUND, FOR THE ECONOMIC DEVELOPMENT CAPITAL PROJECT FUND, FOR THE BRIDGE AND CULVERT CAPITAL PROJECT FUND, FOR THE CAPITAL VEHICLE / EQUIPMENT FUND, FOR THE PARKS, RECREATION, AND TOURISM CAPITAL PROJECTS FUND, FOR THE FIRE / EMERGENCY SERVICES CAPITAL VEHICLE AND EQUIPMENT FUND, FOR THE GENERAL ONE TIME CAPITAL FUND, AND FOR THE DEBT SERVICE FUND, ALL IN OCONEE COUNTY FOR THE FISCAL YEAR BEGINNING JULY 1, 2025 AND ENDING JUNE 30, 2026.

ORDINANCE 2025-02 AN ORDINANCE TO ESTABLISH THE BUDGET FOR THE SCHOOL DISTRICT OF OCONEE COUNTY AND TO PROVIDE FOR THE LEVY OF TAXES FOR THE OPERATIONS OF THE SCHOOL DISTRICT OF OCONEE COUNTY FOR THE FISCAL YEAR BEGINNING JULY 1, 2025 AND ENDING JUNE 30, 2026.

ORDINANCE 2025-03 AN ORDINANCE TO PROVIDE FOR THE LEVY OF TAXES FOR THE KEOWEE FIRE SPECIAL TAX DISTRICT AND TO ESTABLISH THE BUDGET FOR THE KEOWEE FIRE SPECIAL TAX DISTRICT FOR THE FISCAL YEAR BEGINNING JULY 1, 2025 AND ENDING JUNE 30, 2026.

ORDINANCE 2025-04 AN ORDINANCE TO PROVIDE FOR THE LEVY OF TAXES FOR THE CORINTH-SHILOH SPECIAL PURPOSE TAX DISTRICT FOR FIRE PROTECTION AND TO ESTABLISH THE BUDGET FOR THE CORINTH-SHILOH SPECIAL PURPOSE TAX DISTRICT FOR FIRE PROTECTION FOR THE FISCAL YEAR BEGINNING JULY 1, 2025 AND ENDING JUNE 30, 2026.

Everyone speaking before Council will be required to do so in a civil manner. Council will not tolerate personal attacks on individual council members, county staff or any person or group. Racial slurs will not be permitted. Council's number one priority is to conduct business for the citizens of this county. All citizens who wish to address Council and all Boards and Commission appointed by Council should do so in an appropriate manner.

Written comments may be submitted at any time prior to the hearing for inclusion in the official record of the meeting.

PRINT Your Name & Check Ordinance[s] You Wish to Address

Ordinance #	ORD 2025-01	ORD 2025-02	ORD 2025-03	ORD 2025-04
1. None				
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From: Michael Thorsland
To: Jennifer C. Adams; Council District 2
Cc: [redacted]
Subject: statement for tonight
Date: Tuesday, May 20, 2025 8:14:41 AM

Hi Matt and Jennifer,
Unfortunately, I won't be able to make it to the Council meeting tonight due to the Oconee County Adult Education graduation ceremony. Please share the statement below with the other Council members at the meeting tonight.
Thanks!

At its meeting on May 12, the Board of Trustees of the School District of Oconee County voted to allocate $1.2 million of the general fund balance to the district's capital budget. This will allow the millage levy for the capital budget to be reduced from 30 mills to 28.6 mills. In addition, the Board passed the SDOC budget on second reading acknowledging the need for deficit spending. These two actions were taken to address Council's concern with the SDOC general fund balance level. It is hoped that County Council members see this as a sign of cooperation as the SDOC budget is considered for second reading tonight.

This message may contain confidential information and is intended only for the individuals named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.