



**Oconee County
Fiscal Year
2021-2022
Approved
Annual Budget
06-22-2021**

- 1st Reading – May 18, 2021
- Public Hearing – June 1, 2021
- 2nd Reading – June 1, 2021
- Public Hearing – June 22, 2021
- 3rd Reading – June 22, 2021

**STATE OF SOUTH CAROLINA
COUNTY OF OCONEE
ORDINANCE 2021-01**

AN ORDINANCE TO ESTABLISH THE BUDGET FOR OCONEE COUNTY AND TO 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 BRIDGE AND CULVERT CAPITAL PROJECT FUND, FOR THE ECONOMIC DEVELOPMENT CAPITAL PROJECT FUND, FOR THE PARKS, RECREATION, AND TOURISM CAPITAL PROJECTS FUND, FOR THE DEBT SERVICE FUND, FOR THE VICTIM SERVICES SPECIAL REVENUE FUNDS, FOR THE CAPITAL VEHICLE / EQUIPMENT FUND, ALL IN OCONEE COUNTY FOR THE FISCAL YEAR BEGINNING JULY 1, 2021 AND ENDING JUNE 30, 2022.

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 2021-2022 fiscal year for Oconee County (the “County”) for ordinary county purposes.¹

General Fund:		
Administrator	1,569,130	
Airport	1,381,264	
Assessor	1,037,941	
Board of Assessment Appeals	12,003	
Building Codes	651,582	
Chau Ram Park	373,660	
County Attorney	398,876	
County Council	311,016	
Debt Service Lease Payments	738,542	
Delinquent Tax Collector	459,939	
Department of Social Services	13,200	
Economic Development	682,691	
Emergency Services	6,347,010	
Facilities Maintenance	1,404,957	
Finance Office	679,902	
Health and Human Services Direct Aid	671,867	
Health Department	29,134	
High Falls Park	452,549	
Human Resources	344,375	

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

Information Technology	1,132,226	
Legislative Delegation	96,389	
Library	1,469,376	
Magistrate	938,198	
Non-Departmental	2,148,822	
Other Financing Uses	747,000	
Parks, Recreation and Tourism	769,984	
Planning	388,924	
Procurement	176,724	
Register of Deeds	317,244	
Roads and Bridges	2,967,509	
Soil and Water Conservation District	84,043	
Solid Waste	5,411,117	
South Cove Park	554,386	
Vehicle Maintenance	962,684	
Veterans' Affairs	213,403	
Voter Registration and Elections	244,996	
Total General:		36,182,663
Elected/Appointed Officials		
Auditor	603,155	
Clerk of Court	696,419	
Coroner	303,470	
Probate Court	377,073	
Public Defender	250,000	
Sheriff	9,769,341	
Animal Control	658,107	
Communications	1,718,079	
Detention Center	4,617,760	
Solicitor	1,013,700	
Treasurer	645,385	
Total Elected Officials:		20,652,489
Special Revenue Funds:²		
Emergency Services Protection	1,512,000	
Victim Services - Sheriff's Office	127,753	
Victim Services - Solicitor's Office	75,006	
911 Fund	984,000	
Tri-County Technical College	1,580,200	
Road Maintenance Fund	2,545,000	
Total Special Revenue Funds:		6,823,959

² See sections 3 – 11 below.

Capital Project Funds:³		
Economic Development	1,110,822	
Parks, Recreation and Tourism	1,500,000	
Bridge & Culvert Fund	1,150,000	
Capital Equipment / Vehicle Fund	1,621,728	
Total Capital Project Funds:		5,382,550
Enterprise Fund:		5,107,050
Debt Service Fund:		1,868,306
		-
Grand Total of all Funds FY 2020-2021		76,070,295

SECTION 2

A tax of sufficient millage to fund the aforesated appropriations (see also Sections 3 through 10 below) for the Oconee County Budget for the fiscal year beginning July 1, 2021 and ending June 30, 2022, 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 aforesated operations appropriations and direct expenditures of Oconee County for the fiscal year beginning July 1, 2021 and ending June 30, 2022. 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 \$1,580,200, 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 aforesated appropriations of the Tri-County Technical College Special Revenue fund for the fiscal year beginning July 1, 2021 and ending June 30, 2022. 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 \$1,512,000, for the

³ See sections 3 – 11 below.

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 aforesated operations appropriations and direct expenditures of the Emergency Services Protection Special Revenue Fund for the fiscal year beginning July 1, 2021 and ending June 30, 2022. 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 2.1 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 \$2,545,000 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 aforesated operations appropriations and direct expenditures of the Road Maintenance Special Revenue Fund for the fiscal year beginning July 1, 2021 and ending June 30, 2022. 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 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 \$1,150,000, 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 aforesated operations appropriations and direct expenditures of the Bridge and Culvert Capital Project Fund for the fiscal year beginning July 1, 2021 and ending June 30, 2022. 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 7

A tax of 1.1 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 \$1,110,822 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 aforesated operations appropriations and direct expenditures of the Economic Development Capital Project Fund for the fiscal year beginning July 1, 2021 and ending June 30, 2022. 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 1.3 mills 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 \$1,500,000 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 aforesated operations appropriations and direct expenditures of the Parks, Recreation and Tourism Capital Project Fund for the fiscal year beginning July 1, 2021 and ending June 30, 2022. 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 9

A tax of 3.0 mills 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 \$1,868,306, 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 aforesated operations appropriations and direct expenditures of the Debt Service Fund for the fiscal year beginning July 1, 2021 and ending June 30, 2022. 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 10

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, and 911 Fund, 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 11

A tax of 2.0 mills 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 \$1,621,728, 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 aforesated operations appropriations and direct expenditures of the Capital Vehicle / Equipment Fund for the fiscal year beginning July 1, 2021 and ending June 30, 2022. 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 12

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, 2021, as a part of the budget authorized by this Ordinance.

SECTION 13

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 14

All unexpended appropriations as of June 30, 2021, 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 15

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 16

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 attached hereto as **ATTACHMENT B**, 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. The County Administrator is hereby authorized to execute the Airport T-Hangar rental agreements, consistent with the rates established on **ATTACHMENT B**.

SECTION 17

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, 2021 and ending June 30, 2022. **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 18

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 19

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 20

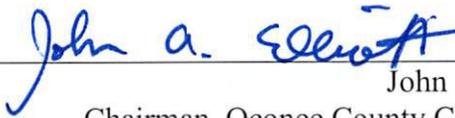
This Ordinance shall become effective upon approval on third reading and enforced from and after July 1, 2021.

SECTION 21

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 22nd day of June, 2021.

OCONEE COUNTY, SOUTH CAROLINA



John Elliott
Chairman, Oconee County Council

ATTEST



Katie Smith
Clerk to County Council

First Reading: May 18, 2021
Public Hearing: June 01, 2021
Second Reading: June 01, 2021
Public Hearing: June 22, 2021
Third Reading: June 22, 2021

STATE OF SOUTH CAROLINA
COUNTY OF OCONEE
BUDGET PROVISOS FOR FISCAL YEAR 2021-2022
ORDINANCE 2021-01

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 rates will be \$8 for breakfast, \$12 for lunch and \$15 for dinner. Per Diem for breakfast will be reimbursed if the employee is required to leave home before 7:30 a.m. Per Diem for dinner will be reimbursed if the employee returns home after 6 p.m. 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, 2021, 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 – 33%; Oconee County Economic Development Capital Projects Fund – 34%; School District of Oconee County - 33%; (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, 2021 and ending June 30, 2022.

Section 13

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 (2020) was \$9,478,187. Oconee County's assigned fund balance as of the last audited fiscal year (2020) 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
Assigned funds for Transportation Fund Balance:	\$ 300,000

Section 14

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 C**.

Section 15

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 D**.

Section 16

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

^[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.

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.



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Fiscal Year
2021-2022
Approved
Annual Budget
06-22-2021**

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90	Parks, Recreation and Tourism Capital Projects Fund
91	Bridges and Culverts Capital Projects Fund
92	Capital Equipment and Vehicle Capital Projects Fund
93-94	Rock Quarry Enterprise Fund
95-97	Debt Service Fund (090)

**Oconee County, South Carolina
General Fund Summary
2021-2022 Budget**

Revenues and Other Financing Sources						
Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Property Taxes	34,087,754	34,418,463	36,191,314	36,668,744	40,033,741	41,801,385
Intergovernmental	3,535,612	3,558,346	4,251,517	4,056,651	3,936,332	4,144,712
Licenses, Permits and Fees	3,780,072	4,686,238	4,525,197	5,352,745	4,121,400	6,156,250
Fines and Forfeitures	268,458	233,507	228,269	231,260	201,600	222,600
Charges for Services	1,907,559	2,051,204	2,193,335	2,053,881	2,058,616	2,071,016
Interest and Investment Income	175,487	358,591	982,420	903,344	475,000	475,000
Miscellaneous and Other	176,148	179,418	174,758	210,933	184,189	204,189
Other Financing Sources	2,673,300	686,159	1,271,136	3,052,463	1,128,043	1,260,000
Use of Fund Balance*	-	-	-	-	275,000	500,000
	46,604,390	46,171,926	49,817,946	52,530,020	52,413,921	56,835,152

*See pages 11 & 62

Expenditures and Other Financing Uses						
Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
General Government	8,301,855	8,190,787	8,163,776	8,809,954	9,718,893	10,869,909
Public Safety	18,922,176	18,652,461	21,478,762	21,040,199	22,277,812	24,065,349
Transportation	3,419,519	3,626,822	4,270,933	3,727,397	4,188,757	4,348,773
Public Works	4,202,382	4,281,306	4,197,052	4,373,084	4,358,726	5,411,117
Culture and Recreation	2,886,341	2,852,359	3,015,616	3,740,083	3,512,353	3,619,955
Judicial Services	2,682,591	2,663,616	2,719,371	2,939,906	3,136,099	3,275,390
Health and Welfare	883,249	892,464	864,346	945,792	1,012,462	927,604
Economic Development	570,129	1,108,986	620,571	564,167	675,176	682,691
Non-Departmental	1,206,296	3,420,893	1,506,617	1,538,324	1,979,500	2,148,822
Debt Service (Lease Payments)	879,967	899,966	947,494	982,646	1,414,143	738,542
Other Financing Uses	145,000	3,133,078	199,216	275,000	140,000	747,000
	44,099,505	49,722,739	47,983,754	48,936,553	52,413,921	56,835,152
Net Change in Fund Balance	2,504,885	(3,550,812)	1,834,192	3,593,467	(0)	(0)
Program Revenues	5,854,164	6,732,973	6,877,404	7,479,626	6,177,518	8,258,446
Tax Revenue	34,087,754	34,418,463	36,191,314	36,668,744	40,033,741	41,801,385
Misc Other Revenue	6,662,472	5,020,491	6,749,228	8,381,651	6,202,662	6,775,321
Actual Value of a Mill	518,357	523,596	537,612	545,613	561,398	561,398

Revenues and Other Financing Sources						
	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental	FY 2022 Approved 6/22/2021
Property Tax	34,087,754	34,418,463	36,191,314	36,668,744	40,033,741	41,801,385
Intergovernmental	3,535,612	3,558,346	4,251,517	4,056,651	3,936,332	4,144,712
Licenses, Permits and Fees	3,780,072	4,686,238	4,525,197	5,352,745	4,121,400	6,156,250
Fines and Forfeitures	268,458	233,507	228,269	231,260	201,600	222,600
Charges for Services	1,907,559	2,051,204	2,193,335	2,053,881	2,058,616	2,071,016
Interest and Investment Income	175,487	358,591	982,420	903,344	475,000	475,000
Miscellaneous and Other	176,148	179,418	174,758	210,933	184,189	204,189
Other Financing Sources	2,673,300	686,159	1,271,136	3,052,463	1,128,043	1,260,000
Use of Fund Balance*	-	-	-	-	275,000	500,000
Total Revenues & Other Fin. Sources	46,604,390	46,171,926	49,817,946	52,530,020	52,413,921	56,835,152
*See pages 11 & 62						
Expenditures and Other Financing Uses						
Department by Function	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
General Government						
Administrator (717)	704,119	715,280	345,445	424,594	747,584	1,569,130
Assessor (301)	1,037,329	920,646	954,778	983,828	1,068,622	1,037,941
Auditor (302)	436,747	403,495	454,221	503,692	585,148	603,155
Board of Assessment Appeals (303)	3,763	4,768	2,214	2,691	12,001	12,003
County Attorney (741)	348,400	396,406	330,867	321,500	408,060	398,876
County Council (704)	273,492	255,695	302,343	369,548	309,078	311,016
Delinquent Tax Collector (305)	433,745	411,447	373,471	321,423	452,621	459,939
Facilities Maintenance (714)	1,207,595	1,242,085	1,224,612	1,352,242	1,406,056	1,404,957
Finance Office (708)	558,627	554,566	652,751	607,174	658,363	679,902
Human Resources (710)	335,376	287,484	304,392	319,402	329,427	344,375
Information Technology (711)	691,633	767,811	884,292	961,935	950,968	1,132,226
Legislative Delegation (706)	89,419	86,695	89,148	94,577	94,891	96,389
Planning Commission (712)	-	-	101,158	286,705	324,434	388,924
Procurement (713)	163,323	158,463	151,349	151,019	155,483	176,724
Register of Deeds (735)	324,058	302,680	298,634	303,230	323,090	317,244
Soil and Water Conservation District (716)	70,393	71,887	73,031	68,319	82,477	84,043
Treasurer (306)	548,077	518,864	484,228	571,624	614,674	645,385
Vehicle Maintenance (721)	838,470	849,422	870,837	931,158	939,223	962,684
Voter Registration and Elections (715)	237,289	243,092	266,004	235,293	256,693	244,996
Total General Government	8,301,855	8,190,787	8,163,776	8,809,954	9,718,893	10,869,909
Public Safety						
Animal Control (110)	536,742	545,704	616,322	640,343	647,619	658,107
Building Codes (702)	859,955	695,138	810,206	623,677	635,884	651,582
Communications ((104)	1,550,413	1,548,970	1,610,388	1,624,323	1,654,420	1,718,079
Coroner (103)	218,739	188,221	224,111	249,964	268,860	303,470
Detention Center (106)	3,832,436	3,803,603	4,073,558	4,235,413	4,339,574	4,617,760
Fire/Emergency Services (107)	3,990,436	3,806,884	4,799,385	4,371,154	5,434,778	6,347,010
Sheriff (101)	7,933,456	8,063,941	9,344,792	9,295,325	9,296,677	9,769,341
Total Public Safety	18,922,176	18,652,461	21,478,762	21,040,199	22,277,812	24,065,349

Expenditures and Other Financing Uses						
Department by Function	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Transportation						
Airport (720)	881,700	968,098	1,280,572	1,183,587	1,307,798	1,381,264
Roads and Bridges (601)	2,537,819	2,658,724	2,990,361	2,543,810	2,880,959	2,967,509
Total Transportation	3,419,519	3,626,822	4,270,933	3,727,397	4,188,757	4,348,773
Public Works						
Solid Waste (718)	4,202,382	4,281,306	4,197,052	4,373,084	4,358,726	5,411,117
Total Public Works	4,202,382	4,281,306	4,197,052	4,373,084	4,358,726	5,411,117
Culture and Recreation						
Chau Ram Park (205)	242,785	239,196	283,189	568,516	364,990	373,660
High Falls Park (203)	335,746	356,140	370,784	742,181	441,764	452,549
Library (206)	1,397,038	1,287,870	1,371,889	1,376,570	1,447,990	1,469,376
Parks, Recreation and Tourism (202)	444,557	490,168	482,349	581,713	761,825	769,984
South Cove Park (204)	466,215	478,985	507,405	471,103	495,784	554,386
Total Culture and Recreation	2,886,341	2,852,359	3,015,616	3,740,083	3,512,353	3,619,955
Judicial Services						
Clerk of Court (501)	670,813	641,788	643,694	661,059	716,414	696,419
Magistrate (509)	718,679	774,108	802,731	931,478	860,832	938,198
Probate Court (502)	370,360	341,998	362,847	353,803	362,187	377,073
Public Defender (510)	200,000	200,000	200,000	240,000	240,000	250,000
Solicitor (504)	722,739	705,722	710,099	753,566	956,666	1,013,700
Total Judicial Services	2,682,591	2,663,616	2,719,371	2,939,906	3,136,099	3,275,390
Health and Welfare						
Health and Human Services Direct Aid (705)	630,452	628,645	630,041	714,802	762,900	671,867
Department of Social Services (402)	19,093	22,108	19,867	12,829	13,200	13,200
Health Department (403)	31,773	35,581	28,815	26,743	33,634	29,134
Veterans' Affairs (404)	201,931	206,130	185,623	191,418	202,728	213,403
Total Health and Welfare	883,249	892,464	864,346	945,792	1,012,462	927,604
Economic Development (707)	570,129	1,108,986	620,571	564,167	675,176	682,691
Non-Departmental (709)	1,206,296	3,420,893	1,506,617	1,538,324	1,979,500	2,148,822
Debt Service Lease Payments	879,967	899,966	947,494	982,646	1,414,143	738,542
Other Financing Uses	145,000	3,133,078	199,216	275,000	140,000	747,000
Total Expenditures and Other Financing Uses	44,099,505	49,722,739	47,983,754	48,936,553	52,413,921	56,835,152
Net Change in Fund Balance Increase (Decrease)	2,504,885	(3,550,812)	1,834,192	3,593,467	(0)	(0)

**Oconee County, South Carolina
Property Taxes
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Real Estate	27,564,194	27,803,520	29,147,069	28,689,186	33,445,671	33,827,132
BMW	5,391	8,423	7,992	7,926	3,316	7,500
Vehicle	2,201,938	2,215,954	2,259,762	2,467,321	2,500,000	2,635,000
Watercraft	-	-	-	102,137	-	700,000
Homestead Exemption	1,082,367	1,069,902	1,117,283	1,212,251	1,000,000	1,200,000
Fee-In-Lieu	1,747,743	1,877,527	1,836,115	1,871,777	1,750,000	1,800,000
Merchants Inventory	75,043	75,043	75,043	75,043	64,001	75,000
Motor Carrier	191,946	175,674	343,467	137,561	170,753	170,753
Manufacturer's Exemption	316,238	321,330	331,320	336,703	300,000	336,000
County Penalty	157,877	151,588	153,453	136,169	150,000	150,000
Delinquent	745,017	719,502	919,810	1,632,670	650,000	900,000
Total Property Taxes	34,087,754	34,418,463	36,191,314	36,668,744	40,033,741	41,801,385

Oconee County, South Carolina
Intergovernmental
2021-2022 Budget

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Appalachian Council of Governments (ACOG) Annual Reimbursement	2,924	1,927	-	-	2,924	-
Impact Fee For Tires	32,321	35,624	48,033	47,529	31,000	35,000
1/2 Pollution Control Fine	8,028	800	-	5,398	500	500
State Aid to Subdivisions	2,881,356	2,831,768	2,859,287	2,986,064	3,013,261	3,013,261
Flood Control	-	79,166	55,506	-	31,000	40,000
TNC Act Local Assessment Fees	854	3,966	1,960	2,855	-	-
Sheriff Supplement	1,575	1,575	1,575	1,575	1,576	1,576
Coroner Supplement	1,575	1,575	1,575	1,575	1,576	1,576
Registration Board	6,597	7,223	6,542	6,501	6,944	6,944
Register of Deeds Supplement	1,575	1,575	1,575	1,575	1,576	1,576
Clerk of Court Supplement	1,575	1,575	1,575	1,575	1,576	1,576
Probate Judge Supplement	1,181	1,575	1,575	1,575	1,576	1,576
SCABL On Premise License	12,000	-	23,950	19,900	7,500	20,000
Veterans' Affairs State Aid	5,371	5,371	5,371	5,478	5,300	5,478
Manufacturer PVE	-	-	16,942	61,531	-	-
Resource Officer Reimbursement	263,464	403,928	541,374	609,098	562,000	595,926
Circuit Solicitors Extra State Funding	-	-	-	-	183,523	200,223
SC Disaster Reimb - Hurricane	-	-	81,961	-	-	-
SC DOC Echo Hills RIF Grant	2,198	-	-	-	-	-
SCDOC C-14-2286 US Engine Grant	-	-	60,000	-	-	-
BWC Reimb Rev for Prior	35,144	-	-	34,360	-	-
SC State Election Reimb Revenue	73,774	51,042	32,512	5,854	15,000	20,000
Fema Disaster Hurricane	-	-	267,905	-	-	-
Department of Social Services	111,101	21,382	56,458	53,038	-	50,000
Sheriff Title IVD Service of Process	8,366	13,695	7,854	5,379	9,500	9,500
Federal Owned Land PILT	84,239	94,580	114,835	142,639	60,000	140,000
SDOC Reimb Fire Instructor	-	-	63,152	63,152	-	-
Tax Forms	394	-	-	-	-	-
Total Intergovernmental	3,535,612	3,558,346	4,251,517	4,056,651	3,936,332	4,144,712

**Oconee County, South Carolina
License, Permits, & Fees
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Tax Sale Fees	233,561	245,998	236,564	157,325	235,000	235,000
Temporary Tag Collection	4,865	4,820	2,280	-	-	-
Vehicle Decal Fees	65,435	66,533	66,846	69,118	65,000	65,000
Noise Ord Permit Fee	-	200	150	50	-	-
Franchise Fee Cable TV	190,340	283,479	222,052	255,449	250,000	250,000
Communication Tower Fees	41,000	32,000	15,000	25,000	30,000	30,000
Sheriff Civil Fees	6,000	6,140	5,560	7,900	5,000	5,000
Worthless Checks	6,191	5,371	2,385	3,444	6,000	6,000
Encroachment Fees - Roads and Bridges	14,328	16,549	12,896	18,445	15,000	20,000
Airport Special Events	10,125	8,520	2,825	5,017	11,000	11,000
Airport Shuttle - SR Solutions	-	6,159	3,490	5,095	3,500	3,500
Library Fines and Fees	40,375	32,629	29,214	18,776	35,000	20,000
Dog Adoption Fees	27,532	33,210	45,582	25,825	35,000	20,000
Cat Adoption Fees	37,070	26,745	21,050	18,670	26,000	20,000
Animal Boarding Fees	2,805	1,073	875	1,040	1,500	1,500
Map Copies Assessor	3,385	3,001	2,228	1,041	2,000	2,000
GIS Map Copies	-	-	-	-	-	-
Clerk of Court	247,113	266,372	219,833	240,874	250,000	250,000
3% State Document Fee	38,810	41,865	44,078	49,483	42,000	42,000
Vehicle Maintenance Labor Reimbursement	1,537	1,127	933	847	1,650	1,650
Probate Judge Estates	121,789	175,838	141,643	143,921	135,000	135,000
Probate Judge Advertising	6,802	6,995	19,630	68,063	6,500	100,000
Probate Judge Marriage Licenses	8,312	8,829	7,652	7,318	8,500	8,500
Probate Judge Returns	450	340	300	310	100	100
Probate Judge Marriage Certificates	6,071	5,459	5,385	5,700	5,500	5,500
Probate Judge Marriage Ceremony	2,865	4,445	5,717	5,060	4,000	4,000
Tax Collector Fees	50,607	48,604	50,200	45,574	30,000	40,000
Building Codes	672,374	984,976	862,741	995,832	850,000	1,200,000
Building Codes Mobile Home Fees	18,680	17,790	20,000	22,050	17,000	20,000
Building Codes Plan Review Fees	58,755	181,307	130,286	189,490	150,000	175,000
Subdivision Plan Review Fees	1,825	2,250	2,300	4,225	1,750	5,000
Land Use Appeals - Planning	1,200	900	900	800	400	2,500
Zoning Permit Fees	21,050	21,650	21,069	21,775	20,000	20,000
Register of Deeds	746,876	785,056	820,785	1,003,351	785,000	1,400,000
Solid Waste Impact Fee for Tires	2,427	3,949	5,932	5,712	4,000	6,000
Credit Application Fees	-	-	2,207	840	-	-
Road Inspection Fee	-	-	648	0	-	-
Magistrate Court Fees	791	827	1,019	1,420	500	1,000
Magistrate Civil Paper Fees	82,421	91,573	100,585	92,008	76,000	85,000
Magistrate Collection Cost	3,933	2,411	2,439	2,451	2,500	2,500
Sign Fees - Roads and Bridges	10,966	9,841	4,083	2,672	8,500	8,500
One Stop Recording Fees	4,970	3,080	2,930	5,250	2,500	5,000
Solid Waste Tipping Fees	986,079	1,248,327	1,382,905	1,825,524	1,000,000	1,950,000
Total License, Permits, and Fees	3,780,072	4,686,238	4,525,197	5,352,745	4,121,400	6,156,250

**Oconee County, South Carolina
Fines & Forfeitures
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Magistrate Fines	265,613	231,978	226,586	227,101	200,000	220,000
25% Boating Fines Retained	1,046	960	647	689	1,100	1,100
Litter Fines (10% OCSO)	-	6	-	-	-	-
Solicitor's Traffic Education	13	-	140	-	-	-
Litter Fine In Lieu of Pickup	-	-	-	840	-	-
Litter Fines (90% GF)	1,787	563	896	2,630	500	1,500
Total Fines and Forfeitures	268,458	233,507	228,269	231,260	201,600	222,600

**Oconee County, South Carolina
Charges for Services
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
High Falls Park	158,930	161,961	159,938	131,234	150,000	150,000
South Cove Park	266,924	316,149	344,267	305,344	300,000	350,000
Chau Ram Park	49,359	44,851	39,230	32,906	45,000	60,000
PRT Season Pass/Treasurer	2,890	1,470	1,055	875	1,200	1,200
Sheriff-Voluntary Extra Duty Pay	82,981	112,011	125,106	115,588	100,000	100,000
Airport - Hangar Rent	125,365	128,493	130,259	129,843	130,620	130,620
Airport Comm./Mechanic	6,300	6,300	6,300	5,775	6,300	6,300
Tie Down	4,133	4,430	3,605	3,750	4,920	4,920
Airport Miscellaneous	1,591	769	3,728	1,515	750	750
Bare Land Lease	2,627	2,627	2,626	2,626	2,626	2,626
Airport - Call Out Fees	7,400	5,040	8,980	13,805	7,000	10,000
Airport - Long-Term Parking Fees	1,901	1,120	970	1,730	1,000	3,500
Airport - Ramp Fee	15,018	17,280	19,673	20,903	17,000	25,000
Airport - Aviation Fuel	209,578	209,948	230,739	216,896	220,000	225,000
Airport - Jet Fuel	590,371	668,372	901,049	834,080	725,000	775,000
Fairplay Recreation Area Revenue	2,953	4,213	5,138	5,150	3,600	5,500
Lawrence Bridge Rec Area Revenue	3,310	3,864	5,018	4,463	3,500	4,500
Mullins Ford Rec Area Revenue	83	411	603	273	500	500
Choestoea Landing Revenue	358	2,200	1,569	1,062	1,600	1,600
Port Bass Landing Revenue	172	87	39	10	-	-
Seneca Creek Landing Revenue	2,080	2,471	2,826	3,220	2,000	3,000
South Union Landing Revenue	535	893	859	901	1,000	1,000
Solid Waste - Recyclables	337,850	311,523	171,667	213,058	300,000	200,000
Solid Waste - Mulch Sales	34,850	44,723	28,091	8,874	35,000	10,000
Total Charges for Services	1,907,559	2,051,204	2,193,335	2,053,881	2,058,616	2,071,016

**Oconee County, South Carolina
Interest and Investment Income
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Interest - Administrative Investment Accounts	175,487	358,591	982,420	903,344	475,000	475,000
Total Interest and Investment Income	175,487	358,591	982,420	903,344	475,000	475,000

**Oconee County, South Carolina
Miscellaneous and Other
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Rent - USDA Building	8,450	7,150	7,800	7,800	7,800	7,800
Rent - Bantam Chef	3,000	3,000	3,000	2,750	3,000	3,000
Miscellaneous Income	96,955	85,538	44,926	66,712	90,000	90,000
Land Sales - Forfeited Land Commission (FLC)	17,440	80,015	15,595	50,267	10,000	10,000
Auditor FLC Processing Fees	260	746	680	1,560	250	250
Auditor FLC Delinquent Tax Fee	2,320	6,830	8,220	19,270	3,000	3,000
Miscellaneous - Sheriff	3,245	4,119	40,262	44,453	30,000	40,000
Animal Control Miscellaneous Revenue	11,470	9,297	18,556	16,316	-	10,000
Miscellaneous - Probate Judge	19,418	16,659	20,553	17,822	17,000	17,000
Miscellaneous - Building Codes	11	100	-	-	-	-
Master in Equity	11,520	10,915	11,640	9,245	12,000	12,000
Soil and Water	6,139	6,139	6,139	-	6,139	6,139
Storm Water Assistance Fund	4,664	6,495	4,701	10,743	5,000	5,000
Gain/Loss on Sales of Forfeited Land Restitution	(9,166)	(57,585)	(9,411)	(36,005)	-	-
	-	-	2,097	-	-	-
Total Miscellaneous and Other	176,148	179,418	174,758	210,933	184,189	204,189

Oconee County, South Carolina
Other Financing Sources and Use of General Fund Balance
2021-2022 Budget

Other Financing Sources						
Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Transfer From Capital Projects (012)	-	-	185,681	-	-	-
Transfer From Rock Quarry	500,000	500,000	500,000	750,000	750,000	1,000,000
Transfer From State Accommodations Tax (Fund 230)	34,741	33,753	72,522	40,035	34,000	34,000
Transfer From Debt Service to Replenish FB	1,456,000	-	-	-	-	-
Transfer From Local Accommodations Tax (Mountain Lakes CVB LAT Salaries) (Fund 235)	-	-	213,488	-	174,343	186,000
Transfer From Local Accommodations Tax (Maint for ADA Upgrades High Falls Par, Fund 235) FY2020 Chau Ram	-	-	-	-	79,700	-
Transfer From Economic Development (Fund 315)	540,000	-	-	-	-	-
Sale of Capital Assets	31,465	-	67,030	-	-	-
Non-Capital Sales	-	-	-	11,769	-	-
Insurance Recovery & Health Plan	77,009	89,514	231,670	27,353	75,000	25,000
OFS Insurance Proceeds Prepaid Legal	34,085	62,892	745	23,306	15,000	15,000
Proceeds from Capital Lease	-	-	-	2,200,000	-	-
	2,673,300	686,159	1,271,136	3,052,463	1,128,043	1,260,000

Use of General Fund Balance						
Description	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Budget	FY 2021 Original Approved 6/25/2020	FY 2021 Approved Supplemental 09/17/2020
Use of Prior Years Fund Balance	-	-	-	-	275,000	-
Use of Fund Balance - Westminster Magistrate*	-	-	-	-	-	500,000
Total Other Financing Sources	-	-	-	-	275,000	500,000

Total of OFS	2,673,300	686,159	1,271,136	3,052,463	1,403,043	1,760,000
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Employee Count By Department Summary

General Fund (010)	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Administrator (717)	4	3	2	3	3	3
Airport (720)	5	6	6	7	7	7
Animal Control (110)	6	6	6	6	6	6
Assessor (301)	16	16	16	16	16	16
Auditor (302)	7	6	6	7	8	8
Board of Assessment Appeals (303)	-	-	-	-	-	-
Building Codes (702)	11	10	10	7	7	7
Chau Ram Park (205)	3	3	4	4	4	4
Clerk of Court (501)	10	10	10	10	10	10
Communications (104)	21	21	21	21	22	24
Coroner (103)	1	2	2	2	2	3
County Attorney (741)	2	2	2	2	2	2
County Council (704)	1	1	1	1	1	1
Delinquent Tax Collector (305)	3	3	3	3	3	3
Department of Social Services (402)	-	-	-	-	-	-
Detention Center (106)	48	47	47	47	48	50
Economic Development (707)	4	4	4	5	5	4
Facilities Maintenance (714)	12	13	14	15	15	15
Finance Office (708)	7	6	6	6	6	6
Fire - Emergency Services (107)	21	27	27	36	36	39
Health and Human Services Direct Aid (705)	-	-	-	-	-	-
Health Department (403)	-	-	-	-	-	-
High Falls Park (203)	4	4	4	5	5	5
Human Resources (710)	4	3	3	3	3	3
Information Technology (711)	5	6	6	5	5	6
Legislative Delegation (706)	1	1	1	1	1	1
Library (206)	19	19	19	19	19	19
Magistrate (509)	9	9	9	9	9	9
Non-Departmental (709)	-	-	-	-	-	-
Parks, Recreation and Tourism (202)	5	5	5	5	5	5
Planning	-	-	-	4	4	4
Probate Court (502)	6	5	5	5	5	5
Procurement (713)	2	2	2	2	2	2
Public Defender (510)	-	-	-	-	-	-
Register of Deeds (735)	4	4	4	4	4	4
Roads and Bridges (601)	37	35	36	36	36	37
Sheriff (101)	95	96	109	112	112	114
Soil and Water Conservation District (716)	1	1	1	1	1	1
Solicitor (504)	12	12	12	12	12	12
Solid Waste (718)	36	35	35	35	36	36
South Cove Park (204)	5	5	5	5	5	6
Treasurer (306)	6	5	5	6	7	7
Vehicle Maintenance (721)	14	14	14	14	14	14
Veterans' Affairs (404)	3	3	3	3	3	3
Voter Registration and Elections (715)	2	2	2	2	2	2
Life After Lockup - Airport	-	-	-	1	1	1
Life After Lockup - Animal Control	-	-	1	1	1	1
Life After Lockup - Detention Center	-	-	-	1	1	1
Total General Fund Employee Count	452	452	468	489	494	506

Employee Count By Department Summary

Other Funds	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2021
Sheriff - Child Elder - Grant Fund 013	1	1	1	-	-	-
Sheriff - JAG Officer - Grant Fund 013	1	1	1	-	-	-
Sheriff - Traffice Grant Fund 13	-	-	-	1	1	1
Sheriff - Victims Services Fund 210	2	2	2	2	2	2
Solicitor - Victims Services Fund 215	1	1	1	1	1	1
Clerk of Court - Federal DSS Child Support Fund 265	2	2	2	2	2	2
Road Maintenance Fund	-	-	-	-	-	-
FOCUS Fund	2	-	-	-	-	-
Rock Quarry Fund 017	19	19	19	18	19	19
Life After Lockup - Rock Quarry	-	-	-	1	1	1
Total Other Funds Employee Count	28	26	26	24	25	25
Total Full Time Employees (All Funds)	480	478	494	513	519	531
Part Time Positions Through Payroll	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2021
Sheriff (101)	4	9	9	9	9	9
Communications (104)	1	1	1	1	1	1
Fire/Emergency Services (107)	1	7	5	7	7	7
Library (206)	4	3	3	2	2	2
Auditor (302)	-	1	1	-	-	-
Board of Assessment Appeals (303)	1	1	1	1	1	1
Clerk of Court (501)	-	-	-	1	1	1
Finance (708)	0	0	0	0	1	1
Magistrate (509)	2	2	2	2	2	2
Solid Waste (718)	1	1	1	-	-	-
Airport (720)	1	-	-	-	-	-
	15	25	23	23	24	24

**Oconee County, South Carolina
Administrator (717)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	377,110	289,040	100,211	208,415	213,819	222,349
Overtime	655	1,188	768	48	-	1,000
Social Security	26,250	19,365	7,253	15,681	19,494	17,086
Retirement	52,016	49,718	14,128	29,757	39,667	36,987
Workers Compensation	6,485	7,143	1,775	4,273	4,388	3,819
Health Insurance	44,836	23,749	16,495	32,191	18,278	27,417
Dental Insurance	1,939	1,515	667	191	1,100	1,650
Vision Insurance	316	247	109	15	200	300
Vehicle Allowance	10,200	9,023	-	-	-	-
Salary and Wage Totals	519,806	400,988	141,405	290,571	296,946	310,608
3% Cost of Living for all Employees	-	-	-	-	-	647,592
Tenure Adjustment	-	-	-	-	-	65,000
Communication Specialist	-	-	-	-	-	-
	Cut \$58,111 during 3rd and Final Reading on 6.22.21. Moved to Professional.					
New Position Total	-	-	-	-	-	712,592
Travel	197	383	81	-	-	-
Professional	53,606	101,901	43,669	102,387	105,500	183,111
Copier Click Charges	2,284	2,599	1,696	1,262	2,500	2,500
Advertising	75,620	179,243	128,629	-	-	-
Dues: Organizations	2,280	6,250	7,285	3,100	7,000	7,000
Staff Development	3,511	2,489	1,366	6,748	2,500	2,500
Maint Building and Grounds	31,701	1,780	-	-	-	-
Small Equipment	1,100	1,290	2,109	1,956	1,000	3,000
Operational	8,630	14,242	1,719	4,507	10,000	6,000
Food	1,429	3,577	8,121	2,333	5,000	5,000
IT Replacement Eq/Software	2,546	-	-	4,270	-	-
Periodicals	109	-	-	-	110	110
Vehicle, Capital Expend	-	-	6,000	-	-	-
Capital Land - Utica Revit	-	-	-	2,897	-	-
Gravel Usage	-	-	2,108	2,111	-	-
Contingency	-	-	-	-	308,006	259,209
Contingency - COVID-19/Disaster	-	-	-	-	6,522	-
Vehicle Maintenance - Administrator	593	216	752	1,381	1,000	1,000
Gasoline - Administrator	709	322	505	1,072	1,500	1,500
Greenway Feasibility Study	-	-	-	-	-	75,000
Expenditure Total	184,313	314,292	204,040	134,023	450,638	545,930
Department Total	704,119	715,280	345,445	424,594	747,584	1,569,130
Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	1.60%	1.44%	0.72%	0.87%	1.43%	2.76%
Departmental Total Cost	704,119	715,280	343,337	422,484	439,578	1,309,921
Departmental Direct Revenue	-	-	-	-	-	-
Other Revenue	106,377	72,222	48,589	72,723	88,469	187,056
Cost in Tax Dollars	597,742	643,058	294,748	349,761	351,109	1,122,865
Estimated Millage	1.15	1.23	0.55	0.64	0.63	2.00
Total Full Time Employees	4	3	2	3	3	3
Cost Per Employee	129,952	133,663	70,702	96,857	98,982	103,536

**Oconee County, South Carolina
Airport (720)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	198,935	212,638	228,487	280,867	254,618	332,700
Overtime	4,434	6,546	9,929	11,111	5,500	10,000
Social Security	14,747	15,992	17,494	21,333	19,733	21,429
Retirement	22,643	28,549	34,065	42,497	40,484	46,387
Workers Compensation	3,146	7,091	6,857	9,742	5,429	6,225
Health Insurance	45,522	30,813	43,244	53,645	54,834	63,973
Dental Insurance	2,101	2,485	2,222	823	3,300	3,850
Vision Insurance	342	405	362	19	600	700
Salary and Wage Totals	291,869	304,518	342,660	420,037	384,498	485,264
New Positions						
	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Equipment Maintenance	2,239	3,308	2,578	4,764	6,000	6,000
Professional	28,793	53,260	102,762	80,403	80,000	80,000
Equipment Rental	2,521	2,569	4,666	7,730	24,000	24,000
Telecommunications	-	-	480	-	-	-
Airport Shuttle Service - Sr. Solut	-	420	760	1,485	-	-
Copier Click Charges	377	368	437	541	600	600
Dues: Organizations	250	250	250	285	450	450
School/Seminar/Training/MTG	503	672	969	688	2,200	2,200
Commission Honoraria	700	700	700	700	700	700
Building/Grounds Maintenance	30,576	36,563	47,413	23,021	25,000	25,000
Electricity	19,311	20,230	19,377	22,702	23,000	23,000
Water/Sewer/Garbage	907	923	1,006	1,517	1,000	1,000
Safety Equipment	431	463	538	1,647	2,000	2,000
Small Equipment	2,034	3,814	4,892	5,840	3,500	4,500
Operational	4,103	4,849	5,107	7,224	6,800	7,500
Postage	56	38	148	202	250	250
Food	900	608	862	965	1,200	1,200
IT Replacement Eq/Software	732	-	730	-	-	-
Uniforms/Clothing	1,730	1,016	1,122	869	2,000	2,000
Airport Resale Items	1,232	426	1,370	1,260	1,500	1,500
Aviation Gas	165,550	166,178	178,813	160,950	200,000	200,000
Jet Fuel	274,420	337,020	484,244	399,063	475,000	475,000
Equipment, Capital Expenditures	19,398	-	36,783	-	-	-
Paving	-	-	-	-	30,000	-
Credit Cards Processing Fees	23,013	22,066	26,655	26,072	24,000	24,000
Vehicle Maintenance	6,295	5,426	11,331	12,290	9,000	10,000
Gasoline	3,133	1,452	2,720	1,470	3,500	3,500
Diesel	629	961	1,199	1,862	1,600	1,600
Expenditure Total	589,831	663,581	937,912	763,550	923,300	896,000
Department Total	881,700	968,098	1,280,572	1,183,587	1,307,798	1,381,264

**Airport (720)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	1.89%	2.10%	2.57%	2.25%	2.50%	2.64%
Departmental Total Cost	881,700	968,098	1,280,572	1,183,587	1,307,798	1,381,264
Departmental Direct Revenue	964,284	1,050,538	1,311,419	1,236,018	1,118,716	1,187,216
Other Revenue	126,046	105,266	173,489	188,852	154,765	178,550
Cost in Tax Dollars	(208,630)	(187,705)	(204,336)	(241,283)	34,317	15,498
Estimated Millage	-0.42	-0.38	-0.41	-0.48	0.07	0.03
Life After Lock-Up	-	-	-	1	1	1
Total Full Time Employees	5	6	6	7	7	7
Cost Per Employee	58,374	50,753	57,110	60,005	54,928	69,323
Difference in Direct Revenue and Department Cost	176,340	82,439	30,847	52,431	(189,082)	(194,048)

**Oconee County, South Carolina
Animal Control (110)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	188,168	189,982	226,743	244,677	241,950	246,695
Overtime	13,733	22,307	22,047	25,325	17,500	17,500
Social Security	14,484	15,704	18,395	20,062	19,847	20,211
Retirement	25,859	31,949	39,426	42,804	43,374	46,616
Workers Compensation	2,967	7,290	7,698	7,658	5,725	7,295
Health Insurance	63,710	50,584	62,799	71,081	63,973	63,973
Dental	2,868	-	2,101	2,366	3,850	3,850
Vision	467	-	342	224	700	700
Salary and Wage Totals	312,257	317,816	379,551	414,197	396,919	406,840
New Positions Includes Salary and Fringe	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Professional	-	-	-	3,150	-	-
Professional - Spay/Neuter Program	80,925	79,876	87,337	80,720	80,000	80,000
Copier Click Charges	1,571	1,543	1,986	1,948	1,500	1,500
Medical	66,735	68,506	76,668	76,647	72,000	72,000
Staff Development	4,443	1,190	1,001	714	3,500	3,500
Data Processing	-	-	-	-	-	567
Building/Grounds Maintenance	2,967	3,146	4,191	10,238	9,000	9,000
Gas and Fuel Oil	7,991	11,283	10,816	7,167	13,500	13,500
Electricity	10,513	10,628	10,146	9,204	13,000	13,000
Water/Sewer/Garbage	5,676	6,916	4,831	4,108	6,750	6,750
Small Equipment	1,501	1,089	191	472	2,500	2,500
Operational	18,074	21,781	15,425	13,229	19,000	19,000
Uniforms/Clothing	4,874	5,929	3,923	1,877	6,700	6,700
General Gravel Use	-	431	927	-	3,000	3,000
Vehicle Maintenance	7,048	2,582	6,219	5,241	5,250	5,250
Gasoline	12,166	12,988	13,110	11,431	15,000	15,000
Expenditure Total	224,485	227,888	236,771	226,146	250,700	251,267
Department Total	536,742	545,704	616,322	640,343	647,619	658,107

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	1.22%	1.10%	1.28%	1.31%	1.24%	1.26%
Departmental Total Cost	536,742	545,704	616,322	640,343	647,619	658,107
Departmental Direct Revenue	67,418	61,128	67,507	45,535	62,500	41,500
Other Revenue	81,090	55,100	86,690	109,675	76,639	77,880
Cost in Tax Dollars	388,234	429,477	462,125	485,133	508,480	538,727
Estimated Millage	0.78	0.86	0.93	0.97	1.02	1.08
Life After Lock-Up	-	-	-	1	1	1
Total Full Time Employees	6	6	6	6	6	6
Cost Per Employee	52,043	52,969	63,259	59,171	56,703	58,120

**Oconee County, South Carolina
Assessor (301)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	619,739	533,317	572,780	577,779	614,445	607,923
Overtime	179	77	26	-	1,500	1,500
Social Security	44,260	38,515	40,681	40,704	47,801	46,621
Retirement	71,135	72,684	83,272	84,133	97,356	100,920
Workers Compensation	6,421	12,646	10,860	10,884	9,186	10,853
Health Insurance	186,935	134,816	143,627	149,418	146,224	146,224
Dental	8,524	-	7,352	3,205	8,800	8,800
Vision	1,388	-	1,197	154	1,600	1,600
Salary and Wage Totals	938,581	792,055	859,795	866,277	926,912	924,441
New Position	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Equipment Maintenance	-	-	-	-	1,000	750
Professional	-	8,000	-	-	-	-
Professional Services- Reassessment Temp Clerk	-	6,974	-	-	-	-
Telecommunications	300	50	-	-	-	-
Data Processing	69,012	65,330	71,103	53,707	106,000	77,700
Copies	3,405	2,837	4,450	2,999	4,500	4,500
Dues: Organizations	355	50	240	250	475	350
Staff Development	6,367	7,084	4,282	5,265	9,310	8,500
Small Equipment	806	986	2,883	763	1,000	1,000
Operational	8,459	5,275	3,159	3,101	7,500	7,300
Postage	1,232	-	500	-	1,725	2,000
Equipment/Software	-	-	-	1,348	-	-
Postage Reassessment	-	26,988	-	-	-	-
Newspaper/Magazines	-	-	-	-	-	1,200
Uniforms/Clothing	1,107	1,186	656	1,097	1,200	1,200
Capital IT equipment/Software	-	-	-	45,000	-	-
Vehicle Maintenance	3,812	348	3,670	1,677	3,000	3,000
Gasoline	3,893	3,483	4,040	2,344	6,000	6,000
Expenditure Total	98,748	128,591	94,983	117,551	141,710	113,500
Department Total	1,037,329	920,646	954,778	983,828	1,068,622	1,037,941

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	2.35%	1.85%	1.99%	2.01%	2.04%	1.98%
Departmental Total Cost	1,037,329	920,646	954,778	983,828	1,068,622	1,037,941
Departmental Direct Revenue	3,385	3,001	2,228	1,041	2,000	2,000
Other Revenue	156,718	92,957	134,296	168,506	126,461	134,170
Cost in Tax Dollars	877,226	824,688	818,254	814,281	940,161	901,771
Estimated Millage	1.69	1.58	1.52	1.49	1.67	1.61
Total Full Time Employees	16	16	16	16	16	16
Cost Per Employee	58,661	49,503	53,737	54,142	57,932	57,778

**Oconee County, South Carolina
Auditor (302)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	236,483	235,949	257,042	272,163	303,908	318,610
Overtime	-	-	-	352	-	-
Social Security	16,435	16,836	18,279	18,919	21,475	23,991
Retirement	27,771	31,997	37,197	39,743	43,788	44,647
Workers Compensation	1,199	1,503	824	1,136	2,158	2,178
Health Insurance	65,343	42,129	60,889	59,217	63,973	63,973
Dental	2,969	-	1,455	3,376	3,850	3,850
Vision	484	-	237	389	700	700
Salary and Wage Totals	350,684	328,414	375,923	395,295	439,852	457,949
New Positions-	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Travel	-	-	352	474	500	1,000
Equipment Maintenance	-	-	-	-	200	500
Professional	-	-	-	644	-	-
Telecommunications	-	-	-	-	1,440	-
Data Processing	53,753	46,096	51,863	76,591	102,556	102,556
Copier Click Charges	946	1,512	961	1,318	1,750	2,000
Dues: Organizations	150	100	100	150	150	150
Staff Development	2,045	1,665	2,666	2,118	5,000	5,000
Non-Cap Equipment	-	-	-	1,937	-	-
Operational	21,433	21,391	20,662	21,755	30,000	30,000
IT Replacement Equipment/Software	1,252	3,337	-	2,120	2,500	2,500
Food	-	-	500	-	-	-
Uniforms/Clothing	785	547	582	355	700	1,000
Forfeited Land Commission (FLC) Expenditures	186	433	297	935	500	500
Temporary Tags	674	-	315	-	-	-
Expenditure Total	86,063	75,081	78,298	108,397	145,296	145,206
Department Total	436,747	403,495	454,221	503,692	585,148	603,155

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	0.99%	0.81%	0.95%	1.03%	1.12%	1.06%
Departmental Total Cost	436,747	403,495	454,221	503,692	585,148	603,155
Departmental Direct Revenue	4,865	4,820	2,280	-	-	-
Other Revenue	65,983	40,741	63,889	86,270	69,246	71,902
Cost in Tax Dollars	365,899	357,934	388,052	417,422	515,902	531,253
Estimated Millage	0.74	0.72	0.78	0.84	1.04	1.07
Total Full Time Employees	7	6	6	7	8	8
Cost Per Employee	50,098	54,736	62,654	56,471	54,982	57,244

**Oconee County, South Carolina
Board of Assessment Appeals (303)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	3,419	4,228	2,039	2,471	10,477	10,477
Board Members	-	-	-	-	-	-
Social Security	162	174	83	116	266	266
Workers Compensation	3	9	3	6	8	10
Salary and Wage Totals	3,584	4,411	2,125	2,593	10,751	10,753
New Position	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Travel	167	331	89	88	950	950
Advertising	12	26	-	-	200	200
Operational	-	-	-	10	100	100
Expenditure Total	179	357	89	98	1,250	1,250
Department Total	3,763	4,768	2,214	2,691	12,001	12,003

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	0.01%	0.01%	0.00%	0.01%	0.02%	0.02%
Departmental Total Cost	3,763	4,768	2,214	2,691	12,001	12,003
Departmental Direct Revenue	-	-	-	-	-	-
Other Revenue	569	481	305	461	1,420	1,552
Cost in Tax Dollars	3,194	4,287	1,909	2,230	10,581	10,451
Estimated Millage	0.01	0.01	0.00	0.00	0.02	0.02
Total Full Time Employees	-	-	-	-	-	-
Cost Per Employee	-	-	-	-	-	-

**Oconee County, South Carolina
Building Codes Department (702)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	498,200	356,620	393,668	330,769	330,709	335,603
Overtime	9,365	10,579	7,958	6,729	15,000	10,000
Social Security	38,038	27,281	29,009	25,058	29,173	25,394
Retirement	54,012	49,259	56,953	49,602	59,395	54,789
Workers Compensation	6,065	9,656	8,824	7,687	6,720	5,698
Health Insurance	115,918	84,273	86,103	69,753	73,112	63,973
Dental	5,353	-	3,396	2,441	4,400	3,850
Vision	872	-	638	128	800	700
Salary and Wage Totals	727,823	537,668	586,549	492,167	519,309	500,007
New Positions includes salary and fringe						
	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Professional	37,939	87,001	120,952	73,107	40,000	75,000
Data Processing	27,121	30,896	33,200	32,000	35,500	35,500
Copies	2,581	3,044	2,881	964	3,700	3,700
Advertising	468	675	979	-	-	-
Dues: Organizations	2,784	895	1,347	1,175	2,750	2,750
Staff Development	5,310	10,402	6,070	5,545	12,000	12,000
Commission Honoraria	3,200	4,000	4,375	-	-	-
Safety Equipment	440	476	354	362	625	625
Small Equipment	3,372	1,987	1,266	812	2,500	2,500
Operational	8,738	4,917	7,691	886	5,000	5,000
Food	70	48	42	-	-	-
IT Replacement Equipment/Software	1,356	2,554	-	-	-	-
Uniforms/Clothing	250	1,876	718	1,653	2,500	2,500
Vehicle Capital Expenditure	27,500	-	29,889	-	-	-
Vehicle Maintenance	4,229	1,303	3,241	4,682	3,500	3,500
Gasoline	6,694	7,396	10,652	10,324	8,500	8,500
Expenditure Total	132,132	157,470	223,657	131,510	116,575	151,575
Department Total	859,955	695,138	810,206	623,677	635,884	651,582

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	1.95%	1.40%	1.66%	1.27%	1.21%	1.24%
Departmental Total Cost	859,955	695,138	810,206	623,677	635,884	651,582
Departmental Direct Revenue	778,854	1,215,368	1,041,997	1,244,915	1,044,150	1,427,500
Other Revenue	129,920	70,188	111,742	106,821	75,250	84,227
Cost in Tax Dollars	(48,819)	(590,418)	(343,533)	(728,059)	(483,516)	(860,145)
Estimated Millage	-0.10	-1.19	-0.69	-1.46	-0.97	-1.73
Total Full Time Employees	11	10	10	7	7	7
Cost Per Employee	66,166	53,767	58,655	70,310	74,187	71,430

**Oconee County, South Carolina
Chau Ram Park (205)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	109,642	108,311	130,832	145,087	149,183	153,047
Overtime	7,131	6,607	5,790	4,883	5,500	7,000
Social Security	8,756	8,638	10,208	11,009	11,757	11,701
Retirement	13,531	15,543	19,840	21,661	23,945	25,329
Workers Compensation	2,622	5,531	5,747	6,354	4,864	4,842
Health Insurance	34,141	25,277	38,986	41,699	36,556	36,556
Dental	1,576	-	1,552	907	2,200	2,200
Vision	256	-	253	56	400	400
Salary and Wage Totals	177,655	169,907	213,208	231,656	234,405	241,075
New Positions						
	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Equipment Maintenance	1,012	1,105	614	622	1,200	1,200
Equipment (Leased or Rented)	-	962	86	8,357	9,700	9,700
Professional	26,412	33,046	34,665	42,919	45,585	45,585
Building/Grounds Maintenance	12,388	8,814	11,165	28,653	31,000	31,000
Gas and Fuel Oil	1,056	2,443	3,442	3,597	2,400	2,400
Electricity	12,322	12,573	10,592	10,096	12,000	12,000
Water/Sewer/Garbage	1,332	1,346	1,228	2,463	1,800	1,800
Small Equipment	1,909	1,868	2,612	1,572	9,500	9,500
Operational	5,965	4,856	3,751	5,467	4,500	5,500
Capital Expenditure Land	-	-	-	230,190	-	-
Food	218	225	177	465	300	300
Uniforms/Clothing	1,510	1,775	1,426	2,238	1,600	2,600
Concessions	1,006	276	223	221	11,000	11,000
Expenditure Total	65,130	69,289	69,981	336,860	130,585	132,585
Department Total	242,785	239,196	283,189	568,516	364,990	373,660

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	0.55%	0.48%	0.58%	1.16%	0.70%	0.71%
Departmental Total Cost	242,785	239,196	283,189	568,516	364,990	373,660
Departmental Direct Revenue	12,381	15,608	17,107	15,954	13,400	17,300
Other Revenue	36,680	24,152	39,057	97,373	43,193	48,301
Cost in Tax Dollars	193,725	199,436	227,025	455,189	308,397	308,059
Estimated Millage	0.39	0.40	0.46	0.91	0.62	0.62
Total Full Time Employees	3	3	4	4	4	4
Cost Per Employee	59,218	56,636	53,302	57,914	58,601	60,269

**Oconee County, South Carolina
Clerk of Court (501)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	341,459	329,793	334,721	360,205	361,892	350,251
Overtime	570	84	389	774	500	500
Social Security	23,890	23,132	23,683	25,436	27,723	26,832
Retirement	39,227	44,692	48,869	52,691	56,470	58,084
Workers Compensation	578	1,157	1,081	1,154	869	1,042
Health Insurance	101,679	75,831	79,160	82,192	91,390	91,390
Dental	4,680	-	4,317	1,991	5,500	5,500
Vision	763	-	703	95	1,000	1,000
Salary and Wage Totals	512,846	474,689	492,923	524,538	545,344	534,599
New Positions						
	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Travel	474	326	216	165	250	250
Equipment Maintenance	-	-	-	8,329	-	-
Professional	6,576	8,349	7,032	-	-	-
Court Expenditures	58,543	58,634	48,002	38,266	60,000	60,000
Equipment Rental	-	-	-	-	-	-
Data Processing	25,000	33,689	33,950	27,282	35,250	30,000
Copier Click Charges	4,456	4,768	5,104	4,558	5,500	5,500
Staff Development	1,595	1,147	1,515	1,177	1,600	1,600
Small Equipment	3,356	2,934	2,938	560	10,500	6,500
Operational	7,497	6,977	5,205	6,126	7,500	7,500
IT Replacement Equipment/Software	-	-	-	835	-	-
Equipment Capital Expenditures	-	-	-	6,346	-	-
DSS Child Support Title IV-D	14,414	14,219	10,753	6,821	14,414	14,414
Master in Equity	36,056	36,056	36,056	36,056	36,056	36,056
Expenditure Total	157,967	167,099	150,771	136,521	171,070	161,820
Department Total	670,813	641,788	643,694	661,059	716,414	696,419

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	1.52%	1.29%	1.34%	1.35%	1.37%	1.33%
Departmental Total Cost	670,813	641,788	643,694	661,059	716,414	696,419
Departmental Direct Revenue	287,498	309,813	265,486	291,932	293,576	293,576
Other Revenue	101,345	64,801	90,540	113,223	84,780	90,023
Cost in Tax Dollars	281,970	267,175	287,668	255,904	338,058	312,820
Estimated Millage	0.57	0.54	0.58	0.51	0.68	0.63
Total Full Time Employees	10	10	10	10	10	10
Cost Per Employee	36,650	35,417	35,987	38,757	39,098	37,863

Does not include Federal Paid Employees of 2.78 FTEs

**Oconee County, South Carolina
Communications (104)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	793,399	811,593	820,307	870,996	902,675	901,080
Overtime	102,900	125,405	116,758	103,494	75,000	75,000
Social Security	64,803	68,740	68,381	70,764	74,523	69,896
Retirement	106,645	130,207	139,170	141,327	154,553	150,957
Workers Compensation	4,438	10,244	8,457	6,099	5,311	4,785
Health Insurance	231,218	193,597	205,956	201,336	201,058	201,058
Dental	10,549	-	7,859	7,056	12,050	12,100
Vision	7,860	-	1,280	667	2,200	2,200
Salary and Wage Totals	1,321,812	1,339,786	1,368,168	1,401,739	1,427,370	1,417,076
New Positions						
Dispatcher I Start July 1st	-	-	-	-	-	48,635
Dispatcher I Start January 1st	-	-	-	-	-	24,318
New Position Total	-	-	-	-	-	72,953
Travel	-	539	553	405	-	-
Equipment Maintenance	78,710	54,075	79,206	64,478	82,000	82,000
Professional	501	526	2,461	502	4,000	4,000
Equipment Leased or Rented	-	-	-	76	-	-
Telecommunications	83,539	89,885	89,040	72,349	92,000	92,000
Data Processing	13,482	14,318	27,412	36,919	17,000	17,000
Copier Click Charges	2,412	2,566	1,691	3,229	2,000	3,000
Dues: Organizations	413	505	510	424	450	450
Staff Development	5,814	5,345	5,849	5,830	6,000	6,000
Building/Grounds Maintenance (External Radio	925	-	168	626	1,700	1,700
Gas and Fuel Oil - Generators	1,079	1,351	640	-	1,400	1,400
Electricity - Radio Sites	6,492	7,127	6,315	5,578	6,500	6,500
Small Equipment	11,187	3,326	6,775	7,724	4,000	4,000
Operational	3,864	3,809	3,700	3,648	4,000	4,000
Food	734	954	840	333	1,000	1,000
IT Replacement EQ/Software	-	-	3,302	1,275	5,000	5,000
Periodical Subscriptions	-	-	-	469	-	-
Equipment, Capital Expenditures	19,421	24,858	13,758	18,719	-	-
Expenditure Total	228,601	209,184	242,220	222,584	227,050	228,050
Department Total	1,550,413	1,548,970	1,610,388	1,624,323	1,654,420	1,718,079

**Communications (104)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	3.52%	3.12%	3.36%	3.32%	3.16%	3.28%
Departmental Total Cost	1,550,413	1,548,970	1,610,388	1,624,323	1,654,420	1,718,079
Departmental Direct Revenue	41,000	32,000	15,000	25,000	30,000	30,000
Other Revenue	234,233	156,399	226,512	278,207	195,784	222,089
Cost in Tax Dollars	1,275,179	1,360,571	1,368,876	1,321,116	1,428,636	1,465,990
Estimated Millage	2.56	2.73	2.75	2.65	2.87	2.95
Total Full Time Employees	21	21	21	21	22	24
Cost Per Employee	62,943	63,799	65,151	66,749	64,880	62,085

**Oconee County, South Carolina
Coroner (103)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	61,743	61,379	98,531	104,625	105,441	171,826
Social Security	4,358	4,423	6,956	7,452	8,067	13,145
Retirement	7,095	8,323	14,361	16,298	16,181	28,454
Workers Compensation	1,158	2,483	3,491	3,740	2,823	5,697
Health Insurance	11,380	8,439	15,072	16,838	18,278	18,278
Dental	525	-	525	716	1,100	1,100
Vision	85	-	86	70	200	200
Salary and Wage Totals	86,344	85,047	139,022	149,739	152,090	238,700
New Positions						
	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Equipment Maintenance	660	972	1,098	1,355	1,500	1,500
Professional	61,831	79,105	61,445	75,285	80,000	20,000
Pauper Funerals - Moved from DSS in 2021	-	-	-	-	8,000	8,000
Telecommunications	166	185	194	195	240	240
Copier Click Charges	594	804	798	864	1,000	1,000
Dues: Organizations	330	330	360	300	330	330
Staff Development	1,931	1,829	50	402	2,000	2,000
Building/Grounds Maintenance	5,737	823	2,586	915	1,000	6,000
Gas & Fuel Oil	195	183	200	211	350	350
Electricity	4,945	4,006	4,554	4,617	4,600	4,600
Water/Sewer/Garbage	1,235	1,032	1,134	1,118	1,700	1,700
Safety Equipment	714	13	258	167	250	250
Small Equipment	3,045	2,540	28	1,428	1,500	4,500
Operational	4,006	4,466	5,495	5,681	4,500	4,500
IT Replacement Eq/Software	-	-	-	1,287	-	-
Uniforms/Clothing	238	535	414	518	550	550
Periodicals	240	220	220	230	250	250
Vehicle Maintenance	958	1,207	1,543	1,550	2,500	2,500
Gasoline	4,377	4,924	4,712	4,102	6,500	6,500
Expenditure Total	132,395	103,174	85,089	100,225	116,770	64,770
Department Total	218,739	188,221	224,111	249,964	268,860	303,470

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	0.50%	0.38%	0.47%	0.51%	0.51%	0.58%
Departmental Total Cost	218,739	188,221	224,111	249,964	268,860	303,470
Departmental Direct Revenue	1,575	1,575	1,575	1,575	1,576	1,576
Other Revenue	33,047	19,005	31,523	42,813	31,817	35,913
Cost in Tax Dollars	184,118	167,641	191,013	205,576	235,467	265,981
Estimated Millage	0.37	0.34	0.38	0.41	0.47	0.53
Total Full Time Employees	1	1	2	2	2	3
Cost Per Employee	86,344	85,047	69,511	74,870	76,045	79,567

**Oconee County, South Carolina
County Attorney (741)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	154,188	170,349	169,015	197,292	212,007	196,478
Overtime	-	-	31	70	-	-
Social Security	10,844	12,498	12,360	13,926	13,331	15,031
Retirement	17,563	23,082	24,492	28,993	27,120	32,537
Workers Compensation	1,862	1,150	4,046	4,215	1,469	697
Health Insurance	19,169	16,853	16,809	11,829	18,278	18,278
Dental	828	-	949	716	1,100	1,100
Vision	135	-	154	71	200	200
Salary and Wage Totals	204,589	223,932	227,856	257,112	273,505	264,321
New Positions	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Travel	-	43	53	-	-	-
Professional	136,010	161,669	90,213	49,621	110,000	110,000
Dues: Organizations	805	605	785	1,105	755	1,255
Staff Development	2,175	2,594	2,310	3,006	3,500	3,000
Small Equipment	-	853	966	318	1,500	1,500
Operational	4,367	6,661	7,250	8,878	8,000	8,000
IT Replacement Eq/Software	-	-	1,384	1,261	500	500
Periodicals	30	49	50	199	300	300
Contingency	-	-	-	-	10,000	10,000
Expenditure Total	143,811	172,474	103,011	64,388	134,555	134,555
Department Total	348,400	396,406	330,867	321,500	408,060	398,876

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	0.79%	0.80%	0.69%	0.66%	0.78%	0.76%
Departmental Total Cost	348,400	396,406	330,867	321,500	408,060	398,876
Departmental Direct Revenue	-	-	-	-	-	-
Other Revenue	52,636	40,025	46,539	55,065	48,290	51,561
Cost in Tax Dollars	295,764	356,381	284,328	266,435	359,770	347,315
Estimated Millage	0.57	0.68	0.53	0.49	0.64	0.62
Total Full Time Employees	2	2	2	2	2	2
Cost Per Employee	102,294	111,966	113,928	128,556	136,753	132,161

**Oconee County, South Carolina
County Council (704)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	76,335	75,043	76,822	82,968	83,448	84,140
Overtime	39	288	564	-	-	-
Social Security	5,153	4,556	4,614	4,972	6,384	6,437
Retirement	7,805	10,199	10,702	10,910	12,993	13,934
Workers Compensation	659	1,419	1,262	1,419	1,533	1,185
Health Insurance	46,175	30,448	44,776	56,002	54,834	54,834
Dental	2,141	2,798	2,626	1,098	3,300	3,300
Vision	349	457	427	41	600	600
Salary and Wage Totals	138,656	125,208	141,793	157,410	163,092	164,430
New Positions	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Travel	2,113	1,872	1,774	3,002	3,500	3,500
Maint on Equipment	-	-	-	185	-	-
Professional	3,357	6,406	5,533	4,419	5,500	5,500
Professional - Auditing Firm	51,500	52,000	53,500	53,500	55,000	55,000
Xerox Copies	1,706	1,745	2,226	1,920	2,000	2,000
Telecommunications	-	-	-	700	-	600
Advertising	1,037	1,929	2,526	-	-	-
Dues: Organizations	1,485	1,535	1,535	1,535	1,535	1,535
Staff Development	6,050	8,220	9,772	13,208	13,000	13,000
Small Equipment	1,443	-	2,968	3,676	-	-
Operational	1,062	792	434	13,572	1,750	1,750
Food	151	1,285	1,238	1,290	1,500	1,500
It Replacement/Equip Software	-	-	-	188	-	-
Magazines/Newspapers	153	152	-	-	153	153
Donated Gravel	11,057	93	20,664	57,227	-	-
Contingency	3,536	591	833	169	4,500	4,500
SC Association of Counties	13,554	13,554	13,554	13,554	13,555	13,555
Appalachian Council of Governments	31,632	35,313	38,993	38,993	38,993	38,993
Ten at the Top (TATT)	5,000	5,000	5,000	5,000	5,000	5,000
Expenditure Total	134,836	130,487	160,550	212,138	145,986	146,586
Department Total	273,492	255,695	302,343	369,548	309,078	311,016

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2021
Percentage of Budget	0.62%	0.51%	0.63%	0.76%	0.59%	0.55%
Departmental Total Cost	273,492	255,695	302,343	369,548	309,078	311,016
Departmental Direct Revenue	-	-	-	-	-	-
Other Revenue	41,319	25,817	42,527	63,295	36,576	37,076
Cost in Tax Dollars	232,173	229,878	259,816	306,253	272,502	273,940
Estimated Millage	0.45	0.44	0.48	0.56	0.49	0.49
Total Full Time Employees	1	1	1	1	1	1
Cost Per Employee	50,241	42,027	60,639	62,699	63,775	64,746

**Oconee County, South Carolina
Delinquent Tax Collector (305)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	114,851	99,447	113,495	93,094	128,997	120,491
Overtime	-	375	229	78	-	200
Social Security	8,328	7,166	8,053	6,519	9,570	9,218
Retirement	13,198	13,522	16,755	13,385	19,489	19,953
Workers Compensation	648	2,463	1,528	1,260	2,663	3,175
Health Insurance	34,141	25,278	25,501	21,211	27,417	27,417
Dental	1,576	-	1,050	1,297	1,650	1,650
Vision	257	-	171	142	300	300
Salary and Wage Totals	172,999	148,251	166,782	136,986	190,086	182,404
New Positions	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Professional (D TaxP	-	-	-	2,403	-	-
Professional-Tax Sale	176,941	178,637	132,998	142,942	175,000	190,000
Data Processing	6,495	6,710	6,891	7,198	7,320	7,320
Copier Click Charges	2,209	2,596	2,330	2,245	2,750	2,750
Advertising- Tax Sale	28,401	30,095	31,353	22,302	32,000	32,000
Dues: Organizations	50	110	50	50	115	115
Staff Development	1,164	1,254	1,205	-	1,800	1,800
Small Equipment	-	901	-	233	-	-
Operational	1,264	2,451	1,070	1,010	1,400	1,400
Operational- Tax Sale	6,938	3,509	4,455	3,420	6,000	6,000
Postage - Tax Sale	35,596	35,580	26,254	2,523	36,000	36,000
IT Replacement Equipment/Software	1,627	1,216	-	-	-	-
Uniform Clothing - Tax Sale	61	137	83	111	150	150
Expenditure Total	260,746	263,196	206,689	184,437	262,535	277,535
Department Total	433,745	411,447	373,471	321,423	452,621	459,939

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	0.98%	0.83%	0.78%	0.66%	0.86%	0.88%
Departmental Total Cost	433,745	411,447	373,471	321,423	452,621	459,939
Departmental Direct Revenue	284,168	294,602	286,764	202,899	265,000	275,000
Other Revenue	65,529	41,544	52,531	55,052	53,563	59,454
Cost in Tax Dollars	84,048	75,302	34,176	63,472	134,058	125,485
Estimated Millage	0.16	0.14	0.06	0.12	0.24	0.22
Total Full Time Employees	3	3	3	3	3	3
Cost Per Employee	57,666	49,417	55,594	45,662	63,362	60,801

**Oconee County, South Carolina
Department of Social Services (402)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Telecommunications	14,346	14,212	9,276	10,806	11,700	11,700
Non-Capital Equipment	-	1,552	3,457	-	1,000	1,000
Operational	247	57	22	23	500	500
Equipment Capital Expenditure	-	-	-	-	-	-
Pauper Funerals	4,500	6,287	7,112	2,000	-	-
Expenditure Total	19,093	22,108	19,867	12,829	13,200	13,200
Department Total	19,093	22,108	19,867	12,829	13,200	13,200

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	0.04%	0.04%	0.04%	0.03%	0.03%	0.03%
Departmental Total Cost	19,093	22,108	19,867	12,829	13,200	13,200
Departmental Direct Revenue	2,198	-	-	-	-	-
Other Revenue	2,885	2,232	2,794	2,197	1,562	1,706
Cost in Tax Dollars	14,010	19,876	17,073	10,632	11,638	11,494
Estimated Millage	0.03	0.04	0.03	0.02	0.02	0.02
Total Full Time Employees	-	-	-	-	-	-
Cost Per Employee	-	-	-	-	-	-

Oconee County, South Carolina
Detention Center (106)
2021-2022 Budget

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	1,758,009	1,844,883	1,827,617	1,911,589	1,944,306	2,032,144
Overtime	63,372	38,626	69,509	84,896	60,000	60,000
Social Security	133,045	138,993	138,408	145,866	150,209	156,357
Retirement	258,060	306,162	323,714	342,620	352,030	391,404
Workers Compensation	33,561	73,262	66,647	69,452	50,807	53,830
Health Insurance	461,252	337,030	405,514	410,001	438,672	447,811
Dental	27,011	-	17,865	16,665	26,400	26,950
Vision	3,329	-	2,886	1,644	4,800	4,900
Salary and Wage Totals	2,737,639	2,738,956	2,852,160	2,982,733	3,027,224	3,173,396
New Position						
Correctional Officer II	-	-	-	-	-	56,507
Correctional Officer II	-	-	-	-	-	56,507
New Position Total	-	-	-	-	-	113,014
Equipment Maintenance	12,738	18,265	11,235	13,978	14,000	14,000
Professional	738	954	790	1,082	3,600	3,600
State Inmate Stipend	2,172	4,524	7,652	12,268	14,600	14,600
Data Processing	13,065	22,380	16,747	6,472	30,000	43,000
Copier Click Charges	8,106	6,867	7,361	7,763	10,000	10,000
Medical	277,829	272,884	288,201	351,999	427,000	427,000
Dues: Organizations	1,398	1,653	1,950	1,590	2,000	2,000
Staff Development	9,183	5,832	8,918	5,674	9,000	15,000
Building/Grounds Maintenance	53,136	46,412	62,714	61,832	62,000	62,000
Gas and Fuel Oil	20,599	20,375	21,859	22,914	20,000	20,000
Electricity	211,473	209,871	230,515	248,883	200,000	200,000
Water/Sewer/Garbage	45,200	43,578	44,429	57,542	48,000	48,000
Small Equipment	42,561	18,281	47,291	26,229	30,000	30,000
Operational	64,605	77,017	63,982	77,846	79,000	79,000
Postage	158	154	82	192	900	900
Food	260,685	243,297	249,568	285,691	266,000	266,000
IT Replacement						
Equipment/Software	8,518	11,046	7,970	7,947	9,000	9,000
Uniforms/Clothing	41,397	37,174	56,059	41,710	55,000	55,000
Periodicals	210	-	190	190	250	250
Equipment, Capital Expenditures	-	5,600	37,655	-	-	-
Capital Vehicles	-	-	33,687	-	-	-
Juvenile Detention Services (Department of Juvenile Justice)	21,026	18,483	22,543	20,878	32,000	32,000
Expenditure Total	1,094,797	1,064,647	1,221,398	1,252,680	1,312,350	1,331,350
Department Total	3,832,436	3,803,603	4,073,558	4,235,413	4,339,574	4,617,760
Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2021
Percentage of Budget	8.69%	7.65%	8.49%	8.65%	8.28%	8.81%
Departmental Total Cost	3,832,436	3,803,603	4,073,558	4,235,413	4,339,574	4,617,760
Departmental Direct Revenue	-	-	-	-	-	-
Other Revenue	578,997	384,049	572,973	725,424	513,545	596,918
Cost in Tax Dollars	3,253,439	3,419,554	3,500,585	3,509,989	3,826,029	4,020,842
Estimated Millage	6.28	6.53	6.51	6.43	6.82	7.16
Life After Lock-Up	-	-	-	1	1	1
Total Full Time Employees	48	47	47	47	48	50
Cost Per Employee	57,034	58,276	60,684	63,462	63,067	65,728

**Oconee County, South Carolina
Economic Development (707)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	205,461	219,738	216,831	199,264	284,021	284,021
Overtime	3,683	5,194	32,053	7,777	-	-
Social Security	15,281	16,480	17,344	15,434	20,881	20,881
Retirement	24,154	30,287	33,750	28,381	42,346	42,346
Workers Compensation	1,361	4,389	4,166	4,544	6,088	6,088
Health Insurance	31,806	33,703	37,380	34,750	36,556	36,556
Dental	1,252	-	1,656	2,296	2,200	2,200
Vision	204	-	270	259	400	400
Salary and Wage Totals	283,202	309,791	343,450	292,705	392,492	392,492
New Positions	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Copier Click Charges	2,002	1,781	786	662	3,500	3,000
Rent	20,655	21,012	21,012	22,763	21,012	21,600
Equip Maint _ GCCP Sewer South	-	9,387	-	-	-	-
Electricity	-	-	-	166	-	-
Electricity - Commerce Center	2,400	2,215	1,902	1,828	2,225	2,225
Electricity-OITP	3,766	4,229	3,321	3,877	4,900	4,900
Electricity-Golden Corner	-	-	-	-	5,000	5,000
Electricity - Echo Hills	-	-	-	-	-	-
Water/Sewer/Garbage	-	4,912	550	-	-	1,000
IT Replacement Eq/Software	-	-	-	(1,233)	-	1,000
Operational- GCCP Sewer South	-	320	405	-	-	-
Vehicles, Capital Expenditures	-	-	-	-	-	-
Econ Dev Land Transf To	-	500,319	-	-	-	-
Vehicle Maintenance	714	91	346	14	500	500
Gasoline	1,972	1,708	803	339	2,500	2,500
Mountain Lakes Business Development Corporation	36,000	36,500	39,000	34,550	37,050	27,500
EDIS Partnership via Appalachian Council of Governments	12,199	12,199	12,199	12,199	12,199	12,199
Oconee Economic Alliance	167,500	167,000	159,275	158,775	156,275	156,275
Upstate SC Alliance	37,522	37,522	37,522	37,522	37,523	40,000
Sign Maint	-	-	-	-	-	12,500
Expenditure Total	286,927	799,195	277,121	271,462	282,684	290,199
Department Total	570,129	1,108,986	620,571	564,167	675,176	682,691
Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	1.29%	2.23%	1.29%	1.15%	1.29%	1.30%
Departmental Total Cost	570,129	1,108,986	620,571	564,167	675,176	682,691
Departmental Direct Revenue	-	-	-	-	-	-
Other Revenue	86,134	111,974	87,287	96,628	79,900	88,249
Cost in Tax Dollars	483,995	997,012	533,284	467,539	595,276	594,442
Estimated Millage	0.93	1.90	0.99	0.86	1.06	1.06
Total Full Time Employees	4	4	4	5	5	4
Cost Per Employee	70,800	77,448	85,863	58,541	78,498	98,123

**Oconee County, South Carolina
Facilities Maintenance (714)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	414,592	447,681	464,029	540,520	515,836	580,685
Work Release Program	-	-	-	-	15,000	15,000
Overtime	1,245	1,486	1,852	3,402	1,500	2,500
Social Security	29,164	32,098	32,957	38,421	39,576	42,463
Retirement	47,714	60,813	67,590	79,205	80,618	91,920
Workers Compensation	10,502	22,211	20,395	24,229	18,457	19,804
Health Insurance	136,238	93,451	119,298	139,976	127,946	137,085
Dental	6,282	6,585	5,959	2,292	7,150	8,250
Vision	1,023	1,073	970	75	1,300	1,500
ARC - Retiree Health Plan	-	-	-	-	-	-
Salary and Wage Totals	646,760	665,398	713,050	828,120	807,383	899,207
New Positions includes salary and fringe						
	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Equipment Maintenance	1,684	699	533	1,106	2,000	2,000
Professional	43,199	36,016	29,528	5,750	40,000	20,000
Copier Clicks	22	43	13	174	200	200
Staff Development	-	-	-	-	500	500
Building/Grounds Maintenance	4,254	5,891	5,567	7,051	7,000	7,000
Building Maintenance - Probation and Parole	715	13,632	4,592	5,565	8,000	8,000
Building/Grounds	-	-	-	6,943	-	-
Building/Grounds - Oakway Intm	5,852	2,344	7,594	1,618	1,000	2,000
Building/Grounds - Christ Central Building Maintenance - DSS Building	-	-	27,639	-	-	-
Buildings/Grounds Rosa Clark Building Maintenance - Lakeview Rest Home	6,748	6,522	4,158	60,031	7,000	10,000
Building Maintenance - Courthouse	48,937	74,328	39,863	44,772	59,000	59,000
Building Maintenance - Walhalla Health Department	3,901	3,411	3,995	14,542	6,300	5,000
Building Maintenance - USDA Building	336	3,270	3,448	2,455	3,500	3,500
Building Maintenance - Pine Street Building	32,914	24,959	33,662	22,011	30,000	33,000
Gas and Fuel Oil - Probation and Parole	1,434	1,630	1,999	1,815	1,900	1,900
Gas and Fuel Oil - Oakway Intm	590	5,082	3,979	4,290	2,500	2,500
Gas and Fuel Oil - Courthouse	43,024	29,521	12,577	11,649	45,000	20,000
Gas and Fuel Oil - Pine Street	2,382	2,843	3,317	2,424	3,500	3,500
Gas and Fuel Oil - Brown Building	1,307	1,180	1,047	957	1,900	1,900
Electricity - Facilities Maintenance	494	620	907	1,398	1,000	1,000

**Oconee County, South Carolina
Facilities Maintenance (714)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Electricity - Probation and Parole	5,229	5,344	5,496	5,354	6,200	6,200
Electricity - Oakway School	4,628	18,951	18,120	22,464	17,000	20,000
Electricity - DSS Building	45,674	48,162	46,707	46,920	50,000	45,000
Electricity - Walhalla Health Department	17,406	13,599	13,564	12,326	15,000	15,000
Electricity - Foothills Alliance	61	1,113	1,465	1,246	1,300	1,300
Electricity - Courthouse	121,611	112,519	101,611	72,786	117,813	75,000
Electricity - Pine Street	53,186	51,335	25,541	48,065	55,000	40,000
Electricity - Brown Building	9,330	9,847	10,260	10,473	12,000	12,000
Water - Facilities Maintenance	772	737	796	899	800	800
Water - Probation and Parole	701	1,349	1,366	682	1,000	1,000
Water - Oakway School	152	568	479	2,068	500	2,000
Water - DSS Building	2,454	2,692	3,152	3,249	2,850	2,850
Water - Walhalla Health Department	679	694	945	1,192	810	1,000
Water - Foothills Alliance	-	414	676	608	700	700
Water - Courthouse	3,704	3,354	3,294	3,465	3,600	3,600
Water - Pine Street	2,520	2,085	2,202	2,295	2,500	2,500
Water - Brown Building	1,685	1,177	1,154	1,309	1,300	1,300
Safety Equipment	2,336	2,066	2,010	2,122	2,500	2,500
Small Equipment	6,900	7,981	3,918	8,195	12,000	10,000
Operational	26,273	25,564	28,944	30,161	27,000	30,000
Uniforms/Clothing	5,037	4,553	5,320	3,777	5,500	6,000
Equipment, Capital Expenditures	19,400	8,345	-	-	-	-
Vehicle Maintenance	6,186	6,556	7,453	4,331	6,500	6,500
Gasoline	9,995	12,373	13,214	11,558	13,500	13,500
Expenditure Total	560,835	576,688	511,562	524,122	598,673	505,750
Department Total	1,207,595	1,242,085	1,224,612	1,352,242	1,406,056	1,404,957
Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	2.74%	2.50%	2.55%	2.76%	2.68%	2.68%
Departmental Total Cost	1,207,595	1,242,085	1,224,612	1,352,242	1,406,056	1,404,957
Departmental Direct Revenue	-	-	-	-	-	-
Other Revenue	182,441	125,413	172,250	231,606	166,393	166,263
Cost in Tax Dollars	1,025,154	1,116,672	1,052,362	1,120,636	1,239,663	1,238,694
Estimated Millage	1.98	2.13	1.96	2.05	2.21	2.21
Total Full Time Employees	12	13	14	15	15	15
Cost Per Employee	53,897	51,184	50,932	55,208	53,826	59,947

**Oconee County, South Carolina
Finance Department (708)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	316,595	290,257	332,526	286,650	328,877	343,115
Overtime	301	135	234	425	500	1,000
Social Security	22,035	20,567	23,779	20,415	27,913	26,325
Retirement	36,576	39,216	48,532	41,643	56,967	56,823
Workers Compensation	537	1,044	1,069	952	1,983	1,185
Health Insurance	73,458	46,890	54,396	52,230	63,973	54,834
Dental	3,676	3,153	2,992	2,143	3,850	3,300
Vision	599	513	487	188	700	600
Salary and Wage Totals	453,777	401,776	464,015	404,646	484,763	487,182
New Positions	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Travel	1,120	-	672	484	1,000	1,000
Equipment Maintenance	790	936	-	-	720	720
Professional	9,419	8,126	9,288	8,465	10,300	10,300
Telecommunications	-	-	300	-	-	-
Data Processing	64,162	131,087	161,841	173,798	140,000	163,000
Copies	4,117	4,185	3,948	3,956	4,800	4,800
Advertising	411	1,083	1,142	-	500	-
Dues: Organizations	1,295	1,592	1,095	1,224	1,600	1,600
Staff Development	5,873	609	2,920	1,349	7,380	3,000
Safety Equipment	-	-	-	-	-	-
Small Equipment	6,907	1,643	424	2,004	1,800	1,800
Operational IT Replacement Equipment/Software	-	-	1,368	4,001	-	-
Periodicals	159	159	180	50	500	500
Vehicle Maintenance	-	182	122	-	-	-
Gasoline	374	304	603	24	-	-
Expenditure Total	104,850	152,790	188,736	202,528	173,600	192,720
Department Total	558,627	554,566	652,751	607,174	658,363	679,902

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	1.27%	1.12%	1.36%	1.24%	1.26%	1.30%
Departmental Total Cost	558,627	554,566	652,751	607,174	658,363	679,902
Departmental Direct Revenue	-	-	-	-	-	-
Other Revenue	84,396	55,994	91,814	103,994	77,911	80,460
Cost in Tax Dollars	474,230	498,572	560,937	503,180	580,452	599,442
Estimated Millage	0.91	0.95	1.04	0.92	1.03	1.07
Total Full Time Employees	7	6	6	6	6	6
Cost Per Employee	64,825	66,963	77,336	67,441	80,794	81,197

**Oconee County, South Carolina
Fire/Emergency Services (107)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	942,813	1,033,365	1,348,486	1,324,581	1,442,662	1,514,220
Overtime	35,102	21,939	23,144	40,673	20,000	30,000
Social Security	71,606	77,782	100,548	101,602	111,591	109,515
Retirement	136,280	164,417	232,553	233,603	264,381	273,198
Workers Compensation	42,544	123,945	129,102	144,627	148,377	146,494
Health Insurance	208,556	161,762	260,890	250,248	319,865	319,865
Dental	9,323	-	7,795	15,898	19,250	19,250
Vision	1,518	-	1,270	1,864	3,500	3,500
Salary and Wage Totals	1,447,742	1,583,210	2,103,788	2,113,096	2,329,626	2,416,042
New Position						
Fire Marshal	-	-	-	-	-	85,951
Firefighter I	-	-	-	-	-	53,038
Firefighter I	-	-	-	-	-	53,038
Firefighter I	-	-	-	-	-	53,038
Career Center Instructor	-	-	-	-	-	(29,122)
New Position Total	-	-	-	-	-	215,943
Travel	-	-	696	-	-	-
Equipment Maintenance	15,415	15,962	18,575	17,499	16,000	18,000
Professional	356	2,180	4,948	1,036	5,775	5,775
Telecommunications	5,070	4,744	4,176	4,096	5,000	5,000
Data Processing	23,364	25,966	31,227	28,564	31,352	33,000
Copier Click Charges	5,646	3,469	4,476	3,583	4,200	4,200
Medical - Physicals for Volunteers and Medical Supplies	85,442	83,202	79,096	80,476	82,500	87,500
Dues: Organizations	2,476	2,249	1,579	1,797	2,525	3,500
Staff Development	33,605	45,195	44,372	15,910	60,000	60,000
Commission Honoraria	1,200	1,200	-	1,100	1,200	1,200
Buildings/Grounds Maintenance	21,363	13,440	25,632	13,165	20,000	23,500
Gas and Fuel Oil - Westminster	-	-	-	-	-	-
Electricity	6,897	8,404	9,318	8,928	8,800	8,800
Water/Sewer/Garbage	409	442	710	923	850	850
Small Equipment	30,766	46,416	69,489	42,306	37,000	30,000
Small Equipment - Turnout Gear	-	-	-	-	-	20,000
Operational	32,169	26,738	25,439	20,097	27,000	25,000
Postage	457	189	317	242	700	700
Food	8,660	9,453	8,008	5,241	9,050	7,000
It Replacement						
Equipment/Software	5,674	2,736	725	5,089	5,000	3,000
Uniforms/Clothing	9,506	12,883	10,163	17,876	15,200	30,000
Capital Equipment	8,975	6,533	35,484	20,924	-	-
Capital Equipment - Hurricane	-	-	-	35,484	-	-
Capital Vehicle	88,454	55,779	141,275	165,725	-	-
Fire Truck	373,891	52,469	352,600	-	800,000	1,125,000
Vehicle Maintenance	120,772	156,548	172,063	121,240	165,000	165,000
Gasoline	41,023	47,195	51,435	43,914	55,000	55,000
Diesel	7,310	6,625	11,598	7,925	8,000	8,000
OMH Ambulance Service	175,000	150,000	150,000	150,000	300,000	300,000
City of Seneca - Fire Contract	650,000	650,000	650,000	650,000	650,000	650,000

**Oconee County, South Carolina
Fire/Emergency Services (107)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
City of Walhalla Fire	300,000	300,000	300,000	300,000	300,000	300,000
City of Westminster Fire	285,000	285,000	285,000	285,000	285,000	285,000
Town of Salem Fire	200,000	200,000	200,000	200,000	200,000	200,000
Capital OCS Oakway Restoration	-	-	-	-	-	250,000
Miscellaneous Grant Match	3,794	8,657	7,196	9,918	10,000	10,000
Expenditure Total	2,542,694	2,223,674	2,695,597	2,258,058	3,105,152	3,715,025
Department Total	3,990,436	3,806,884	4,799,385	4,371,154	5,434,778	6,347,010

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	9.05%	7.66%	10.00%	8.93%	10.37%	12.11%
Departmental Total Cost	3,990,436	3,806,884	4,799,385	4,371,154	5,434,778	6,347,010
Departmental Direct Revenue	-	-	-	-	-	-
Other Revenue	602,868	384,380	675,065	748,673	643,151	751,105
Cost in Tax Dollars	3,387,568	3,422,504	4,124,320	3,622,481	4,791,627	5,595,905
Estimated Millage	6.54	6.54	7.67	6.64	8.54	9.97
Total Full Time Employees	21	27	27	36	36	39
Cost Per Employee	68,940	58,637	77,918	58,697	64,712	67,487

**Oconee County, South Carolina
Health Department (403)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Equipment Maintenance	-	-	-	-	-	-
Professional	-	145	-	-	-	-
Equipment Rental	-	-	-	-	-	-
Telecommunications	1,489	1,639	1,640	1,548	1,500	1,500
Medical	4,015	6,997	6,753	5,351	7,000	5,500
Building/Grounds Maintenance	4,718	6,501	2,602	3,363	4,000	4,000
Electricity	16,645	15,125	14,933	13,700	16,500	13,500
Water/Sewer/Garbage	1,252	1,115	1,428	1,879	1,500	1,500
Small Equipment	-	-	-	-	803	803
Operational	2,884	3,845	1,225	648	2,000	2,000
Postage	770	214	234	254	331	331
Expenditure Total	31,773	35,581	28,815	26,743	33,634	29,134
Department Total	31,773	35,581	28,815	26,743	33,634	29,134

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	0.07%	0.07%	0.06%	0.05%	0.06%	0.06%
Departmental Total Cost	31,773	35,581	28,815	26,743	33,634	29,134
Departmental Direct Revenue	-	-	-	-	-	-
Other Revenue	4,800	3,593	4,053	4,580	3,980	3,448
Cost in Tax Dollars	26,973	31,988	24,762	22,163	29,654	25,686
Estimated Millage	0.05	0.06	0.05	0.04	0.05	0.05
Total Full Time Employees	-	-	-	-	-	-
Cost Per Employee	-	-	-	-	-	-

**Oconee County, South Carolina
Health and Human Services (705)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Administrator Recommended
Charity Medical:						
Rosa Clark Medical Clinic	80,000	80,000	80,000	80,000	80,000	80,000
Medically Indigent Assistance	157,468	155,161	154,057	153,970	160,000	153,967
Helping Hands (Contract)	35,000	35,000	35,000	35,000	35,000	-
Charity Medical Expenditure Total	272,468	270,161	269,057	268,970	275,000	233,967
Direct Aid						
CAT Bus System	60,000	60,000	60,000	60,000	60,000	60,000
OC Board of Disabilities and Special Needs	75,000	75,000	75,000	75,000	75,000	75,000
Anderson, Oconee, and Pickens Mental Health	60,000	60,000	60,000	60,000	60,000	60,000
Senior Solutions/Lake View Assisted Oconee Support	92,900	92,900	92,900	92,900	92,900	92,900
	70,084	70,584	73,084	157,932	200,000	150,000
Direct Aid Expenditure Total	357,984	358,484	360,984	445,832	487,900	437,900
Department Total	630,452	628,645	630,041	714,802	762,900	671,867

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	1.43%	1.26%	1.31%	1.46%	1.46%	1.28%
Departmental Total Cost	630,452	628,645	630,041	714,802	762,900	671,867
Departmental Direct Revenue	-	-	-	-	-	-
Other Revenue	95,248	63,474	88,619	122,428	90,282	79,509
Cost in Tax Dollars	535,204	565,171	541,422	592,374	672,618	592,358
Estimated Millage	1.03	1.08	1.01	1.09	1.20	1.06
Total Full Time Employees	-	-	-	-	-	-
Cost Per Employee	-	-	-	-	-	-

**Oconee County, South Carolina
High Falls Park (203)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Administrator Recommended
Salary and Wages	143,542	141,838	152,223	182,166	186,919	190,381
Overtime	8,036	5,811	7,860	7,186	9,500	9,500
Social Security	10,976	10,371	11,250	13,898	15,026	15,291
Retirement	17,575	19,981	22,929	27,731	30,508	33,100
Workers Compensation	3,390	7,079	7,018	8,027	6,218	7,834
Health Insurance	36,770	33,703	32,332	44,161	45,695	45,695
Dental	1,702	-	1,845	721	2,500	2,750
Vision	277	-	301	48	500	500
Salary and Wage Totals	222,268	218,783	235,758	283,938	296,866	305,051
New Positions	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Equipment Maintenance	282	579	80	192	700	700
Professional	49,349	45,870	51,115	51,967	50,098	50,098
Equipment Rental	-	-	-	2,990	-	-
Telecommunication (Lake Hartwell Ranger)	-	-	-	-	-	600
Copier Click Charges	752	638	552	445	1,000	1,000
Schools/Seminar/Training	-	-	-	20	-	-
Building/Grounds Maintenance	13,805	24,500	17,685	16,828	25,000	25,000
Gas and Fuel Oil	2,424	3,702	4,111	2,093	4,150	4,150
Electricity	30,784	29,333	33,017	28,636	33,000	33,000
Water/Sewer/Garbage	2,165	2,605	3,403	2,888	3,000	3,000
Safety Equipment (swim area)	125	231	418	-	1,000	1,000
Small Equipment	-	2,203	2,037	3,410	2,000	2,000
Operational	8,360	10,439	9,214	12,915	12,000	14,000
Food	188	-	-	122	200	200
IT Replacement/Software	-	-	1,057	-	500	500
Uniforms/Clothing	706	1,762	760	2,091	2,250	2,250
Concessions	4,538	4,392	4,831	5,453	5,000	5,000
Capital Expenditures Equipment	-	-	3,909	-	-	-
Building, Capital Expenditures	-	-	2,548	291,203	-	-
Vehicles, Capital Expenditures	-	8,345	-	25,727	-	-
General Gravel Use	-	2,758	289	11,263	5,000	5,000
Expenditure Total	113,478	137,357	135,026	458,243	144,898	147,498
Department Total	335,746	356,140	370,784	742,181	441,764	452,549

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	0.76%	0.72%	0.77%	1.52%	0.84%	0.86%
Departmental Total Cost	335,746	356,140	370,784	742,181	441,764	452,549
Departmental Direct Revenue	158,930	161,961	159,938	131,234	150,000	150,000
Other Revenue	50,724	35,959	52,153	127,118	52,278	53,555
Cost in Tax Dollars	126,092	158,220	158,693	483,829	239,486	248,994
Estimated Millage	0.24	0.30	0.30	0.89	0.43	0.44
Total Full Time Employees	4	4	4	5	5	5
Cost Per Employee	55,567	54,696	58,940	56,788	59,373	61,010

**Oconee County, South Carolina
Human Resources (710)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Administrator Recommended
Salary and Wages	166,624	151,663	167,363	172,565	171,408	177,436
Overtime	156	310	303	175	500	1,000
Social Security	11,682	10,626	11,845	11,928	13,189	13,650
Retirement	19,325	20,483	24,409	25,166	26,851	29,549
Workers Compensation	560	1,151	1,151	1,702	890	1,151
Health Insurance	43,889	23,138	29,024	29,291	27,417	27,417
Dental	2,000	1,841	1,576	287	1,650	1,650
Vision	326	299	257	22	300	300
Salary and Wage Totals	244,562	209,511	235,928	241,136	242,205	252,153
New Positions	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Travel	630	619	457	553	200	200
Professional	1,034	2,862	3,599	2,969	3,500	3,500
Telecommunications	660	720	720	360	720	720
Data Processing	24,995	16,663	-	-	17,000	17,000
Copies	1,563	1,394	1,500	1,291	3,000	3,000
Medical	44,644	40,644	53,556	60,248	45,000	48,500
Dues: Organizations	493	453	418	259	460	460
Staff Development	4,581	2,621	2,283	1,453	3,500	3,500
Safety Equipment	1,755	3,764	1,545	2,556	5,000	5,000
Small Equipment	847	135	339	3,184	1,250	1,250
Operational	6,166	5,899	2,638	1,679	6,000	6,000
Food	17	142	-	7	200	200
IT Replacement Equipment/Software	1,767	973	-	2,395	-	1,500
Periodicals	1,470	962	1,335	1,101	1,392	1,392
Vehicle Maintenance	47	77	-	157	-	-
Gasoline	145	43	74	54	-	-
Expenditure Total	90,814	77,972	68,464	78,266	87,222	92,222
Department Total	335,376	287,484	304,392	319,402	329,427	344,375

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	0.76%	0.58%	0.63%	0.65%	0.63%	0.66%
Departmental Total Cost	335,376	287,484	304,392	319,402	329,427	344,375
Departmental Direct Revenue	-	-	-	-	-	-
Other Revenue	50,668	29,027	42,815	54,706	38,984	40,753
Cost in Tax Dollars	284,708	258,456	261,577	264,696	290,443	303,622
Estimated Millage	0.55	0.49	0.49	0.49	0.52	0.54
Total Full Time Employees	4	3	3	3	3	3
Cost Per Employee	61,140	69,837	78,643	80,379	80,735	84,051

**Oconee County, South Carolina
Information Technology (711)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Administrator Recommended
Salary and Wages	212,648	282,699	235,402	293,166	307,455	383,190
Social Security	15,589	20,884	17,543	21,206	23,794	29,314
Retirement	24,430	38,920	34,727	42,357	48,786	63,456
Workers Compensation	1,365	3,108	2,741	2,501	2,099	2,643
Health Insurance	48,411	39,075	42,591	46,629	54,834	63,973
Dental	2,101	2,626	2,141	619	3,300	3,850
Vision	342	428	349	14	600	700
Salary and Wage Totals	304,886	387,740	335,494	406,492	440,868	547,126
New Position	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Equipment Maintenance	64,766	72,210	134,313	76,966	75,000	75,000
Equipment Maintenance - GIS	51,475	52,390	50,000	50,000	59,000	59,000
Professional	31,789	22,414	31,491	32,706	30,000	30,000
Professional - GIS	6,000	6,000	6,000	6,000	10,000	10,000
Professional-Website	-	20,000	20,000	24,000	24,000	24,000
Equipment - Leased/Rented	40,630	-	40,630	40,630	40,700	40,700
Telecommunications	73,467	149,692	144,561	139,683	148,000	148,000
Data Processing	54,843	8,367	9,433	88,878	52,800	52,800
Copier Click Charges	390	544	586	344	300	300
Dues: Organizations	-	100	-	-	300	300
Staff Development	-	3,349	1,905	-	5,000	5,000
Building and Grounds Maint	-	1,863	-	-	-	-
Small Equipment	3,072	-	43,918	9,342	10,000	10,000
Small Equipment - GIS	-	-	-	-	1,500	1,500
Operational	2,459	3,199	3,234	2,434	3,500	3,500
IT Replacement EQ/Software (All Dept)	2,574	37,677	43,935	27,549	45,000	45,000
Clothing/Uniforms	-	490	-	-	-	-
Capital IT Equipment/Software-Cybersecurity	49,916	-	15,897	54,274	-	75,000
Vehicle Maintenance	1,468	311	1,016	508	1,500	1,500
Gasoline	3,898	1,464	1,879	2,129	3,500	3,500
Expenditure Total	386,747	380,071	548,798	555,443	510,100	585,100
Department Total	691,633	767,811	884,292	961,935	950,968	1,132,226

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	1.57%	1.54%	1.84%	1.97%	1.81%	2.16%
Departmental Total Cost	691,633	767,811	884,292	961,935	950,968	1,132,226
Departmental Direct Revenue	-	-	-	-	-	-
Other Revenue	104,491	77,526	124,381	164,756	112,538	133,988
Cost in Tax Dollars	587,143	690,285	759,911	797,179	838,430	998,238
Estimated Millage	1.13	1.32	1.41	1.46	1.49	1.78
Total Full Time Employees	5	6	6	5	5	6
Cost Per Employee	60,977	64,623	55,916	81,298	88,174	91,188

**Oconee County, South Carolina
Legislative Delegation (706)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Administrator Recommended
Salary and Wages	52,565	52,305	53,351	55,912	56,293	56,985
Social Security	3,814	3,818	3,977	4,207	4,307	4,359
Retirement	6,041	7,093	7,762	8,155	8,767	9,437
Workers Compensation	88	190	172	1,383	135	169
Health Insurance	11,380	7,839	9,756	11,341	9,139	9,139
Dental	525	525	525	39	500	550
Vision	62	62	62	16	100	100
Salary and Wage Totals	74,475	71,831	75,605	81,053	79,241	80,739
New Positions	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Travel	578	861	498	509	800	800
Copier Click Charges	580	504	575	1,081	750	750
Rent	11,400	11,400	11,400	11,400	11,400	11,400
Small Equipment	-	-	-	-	500	500
Operational	1,986	1,699	1,070	496	1,800	1,800
Postage	400	400	-	38	400	400
Expenditure Total	14,944	14,864	13,543	13,524	15,650	15,650
Department Total	89,419	86,695	89,148	94,577	94,891	96,389

Cost to Serve Analysis	FY 2017	2018	2019	2020	FY 2021	FY 2022
Percentage of Budget	0.20%	0.17%	0.19%	0.19%	0.18%	0.18%
Departmental Total Cost	89,419	86,695	89,148	94,577	94,891	96,389
Departmental Direct Revenue	-	-	-	-	-	-
Other Revenue	13,509	8,754	12,539	16,199	11,229	11,407
Cost in Tax Dollars	75,910	77,942	76,609	78,378	83,662	84,982
Estimated Millage	0.15	0.15	0.14	0.14	0.15	0.15
Total Full Time Employees	1	1	1	1	1	1
Cost Per Employee	74,475	71,831	75,605	81,053	79,241	80,739

**Oconee County, South Carolina
Library (206)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	663,336	624,770	658,324	665,933	714,546	723,471
Overtime	86	196	194	121	-	200
Social Security	48,230	45,300	47,925	48,525	54,525	55,361
Retirement	76,859	83,332	95,591	97,321	111,073	119,840
Workers Compensation	3,176	7,423	7,979	7,794	4,219	5,338
Health Insurance	198,992	151,663	184,400	189,663	173,641	173,641
Dental	8,949	-	7,353	4,441	10,450	10,450
Vision	1,457	-	1,283	201	1,900	1,900
Salary and Wage Totals	1,001,085	912,684	1,003,049	1,013,999	1,070,354	1,090,201
New Positions includes Salary and Fringe						
	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Equipment Maintenance	2,400	2,450	2,470	2,470	2,450	2,500
Professional	110,665	107,512	109,551	110,058	110,000	110,000
Telecommunications	913	913	836	912	1,000	1,000
Data Processing	27,500	27,468	27,685	26,216	27,716	28,405
Copier Click Charges	8,880	8,528	7,885	6,257	10,000	10,000
Advertising	658	692	450	-	700	-
Dues: Organizations	745	750	750	750	750	750
Staff Development	2,215	3,237	3,158	3,282	3,300	3,300
Commission Honoraria	900	900	900	900	900	900
Maintenance Buildings/Grounds	-	61	-	-	-	-
Building/Grounds Maintenance - Walhalla	6,279	4,458	6,510	6,467	7,000	7,000
Building/Grounds Maintenance - Seneca	2,849	3,524	5,743	3,294	3,600	3,600
Building/Grounds Maintenance - Westminster	3,377	1,952	1,844	3,184	2,500	2,500
Building/Grounds Maintenance - Salem	2,020	1,941	1,730	2,121	2,020	2,020
Electricity - Walhalla	24,770	23,863	30,045	23,932	27,000	27,000
Electricity - Seneca	16,301	14,992	14,093	14,342	17,000	17,000
Electricity - Westminster	13,111	15,502	13,678	14,346	15,500	15,500
Electricity - Salem	5,000	5,000	5,000	5,000	5,000	5,000
Water/Sewer/Garbage - Walhalla	858	1,274	1,528	1,647	1,400	1,400
Water/Sewer/Garbage - Seneca	786	795	902	917	1,000	1,000
Water/Sewer/Garbage - Westminster	797	806	468	614	1,000	1,000
Small Equipment	2,696	2,800	4,750	2,894	2,800	2,800
Operational	14,267	14,526	7,310	8,697	8,000	8,000
Postage	724	882	450	347	1,000	1,000
Food	464	414	229	155	500	500
Books	84,891	94,506	83,095	85,573	86,000	88,000
Periodicals	20,000	19,999	21,630	22,200	22,200	22,200
Audio Visual	10,500	10,500	10,500	11,299	11,300	11,300
Credit Card Processing	-	-	-	246	-	-
Vehicle Maintenance	533	709	1,211	886	1,500	1,500
Gasoline	1,882	2,349	2,324	2,091	2,500	2,500
Diesel	1,188	1,883	2,115	1,474	2,000	1,500
Expenditure Total	395,953	375,186	368,840	362,571	377,636	379,175
Department Total	1,397,038	1,287,870	1,371,889	1,376,570	1,447,990	1,469,376

**Oconee County, South Carolina
Library (206)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	3.17%	2.59%	2.86%	2.81%	2.76%	2.80%
Departmental Total Cost	1,397,038	1,287,870	1,371,889	1,376,570	1,447,990	1,469,376
Departmental Direct Revenue	40,375	32,629	29,214	18,776	35,000	20,000
Other Revenue	211,062	130,036	192,965	235,773	171,355	173,886
Cost in Tax Dollars	1,145,601	1,125,206	1,149,710	1,122,021	1,241,635	1,275,490
Estimated Millage	2.21	2.15	2.14	2.06	2.21	2.27
Total Full Time Employees	19	19	19	19	19	19
Cost Per Employee	52,689	48,036	52,792	53,368	56,334	57,379

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Budget	FY 2020 Budget	FY 2021 Original Approved 6/25/2020	FY 2022 Approved Supplemental 09/17/2020
Maintenance of Effort	1,369,316	1,287,870	1,371,889	1,376,570	1,447,990	1,469,376
			2,573	88,700	76,101	92,806
No one time capital is to be included in totals.						

**Oconee County, South Carolina
Magistrate (509)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	429,892	481,810	491,976	496,130	457,717	513,832
2 Part Time Judges	-	-	-	-	70,000	70,000
Overtime	232	918	566	257	1,500	3,500
Social Security	32,246	35,624	35,980	37,339	39,223	39,576
Retirement	57,604	73,315	79,553	83,010	75,627	92,977
Workers Compensation	3,821	6,116	4,353	3,753	6,393	7,942
Health Insurance	96,219	75,832	87,547	93,649	82,252	82,251
Dental	4,343	-	4,727	860	4,950	4,950
Vision	707	-	770	67	900	900
Salary and Wage Totals	625,064	673,615	705,472	715,065	738,562	815,928
New Positions includes salary and fringe						
	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Travel	-	-	-	346	400	400
Equipment Maintenance	-	-	10	-	-	-
Court Expenditures	6,404	8,161	10,196	5,784	17,500	17,500
Equipment Rental	-	-	-	-	-	-
Telecommunications	725	600	1,090	342	720	720
Data Processing	25,000	25,295	25,000	25,000	25,000	25,000
Copier Click Charges	4,681	4,952	5,580	3,952	5,500	5,500
Rent	21,600	23,760	21,780	23,760	21,600	21,600
Dues: Organizations	510	610	255	585	800	800
Staff Development	875	4,817	1,406	3,406	3,000	3,000
Building/Grounds Maintenance	10,946	12,326	9,953	1,780	15,000	15,000
Gas and Fuel Oil - Walhalla	489	690	720	559	1,200	1,200
Electricity	9,191	8,444	11,277	8,800	12,500	12,500
Water/Sewer/Garbage - Seneca	226	213	356	662	250	250
Small Equipment	1,906	139	376	915	3,500	3,500
Operational	5,214	5,578	5,179	3,839	5,500	5,500
Food	88	128	92	17	500	500
IT Replacement						
Equipment/Software	4,003	3,234	2,805	3,104	5,000	5,000
Capital Building - Westminster	-	-	-	2,918	-	-
Capital Land - Westminster	-	-	-	129,490	-	-
Vehicles/Equipment, Capital Expenditures	-	-	-	-	-	-
Vehicle Maintenance	284	138	389	445	1,500	1,500
Gasoline	1,473	1,408	795	710	2,800	2,800
Expenditure Total	93,615	100,493	97,259	216,413	122,270	122,270
Department Total	718,679	774,108	802,731	931,478	860,832	938,198
Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	1.63%	1.56%	1.67%	1.90%	1.64%	1.79%
Departmental Total Cost	718,679	774,108	802,731	931,478	860,832	938,198
Departmental Direct Revenue	353,804	327,749	331,276	323,669	280,100	309,600
Other Revenue	108,577	78,161	112,909	159,540	101,871	111,026
Cost in Tax Dollars	256,298	368,198	358,546	448,269	478,861	517,572
Estimated Millage	0.49	0.70	0.67	0.82	0.85	0.92
Total Full Time Employees	9	9	9	9	9	9
Cost Per Employee	69,452	74,846	78,386	79,452	82,062	90,659

**Oconee County, South Carolina
Non-Departmental (709)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Health Insurance	-	2,346,361	429,500	-	-	-
Misc Social Security	-	-	-	922	-	-
Retirement Reimb	-	-	-	(372,676)	-	-
Retiree Health Stipend	-	-	-	179,230	41,000	150,000
Pcori Fee	-	-	-	2,720	-	-
Community Safety	-	-	-	-	175,000	150,000
Covid 19	-	-	-	134,773	-	-
Tornado	-	-	-	90,415	-	-
Flood Event	-	-	-	47,905	-	-
Pine Street Security Implementation	-	-	-	-	-	133,822
Health Clinic at Pine Street	-	-	-	35,577	55,000	45,000
ARC for OPEB	2,168	2,474	-	-	-	-
Professional (Payroll Breach 11/2014)	215,282	10,392	6,156	-	-	-
Mail Machine	15,096	2,847	4,594	4,594	5,000	5,000
Telecommunications	156,540	152,550	125,496	142,679	180,000	160,000
P & L Insurance	738,739	756,419	834,958	951,842	1,200,000	1,200,000
Unemployment	6,891	31,390	7,881	7,957	10,000	10,000
Advertising	-	-	4,060	250,208	215,000	225,000
Quarterly Shred	-	-	-	-	7,500	-
Non Capital Equipment	-	47,085	2,497	500	-	-
Operational	932	-	443	14	-	-
Postage	70,648	71,375	91,032	61,664	91,000	70,000
	1,206,296	3,420,893	1,506,617	1,538,324	1,979,500	2,148,822
Debt Service						
2015 Lease-Principal Payoff 10/01/2020 \$4,200,000 Last Payment FY 20/21 10/01/2020 \$866,278.65	814,897	826,481	839,540	870,995	852,840	-
2015 Lease-Interest Payoff 10/01/2020 \$4,200,000	65,070	53,485	40,426	21,123	27,162	-
Principal Payment - 2018 BB&T Capital Lease Last Payment FY 23/24 06/01/2024 \$365,000	-	-	55,306	57,968	57,968	57,968
Interest Payment - 2018 BB&T Capital Lease Purchase	-	-	12,222	-	9,560	9,560
Issuance Cost - 2018 Capital Lease Purchase	-	20,000	-	-	-	-
2019 Lease - Principal BB&T Payoff 11/22/2024 2.2M	-	-	-	-	422,833	422,833
2019 Lease - Interest BB&T Issuance Cost - 2019	-	-	-	9,560	43,780	43,780
Capital Lease Purchase	-	-	-	23,000.00	-	-
2020 Lease - Principal JCI - TD Equip Finance - Pay off 01/01/2036	-	-	-	-	-	157,357
2020 Lease - Interest - TD Equip Finance	-	-	-	-	-	47,044
2020 Lease - Issuance Cost	-	-	-	-	-	-
Expenditure Total	879,967	899,966	947,494	982,646	1,414,143	738,542
Department Total	2,086,263	4,320,859	2,454,111	2,520,970	3,393,643	2,887,364

**Oconee County, South Carolina
Non-Departmental (709)
2021-2022 Budget**

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	4.73%	8.69%	5.11%	5.15%	6.47%	5.08%
Departmental Total Cost	2,086,263	4,320,859	2,454,111	2,520,970	3,393,643	2,887,364
Departmental Direct Revenue	-	-	-	-	-	-
Other Revenue	315,189	436,276	345,187	431,781	401,604	344,203
Cost in Tax Dollars	1,771,074	3,884,583	2,108,924	2,089,189	2,992,039	2,543,161
Estimated Millage	3.42	7.42	3.92	3.83	5.33	4.53
Total Full Time Employees	-	-	-	-	-	-
Cost Per Employee	-	-	-	-	-	-

**Oconee County, South Carolina
Parks, Recreation, and Tourism (202)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	120,754	149,734	156,029	165,634	291,158	294,623
Overtime	269	1,635	1,757	634	-	-
Social Security	8,150	10,560	11,027	11,524	22,274	22,539
Retirement	14,164	22,906	23,047	23,078	45,345	48,790
Workers Compensation	2,552	7,732	7,616	7,591	6,878	5,862
Health Insurance	34,054	42,128	29,993	32,577	45,695	45,695
Dental	2,626	-	2,626	478	2,750	2,750
Vision	428	-	427	37	500	500
Salary and Wage Totals	182,997	234,695	232,522	241,553	414,600	420,759
New Positions includes Salary and Fringe						
	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Professional	-	600	-	16	-	-
Copier Click Charges	1,755	2,205	1,642	1,406	1,500	1,500
Advertising	4,714	6,661	3,198	159	-	-
Dues: Organizations	1,100	995	1,000	1,096	1,175	1,175
Staff Development	5,352	6,681	6,676	6,901	7,000	7,000
Commission Honoraria	700	700	700	700	700	700
Recreation - District 1	22,500	10,000	10,000	30,000	30,000	30,000
Recreation - District 2	10,000	22,500	10,000	30,000	30,000	30,000
Recreation - District 3	10,000	10,000	10,000	30,000	30,000	30,000
Recreation - District 4	10,000	10,000	10,000	30,000	30,000	30,000
Recreation - District 5	10,000	10,000	22,500	30,000	30,000	30,000
Electricity - Fairplay Rec Area	1,070	1,071	949	1,096	1,400	1,400
Electricity - Lawrence Br. Rec Area	756	802	508	662	1,000	1,000
Electricity - Mullins Ford Landing	1,113	983	1,330	1,443	1,500	1,500
Electricity-Friendship Rec Area	-	-	-	-	-	1,400
Water/Sewer - Fairplay Rec Area	509	533	539	740	600	600
Water/Sewer-Lawrence Bridge Rec	302	913	359	321	600	600
Water/Sewer-Friendship Rec Area	-	-	-	-	-	600
Safety Equipment	2,397	2,083	2,696	3,420	3,050	3,050
Small Equipment	719	933	925	477	1,000	1,000
Operational	1,971	2,841	3,895	1,127	4,000	4,000
Food	180	605	197	198	200	200
Uniforms/Clothing	347	355	335	254	400	400
Equipment, Capital Expenditures	-	-	-	5,380	-	-
Magazines/Newspapers	-	-	130	-	-	-
General Gravel Use	3,791	3,649	295	2,269	4,000	4,000
Vehicle Maintenance	8,317	16,455	13,821	20,728	13,000	13,000
Gasoline	13,477	17,826	17,104	14,283	20,000	20,000
Diesel	584	1,083	712	841	1,100	1,100
Arts and Historical Commission	5,780	7,499	7,500	4,143	7,500	7,500

**Oconee County, South Carolina
Parks, Recreation, and Tourism (202)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Mountain Lakes Convention and Visitors Bureau	85,000	85,000	85,000	85,000	85,000	85,000
Foothills YMCA	2,500	2,500	2,500	2,500	2,500	2,500
Oconee Heritage Center Museum	30,750	30,000	30,000	35,000	35,000	35,000
Miscellaneous Grant Match	-	-	5,316	-	5,000	5,000
Expenditure Total	261,560	255,473	249,827	340,160	347,225	349,225
Department Total	444,557	490,168	482,349	581,713	761,825	769,984

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	1.01%	0.99%	1.01%	1.19%	1.45%	1.47%
Departmental Total Cost	444,557	490,168	482,349	581,713	761,825	769,984
Departmental Direct Revenue	12,381	15,608	17,107	15,954	13,400	17,300
Other Revenue	67,163	49,492	67,846	99,633	90,154	91,120
Cost in Tax Dollars	365,013	425,068	397,396	466,126	658,271	661,564
Estimated Millage	0.70	0.81	0.74	0.85	1.17	1.18
Total Full Time Employees	5	5	5	5	5	5
Cost Per Employee	36,599	46,939	46,504	48,311	82,920	84,152

**Oconee County, South Carolina
Planning Department (712)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	-	-	70,211	161,895	177,700	191,705
Overtime	-	-	37	306	500	-
Social Security	-	-	4,802	11,712	13,492	14,665
Retirement	-	-	9,486	23,642	27,807	31,746
Workers Compensation	-	-	1,574	3,886	5,668	5,052
Health Insurance	-	-	13,651	32,477	27,417	36,556
Dental	-	-	685	933	1,650	2,200
Vision	-	-	112	83	300	400
Salary and Wage Totals	-	-	100,558	234,934	254,534	282,324
New Positions includes salary and fringe	Cut \$53,278 on 06/22/2021 during the 3rd and Final Reading, moved to Administrator Professional.					
Code Enforcement Officer						
New Position Total	-	-	-	-	-	-
Professional	-	-	600	37,087	50,000	75,000
Data Processing	-	-	-	1,625	5,000	5,000
Copies	-	-	-	2,318	1,200	1,200
Dues: Organizations	-	-	-	838	1,200	1,700
Staff Development	-	-	-	912	1,500	2,200
Commission Honoraria	-	-	-	4,600	6,000	6,000
Safety Equipment	-	-	-	105	-	3,500
Non-Cap Equipment	-	-	-	650	-	500
Operational	-	-	-	2,069	3,500	3,500
Uniforms	-	-	-	-	-	1,000
IT Replacement Equipment/Software	-	-	-	896	-	3,000
Vehicle Maintenance	-	-	-	93	1,000	2,000
Gasoline	-	-	-	578	500	2,000
Expenditure Total	-	-	600	51,771	69,900	106,600
Department Total	-	-	101,158	286,705	324,434	388,924

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	0.00%	0.00%	0.21%	0.59%	0.62%	0.74%
Departmental Total Cost	-	-	101,158	286,705	324,434	388,924
Departmental Direct Revenue	-	-	-	-	-	-
Other Revenue	-	-	13,952	49,106	38,394	46,025
Cost in Tax Dollars	-	-	87,206	237,599	286,040	342,899
Estimated Millage	0.00	0.00	0.18	0.48	0.57	0.69
Total Full Time Employees	-	-	-	4	4	4
Cost Per Employee	-	-	-	58,734	63,634	70,581

Oconee County, South Carolina
Probate Court (502)
2021-2022 Budget

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	219,411	214,683	217,153	227,148	223,112	228,899
Overtime	116	297	919	1,105	500	500
Social Security	15,720	15,577	15,751	16,428	17,106	17,549
Retirement	25,174	29,287	31,807	33,984	34,835	37,988
Workers Compensation	840	2,646	2,379	2,493	1,839	2,342
Health Insurance	65,343	42,128	45,692	47,861	45,695	45,695
Dental	2,969	-	2,467	1,003	2,750	2,750
Vision	467	-	402	48	500	500
Salary and Wage Totals	330,040	304,618	316,570	330,070	326,337	336,223
New Positions	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Equipment Maintenance	2,400	2,400	2,400	2,400	2,400	2,400
Professional	633	3,239	6,855	-	-	15,000
Court Expenditures	8,348	9,400	21,809	1,249	15,000	5,000
Telecommunications	-	-	450	450	900	-
Copier Click Charges	3,229	2,724	2,805	2,758	3,600	3,600
Dues: Organizations	335	335	410	680	450	450
Staff Development	1,357	2,344	4,909	2,826	3,300	3,300
Small Equipment	5,034	948	391	3,039	500	1,400
Operational	11,172	9,644	5,236	8,419	8,000	8,000
Food	156	555	59	69	100	100
IT Replacement						
Equipment/Software	-	1,816	-	1,348	-	-
Capital Building	6,824	2,802	-	-	-	-
Vehicle Maintenance Probate Judge	20	621	293	44	800	800
Gasoline Probate Court	650	552	660	451	800	800
Expenditure Total	40,320	37,380	46,277	23,733	35,850	40,850
Department Total	370,360	341,998	362,847	353,803	362,187	377,073

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	0.84%	0.69%	0.76%	0.72%	0.69%	0.72%
Departmental Total Cost	370,360	341,998	362,847	353,803	362,187	377,073
Departmental Direct Revenue	154,054	209,620	188,041	231,947	167,315	260,815
Other Revenue	55,953	34,531	51,037	60,598	42,861	44,623
Cost in Tax Dollars	160,353	97,847	123,769	61,258	152,011	71,635
Estimated Millage	0.31	0.19	0.23	0.11	0.27	0.13
Total Full Time Employees	6	5	5	5	5	5
Cost Per Employee	55,007	60,924	63,314	66,014	65,267	67,245

**Oconee County, South Carolina
Procurement (713)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	111,388	110,732	100,997	99,057	100,476	106,978
Overtime	-	-	52	112	-	-
Social Security	7,925	8,060	7,397	7,063	7,687	8,184
Retirement	12,801	15,015	14,821	14,450	15,651	17,716
Workers Compensation	187	1,516	968	318	241	318
Health Insurance	22,761	15,631	16,642	18,351	18,278	18,278
Dental	1,050	1,050	727	716	1,100	1,100
Vision	171	171	118	71	200	200
Salary and Wage Totals	156,283	152,176	141,722	140,138	143,633	152,774
New Positions	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Travel	-	-	730	439	600	600
Data Processing	525	525	535	550	550	11,100
Copier Click Charges	905	707	810	1,378	1,500	1,500
Advertising	717	578	466	-	800	800
Dues: Organizations	350	353	343	1,737	400	1,800
Staff Development	3,285	3,383	2,821	1,885	4,500	4,500
Small Equipment	496	-	2,011	1,311	1,000	1,000
Operational	762	741	1,109	1,060	2,500	2,500
Food	-	-	802	-	-	-
Subscription	-	-	-	-	-	150
IT Replacement	-	-	-	-	-	-
Equipment/Software	-	-	-	2,521	-	-
Expenditure Total	7,040	6,287	9,627	10,881	11,850	23,950
Department Total	163,323	158,463	151,349	151,019	155,483	176,724

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	0.37%	0.32%	0.32%	0.31%	0.30%	0.34%
Departmental Total Cost	163,323	158,463	151,349	151,019	155,483	176,724
Departmental Direct Revenue	-	-	-	-	-	-
Other Revenue	24,675	16,000	21,288	25,866	18,400	20,914
Cost in Tax Dollars	138,648	142,463	130,061	125,153	137,083	155,810
Estimated Millage	0.27	0.27	0.24	0.23	0.24	0.28
Total Full Time Employees	2	2	2	2	2	2
Cost Per Employee	78,141	76,088	70,861	70,069	71,817	76,387

**Oconee County, South Carolina
Public Defender (510)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Oconee County Public Defender	200,000	200,000	200,000	240,000	240,000	250,000
Department Total	200,000	200,000	200,000	240,000	240,000	250,000

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	0.45%	0.40%	0.42%	0.49%	0.46%	0.48%
Departmental Total Cost	200,000	200,000	200,000	240,000	240,000	250,000
Departmental Direct Revenue	-	-	-	-	-	-
Other Revenue	30,216	20,194	28,131	41,106	28,402	29,585
Cost in Tax Dollars	169,784	179,806	171,869	198,894	211,598	220,415
Estimated Millage	0.33	0.34	0.32	0.36	0.38	0.39
Total Full Time Employees	-	-	-	-	-	-
Cost Per Employee	-	-	-	-	-	-

**Oconee County, South Carolina
Register of Deeds (735)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	163,432	160,730	154,791	160,420	162,238	165,007
Overtime	244	-	142	-	500	850
Social Security	11,806	11,011	10,803	11,081	12,476	12,688
Retirement	19,735	21,771	22,607	23,373	25,409	27,466
Workers Compensation	285	584	500	514	391	492
Health Insurance	52,172	33,702	36,151	38,468	36,556	36,556
Dental	2,121	-	1,856	382	2,200	2,200
Vision	345	-	302	30	400	400
Salary and Wage Totals	250,140	227,798	227,152	234,268	240,170	245,659
New Positions						
	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Equipment Maintenance	781	781	879	-	2,000	2,300
Professional	6,832	7,102	-	-	-	-
Equipment Rental	-	-	-	-	7,200	-
Data Processing	48,421	49,843	46,720	49,300	54,000	54,000
Copier Click Charges	5,617	5,415	4,915	2,000	7,000	3,000
Dues: Organizations	220	220	220	220	220	285
Staff Development	980	1,047	1,234	670	1,500	1,500
Small Equipment	-	-	-	-	-	4,500
Operational	11,067	10,474	11,883	3,694	11,000	6,000
IT Replacement EQ/Software	-	-	-	674	-	-
Equipment Capital Expenditure	-	-	5,631	12,404	-	-
Expenditure Total	73,918	74,882	71,482	68,962	82,920	71,585
Department Total	324,058	302,680	298,634	303,230	323,090	317,244

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	0.73%	0.61%	0.62%	0.62%	0.62%	0.61%
Departmental Total Cost	324,058	302,680	298,634	303,230	323,090	317,244
Departmental Direct Revenue	758,443	795,359	830,257	1,015,102	794,444	1,411,944
Other Revenue	48,958	30,562	42,005	51,936	38,234	37,543
Cost in Tax Dollars	(483,343)	(523,240)	(573,628)	(763,808)	(509,588)	(1,132,243)
Estimated Millage	(0.93)	(1.00)	(1.07)	(1.40)	(0.91)	(2.02)
Total Full Time Employees	4	4	4	4	4	4
Cost Per Employee	62,535	56,950	56,788	58,567	60,043	61,415

Oconee County, South Carolina
Roads and Bridges (601)
2021-2022 Budget

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	1,275,158	1,308,783	1,347,386	1,334,330	1,470,020	1,442,691
Overtime	17,112	20,438	37,741	19,982	43,000	43,000
Social Security	92,516	96,418	101,366	98,228	115,622	113,655
Retirement	148,902	185,218	203,486	201,008	235,481	246,030
Workers Compensation	51,418	121,560	114,595	113,574	91,742	109,726
Health Insurance	397,064	296,306	327,988	332,665	329,004	329,004
Dental	17,917	-	16,918	6,954	19,800	19,800
Vision	2,918	-	2,756	306	3,600	3,600
Salary and Wage Totals	2,003,005	2,028,723	2,152,236	2,107,047	2,308,269	2,307,506
New Positions includes salary and fringe						
Engineer/Stormwater Manager	-	-	-	-	-	86,413
New Position Total	-	-	-	-	-	86,413
Equipment Maintenance	4,405	3,848	3,471	3,665	4,000	4,000
Professional	7,500	7,500	7,500	5,313	7,500	7,500
Equipment Rental (Crusher & Screen)	26,969	1,816	18,084	-	20,000	20,000
Data Processing	5,193	3,259	1,085	1,107	2,000	2,000
Copier Click Charges	2,439	1,915	1,573	1,940	3,600	3,600
Dues: Organizations	316	726	848	-	1,240	1,240
Staff Development	4,810	4,339	6,168	2,661	6,250	6,250
Special Departmental Supplies	1,173	1,000	1,000	-	1,200	1,200
Building/Grounds Maintenance	6,389	2,954	1,322	2,885	3,000	3,000
Gas and Fuel Oil	2,369	2,767	2,701	2,215	3,900	3,900
Electricity	13,294	13,465	13,514	12,596	14,000	14,000
Water/Sewer/Garbage	1,877	1,624	2,183	2,754	2,200	2,900
Safety Equipment	13,510	12,906	10,552	10,499	13,000	13,000
Small Equipment	17,176	13,446	6,847	38,403	18,000	18,000
Operational	512	(842)	(1,044)	(525)	2,500	2,500
Food	1,400	1,290	1,300	1,349	1,300	1,500
IT Replacement Equipment/Software	3,215	2,702	1,738	2,126	-	-
Uniforms/Clothing	13,999	13,552	13,916	11,022	14,000	14,000
Equipment, Capital Expenditures	19,000	150,468	288,035	-	-	-
Vehicle Capital Expenditures	-	-	19,058	-	-	-
Vehicle Maintenance	261,988	251,470	275,208	209,550	300,000	300,000
Gasoline	23,576	27,036	31,320	28,842	30,000	30,000
Diesel	102,990	112,760	131,746	100,361	125,000	125,000
Expenditure Total	534,814	630,001	838,125	436,763	572,690	573,590
Department Total	2,537,819	2,658,724	2,990,361	2,543,810	2,880,959	2,967,509

Oconee County, South Carolina
Roads and Bridges (601)
2021-2022 Budget

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	5.75%	5.35%	6.23%	5.20%	5.50%	5.66%
Departmental Total Cost	2,537,819	2,658,724	2,990,361	2,543,810	2,880,959	2,967,509
Departmental Direct Revenue	25,516	26,390	19,186	21,957	23,500	28,500
Other Revenue	383,409	268,451	420,614	435,693	340,933	351,175
Cost in Tax Dollars	2,128,894	2,363,883	2,550,561	2,086,160	2,516,526	2,587,834
Estimated Millage	4.11	4.51	4.74	3.82	4.48	4.61
Total Full Time Employees	37	35	36	36	36	37
Cost Per Employee	54,135	57,964	59,784	58,529	64,119	64,701

**Oconee County, South Carolina
Sheriff (101)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	4,107,460	4,311,228	4,874,444	5,221,812	5,302,495	5,451,998
Overtime	349,536	306,447	357,337	379,729	310,000	310,000
Social Security	324,133	339,949	376,115	407,985	416,228	440,793
Retirement	632,926	750,394	889,172	960,703	982,567	1,092,406
Workers Compensation	82,113	180,233	178,545	193,160	146,136	182,723
Health Insurance	1,014,611	775,168	939,340	1,051,948	996,151	1,032,707
Dental	46,498	-	48,234	45,507	59,950	62,150
Vision	7,560	-	7,770	1,195	10,900	11,300
Extra Duty Pay	88,289	37,453	71,732	48,998	-	-
Salary and Wage Totals	6,653,126	6,700,871	7,742,689	8,311,037	8,224,427	8,584,077
New Position Salary and Fringe						
Deputy I/II	-	-	-	-	-	56,507
Deputy I/II	-	-	-	-	-	56,507
Pine Street Deputy	-	-	-	-	-	-
New Position Total	-	-	-	-	-	113,014
Travel						
Equipment Maintenance	4,484	3,028	5,725	6,878	9,500	9,500
Professional	74,982	79,159	159,620	90,643	110,000	110,000
Professional Sheriff Dept	-	-	-	4,053	-	-
Data Processing	31,476	31,226	57,236	31,301	83,000	83,000
Copier Click Charges	9,291	7,718	9,283	9,200	10,000	10,000
Medical	5,253	5,041	3,005	3,898	6,500	6,500
Advertising	-	-	-	-	-	-
Dues: Organizations	6,000	6,260	3,110	6,180	6,000	6,000
Staff Development	24,611	24,876	28,582	24,332	37,000	37,000
Maint. Bldg/Grds-Sheriffs Dept Fire	-	1,144	-	3,502	-	-
Electricity	2,062	2,282	3,116	3,449	3,000	3,000
Water/Sewer/Garbage	350	326	392	764	500	500
Small Equipment	52,395	77,049	60,439	37,501	43,000	43,000
Non-Cap Equipment	-	-	-	30,284	-	-
Operational	32,270	38,532	38,378	38,077	38,000	38,000
Operational sheriff	-	-	-	3,257	-	-
Postage	602	1,071	193	113	600	600
Food	3,427	3,135	3,902	2,577	3,500	3,500
IT Replacement Equipment/Software	14,951	27,536	18,988	41,315	29,000	29,000
IT Equipment/Software Sheriff	-	-	-	6,313	-	-
Uniforms/Clothing	74,243	70,181	86,711	90,205	140,000	140,000
Clothing for Plain Clothes Officers	26,149	24,597	26,196	24,358	27,900	27,900
Firing Range	54,995	64,998	77,954	64,317	65,000	65,000
Sub-Station	1,268	3,530	4,001	869	4,000	4,000
Equipment, Capital Expenditures	16,325	-	16,933	5,663	-	-
IT Capital Equipment/Software	40,780	40,780	40,780	-	-	-
Vehicles, Capital Expenditures	448,205	431,538	463,225	-	-	-
DSS Child Support (Federal)	11,992	6,179	4,022	4,895	4,500	4,500
Helicopter Maintenance	8,568	7,638	13,356	7,889	8,500	8,500
General Gravel Use	625	-	937	153	1,000	1,000
Vehicle Maintenance	108,946	135,069	194,332	169,224	130,000	130,000
Gasoline	221,672	268,590	280,688	272,669	300,000	300,000
Diesel	60	545	339	409	750	750
Miscellaneous Grant Match	4,348	1,041	660	-	11,000	11,000
Expenditure Totals	1,280,330	1,363,070	1,602,103	984,288	1,072,250	1,072,250
Department Total	7,933,456	8,063,941	9,344,792	9,295,325	9,296,677	9,769,341

**Oconee County, South Carolina
Sheriff (101)
2021-2022 Budget**

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	17.99%	16.22%	19.47%	18.99%	17.74%	18.64%
Departmental Total Cost	7,933,456	8,063,941	9,344,792	9,295,325	9,296,677	9,769,341
Departmental Direct Revenue	132,349	128,050	139,033	168,811	110,800	111,978
Other Revenue	1,198,572	814,214	1,314,406	1,592,065	1,100,169	1,156,104
Cost in Tax Dollars	6,602,535	7,121,677	7,891,353	7,534,449	8,085,708	8,501,259
Estimated Millage	12.74	13.60	14.68	13.81	14.40	15.14
Total Full Time Employees	95	96	109	112	112	114
Cost Per Employee	70,033	69,801	71,034	74,206	73,432	76,290

Oconee County, South Carolina
Soil and Water Conservation District (716)
2021-2022 Budget

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	29,443	29,039	29,412	25,557	32,111	32,803
Overtime	303	253	286	217	-	-
Social Security	2,199	1,993	2,022	2,172	2,457	2,509
Retirement	3,424	3,967	4,319	4,658	5,005	5,432
Workers Compensation	415	628	848	761	77	97
Health Insurance	5,176	8,426	7,971	8,620	9,139	9,139
Dental	141	-	525	96	550	550
Vision	23	-	86	7	100	100
Salary and Wage Totals	41,124	44,306	45,469	42,088	49,439	50,630
New Positions	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Insurance	1,380	1,380	1,585	1,980	2,000	2,375
Building/Grounds Maintenance	10,745	8,470	8,200	6,208	10,500	10,500
Gas and Fuel Oil - USDA Building	1,061	1,558	1,621	1,403	1,700	1,700
Electricity - USDA Building	4,539	4,524	4,496	4,131	5,800	5,800
Water/Sewer/Garbage	606	711	722	971	800	800
Coop. Extension Service	10,938	10,938	10,938	11,538	12,238	12,238
Expenditure Total	29,269	27,581	27,562	26,231	33,038	33,413
Department Total	70,393	71,887	73,031	68,319	82,477	84,043

Cost to Serve Analysis	FY 2017	FY 2018	2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	0.16%	0.14%	0.15%	0.14%	0.16%	0.16%
Departmental Total Cost	70,393	71,887	73,031	68,319	82,477	84,043
Departmental Direct Revenue	6,139	6,139	6,139	6,139	6,139	6,139
Other Revenue	10,635	7,258	10,272	11,701	9,760	9,946
Cost in Tax Dollars	53,619	58,490	56,620	50,478	66,578	67,958
Estimated Millage	0.10	0.11	0.11	0.09	0.12	0.12
Total Full Time Employees	1	1	1	1	1	1
Cost Per Employee	41,124	44,306	45,469	42,088	49,439	50,630

**Oconee County, South Carolina
Solicitor (504)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	518,898	496,111	504,272	544,193	675,204	678,125
Social Security	36,842	35,140	35,789	38,810	51,328	51,877
Retirement	60,887	68,444	74,900	79,643	106,911	108,058
Workers Compensation	2,065	4,903	4,047	4,201	4,255	5,213
Health Insurance	98,183	101,109	83,593	82,709	109,668	109,668
Dental	5,030	-	5,636	2,520	6,600	6,600
Vision	819	-	918	135	1,200	1,200
Salary and Wage Totals	722,724	705,707	709,155	752,211	955,166	960,741
New Positions						
County takes Administrative Assistant	-	-	-	-	-	51,459
New Position Total	-	-	-	-	-	51,459
Vehicle Maintenance	15	15	15	14	500	500
Gasoline	-	-	929	1,341	1,000	1,000
Expenditure Total	15	15	944	1,355	1,500	1,500
Department Total	722,739	705,722	710,099	753,566	956,666	1,013,700

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	1.64%	1.42%	1.48%	1.54%	1.83%	1.93%
Departmental Total Cost	722,739	705,722	710,099	753,566	956,666	1,013,700
Departmental Direct Revenue	7,372	6,952	3,960	5,019	7,576	7,576
Other Revenue	109,190	71,256	99,880	129,068	113,212	119,961
Cost in Tax Dollars	606,177	627,513	606,259	619,479	835,878	886,163
Estimated Millage	1.17	1.20	1.13	1.14	1.49	1.58
Total Full Time Employees	12	12	12	12	12	12
Cost Per Employee	60,227	58,809	59,096	62,684	79,597	84,350

2 Positions were approved by council to be reimbursed by Anderson County Solicitor, therefore are recorded under an accounts receivable asset code as quarterly payments.

Oconee County, South Carolina
Solid Waste (718)
2021-2022 Budget

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	1,091,558	1,000,520	1,030,164	1,028,987	1,173,262	1,210,655
Overtime	17,465	14,135	15,731	36,564	15,000	30,000
Social Security	78,504	71,846	74,523	75,721	90,901	90,680
Retirement	128,384	137,077	152,609	154,625	185,176	196,296
Workers Compensation	38,583	80,308	72,543	72,178	56,053	55,152
Health Insurance	397,888	303,326	319,836	329,426	329,004	329,004
Dental	17,998	-	16,067	8,328	19,800	19,800
Vision	2,931	-	2,617	529	3,600	3,600
Salary and Wage Totals	1,773,311	1,607,212	1,684,090	1,706,358	1,872,796	1,935,187
New Positions includes salary and fringe	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Equipment Maintenance	40,502	30,386	38,576	74,284	60,000	45,000
Professional	260,242	546,832	469,476	322,578	300,000	350,000
Equipment Rental	25,123	2,223	2,223	17,026	2,200	2,200
Copier Click Charges	1,097	1,236	1,542	1,146	1,500	1,500
Advertising	10,000	9,873	9,762	-	-	-
Dues: Organizations	212	212	223	223	430	430
Staff Development	1,210	844	3,008	61	3,300	3,300
Building/Grounds Maintenance	5,306	41,161	17,144	22,130	25,000	20,000
Electricity	55,592	56,401	57,675	56,054	58,000	58,000
Water/Sewer/Garbage	7,439	7,839	7,670	9,029	8,500	8,500
Safety Equipment	6,912	8,720	6,528	6,243	9,000	9,000
Special Departmental Supplies	-	-	-	-	3,500	3,500
Small Equipment	4,793	6,093	1,510	4,029	6,000	14,000
Operational	12,465	11,592	8,053	9,999	12,000	12,000
Postage	-	-	-	67	-	-
Food	598	512	214	294	500	500
IT Replacement Equipment/Software	22,077	-	-	1,348	-	-
Uniforms/Clothing	11,142	20,561	8,010	6,591	12,000	12,000
Equipment, Capital Expenditures	315,317	134,402	374	-	50,000	400,000
Building Capital Expenditure	-	-	-	-	95,000	330,000
Vehicles, Capital Expenditures	-	-	-	-	-	-
Testing Wells	57,079	57,341	59,808	62,523	68,000	80,000
Tipping Fees/MSW Disposal	1,270,721	1,401,456	1,440,200	1,672,703	1,400,000	1,750,000
Impact Fees for Tires	43,478	85,767	75,619	74,420	90,000	90,000
Credit Application Fee	-	-	766	755	-	-
General Gravel Use	5,126	5,167	4,884	6,895	10,000	10,000
Vehicle Maintenance	196,855	130,354	173,777	208,157	165,000	170,000
Gasoline	6,151	5,128	6,314	5,862	6,000	6,000
Diesel	69,634	109,994	119,606	104,309	100,000	100,000
Expenditure Total	2,429,071	2,674,094	2,512,962	2,666,726	2,485,930	3,475,930
Department Total	4,202,382	4,281,306	4,197,052	4,373,084	4,358,726	5,411,117

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	9.53%	8.61%	8.75%	8.94%	8.32%	10.32%
Departmental Total Cost	4,202,382	4,281,306	4,197,052	4,373,084	4,358,726	5,411,117
Departmental Direct Revenue	1,361,206	1,608,523	1,588,595	2,053,168	1,339,000	2,166,000
Other Revenue	634,888	432,282	590,343	749,004	515,812	640,351
Cost in Tax Dollars	2,206,288	2,240,501	2,018,114	1,570,912	2,503,914	2,604,766
Estimated Millage	4.26	4.28	3.75	2.88	4.46	4.64
Total Full Time Employees	36	35	35	35	36	36
Cost Per Employee	49,259	45,920	48,117	48,753	52,022	53,755

**Oconee County, South Carolina
South Cove Park (204)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	156,939	162,318	152,430	170,299	176,240	179,702
Overtime	5,255	4,553	5,994	6,020	6,000	7,000
Social Security	11,604	12,149	11,747	12,860	13,776	14,283
Retirement	18,756	22,528	23,222	25,545	28,060	30,918
Workers Compensation	3,613	7,891	6,800	6,568	5,700	7,483
Health Insurance	55,507	42,128	42,757	48,081	45,695	45,695
Dental	2,156	-	1,554	2,576	2,750	2,750
Vision	351	-	253	305	500	500
Salary and Wage Totals	254,181	251,567	244,757	272,254	278,721	288,331
New Positions						
Park Ranger I	-	-	-	-	-	46,258
New Position Total	-	-	-	-	-	46,258
Equipment Maintenance	1,021	5	917	1,381	1,000	1,000
Professional	38,363	55,788	58,013	39,977	45,447	45,447
Equipment Rental	-	443	1,732	535	1,000	1,000
Dues Organizations	-	-	-	125	-	-
Telecommunications	600	600	200	-	600	600
Advertising	-	101	75	-	-	-
Rent	-	(376)	-	-	-	-
Staff Development	1,084	975	2,623	469	1,000	2,000
Building/Grounds Maintenance	33,044	36,364	38,055	34,723	36,000	36,000
Gas and Fuel Oil	68	1,860	1,132	1,656	1,750	1,750
Electricity	40,863	54,039	61,375	58,387	63,000	63,000
Water/Sewer/Garbage	3,669	3,278	3,519	3,329	4,100	4,100
Small Equipment	8,446	8,817	8,949	4,068	3,150	3,150
Operational	16,135	22,097	22,866	20,814	21,266	23,000
Food	1,084	247	309	1,348	250	250
IT Replacement Equipment/Software	-	-	-	1,348	-	-
Uniforms/Clothing	2,959	3,075	4,012	3,577	3,500	3,500
Concessions	25,287	33,697	30,597	27,112	35,000	35,000
Buildings, Capital Expenditures	31,066	6,344	-	-	-	-
Vehicles/Equipment, Capital Expenditures	8,345	-	28,274	-	-	-
Diesel	-	63	-	-	-	-
Expenditure Total	212,034	227,417	262,648	198,849	217,063	219,797
Department Total	466,215	478,985	507,405	471,103	495,784	554,386

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	1.06%	0.96%	1.06%	0.96%	0.95%	1.06%
Departmental Total Cost	466,215	478,985	507,405	471,103	495,784	554,386
Departmental Direct Revenue	266,924	316,149	344,267	305,344	300,000	350,000
Other Revenue	70,435	48,363	71,370	80,689	58,671	65,606
Cost in Tax Dollars	128,856	114,473	91,768	85,070	137,113	138,780
Estimated Millage	0.25	0.22	0.17	0.16	0.24	0.25
Total Full Time Employees	5	5	5	5	5	6
Cost Per Employee	50,836	50,313	48,951	54,451	55,744	55,765

**Oconee County, South Carolina
Treasurer (306)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	242,493	229,941	234,449	254,722	279,029	301,512
Overtime	232	176	439	12	1,000	-
Social Security	16,601	16,385	16,953	18,301	21,422	23,066
Retirement	27,898	31,269	34,225	37,201	43,849	44,351
Workers Compensation	1,073	1,758	756	2,706	3,280	3,602
Health Insurance	68,282	42,129	45,108	51,316	54,834	54,834
Dental	3,151	-	2,161	1,624	3,300	3,300
Vision	513	-	352	127	600	600
Salary and Wage Totals	360,243	321,658	334,443	366,009	407,314	431,265
New Positions						
Restore funding for cut position	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Travel	196	128	808	358	800	800
Equipment Maintenance - Decal Printers	-	-	-	-	-	2,700
Professional	40,288	65,755	43,156	51,997	54,000	54,000
Data Processing	19,435	24,401	25,767	42,032	41,800	41,800
Telecommunications	-	120	1,440	720	1,440	-
Copier Click Charges	266	429	480	541	1,290	1,290
Advertising	212	212	212	-	260	260
Dues: Organizations	175	225	150	150	225	225
Staff Development	4,681	3,022	3,572	3,323	5,000	5,000
Small Equipment	4,862	2,275	170	7,290	1,300	1,300
Operational	10,081	10,597	9,026	11,507	14,500	16,500
Postage	68,122	75,831	60,342	81,998	80,500	84,000
IT Replacement Equipment/Software	1,610	231	3,402	4,575	3,870	3,870
Cap Departmental Paving	-	11,987	-	-	-	-
Vehicle Maintenance	83	939	286	221	1,100	1,100
Gasoline	964	1,053	974	903	1,275	1,275
Expenditure Total	187,834	197,205	149,785	205,615	207,360	214,120
Department Total	548,077	518,864	484,228	571,624	614,674	645,385

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	1.24%	1.04%	1.01%	1.17%	1.17%	1.14%
Departmental Total Cost	548,077	518,864	484,228	571,624	614,674	645,385
Departmental Direct Revenue	65,435	66,533	66,846	69,118	65,000	65,000
Other Revenue	82,802	52,389	68,110	97,905	72,741	70,434
Cost in Tax Dollars	399,840	399,941	349,272	404,601	476,933	509,951
Estimated Millage	0.77	0.76	0.65	0.74	0.85	0.91
Total Full Time Employees	6	5	5	6	7	7
Cost Per Employee	60,041	64,332	66,889	61,002	58,188	61,609

**Oconee County, South Carolina
Vehicle Maintenance (721)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	490,399	509,361	507,375	554,065	553,186	561,763
Overtime	3,507	2,707	4,570	2,516	5,000	5,000
Social Security	35,402	36,972	37,055	40,428	42,701	43,357
Retirement	56,694	69,391	74,494	81,277	86,967	93,856
Workers Compensation	11,647	26,331	23,370	26,876	18,873	23,712
Health Insurance	150,182	117,960	129,772	140,488	127,946	127,946
Dental	6,787	-	7,090	2,752	7,700	7,700
Vision	1,105	-	1,155	127	1,400	1,400
Salary and Wage Totals	755,723	762,722	784,881	848,529	843,773	864,734
New Positions						
Reclass Savings	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Equipment Maintenance	4,035	3,905	1,518	1,903	4,000	4,000
Professional	-	-	-	100	-	-
Data Processing	4,368	4,407	6,944	6,249	5,800	9,000
Copier Click Charges	1,425	1,090	1,268	1,197	1,500	1,500
Dues: Organizations	100	100	100	-	150	150
Staff Development	1,328	2,581	2,528	2,518	3,500	2,500
Building/Grounds Maintenance	8,979	4,144	5,343	3,447	5,500	5,500
Gas and Fuel Oil	2,450	3,265	3,399	2,083	4,000	4,000
Electricity	13,514	12,188	11,825	11,204	13,500	13,500
Water/Sewer/Garbage	1,360	1,398	2,443	1,716	1,700	1,700
Safety Equipment	2,283	3,060	2,731	3,862	3,000	4,000
Small Equipment	12,187	12,288	16,357	9,959	19,000	19,000
Operational	10,118	10,934	10,915	7,401	11,500	10,000
Postage	219	26	14	-	250	250
Food	846	263	296	269	350	350
IT Replacement Equipment/Software	-	-	-	2,068	-	-
Uniforms/Clothing	3,222	3,910	3,805	4,835	4,200	5,000
Vehicles/Equipment, Capital Expenditures	-	7,995	-	6,477	-	-
Vehicle Maintenance - Vehicle Maintenance	6,566	5,436	5,791	9,118	7,000	7,000
Gasoline - Vehicle Maintenance	8,737	9,598	10,463	8,137	10,000	10,000
Diesel - Vehicle Maintenance	188	112	216	86	500	500
Expenditure Total	82,747	86,700	85,956	82,629	95,450	97,950
Department Total	838,470	849,422	870,837	931,158	939,223	962,684

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	1.90%	1.71%	1.81%	1.90%	1.79%	1.84%
Departmental Total Cost	838,470	849,422	870,837	931,158	939,223	962,684
Departmental Direct Revenue	1,537	1,127	933	847	1,650	1,650
Other Revenue	126,674	85,766	122,489	159,485	111,148	113,924
Cost in Tax Dollars	710,258	762,529	747,415	770,826	826,425	847,110
Estimated Millage	1.37	1.46	1.39	1.41	1.47	1.51
Total Full Time Employees	14	14	14	14	14	14
Cost Per Employee	53,980	54,480	56,063	60,609	60,270	61,767

**Oconee County, South Carolina
Veterans' Affairs (404)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	134,250	139,780	121,657	128,963	130,107	137,361
Overtime	-	47	-	-	750	750
Social Security	9,730	10,151	8,616	9,079	10,010	10,565
Retirement	15,428	19,030	17,697	18,775	20,385	22,759
Workers Compensation	1,069	2,316	2,029	2,122	1,599	2,036
Health Insurance	34,141	25,277	26,277	25,828	27,417	27,417
Dental	1,575	-	525	1,337	1,650	1,650
Vision	257	-	86	149	300	300
Salary and Wage Totals	196,450	196,601	176,887	186,253	192,218	202,838
New Positions						
Reclass Sec I to Sec III	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Professional	683	882	1,182	1,299	1,350	1,425
Data Processing	-	-	734	35		
Copier Click Charges	1,600	2,016	1,051	1,085	2,500	2,500
Advertising	-	3,000	-	-	-	-
Dues: Organizations	25	25	25	70	60	40
Staff Development	-	-	-	-	400	400
Small Equipment	480	371	445	570	1,000	1,000
Operational	2,009	2,939	5,069	1,767	4,700	4,700
Food	579	296	230	339	500	500
Expenditure Total	5,481	9,529	8,736	5,165	10,510	10,565
Department Total	201,931	206,130	185,623	191,418	202,728	213,403

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	0.46%	0.41%	0.39%	0.39%	0.39%	0.41%
Departmental Total Cost	201,931	206,130	185,623	191,418	202,728	213,403
Departmental Direct Revenue	12,000	-	23,950	19,900	7,500	20,000
Other Revenue	30,507	20,813	26,109	32,785	23,991	25,254
Cost in Tax Dollars	159,424	185,317	135,564	138,733	171,237	168,149
Estimated Millage	0.31	0.35	0.25	0.25	0.31	0.30
Total Full Time Employees	3	3	3	3	3	3
Cost Per Employee	65,483	65,534	58,962	62,084	64,073	67,613

**Oconee County, South Carolina
Voter Registration and Elections (715)
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Salary and Wages	87,510	144,086	124,878	168,114	140,593	135,751
Overtime	205	205	-	-	-	300
Social Security	6,812	6,871	8,722	8,555	10,779	10,408
Retirement	12,904	13,036	17,764	16,542	21,940	22,530
Workers Compensation	264	582	607	527	338	404
Health Insurance	22,761	16,851	16,933	17,223	18,278	18,278
Dental	1,050	-	1,071	577	1,100	1,100
Vision	171	-	174	48	200	200
Poll Workers	45,480	2,125	31,977	(21,933)	6,000	
Salary and Wage Totals	177,157	183,756	202,126	189,653	199,228	188,971
New Positions	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-
Travel	1,039	930	1,223	1,166	1,500	1,500
Equipment Maintenance	14,147	13,327	12,405	-	13,500	13,500
Professional	7,455	6,284	16,972	15,123	7,500	7,500
Telecommunications	420	485	780	480	1,440	-
Data Processing	13,535	13,535	13,535	-	20,000	20,000
Coper Click Charges	750	966	965	1,625	1,300	1,300
Advertising SC Elect Reimb	771	1,888	704	2,422	-	-
Dues: Organizations	280	240	350	250	350	350
Staff Development	1,989	2,055	5,114	3,619	5,000	5,000
Small Equipment	2,019	6,033	714	2,545	800	800
Operational	5,843	6,165	6,643	5,859	6,000	6,000
Operational - SC Elect Reimb	8,531	3,703	4,405	9,193	-	-
Postage	62	-	68	35	75	75
Food	-	-	-	243	-	-
Postage - SC Elect Reimb	3,291	16	-	-	-	-
Equipment/Software	-	3,710	-	3,080	-	-
Expenditure Total	60,132	59,337	63,878	45,640	57,465	56,025
Department Total	237,289	243,092	266,004	235,293	256,693	244,996

Cost to Serve Analysis	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
Percentage of Budget	0.54%	0.49%	0.55%	0.48%	0.49%	0.47%
Departmental Total Cost	237,289	243,092	266,004	235,293	256,693	244,996
Departmental Direct Revenue	1,575	1,575	83,536	1,575	1,576	1,576
Other Revenue	35,849	24,545	37,415	40,300	30,377	28,993
Cost in Tax Dollars	199,865	216,972	145,053	193,418	224,740	214,427
Estimated Millage	0.39	0.41	0.27	0.35	0.40	0.38
Total Full Time Employees	2	2	2	2	2	2
Cost Per Employee	88,578	91,878	101,063	94,827	99,614	94,486

**Oconee County, South Carolina
Other Financing Uses
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved Supplemental 09/17/2020	FY 2022 Approved 6/22/2021
Transfer To Capital Projects Fund - Westminster Magistrate	-	66,500	119,216	-	-	500,000
Transfer To Sheriff's Victim Services 210 Fund	107,000	95,000	50,000	-	85,000	137,000
Transfer To Solicitor's Victim Services 215 Fund	38,000	30,000	30,000	-	55,000	110,000
Transfer To Duke Energy FNF Spec Rev Fund 255	-	750	-	-	-	-
Transfer to Capital Equipment - Vehicle Fund	-	-	-	275,000	-	-
Transfer out to 90 Fund	-	-	-	-	-	-
Transfer out to Fire Capital Fund	-	-	-	-	-	-
Transfer to FOCUS - 515 Fund	-	2,940,828	-	-	-	-
Total Other Financing Uses	145,000	3,133,078	199,216	275,000	140,000	747,000

**Oconee County, South Carolina
Fees Schedule
2021-2022 Budget**

Description	Rate	FY 2021 Fees	FY 2022 Fees
General County Fees			
(Applicable to all departments, unless otherwise noted within the Departmental Fees below.)			
Copies			
8.5 X 11	Per Page	\$0.25	\$0.25
8.5 X 14	Per Page	\$0.50	\$0.50
11 X 17	Per Page	\$0.50	\$0.50
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			
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		\$10.00	\$10.00
Microchip Fee - Misc		\$15.00	\$15.00
Airport			
T-Hanger Rental Rates	Per Month	\$160.00	\$160.00
1998 T-Hangars A, B, and Box D (27)	Per Month	\$235.00	\$235.00
New T-Hangars E (8)	Per Month	\$270.00	\$270.00
Aircraft Tie-Down Rate	Per Month	\$30.00	\$30.00
Long-Term Parking Fee	Per Month, Per Vehicle	\$10.00	\$25.00
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	\$50.00	\$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

**Oconee County, South Carolina
Fees Schedule
2021-2022 Budget**

Description	Rate	FY 2021 Fees	FY 2022 Fees
Airport - Continued			
Ramp Fee -			
Tier 1 (100,000 - 20,000 Pounds)		\$50.00	100 Gallons/Top Off or \$100.00
			\$15.00 per night after 48 hours
Tier 2 (20,000 - 30,000 Pounds)		\$50.00	200 Gallons or \$200.00
			\$35.00 per night after 48 hours
Tier 3 (30,000 - 40,000 Pounds)		\$50.00	300 gallons or \$300.00
			\$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 250 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 for 200 gallons or more	\$0.10 reduction for 250 gallons or more Jet-A

**Oconee County, South Carolina
Fees Schedule
2021-2022 Budget**

Description	Rate	FY 2021 Fees	FY 2022 Fees
Building Codes			
<i>(See Section 10 of Provisos to the Oconee County Budget for this year)</i>			
All Buildings, Demolition, and Mechanical Trades \$10,000 or Less		\$50.00	\$50.00
All Buildings, Demolition, and Mechanical Trades \$10,000 and Up		\$50.00 + \$4.00 for each additional \$1,000 or fraction thereof	\$75.00 + \$4.00 for each additional \$1,000 or fraction thereof
Farm Exempt Structures		\$50.00	\$50.00
Manufactured Homes			
Set-Up Permit (Includes County Decal)		\$100.00	\$100.00
Decal Only		\$20.00	\$20.00
Manufactured Home De-Title Fee		\$50.00	\$50.00
Manufactured Home Moving Permit		\$40.00	\$40.00
Other Permits			
Moving Permits (Structures Other Than Manufactured Homes)		\$100.00	\$100.00
Penalties			
<i>(Where work for which a permit is required by this Ordinance is started prior to obtaining said permit, the applicable fee shall be doubled.)</i>			
Re-Inspection Fee - Shall be charged if an inspection is scheduled and the work is not ready when the inspector arrives.		\$75.00	\$75.00
Stop Work Order Fee - Shall be charged if the inspector issues a stop work order.		\$50.00	\$50.00
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
Clerk of Court			
Certified Copies		\$5.00 + \$0.25 per page	\$5.00 + \$0.25 per page
Printouts for Family Court		.50 per page	.50 per page
Certified Printouts		\$5.00	\$5.00
Exemplified copies of orders	Per Document	\$10.00	\$10.00
Family Court Divorce Packets	Per Packet	\$27.00	\$27.00
All other fees are state mandated			

**Oconee County, South Carolina
Fees Schedule
2021-2022 Budget**

Description	Rate	FY 2021 Fees	FY 2022 Fees
Planning			
Sign Fees			
Less Than 50 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	\$25.00
Subdivisions with creation of new parcels for recording			
2-10 New Parcels	Per Parcel	\$25.00	\$25.00
11+ New Parcels		\$250 + \$15 Per Parcel	\$250 + \$15 Per Parcel
Subdivisions NOT involving creation of new parcels for recording			
2-10 Dwelling Units	Per Unit	\$50.00	\$50.00
11+ Dwelling Units		\$1,000 + \$50 Per Unit	\$1,000 + \$50 Per Unit
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
Group Homes		\$300.00	\$750.00
Sexually Oriented Business	Annual Fee	\$2,500.00	\$2,500.00
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		\$250.00	\$250.00
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
County Council			
Audio CD	Per Event	\$5.00	\$5.00
Delinquent Tax Collector			
Administrative Fee		\$10.00	\$10.00

**Oconee County, South Carolina
Fees Schedule
2021-2022 Budget**

Description	Rate	FY 2021 Fees	FY 2022 Fees
GIS			
Custom Production - Billed in 1/2 Hour Increments	Per Hour	\$35.00	\$35.00
Roads Directory - Microsoft Access Database CD	Per CD	\$20.00	\$20.00
Custom Scan and Prints	Per Hour	\$35.00	\$35.00
GIS A - 8.5 X 11		\$3.00	\$3.00
GIS B - 11 X 17		\$5.00	\$5.00
GIS C - 18 X 24		\$6.00	\$6.00
GIS D - 24 X 36		\$8.00	\$8.00
GIS E - 36 X 48		\$10.00	\$10.00
GIS A - 8.5 X 11 (Aerial Imagery)		\$6.00	\$6.00
GIS B - 11 X 14 (Aerial Imagery)		\$10.00	\$10.00
GIS B - 11 X 17 (Aerial Imagery)		\$10.00	\$10.00
GIS C - 18 X 24 (Aerial Imagery)		\$12.00	\$12.00
GIS D - 24 X 36 (Aerial Imagery)		\$14.00	\$14.00
GIS E - 36 X 48 (Aerial Imagery)		\$16.00	\$16.00
Tax Map Grid with Roads		\$3.00	\$3.00
Voting Precincts and Council Districts		\$3.00	\$3.00
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	\$0.10
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
<i>* Not charged to patrons from Anderson and Pickens Counties who are in good Standing.</i>			
Assessor			
Custom Production - Billed in 1/2 Hour Increments	Per Hour	\$35.00	\$35.00
Roads Directory - Microsoft Access Database CD	Per CD	\$20.00	\$20.00
Custom Scan and Prints	Per Hour	\$35.00	\$35.00
GIS A - 8.5 X 11		\$3.00	\$3.00
GIS B - 11 X 17		\$5.00	\$5.00
GIS C - 18 X 24		\$6.00	\$6.00
GIS D - 24 X 36		\$8.00	\$8.00
GIS E - 36 X 48		\$10.00	\$10.00
GIS A - 8.5 X 11 (Aerial Imagery)		\$6.00	\$6.00
GIS B - 11 X 14 (Aerial Imagery)		\$10.00	\$10.00
GIS B - 11 X 17 (Aerial Imagery)		\$10.00	\$10.00
GIS C - 18 X 24 (Aerial Imagery)		\$12.00	\$12.00
GIS D - 24 X 36 (Aerial Imagery)		\$14.00	\$14.00
GIS E - 36 X 48 (Aerial Imagery)		\$16.00	\$16.00
Tax Map Grid with Roads		\$3.00	\$3.00
Voting Precincts and Council Districts		\$3.00	\$3.00

**Oconee County, South Carolina
Fees Schedule
2021-2022 Budget**

Description	Rate	FY 2021 Fees	FY 2022 Fees
Parks, Recreation and Tourism			
Admission Fees (All Parks)			
Daily Parking	Per Vehicle	\$3.00	\$3.00
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	\$25.00
Waterfront Site - Oconee County Resident	Per Night	\$25.00	\$25.00
Waterfront Site - Non-Resident	Per Night	\$30.00	\$30.00
Winter Camping Rate (November 1 - February 28)	Per Night	\$15.00	\$15.00
<i>All campers must have current license plates.</i>			
<i>No site may be occupied for more than thirty (30) days.</i>			
Building Reservations (All Parks)			
<i>Moving to full day rentals only, except Chau Ram</i>			
Recreation Building - 1 to 100 People	Full Day Only	\$100.00	\$100.00
Recreation Building - 101 to 200 People	Full Day Only	\$200.00	\$200.00
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
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
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

**Oconee County, South Carolina
Fees Schedule
2021-2022 Budget**

Description	Rate	FY 2021 Fees	FY 2022 Fees
Parks, Recreation and Tourism			
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	\$3.00	\$3.00
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

**Oconee County, South Carolina
Fees Schedule
2021-2022 Budget**

Description	Rate	FY 2021 Fees	FY 2022 Fees
Probate			
Estate and Conservatorship Fees			
<i>In estate and conservatorship proceedings, the fee shall be based upon the gross</i>			
(1) Property Valuation Less Than \$5,000		\$25.00	\$25.00
(2) Property Valuation of \$5,000.00 But Less Than \$20,000		\$60.00	\$60.00
(3) Property Valuation of \$20,000.00 But Less Than \$60,000		\$100.00	\$100.00
(4) Property Valuation of \$60,000.00 But Less Than \$100,000		\$150.00	\$150.00
(5) Property Valuation of \$100,000.00 But Less Than \$600,000		\$95.00 + 0.15 of one percent of the property valuation between \$100,000 and \$600,000	\$95.00 + 0.15 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 Affidavit for Collection of Personal Property Where the Property Valuation Is Less Than \$100.00		\$12.50	\$12.50
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
Issuing Certified Copy		\$5.00 + \$0.25 per page copy fee	\$5.00 + \$0.25 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
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
Filing and Indexing Will Under Section 62-2-901		\$10.00	\$10.00
Certifying Appeal Record		\$10.00	\$10.00
Marriage Fees			
Marriage License - Domestic Violence Fund Fee/Each Marriage Application (State)		\$20.00	\$20.00
Marriage Ceremony Fee - Oconee County Resident		\$25.00	\$25.00
Marriage Ceremony Fee - Out of County Resident		\$25.00	\$25.00
Marriage License Fee - (Total Cost) - Oconee County Resident		\$30.00	\$30.00
Marriage License Fee - (Total Cost) - Out of County Resident		\$75.00	\$75.00
Certified Copy of Marriage License		\$5.00	\$5.00
Filing Marriage License Affidavit		\$1.00	\$1.00
Reforming or Correcting Marriage Record		\$6.75	\$6.75
Issuing Duplicate Marriage License		\$6.75	\$6.75
Newspaper Advertisement Fees			
Notice to Creditor - Daily Journal		\$225.00	\$225.00
Affidavit of NTC Ad		\$5.00	\$5.00

**Oconee County, South Carolina
Fees Schedule
2021-2022 Budget**

Description	Rate	FY 2021 Fees	FY 2022 Fees
Register of Deeds			
Deeds		\$10.00 more than 4 pages \$1.00 per additional	\$15.00
Mortgages		\$10.00 more than 4 pages \$1.00 per additional	\$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		\$6.00 for first page \$1.00 for each additional	\$10.00
Affidavit of Missing Assignment		\$10.00	\$10.00
Lease, Contract of Sale, or Trust Indenture		\$10.00 more than 4 pages \$1.00 per additional	\$25.00
Satisfaction of Real Estate Mortgage		\$5.00	\$10.00
Plat - Any Size		-	\$25.00
Plat Larger Than 8.5 X 14		\$10.00	N/A
Plat of "Legal Size" Dimensions or Smaller		\$5.00	N/A
Plats Larger Than 17 X 24		\$20.00	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 more than 4 pages \$1.00 per additional	\$10.00/\$15.00/\$25.00
Power of Attorney, Trustee Qualification, or Other Appointment		\$15.00 more that 4 pages \$1.00 per additional	\$25.00
Mechanics Liens		\$10.00 more than 4 pages \$1.00 per additional	\$25.00
Cancellation of Mechanics Lien		\$5.00	\$10.00
Uniform Commercial Code (UCC) Financing Statement Filing - UCC1 or UCC3		\$8.00; more than 2 pages \$10.00; more than two debtors \$10.00; each additional debtor more than two \$2.00; continuations \$8.00; amendments \$8.00; assignments \$8.00; partial release \$8.00	\$25.00
Public Finance Transaction and Manufactured Home Transactions		\$20.00	\$25.00
Copies Mailed - \$5.00 Additional to Certify		\$5.00 for 4 pages then \$.25 per additional page	\$5.00 for 4 pages then \$.25 per additional page
Copies - 8.5 X 11	Per Page	\$0.25	\$0.50
Copies - 8.5 X 14	Per Page	\$0.25	\$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			

**Oconee County, South Carolina
Fees Schedule
2021-2022 Budget**

Description	Rate	FY 2021 Fees	FY 2022 Fees
Roads and Bridges			
Sign Fee - Municipalities		materials cost	\$25.00 + 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
Rock Quarry			
Rock Sales		Price per ton	
# 1 Crusher Run 1 1/2"		\$11.60	\$11.60
# 2 Crusher Run (Sap Rock)		\$9.35	\$9.35
# 3 Surge 2" x 3"		\$12.85	\$13.35
# 4 Screenings		\$6.10	\$6.60
# 5 57: 1"		\$12.60	\$13.10
# 6 789: 3/8" x 1/2"		\$12.10	\$12.60
# 7 Class A Rip Rap 4" x 8"		\$14.35	\$14.85
# 8 Class B Rip Rap 9" x 15"		\$14.60	\$15.10
# 9 Asphalt Sand		\$9.85	\$10.35
# 11 6M 3/8" x 1"		\$10.35	\$10.35
#13 Class E Rip Rap (Boulders Larger than 27")		\$19.85	\$20.35
#14 Flat Boulders		\$22.85	\$23.35
#15 Class C Rip Rap 15" x 21"		\$14.85	\$15.35
#16 Class D Rip Rap 21 1/2" x 27"		\$15.10	\$15.60
#17 Dirt Sales per Ton		\$1.00	\$1.00
Credit			
Credit Application Fee		\$60.00	\$60.00
* Quarry Manager may substitute one product, close in scale, for another due to availabilities.			
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

**Oconee County, South Carolina
Fees Schedule
2021-2022 Budget**

Description	Rate	FY 2021 Fees	FY 2022 Fees
Solid Waste			
MSW Transfer Station Tipping Fee- House-Hold	Per Ton	\$50.00	\$60.00
MSW Transfer Station Tipping Fee - Commercial	Per Ton	\$60.00	\$60.00
C and D Landfill Tipping Fee (Rate was last set in 2008.)	Per Ton	\$30.00	\$35.00
Mulch	Per Scoop	\$10.60	\$10.60
Railroad Ties	Per Ton	\$55.00	\$65.00
Off-Road, Large Tractor, or Oversized Tires	Per Ton	\$150.00	\$175.00
Asbestos	Per Ton	\$85.00	\$85.00
Solid Waste License's			
Commercial/Industrial	Per Entity	\$100.00	\$100.00
Residential	Per Entity	\$40.00	\$40.00
Combined	Per Entity	\$125.00	\$125.00
Miscellaneous			
Truck Decal	Each	\$5.00	\$5.00
Credit			
Credit Application Fee		\$60.00	\$60.00
Billing Late Fee after 15 day grace period		3%	3%
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

Oconee County, South Carolina
Emergency Services Protection District Special Revenue Fund
2021-2022 Budget

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Budget	FY 2022 Approved 6/22/2021
Number of Mills	2.9	2.9	2.9	2.9	2.9	2.9
Revenues						
Emergency Services Protection District Millage	1,485,135	1,509,945	1,512,019	1,508,384	1,512,000	1,512,000
Total Revenues	1,485,135	1,509,945	1,512,019	1,508,384	1,512,000	1,512,000
Expenditures						
Equipment Maintenance	52,183	116,948	63,704	43,663	56,000	60,000
Telecommunication	9,132	9,026	8,843	14,783	10,000	10,000
Maintenance Bldg Grounds	-	6	-	-	500	2,000
Gas and Fuel Oil	3,159	5,602	3,661	3,289	4,000	5,000
Electricity	6,405	8,893	10,642	12,976	8,000	8,000
Water/Sewer/Garbage	1,637	1,767	1,505	1,451	3,500	3,500
Medical Physicals	-	-	-	-	-	15,000
Small Equipment	313,743	-	-	4,867	10,000	13,500
Operation - Pickett Post	-	-	3,278	11,832	-	-
Buildings, Capital Exp	14,771	171,171	9,205	654	-	40,000
Land, Capital Exp	-	-	-	-	-	-
Vehicles, Capital Exp	-	28,192	-	-	-	-
Fire Trucks, Capital Exp	195,772	-	-	-	-	-
Gasoline	-	-	-	24	-	-
Diesel	-	-	-	1,036	-	-
Grant to Independent Agencies/Basic Station Exp	871,000	1,131,625	1,149,119	1,136,726	1,155,000	1,155,000
Volunteer Compensation	159,151	242,216	218,250	194,880	200,000	200,000
Total Department 107	1,626,954	1,715,446	1,468,207	1,426,181	1,447,000	1,512,000
Other Financing Sources						
Insurance Recoveries	-	-	-	-	-	-
Change in Fund Balance	(141,819)	(205,501)	43,812	82,203	65,000	-
Beginning Fund Balance	624,413	482,594	277,093	320,905	403,107	468,107
Ending Fund Balance	482,594	277,093	320,905	403,107	468,107	468,107

Oconee County, South Carolina
Sheriffs Victims Services Special Revenue Fund (210)
2021-2022 Budget

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Budget	FY 2022 Approved 6/22/2021
Revenues						
Assessments	49,718	32,707	30,807	29,291	30,000	30,000
Surcharges	89,440	22,943	23,163	24,843	24,000	24,000
General Fund Transfer	107,000	95,000	50,000	-	72,000	137,000
Total Revenues	246,158	150,650	103,970	54,134	126,000	191,000
Expenditures						
Salaries and Fringe	151,094	159,090	154,817	130,457	123,336	127,753
Pay Increase including Fringe						
Total Expenditures	151,094	159,090	154,817	130,457	123,336	127,753
Change in Fund Balance	95,064	(8,440)	(50,847)	(76,323)	2,664	63,247
Beginning Fund Balance	(22,528)	72,536	64,096	13,249	(63,074)	(60,410)
Ending Fund Balance	72,536	64,096	13,249	(63,074)	(60,410)	2,837

Oconee County, South Carolina
Solicitor's Victims Services Special Revenue Fund (215)
2021-2022 Budget

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Budget	FY 2022 Approved 6/22/2021
Revenues						
Assessments	3,144	4,718	2,214	2,765	3,000	3,000
Surcharges	32,332	18,806	22,182	24,344	20,000	20,000
General Fund Transfer	38,000	30,000	30,000	-	52,000	110,000
Total Revenues	73,476	53,524	54,396	27,109	75,000	133,000
Expenditures						
Salaries and Fringe	67,499	71,349	68,106	72,982	74,319	74,319
Pay Increase including Fringe						
	67,499	71,349	68,106	72,982	74,319	74,319
Change in Fund Balance	5,977	(17,825)	(13,710)	(45,873)	681	58,681
Beginning Fund Balance	19,779	25,756	7,931	(5,779)	(51,652)	(50,971)
Ending Fund Balance	25,756	7,931	(5,779)	(51,652)	(50,971)	7,710

Oconee County, South Carolina
911 Communications Special Revenue Fund (225)
2021-2022 Budget

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Budget	FY 2022 Approved 6/22/2021
Revenues						
AT&T E-911 Surcharge Taxes	171,223	143,119	148,834	118,605	160,000	160,000
Competitive Local Exchange Carrier Taxes	131,964	44,427	67,552	47,321	60,000	60,000
State Wireless Funding	87,019	73,094	142,585	123,483	70,000	70,000
Budget and Control Board Funding	243,492	186,026	328,230	598,355	200,000	200,000
Total Revenues	633,698	446,666	687,201	887,764	490,000	490,000
Travel	-	-	351	360	1,000	1,000
Equipment Maintenance	418,674	264,946	230,299	700,407	300,000	300,000
Telecommunications	108,542	107,669	100,016	97,752	150,000	150,000
Data Processing	-	-	20,757	25,308	50,000	50,000
Staff Development	4,718	14,278	7,294	5,491	7,000	7,000
Small Capital	10,703	911	10,312	18,365	20,000	20,000
Operational	5,214	925	1,922	5,423	6,000	6,000
Non-Cap IT Eq/Software	-	3,481	-	1,725	20,000	20,000
Equipment, Capital Expenditure	398,242	48,530	-	-	200,000	200,000
IT Equip, Capital Expenditure	54,783	49,160	67,019	11,787	200,000	200,000
Grant to Indep Agency	3,559	8,184	-	169,495	30,000	30,000
Total Expenditures	1,004,435	498,084	437,970	1,036,113	984,000	984,000
Change in Fund Balance	(370,737)	(51,418)	249,231	(148,349)	(494,000)	(494,000)
Beginning Fund Balance	1,714,391	1,343,654	1,292,236	1,541,467	1,393,118	899,118
Ending Fund Balance	1,343,654	1,292,236	1,541,467	1,393,118	899,118	405,118

Oconee County, South Carolina
Tri-County Technical College Special Revenue Fund (250)
2021-2022 Budget

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Budget	FY 2022 Approved 6/22/2021
Number of Mills	2.1	3.0	3.0	3.0	3.0	3.0
Tri-County Technical College	1,188,222	1,689,571	1,729,564	1,735,478	1,670,000	1,700,000
Total Revenues	1,188,222	1,689,571	1,729,564	1,735,478	1,670,000	1,700,000
Expenditures						
Pendleton Upgrade	-	445,813	486,900	485,200	485,200	460,200
County Contribution	1,066,000	1,066,687	1,103,500	1,058,738	1,100,000	1,120,000
Total Expenditures	1,066,000	1,512,500	1,590,400	1,543,938	1,585,200	1,580,200
Transfer out of TCTC Fund	-	-	-	-	-	-
Change in Fund Balance	122,222	177,071	139,164	191,540	84,800	119,800
Beginning Fund Balance	427,374	549,596	726,667	865,831	1,057,371	1,057,371
Ending Fund Balance	549,596	726,667	865,831	1,057,371	1,142,171	1,177,171

Oconee County, South Carolina
Road Maintenance Millage - 2.1 (Fund 260)
2021-2022 Budget

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved 6/25/2020	FY 2022 Approved 6/22/2021
Number of Mills	2.1	2.1	2.1	2.1	2.1	2.1
Road Maintenance Millage	1,182,452	1,200,185	1,209,727	1,207,296	1,171,920	1,171,920
National Forestry Title I	222,557	177,812	161,947	153,144	220,000	220,000
Interest	-	-	-	-	-	-
Total Revenues	1,405,009	1,377,997	1,371,674	1,360,440	1,391,920	1,391,920
New Positions						
Equipment Operator II	-	-	-	-	-	-
New Position Total	-	-	-	-	-	-

Expenditures						
Professional - Road Inventory	768,167	32,641	33,012	18,475	40,000	40,000
Maintenance / Repair Road Paving	-	-	10,633	5,432	-	-
Gravel Use	169,422	212,832	265,967	258,170	250,000	275,000
Operational	145,189	148,852	191,093	164,510	210,000	210,000
Road Paving	63,937	-	-	307,162	1,800,000	1,800,000
Site Prep	17,536	-	-	-	-	-
Interfund Transfer Out - 013	-	-	6,715			
Capital Land	-	-	4,317			
National Forestry	-	-	-	-	220,000	220,000
Interfund Transfer Out - 012				105,089		
Total Expenditures	1,164,251	394,325	511,737	858,838	2,520,000	2,545,000
Change in Fund Balance	240,758	983,672	859,937	501,601	(1,128,080)	(1,153,080)
Beginning Fund Balance	1,035,474	1,276,232	2,259,904	3,119,841	3,119,841	3,621,442
Ending Fund Balance	1,276,232	2,259,904	3,119,841	3,621,442	1,991,761	2,468,362

Oconee County, South Carolina
Economic Development Capital Projects Fund
2021-2022 Budget

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Budget	FY 2022 Approved 6/22/2021
Number of Mills	2.2	1.1	1.1	1.1	1.1	1.1
Economic Development Millage (1.1 Mills)	1,240,254	664,252	633,820	618,688	610,822	610,822
FILOT	-	6,989	416,273	523,547	500,000	500,000
Timber Sales	-	-	-	-	-	-
Utility Tax Credits	100,000	40,792	200,000	400,000	-	-
Site Certification Reimbursement	-	-	-	-	-	-
Destination Oconee	50,821	-	-	-	-	-
Interest Earnings	20,694	18,667	16,323	10,912	-	-
Misc Income	6,080	-	-	-	-	-
State Grants						
RIA	-	-	500,000	-	-	-
SCDOC Grant	-	105,000	-	-	-	-
Misc State Grant	49,500	-	-	-	-	-
Federal Grants						
ARC - Walhalla High School Sewer	-	-	-	-	-	-
ARC Grant	279,759	-	-	-	-	-
ARC Grant GCCP Pump Station	-	-	-	-	-	-
EPA Grant GCCP Pump Station	174,392	-	-	-	-	-
Total Economic Development Financing Sources	1,921,500	835,700	1,766,416	1,553,147	1,110,822	1,110,822
General						
Professional	4,201	32,217	9,056	142,400	-	-
Electrical	7,789	8,264	8,269	10,212	-	-
Non Capital	-	-	-	1,278	-	-
Capital Pump Station Local Funds	534,964	-	-	-	-	-
OJRSA Annual SWAG Payment	1,900,000	-	-	-	-	-
Land Transfer to Company	-	551,092	-	160,174	-	-
Land Transfer to Company	-	2,380,835	-	-	-	-
Building Transfer to Company	-	477,355	-	-	-	-
Site Transfer to Company	-	553	-	-	-	-
Capital Building	-	-	-	-	-	-
Walhalla-Westminster Interlink (20260)	-	-	-	35,000	-	-
Westminster Water Improvement (20265)	-	-	-	14,375	-	-
Diesel	-	22,225	351	-	-	-
Misc (Gravel, Depreciation, etc.)	-	-	114,380	-	1,110,822	1,110,822
Palmetto Conservation Foundation (00028)	-	75,000	-	-	-	-
Destination Oconee Grant (00044)	75,821	-	16,980	-	-	-
CASTO (00047)	-	-	-	-	-	-
GCCP Sewer South (00059)	29,051	-	-	-	-	-
GCCP Southern Entrance (00060)	-	-	-	-	-	-
GCCP - Phase I Site Improvement (00080)	2,339	-	-	-	-	-
GCCP Certification Reimbursment (90108)	-	-	-	35,605	-	-
GCCP Sign (91450)	-	-	-	-	-	-
OITP - Proj North (00068)	-	523,690	10,796	-	-	-
2016 A GO Bond (00857)	343,553	361,679	-	-	-	-
2016 B GO Bond (00858)	1,344,216	1,422,434	69,985	-	-	-
OITP Road B (60015)	-	-	700	-	-	-
OITP Site Prep (60016)	-	-	-	20,500	-	-
OITP Timber Sales (90109)	-	-	-	115,680	-	-
OITP RIA Grant (90114)	-	-	178,550	-	-	-
OITP BREC Roads (90115)	-	-	-	163,273	-	-
Walhalla High School Sewer (00087)	-	-	-	-	-	-
Chau Ram Cap Building	-	-	-	285,000	-	-

Oconee County, South Carolina
Economic Development Capital Projects Fund
2021-2022 Budget

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Budget	FY 2022 Approved 6/22/2021
Seneca Rail (00088)	-	-	5,989	-	-	-
BREC Contribution	-	66,066	22,870	-	-	-
Oconee Alliance Contribution	-	355	477	-	-	-
SCDOC Grant	-	105,000	-	-	-	-
Certif Reimb (90109)	-	-	-	33,579	-	-
C-Funds (90112)	-	-	-	70,000	-	-
SC Power Team (90113)	-	-	-	355,000	-	-
C-Funds Road Prep (45100)	-	-	-	176,333	-	-
EPA Grant - GCCP Pump Station (00159)	174,392	-	-	-	-	-
Smith Land Acq Project (00170)	1,888	1,144	-	-	-	-
ARC Grant - GCCP Pump Station (00259)	267,272	-	-	-	-	-
Sewer System Agreement DP (20246)	100,000	100,000	-	-	-	-
Timber Sales (60014)	-	-	-	-	-	-
OJRSA-Fair Play (00311)	-	-	296	21,007	-	-
OJRSA-Fair Play (00312)	-	-	14,743	312,750	-	-
Total Expenditures	4,785,486	6,127,909	453,442	1,952,166	1,110,822	1,110,822
Excess (Deficiency) of Revenues over Expenditures	(2,863,986)	(5,292,209)	1,312,974	(399,019)	-	-
Other Financing Sources						
Transfer From General Fund	-	-	-	-	-	-
Transfer From Special Revenue (013)	-	-	22,224	-	-	-
2016B GO Bond Proceeds	3,300,000	-	-	-	-	-
Sale of Capital Assets	-	-	-	-	-	-
Other Financing Uses						
Transfer to General Fund	(540,000)	-	-	-	-	-
Transfer to Debt Service Fund	(719,354)	-	-	-	-	-
Fund Balance Subsequent Year's Roll Forward	-	-	-	-	-	-
Grant to Salem Water Line	-	-	-	-	(210,000)	-
Grant to City of Walhalla - Walhalla-Westminster Interconnection Water Project - \$71,000 approved, paid \$35,000 in FY 2020	-	-	-	-	(36,000)	-
Destination	-	-	-	-	-	-
Sewer/OJRSA	-	-	-	-	(500,000)	(500,000)
Change in Fund Balance	\$ (823,340)	\$ (5,292,209)	\$1,335,198	\$ (399,019)	\$ (746,000)	\$ (500,000)
Beginning Fund Balance	9,032,594	8,209,254	2,917,045	4,252,242	3,853,224	3,107,224
Ending Fund Balance	\$8,209,254	\$ 2,917,045	\$4,252,242	\$3,853,224	\$3,107,224	\$ 2,607,224

**Oconee County, South Carolina
Parks, Recreation and Tourism
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Budget	FY 2022 Approved 6/22/2021
Number of Mills				1.3	1.3	1.3
Parks, Recreation and Tourism (1.3)			-	726,285	717,051	717,051
Total Economic Development Financing Sources				726,285	717,051	717,051
Original Budget					717,051	
Parks, Recreation and Tourism					Actual	
Professional				64,641	44,349	
Cap Buildings - High Falls				71,419	15,770	
South Cove					33,385	
Chau Ram Cap Building				42,734	55,496	
Cap Buildings Chau Ram (92052)	-	-	2,727	-	-	
Chau Ram - Paving					33,557	
Misc						1,500,000
Total Expenditures			2,727	178,795	182,557	1,500,000
Excess (Deficiency) of Revenues over Expenditures			(2,727)	547,491	534,494	(782,949)
Change in Fund Balance			\$ (2,727)	\$ 547,491	\$ 534,494	\$ 1,079,258
Beginning Fund Balance			-	(2,727)	544,764	1,079,258
Ending Fund Balance			\$ (2,727)	\$ 544,764	\$ 1,079,258	\$ 296,309

Oconee County, South Carolina
Bridges and Culverts Capital Projects Fund
2021-2022 Budget

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved 6/25/2020	FY 2022 Approved 6/22/2021
Number of Mills	1	1	1	1	1	1
Bridges and Culverts Millage	564,261	576,243	571,734	574,740	550,000	550,000
National Forestry Funds	-	-	-	-	-	-
Transfers From General Fund	-	-	-	-	-	-
Transfers From Capital Projects Fund	-	-	-	-	-	-
Transfers From Rock Quarry Fund	-	-	-	-	-	-
Total Bridges and Culverts Financing Sources	564,261	576,243	571,734	574,740	550,000	550,000
Bridges and Culverts Expenditures and Financing Uses:						
Maintenance / Repair	172,836	56,397	65,039	215,345	550,000	550,000
Cobb Bridge Repairs	-	-	-	-	-	-
Mauldin Mill	-	-	-	-	-	-
Lake Cherokee Bridge	-	-	-	-	600,000	600,000
Hesse HWY	-	-	-	-	-	-
Lands Bridge	-	-	-	-	-	-
Lonely Road	-	-	-	-	-	-
George Todd Road	-	-	-	-	-	-
Amanda Way	-	-	-	-	-	-
Alberts Road	-	480	-	-	-	-
Total Bridges and Culverts Expenditures and Financing Uses	172,836	56,877	65,039	215,345	1,150,000	1,150,000
Net Fund Balance	391,425	519,366	506,695	359,396	(600,000)	(600,000)
Beginning Fund Balance	2,921,897	3,313,322	3,832,688	4,339,383	4,339,383	4,698,778
Ending Fund Balance	3,313,322	3,832,688	4,339,383	4,698,778	3,739,383	4,098,778

Oconee County, South Carolina
Capital Equipment and Vehicle Capital Projects Fund
2021-2022 Budget

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Approved 6/25/2020	FY 2022 Approved 6/22/2021
Number of Mills				2.0	2.0	2.0
Capital Equip/Vehicle Millage				1,096,227	1,096,728	1,096,728
Insurance Proceeds for Capital				122,933	50,000	75,000
Sale of Capital Assets				-	50,000	50,000
Transfer from General Capital Projects Fund				129,223	-	-
Transfer from General Fund				275,000	-	-
Use of Fund Balance				-	-	200,000
Total Capital Equipment & Vehicle Financing Sources				1,623,383	1,196,728	1,421,728
Capital Equip/Vehicle Expenditures and Financing Uses:						
Capital Equipment - Vehicle				1,248,087	1,196,728	1,621,728
Total Capital Equipment & Vehicle Financing Sources				1,248,087	1,196,728	1,621,728
Net Fund Balance				375,296	375,296	375,296
Beginning Fund Balance				-	-	(200,000)
Ending Fund Balance				375,296	375,296	175,296

**Oconee County, South Carolina
Rock Quarry Enterprise Fund
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Budget	FY 2022 Approved 6/22/2021
Operating Revenues						
Customer Sales	5,231,194	5,868,823	6,103,707	6,458,098	6,755,000	6,755,000
Bond Proceeds	-	-	-	-	-	-
Miscellaneous	426	6,248	137,157	68,698	5,000	5,000
Total Revenues	5,231,620	5,875,071	6,240,864	6,526,796	6,760,000	6,760,000
Operating Expenses						
Salary and Wages	758,920	810,994	853,579	799,422	743,955	773,955
New Position	-	-	-	-	50,000	-
Pay Increase including Fringe					-	-
Overtime	89,034	99,157	90,749	77,305	40,000	100,000
Social Security	59,615	64,437	69,223	65,907	59,973	66,858
Retirement	95,384	121,392	139,318	140,206	129,823	144,727
Workers Compensation	23,560	45,505	47,305	47,283	37,159	41,851
Health Insurance	222,846	264,895	193,951	174,553	191,919	191,919
Dental	9,252	1,672	-	7,474	11,550	11,550
Vision	1,507	272	-	1,217	2,100	21,000
GASB 68 Pension Expense	47,379	61,702	(111,468)	-	-	-
Salary and Wage Totals	1,307,497	1,470,026	1,282,657	1,313,367	1,266,479	1,351,860
Equipment Maintenance	326,098	260,224	166,736	163,284	525,000	550,000
Professional	11,920	70,560	45,247	42,242	125,000	100,000
Equipment Rental	10,807	17,803	37,024	18,097	25,000	60,000
Blasting	486,663	602,789	581,419	648,161	800,000	725,000
Telecommunications	2,734	2,830	2,908	3,288	-	-
Data Processing	2,649	2,094	2,394	2,443	3,800	5,000
Copier Click Charges	1,669	1,388	1,599	1,305	1,590	1,590
Insurance - Property and Liability	25,860	27,387	36,624	47,917	60,000	60,000
Advertising	336	318	317	-	-	-
Bonds	200	-	-	-	-	-
Staff Development	1,387	5,971	474	7,196	10,200	10,000
Special Departmental Supplies	3,496	3,500	2,684	2,096	400	400
Building/Grounds Maintenance	7,974	7,700	3,813	5,957	10,000	20,000
Gas and Fuel Oil	11	500	359	107	500	1,200
Electricity	114,526	127,371	125,407	82,735	140,000	110,000
Water/Sewer/Garbage	1,217	1,233	1,404	2,612	3,000	3,000
Safety Equipment	6,087	5,379	5,132	5,160	6,000	6,000
Small Equipment	18,490	7,108	5,969	8,160	6,000	25,000
Operational	24,472	23,308	23,803	20,887	25,000	30,000
Food	1,256	1,177	1,578	1,474	2,000	2,000
Equipment/Software	4,114	1,090	4,855	1,348	3,000	3,000
Uniforms/Clothing	4,708	7,030	5,809	4,954	9,000	12,000
Equipment Replacement	-	-	-	-	470,000	782,000
Capital Land	-	-	-	-	410,000	410,000
2018 Hw Cap Lease Inter				252,380		
Credit Application Fee	1,426	841	791	666	1,000	1,000
Vehicle Maintenance	218,430	272,716	322,738	398,535	50,000	20,000
Gasoline	8,474	9,699	9,475	7,888	12,000	10,000
Diesel	173,823	224,056	226,377	234,321	413,000	300,000
Loss on Sale of Capital Asset	-	-	38,174		-	-
Depreciation Expense	347,312	354,636	390,296	484,827	690,010	500,000
Depletion Expense	6,882	6,882	6,882	6,901	10,000	8,000
Total Operating Expenses	3,120,518	3,515,616	3,332,945	3,768,308	5,077,979	5,107,050

**Oconee County, South Carolina
Rock Quarry Enterprise Fund
2021-2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Budget	FY 2022 Approved 6/22/2021
Net Operating Income (Loss)	2,111,102	2,359,455	2,907,919	2,758,488	1,682,021	1,652,950
Transfer To General Fund	(500,000)	(500,000)	(500,000)	(750,000)	(750,000)	(1,000,000)
Plant Upgrade	-	-	-	-	-	-
Loss on Disposal of Capital Assets	(32,982)	-	-	-	-	-
Lease Principal Payment	-	-	-	(450,072)	(468,660)	(488,016)
Lease Interest Payment	-	(10,869)	(271,009)	(252,380)	(233,792)	(214,437)
Lease Issuance Cost	-	(63,829)	-	-	-	-
Capital Contributions	-	7,660	-	-	-	-
Change in Net Assets	1,578,120	1,792,417	2,136,910	1,306,036	229,569	(49,503)
		Restated				
Net Position, Beginning of Year	5,803,736	6,814,980	8,607,397	10,744,307	10,744,307	12,050,343
Net Position, End of Year	7,381,856	8,607,397	10,744,307	12,050,343	10,973,876	12,000,840

Oconee County, South Carolina
Debt Service Fund 090
2021 - 2022 Budget

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Budget	FY 2022 Approved 6/22/2021
Number of Mills	3.2	3.5	3.0	3.0	3.0	3.0
Debt Service Revenue	2,205,940	2,495,656	2,169,469	2,119,688	1,636,839	1,868,306
Total Debt Service Revenue	2,205,940	2,495,656	2,169,469	2,119,688	1,636,839	1,868,306
General Obligation Debt Service						
Principal Payments						
2010 GO Refunding Bond (Formerly 1996, 2001, & 2002 GO Bonds)	690,000	-	-	-	-	-
2011 GO Bond - Detention Center	375,000	490,000	515,000	530,000	-	-
2013 GO Bond - Echo Hills	150,000	155,000	160,000	165,000	170,000	175,000
2016B GO Bond - Workforce Development Center	-	342,000	348,000	354,000	360,000	366,000
2019 GO Bond - Keowee Fire District	-	-	-	46,395	46,704	47,876
2017 GO Refunding Bond - Keowee Fire District (Formerly 2007 GO Bond)	90,000	609,009	99,554	107,195	103,332	105,275
2014 SSR Refunding Bond Pointe West (Formerly 2010 SSR Bond)	249,000	256,000	262,000	273,000	278,000	289,000
2020 GO Refunding Bond - (Formerly 2011 GO Bond Detention Center)	-	-	-	-	-	640,000
	1,554,000	1,852,009	1,384,554	1,475,590	958,036	1,623,151
Interest Payments						
2010 GO Refunding Bond (Formerly 1996, 2001, & 2002 GO Bonds)	13,800	-	-	-	-	-
2011 GO Bond - Detention Center	359,800	352,300	337,600	322,150	-	-
2013 GO Bond - Echo Hills	69,830	65,330	60,680	55,880	50,930	45,830
2016A Short Term GO Bond - Oconee Industry and Technology Park	2,679	-	-	-	-	32,232
2016B GO Bond - Workforce Development Center	16,674	55,944	50,286	44,370	38,352	-
2019 GO Bond - Keowee Fire District	-	-	-	11,983	11,674	10,502
2017 GO Refunding Bond - Keowee Fire District (Formerly 2007 GO Bond)	23,324	11,838	7,699	49,847	3,922	1,979
2014 SSR Refunding Bond Pointe West (Formerly 2010 SSR Bond)	71,706	64,610	57,314	-	42,066	34,143
2020 GO Refunding Bond - (Formerly 2011 GO Bond Detention Center)	-	-	-	-	134,608	116,369
	557,814	550,022	513,579	484,229	281,552	241,055
Issuance Costs & Fiscal Charges						
2010 GO Refunding Bond (Formerly 1996, 2001, & 2002 GO Bonds)	220	-	-	-	-	-
2011 GO Bond - Detention Center	591	591	591	650	-	-
2013 GO Bond - Echo Hills	538	538	591	591	600	600
2019 GO Bond - Keowee Fire District	-	-	11,500	-	-	-
2014 SSR Refunding Bond Pointe West (Formerly 2010 SSR Bond)	3,111	1,956	1,956	1,956	2,000	2,000
2020 GO Refunding Bond - (Formerly 2011 GO Bond Detention Center)	-	-	-	125,000	1,500	1,500
	4,460	3,084	14,638	128,197	4,100	4,100
Total Debt Service Expenditures	2,116,274	2,405,115	1,912,771	2,088,017	1,243,688	1,868,306

**Oconee County, South Carolina
Debt Service Fund 090
2021 - 2022 Budget**

Description	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Actual	FY 2021 Budget	FY 2022 Approved 6/22/2021
Number of Mills	3.2	3.5	3.0	3.0	3.0	3.0
Other Financing Sources (Uses)						
Transfers						
Transfer In - From 10 Fund	-	-	-	-	250,000	-
Transfer In - From 12 Fund	173,058	-	-	-	-	-
Transfer In - From 315 Fund	719,354	-	-	-	-	-
Transfer Out - To 10 Fund	(1,456,000)	-	-	-	-	-
Transfer Out - To 12 Fund	(900,000)	-	-	-	-	-
Proceeds from Debt						
2019 GO Bond - Keowee Fire District	-	-	511,500	-	-	-
2017 GO Refunding Bond - Keowee Fire District (Formerly 2007 GO Bond)	-	513,595	-	-	-	-
2020 GO Refunding Bond - (Formerly 2011 GO Bond Detention Center)	-	-	-	7,369,900	-	-
Payment to Refunded Bond Escrow Agent						
2011 GO Bond - Detention Center	-	-	-	(7,244,900)	-	-
Short Term GO Debt Transactions Reclassified to						
2015 Short Term GO Bond - Bountyland Substation, South Cove & Library Proceeds	-	-	-	-	-	-
2015 Short Term GO Bond Principal Payment	-	-	-	-	-	-
2016A Short Term GO Bond - Oconee Industry and Technology Park Proceeds	700,000	-	-	-	-	-
2016A Short Term GO Bond Principal Payment	(700,000)	-	-	-	-	-
Total Debt Service Other Financing Sources (Uses)	(1,463,589)	513,595	511,500	125,000	250,000	-
Net Change in Fund Balance	(1,373,922)	604,136	768,198	156,672	643,151	(0)
Beginning Fund Balance	2,238,481	864,559	1,468,695	2,236,893	2,393,565	2,393,565
Ending Fund Balance	864,559	1,468,695	2,236,893	2,393,565	3,036,716	2,393,564

**Oconee County, South Carolina
Debt Service Fund 090
2021-2022 Budget**

Description	General Obligation Bond, Series 2019 (Keowee Fire Tax District)	General Obligation Bonds, Series 2016B (Oconee County Workforce Development Center)	General Obligation Bonds, Series 2013 (Echo Hills Commerce Park)	General Obligation Bonds, Series 2011 (Detention Center)	Refunding Bond, Series 2020 (2011 GO Bond-Detention Center)	Refunding Bond, Series 2017 (Keowee Fire Tax District 2007)	Special Source Refunding Revenue Bond, Series 2014 (Pointe West)	Total
Principal	47,876.00	366,000.00	175,000.00	-	640,000.00	105,275.00	289,000.00	1,623,151
Interest	10,501.87	32,232.00	45,830.00	-	116,369.00	1,979.17	34,143.00	241,055
Fiscal Charges	-	-	-	-	-	-	-	-
Total Debt Service Payments	58,378	398,232		-	756,369	107,254	323,143	1,864,206

Original Principal	511,500	3,300,000	2,600,000	17,000,000	7,345,000	513,595	2,993,000
Outstanding Principal as of 6/30/2021	418,401	1,896,000	1,365,000	-	7,810,000	105,275	1,198,000
Term	10 Years	10 Years	15 Years	20 years	10 years	5 years	11 Years
Final Maturity Date	2029	2026	2028	2031	2031	2022	2025
Coupon Interest Rate(s)	3.65%	1.70%	3-3.6%	2 - 5%	2.03%	1.88%	2.85%
Counts Against Debt Limit	No	Yes	Yes	Yes	Yes	No	No

**Oconee County, South Carolina
Fees Schedule
2021-2022 Budget**

Description	Rate	FY 2021 Fees	FY 2022 Fees
General County Fees			
(Applicable to all departments, unless otherwise noted within the Departmental Fees below.)			
Copies			
8.5 X 11	Per Page	\$0.25	\$0.25
8.5 X 14	Per Page	\$0.50	\$0.50
11 X 17	Per Page	\$0.50	\$0.50
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			
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		\$10.00	\$10.00
Microchip Fee - Misc		\$15.00	\$15.00
Airport			
T-Hanger Rental Rates	Per Month	\$160.00	\$160.00
1998 T-Hangars A, B, and Box D (27)	Per Month	\$235.00	\$235.00
New T-Hangars E (8)	Per Month	\$270.00	\$270.00
Aircraft Tie-Down Rate	Per Month	\$30.00	\$30.00
Long-Term Parking Fee	Per Month, Per Vehicle	\$10.00	\$25.00
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	\$50.00	\$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

**Oconee County, South Carolina
Fees Schedule
2021-2022 Budget**

Description	Rate	FY 2021 Fees	FY 2022 Fees
Airport - Continued			
Ramp Fee -			
Tier 1 (100,000 - 20,000 Pounds)		\$50.00	100 Gallons/Top Off or \$100.00
			\$15.00 per night after 48 hours
Tier 2 (20,000 - 30,000 Pounds)		\$50.00	200 Gallons or \$200.00
			\$35.00 per night after 48 hours
Tier 3 (30,000 - 40,000 Pounds)		\$50.00	300 gallons or \$300.00
			\$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 250 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 for 200 gallons or more	\$0.10 reduction for 250 gallons or more Jet-A

**Oconee County, South Carolina
Fees Schedule
2021-2022 Budget**

Description	Rate	FY 2021 Fees	FY 2022 Fees
Building Codes			
<i>(See Section 10 of Provisos to the Oconee County Budget for this year)</i>			
All Buildings, Demolition, and Mechanical Trades \$10,000 or Less		\$50.00	\$50.00
All Buildings, Demolition, and Mechanical Trades \$10,000 and Up		\$50.00 + \$4.00 for each additional \$1,000 or fraction thereof	\$75.00 + \$4.00 for each additional \$1,000 or fraction thereof
Farm Exempt Structures		\$50.00	\$50.00
Manufactured Homes			
Set-Up Permit (Includes County Decal)		\$100.00	\$100.00
Decal Only		\$20.00	\$20.00
Manufactured Home De-Title Fee		\$50.00	\$50.00
Manufactured Home Moving Permit		\$40.00	\$40.00
Other Permits			
Moving Permits (Structures Other Than Manufactured Homes)		\$100.00	\$100.00
Penalties			
<i>(Where work for which a permit is required by this Ordinance is started prior to obtaining said permit, the applicable fee shall be doubled.)</i>			
Re-Inspection Fee - Shall be charged if an inspection is scheduled and the work is not ready when the inspector arrives.		\$75.00	\$75.00
Stop Work Order Fee - Shall be charged if the inspector issues a stop work order.		\$50.00	\$50.00
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
Clerk of Court			
Certified Copies		\$5.00 + \$0.25 per page	\$5.00 + \$0.25 per page
Printouts for Family Court		.50 per page	.50 per page
Certified Printouts		\$5.00	\$5.00
Exemplified copies of orders	Per Document	\$10.00	\$10.00
Family Court Divorce Packets	Per Packet	\$27.00	\$27.00
All other fees are state mandated			

**Oconee County, South Carolina
Fees Schedule
2021-2022 Budget**

Description	Rate	FY 2021 Fees	FY 2022 Fees
Planning			
Sign Fees			
Less Than 50 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	\$25.00
Subdivisions with creation of new parcels for recording			
2-10 New Parcels	Per Parcel	\$25.00	\$25.00
11+ New Parcels		\$250 + \$15 Per Parcel	\$250 + \$15 Per Parcel
Subdivisions NOT involving creation of new parcels for recording			
2-10 Dwelling Units	Per Unit	\$50.00	\$50.00
11+ Dwelling Units		\$1,000 + \$50 Per Unit	\$1,000 + \$50 Per Unit
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
Group Homes		\$300.00	\$750.00
Sexually Oriented Business	Annual Fee	\$2,500.00	\$2,500.00
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		\$250.00	\$250.00
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
County Council			
Audio CD	Per Event	\$5.00	\$5.00
Delinquent Tax Collector			
Administrative Fee		\$10.00	\$10.00

**Oconee County, South Carolina
Fees Schedule
2021-2022 Budget**

Description	Rate	FY 2021 Fees	FY 2022 Fees
GIS			
Custom Production - Billed in 1/2 Hour Increments	Per Hour	\$35.00	\$35.00
Roads Directory - Microsoft Access Database CD	Per CD	\$20.00	\$20.00
Custom Scan and Prints	Per Hour	\$35.00	\$35.00
GIS A - 8.5 X 11		\$3.00	\$3.00
GIS B - 11 X 17		\$5.00	\$5.00
GIS C - 18 X 24		\$6.00	\$6.00
GIS D - 24 X 36		\$8.00	\$8.00
GIS E - 36 X 48		\$10.00	\$10.00
GIS A - 8.5 X 11 (Aerial Imagery)		\$6.00	\$6.00
GIS B - 11 X 14 (Aerial Imagery)		\$10.00	\$10.00
GIS B - 11 X 17 (Aerial Imagery)		\$10.00	\$10.00
GIS C - 18 X 24 (Aerial Imagery)		\$12.00	\$12.00
GIS D - 24 X 36 (Aerial Imagery)		\$14.00	\$14.00
GIS E - 36 X 48 (Aerial Imagery)		\$16.00	\$16.00
Tax Map Grid with Roads		\$3.00	\$3.00
Voting Precincts and Council Districts		\$3.00	\$3.00
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	\$0.10
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
<i>* Not charged to patrons from Anderson and Pickens Counties who are in good Standing.</i>			
Assessor			
Custom Production - Billed in 1/2 Hour Increments	Per Hour	\$35.00	\$35.00
Roads Directory - Microsoft Access Database CD	Per CD	\$20.00	\$20.00
Custom Scan and Prints	Per Hour	\$35.00	\$35.00
GIS A - 8.5 X 11		\$3.00	\$3.00
GIS B - 11 X 17		\$5.00	\$5.00
GIS C - 18 X 24		\$6.00	\$6.00
GIS D - 24 X 36		\$8.00	\$8.00
GIS E - 36 X 48		\$10.00	\$10.00
GIS A - 8.5 X 11 (Aerial Imagery)		\$6.00	\$6.00
GIS B - 11 X 14 (Aerial Imagery)		\$10.00	\$10.00
GIS B - 11 X 17 (Aerial Imagery)		\$10.00	\$10.00
GIS C - 18 X 24 (Aerial Imagery)		\$12.00	\$12.00
GIS D - 24 X 36 (Aerial Imagery)		\$14.00	\$14.00
GIS E - 36 X 48 (Aerial Imagery)		\$16.00	\$16.00
Tax Map Grid with Roads		\$3.00	\$3.00
Voting Precincts and Council Districts		\$3.00	\$3.00

**Oconee County, South Carolina
Fees Schedule
2021-2022 Budget**

Description	Rate	FY 2021 Fees	FY 2022 Fees
Parks, Recreation and Tourism			
Admission Fees (All Parks)			
Daily Parking	Per Vehicle	\$3.00	\$3.00
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	\$25.00
Waterfront Site - Oconee County Resident	Per Night	\$25.00	\$25.00
Waterfront Site - Non-Resident	Per Night	\$30.00	\$30.00
Winter Camping Rate (November 1 - February 28)	Per Night	\$15.00	\$15.00
<i>All campers must have current license plates.</i>			
<i>No site may be occupied for more than thirty (30) days.</i>			
Building Reservations (All Parks)			
<i>Moving to full day rentals only, except Chau Ram</i>			
Recreation Building - 1 to 100 People	Full Day Only	\$100.00	\$100.00
Recreation Building - 101 to 200 People	Full Day Only	\$200.00	\$200.00
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
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
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

**Oconee County, South Carolina
Fees Schedule
2021-2022 Budget**

Description	Rate	FY 2021 Fees	FY 2022 Fees
Parks, Recreation and Tourism			
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	\$3.00	\$3.00
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

**Oconee County, South Carolina
Fees Schedule
2021-2022 Budget**

Description	Rate	FY 2021 Fees	FY 2022 Fees
Probate			
Estate and Conservatorship Fees			
<i>In estate and conservatorship proceedings, the fee shall be based upon the gross</i>			
(1) Property Valuation Less Than \$5,000		\$25.00	\$25.00
(2) Property Valuation of \$5,000.00 But Less Than \$20,000		\$60.00	\$60.00
(3) Property Valuation of \$20,000.00 But Less Than \$60,000		\$100.00	\$100.00
(4) Property Valuation of \$60,000.00 But Less Than \$100,000		\$150.00	\$150.00
(5) Property Valuation of \$100,000.00 But Less Than \$600,000		\$95.00 + 0.15 of one percent of the property valuation between \$100,000 and \$600,000	\$95.00 + 0.15 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 Affidavit for Collection of Personal Property Where the Property Valuation Is Less Than \$100.00		\$12.50	\$12.50
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
Issuing Certified Copy		\$5.00 + \$0.25 per page copy fee	\$5.00 + \$0.25 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
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
Filing and Indexing Will Under Section 62-2-901		\$10.00	\$10.00
Certifying Appeal Record		\$10.00	\$10.00
Marriage Fees			
Marriage License - Domestic Violence Fund Fee/Each Marriage Application (State)		\$20.00	\$20.00
Marriage Ceremony Fee - Oconee County Resident		\$25.00	\$25.00
Marriage Ceremony Fee - Out of County Resident		\$25.00	\$25.00
Marriage License Fee - (Total Cost) - Oconee County Resident		\$30.00	\$30.00
Marriage License Fee - (Total Cost) - Out of County Resident		\$75.00	\$75.00
Certified Copy of Marriage License		\$5.00	\$5.00
Filing Marriage License Affidavit		\$1.00	\$1.00
Reforming or Correcting Marriage Record		\$6.75	\$6.75
Issuing Duplicate Marriage License		\$6.75	\$6.75
Newspaper Advertisement Fees			
Notice to Creditor - Daily Journal		\$225.00	\$225.00
Affidavit of NTC Ad		\$5.00	\$5.00

**Oconee County, South Carolina
Fees Schedule
2021-2022 Budget**

Description	Rate	FY 2021 Fees	FY 2022 Fees
Register of Deeds			
Deeds		\$10.00 more than 4 pages \$1.00 per additional	\$15.00
Mortgages		\$10.00 more than 4 pages \$1.00 per additional	\$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		\$6.00 for first page \$1.00 for each additional	\$10.00
Affidavit of Missing Assignment		\$10.00	\$10.00
Lease, Contract of Sale, or Trust Indenture		\$10.00 more than 4 pages \$1.00 per additional	\$25.00
Satisfaction of Real Estate Mortgage		\$5.00	\$10.00
Plat - Any Size		-	\$25.00
Plat Larger Than 8.5 X 14		\$10.00	N/A
Plat of "Legal Size" Dimensions or Smaller		\$5.00	N/A
Plats Larger Than 17 X 24		\$20.00	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 more than 4 pages \$1.00 per additional	\$10.00/\$15.00/\$25.00
Power of Attorney, Trustee Qualification, or Other Appointment		\$15.00 more than 4 pages \$1.00 per additional	\$25.00
Mechanics Liens		\$10.00 more than 4 pages \$1.00 per additional	\$25.00
Cancellation of Mechanics Lien		\$5.00	\$10.00
Uniform Commercial Code (UCC) Financing Statement Filing - UCC1 or UCC3		\$8.00; more than 2 pages \$10.00; more than two debtors \$10.00; each additional debtor more than two \$2.00; continuations \$8.00; amendments \$8.00; assignments \$8.00; partial release \$8.00	\$25.00
Public Finance Transaction and Manufactured Home Transactions		\$20.00	\$25.00
Copies Mailed - \$5.00 Additional to Certify		\$5.00 for 4 pages then \$.25 per additional page	\$5.00 for 4 pages then \$.25 per additional page
Copies - 8.5 X 11	Per Page	\$0.25	\$0.50
Copies - 8.5 X 14	Per Page	\$0.25	\$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			

**Oconee County, South Carolina
Fees Schedule
2021-2022 Budget**

Description	Rate	FY 2021 Fees	FY 2022 Fees
Roads and Bridges			
Sign Fee - Municipalities		materials cost	\$25.00 + 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
Rock Quarry			
Rock Sales		Price per ton	
# 1 Crusher Run 1 1/2"		\$11.60	\$11.60
# 2 Crusher Run (Sap Rock)		\$9.35	\$9.35
# 3 Surge 2" x 3"		\$12.85	\$13.35
# 4 Screenings		\$6.10	\$6.60
# 5 57: 1"		\$12.60	\$13.10
# 6 789: 3/8" x 1/2"		\$12.10	\$12.60
# 7 Class A Rip Rap 4" x 8"		\$14.35	\$14.85
# 8 Class B Rip Rap 9" x 15"		\$14.60	\$15.10
# 9 Asphalt Sand		\$9.85	\$10.35
# 11 6M 3/8" x 1"		\$10.35	\$10.35
#13 Class E Rip Rap (Boulders Larger than 27")		\$19.85	\$20.35
#14 Flat Boulders		\$22.85	\$23.35
#15 Class C Rip Rap 15" x 21"		\$14.85	\$15.35
#16 Class D Rip Rap 21 1/2" x 27"		\$15.10	\$15.60
#17 Dirt Sales per Ton		\$1.00	\$1.00
Credit			
Credit Application Fee		\$60.00	\$60.00
* Quarry Manager may substitute one product, close in scale, for another due to availabilities.			
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

**Oconee County, South Carolina
Fees Schedule
2021-2022 Budget**

Description	Rate	FY 2021 Fees	FY 2022 Fees
Solid Waste			
MSW Transfer Station Tipping Fee- House-Hold	Per Ton	\$50.00	\$60.00
MSW Transfer Station Tipping Fee - Commercial	Per Ton	\$60.00	\$60.00
C and D Landfill Tipping Fee (Rate was last set in 2008.)	Per Ton	\$30.00	\$35.00
Mulch	Per Scoop	\$10.60	\$10.60
Railroad Ties	Per Ton	\$55.00	\$65.00
Off-Road, Large Tractor, or Oversized Tires	Per Ton	\$150.00	\$175.00
Asbestos	Per Ton	\$85.00	\$85.00
Solid Waste License's			
Commercial/Industrial	Per Entity	\$100.00	\$100.00
Residential	Per Entity	\$40.00	\$40.00
Combined	Per Entity	\$125.00	\$125.00
Miscellaneous			
Truck Decal	Each	\$5.00	\$5.00
Credit			
Credit Application Fee		\$60.00	\$60.00
Billing Late Fee after 15 day grace period		3%	3%
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

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

This Agreement, dated this 14th day of April 2021, effective for the Administrative Service Period of 12 months beginning May 1, 2021, and ending April 30, 2022, 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.

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.
- 4.4 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.
- 4.5 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.

- 4.6 PAI may secure the services of actuaries, computer service firms and any other firms it deems necessary in performing its duties under this Agreement.
- 4.7 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. If PAI becomes aware of a subrogation claim in excess of \$50.00, PAI shall use its standard processes and procedures to attempt to recover the subrogation claim; PAI will not attempt to recover overpayments in the amount of \$50.00 or less. 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, in its sole discretion, shall 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.
- 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**
By: *Amanda F Brock*
(Signature)
Name: Amanda F Brock
(Print)
Title: Administrator
Date: 05.06.2021
(Please enter exact date signed.)

For: **PLANNED ADMINISTRATORS, INC. (PAI)**
By: *PJ Rescigno*
(Signature)
Name: PJ Rescigno
(Print)
Title: AVP Sales and Marketing
Date: 5/10/2021
(Please enter exact date signed.)

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

- I. 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 I, 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.
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
FOR THE PERIOD FROM:

5 /1 /2021

TO:

4 /30/2022

GROUP #: 817

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

ADMINISTRATIVE SERVICE FEES:	SINGLE	FAMILY
Medical	\$16.35	\$16.35
Dental	Delta Dental Billing Fee \$4.30	\$4.30
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
MyCatalyst & Broker Fee	\$1.85	\$1.85
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:	SINGLE	FAMILY
Preferred Blue	5% of savings	5% of savings
First Health	25% of savings	25% of savings
First Health	\$5.8 pepm	\$5.8 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	included
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:	Magellan Rx		
Per employee per month			\$3.00	\$3.00

ELECTRONIC ELIGIBILITY	ELIG Download Vendor:	ELIG Download Vendor:	\$0.00	\$0.00
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DATA WAREHOUSE FEES:	PAI Analytics	0	0
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OTHER CHARGES:	Description:	Description:	\$0.00	\$0.00
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STOP LOSS PREMIUMS: (Contract is between Group and Stop Loss Carrier. Not a PAI Contract)

Medical Specific per employee per month	\$76.99	\$212.25
Medical Specific Marketing Fee - PAI	\$4.53	\$12.49
Medical Specific Marketing Fee - Broker	\$9.06	\$24.97
Rolling Aggregate (medical) per employee per month	\$0.00	\$0.00
Medical Aggregate per employee per month	\$3.24	\$3.24
Medical Aggregate Marketing Fee - PAI	\$0.19	\$0.19
Medical Aggregate Marketing Fee - Broker	\$0.38	\$0.38

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:

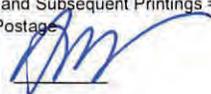
No charge for initial printing. If ID cards reproduced by PAI: Quote will be provided based on group size to include printing and mailing costs

* If plastic cards produced by PBM: Initial and Subsequent Printings = Actual Vendor Cost

PPO Directories: Actual Vendor Cost Plus Postage

Check Printing Charges: \$.16 per check

Sponsor/Administrator Initials



PAI Initials

PR

Exhibit D, Page 1

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 /2021

TO: 4 /30/2022

DIVISION OF RESPONSIBILITIES

	Plan Sponsor/ Administrator	PAI
Production of Plan Document Draft	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Approval of the Final Plan Design and Plan Document	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Final Approval of Plan Document	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cost of Printing Employee Booklets:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cost of Group I.D. Cards		
a) Initial Plastic ID Cards, new group or bulk reprinting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Subsequent ID Cards, due to membership enrollment changes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cost of Printing or Copying PPO Directories (Initial and Subsequent Orders)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cost of Printing of Membership Applications and Enrollment Forms		
Standard PAI Forms	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Custom Forms Requested by Plan Sponsor/Administrator	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Banking:		
a) Claims Checking Account Owned and Maintained By	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Reconciliation of Claims Checking Account	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Escheat/Unclaimed Funds compliance and reporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Signature of Claims Checks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Cost of Printing Plan Sponsor Claims Check Stock	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Plan Sponsor/Administrator Audit Fees, Bank Fees, Attorney + Other Legal Expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fees for Medical Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fees for Discounts Obtained and Applied to Non-Network Claims	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reconciliation of PAI's monthly fixed cost invoice to employment records	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preparation and Filing of Form 5500	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(PAI will furnish summary information to assist PAI Sponsor/Administrator with Form 5500)		
1099 Forms:		
Preparation, printing, and mailing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Filing of Forms 1099 and other related information returns with governmental authorities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Responsibility for Obtaining Prior Claim Files, Billings and/or Other Required Reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* If subrogation refund due to the Plan Sponsor/Administrator is obtained through the efforts of the BCBSSC Subrogation Research Department, BCBSSC's 30% fee is to be paid by the Plan Sponsor/Administrator.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
* All refunds identified by PAI, will be sought by PAI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Out of Network Claims Negotiation Fee: 25% of savings to be paid by the Plan Sponsor/Administrator	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sponsor/Administrator Initials <u>MS</u>	PAI Initials <u>PR</u>	Exhibit D, Page 2

**SELF-FUNDED
PLAN DOCUMENT
FOR**



GROUP MEDICAL PLAN

Effective Date: January 1, 2020

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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”).

You will receive maximum Benefits when you use Providers who participate in the PPO Program (the term “PPO Providers” is explained further below) and when you obtain authorization (when required) for services. You will pay more if you do not use PPO Providers or if you do not obtain prior authorization (unless it is an emergency). This information explains how to obtain authorization for services or supplies covered under this Plan.

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
- The Participant requires a transplant and the transplant is performed at a Centers of Excellence (COE) facility.

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. This notice will:
 - i. State the specific reason(s) for the Adverse Benefit Determination;
 - ii. Reference the specific Plan of Benefits provisions on which the determination is based;
 - iii. Describe additional material or information, if any, needed to complete the claim and the reasons such material or information is necessary;
 - iv. Describe the claims review procedures and the Plan of Benefits and the time limits applicable to such procedures, including a statement of the Participant's right to bring a civil action under section 502(a) of ERISA following an Adverse Benefit Determination on review;
 - v. 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);
 - vi. 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).
- 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. 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.

4. 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.
5. 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.
 - i. State specific reason(s) for the Adverse Benefit Determination;
 - ii. Reference specific provision(s) of the Plan of Benefits on which the Benefit determination is based;
 - iii. State that the Participant 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;
 - iv. Disclose and provide any internal rule, guideline, or protocol relied on in making the Adverse Benefit Determination
 - v. If the reason for an Adverse Benefit Determination on appeal is based on a lack of Medical Necessity, or Experimental or Investigational services 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);
 - vi. Include a statement regarding the Participant's right to request an external review;
 - vii. Include a statement regarding the Participant's right to bring an action under section 502(a) of ERISA.
 - b. The Participant will also receive a notice if the claim on appeal is approved.
6. 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 claim must have been denied, reduced, or terminated.

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 six (6) business days of the date of receipt of a Participant's request for an external review, PAI will respond by either:
 - a. Assigning the Participant's request for an external review to an Independent Review Organization and forwarding the Participant's records to such organization;
 - b. 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.

CASE MANAGEMENT

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

COMPREHENSIVE CASE MANAGEMENT

In the event of a serious or catastrophic illness or injury, this Plan of Benefits provides for a comprehensive case management program. 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 \$1,000 per Participant per Benefit Year at a Non-Participating Provider, limited to \$3,000 per family
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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 \$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.
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Preauthorization Requirements:

- ◆ **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
 - * 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

INPATIENT HOSPITAL SERVICES:	PPO:	Non-PPO:
Preauthorization required		
Room and Board:		60%
Semi-private room rate:	80%	
Private room rate:	90%	
Skilled Nursing Facility:	80%	60%
Limited to 100 days per Benefit Year—Per Admission Copay does not apply		
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:	80%	60%
Anesthesia:	80%	60%
Inpatient Prescription Drugs Only:	80%	60%

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

PHYSICIAN OFFICE SERVICES:	PPO:	Non-PPO:
Surgery:	\$25 Copay, then *100%	60%
Physician Office Visit: Including Lab, X-ray, Pathology, Radiology, Supplies, Mental Health, Substance Use, Injections, CAT/MRI/MRA/PET Scans or Allergy Services	\$25 Copay, then *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%

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%
Ambulance:	*80%	*80%
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%

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: Limited to one every 2 years for women age 40-50; one per year for women over age 50; and one per year upon Physician's orders for women at risk.	*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: Limited to one every 2 years for women age 40-50; one per year for women over age 50; and one per year upon Physician's orders for women at risk.	*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 Rx Prescription Drug Program. Magellan Rx 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

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 the 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. Covered Expenses will be paid only 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 these requirements are met, the Group Health Plan will provide 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 (separately or collectively) must not exceed the dollar amount or other limitations contained on the Schedule of Benefits;
4. The Benefit must not be subject to one or more of the exclusions set forth in the Exclusions and Limitations Section.

The Group Health Plan will provide these Benefits:

1. Covered Expenses for **ambulance transportation** (including air ambulance when necessary) when used:
 - A. Locally to or from a Hospital providing Medically Necessary services in connection with an accidental injury or that is the result of an Emergency Medical Condition;
 - B. To or from a Hospital in connection with an Admission.

In some cases, emergency transportation by an air ambulance may qualify as ambulance service. Air ambulance service must be Medically Necessary. Medical Necessity is established when the patient's condition is such that the use of any other method of transportation is contraindicated. All air ambulance services will be individually considered for Medical Necessity, and prior authorization should be obtained if possible.

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. Covered Expenses for **chiropractic care**.
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. Covered Expenses for Preauthorized **Home Health Care** when rendered to a homebound Participant in the Participant's current place of residence.
19. 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.
20. **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.
21. 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 mandatory for Transplant Coverage to be in effect (except for Cornea transplants).

22. Routine **mammograms**. Non-routine mammograms are covered when Medically Necessary.
23. Care and treatment for **marital or pre-marital** counseling is covered.
24. Expenses for **maternity care** for Employee and covered Dependents.
25. Any expenses incurred in obtaining **medical records** in order to substantiate Medical Necessity.
26. 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.
27. 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.
28. 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.
29. 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.
30. 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.
31. 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.
32. Covered Expenses for **oxygen** and other gases and their administration.
33. Covered Expenses incurred for Admission in a **physical rehabilitation facility or Skilled Nursing Facility**, for participation in a multidisciplinary team-structured rehabilitation program following severe neurologic or physical impairment. 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.
34. 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.
35. 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 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 his 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."

36. **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.

37. **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.

38. 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.

39. Covered Expenses for **radiation therapy** or treatment, and **chemotherapy**.

40. Covered Expenses at a **Residential Treatment Center**.

41. Expenses for a **Second 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.

42. 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.
43. 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.
44. Covered Expenses for **surgical procedures**, subject to:
- A. If two 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 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 or more Physicians perform operations or procedures in conjunction with one another, other than as an assistant 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.
45. Covered Expenses for services for **voluntary sterilization** for Participants.
46. Charges associated with the initial purchase of a **wig after chemotherapy**.
47. 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. Any medical **social services, recreational or Milieu Therapy, education testing or training**, except as part of Preauthorized Home Health Care or Hospice Care program.
6. **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.
7. Services, supplies or charges for **pre-marital and pre-employment physical examinations**.
8. 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.
9. 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.
10. 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.
11. Any illness or injury received while committing or attempting to commit a **felony or while engaging in an illegal occupation**.
12. Any service (other than Substance Use Services), medical supplies, charges or losses resulting from a Participant being **Legally Intoxicated or under the influence of any drug or other substance**, 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 and/or drug/substance levels upon request. If the Participant refuses to provide these test results, no Benefits will be provided.

Legal Intoxication or Legally Intoxicated means the Participant'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 Participant was under the influence of alcohol, when measured by law enforcement or medical personnel.
13. Services and supplies received as the result of any intentionally **self-inflicted injury**.
14. Charges incurred for services or supplies that constitute **personal comfort or beautification items**, such as television or telephone use.
15. 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).

16. Charges for **custodial care**, including sitters and companions.
17. 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.
18. 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).
19. 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.
20. Charges incurred for treatment on or to the **teeth, the nerves or roots of the teeth, gingival tissue or alveolar processes**.
21. Treatment of **infertility** (including the reversal of voluntary sterilization).
22. **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.
23. 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.
24. Charges for **custom molded inserts and/or orthotics, other than the initial appliance, unless needed in treatment of a metabolic or peripheral-vascular disease**.
25. 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.
26. 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.
27. Any service or treatment for complications resulting from any **non-covered procedures**.
28. 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.
29. Any charges for **elective abortions**, except for abortion performed in accordance with federal Medicaid guidelines.
30. 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.

31. 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.
32. Charges incurred for **take-home drugs** upon discharge from the Hospital.
33. **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.
34. Care and treatment of **hair loss**.
35. **Exercise programs** for treatment of any condition.
36. 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.
37. **Acupuncture or hypnosis**, except when performed by a Physician in lieu of anesthesia.
38. Care and treatment for **sleep apnea**, unless Medically Necessary.
39. 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.
40. Charges that exceed any **Benefit limitations** stated in the Medical Schedule of Benefits of this Plan document.
41. 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.
42. **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.
43. Medical supplies, services or charges for the diagnosis or treatment of sexual and gender identity disorders, learning disorders, dissociative disorders, developmental speech delay, communication disorders, developmental coordination disorders, mental retardation or vocational rehabilitation.
44. **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.

45. 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).
46. **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).
47. Charges for care, supplies, treatment, and/or services for expenses actually **incurred by other persons**.
48. 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.
49. All charges in connection with treatments or medications where the patient either is in **non-compliance** with or is discharged from a Hospital or Skilled Nursing Facility against medical advice.
50. 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.
51. Treatments and supplies which are **not specified as covered** under this Plan.
52. 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.
53. Charges for **Orthognathic surgery**.
54. **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.
55. Excision of wholly or partly unerupted **impacted teeth**.
56. **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. Holding therapy;
 - I. Movement therapies;
 - J. Music therapy;
 - K. Animal assisted therapy.
57. **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.
58. **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 1 st 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 the ACA.

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 legal separation, 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.

Medicaid or State Children's Health Insurance Program Coverage

- 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 and date of birth or adoption.
Marriage	complete an Enrollment Application and indicate name of Spouse and date of marriage.
Divorce	complete an Enrollment Application and indicate the date of divorce and submit a copy of divorce decree.
Legal Separation	complete an Enrollment Application and indicate the date of separation and submit a copy of the separation agreement.
Death	complete an Enrollment Application and 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 <u>Termination of Coverage</u> in this booklet.
Loss of Spouse’s employment	review section entitled <u>Special Enrollment Periods</u> . If enrolling new Plan members, complete an Enrollment Application and submit HIPAA certificate.

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 12-weeks may be authorized by Department Heads 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;
 - 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 Group Health Plan 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 Group Health Plan 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

In the event Benefits are provided to or on behalf of a Participant under the terms of this Plan of Benefits, the Participant agrees, as a condition of receiving Benefits under the Plan of Benefits, to transfer to the Group Health Plan all rights to recover damages in full for such Benefits when the injury or illness occurs through the act or omission of another person, firm, corporation, or organization. The Group Health Plan shall be subrogated, at its expense, to the rights of recovery of such Participant against any such liable third party.

If, however, the Participant receives a settlement, judgment, or other payment relating to an injury or illness from another person, firm, corporation, organization or business entity for the injury or illness, the Participant agrees to reimburse the Group Health Plan in full, and in first priority, for Benefits paid by the Group Health Plan relating to the injury or illness. The Group Health Plan's right of recovery applies regardless of whether the recovery, or a portion thereof, is specifically designated as payment for, but not limited to, medical Benefits, pain and suffering, lost wages, other specified damages, or whether the Participant has been made whole or fully compensated for his/her injuries.

The Group Health Plan's right of full recovery may be from the third party, any liability or other insurance covering the third party, the insured's own uninsured motorist insurance, underinsured motorist insurance, any medical payments (Med-Pay), no fault, personal injury protection (PIP), malpractice, or any other insurance coverage that are paid or payable.

The Group Health Plan will not pay attorney's fees, costs, or other expenses associated with a claim or lawsuit without the expressed written authorization of the Group Health Plan.

The Participant shall not do anything to hinder the Group Health Plan's right of subrogation and/or reimbursement. The Participant shall cooperate with the Group Health Plan and execute all instruments and do all things necessary to protect and secure the Group Health Plan's right of subrogation and/or reimbursement, including assert a claim or lawsuit against the third party or any insurance coverage to which the Participant may be entitled. Failure to cooperate with the Group Health Plan will entitle the Group Health Plan to withhold Benefits due the Participant under the Plan of Benefits document. Failure to reimburse the Group Health Plan as required will entitle the Group Health Plan to deny future Benefit payments for all Participants under this policy until the subrogation/reimbursement amount has been paid in full.

It is further agreed that the Participant will sign a written agreement to repay the Group Health Plan in full out of any money that the Participant receives from a negligent person or organization. If the Participant fails to sign such an agreement, the Group Health Plan reserves the right to withhold payment of the Participant's claims, which relate to the negligence of another person or organization, until such time as the Participant signs the agreement to repay.

WORKERS' COMPENSATION PROVISION

This policy does not provide benefits for diagnosis, treatment or other service for any injury or illness that is sustained 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 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 elects exemption from available Workers' Compensation coverage; waives entitlement to Workers' Compensation benefits for which he/she is eligible; fails to timely file a claim for Workers' Compensation benefits; or seeks 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 under this Plan of Benefits, the Participant agrees to notify the Plan of any Workers' Compensation claim he/she may make and agrees to reimburse the Plan as described herein. The Participant shall not do anything to hinder the Plan's right of recovery. The Participant shall cooperate with the Plan, execute all documents, and do all things necessary to protect and secure the Plan's right of recovery, including assert a claim or lawsuit against the Workers' Compensation carrier or any other insurance coverage to which the Participant may be entitled. Failure to cooperate with the Plan will entitle the Plan to withhold Benefits due the Participant under this Plan of Benefits. Failure to reimburse the Plan as required under this Section will entitle the Plan to invoke the Workers' Compensation Exclusion and deny payment for all claims relating to the injury or illness and/or deny future Benefit payments for any such Participant until the reimbursement amount has been paid in full.

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 because of the other Plan's benefits. When there are more than two Plans, this Plan of Benefits may be primary as to one and may be secondary as to another.

ORDER OF DETERMINATION

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. 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.

H. **Right To Coordination of Benefits Information**

The Plan Administrator and PAI have the right:

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.

I. **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.

J. **Medicare**

Individuals Age 65 or Older

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.

ERISA RIGHTS

As a Participant in this Group Health Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (“ERISA”) provided the Plan Sponsor is subject to ERISA regulations. ERISA provides that all Participants shall be entitled to:

Receive Information about Your Plan and Benefits

Examine, without charge, at the Plan Administrator’s office and at other specified locations, such as work sites and union halls, all documents governing the Group Health Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration (“EBSA”).

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Group Health Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary Plan description. The Plan Administrator may assess a reasonable charge for the copies.

Receive, upon request, a summary of the Group Health Plan’s annual financial report. The Plan Administrator is required by law to furnish each Participant with a copy of this summary annual report.

Continue Group Health Plan Coverage

Continue health care coverage for yourself and your Dependents if there is a loss of coverage under the Group Health Plan as a result of a Qualifying Event. You or your Dependents may have to pay for such continuation coverage. You should review the documents governing COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Participants, ERISA imposes duties upon the people who are responsible for the operation of an employee welfare benefit plan. The people who administer an employee welfare benefit plan are called “fiduciaries” and have a duty to do so prudently and in the interest of the Participants. The Plan Sponsor is the fiduciary of the Group Health Plan.

Enforce Your Rights

If your claim for a Benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within thirty (30) days, you may file suit in federal court. In such case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for Benefits that is denied or ignored, in whole or in part, you may file suit in state or federal court. In addition, if you disagree with the Plan Administrator’s decision or lack thereof concerning the qualified status of a domestic relations order or a Medical Child Support Order, you may file suit in federal court. If Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

No one, including your Plan Sponsor, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a Benefit or exercising your rights under ERISA.

Assistance with Your Questions

If you have any questions about the Group Health Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in the telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

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.

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.

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.

Having an Identification Card creates no right to Benefits or other services. To be entitled to Benefits, the cardholder must be a Participant 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.

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: 1-1-2020

PLAN YEAR ENDS: April 30

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:

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 Participant's entry as a registered bed-patient into a Hospital or Skilled Nursing Facility and the time the Participant 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 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. A Rescission of coverage, whether or not the Rescission has an adverse effect on any particular Benefit, also is considered an Adverse Benefit Determination.

Allowed Amount: the amount the Plan Sponsor agrees to pay a Participating Provider or Non-Participating Provider as payment in full for a service, procedure, supply or equipment. For a Non-Participating Provider, (i) the Allowed Amount shall not exceed the Maximum Payment and (ii) in addition to the Member's liability for deductibles, Copays and/or coinsurance, the Participant may be balance billed by the Non-Participating Provider for any difference between the Allowed Amount and the billed charges.

Ambulatory Surgical Center: a licensed facility that:

1. has permanent facilities equipped and operated primarily for the purpose of performing surgical procedures on an outpatient basis;
2. has continuous Physician services and registered professional nursing service whenever a patient is in the facility;
3. does not provide accommodations for patients to stay overnight;
4. is not, other than incidentally, a facility used as an office or clinic for the private practice of a Physician or oral surgeon.

Ambulatory Surgical Center includes an endoscopy center.

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.

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 as follows:

1. The percentage listed on the Schedule of Benefits; multiplied by
2. The amount listed in the Participating Provider's schedule of allowance for that item calculated at the time of sale;
3. Without regard to any Credit or allowance that may be received by PAI.

Concurrent Care Claim: an ongoing course of treatment to be provided over a period of time or number of treatments.

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).

Copay: the amount 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: financial credits (including rebates and/or other amounts) to 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 Plan Sponsor or 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 PAI. Copays are not affected by any Credit.

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, nonluxury 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 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 her unborn child, in serious jeopardy;
2. Serious impairment to bodily functions;
3. Serious dysfunction of any bodily organ or part.

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.

ERISA: The Employee Retirement income Security Act of 1974, as amended.

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.

If offered separately:

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 state 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 Child: A covered Dependent Child who reaches the limiting age and is Totally Disabled, incapable of self-sustaining employment by reason of mental or physical handicap, primarily dependent upon the covered Employee for support and maintenance and unmarried. 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).

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 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 Allowable Charge: is the lesser of:

- The Usual and Customary amount,
- The allowable charge specified under the terms of the Plan,
- The negotiated rate established in a contractually arrangement with a provider, or
- The actual billed charges for the covered services.

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 should be subject to Usual and Customary guidelines, regardless of the network schedule allowance. The Plan Administrator also retains the discretionary authority to decide if a charge is a Medically Necessary and Reasonable service.**

The Maximum Allowable Charge will not include any identifiable billing mistakes including, but not limited to, upcoding, duplicate charges, and charges for services not performed.

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/Medical Care 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, Physician or other health care provider, and 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.

For the purposes of this definition, "generally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

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 his or her 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 Physician'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 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;
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 contract with one of the networks used by this Plan of Benefits.

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 semirigid 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 signed contract 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 AM 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 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 Copay: 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.

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

Provider includes a long-term-care Hospital, a Hospital, a rehabilitation facility, Skilled Nursing Facility, and nurses practicing in expanded roles (such as pediatric nurse practitioners, family practice nurse practitioners and certified nurse midwives) when supervised by a medical doctor or oral surgeon. The term Provider does not include physical trainers, lay midwives or masseuses.

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 or legal separation 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 necessitating 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.

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: a licensed institution, other than a Hospital, which meets all six 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/week and PRN as indicated;
3. Has a Physician or registered nurse (RN) present onsite who is in charge of patient care along with one or more registered nurses (RNs) or licensed practical nurses (LPNs) onsite at all times (24/7);
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 that specify the coverage provided and the applicable Copays, Coinsurance, Benefit Year Deductibles and Benefit limitations.

Second Opinion: an opinion from a Physician regarding a service recommended by another Physician before the service is performed, to determine whether the proposed service is Medically Necessary and covered under the terms of this Plan of Benefits.

Secondary Plan: the Plan that has secondary responsibility for paying a Participant's claim as determined through the coordination of benefits provisions of this Plan of Benefits.

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 facility that fully meets all of these tests:

1. It is licensed to provide professional nursing services on an inpatient basis to person convalescing from Injury or Sickness. The service must be rendered by a registered nurse (R.N.) or by a licensed practical nurse (L.P.N.) under the direction of a registered nurse. Services to help restore patients to self-care in essential daily living activities must be provided.
2. Its services are provided for compensation and under the full-time supervision of a Physician.
3. It provides 24 hour per day nursing services by licensed nurses, under the direction of a full-time registered nurse.
4. It maintains a complete medical record on each patient.
5. It has an effective utilization review plan.
6. It is not, other than incidentally, a place for rest, the aged, drug addicts, alcoholics, mentally challenged, Custodial or education care or care of Mental Disorders.
7. It is approved and licensed by Medicare.

This term also applies to charges incurred in a facility referring to itself as an extended care facility, convalescent nursing home, rehabilitation hospital, long-term acute care facility or any other similar nomenclature.

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 Physician 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: 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.

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: January 1, 2020

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. Broch

By

County Administrator

Title

Amanda F. Broch

Typed/Printed Name

04.07.2020

Date

J. Mansfield
Witness

Oconee County
Plan Sponsor
OconeeCountyPD2020



AMENDMENT 2020 01
Oconee County
Effective: April 2, 2020 –June 1, 2020

As of the effective date above, the following changes will be implemented:

Families First Coronavirus Response Act

MEDICAL BENEFITS

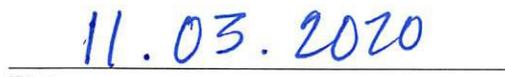
Plan will provide 100% coverage (in-network only) without member cost-share for diagnostic tests and treatment related to COVID-19.

- Treatment includes virtual care, prescription drugs, DME, outpatient and inpatient hospitalization.


Signature


Title


Typed/Printed Name


Date

Disclaimer:

In order for amendments to your plan to take effect, a signature is required from the person authorized to oversee your benefit plan. Requests for amendment should be signed within 30 days. Please sign and return to PAI on or before May 24, 2020.

**AMENDMENT 2021 01
Oconee County
Effective: March 1, 2021**

As of the effective date above, the following changes will be implemented:

The following item has been updated in the plan document under the Medical Schedule of Benefits:

MEDICAL SCHEDULE OF BENEFITS

PHYSICIAN OFFICE SERVICES:	PPO:	Non-PPO:
Mental Health and Substance Use	*100%	60%


Signature

Oconee County Administrator

Title

Amanda F. Brock

02.25.2021

Typed/Printed Name

Date

Disclaimer:

In order for amendments to your plan to take effect, a signature is required from the person authorized to oversee your benefit plan. Requests for amendment should be signed within 30 days. Please sign and return to PAI on or before March 25, 2021.

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.