

FY 2025 Budget Value of a Mill			660,000	Fund Description
	FY 2024 Amendment	FY 2025	FY 2025 Estimated Tax Dollars	Description
County Operations	46.8	47.8	31,548,000	County General Operations - addition of 1 mill from Economic Development
Unincorporated Fire Levy (020)	2.9	2.9	1,914,000	Unincorporated Fire Levy - No Change.
Tri-County Tech Ope. (250)	3.0	3.0	1,980,000	Tri-County Tech Operations - No Change.
Road Maintenance (260)	3.1	3.1	2,046,000	Road Maintenance - No Change.
Community Health & Human Services (275)	7.1	7.1	4,686,000	Community Health & Human Services - No Change.
Economic Development (315)	2.1	1.1	726,000	Economic Development - Reduction of 1 Mill to County General Operations.
Bridges/Culverts (320)	1.0	1.0	660,000	Bridges & Culverts - No Change.
Capital Veh & Equip (325)	2.3	2.3	1,518,000	Capital Vehicle/Equipment - No Change.
Parks, Rec & Tourism (330)	1.0	1.0	660,000	Parks, Rec & Tourism - No Change.
Fire/Emergency Services Capital Vehicle and Equipment (335)	2.0	2.0	1,320,000	Fire/Emergency Services Capital Vehicle & Equipment - No Change.
General One Time Capital (340)	2.0	2.0	1,320,000	General One Time Capital -No Change.
County Bonds (090)	2.0	2.0	1,320,000	County Bonds - No Change.
Total County Tax Revenue	75.3	75.3	49,698,000	Total Estimated Tax Revenue / No Change in number of Mills
Total Other Revenue			49,126,204	
Total Proposed FY 2025 Budget			98,824,204	

Funds	Ordinance 2023-01	Ordinance 2023-01	Ordinance 2023-16	Ordinance 2024-11	FY 2024-2025 Proposed
	Original 3rd and Final	Amendment on 3rd Reading	Amendment #1	Amendment #2	Budget
<b>General Fund</b>	<b>65,231,000</b>	<b>60,766,345</b>	<b>58,837,233</b>	<b>60,323,605</b>	<b>63,751,356</b>
		(4,464,655)	(1,929,112)	1,486,372	
Emergency Services	1,695,000	1,600,000	1,695,000	1,695,000	2,396,021
Sheriff Victims Assistance	123,336	123,336	123,336	123,336	158,130
Solicitor's Victims Assistance	77,532	77,532	77,532	77,532	74,530
911 Communications	784,000	984,000	984,000	984,000	882,000
Tri-County Technical College	1,688,000	1,626,600	1,688,000	1,688,000	1,752,300
Road Maintenance	2,545,000	2,545,000	2,545,000	2,545,000	2,196,000
Community Health and Community Human Services	-	-	4,402,000	4,402,000	4,558,088
	<b>6,912,868</b>	<b>6,956,468</b>	<b>11,514,868</b>	<b>11,514,868</b>	<b>12,017,069</b>
		43,600	4,558,400	-	
Economic Development	5,807,000	1,221,500	5,807,000	5,807,000	2,668,000
Bridges and Culverts	620,000	590,000	620,000	620,000	1,520,000
Capital Equipment & Vehicle	1,551,000	1,300,000	1,551,000	1,551,000	1,560,000
PRT Capital	620,000	770,000	650,000	650,000	660,000
Fire Emer Services Capital	-	-	1,240,000	1,240,000	1,304,000
General One Time Capital	-	-	1,740,000	2,444,000	1,208,050
	<b>8,598,000</b>	<b>3,881,500</b>	<b>11,608,000</b>	<b>12,312,000</b>	<b>8,920,050</b>
		(4,716,500)	7,726,500	704,000	
Rock Quarry	8,881,250	8,513,000	7,881,250	7,881,250	10,921,177
		(368,250)	(631,750)	-	
Debit Service	<b>1,964,034</b>	<b>1,857,268</b>	<b>1,964,034</b>	<b>1,964,034</b>	<b>3,214,552</b>
		(106,766)	106,766	-	
<b>Total All Funds</b>	<b>91,587,152</b>	<b>81,974,581</b>	<b>91,805,385</b>	<b>93,995,757</b>	<b>98,824,204</b>
Total Difference between all funds		(9,612,571)	9,830,804	2,190,372	4,828,447

## Table of Contents

### 2024-2025 Budget

Page	
1	<b>General Fund/Revenue Summary</b>
2	<b>General Fund Expenditure Summary</b>
3-4	<b>Expenditure and other Financing Uses by Department</b>
5-6	<b>Salary &amp; Benefits by Department</b>
7-8	<b>Operational Totals by Department</b>
9	<b>Other Revenue</b>
10-12	<b>Program Revenue</b>

#### General Fund Revenues

13	Property Taxes
14	Intergovernmental Revenue
15	License, Permits, and Fees Revenues
16	Fines and Forfeitures Revenues
17	Charges for Services Revenues
18	Interest and Investment Income Revenues
19	Miscellaneous and Other Revenues
20	Other Financing Sources & Use of General Fund Balance
21-28	<b>Fee Schedule</b>
29	<b>Rock Quarry Fees</b>
30-31	<b>Employee Count By Department</b>

#### Department Expenditures

32	Administrator (717)
33-34	Airport (720)
35	Animal Control (110)
36	Assessor (301)
37	Auditor (302)
38	Board of Assessment Appeals (303)
39	Building Codes (702)
40	Chau Ram Park (205)
41	Clerk of Court (501)
42	Communication (104)
43	Coroner (103)
44	County Attorney (741)
45	County Council (704)
46	Delinquent Tax Collector (305)
47	Department of Social Services (402)
48	Detention Center (106)
49	Economic Development (707)
50-51	Facilities Maintenance (714)
52	Finance Office (708)
53	Fire/Emergency Services (107)
54	Health Department (403)
55	High Falls Park (203)
56	Human Resources (710)
57	Information Technology (711)
58	Legislative Delegation (706)
59-60	Library (206)
61	Magistrate (509)
62-63	Non- Departmental (709)
64	Parks, Recreation, and Tourism (202)
65	Planning (712)

## Table of Contents

### 2024-2025 Budget

#### Page

66	Probate Court (502)
67	Procurement (713)
68	Public Defender (510)
69	Register of Deeds (735)
70	Roads and Bridges (601)
71	Sheriff Office (101)
72	Soil and Water Conservation District (716)
73	Solicitor (504)
74	Solid Waste (718)
75	South Cove Park (204)
76	Treasurer (306)
77	Vehicle Maintenance (721)
78	Veterans' Affairs (404)
79	Voter Registration and Elections (715)
80	Other Financing Uses

#### Special Revenue Funds

81-82	Emergency Services Protection Special Revenue Fund (020)
83	Sheriff Victims' Services Special Revenue Fund (210)
84	Solicitor Victims' Services Special Revenue Fund (215)
85	911 Communications Special Revenue Fund (225)
86	Tri-County Technical College Special Revenue Fund (250)
87	Road Maintenance Fund (260)
88	Community Health and Human Services New Fund (275)

#### Capital Project Funds

89	Economic Development Capital Projects Fund (315)
90	Bridges and Culverts Capital Projects Fund (320)
91	Capital Equipment and Vehicle Capital Projects Fund (325)
92	Parks, Recreation and Tourism Capital Projects Fund (330)
93	Fire/Emergency Services Capital Vehicle and Equipment (New Fund 335)
94-95	One Time General Capital Request Fund (340)
96	Future Projected Capital Buildings and Land Projects - No Funding included in this budget

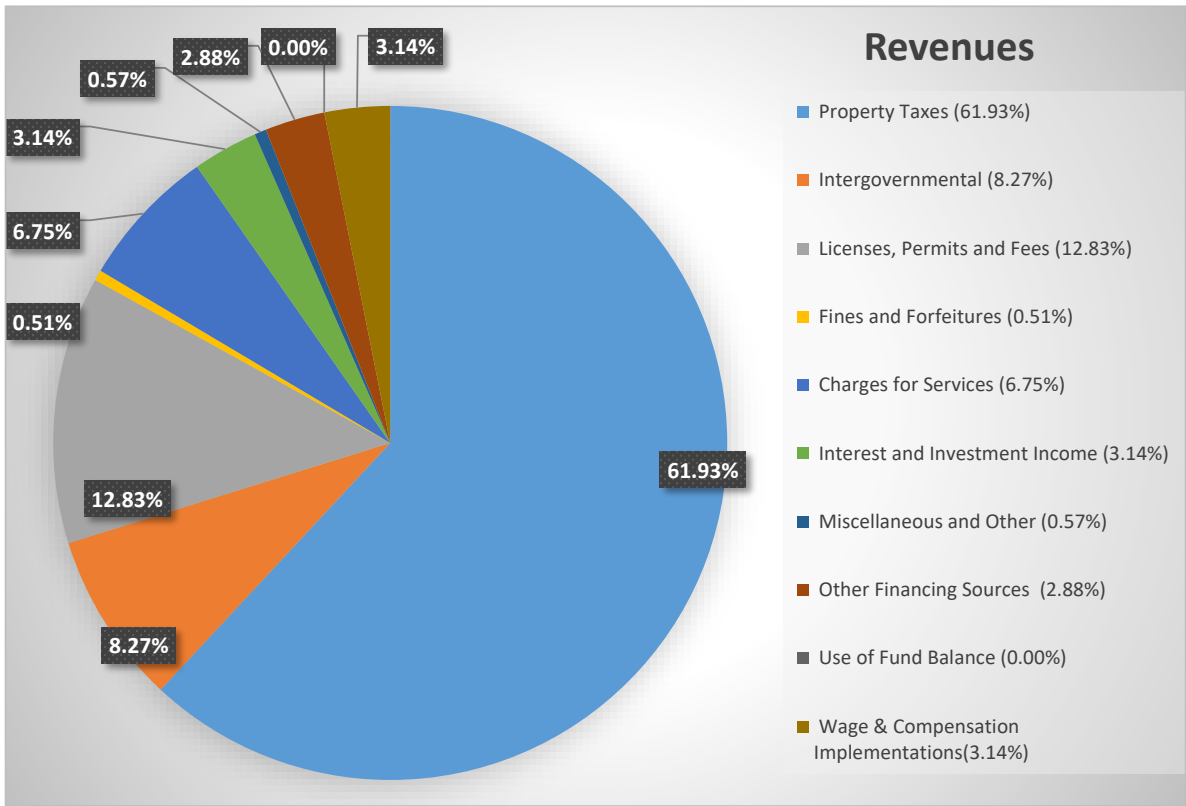
#### Enterprise Fund

97	Rock Quarry Enterprise Fund (017)
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98	Debt Service Fund (090)
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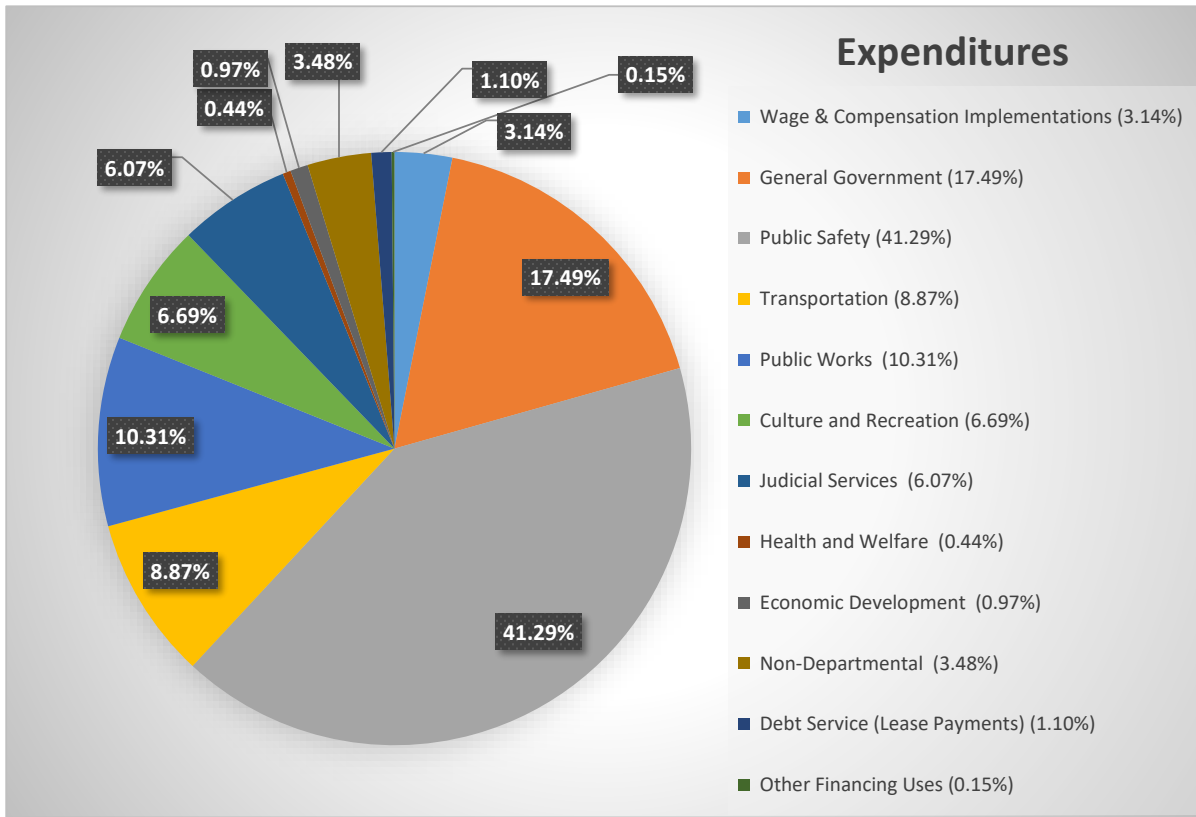
**Oconee County, South Carolina  
General Fund Summary  
2024-2025 Budget**

Revenues and Other Financing Sources					
Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Budget Amendment 2024-11	FY 2025 Administrator Recommended
Property Taxes	38,531,227	41,474,316	41,639,984	39,796,440	39,478,627
Intergovernmental	4,686,613	4,888,193	5,022,961	4,834,181	5,271,833
Licenses, Permits and Fees	6,694,932	7,342,104	7,427,883	8,115,850	8,181,960
Fines and Forfeitures	242,004	257,591	320,489	302,600	323,750
Charges for Services	2,554,699	4,085,819	3,096,829	4,060,328	4,300,228
Interest and Investment Income	75,750	-	1,665,781	1,500,000	2,000,000
Miscellaneous and Other	267,164	260,828	353,940	242,214	361,214
Other Financing Sources	805,631	2,893,684	1,281,266	1,450,620	1,833,744
Use of Fund Balance	-	-	384,056	-	
Wage & Compensation Implementations					2,000,000
	<b>53,858,020</b>	<b>61,202,535</b>	<b>61,193,189</b>	<b>60,302,233</b>	<b>63,751,356</b>
Allowable Increase/Ordinance 2024-10					8.94%
Millage rate increase limitation					5.44%
FY 2024-2025 percentage increase from prior years					0.28%



**Oconee County, South Carolina  
General Fund Summary  
2024-2025 Budget**

Expenditures and Other Financing Uses					
Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Budget Amendment 2024-11	FY 2025 Administrator Recommended
<b>Wage &amp; Compensation Implementations</b>				1,260,362	2,000,000
<b>General Government</b>	8,969,609	9,277,978	10,008,942	11,246,064	11,147,518
<b>Public Safety</b>	19,968,312	21,073,067	23,172,549	23,411,949	26,321,367
<b>Transportation</b>	3,996,246	4,710,528	4,750,275	5,579,361	5,657,180
<b>Public Works</b>	4,759,895	5,086,095	5,757,776	6,141,557	6,573,341
<b>Culture and Recreation</b>	3,356,741	3,556,088	3,675,848	4,002,233	4,264,738
<b>Judicial Services</b>	2,898,988	2,946,805	3,271,412	3,707,224	3,871,420
<b>Health and Welfare</b>	233,118	285,382	269,135	266,861	282,313
<b>Economic Development</b>	581,958	530,555	642,879	666,024	615,659
<b>Non-Departmental</b>	3,590,154	4,686,257	4,172,565	2,196,180	2,219,000
<b>Debt Service (Lease Payments)</b>	1,401,748	886,296	822,833	1,035,418	703,820
<b>Other Financing Uses</b>	140,000	1,718,765	149,367	789,000	95,000
	<b>49,896,768</b>	<b>54,757,817</b>	<b>56,693,581</b>	<b>60,302,233</b>	<b>63,751,356</b>
<b>Actual Value of a Mill</b>	561,398	586,604	602,892	640,128	660,000



## Expenditures by Department - Operational and Salary

Expenditures and Other Financing Uses					
Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Budget Amendment 2024-11	FY 2025 Administrator Recommended
<b>General Government</b>					
Council - Comp & Wage Study	-	-	-	-	2,000,000
Administrator (717)	368,142	446,949	613,849	944,939	750,462
Assessor (301)	977,340	967,481	1,093,914	1,146,282	1,220,184
Auditor (302)	520,741	590,127	630,095	774,243	778,630
Board of Assessment Appeals (303)	3,252	1,547	4,840	7,714	4,084
County Attorney (741)	321,864	374,996	363,184	421,517	357,830
County Council (704)	294,827	289,685	321,043	337,038	346,880
Delinquent Tax Collector (305)	378,409	375,455	366,063	406,801	409,370
Facilities Maintenance (714)	1,635,811	1,326,458	1,502,765	1,558,803	1,561,156
Finance Office (708)	505,077	532,054	562,249	562,504	580,553
Human Resources (710)	335,055	428,980	403,649	360,787	375,937
Information Technology (711)	906,987	1,056,544	1,111,537	1,251,320	1,295,031
Legislative Delegation (706)	94,905	92,659	21,883	105,302	94,419
Planning Commission (712)	277,663	309,604	328,903	439,757	442,125
Procurement (713)	168,821	187,041	241,373	259,149	284,615
Register of Deeds (735)	301,709	328,224	337,979	345,857	368,775
Soil and Water Conservation District (716)	80,945	75,211	90,899	95,912	102,619
Treasurer (306)	588,667	619,985	674,374	735,191	742,159
Vehicle Maintenance (721)	933,092	991,733	992,759	1,098,889	1,072,963
Voter Registration and Elections (715)	276,302	283,245	347,584	394,059	359,726
<b>Total General Government</b>	<b>8,969,609</b>	<b>9,277,978</b>	<b>10,008,942</b>	<b>11,246,064</b>	<b>11,147,518</b>
<b>Public Safety</b>					
Animal Control (110)	643,774	638,161	693,237	759,178	851,107
Building Codes (702)	623,677	614,805	675,193	847,038	844,901
Communications ( (104)	1,651,216	1,754,918	1,956,507	1,962,210	2,104,354
Coroner (103)	257,253	306,492	328,125	348,937	380,370
Detention Center (106)	4,347,274	4,563,534	4,797,281	5,009,902	5,402,238
Fire/Emergency Services (107)	3,085,269	3,142,327	3,782,614	3,328,256	4,398,026
Sheriff (101)	9,359,849	10,052,830	10,939,592	11,156,428	12,340,371
<b>Total Public Safety</b>	<b>19,968,312</b>	<b>21,073,067</b>	<b>23,172,549</b>	<b>23,411,949</b>	<b>26,321,367</b>
<b>Transportation</b>					
Airport (720)	1,340,473	2,131,089	2,009,901	2,652,412	2,699,854
Roads and Bridges (601)	2,655,773	2,579,439	2,740,374	2,926,949	2,957,326
<b>Total Transportation</b>	<b>3,996,246</b>	<b>4,710,528</b>	<b>4,750,275</b>	<b>5,579,361</b>	<b>5,657,180</b>
<b>Public Works</b>					
Solid Waste (718)	4,759,895	5,086,095	5,757,776	6,141,557	6,573,341
<b>Total Public Works</b>	<b>4,759,895</b>	<b>5,086,095</b>	<b>5,757,776</b>	<b>6,141,557</b>	<b>6,573,341</b>
<b>Culture and Recreation</b>					

<b>Expenditures and Other Financing Uses</b>					
<b>Description</b>	<b>FY 2021 Actual</b>	<b>FY 2022 Actual</b>	<b>FY 2023 Actual</b>	<b>FY 2024 Budget Amendment 2024-11</b>	<b>FY 2025 Administrator Recommended</b>
Chau Ram Park (205)	413,942	411,117	365,687	413,803	498,228
High Falls Park (203)	453,077	491,681	513,955	532,589	563,299
Library (206)	1,383,383	1,426,414	1,468,943	1,534,603	1,583,180
Parks, Recreation and Tourism (202)	587,530	620,851	712,808	883,997	987,589
South Cove Park (204)	518,809	606,025	614,455	637,241	632,442
<b>Total Culture and Recreation</b>	<b>3,356,741</b>	<b>3,556,088</b>	<b>3,675,848</b>	<b>4,002,233</b>	<b>4,264,738</b>
<b>Judicial Services</b>					
Clerk of Court (501)	681,337	741,393	835,301	902,623	913,817
Magistrate (509)	815,506	845,301	920,479	1,072,579	1,125,205
Probate Court (502)	360,145	348,316	425,915	450,437	470,686
Public Defender (510)	240,000	250,000	250,000	250,000	275,000
Solicitor (504)	802,000	761,795	839,717	1,031,585	1,086,712
<b>Total Judicial Services</b>	<b>2,898,988</b>	<b>2,946,805</b>	<b>3,271,412</b>	<b>3,707,224</b>	<b>3,871,420</b>
<b>Health and Welfare</b>					
Department of Social Services (402)	11,435	11,420	10,602	11,600	11,300
Health Department (403)	22,169	69,029	27,785	28,700	28,500
Veterans' Affairs (404)	199,514	204,933	230,748	226,561	242,513
<b>Total Health and Welfare</b>	<b>233,118</b>	<b>285,382</b>	<b>269,135</b>	<b>266,861</b>	<b>282,313</b>
<b>Economic Development (707)</b>	<b>581,958</b>	<b>530,555</b>	<b>642,879</b>	<b>666,024</b>	<b>615,659</b>
<b>Non-Departmental (709)</b>	<b>3,590,154</b>	<b>4,686,257</b>	<b>4,172,565</b>	<b>2,196,180</b>	<b>2,219,000</b>
<b>Debt Service Lease Payments</b>	<b>1,401,748</b>	<b>886,296</b>	<b>822,833</b>	<b>1,035,418</b>	<b>703,820</b>
<b>Other Financing Uses</b>	<b>140,000</b>	<b>1,718,765</b>	<b>149,367</b>	<b>789,000</b>	<b>95,000</b>
<b>Total Expenditures and Other Financing Uses</b>	<b>49,896,768</b>	<b>54,757,817</b>	<b>56,693,581</b>	<b>59,041,871</b>	<b>63,751,356</b>



# Salary & Fringe

## Expenditures and Other Financing Uses

Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2023-16	FY 2025 Administrator Recommended
<b>General Government</b>					
Salary Increases	585,176	712,592	2,022,259	1,590,804	2,000,000
Administrator (717)	293,820	290,905	371,908	413,110	402,462
Assessor (301)	864,171	862,824	972,505	1,047,632	1,113,734
Auditor (302)	438,530	494,369	552,994	626,343	626,430
Board of Assessment Appeals (303)	3,138	1,476	4,462	6,464	3,284
County Attorney (741)	236,666	219,894	238,396	286,962	223,275
County Council (704)	161,367	164,475	167,043	175,455	173,823
Delinquent Tax Collector (305)	169,949	193,948	198,124	213,236	217,505
Facilities Maintenance (714)	841,909	840,633	912,484	1,018,303	993,006
Finance Office (708)	472,854	474,839	509,675	528,754	546,783
Human Resources (710)	248,065	302,828	284,451	265,837	273,162
Information Technology (711)	477,812	568,071	646,082	615,020	640,181
Legislative Delegation (706)	80,951	79,969	9,806	90,252	80,919
Planning Commission (712)	220,468	263,057	309,385	359,807	393,925
Procurement (713)	148,616	160,740	214,559	227,499	253,500
Register of Deeds (735)	238,917	254,878	257,668	278,237	298,125
Soil and Water Conservation District (716)	50,735	48,539	56,480	57,474	61,481
Treasurer (306)	417,403	462,155	503,985	504,571	524,964
Vehicle Maintenance (721)	848,789	888,651	866,660	971,439	936,163
Voter Registration and Elections (715)	224,353	214,260	252,904	241,867	243,284
<b>Total General Government</b>	<b>6,438,513</b>	<b>6,786,511</b>	<b>7,329,571</b>	<b>7,928,262</b>	<b>8,006,006</b>
<b>Public Safety</b>					
Animal Control (110)	401,003	411,798	417,495	457,178	525,857
Building Codes (702)	492,167	497,132	500,355	555,538	629,401
Communications ( 104)	1,440,284	1,558,977	1,733,518	1,729,160	1,866,654
Coroner (103)	173,950	253,101	278,789	292,667	320,865
Detention Center (106)	3,065,539	3,206,625	3,249,872	3,500,102	3,822,388
Fire/Emergency Services (107)	2,273,075	2,565,675	3,033,324	2,732,202	3,929,926
Sheriff (101)	8,282,244	8,702,609	9,524,873	9,841,578	10,699,521
<b>Total Public Safety</b>	<b>16,128,262</b>	<b>17,195,917</b>	<b>18,738,226</b>	<b>19,108,425</b>	<b>21,794,612</b>
<b>Transportation</b>					
Airport (720)	499,618	464,032	523,689	629,262	613,204
Roads and Bridges (601)	2,119,334	2,128,018	2,133,908	2,318,509	2,358,676
<b>Total Transportation</b>	<b>2,618,952</b>	<b>2,592,050</b>	<b>2,657,597</b>	<b>2,947,771</b>	<b>2,971,880</b>
<b>Public Works</b>					
Solid Waste (718)	1,802,628	1,914,271	2,071,057	2,064,957	2,289,041
<b>Total Public Works</b>	<b>1,802,628</b>	<b>1,914,271</b>	<b>2,071,057</b>	<b>2,064,957</b>	<b>2,289,041</b>

<b>Expenditures and Other Financing Uses</b>					
<b>Description</b>	<b>FY 2021 Actual</b>	<b>FY 2022 Actual</b>	<b>FY 2023 Actual</b>	<b>FY 2024 Amended Budget 2023-16</b>	<b>FY 2025 Administrator Recommended</b>
<b>Culture and Recreation</b>					
Chau Ram Park (205)	266,923	277,124	264,022	312,218	395,643
High Falls Park (203)	295,394	311,260	355,282	379,491	404,001
Library (206)	1,022,219	1,022,602	1,093,332	1,143,753	1,183,581
Parks, Recreation and Tourism (202)	258,644	271,798	288,284	473,922	573,309
South Cove Park (204)	285,661	346,013	388,087	403,844	397,495
<b>Total Culture and Recreation</b>	<b>2,128,841</b>	<b>2,228,797</b>	<b>2,389,007</b>	<b>2,713,228</b>	<b>2,954,029</b>
<b>Judicial Services</b>					
Clerk of Court (501)	559,669	610,466	685,536	739,778	754,972
Magistrate (509)	742,749	771,147	820,174	955,019	1,013,510
Probate Court (502)	330,605	285,032	341,719	389,732	394,136
Public Defender (510)	-	-	-	-	-
Solicitor (504)	800,112	758,382	835,906	1,030,085	1,082,962
<b>Total Judicial Services</b>	<b>2,433,135</b>	<b>2,425,027</b>	<b>2,683,335</b>	<b>3,114,614</b>	<b>3,245,580</b>
<b>Health and Welfare</b>					
Department of Social Services (402)	-	-	-	-	-
Health Department (403)	-	-	-	-	-
Veterans' Affairs (404)	192,826	198,407	209,767	215,271	225,323
<b>Total Health and Welfare</b>	<b>192,826</b>	<b>198,407</b>	<b>209,767</b>	<b>215,271</b>	<b>225,323</b>
<b>Economic Development (707)</b>	<b>290,441</b>	<b>273,820</b>	<b>336,022</b>	<b>397,000</b>	<b>352,472</b>
<b>Non-Departmental (709)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Debt Service Lease Payments</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Other Financing Uses</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total Expenditures and Other Financing Uses</b>	<b>32,618,774</b>	<b>34,327,393</b>	<b>38,436,841</b>	<b>40,080,332</b>	<b>43,838,943</b>

# Operational

## Expenditures and Other Financing Uses

Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2023-16	FY 2025 Administrator Recommended
<b>General Government</b>					
Salary Increases	-	-	-	-	-
Contingency	-	-	-	-	200,000
	-	-	-	-	<b>200,000</b>
Administrator (717)	74,322	156,044	241,941	131,610	148,000
Assessor (301)	113,169	104,657	121,409	98,650	106,450
Auditor (302)	82,211	95,758	77,101	147,900	152,200
Board of Assessment Appeals (303)	114	71	378	1,250	800
County Attorney (741)	85,198	155,102	124,788	134,555	134,555
County Council (704)	133,460	125,210	154,000	161,583	173,057
Delinquent Tax Collector (305)	208,460	181,507	167,939	193,565	191,865
Facilities Maintenance (714)	793,902	485,825	590,281	540,500	568,150
Finance Office (708)	32,223	57,215	52,574	33,750	33,770
Human Resources (710)	86,990	126,152	119,198	94,950	102,775
Information Technology (711)	429,175	488,473	465,455	636,300	654,850
Legislative Delegation (706)	13,954	12,690	12,077	15,050	13,500
Planning Commission (712)	57,195	46,547	19,518	79,950	48,200
Procurement (713)	20,205	26,301	26,814	31,650	31,115
Register of Deeds (735)	62,792	73,346	80,311	67,620	70,650
Soil and Water Conservation District (716)	30,210	26,672	34,419	38,438	41,138
Treasurer (306)	171,264	157,830	170,389	230,620	217,195
Vehicle Maintenance (721)	84,303	103,082	126,099	127,450	136,800
Voter Registration and Elections (715)	51,949	68,985	94,680	152,192	116,442
<b>Total General Government</b>	<b>2,531,096</b>	<b>2,491,467</b>	<b>2,679,371</b>	<b>2,917,583</b>	<b>2,941,512</b>
<b>Public Safety</b>					
Animal Control (110)	242,771	226,363	275,742	302,000	325,250
Building Codes (702)	131,510	117,673	174,838	291,500	215,500
Communications ( (104)	210,932	195,941	222,989	233,050	237,700
Coroner (103)	83,303	53,391	49,336	56,270	59,505
Detention Center (106)	1,281,735	1,356,909	1,547,409	1,509,800	1,579,850
Fire/Emergency Services (107)	812,194	576,652	749,290	596,054	468,100
Sheriff (101)	1,077,605	1,350,221	1,414,719	1,314,850	1,640,850
<b>Total Public Safety</b>	<b>3,840,049</b>	<b>3,877,150</b>	<b>4,434,323</b>	<b>4,303,524</b>	<b>4,526,755</b>
<b>Transportation</b>					
Airport (720)	840,855	1,667,057	1,486,212	2,023,150	2,086,650
Roads and Bridges (601)	536,439	451,421	606,466	608,440	598,650
<b>Total Transportation</b>	<b>1,377,294</b>	<b>2,118,478</b>	<b>2,092,678</b>	<b>2,631,590</b>	<b>2,685,300</b>
<b>Public Works</b>					

Solid Waste (718)	2,957,267	3,171,824	3,686,719	4,076,600	4,284,300
<b>Total Public Works</b>	<b>2,957,267</b>	<b>3,171,824</b>	<b>3,686,719</b>	<b>4,076,600</b>	<b>4,284,300</b>
<b>Culture and Recreation</b>					
Chau Ram Park (205)	147,019	133,993	101,665	101,585	102,585
High Falls Park (203)	157,683	180,421	158,673	153,098	159,298
Library (206)	361,164	403,812	375,611	390,850	399,599
Parks, Recreation and Tourism (202)	328,886	349,053	424,524	410,075	414,280
South Cove Park (204)	233,148	260,012	226,368	233,397	234,947
<b>Total Culture and Recreation</b>	<b>1,227,900</b>	<b>1,327,291</b>	<b>1,286,841</b>	<b>1,289,005</b>	<b>1,310,709</b>
<b>Judicial Services</b>					
Clerk of Court (501)	121,668	130,927	149,765	162,845	158,845
Magistrate (509)	72,757	74,154	100,305	117,560	111,695
Probate Court (502)	29,540	63,284	84,196	60,705	76,550
Public Defender (510)	240,000	250,000	250,000	250,000	275,000
Solicitor (504)	1,888	3,413	3,811	1,500	3,750
<b>Total Judicial Services</b>	<b>465,853</b>	<b>521,778</b>	<b>588,077</b>	<b>592,610</b>	<b>625,840</b>
<b>Health and Welfare</b>					
Department of Social Services (402)	11,435	11,420	10,602	11,600	11,300
Health Department (403)	22,169	69,029	27,785	28,700	28,500
Veterans' Affairs (404)	6,688	6,526	20,981	11,290	17,190
<b>Total Health and Welfare</b>	<b>40,292</b>	<b>86,975</b>	<b>59,368</b>	<b>51,590</b>	<b>56,990</b>
<b>Economic Development (707)</b>	<b>291,517</b>	<b>256,735</b>	<b>306,857</b>	<b>269,024</b>	<b>263,187</b>
<b>Non-Departmental (709)</b>	<b>3,590,154</b>	<b>4,686,257</b>	<b>4,172,565</b>	<b>2,196,180</b>	<b>2,219,000</b>
<b>Debt Service Lease Payments</b>	<b>1,401,748</b>	<b>886,296</b>	<b>822,833</b>	<b>1,035,418</b>	<b>703,820</b>
<b>Other Financing Uses</b>	<b>140,000</b>	<b>1,718,765</b>	<b>149,367</b>	<b>789,000</b>	<b>95,000</b>
<b>Total Expenditures and Other Financing Uses</b>	<b>17,863,170</b>	<b>21,143,016</b>	<b>20,278,999</b>	<b>20,152,124</b>	<b>19,912,413</b>

**Oconee County, South Carolina  
All Other Revenue  
2024-2025 Budget**

Account Number	Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2023-16	FY 2025 Administrator Recommended
010-080-00805-00190	SC Cares COVID	262,524	22,173	-	-	-
010-080-00805-10290	Gain/Loss on Sales of Forfeited Land	(12,864)	(156,566)	(9,185)	-	-
010-080-00805-10311	Noise Ord Permit Fee	-	50	150	-	-
010-080-00805-10312	Franchise Fee Cable TV	253,187	259,003	263,118	260,000	260,000
010-080-00805-10320	Rent - USDA Building	7,800	7,684	7,800	7,800	7,800
010-080-00805-10321	Rent - Bantam Chef	3,000	3,000	3,000	3,000	3,000
010-080-00805-10340	Miscellaneous Income	97,400	100,542	236,337	100,000	200,000
010-080-00805-10343	Brady Lease Revenue	6,000	-	-	-	-
010-080-00805-10385	Land Sales - Forfeited Land Commission (FLC)	35,576	98,126	17,310	25,000	25,000
010-080-00805-10386	Auditor FLC Processing Fees	2,840	8,060	1,400	1,275	1,275
010-080-00805-10387	Auditor FLC Delinquent Tax Fee	32,020	105,625	18,480	15,000	25,000
010-080-00805-15406	Credit Application Fees	348	(406)	2,262	-	-
010-081-00810-15000	1/2 Pollution Control Fine	-	25,535	9,550	5,000	10,000
010-081-00810-20005	State Aid to Subdivisions	3,040,980	2,326,642	3,930,292	3,500,000	3,686,659
010-081-00810-20060	Flood Control	65,824	45,148	98,621	65,000	100,000
010-081-00810-20065	TNC Act Local Assessment Fees	1,449	4,260	5,475	2,000	6,500
010-081-00810-22950	SCABL On Premise License	24,850	39,750	26,050	25,000	31,000
010-082-00825-00161	Fema Disaster Hurricane	-	-	-	-	-
010-082-00825-00191	FEMA 2020 Tornado	33,999	11,333	-	-	-
010-082-00825-00192	FEMA 2020 Flooding	260,103	86,701	-	-	-
010-082-00830-40030	Federal Owned Land PILT	155,602	181,193	162,502	180,000	180,000
Several	Interest - Administrative Investment Accounts	75,750	-	1,665,781	1,500,000	2,000,000
<b>Total Other Revenue</b>		<b>4,346,388</b>	<b>3,167,853</b>	<b>6,438,943</b>	<b>5,689,075</b>	<b>6,536,234</b>

<b>Other Financing Sources and Uses</b>						
010-090-00170-70230	Transfer From State Accommodations Tax (Fund 230)	46,441	50,456	44,527	50,000	50,000
010-090-00170-70235	Transfer From Local Accommodations Tax (Mountain Lakes CVB LAT Salaries) (Fund 235)	-	-	-	420,000	500,000
010-080-00805-10305	Sale of Capital Assets	-	-	-	-	-
010-080-00805-10300	Non-Capital Sales	-	727	-	-	-
010-080-00170-07190	Insurance Recovery & Health Plan	9,190	138,750	202,032	75,000	100,000
010-090-00180-07191	OFS Insurance Proceeds Prepaid Le	-	5,219	27,258	1,500	25,000
	Proceeds from Capital Lease	-	-	-	-	-
010-090-00170-70017	Transfer From Rock Quarry	750,000	1,000,000	1,000,000	750,000	1,000,000
<b>Total Other Financing Sources and Uses</b>		<b>805,631</b>	<b>1,195,152</b>	<b>1,273,817</b>	<b>1,296,500</b>	<b>1,675,000</b>
<b>Total All other Revenues</b>		<b>5,152,019</b>	<b>4,363,005</b>	<b>7,712,760</b>	<b>6,985,575</b>	<b>8,211,234</b>

**Oconee County, South Carolina  
Program Revenue  
2024-2025 Budget**

Account Number	Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2023-16	FY 2025 Administrator Recommended
010-080-00805-10900	Airport - Hangar Rent	126,368	127,960	136,496	148,802	148,802
010-080-00805-10904	Airport Comm./Mechanic	6,300	6,300	6,300	6,300	6,300
010-080-00805-10905	Tie Down	3,535	3,915	3,610	3,600	4,000
010-080-00805-10906	Airport Miscellaneous	1,132	976	767	1,000	1,000
010-080-00805-10911	Bare Land Lease	2,626	2,743	3,094	2,626	2,626
010-080-00805-10912	Airport - Call Out Fees	20,000	32,550	25,750	25,000	27,000
010-080-00805-10913	Airport - Long-Term Parking Fees	3,690	9,650	7,400	7,500	15,000
010-080-00805-10914	Airport - Ramp Fee	27,953	153,405	86,715	125,000	125,000
010-080-00805-10915	Airport Special Events	750	1,375	-	-	1,000
010-080-00805-10916	Airport Shuttle - SR Solutions	-	1,341	-	-	-
010-080-00805-10980	Airport - Aviation Fuel	237,676	296,796	205,086	340,000	340,000
010-080-00805-10990	Airport - Jet Fuel	1,061,741	1,974,099	1,371,552	2,300,000	2,300,000
<b>Airport Total</b>		<b>1,491,771</b>	<b>2,611,110</b>	<b>1,846,770</b>	<b>2,959,828</b>	<b>2,970,728</b>
010-080-00805-11100	Dog Adoption Fees	6,580	10,660	4,305	10,000	10,000
010-080-00805-11101	Cat Adoption Fees	28,345	18,940	19,525	20,000	21,000
010-080-00805-11103	Animal Boarding Fees	120	270	250	1,000	-
010-080-00805-11106	Animal Control Miscellaneous Revenue	19,115	17,532	14,932	15,000	15,000
<b>Animal Control Total</b>		<b>54,160</b>	<b>47,402</b>	<b>39,012</b>	<b>46,000</b>	<b>46,000</b>
010-080-00805-11703	Map Copies Assessor	484	1,549	-	500	1,500
<b>Assessor Total</b>		<b>484</b>	<b>1,549</b>	<b>-</b>	<b>500</b>	<b>1,500</b>
010-080-00805-13700	Building Codes	1,333,492	1,458,453	1,703,103	2,000,000	1,750,000
010-080-00805-13701	Building Codes Mobile Home Fees	22,705	23,590	22,890	22,000	25,000
010-080-00805-13705	Building Codes Plan Review Fees	162,284	92,761	176,682	175,000	175,000
010-080-00805-13706	Subdivision Plan Review Fees	5,800	4,750	13,635	20,000	25,000
010-080-00805-13723	Code Book Revenues	-	325	1,200	-	1,000
010-080-00805-60735	One Stop Recording Fees	6,915	6,425	6,000	5,000	7,000
<b>Building Codes Total</b>		<b>1,531,196</b>	<b>1,586,304</b>	<b>1,923,510</b>	<b>2,222,000</b>	<b>1,983,000</b>
010-080-00805-00205	Chau Ram Park	79,302	85,946	66,512	85,000	85,000
<b>Chau Ram Park Total</b>		<b>79,302</b>	<b>85,946</b>	<b>66,512</b>	<b>85,000</b>	<b>85,000</b>
010-080-00805-11900	Clerk of Court	195,494	198,619	231,440	225,000	235,000
010-080-00805-16020	Master in Equity	5,740	6,585	7,485	7,000	8,000
010-081-00810-21900	Clerk of Court Supplement	1,575	1,575	15,000	15,000	15,000
<b>Clerk of Court Total</b>		<b>202,809</b>	<b>206,779</b>	<b>253,925</b>	<b>247,000</b>	<b>258,000</b>
010-081-00810-21200	Coroner Supplement	1,575	1,575	1,575	15,000	15,000
<b>Coroner Total</b>		<b>1,575</b>	<b>1,575</b>	<b>1,575</b>	<b>15,000</b>	<b>15,000</b>
010-080-00805-10285	Tax Sale Fees	268,720	221,694	207,104	250,000	250,000
010-080-00805-12501	Tax Collector Fees	54,510	37,408	42,560	50,000	50,000
<b>Delinquent Tax Total</b>		<b>323,230</b>	<b>259,102</b>	<b>249,664</b>	<b>300,000</b>	<b>300,000</b>
010-082-00830-25500	Department of Social Services	27,985	18,416	38,514	50,000	95,000
<b>Department of Social Services Total</b>		<b>27,985</b>	<b>18,416</b>	<b>38,514</b>	<b>50,000</b>	<b>95,000</b>
010-080-00805-00203	High Falls Park	220,987	220,798	261,970	225,000	250,000
010-080-00805-62051	Fairplay Recreation Area Revenue	3,787	3,092	-	-	-
010-080-00805-62052	Lawrence Bridge Rec Area Revenue	3,505	2,512	-	-	-
010-080-00805-62053	Mullins Ford Rec Area Revenue	445	336	-	-	-
010-080-00805-62054	Choestoea Landing Revenue	1,721	962	-	-	-
010-080-00805-62055	Port Bass Landing Revenue	-	-	-	-	-
010-080-00805-62056	Seneca Creek Landing Revenue	2,543	1,095	-	-	-
010-080-00805-62057	South Union Landing Revenue	487	333	-	-	-

**Oconee County, South Carolina  
Program Revenue  
2024-2025 Budget**

Account Number	Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2023-16	FY 2025 Administrator Recommended
<b>High Falls Park Total</b>		<b>233,475</b>	<b>229,128</b>	<b>261,970</b>	<b>225,000</b>	<b>250,000</b>
010-080-00805-11000	Library Fines and Fees	11,610	13,262	12,402	15,000	15,000
<b>Library Total</b>		<b>11,610</b>	<b>13,262</b>	<b>12,402</b>	<b>15,000</b>	<b>15,000</b>
010-080-00805-16001	Magistrate Fines	239,193	255,207	316,815	300,000	320,000
010-080-00805-16002	Magistrate Court Fees	1,371	2,729	307	-	1,500
010-080-00805-16003	Magistrate Civil Paper Fees	85,401	84,196	91,163	90,000	93,500
010-080-00805-16004	25% Boating Fines Retained	1,049	1,192	1,145	1,100	1,500
010-080-00805-16016	Litter Fines (90% GF)	1,004	559	1,476	1,500	1,500
010-080-00805-16030	Magistrate Collection Cost	2,631	2,660	2,826	2,500	2,800
<b>Magistrate Total</b>		<b>330,649</b>	<b>346,543</b>	<b>413,732</b>	<b>395,100</b>	<b>420,800</b>
010-080-00805-13724	Land Use Appeals - Planning	2,850	4,250	3,500	3,500	7,000
010-080-00805-13724	Planning Documents	-	6,378	-	-	-
010-080-00805-10370	Communication Tower Fees	36,000	53,000	25,000	32,000	25,000
010-080-00805-13753	Zoning Permit Fees	25,035	28,850	30,775	30,000	28,000
<b>Planning Total</b>		<b>63,885</b>	<b>92,478</b>	<b>59,275</b>	<b>65,500</b>	<b>60,000</b>
010-080-00805-12301	Probate Judge Estates	179,141	197,607	131,770	150,000	155,000
010-080-00805-12302	Probate Judge Advertising	151,792	140,144	158,100	165,000	150,000
010-080-00805-12304	Probate Judge Marriage Licenses	10,813	9,085	19,852	12,500	21,000
010-080-00805-12305	Probate Judge Returns	350	360	120	350	160
010-080-00805-12306	Miscellaneous - Probate Judge	15,420	29,992	40,451	35,000	56,000
010-080-00805-12307	Probate Judge Marriage Certificates	5,283	6,417	6,139	6,000	6,500
010-080-00805-12308	Probate Judge Marriage Ceremony	3,550	4,292	4,465	4,000	8,000
010-081-00810-22300	Probate Judge Supplement	1,575	1,575	15,000	15,000	15,000
<b>Probate Judge Total</b>		<b>367,924</b>	<b>389,472</b>	<b>375,897</b>	<b>387,850</b>	<b>411,660</b>
010-080-00805-14100	Register of Deeds	1,437,784	1,734,133	1,372,839	1,700,000	1,850,000
010-080-00805-11902	3% State Document Fee	74,867	96,778	73,294	85,000	70,000
010-081-00810-21400	Register of Deeds Supplement	1,575	1,575	1,575	15,000	15,000
<b>Register of Deeds Total</b>		<b>1,514,226</b>	<b>1,832,486</b>	<b>1,447,708</b>	<b>1,800,000</b>	<b>1,935,000</b>
010-080-00805-10601	Encroachment Fees - Roads and Bridges	31,959	24,642	31,748	30,000	35,000
010-080-00805-60003	Storm Water Assistance Fund	5,715	8,463	7,077	7,000	7,000
010-080-00805-60105	Sign Fees - Roads and Bridges	5,044	3,043	2,541	6,000	2,500
<b>Road Department Total</b>		<b>42,718</b>	<b>36,148</b>	<b>41,366</b>	<b>43,000</b>	<b>44,500</b>
010-080-00805-00900	Sheriff-Voluntary Extra Duty Pay	80,122	142,980	176,512	80,000	185,000
010-080-00805-10400	Sheriff Civil Fees	7,495	7,585	7,435	7,500	8,500
010-080-00805-10401	Miscellaneous - Sheriff	43,263	23,787	2,714	20,000	7,000
010-080-00805-16024	Litter Fine In Lieu of Pickup	720	480	480	-	250
010-081-00810-20400	Sheriff Supplement	1,575	1,575	15,000	15,000	15,000
010-081-00810-60460	Resource Officer Reimbursement	662,901	547,458	594,975	790,475	886,696
010-082-00830-25600	Sheriff Title IVD Service of Process	4,472	8,976	-	9,500	9,500
<b>Sheriff's Total</b>		<b>800,548</b>	<b>732,841</b>	<b>797,116</b>	<b>922,475</b>	<b>1,111,946</b>
010-080-00805-20800	Soil and Water	6,139	6,139	6,139	6,139	6,139
<b>Soil and Water Total</b>		<b>6,139</b>	<b>6,139</b>	<b>6,139</b>	<b>6,139</b>	<b>6,139</b>
010-080-00805-10504	Worthless Checks	3,116	2,050	2,009	3,000	2,000
010-081-00810-74700	State Funding for 2 Employees	-	-	-	154,120	158,744
010-080-00805-16006	Solicitor's Traffic Education	38	153	573	-	500
<b>Solicitor Total</b>		<b>3,154</b>	<b>2,203</b>	<b>2,582</b>	<b>157,120</b>	<b>161,244</b>
010-080-00805-14904	Solid Waste Impact Fee for Tires	13,120	14,795	11,903	13,000	13,000
010-080-49807-14900	Solid Waste Tipping Fees	2,192,086	2,497,785	2,671,576	2,650,000	2,800,000

**Oconee County, South Carolina  
Program Revenue  
2024-2025 Budget**

Account Number	Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2023-16	FY 2025 Administrator Recommended
010-080-49807-14902	Solid Waste - Recyclables	211,554	579,530	309,846	250,000	350,000
010-080-49807-14910	Solid Waste - Mulch Sales	-	-	-	-	-
010-081-00810-14904	Impact Fee For Tires	43,627	33,187	58,562	45,000	50,000
<b>Solid Waste Total</b>		<b>2,460,387</b>	<b>3,125,297</b>	<b>3,051,887</b>	<b>2,958,000</b>	<b>3,213,000</b>
010-080-00805-00204	South Cove Park	458,375	439,026	434,854	460,000	460,000
<b>South Cove Park Total</b>		<b>458,375</b>	<b>439,026</b>	<b>434,854</b>	<b>460,000</b>	<b>460,000</b>
010-080-00805-00306	PRT Season Pass/Treasurer	850	815	365	500	500
010-080-00805-10310	Vehicle Decal Fees	72,790	71,256	73,895	72,000	76,000
<b>Treasurer Total</b>		<b>73,640</b>	<b>72,071</b>	<b>74,260</b>	<b>72,500</b>	<b>76,500</b>
010-080-00805-12032	Vehicle Maintenance Labor Reimbursement	1,110	-	-	-	-
<b>Vehicle Maintenance Total</b>		<b>1,110</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
010-081-00810-25900	Veterans' Affairs State Aid	5,478	5,615	5,784	5,456	5,478
<b>Veterans' Affairs Total</b>		<b>5,478</b>	<b>5,615</b>	<b>5,784</b>	<b>5,456</b>	<b>5,478</b>
010-081-00810-21300	Registration Board	6,750	7,500	7,500	6,750	7,500
010-081-00825-97715	SC State Election Reimb Revenue	82,194	41,711	36,986	75,000	85,000
<b>Voters Registration Total</b>		<b>88,944</b>	<b>49,211</b>	<b>44,486</b>	<b>81,750</b>	<b>92,500</b>
<b>Grand Total of Program Revenue</b>		<b>10,174,774</b>	<b>12,190,103</b>	<b>11,448,940</b>	<b>13,520,218</b>	<b>14,017,995</b>



**Oconee County, South Carolina  
Property Taxes  
2024-2025 Budget**

Description	FY 2021 Actual	FY 2022 Actual	Fy 2023 Actual	FY 2024 Budget Amendment 2024-11	FY 2025 Administrator Recommended
Real Estate	30,068,275	32,066,346	31,952,412	30,256,000	30,000,000
Vehicle	2,748,336	2,779,580	2,966,431	2,900,000	2,701,834
Watercraft	608,325	854,142	923,216	835,000	915,000
Homestead Exemption	1,218,039	1,227,940	1,182,726	1,227,940	937,000
BMW	6,227	6,222	5,124	6,500	4,750
Fee-In-Lieu	1,942,456	1,950,080	2,267,197	2,100,000	2,350,000
Merchants Inventory	75,043	75,043	75,043	75,000	75,043
Heavy Equipment Rental Fee	-	-	6,558	-	20,000
Motor Carrier	403,561	485,822	478,912	350,000	400,000
Manufacturer's Exemption	333,722	348,167	217,712	336,000	336,000
Manufacturer PVE Reimb	69,431	87,722	391,861	400,000	400,000
County Penalty	166,019	168,244	189,788	160,000	189,000
Delinquent	891,793	1,425,008	983,004	1,150,000	1,150,000
<b>Total Property Taxes</b>	<b>38,531,227</b>	<b>41,474,316</b>	<b>41,639,984</b>	<b>39,796,440</b>	<b>39,478,627</b>

**Budget Numbers by Fiscal Years**

Description	FY 2021 Budget	FY 2022 Budget	FY 2023 Budget	FY 2024 Budget Amendment 2024-11	FY 2025 Administrator Recommended
Real Estate	33,445,671	33,757,132	36,135,450	30,256,000	30,000,000
Vehicle	2,500,000	2,635,000	2,725,000	2,900,000	2,701,834
Watercraft	-	700,000	825,000	835,000	915,000
Homestead Exemption	1,000,000	1,200,000	1,200,000	1,227,940	937,000
BMW	3,316	7,500	6,500	6,500	4,750
Fee-In-Lieu	1,750,000	1,800,000	1,900,000	2,100,000	2,350,000
Merchants Inventory	64,001	75,000	75,000	75,000	75,043
Heavy Equipment Rental Fee	-	-	-	-	20,000
Motor Carrier	170,753	170,753	170,753	350,000	400,000
Manufacturer's Exemption	300,000	336,000	336,000	336,000	336,000
Manufacturer PVE Reimb	-	70,000	70,000	400,000	400,000
County Penalty	150,000	150,000	150,000	160,000	189,000
Delinquent	650,000	900,000	900,000	1,150,000	1,150,000
<b>Total Property Taxes</b>	<b>40,033,741</b>	<b>41,801,385</b>	<b>44,493,703</b>	<b>39,796,440</b>	<b>39,478,627</b>

**Oconee County, South Carolina  
Intergovernmental  
2024-2025 Budget**

Account Number	Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Budget Amendment 2024-11	FY 2025 Administrator Recommended
010-081-00810-14904	Impact Fee For Tires	43,627	33,187	58,562	45,000	50,000
010-081-00810-15000	1/2 Pollution Control Fine	-	25,535	9,550	5,000	10,000
010-081-00810-20005	State Aid to Subdivisions	3,040,980	2,326,642	3,930,292	3,500,000	3,686,659
010-081-00810-20060	Flood Control	65,824	45,148	98,621	65,000	100,000
010-081-00810-20065	TNC Act Local Assessment Fees	1,449	4,260	5,475	2,000	6,500
010-081-00810-20400	Sheriff Supplement	1,575	1,575	15,000	15,000	15,000
010-081-00810-21200	Coroner Supplement	1,575	1,575	1,575	15,000	15,000
010-081-00810-21300	Registration Board	6,750	7,500	7,500	6,750	7,500
010-081-00810-21400	Register of Deeds Supplement	1,575	1,575	1,575	15,000	15,000
010-081-00810-21900	Clerk of Court Supplement	1,575	1,575	15,000	15,000	15,000
010-081-00810-22300	Probate Judge Supplement	1,575	1,575	15,000	15,000	15,000
010-081-00810-22950	SCABL On Premise License	24,850	39,750	26,050	25,000	31,000
010-081-00810-25900	Veterans' Affairs State Aid	5,478	5,615	5,784	5,456	5,478
010-081-00810-60460	Resource Officer Reimbursement	662,901	547,458	594,975	790,475	886,696
010-081-00810-74701	Salary Reimb - Magistrate	-	-	-	-	32,500
010-081-00825-97715	SC State Election Reimb Revenue	82,194	41,711	36,986	75,000	85,000
010-082-00825-00191	FEMA 2020 Tornado	33,999	11,333	-	-	-
010-080-00805-00190	SC Cares COVID	262,524	22,173	-	-	-
010-082-00825-00192	FEMA 2020 Flooding	260,103	86,701	-	-	-
010-082-00830-25500	Department of Social Services	27,985	18,416	38,514	50,000	95,000
010-082-00825-00021	Hurricane Florence	-	30,023	-	-	-
010-080-00805-17799	City/Town Election Reimb	-	2,179	-	-	11,000
010-080-00870-76023	MPVE	-	1,442,518	-	-	-
010-082-00830-25600	Sheriff Title IVD Service of Process	4,472	8,976	-	9,500	9,500
010-082-00830-40030	Federal Owned Land PILT	155,602	181,193	162,502	180,000	180,000
<b>Total</b>	<b>Total Intergovernmental</b>	<b>4,686,613</b>	<b>4,888,193</b>	<b>5,022,961</b>	<b>4,834,181</b>	<b>5,271,833</b>

**Oconee County, South Carolina  
License, Permits, & Fees  
2024-2025 Budget**

Account Number	Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Budget Amendment 2024-11	FY 2025 Administrator Recommended
010-080-00805-10285	Tax Sale Fees	268,720	221,694	207,104	250,000	250,000
010-080-00805-10310	Vehicle Decal Fees	72,790	71,256	73,895	72,000	76,000
010-080-00805-10311	Noise Ord Permit Fee	-	50	150	-	-
010-080-00805-10312	Franchise Fee Cable TV	253,187	259,003	263,118	260,000	260,000
010-080-00805-10370	Communication Tower Fees	36,000	53,000	25,000	32,000	25,000
010-080-00805-10400	Sheriff Civil Fees	7,495	7,585	7,435	7,500	8,500
010-080-00805-10504	Worthless Checks	3,116	2,050	2,009	3,000	2,000
010-080-00805-10601	Encroachment Fees - Roads and Bridges	31,959	24,642	31,748	30,000	35,000
010-080-00805-10915	Airport Special Events	750	1,375	-	-	1,000
010-080-00805-10916	Airport Shuttle - SR Solutions	-	1,341	-	-	-
010-080-00805-11000	Library Fines and Fees	11,610	13,262	12,402	15,000	15,000
010-080-00805-11100	Dog Adoption Fees	6,580	10,660	4,305	10,000	10,000
010-080-00805-11101	Cat Adoption Fees	28,345	18,940	19,525	20,000	21,000
010-080-00805-11103	Animal Boarding Fees	120	270	250	1,000	-
010-080-00805-11703	Map Copies Assessor	484	1,549	-	500	1,500
010-080-00805-11900	Clerk of Court	195,494	198,619	231,440	225,000	235,000
010-080-00805-11902	3% State Document Fee	74,867	96,778	73,294	85,000	70,000
010-080-00805-12032	Vehicle Maintenance Labor Reimbursement	1,110	-	-	-	-
010-080-00805-12301	Probate Judge Estates	179,141	197,607	131,770	150,000	155,000
010-080-00805-12302	Probate Judge Advertising	151,792	140,144	158,100	165,000	150,000
010-080-00805-12304	Probate Judge Marriage Licenses	10,813	9,085	19,852	12,500	21,000
010-080-00805-12305	Probate Judge Returns	350	360	120	350	160
010-080-00805-12307	Probate Judge Marriage Certificates	5,283	6,417	6,139	6,000	6,500
010-080-00805-12308	Probate Judge Marriage Ceremony	3,550	4,292	4,465	4,000	8,000
010-080-00805-12501	Tax Collector Fees	54,510	37,408	42,560	50,000	50,000
010-080-00805-13700	Building Codes	1,333,492	1,458,453	1,703,103	2,000,000	1,750,000
010-080-00805-13701	Building Codes Mobile Home Fees	22,705	23,590	22,890	22,000	25,000
010-080-00805-13705	Building Codes Plan Review Fees	162,284	92,761	176,682	175,000	175,000
010-080-00805-13706	Subdivision Plan Review Fees	5,800	4,750	13,635	20,000	25,000
010-080-00805-13708	Code Book Revenues- Building Codes	-	325	1,200	-	1,000
010-080-00805-13723	LP Documents - Planning	-	6,378	-	-	-
010-080-00805-13724	Land Use Appeals - Planning	2,850	4,250	3,500	3,500	7,000
010-080-00805-13753	Zoning Permit Fees	25,035	28,850	30,775	30,000	28,000
010-080-00805-14100	Register of Deeds	1,437,784	1,734,133	1,372,839	1,700,000	1,850,000
010-080-00805-14904	Solid Waste Impact Fee for Tires	13,120	14,795	11,903	13,000	13,000
010-080-00805-15406	Credit Application Fees	348	(406)	2,262	-	-
010-080-00805-16002	Magistrate Court Fees	1,371	2,729	307	-	1,500
010-080-00805-16003	Magistrate Civil Paper Fees	85,401	84,196	91,163	90,000	93,500
010-080-00805-16030	Magistrate Collection Cost	2,631	2,660	2,826	2,500	2,800
010-080-00805-60105	Sign Fees - Roads and Bridges	5,044	3,043	2,541	6,000	2,500
010-080-00805-60735	One Stop Recording Fees	6,915	6,425	6,000	5,000	7,000
010-080-49807-14900	Solid Waste Tipping Fees	2,192,086	2,497,785	2,671,576	2,650,000	2,800,000
<b>Total</b>	<b>Total License, Permits, and Fees</b>	<b>6,694,932</b>	<b>7,342,104</b>	<b>7,427,883</b>	<b>8,115,850</b>	<b>8,181,960</b>

**Oconee County, South Carolina  
Fines & Forfeitures  
2024-2025 Budget**

<b>Account Number</b>	<b>Description</b>	<b>FY 2021 Actual</b>	<b>FY 2022 Actual</b>	<b>FY 2023 Actual</b>	<b>FY 2024 Budget Amendment 2024-11</b>	<b>FY 2025 Administrator Recommended</b>
010-080-00805-16001	Magistrate Fines	239,193	255,207	316,815	300,000	320,000
010-080-00805-16004	25% Boating Fines Retained	1,049	1,192	1,145	1,100	1,500
010-080-00805-16006	Solicitor's Traffic Education	38	153	573	-	500
010-080-00805-16016	Litter Fines (90% GF)	1,004	559	1,476	1,500	1,500
010-080-00805-16024	Litter Fine In Lieu of Pickup	720	480	480	-	250
<b>Total</b>	<b>Total Fines and Forfeitures</b>	<b>242,004</b>	<b>257,591</b>	<b>320,489</b>	<b>302,600</b>	<b>323,750</b>

**Oconee County, South Carolina  
Charges for Services  
2024-2025 Budget**

Account Number	Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Budget Amendment 2024-11	FY 2025 Administrator Recommended
010-080-00805-00203	High Falls Park	220,987	220,798	261,970	225,000	250,000
010-080-00805-00204	South Cove Park	458,375	439,026	434,854	460,000	460,000
010-080-00805-00205	Chau Ram Park	79,302	85,946	66,512	85,000	85,000
010-080-00805-00306	PRT Season Pass/Treasurer	850	815	365	500	500
010-080-00805-00950	Sheriff-Voluntary Extra Duty Pay	80,122	142,980	176,512	80,000	185,000
010-080-00805-10900	Airport - Hangar Rent	126,368	127,960	136,496	148,802	148,802
010-080-00805-10904	Airport Comm./Mechanic	6,300	6,300	6,300	6,300	6,300
010-080-00805-10905	Tie Down	3,535	3,915	3,610	3,600	4,000
010-080-00805-10906	Airport Miscellaneous	1,132	976	767	1,000	1,000
010-080-00805-10911	Bare Land Lease	2,626	2,743	3,094	2,626	2,626
010-080-00805-10912	Airport - Call Out Fees	20,000	32,550	25,750	25,000	27,000
010-080-00805-10913	Airport - Long-Term Parking Fees	3,690	9,650	7,400	7,500	15,000
010-080-00805-10914	Airport - Ramp Fee	27,953	153,405	86,715	125,000	125,000
010-080-00805-10980	Airport - Aviation Fuel	237,676	296,796	205,086	340,000	340,000
010-080-00805-10990	Airport - Jet Fuel	1,061,741	1,974,099	1,371,552	2,300,000	2,300,000
010-080-00805-62051	Fairplay Recreation Area Revenue	3,787	3,092	-	-	-
010-080-00805-62052	Lawrence Bridge Rec Area Revenue	3,505	2,512	-	-	-
010-080-00805-62053	Mullins Ford Rec Area Revenue	445	336	-	-	-
010-080-00805-62054	Choestoea Landing Revenue	1,721	962	-	-	-
010-080-00805-62055	Port Bass Landing Revenue	-	-	-	-	-
010-080-00805-62056	Seneca Creek Landing Revenue	2,543	1,095	-	-	-
010-080-00805-62057	South Union Landing Revenue	487	333	-	-	-
010-080-49807-14902	Solid Waste - Recyclables	211,554	579,530	309,846	250,000	350,000
010-080-49807-14910	Solid Waste - Mulch Sales	-	-	-	-	-
<b>Total</b>	<b>Total Charges for Services</b>	<b>2,554,699</b>	<b>4,085,819</b>	<b>3,096,829</b>	<b>4,060,328</b>	<b>4,300,228</b>

**Oconee County, South Carolina  
Interest and Investment Income  
2024-2025 Budget**

Account Number	Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Budget Amendment 2024-11	FY 2025 Administrator Recommended
<b>Multiple Account Numbers</b>	<b>Interest - Administrative Investment Accounts</b>	75,750	-	1,665,781	1,500,000	2,000,000
<b>Total</b>	<b>Total Interest and Investment Income</b>	<b>75,750</b>	<b>-</b>	<b>1,665,781</b>	<b>1,500,000</b>	<b>2,000,000</b>

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

**Oconee County, South Carolina  
Miscellaneous and Other  
2024-2025 Budget**

<b>Account Number</b>	<b>Description</b>	<b>FY 2021 Actual</b>	<b>FY 2022 Actual</b>	<b>FY 2023 Actual</b>	<b>FY 2024 Budget Amendment 2024-11</b>	<b>FY 2025 Administrator Recommended</b>
010-080-00805-10290	<b>Gain/Loss on Sales of Forfeited Land</b>	(12,864)	(156,566)	(9,185)	-	-
010-080-00805-10320	<b>Rent - USDA Building</b>	7,800	7,684	7,800	7,800	7,800
010-080-00805-10321	<b>Rent - Bantam Chef</b>	3,000	3,000	3,000	3,000	3,000
010-080-00805-10340	<b>Miscellaneous Income</b>	97,400	100,542	236,337	100,000	200,000
010-080-00805-10343	<b>Brady Lease Revenue</b>	6,000	-	-	-	-
010-080-00805-10385	<b>Land Sales - Forfeited Land Commission (FLC)</b>	35,576	98,126	17,310	25,000	25,000
010-080-00805-10386	<b>Auditor FLC Processing Fees</b>	2,840	8,060	1,400	1,275	1,275
010-080-00805-10387	<b>Auditor FLC Delinquent Tax Fee</b>	32,020	105,625	18,480	15,000	25,000
010-080-00805-10401	<b>Miscellaneous - Sheriff</b>	43,263	23,787	2,714	20,000	7,000
010-080-00805-11106	<b>Animal Control Miscellaneous Revenue</b>	19,115	17,532	14,932	15,000	15,000
010-080-00805-12306	<b>Miscellaneous - Probate Judge</b>	15,420	29,992	40,451	35,000	56,000
010-080-00805-16020	<b>Master in Equity</b>	5,740	6,585	7,485	7,000	8,000
010-080-00805-20800	<b>Soil and Water</b>	6,139	6,139	6,139	6,139	6,139
010-080-00805-60003	<b>Storm Water Assistance Fund</b>	5,715	8,463	7,077	7,000	7,000
	<b>GASB Lease Adjustments</b>	-	1,859	-	-	-
<b>Total</b>	<b>Total Miscellaneous and Other</b>	<b>267,164</b>	<b>260,828</b>	<b>353,940</b>	<b>242,214</b>	<b>361,214</b>

**Oconee County, South Carolina**  
**Other Financing Sources and Use of General Fund Balance**  
**2024-2025 Budget**

Account Number	Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Budget Amendment 2024-11	FY 2025 Administrator Recommended
010-090-00170-70013	Transfer From Special Revenues (013)	-	44,144	7,449	-	-
010-090-00170-70017	Transfer From Rock Quarry	750,000	1,000,000	1,000,000	750,000	1,000,000
010-090-00170-70230	Transfer From State Accommodations Tax (Fund 230)	46,441	50,456	44,527	50,000	50,000
010-090-00170-70235	Transfer From Local Accommodations Tax (Mountain Lakes CVB LAT Salaries) (Fund 235)	-	-	-	420,000	500,000
010-081-00810-74700	Circuit Solicitors Extra State Funding (FY2022 - 2 Employees)	-	-	-	154,120	158,744
010-080-00805-10305	Sale of Capital Assets	-	-	-	-	-
010-080-00805-10300	Non-Capital Sales	-	727	-	-	-
010-080-00170-07190	Insurance Recovery & Health Plan	9,190	138,750	202,032	75,000	100,000
010-090-00180-07191	OFS Insurance Proceeds Prepaid Legal	-	5,219	27,258	1,500	25,000
	Lease Principal	-	294,654	-	-	-
010-080-00170-07180	Proceeds from Capital Lease	-	1,359,734	-	-	-
		<b>805,631</b>	<b>2,893,684</b>	<b>1,281,266</b>	<b>1,450,620</b>	<b>1,833,744</b>

Use of General Fund Balance						
Account Number	Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2014 Council Approved	FY 2025 Budget Worksheet for Departments
	Use of Fund Balance - Airport Grant	-	-	384,056	-	-
Total	Total Other Financing Sources	-	-	384,056	-	-
	<b>Total of OFS</b>	<b>805,631</b>	<b>2,893,684</b>	<b>1,665,322</b>	<b>1,450,620</b>	<b>1,833,744</b>



**Oconee County, South Carolina  
Fees Schedule  
2024-2025 Budget**

Description	Rate	FY 2024 Amended Fees	FY 2025 Fees
<b>General County Fees</b>			
(Applicable to all departments, unless otherwise noted within the Departmental Fees below.)			
<b>Copies</b>			
8.5 X 11	Per Page	<b>\$0.50</b>	<b>\$0.50</b>
8.5 X 14	Per Page	\$0.50	\$0.50
11 X 17	Per Page	<b>\$0.75</b>	<b>\$0.75</b>
<b>County Road Maps</b>			
County Road Map (Less Than 50)	Per Map	\$2.00	\$2.00
	Per Map	\$1.50	\$1.50
<b>Noise Ordinance Permit Fee</b>	Per Event	\$50.00	\$50.00
<b>Departmental Fees</b>			
<b>Airport</b>			
T-Hanger Rental Rates	Per Month	\$185.00	\$185.00
1998 T-Hangars A, B, and Box D (27)	Per Month	\$250.00	\$250.00
New T-Hangars E (8)	Per Month	\$300.00	\$300.00
Aircraft Tie-Down Rate	Per Month	\$30.00	\$30.00
Long-Term Parking Fee	Per Month, Per Vehicle	\$30.00	\$30.00
After Hour Callout Fee - With purchase of fuel	Minimum of 100 gallons	\$150.00	\$150.00
After Hour Callout Fee - No purchase of fuel	Per Callout	\$250.00	\$250.00
GPU (Ground Power Unit)	Per Hour	\$75.00	\$75.00
Event Fee		\$25.00 Single Engine \$50.00 Multi Engine \$100.00 Jet Aircraft	\$25.00 Single Engine \$50.00 Multi Engine \$100.00 Jet Aircraft
		Aircraft above 20,000 pounds gross weight event fees revert to Tier Fee schedule.	Aircraft above 20,000 pounds gross weight event fees revert to Tier Fee schedule.
<b>Ramp Fee -</b>			
Tier 1 (100,000 - 20,000 Pounds)		100 Gallons/Top Off or \$100.00	100 Gallons/Top Off or \$100.00
		\$15.00 per night after 48 hours	\$15.00 per night after 48 hours
Tier 2 (20,000 - 30,000 Pounds)		200 Gallons or \$200.00	200 Gallons or \$200.00
		\$35.00 per night after 48 hours	\$35.00 per night after 48 hours
Tier 3 (30,000 - 40,000 Pounds)		300 gallons or \$300.00	300 gallons or \$300.00
		\$50.00 per night after 48 hours	\$50.00 per night after 48 hours
Airport customers with an Oconee Airport based corporate aircraft who purchase 150 or more gallons of Jet A fuel at one time will receive a \$0.10 per gallon discount off the County Airport's normal retail price for the Jet A Fuel.		N/A	N/A
Airport customers who purchase <b>200</b> 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 250 gallons or more Jet-A	<b>\$0.10 reduction for 200 gallons or more Jet-A</b>
<b>Animal Control</b>			
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	<b>\$15.00</b>
Microchip Fee - Misc		\$15.00	\$15.00

**Oconee County, South Carolina  
Fees Schedule  
2024-2025 Budget**

Description	Rate	FY 2024 Amended Fees	FY 2025 Fees
<b>Assessor/GIS</b>			
Custom Production -		\$35.00	<b>\$40.00 for 1st Hour + \$20.00 per addition half hour</b>
Custom Scan and Prints		\$35.00	<b>\$40.00 for 1st Hour + \$20.00 per addition half hour</b>
GIS A - 8.5 X 11		\$3.00	\$3.00
GIS B - 11 X 17		\$5.00	\$5.00
GIS C - 18 X 24		\$10.00	\$10.00
GIS D - 24 X 36		\$15.00	\$15.00
GIS E - 36 X 48		\$20.00	\$20.00
GIS A - 8.5 X 11 (Aerial Imagery)		\$5.00	\$5.00
GIS B - 11 X 14 (Aerial Imagery)		\$0.00	\$0.00
GIS B - 11 X 17 (Aerial Imagery)		\$10.00	\$10.00
GIS C - 18 X 24 (Aerial Imagery)		\$15.00	\$15.00
GIS D - 24 X 36 (Aerial Imagery)		\$20.00	\$20.00
GIS E - 36 X 48 (Aerial Imagery)		\$25.00	\$25.00
Tax Map Grid with Roads		\$10.00	\$10.00
Voting Precincts and Council Districts		\$0.00	\$0.00
<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		\$75.00 + \$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
<b>Manufactured Homes</b>			
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
<b>Other Permits</b>			
Moving Permits (Structures Other Than Manufactured Homes)		\$100.00	\$100.00
<b>Penalties</b>			
<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
<b>Building Codes</b>			
<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		\$75.00 + \$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
<b>Manufactured Homes</b>			
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
<b>Other Permits</b>			
Moving Permits (Structures Other Than Manufactured Homes)		\$100.00	\$100.00

**Oconee County, South Carolina  
Fees Schedule  
2024-2025 Budget**

Description	Rate	FY 2024 Amended Fees	FY 2025 Fees
<b>Building Codes - Continued</b>			
<b>Penalties</b>			
<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
<b>Clerk of Court</b>			
Certified Copies		\$5.25 + \$0.50 per page	\$5.25 + \$0.50 per page
Printouts for Family Court		.50 per page	.50 per page
Certified Printouts		\$5.25	\$5.25
Exemplified copies of orders	Per Document	\$10.00	\$10.00
Family Court Divorce Packets	Per Packet	\$28.00	\$28.00
All other fees are state mandated			
<b>County Council</b>			
Audio CD	Per Event	\$5.00	\$5.00
<b>Delinquent Tax Collector</b>			
Administrative Fee Cost:			
First Cost		\$10.00	\$10.00
<b>Second Cost</b>			<b>\$40.00</b>
<b>Third Cost</b>			<b>\$100.00</b>
<b>Fourth Cost</b>			<b>\$40.00</b>
<b>Library</b>			
<b>Overdue Fines</b>			
Books, Magazines, or Music CD's - Up to a Maximum of \$2.00	Per Day	\$0.10	\$0.10
Per Book, Magazine, or Music CD			
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
<b>Miscellaneous</b>			
Lost Materials - Books, CD's, Videos, etc.		original price of item	original price of item
South Carolina Room Research (By Mail or E-Mail)		\$5.00 + price of photocopies	\$5.00 + price of photocopies
Lost Library Cards		\$2.00	\$2.00
Black and White Prints		\$0.15	\$0.15
Color Prints		\$0.50	\$0.50
Out of County Card	Annually *	\$20.00	\$20.00
* Not charged to patrons from Anderson and Pickens Counties who are in good standing Standing.			

**Oconee County, South Carolina  
Fees Schedule  
2024-2025 Budget**

Description	Rate	FY 2024 Amended Fees	FY 2025 Fees
<b>Parks, Recreation and Tourism</b>			
<b>Admission Fees (All Parks)</b>			
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
<b>Camping (All Parks)</b>			
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
<i>All campers must have current license plates. No site may be occupied for more than thirty (30) days.</i>			
<b>Building Reservations (All Parks)</b>			
<i>Moving to full day rentals only, except Chau Ram</i>			
<b>Picnic Shelters</b>			
<b>Chau Ram Park</b>			
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
<b>South Cove Park</b>			
Pavilion	Full Day Only	\$75.00	\$75.00
Recreation Building - 1 to 100 People	Full Day Only	\$150.00	\$150.00
Recreation Building - 101 to 200 People	Full Day Only	\$250.00	\$250.00
Recreation Building - 201 to 300 People	Full Day Only	Must Call to set up	Must Call to set up
Recreation Building - 301 or More People	Full Day Only	Must Call to set up	Must Call to set up
<b>High Falls Park</b>			
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
<b>Rehearsal Dinners and Receptions (For Off-Site Weddings)</b>			
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
<b>Miscellaneous</b>			
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
<b>Non-Camper Dump Fee To Use Dump Station</b>	Per Use	\$5.00	\$5.00

Oconee County, South Carolina  
**Fees Schedule**  
 2024-2025 Budget

Description	Rate	FY 2024 Amended Fees	FY 2025 Fees
<b>Planning</b>			
<b>Sign Fees</b>			
Less Than 33 Square Feet		No Fee	No Fee
On Premise signs		\$150.00	\$150.00
Billboard - off premise sign		\$250.00	\$250.00
Billboard I-85		\$500.00	\$500.00
Basic Plat Review - per parcel		\$25.00	\$25.00
<b>Subdivisions with creation of new parcels for recording</b>			
<b>Sketch Review</b>			<b>\$300.00</b>
<b>Preliminary Plan 1-10 New Parcels</b>		\$25.00	<b>\$50 Per Parcel</b>
<b>Preliminary Plan 11- 49 New Parcels</b>		\$250 + \$15 Per Parcel	<b>\$500 + \$50 Per Parcel</b>
<b>Preliminary Plan 50-199 Parcels</b>			<b>\$750 + \$50 Per Parcel</b>
<b>Preliminary Plan 200+ Parcels</b>			<b>\$1,000 + \$50 Per Parcel</b>
<b>Preliminary Plan 201-299 Parcels</b>			<b>\$1,000 + \$75 Per Parcel</b>
<b>Preliminary Plan 300+ Parcels</b>			<b>\$1,000 + \$100 Per Parcel</b>
<b>1st and 2nd Revision</b>			<b>\$250.00</b>
<b>3rd or more Revision</b>			<b>\$1,000.00</b>
<b>Final Plat 1-10 Parcels</b>			<b>\$50 Per Parcel</b>
<b>Final Plat 11-49 Parcels</b>			<b>\$500 + \$50 Per Parcel</b>
<b>Final Plat 50-199 Parcels</b>			<b>\$750 + \$50 Per Parcel</b>
<b>Final Plat 200+ Parcels</b>			<b>\$1,000 + \$50 Per Parcel</b>
<b>Final Plat 200-299 Parcels</b>			<b>\$1,000 + \$75 Per Parcel</b>
<b>Final Plat 300+ Parcels</b>			<b>\$1,000 + \$100 Per Parcel</b>
<b>Subdivisions NOT involving creation of new parcels for recording</b>			
<b>Sketch Review</b>			<b>\$300.00</b>
<b>Preliminary 1-9 Units</b>	Per Unit	\$50.00	<b>\$1,000 + \$50 Per Unit</b>
<b>Preliminary 10 - 99 Units</b>		\$1,000 + \$50 Per Unit	<b>\$1,500 + \$50 Per Unit</b>
<b>Preliminary Plan 100 - 199 Units</b>			<b>\$2,500 + \$50 Unit</b>
<b>Preliminary Plan 200-299 Units</b>			<b>\$1,000 + \$75 Per Unit</b>
<b>Preliminary Plan 300+ Units</b>			<b>\$1,000 + \$100 Per Unit</b>
<b>3rd or more Revision</b>			<b>\$1,000.00</b>
<b>Final Plat 1-9 Units</b>			<b>\$1,000 + \$50/Unit</b>
<b>Final Plat 11-99 Units</b>			<b>\$1,500 + \$50/Unit</b>
<b>Final Plat 100+ Units</b>			<b>\$2,500 + \$50/Unit</b>
<b>Final Plat 200-299 Units</b>			<b>\$1,000 + \$75 Per Unit</b>
<b>Final Plat 300+ Units</b>			<b>\$1,000 + \$100 Per Unit</b>
<b>Towers</b>			
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
<b>RV Park Plan Review</b>			
2-10 New Units	Per Units	\$15.00	\$15.00
11+ New Units	Per Units	\$100 + \$15 Per Unit	\$100 + \$15 Per Unit
Zoning Verification Letter(s)	Per Parcel	\$25.00	\$25.00
3rd Party Review	Per Request	\$1,500.00	\$1,500.00
Additional 3rd Party Review	Per Request	\$500.00	\$500.00
<b>Other</b>			
Group Homes		\$750.00	\$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		\$300.00	\$300.00
Zoning Permit Fee		\$25.00	\$25.00
Vegetation Removal Fee Application		\$100.00	\$100.00
Development within the Vegetation	Per Project	\$100.00	\$100.00

**Ordinance Revisions**

No Review shall begin until all fees are paid

Subdivision applications which make no response to County comments after 6 months are voided and must be re-applied for to begin again

**Oconee County, South Carolina  
Fees Schedule  
2024-2025 Budget**

Description	Rate	FY 2024 Amended Fees	FY 2025 Fees
<b>Probate</b>			
<b>Estate and Conservatorship Fees</b>			
<i>In estate and conservatorship proceedings, the fee shall be based upon the gross value of the decedent's probate</i>			
(1) Property Valuation Less Than \$5,000		\$25.00	\$25.00
(2) Property Valuation of \$5,000.00 But Less Than \$20,000		\$45.00	\$45.00
(3) Property Valuation of \$20,000.00 But Less Than \$60,000		\$67.50	\$67.50
(4) Property Valuation of \$60,000.00 But Less Than \$100,000		\$95.00	\$95.00
(5) Property Valuation of \$100,000.00 But Less Than \$600,000		\$95.00 + .15 of one percent of the property valuation between \$100,000 and \$600,000	\$95.00 + .15 of one percent of the property valuation between \$100,000 and \$600,000
(6) Property Valuation of \$600,000.00 or Higher Amount		Set forth in item (5) above + 0.25 of one percent of the property valuation above \$600,000	Set forth in item (5) above + 0.25 of one percent of the property valuation above \$600,000
Filing Affidavit for Collection of Personal Property Under Section 62-3-1201, the Fee Pursuant to Items (1) Through (6) Above Based Upon Property Valuation Shown		See items (1) through (6) above	See items (1) through (6) above
Filing Initial Petition In Any Action or Proceeding Other Than Items (1) Through (6) Above, Same Fee as Charged for Filing Civil Actions In Circuit Court		\$150.00	\$150.00
<b>Small Estate Proceeding</b>			
<i>No Real Estate total value under \$25,000</i>			
(1) Property Valuation Less Than \$99.99		\$12.50	\$12.50
(2) Property Valuation of \$100.00 But Less Than \$4,999.99		\$25.00	\$25.00
(2) Property Valuation of \$5,000.00 But Less Than \$19,999.99		\$45.00	\$45.00
(2) Property Valuation of 20,000.00 But Less Than \$25,000.00		\$67.50	\$67.50
Filing Summons and Petition for Formal Proceeding		\$12.50	\$150.00
Issuing Certified Copy		\$5.25 + \$0.50 per page copy fee	\$5.25 + \$0.50 per page copy fee
Issuing Exemplified/Authenticated Copy		\$20.00	\$20.00
Filing Demands for Notice		\$5.00	\$5.00
Filing Conservatorship Accountings		\$10.00	\$10.00
Filing Conservatorship Orders		\$5.00	\$5.00
Filing Conservatorship Motions		\$10.00	\$10.00
Recording Authenticated or Certified Record		\$20.00	\$20.00
Reopening Closed Estates		\$22.50	\$22.50
Appointment of Special, Temporary or Successor Personal Representative		\$22.50	\$22.50
Affidavit for Access to Safe Deposit Box		\$22.50	\$22.50
Affidavit to Obtain Bank Balance		\$22.50	\$22.50
Filing and Indexing Will Under Section 62-2-901		\$10.00	\$10.00
Certifying Appeal Record		\$10.00	\$10.00
Orders Issued without a Hearing		\$15.00	\$15.00
Copies per page		\$0.50	\$0.50
Will Probated Only-300 Petition		\$25.00	\$25.00
Certificate of Appointment for Personal Representative (additional charge for copies given after initial 5 at time of appointment)		\$5.00	\$5.75
Special Certificate		\$10.00	\$10.00
<b>Marriage Fees</b>			
<b>Included with Marriage License - Domestic Violence Fund Fee/Each Marriage Application (State)</b>		-	\$20.00
Marriage Ceremony Fee - Oconee County Resident		\$30.00	\$30.00
Marriage Ceremony Fee - Out of County Resident ( <b>SC Resident</b> )		\$50.00	\$50.00
<b>Marriage Ceremony Fee (out of State Resident)</b>		\$75.00	\$75.00
Marriage License Fee - (Total Cost) - Oconee County Resident		\$50.00	\$50.00
Marriage License Fee - (Total Cost) - Out of County Resident ( <b>SC Resident</b> )		\$75.00	\$75.00
<b>Marriage License Fee (Out of State Resident)</b>		\$100.00	\$100.00
Certified Copy of Marriage License		5.25 + .50 per page	5.25 + .50 per page
Filing Marriage License Affidavit		\$1.00	\$1.00
Reforming or Correcting Marriage Record		\$10.00	\$10.00
Issuing Duplicate Marriage License		\$10.00	\$10.00
<b>Ceremonial Keepsake Marriage License folder (optional)</b>		\$2.00	\$2.00
<b>Research fee for marriage license-includes one certified copy</b>		\$5.75	\$5.75
<b>Newspaper Advertisement Fees</b>			
Notice to Creditor - Daily Journal		\$417.00	\$417.00

**Oconee County, South Carolina  
Fees Schedule  
2024-2025 Budget**

Description	Rate	FY 2024 Amended Fees	FY 2025 Fees
<b>Register of Deeds</b>			
Deeds		\$15.00	\$15.00
Mortgages		\$25.00	\$25.00
Deed Stamps		\$3.70 per \$1,000 rounded up to next \$500	\$3.70 per \$1,000 rounded up to next \$500
Instrument Which Assigns, Transfers, or Releases Real Estate Mortgage		\$10.00	\$10.00
Affidavit of Missing Assignment <b>and Trust Indenture</b>		\$10.00	\$10.00
Lease, Contract of Sale		\$25.00	\$25.00
Satisfaction of Real Estate Mortgage		\$10.00	\$10.00
Plat - Any Size		\$25.00	\$25.00
Plat Larger Than 8.5 X 14		N/A	N/A
Plat of "Legal Size" Dimensions or Smaller		N/A	N/A
Plats Larger Than 17 X 24		N/A	N/A
Any Other Paper Affecting Title or Possession of Real Estate or Personal Property and Required by Law To Be Recorded, Except Judicial Records - Categorized by State Recording Fees		\$10.00/\$15.00/\$25.00	\$10.00/\$15.00/\$25.00
Power of Attorney, Trustee Qualification, or Other Appointment		\$25.00	\$25.00
Mechanics Liens <b>&amp; Assessment Liens</b>		\$25.00	\$25.00
Cancellation of Mechanics Lien <b>&amp; Assessment Liens</b>		\$10.00	\$10.00
Uniform Commercial Code (UCC) Financing Statement Filing - UCC1 or UCC3		\$25.00	\$25.00
Public Finance Transaction and Manufactured Home Transactions		\$25.00	\$25.00
Mailed - \$5.00 Additional to Certify		\$5.00 for 4 pages then \$0.25 per additional page	\$5.00 for 4 pages then \$0.50 per additional page
Copies - 8.5 X 11	Per Page	\$0.50	\$0.50
Copies - 8.5 X 14	Per Page	\$0.50	\$0.50
Copies - 11 X 17	Per Page	\$0.50	\$0.50
<b>All Register of Deeds fee increases have been in effect since August 2020 per South Carolina mandates</b>			
<b>Roads and Bridges</b>			
Sign Fee - Municipalities		\$25.00 + 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
<b>Sheriff</b>			
<b>Civil Fees</b>			
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
<b>Miscellaneous</b>			
Incident Reports	Each	\$2.00	\$2.00
Record Check	Each	\$5.00	\$5.00
Executions	Each	\$25.00	\$25.00
<b>Solid Waste</b>			
MSW Transfer Station Tipping Fee- <b>IN COUNTY</b> Residential	Per Ton	\$65.00	\$65.00
MSW Transfer Station Tipping Fee - <b>IN COUNTY</b> Commercial	Per Ton	\$65.00	\$65.00
<b>MSW Transfer Station Tipping Fee - Residential - Out of County</b>	<b>Per Ton</b>	<b>\$0.00</b>	<b>\$85.00</b>
<b>MSW Transfer Station Tipping Fee - Commercial - Out of County</b>	<b>Per Ton</b>	<b>\$0.00</b>	<b>\$85.00</b>
C and D Landfill Tipping Fee (Rate was last set in 2008)	Per Ton	\$35.00	\$35.00
<b>C and D Landfill Tipping Fee - IN COUNTY - Commercial</b>	<b>Per Ton</b>	<b>\$0.00</b>	<b>\$45.00</b>
<b>C and D Landfill Tipping Fee - Commercial - Out of County</b>	<b>Per Ton</b>	<b>\$0.00</b>	<b>\$65.00</b>
Railroad Ties and Telephone Poles	Per Ton	\$80.00	\$80.00
Passenger and Truck Tires (set by SC DHEC)	Per Ton	\$150.00	\$150.00
Off-Road, Large Tractor, or Oversized Tires	Per Ton	\$260.00	<b>\$300.00</b>
Asbestos	Per Ton	\$85.00	\$85.00

**Oconee County, South Carolina  
Fees Schedule  
2024-2025 Budget**

Description	Rate	FY 2024 Amended Fees	FY 2025 Fees
<b>Solid Waste - Continued</b>			
<b>Solid Waste License's</b>			
Commercial/Industrial	Per Entity	\$200.00	\$200.00
Residential	Per Entity	\$150.00	\$150.00
Combined	Per Entity	\$250.00	\$250.00
<b>Miscellaneous</b>			
Truck Decal	Each	\$5.00	\$5.00
<b>Credit</b>			
Credit Application Fee		\$100.00	\$100.00
Billing Late Fee after 15 day grace period		10%	10%
<b>Recycling Container Fees</b>			
8 Yard Container (for cardboard/paper recycling)			
- 4 Pickups per month		\$100.00	\$100.00
- 8 pickups per month		-	-
- each additional pick up		\$25.00	\$25.00
8 Yard Container (for plastics or aluminum)			
- Monthly container Fee		\$25.00	\$25.00
- No charge when there is a scheduled pick up		-	-
<b>40 Yard Container (for Metal)</b>			
- Monthly container Fee		-	-
- No charge when there is a scheduled pick up		-	-
Landfill/Transfer Station Reloading Fee of Unacceptable/Unapproved Waste	Per Load	\$150.00	\$150.00
Clean Concrete for recycling not greater than 3' X 3' (Not mixed with rock, dirt or other waste with rebar less than 1/2")		\$10.00	\$20.00
Clean Asphalt for recycling (not mixed with dirt)		\$10.00	\$10.00
Clean Fill Dirt		No Charge	No Charge
<b>Solicitor</b>			
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
<b>Treasurer</b>			
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**  
**Fees Schedule**  
**2024-2025 Budget**

**Rock Quarry Fees**

Product #	Material Description	FY 2023-2024	FY 2024-2025		FY 2024-2025	
		Price/ Ton	Price/Ton	Price/Ton	Price/Ton	Price/Ton
			Cash/Check	Credit/Debit	Cash/Check	Credit/Debit
			<b>In County</b>		<b>Out of County</b>	
#1	Crusher Run 1 1/2"	\$14.50	\$16.50	\$17.03	\$20.63	\$21.29
#2	Crusher Run 1 1/2"	\$9.60	\$11.60	\$11.97	\$14.50	\$14.96
#3	2" X 3" Surge	\$15.50	\$17.50	\$18.06	\$21.88	\$22.58
#4	Screenings	\$6.00	\$6.00	\$6.19	\$6.00	\$6.19
#5	57:1" Clean Stone	\$16.75	\$18.75	\$19.35	\$23.44	\$24.19
#6	789: 3/8" X 1/2"	\$15.85	\$17.85	\$18.42	\$22.31	\$23.02
#7	4" X 8" Rip Rap - Class A	\$18.25	\$20.25	\$20.90	\$25.31	\$26.12
#8	9" X 15" Rip Rap - Class B	\$18.45	\$20.45	\$21.10	\$25.56	\$26.38
#9	Sasphalt Sand	\$11.60	\$13.60	\$14.04	\$17.00	\$17.54
#13	Boulders - Class E	\$30.00	\$30.00	\$30.96	\$37.50	\$38.70
#14	Flat Boulders	\$35.00	\$35.00	\$36.12	\$43.75	\$45.15
#15	15-1/2" X 21" Rip Rap - Class C	\$20.00	\$22.00	\$22.70	\$27.50	\$28.38
#16	21-1/2" X 27" Rip Rap - Class D	\$20.00	\$22.00	\$22.70	\$27.50	\$28.38
#17	Overburden (Dirty Sales)	\$5.00	\$7.00	\$7.22	\$8.75	\$9.03

*\* Quarry Manager may substitute one product, close in scale, for another due to availabilities.*

**CALL FOR AVAILABILITY 864-638-4214**

**APPLICABLE SALES TAX WILL BE ADDED**

**CREDIT/DEBIT TRANSACTIONS INCLUDE A FEE OF APPROXIMATELY 3.2%**

**ROCK SOLD WITHOUT WARRANTY**

**OPERATING HOURS:**

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

**7:30AM - 11:30AM SATURDAY**

**Application Fee for Monthly Credit Account - \$100.00**

## Employee Count By Department

General Fund (010)	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Administrator (717)	3	3	3	4	4
Airport (720)	7	7	7	7	7
Animal Control (110)	6	6	6	6	6
Assessor (301)	16	16	16	16	17
Auditor (302)	8	8	8	8	8
Board of Assessment Appeals (303)	-	-	-	-	-
Building Codes (702)	7	7	8	8	8
Chau Ram Park (205)	4	4	5	5	6
Clerk of Court (501)	10	10	11	11	11
Communications (104)	22	24	25	25	25
Coroner (103)	2	3	3	3	3
County Attorney (741)	2	2	2	2	1
County Council (704)	1	1	1	1	1
Delinquent Tax Collector (305)	3	3	3	3	3
Department of Social Services (402)	-	-	-	-	-
Detention Center (106)	48	50	51	51	51
Economic Development (707)	5	4	4	4	4
Facilities Maintenance (714)	15	15	15	15	15
Finance Office (708)	6	6	6	6	6
Emergency Services	13	13	13	13	8
Fire Services	23	26	29	39	44
Health and Human Services Direct Aid (705)	-	-	-	-	-
Health Department (403)	-	-	-	-	-
High Falls Park (203)	5	5	6	6	6
Human Resources (710)	3	3	4	3	3
Information Technology (711)	5	6	6	6	6
Legislative Delegation (706)	1	1	1	1	1
Library (206)	19	19	19	19	19
Magistrate (509)	9	9	9	10	10
Non-Departmental (709)	-	-	-	-	-
Parks, Recreation and Tourism (202)	3	3	3	4	3
Mountain Lake CVB - Reimb	2	2	2	3	3
Planning (712)	4	4	4	5	5
Probate Court (502)	5	5	5	5	5
Procurement (713)	2	2	3	3	3
Public Defender (510)	-	-	-	-	-
Register of Deeds (735)	4	4	4	4	4
Roads and Bridges (601)	36	37	37	37	37
Sheriff (101)	112	115	120	120	120
Soil and Water Conservation District (716)	1	1	1	1	1
Solicitor (504)	12	12	12	12	12
Solid Waste (718)	36	37	37	37	37
South Cove Park (204)	5	6	6	6	6
Treasurer (306)	6	7	7	7	7
Vehicle Maintenance (721)	14	14	14	14	14
Veterans' Affairs (404)	3	3	3	3	3
Voter Registration and Elections (715)	2	2	2	2	2
Life After Lockup - Airport	1	1	1	1	-
Life After Lockup - Animal Control	1	1	1	1	2
Life After Lockup - Assessor	-	-	-	1	-
<b>Total General Fund Employee Count</b>	<b>492</b>	<b>507</b>	<b>523</b>	<b>538</b>	<b>537</b>
<b>*At the request of volunteer stations, OCES covers 14 Fire Districts and 9 Rescue Squads county wide.</b>					
<b>Other Funds</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
Clerk of Court - Federal DSS Child Support Fund 265	2	2	2	2	2
Coroner	-	-	-	1	1
Emergency Services Grant Funded Opioid Awareness	-	-	-	1	1
LEC - Medical Officer	-	-	-	1	1
Library Grant	-	-	1	1	1
PRT - LAT Fund 235	-	-	2	2	2
Rock Quarry Fund 017	20	21	22	22	22
Sheriff - SRO Grant Funded 013	1	1	1	1	1
Sheriff - Victims Services Fund 210	2	2	2	2	2
Solicitor - Victims Services Fund 215	1	1	1	1	1
Life After Lockup - Rock Quarry	1	1	1	1	1

<b>Employee Count By Department</b>					
<b>Total Other Funds Employee Count</b>	<b>27</b>	<b>28</b>	<b>32</b>	<b>35</b>	<b>35</b>
<b>Total Full Time Employees (All Funds)</b>	<b>519</b>	<b>535</b>	<b>555</b>	<b>573</b>	<b>572</b>
<b>Part Time Positions Through Payroll</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
Airport (720)	-	-	3	4	4
Board of Assessment Appeals (303)	1	1	1	1	1
Communications (104)	1	1	1	1	1
Finance (708)	1	1	1	1	1
Fire/Emergency Services (107)	7	7	7	7	7
Fire/Emergency Services Grant Funded	3	3	3	3	3
Library (206)	2	2	2	2	2
Magistrate (509)	2	2	2	2	2
Sheriff (101)	8	8	8	8	8
Sheriff - Bailiffs	1	1	1	1	0
	<b>26</b>	<b>26</b>	<b>29</b>	<b>30</b>	<b>29</b>

**Oconee County, South Carolina  
Administrator (717)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
010	717	10110	00000	Salary and Wages	216,403	206,530	264,456	284,056	280,629
010	717	10710	00000	Overtime	-	14	9	-	-
010	717	20013	00000	Social Security	16,218	15,606	19,917	24,181	21,468
010	717	20014	00000	Retirement	36,851	34,340	47,063	58,481	49,278
010	717	20015	00000	Workers Compensation	4,770	5,048	5,448	7,216	11,931
010	717	20016	00000	Health Insurance	18,278	27,417	32,690	36,556	36,556
010	717	20027	00000	Dental Insurance	1,100	1,650	1,967	2,220	2,200
010	717	20028	00000	Vision Insurance	200	300	358	400	400
<b>Salary and Wage Totals</b>					<b>293,820</b>	<b>290,905</b>	<b>371,908</b>	<b>413,110</b>	<b>402,462</b>
Gasoline/Diesel Contingency					-	-	-	64,788	-
010	717	60767	00000	Contingency	-	-	-	335,431	200,000
					-	-	-	<b>400,219</b>	<b>200,000</b>
010	717	30018	00000	Travel	-	-	732	-	-
010	717	30025	00000	Professional	37,862	121,085	186,850	100,000	100,000
010	717	30037	00000	Equipment-Leased/Rented	-	-	1,160	-	-
010	717	30059	00000	Copier Click Charges	883	978	933	2,500	1,500
010	717	30062	00000	Medical	-	-	13,082	-	20,000
010	717	30080	00000	Dues: Organizations	2,500	4,500	2,500	6,000	3,000
010	717	30084	00000	Staff Development	80	4,500	15,260	2,500	3,000
010	717	40027	00000	Safety Equipment	-	-	1,511	6,000	7,000
010	717	40031	00000	Small Equipment	-	13,512	4,183	3,000	1,500
010	717	40032	00000	Operational	27,555	6,389	6,667	5,000	5,000
010	717	40034	00000	Food	3,160	3,065	4,828	3,500	3,500
010	717	40045	00000	IT Replacement Eq/Software	429	-	-	-	-
010	717	40102	00000	Periodicals	150	-	-	110	-
010	717	80717	00000	Vehicle Maintenance - Administrator	667	190	1,892	1,000	1,000
010	717	81717	00000	Gasoline - Administrator	1,036	1,825	2,343	2,000	2,500
<b>Expenditure Total</b>					<b>74,322</b>	<b>156,044</b>	<b>241,941</b>	<b>131,610</b>	<b>148,000</b>
<b>Department Total</b>					<b>368,142</b>	<b>446,949</b>	<b>613,849</b>	<b>944,939</b>	<b>750,462</b>
<b>Direct Revenue</b>									
					<b>FY 2021 Actual</b>	<b>FY 2022 Actual</b>	<b>FY 2023 Actual</b>	<b>FY 2024 Budget</b>	<b>FY 2025 Budget</b>
Departmental Direct Revenue					-	-	-	-	-
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>Total Full Time Employees</b>					<b>3</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>4</b>
					<b>3</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>4</b>

cut Executive Assistant to \$25,000 for partial year.

**Oconee County, South Carolina  
Salary Increases  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2023-16	FY 2025 Budget Worksheet for Departments
				Pay Increase for all Employees 3%	585,176	647,592	-	675,000	-
				Tenure Adjustment	-	65,000	-	-	-
				Cost of Living Increase 6%	-	-	1,772,259	-	-
				Sheriff Salary Adjustments	-	-	250,000	-	-
				Sheriff Salary Increase (2/3rds Funding)	-	-	-	470,000	-
				Salary (General) Increase (2/3rds Fundir	-	-	-	445,804	-
				Comp and Wage Study	-	-	-	-	2,000,000
<b>Department Total</b>					<b>585,176</b>	<b>712,592</b>	<b>2,022,259</b>	<b>1,590,804</b>	<b>2,000,000</b>

**Oconee County, South Carolina  
Airport (720)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
010	720	10110	00000	Salary and Wages	333,967	287,498	316,320	423,829	411,191
010	720	10710	00000	Overtime	15,183	22,691	13,021	5,500	10,000
010	720	20013	00000	Social Security	26,041	23,272	26,643	31,679	32,221
010	720	20014	00000	Retirement	52,384	48,013	65,176	76,858	78,173
010	720	20015	00000	Workers Compensation	13,309	14,035	14,428	13,084	13,096
010	720	20016	00000	Health Insurance	54,834	63,973	82,251	73,112	63,973
010	720	20027	00000	Dental Insurance	3,300	3,850	4,950	4,400	3,850
010	720	20028	00000	Vision Insurance	600	700	900	800	700
<b>Salary and Wage Totals</b>					<b>499,618</b>	<b>464,032</b>	<b>523,689</b>	<b>629,262</b>	<b>613,204</b>
010	720	30018	00000	Travel	-	493	-	-	-
010	720	30024	00000	Equipment Maintenance	5,082	5,385	9,709	6,000	7,500
010	720	30025	00000	Professional	64,074	74,808	12,000	85,000	85,000
010	720	30037	00000	Equipment Rental	17,470	(10,609)	16,547	25,000	25,000
010	720	30056	00000	Data Processing	-	1,860	2,743	3,500	3,000
010	720	30059	00000	Copier Click Charges	555	912	750	750	800
010	720	30080	00000	Dues: Organizations	250	250	250	450	400
010	720	30084	00000	School/Seminar/Training/MTG	100	75	711	1,000	2,000
010	720	30090	00000	Commission Honoraria	600	700	700	700	700
010	720	33022	00000	Building/Grounds Maintenance	37,903	39,768	32,890	25,000	27,500
010	720	33022	97122	Maint Bldgs/Grounds SCAC Grant Match	6,300	-	-	-	-
010	720	33022	00265	Maint Bldgs/FY 22 Flooding	-	-	10,875	-	-
010	720	34043	00000	Electricity	21,727	24,732	21,774	23,000	23,000
010	720	34044	00000	Water/Sewer/Garbage	1,689	1,714	1,882	2,000	2,000
010	720	40027	00000	Safety Equipment	1,121	1,706	1,676	2,000	3,000
010	720	40031	00000	Small Equipment	3,401	4,219	4,463	4,500	5,500
010	720	40031	00265	Small Equipment/FY 22 Flooding	-	-	5,042	-	-
010	720	40032	00000	Operational	6,938	8,338	7,922	8,000	8,500
010	720	40032	00265	Operational/FY 22 Flooding	-	-	504	-	-
010	720	40033	00000	Postage	90	150	126	250	250
010	720	40034	00000	Food	788	1,193	1,608	1,000	2,000
010	720	40045	00000	IT Replacement Eq/Software	-	2,204	-	-	-
010	720	40065	00000	Uniforms/Clothing	1,315	2,066	1,312	2,000	2,500
010	720	40932	00000	Airport Resale Items	1,561	1,313	1,091	2,000	2,500
010	720	40980	00000	Aviation Gas	179,257	256,285	152,848	328,000	325,000
010	720	40990	00000	Jet Fuel	442,361	1,176,665	847,044	1,458,000	1,500,000
010	720	60990	00000	Credit Cards Processing Fees	30,584	48,873	37,060	30,000	40,000
010	720	80720	00000	Vehicle Maintenance	12,474	15,173	10,036	10,000	13,000
010	720	09999	00000	Grant Match	-	-	297,447	-	-
010	720	81720	00000	Gasoline	2,664	3,388	3,293	3,000	3,500
010	720	82720	00000	Diesel	2,551	5,394	3,909	2,000	4,000
<b>Expenditure Total</b>					<b>840,855</b>	<b>1,667,057</b>	<b>1,486,212</b>	<b>2,023,150</b>	<b>2,086,650</b>
<b>Department Total</b>					<b>1,340,473</b>	<b>2,131,089</b>	<b>2,009,901</b>	<b>2,652,412</b>	<b>2,699,854</b>

**Airport (720)**  
**2024-2025 Budget**

Account Number	Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
<b>Direct Revenue</b>						
		<b>FY 2021 Actual</b>	<b>FY 2022 Actual</b>	<b>FY 2023 Actual</b>	<b>FY 2024 Budget</b>	<b>FY 2025 Budget</b>
010 080 00805 10900	Airport - Hangar Rent	126,368	127,960	136,496	148,802	148,802
010 080 00805 10904	Airport Comm./Mechanic	6,300	6,300	6,300	6,300	6,300
010 080 00805 10905	Tie Down	3,535	3,915	3,610	3,600	4,000
010 080 00805 10906	Airport Miscellaneous	1,132	976	767	1,000	1,000
010 080 00805 10911	Bare Land Lease	2,626	2,743	3,094	2,626	2,626
010 080 00805 10912	Airport - Call Out Fees	20,000	32,550	25,750	25,000	27,000
010 080 00805 10913	Airport - Long-Term Parking Fees	3,690	9,650	7,400	7,500	15,000
010 080 00805 10914	Airport - Ramp Fee	27,953	153,405	86,715	125,000	125,000
010 080 00805 10915	Airport Special Events	750	1,375	-	-	1,000
010 080 00805 10916	Airport Shuttle - SR Solutions	-	1,341	-	-	-
010 080 00805 10980	Airport - Aviation Fuel	237,676	296,796	205,086	340,000	340,000
010 080 00805 10990	Airport - Jet Fuel	1,061,741	1,974,099	1,371,552	2,300,000	2,300,000
<b>Departmental Direct Revenue</b>		<b>1,491,771</b>	<b>2,611,110</b>	<b>1,846,770</b>	<b>2,959,828</b>	<b>2,970,728</b>
<b>Positions</b>						
		<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
	<b>Life After Lock-Up</b>	1	1	1	1	-
	<b>Part Time Employees</b>	-	-	3	4	4
	<b>Full Time Employees</b>	7	7	7	7	7
		<b>8</b>	<b>8</b>	<b>11</b>	<b>12</b>	<b>11</b>

**Oconee County, South Carolina  
Animal Control (110)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
010	110	10110	00000	Salary and Wages	238,269	236,271	239,299	277,139	325,242
010	110	10710	00000	Overtime	21,827	31,133	26,780	20,000	17,500
010	110	20013	00000	Social Security	19,519	19,563	21,096	23,565	26,220
010	110	20014	00000	Retirement	43,972	47,043	54,158	58,063	67,816
010	110	20015	00000	Workers Compensation	8,893	9,265	7,639	9,888	10,767
010	110	20016	00000	Health Insurance	63,973	63,973	63,973	63,973	73,112
010	110	20027	00000	Dental	3,850	3,850	3,850	3,850	4,400
010	110	20028	00000	Vision	700	700	700	700	800
<b>Salary and Wage Totals</b>					<b>401,003</b>	<b>411,798</b>	<b>417,495</b>	<b>457,178</b>	<b>525,857</b>
010	110	30025	00067	Professional - Spay/Neuter Program	91,350	77,400	80,130	100,000	105,000
010	110	30025	00110	Professional - community Cats Program	-	-	-	20,000	20,000
010	110	30056	00000	Data Processing	-	575	567	1,500	1,500
010	110	30059	00000	Copier Click Charges	1,460	1,481	1,668	1,500	1,500
010	110	30062	00000	Medical	82,497	48,290	72,755	70,000	80,000
010	110	30084	00000	Staff Development	726	1,740	4,018	6,500	6,000
010	110	33022	00000	Building/Grounds Maintenance	5,994	10,800	13,794	15,000	15,000
010	110	34042	00000	Gas and Fuel Oil	5,788	5,598	7,472	8,000	8,500
010	110	34043	00000	Electricity	7,996	9,926	11,578	12,000	12,000
010	110	34044	00000	Water/Sewer/Garbage	3,474	3,831	3,544	6,000	5,000
010	110	40031	00000	Small Equipment	5,554	8,914	23,475	5,000	7,000
010	110	40032	00000	Operational	8,674	15,665	21,530	20,000	20,000
010	110	40034	00000	Food	-	270	17	-	250
010	110	40045	00000	Non-Capital IT Eq/Software	-	7,729	3,977	-	5,000
010	110	40065	00000	Uniforms/Clothing	6,782	5,538	5,797	7,000	7,000
010	110	40360	00000	Pet ID Microchips	-	3,763	-	-	-
010	110	60735	00000	General Gravel Use	-	814	-	2,000	-
010	110	80110	00000	Vehicle Maintenance	11,375	5,684	9,383	10,000	12,500
010	110	81110	00000	Gasoline	11,101	18,345	16,037	17,500	19,000
<b>Expenditure Total</b>					<b>242,771</b>	<b>226,363</b>	<b>275,742</b>	<b>302,000</b>	<b>325,250</b>
<b>Department Total</b>					<b>643,774</b>	<b>638,161</b>	<b>693,237</b>	<b>759,178</b>	<b>851,107</b>
<b>Direct Revenue</b>									
					<b>FY 2021 Actual</b>	<b>FY 2022 Actual</b>	<b>FY 2023 Actual</b>	<b>FY 2024 Budget</b>	<b>FY 2025 Budget</b>
010	080	00805	11100	Dog Adoption Fees	6,580	10,660	4,305	10,000	10,000
010	080	00805	11101	Cat Adoption Fees	28,345	18,940	19,525	20,000	21,000
010	080	00805	11103	Animal Boarding Fees	120	270	250	1,000	-
010	080	00805	11106	Animal Control Miscellaneous	19,115	17,532	14,932	15,000	15,000
<b>Departmental Direct Revenue</b>					<b>54,160</b>	<b>47,402</b>	<b>39,012</b>	<b>46,000</b>	<b>46,000</b>
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
Life After Lock-Up					1	1	1	1	2
Officers					3	3	3	3	3
General Staff					3	3	3	3	3
<b>Total Positions</b>					<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>8</b>

Part Time Position from airport was moved from here to the Airport during FY 2023-2024

**Oconee County, South Carolina  
Assessor (301)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
010	301	10110	00000	Salary and Wages	567,753	560,715	641,065	686,685	737,510
010	301	10710	00000	Overtime	20	72	402	500	1,500
010	301	20013	00000	Social Security	40,633	40,682	48,312	52,646	56,534
010	301	20014	00000	Retirement	87,791	92,585	115,703	127,727	137,160
010	301	20015	00000	Workers Compensation	11,349	12,146	10,399	13,661	14,617
010	301	20016	00000	Health Insurance	146,225	146,224	146,224	155,363	155,363
010	301	20027	00000	Dental	8,800	8,800	8,800	9,350	9,350
010	301	20028	00000	Vision	1,600	1,600	1,600	1,700	1,700
<b>Salary and Wage Totals</b>					<b>864,171</b>	<b>862,824</b>	<b>972,505</b>	<b>1,047,632</b>	<b>1,113,734</b>
010	301	30024	00000	Equipment Maintenance	-	-	-	500	500
010	301	30056	00000	Data Processing	56,014	78,568	63,755	66,900	71,700
010	301	30059	00000	Copies	2,530	3,718	3,867	4,000	4,120
010	301	30080	00000	Dues: Organizations	270	275	295	400	420
010	301	30084	00000	Staff Development	6,897	9,899	8,384	8,750	9,010
010	301	40027	00000	Safety Equipment	-	1,400	1,400	-	1,600
010	301	40031	00000	Small Equipment	763	1,382	1,770	1,000	1,000
010	301	40032	00000	Operational	2,848	4,038	8,825	6,500	6,300
010	301	40034	00000	Food	-	367	-	-	-
010	301	40033	00000	Postage	-	-	20,170	2,000	2,060
010	301	40045	00000	IT Replacement Equip/Software	40,000	777	6,163	-	1,200
010	301	40065	00000	Uniforms/Clothing	-	709	1,143	1,350	1,250
010	301	40102	00000	Newspaper/Magazines	1,032	1,044	1,060	1,250	1,290
010	301	80301	00000	Vehicle Maintenance	1,061	837	956	1,500	1,500
010	301	81301	00000	Gasoline	1,754	1,643	3,621	4,500	4,500
<b>Expenditure Total</b>					<b>113,169</b>	<b>104,657</b>	<b>121,409</b>	<b>98,650</b>	<b>106,450</b>
<b>Department Total</b>					<b>977,340</b>	<b>967,481</b>	<b>1,093,914</b>	<b>1,146,282</b>	<b>1,220,184</b>
<b>Direct Revenue</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
					<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Budget</b>	<b>Budget</b>
<b>Map Copies Assessor</b>					484	1,549	-	500	1,500
<b>Departmental Total Direct Revenue</b>					<b>484</b>	<b>1,549</b>	<b>-</b>	<b>500</b>	<b>1,500</b>
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>Total Full Time Employees</b>					16	16	16	16	17
<b>Life After Lock Up</b>					-	-	-	1	-
					<b>16</b>	<b>16</b>	<b>16</b>	<b>17</b>	<b>17</b>



**Oconee County, South Carolina  
Auditor (302)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
010	302	10110	00000	Salary and Wages	301,357	342,417	383,365	431,238	431,307
010	302	20013	00000	Social Security	20,977	24,193	28,346	32,990	32,995
010	302	20014	00000	Retirement	46,366	56,093	69,235	80,038	80,051
010	302	20015	00000	Workers Compensation	1,307	3,143	3,525	3,765	3,765
010	302	20016	00000	Health Insurance	63,973	63,973	63,973	73,112	73,112
010	302	20027	00000	Dental	3,850	3,850	3,850	4,400	4,400
010	302	20028	00000	Vision	700	700	700	800	800
<b>Salary and Wage Totals</b>					<b>438,530</b>	<b>494,369</b>	<b>552,994</b>	<b>626,343</b>	<b>626,430</b>
010	302	30018	00000	Travel	210	209	361	1,000	1,000
010	302	30024	00000	Equipment Maintenance	-	-	-	500	500
010	302	30025	00000	Professional	1,403	-	-	-	-
010	302	30056	00000	Data Processing	50,973	67,388	45,119	102,000	100,000
010	302	30059	00000	Copier Click Charges	675	1,368	1,263	2,000	2,200
010	302	30080	00000	Dues: Organizations	150	150	325	400	800
010	302	30084	00000	Staff Development	-	200	4,106	5,000	6,000
010	302	40031	00000	Non-Cap Equipment	1,706	-	974	-	-
010	302	40032	00000	Operational	23,499	20,642	23,267	33,000	37,500
010	302	40045	00000	IT Replacement Equipment/Software	1,145	2,903	-	2,500	2,500
010	302	40065	00000	Uniforms/Clothing	699	865	850	1,000	1,200
010	302	60211	00000	Forfeited Land Commission (FLC) Expenditures	1,751	2,033	836	500	500
<b>Expenditure Total</b>					<b>82,211</b>	<b>95,758</b>	<b>77,101</b>	<b>147,900</b>	<b>152,200</b>
<b>Department Total</b>					<b>520,741</b>	<b>590,127</b>	<b>630,095</b>	<b>774,243</b>	<b>778,630</b>
<b>Direct Revenue</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
					<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Budget</b>	<b>Budget</b>
<b>Departmental Total Direct Revenue</b>					<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>Total Full Time Employees</b>					<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>

**Oconee County, South Carolina  
Board of Assessment Appeals (303)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	303	10110	00000	<b>Salary and Wages/Board Members</b>	2,991	1,428	4,262	6,180	3,000
10	303	20013	00000	<b>Social Security</b>	140	45	192	274	274
10	303	20015	00000	<b>Workers Compensation</b>	7	3	8	10	10
<b>Salary and Wage Totals</b>					<b>3,138</b>	<b>1,476</b>	<b>4,462</b>	<b>6,464</b>	<b>3,284</b>
10	303	30018	00000	<b>Travel</b>	114	71	328	950	500
10	303	30068	00000	<b>Advertising</b>	-	-	-	200	200
10	303	40032	00000	<b>Operational</b>	-	-	50	100	100
<b>Expenditure Total</b>					<b>114</b>	<b>71</b>	<b>378</b>	<b>1,250</b>	<b>800</b>
<b>Department Total</b>					<b>3,252</b>	<b>1,547</b>	<b>4,840</b>	<b>7,714</b>	<b>4,084</b>
<b>Direct Revenue</b>									
					FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Budget	FY 2025 Budget
<b>Departmental Total Direct Revenue</b>					-	-	-	-	-
<b>Positions</b>									
					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
<b>Total Part Time Employees</b>					1	1	1	1	1

**Oconee County, South Carolina  
Building Codes Department (702)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	702	10110	00000	Salary and Wages	330,769	331,647	308,236	355,555	406,074
10	702	10710	00000	Overtime	6,729	6,516	20,613	10,000	12,000
10	702	20013	00000	Social Security	25,058	25,107	25,531	30,980	35,655
10	702	20014	00000	Retirement	49,602	55,677	59,903	70,774	86,503
10	702	20015	00000	Workers Compensation	7,687	9,662	7,760	9,917	10,857
10	702	20016	00000	Health Insurance	69,753	63,973	73,112	73,112	73,112
10	702	20027	00000	Dental	2,441	3,850	4,400	4,400	4,400
10	702	20028	00000	Vision	128	700	800	800	800
<b>Salary and Wage Totals</b>					<b>492,167</b>	<b>497,132</b>	<b>500,355</b>	<b>555,538</b>	<b>629,401</b>
10	702	30025	00000	Professional	73,107	48,297	91,002	205,000	125,000
10	702	30056	00000	Data Processing	32,000	32,620	42,790	42,000	42,000
10	702	30059	00000	Copies	964	1,198	873	3,500	3,000
10	702	30068	00000	Advertising	-	-	395	-	-
10	702	30080	00000	Dues: Organizations	1,175	511	593	2,500	2,000
10	702	30084	00000	Staff Development	5,545	2,396	12,371	10,000	11,000
10	702	40027	00000	Safety Equipment	362	700	751	2,500	2,000
10	702	40031	00000	Small Equipment	812	4,838	180	2,000	2,000
10	702	40032	00000	Operational	886	1,701	2,179	4,000	3,500
10	702	40045	00000	IT Replacement	-	1,470	-	-	-
10	702	40065	00000	Uniforms/Clothing	1,653	2,431	1,822	3,500	3,500
10	702	80702	00000	Vehicle Maintenance	4,682	5,889	8,493	4,500	7,500
10	702	81702	00000	Gasoline	10,324	15,622	13,389	12,000	14,000
<b>Expenditure Total</b>					<b>131,510</b>	<b>117,673</b>	<b>174,838</b>	<b>291,500</b>	<b>215,500</b>
<b>Department Total</b>					<b>623,677</b>	<b>614,805</b>	<b>675,193</b>	<b>847,038</b>	<b>844,901</b>

Direct Revenue					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
					Actual	Actual	Actual	Budget	Budget
10	80	805	13700	Building Codes	1,333,492	1,458,453	1,703,103	2,000,000	1,750,000
10	80	805	13701	Building Codes Mobile Home Fees	22,705	23,590	22,890	22,000	25,000
10	80	805	13705	Building Codes Plan Review Fees	162,284	92,761	176,682	175,000	175,000
10	80	805	13706	Subdivision Plan Review Fees	5,800	4,750	13,635	20,000	25,000
10	80	805	13708	Code Books Revenue	-	325	1,200	-	1,000
10	80	805	60735	One Stop Recording Fees	6,915	6,425	6,000	5,000	7,000
<b>Departmental Total Direct Revenue</b>					<b>1,531,196</b>	<b>1,586,304</b>	<b>1,923,510</b>	<b>2,222,000</b>	<b>1,983,000</b>

Positions					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
<b>Total Full Time Employees</b>					<b>7</b>	<b>7</b>	<b>8</b>	<b>8</b>	<b>8</b>

**Oconee County, South Carolina  
Chau Ram Park (205)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	205	10110	00000	Salary and Wages	162,644	178,775	155,598	193,546	249,401
10	205	10710	00000	Overtime	13,419	9,317	9,689	10,000	10,000
10	205	20013	00000	Social Security	12,917	14,120	12,983	15,594	19,844
10	205	20014	00000	Retirement	23,913	25,719	29,426	35,796	48,145
10	205	20015	00000	Workers Compensation	8,348	10,037	7,381	8,337	9,519
10	205	20016	00000	Health Insurance	42,649	36,556	45,695	45,695	54,834
10	205	20027	00000	Dental	2,567	2,200	2,750	2,750	3,300
10	205	20028	00000	Vision	466	400	500	500	600
<b>Salary and Wage Totals</b>					<b>266,923</b>	<b>277,124</b>	<b>264,022</b>	<b>312,218</b>	<b>395,643</b>
10	205	30024	00000	Equipment Maintenance	636	1,507	1,199	1,200	1,200
10	205	30025	00000	Professional	45,586	37,810	47,040	45,585	45,585
10	205	30037	00000	Equipment (Leased or Rented)	2,592	3,973	4,960	5,700	5,700
10	205	30059	00000	Copier Clicks	422	738	501	-	1,000
10	205	33022	00000	Building/Grounds Maintenance	34,920	40,187	2,426	-	-
10	205	34042	00000	Gas and Fuel Oil	2,972	2,382	2,223	2,400	2,400
10	205	34043	00000	Electricity	16,767	17,183	14,185	15,000	15,000
10	205	34044	00000	Water/Sewer/Garbage	3,747	6,504	1,983	1,800	1,800
10	205	40031	00000	Small Equipment	14,824	5,538	2,948	7,000	7,000
10	205	40032	00000	Operational	9,422	7,266	11,517	8,100	8,100
10	205	40034	00000	Food	295	172	143	300	300
10	205	40045	00000	IT Replacement Equip/Software	1,530	-	-	-	-
10	205	40065	00000	Uniforms/Clothing	1,386	929	2,692	3,500	3,500
10	205	40832	00000	Concessions	11,920	9,804	9,848	11,000	11,000
<b>Expenditure Total</b>					<b>147,019</b>	<b>133,993</b>	<b>101,665</b>	<b>101,585</b>	<b>102,585</b>
<b>Department Total</b>					<b>413,942</b>	<b>411,117</b>	<b>365,687</b>	<b>413,803</b>	<b>498,228</b>
<b>Direct Revenue</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
					<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Budget</b>	<b>Budget</b>
10	80	805	00205	Chau Ram Park Revenues	79,302	85,946	66,512	85,000	85,000
<b>Departmental Total Direct Revenue</b>					<b>79,302</b>	<b>85,946</b>	<b>66,512</b>	<b>85,000</b>	<b>85,000</b>
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>Total Full Time Employees</b>					<b>4</b>	<b>4</b>	<b>5</b>	<b>5</b>	<b>6</b>

**Oconee County, South Carolina  
Clerk of Court (501)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	501	10110	00000	Salary and Wages	376,348	413,185	454,679	499,031	510,038
10	501	10710	00000	Overtime	1,037	2,088	1,227	500	1,500
10	501	20013	00000	Social Security	26,643	28,802	34,846	38,214	39,133
10	501	20014	00000	Retirement	56,794	66,115	85,910	92,713	94,941
10	501	20015	00000	Workers Compensation	957	2,386	1,195	1,641	1,681
10	501	20016	00000	Health Insurance	91,390	91,390	100,529	100,529	100,529
10	501	20027	00000	Dental	5,500	5,500	6,050	6,050	6,050
10	501	20028	00000	Vision	1,000	1,000	1,100	1,100	1,100
<b>Salary and Wage Totals</b>					<b>559,669</b>	<b>610,466</b>	<b>685,536</b>	<b>739,778</b>	<b>754,972</b>
10	501	30018	00000	Travel	-	172	-	375	375
10	501	30025	00000	Professional	-	-	-	3,000	1,500
10	501	30026	00000	Court Expenditures	23,234	34,151	56,016	60,000	57,500
10	501	30056	00000	Data Processing	30,377	25,000	26,194	27,000	27,000
10	501	30059	00000	Copier Click Charges	4,631	4,692	4,526	7,000	7,000
10	501	30084	00000	Staff Development	-	1,257	1,431	2,500	2,500
10	501	40031	00000	Small Equipment	9,749	3,944	4,727	5,000	5,000
10	501	40032	00000	Operational	5,145	4,961	6,951	7,500	7,500
10	501	40045	00000	IT Replacement Equipment/Software	-	10,442	-	-	-
10	501	60901	00155	DSS Child Support Title IV-D	12,476	10,252	13,864	14,414	14,414
10	501	95100	20220	Master in Equity	36,056	36,056	36,056	36,056	36,056
<b>Expenditure Total</b>					<b>121,668</b>	<b>130,927</b>	<b>149,765</b>	<b>162,845</b>	<b>158,845</b>
<b>Department Total</b>					<b>681,337</b>	<b>741,393</b>	<b>835,301</b>	<b>902,623</b>	<b>913,817</b>
<b>Direct Revenue</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
					<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Budget</b>	<b>Budget</b>
10	80	805	11900	Clerk of Court	195,494	198,619	231,440	225,000	235,000
10	80	805	16020	Master in Equity	5,740	6,585	7,485	7,000	8,000
10	80	805	21900	Clerk of Court Supplement	1,575	1,575	15,000	15,000	15,000
<b>Departmental Total Direct Revenue</b>					<b>202,809</b>	<b>206,779</b>	<b>253,925</b>	<b>247,000</b>	<b>258,000</b>
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>General Fund Full Time Employees</b>					10	10	11	11	11
<b>265 Fund Full Time Employees</b>					2	2	2	2	2
					<b>12</b>	<b>12</b>	<b>13</b>	<b>13</b>	<b>13</b>

**Oconee County, South Carolina  
Communications (104)  
2024-2025 Budget**

Account Number					Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	104	10110	00000		<b>Salary and Wages</b>	880,914	960,572	1,052,235	1,105,787	1,159,082
10	104	10710	00000		<b>Overtime</b>	108,805	118,646	127,146	75,000	110,000
10	104	20013	00000		<b>Social Security</b>	72,190	78,886	89,071	90,501	99,380
10	104	20014	00000		<b>Retirement</b>	155,244	177,888	213,766	209,007	244,711
10	104	20015	00000		<b>Workers Compensation</b>	7,823	7,627	6,575	4,140	8,756
10	104	20016	00000		<b>Health Insurance</b>	201,058	201,058	228,475	228,475	228,475
10	104	20027	00000		<b>Dental</b>	12,050	12,100	13,750	13,750	13,750
10	104	20028	00000		<b>Vision</b>	2,200	2,200	2,500	2,500	2,500
					<b>Salary and Wage Totals</b>	<b>1,440,284</b>	<b>1,558,977</b>	<b>1,733,518</b>	<b>1,729,160</b>	<b>1,866,654</b>
10	104	30018	00000		<b>Travel</b>	462	763	-	-	-
10	104	30024	00000		<b>Equipment Maintenance</b>	74,768	64,420	80,519	87,000	85,000
10	104	30025	00000		<b>Professional</b>	228	228	466	4,000	4,000
10	104	30041	00000		<b>Telecommunications</b>	99,436	98,433	102,499	92,000	95,000
10	104	30056	00000		<b>Data Processing</b>	16,726	4,807	7,970	17,000	19,000
10	104	30059	00000		<b>Copier Click Charges</b>	3,163	3,208	3,179	3,000	3,500
10	104	30080	00000		<b>Dues: Organizations</b>	430	192	100	450	450
10	104	30084	00000		<b>Staff Development</b>	480	5,918	5,661	6,000	6,000
10	104	33022	00000		<b>Building/Grounds Maintenance (External Radio Sites)</b>	-	1,123	840	1,700	2,000
10	104	34042	00000		<b>Gas and Fuel Oil - Generators</b>	746	540	1,417	1,400	1,750
10	104	34043	00000		<b>Electricity - Radio Sites</b>	6,190	6,629	6,798	6,500	7,000
10	104	40031	00000		<b>Small Equipment</b>	3,289	2,902	4,504	4,000	4,000
10	104	40032	00000		<b>Operational</b>	3,762	3,905	3,782	4,000	4,000
10	104	40034	00000		<b>Food</b>	825	813	721	1,000	1,000
10	104	40045	00000		<b>IT Replacement EQ/Software</b>	357	1,990	4,533	5,000	5,000
10	104	40102	00000		<b>Periodical Subscriptions</b>	70	70	-	-	-
					<b>Expenditure Total</b>	<b>210,932</b>	<b>195,941</b>	<b>222,989</b>	<b>233,050</b>	<b>237,700</b>
					<b>Department Total</b>	<b>1,651,216</b>	<b>1,754,918</b>	<b>1,956,507</b>	<b>1,962,210</b>	<b>2,104,354</b>

**Direct Revenue**

	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Budget	FY 2025 Budget
	-	-	-	-	-
<b>Departmental Total Direct Revenue</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

**Positions**

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Total Full Time Employees	22	24	25	25	25
Part-Time Employee	1	1	1	1	1
<b>Total Positions</b>	<b>23</b>	<b>25</b>	<b>26</b>	<b>26</b>	<b>26</b>

**Oconee County, South Carolina  
Coroner (103)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	103	10110	00000	Salary and Wages	121,766	181,058	191,695	210,267	237,271
10	103	20013	00000	Social Security	8,543	13,272	14,625	16,085	16,391
10	103	20014	00000	Retirement	19,414	30,878	35,862	39,025	39,767
10	103	20015	00000	Workers Compensation	4,649	8,315	7,240	7,712	7,858
10	103	20016	00000	Health Insurance	18,278	18,278	27,417	18,278	18,278
10	103	20027	00000	Dental	1,100	1,100	1,650	1,100	1,100
10	103	20028	00000	Vision	200	200	300	200	200
<b>Salary and Wage Totals</b>					<b>173,950</b>	<b>253,101</b>	<b>278,789</b>	<b>292,667</b>	<b>320,865</b>
10	103	30024	00000	Equipment Maintenance	2,562	1,518	2,439	3,000	6,000
10	103	30025	00000	Professional	58,544	14,362	13,321	12,000	12,000
10	103	30041	00000	Telecommunications	195	195	175	240	225
10	103	30059	00000	Copier Click Charges	780	881	916	1,000	1,200
10	103	30080	00000	Dues: Organizations	260	320	300	330	400
10	103	30084	00000	Staff Development	1,269	1,450	1,944	2,000	2,500
10	103	33022	00000	Building/Grounds Maintenance	1,145	5,112	2,950	6,000	4,000
10	103	34042	00000	Gas & Fuel Oil	179	232	208	400	400
10	103	34043	00000	Electricity	4,506	4,618	4,213	5,000	5,000
10	103	34044	00000	Water/Sewer/Garbage	1,290	1,504	1,478	2,000	2,000
10	103	40027	00000	Safety Equipment	135	32	1,155	450	1,000
10	103	40031	00000	Small Equipment	1,205	5,767	2,384	2,500	2,500
10	103	40032	00000	Operational	4,421	7,073	6,823	6,000	7,000
10	103	40045	00000	IT Replacement Eq/Software	-	1,006	-	-	1,500
10	103	40065	00000	Uniforms/Clothing	504	526	632	600	750
10	103	40102	00000	Periodicals	240	240	260	250	280
10	103	60831	00000	Pauper Funerals - Moved from DSS in 2021	750	200	1,210	5,000	3,000
10	103	80103	00000	Vehicle Maintenance	1,404	1,950	2,390	2,500	2,750
10	103	81103	00000	Gasoline	3,914	6,405	6,538	7,000	7,000
<b>Expenditure Total</b>					<b>83,303</b>	<b>53,391</b>	<b>49,336</b>	<b>56,270</b>	<b>59,505</b>
<b>Department Total</b>					<b>257,253</b>	<b>306,492</b>	<b>328,125</b>	<b>348,937</b>	<b>380,370</b>
<b>Direct Revenue</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
					<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Budget</b>	<b>Budget</b>
10	81	00810	21200	Coroner Supplement	1,575	1,575	1,575	15,000	15,000
<b>Departmental Total Direct Revenue</b>					<b>1,575</b>	<b>1,575</b>	<b>1,575</b>	<b>15,000</b>	<b>15,000</b>
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>Full Time General Fund Employees</b>					<b>2</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>
<b>Part-Time General Fund Employees</b>					<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>1</b>
<b>Total Positions</b>					<b>2</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>4</b>

**Oconee County, South Carolina  
County Attorney (741)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	741	10110	00000	Salary and Wages	173,518	160,906	174,153	211,200	170,000
10	741	20013	00000	Social Security	11,548	11,126	12,568	16,157	13,005
10	741	20014	00000	Retirement	27,183	26,496	31,386	39,199	29,852
10	741	20015	00000	Workers Compensation	4,839	1,788	711	828	629
10	741	20016	00000	Health Insurance	18,278	18,278	18,278	18,278	9,139
10	741	20027	00000	Dental	1,100	1,100	1,100	1,100	550
10	741	20028	00000	Vision	200	200	200	200	100
<b>Salary and Wage Totals</b>					<b>236,666</b>	<b>219,894</b>	<b>238,396</b>	<b>286,962</b>	<b>223,275</b>
10	741	30025	00000	Professional	74,234	143,919	109,799	110,000	110,000
10	741	30080	00000	Dues: Organizations	1,178	978	688	1,255	1,255
10	741	30084	00000	Staff Development	1,767	480	365	3,000	3,000
10	741	40031	00000	Small Equipment	255	689	1,338	1,500	1,500
10	741	40032	00000	Operational	7,764	8,963	12,035	8,000	8,000
10	741	40045	00000	IT Replacement Eq/Software	-	-	490	500	500
10	741	40102	00000	Periodicals	-	73	73	300	300
10	741	60767	00000	Contingency	-	-	-	10,000	10,000
<b>Expenditure Total</b>					<b>85,198</b>	<b>155,102</b>	<b>124,788</b>	<b>134,555</b>	<b>134,555</b>
<b>Department Total</b>					<b>321,864</b>	<b>374,996</b>	<b>363,184</b>	<b>421,517</b>	<b>357,830</b>
<b>Direct Revenue</b>									
					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
					Actual	Actual	Actual	Budget	Budget
<b>Departmental Total Direct Revenue</b>					-	-	-	-	-
<b>Positions</b>									
					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
<b>Total Full Time Employees</b>					2	2	2	2	1
					2	2	2	2	1



**Oconee County, South Carolina  
County Council (704)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	704	10110	00000	Salary and Wages	84,184	86,907	88,859	92,110	90,134
10	704	20013	00000	Social Security	5,094	5,112	5,815	7,041	6,895
10	704	20014	00000	Retirement	11,815	12,451	13,245	16,161	16,729
10	704	20015	00000	Workers Compensation	1,540	1,271	390	1,409	1,331
10	704	20016	00000	Health Insurance	54,834	54,834	54,834	54,834	54,834
10	704	20027	00000	Dental	3,300	3,300	3,300	3,300	3,300
10	704	20028	00000	Vision	600	600	600	600	600
<b>Salary and Wage Totals</b>					<b>161,367</b>	<b>164,475</b>	<b>167,043</b>	<b>175,455</b>	<b>173,823</b>
10	704	30018	00000	Travel	1,234	1,314	1,542	3,500	3,850
10	704	30025	00000	Professional	4,270	3,113	4,640	5,500	6,050
10	704	30025	00001	Professional - Auditing Firm	53,700	53,900	69,000	75,000	82,500
10	704	30059	00000	Xerox Copies	1,200	1,281	1,408	2,000	2,000
10	704	30080	00000	Dues: Organizations	1,535	1,535	1,535	1,535	1,689
10	704	30084	00000	Staff Development	2,557	4,888	15,333	15,000	17,500
10	704	40031	00000	Small Equipment	5,123	519	-	300	3,000
10	704	40032	00000	Operational	581	894	2,555	2,000	2,200
10	704	40034	00000	Food	282	219	440	1,500	1,500
10	704	40045	00000	It Replacement/Equip Software	4,879		-	-	-
10	704	40102	00000	Magazines/Newspapers	-		-	200	220
10	704	60767	00000	Contingency	552		-	2,500	-
10	704	95100	20201	SC Association of Counties	13,554	13,554	13,554	13,555	13,555
10	704	95100	20217	Appalachian Council of Governments	38,993	38,993	38,993	38,993	38,993
10	704	95100	20255	Ten at the Top (TATT)	5,000	5,000	5,000	-	-
<b>Expenditure Total</b>					<b>133,460</b>	<b>125,210</b>	<b>154,000</b>	<b>161,583</b>	<b>173,057</b>
<b>Department Total</b>					<b>294,827</b>	<b>289,685</b>	<b>321,043</b>	<b>337,038</b>	<b>346,880</b>
<b>Direct Revenue</b>									
					FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Budget	FY 2025 Budget
<b>Departmental Total Direct Revenue</b>					-	-	-	-	-
<b>Positions</b>									
					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
<b>Total Full Time Employees</b>					1	1	1	1	1
<b>Council Members</b>					5	5	5	5	5

**Oconee County, South Carolina  
Delinquent Tax Collector (305)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	305	10110	00000	Salary and Wages	113,038	132,562	133,928	143,694	145,703
10	305	10710	00000	Overtime	100	91	-	-	-
10	305	20013	00000	Social Security	7,832	9,285	9,816	10,992	11,146
10	305	20014	00000	Retirement	18,817	21,704	24,271	25,232	27,042
10	305	20015	00000	Workers Compensation	795	939	742	3,951	4,247
10	305	20016	00000	Health Insurance	27,417	27,417	27,417	27,417	27,417
10	305	20027	00000	Dental	1,650	1,650	1,650	1,650	1,650
10	305	20028	00000	Vision	300	300	300	300	300
<b>Salary and Wage Totals</b>					<b>169,949</b>	<b>193,948</b>	<b>198,124</b>	<b>213,236</b>	<b>217,505</b>
10	305	30025	60305	Professional-Tax Sale	109,454	105,095	94,839	110,000	110,000
10	305	30056	00000	Data Processing	9,633	6,012	7,737	9,000	9,000
10	305	30059	00000	Copier Click Charges	2,991	3,349	2,220	3,000	3,000
10	305	30068	60305	Advertising- Tax Sale	22,302	22,302	24,419	25,000	25,400
10	305	30080	00000	Dues: Organizations	50	305	105	115	115
10	305	30084	00000	Staff Development	-	1,427	1,048	1,500	1,500
10	305	40031	00000	Small Equipment	-	4,194	-	200	-
10	305	40032	00000	Operational	1,369	1,556	2,213	1,600	1,700
10	305	40032	60305	Operational- Tax Sale	3,357	5,110	2,098	7,000	6,000
10	305	40033	60305	Postage - Tax Sale	59,170	31,175	33,162	36,000	35,000
10	305	40045	00000	IT replacement eq/software	-	878	-	-	-
10	305	40065	60305	Uniform Clothing - Tax Sale	134	104	98	150	150
<b>Expenditure Total</b>					<b>208,460</b>	<b>181,507</b>	<b>167,939</b>	<b>193,565</b>	<b>191,865</b>
<b>Department Total</b>					<b>378,409</b>	<b>375,455</b>	<b>366,063</b>	<b>406,801</b>	<b>409,370</b>
<b>Direct Revenue</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
					<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Budget</b>	<b>Budget</b>
10	80	805	10285	Tax Sale Fees	268,720	221,694	207,104	250,000	250,000
10	80	805	12501	Tax Collector Fees	54,510	37,408	42,560	50,000	50,000
<b>Departmental Total Direct Revenue</b>					<b>323,230</b>	<b>259,102</b>	<b>249,664</b>	<b>300,000</b>	<b>300,000</b>
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>Total Full Time Employees</b>					<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>

**Oconee County, South Carolina  
Department of Social Services (402)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	402	30041	00000	Telecommunications	11,287	11,225	10,499	11,300	11,000
10	402	40032	00000	Operational	148	195	103	300	300
<b>Expenditure Total</b>					<b>11,435</b>	<b>11,420</b>	<b>10,602</b>	<b>11,600</b>	<b>11,300</b>
<b>Department Total</b>					<b>11,435</b>	<b>11,420</b>	<b>10,602</b>	<b>11,600</b>	<b>11,300</b>

Direct Revenue									
					FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Budget	FY 2025 Budget
<b>Departmental Total Direct Revenue</b>					-	-	-	-	-

Positions									
					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
<b>Total Full Time Employees</b>					-	-	-	-	-

**Oconee County, South Carolina  
Detention Center (106)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024 11	FY 2025 Administrator Recommended
10	106	10110	00000	Salary and Wages	1,923,447	1,965,099	1,941,341	2,140,627	2,345,981
10	106	10710	00000	Overtime	83,161	117,805	135,474	85,000	100,000
10	106	20013	00000	Social Security	146,507	153,038	160,449	189,924	206,724
10	106	20014	00000	Retirement	363,605	397,746	435,742	492,196	572,794
10	106	20015	00000	Workers Compensation	78,947	93,276	77,627	93,116	97,650
10	106	20016	00000	Health Insurance	438,672	447,811	466,089	466,089	466,089
10	106	20027	00000	Dental	26,400	26,950	28,050	28,050	28,050
10	106	20028	00000	Vision	4,800	4,900	5,100	5,100	5,100
<b>Salary and Wage Totals</b>					<b>3,065,539</b>	<b>3,206,625</b>	<b>3,249,872</b>	<b>3,500,102</b>	<b>3,822,388</b>
10	106	30024	00000	Equipment Maintenance	13,946	14,659	13,189	15,000	15,000
10	106	30025	00000	Professional	991	758	2,368	3,600	3,000
10	106	30028	00000	State Inmate Stipend	11,556	11,888	13,436	17,000	14,000
10	106	30037	00000	Equipment (Leased or Rented)	257	-	-	-	-
10	106	30056	00000	Data Processing	34,964	40,151	46,021	48,700	53,000
10	106	30059	00000	Copier Click Charges	9,746	8,431	8,965	10,000	10,000
10	106	30062	00000	Medical	403,573	411,545	421,632	475,000	498,750
10	106	30080	00000	Dues: Organizations	1,500	1,200	1,190	2,000	2,000
10	106	30084	00000	Staff Development	7,683	12,381	5,982	12,500	10,000
10	106	33022	00000	Building/Grounds Maintenance	58,195	70,566	175,188	62,000	100,000
10	106	34042	00000	Gas and Fuel Oil	19,985	30,905	37,168	35,000	35,000
10	106	34043	00000	Electricity	211,434	191,424	214,502	200,000	200,000
10	106	34044	00000	Water/Sewer/Garbage	50,209	68,036	88,987	70,000	70,000
10	106	40031	00000	Small Equipment	16,810	32,818	21,247	27,000	27,000
10	106	40032	00000	Operational	72,374	72,470	76,568	75,000	75,000
10	106	40033	00000	Postage	84	165	164	900	500
10	106	40034	00000	Food	306,888	332,359	352,043	375,000	394,500
10	106	40045	00000	IT Replacement Equipment/Software	10,528	4,532	8,578	9,000	10,000
10	106	40065	00000	Uniforms/Clothing	37,587	39,571	46,931	45,000	45,000
10	106	40102	00000	Periodicals	-	-	-	100	100
10	106	60741	00000	Juvenile Detention Services (Department of Juvenile Justice)	13,425	13,050	13,250	27,000	17,000
<b>Expenditure Total</b>					<b>1,281,735</b>	<b>1,356,909</b>	<b>1,547,409</b>	<b>1,509,800</b>	<b>1,579,850</b>
<b>Department Total</b>					<b>4,347,274</b>	<b>4,563,534</b>	<b>4,797,281</b>	<b>5,009,902</b>	<b>5,402,238</b>
<b>Direct Revenue</b>									
					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
					Actual	Actual	Actual	Budget	Budget
					-	-	-	-	-
<b>Departmental Total Direct Revenue</b>					<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Positions</b>									
					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
<b>General Fund Officers</b>					<b>46</b>	<b>48</b>	<b>49</b>	<b>49</b>	<b>49</b>
<b>General Fund Regular Staff</b>					<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>
<b>Grant Funded Officer - Fund 013</b>					<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>1</b>
					<b>48</b>	<b>50</b>	<b>51</b>	<b>52</b>	<b>52</b>

**Oconee County, South Carolina  
Economic Development (707)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	707	10110	00000	<b>Salary and Wages</b>	200,260	184,868	231,624	279,291	230,917
10	707	20013	00000	<b>Social Security</b>	15,020	13,628	17,665	21,365	21,643
10	707	20014	00000	<b>Retirement</b>	31,299	30,219	41,011	48,734	52,509
10	707	20015	00000	<b>Workers Compensation</b>	4,706	5,949	6,566	8,454	8,247
10	707	20016	00000	<b>Health Insurance</b>	36,556	36,556	36,556	36,556	36,556
10	707	20027	00000	<b>Dental</b>	2,200	2,200	2,200	2,200	2,200
10	707	20028	00000	<b>Vision</b>	400	400	400	400	400
<b>Salary and Wage Totals</b>					<b>290,441</b>	<b>273,820</b>	<b>336,022</b>	<b>397,000</b>	<b>352,472</b>
10	707	30059	00000	<b>Copier Click Charges</b>	377	395	1,100	3,000	1,500
10	707	30071	00000	<b>Rent</b>	18,294	11,872	22,700	25,700	27,000
10	707	33022	00000	<b>Equip Maint-Sign Maint</b>	322	1,798	49	2,500	1,500
10	707	34043	00001	<b>Electricity - Commerce Center</b>	1,931	1,562	1,907	2,225	2,400
10	707	34043	00104	<b>Electricity-OITP</b>	4,251	3,969	4,644	4,900	5,100
10	707	34044	00104	<b>Water/Sewer/Garbage-OITP</b>	458	816	861	1,000	1,200
10	707	40031	00000	<b>Non-Capital Equipment</b>	2,332	-	475	1,000	2,000
10	707	60907	90715	<b>SDOC C-14-2286 US Engine</b>	60,000	-	-	-	-
10	707	80707	00000	<b>Vehicle Maintenance</b>	102	222	4,772	500	500
10	707	81707	00000	<b>Gasoline</b>	308	940	2,276	1,000	2,500
10	707	95100	20217	<b>EDIS Partnership via Appalachian Council of Governments</b>	12,199	12,199	12,199	12,199	12,300
10	707	95100	20254	<b>Mountain Lakes Business Development Corporation</b>	34,550	27,500	27,500	25,000	18,000
10	707	95100	20256	<b>Oconee Economic Alliance</b>	156,393	156,275	150,000	150,000	150,000
10	707	95100	20257	<b>Upstate SC Alliance</b>	-	39,187	78,374	40,000	39,187
<b>Expenditure Total</b>					<b>291,517</b>	<b>256,735</b>	<b>306,857</b>	<b>269,024</b>	<b>263,187</b>
<b>Department Total</b>					<b>581,958</b>	<b>530,555</b>	<b>642,879</b>	<b>666,024</b>	<b>615,659</b>
<b>Direct Revenue</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
					<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Budget</b>	<b>Budget</b>
<b>Departmental Total Direct Revenue</b>					<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>Total Full Time Employees</b>					<b>5</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>

**Oconee County, South Carolina  
Facilities Maintenance (714)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10 714 10110 00000	<b>Salary and Wages</b>			549,679	533,618	586,965	661,907	645,691	
10 714 10710 00000	<b>Overtime</b>			2,527	1,670	1,261	2,575	1,500	
10 714 20013 00000	<b>Social Security</b>			39,742	38,797	44,116	50,814	49,527	
10 714 20014 00000	<b>Retirement</b>			85,943	88,352	105,870	116,673	120,159	
10 714 20015 00000	<b>Workers Compensation</b>			27,622	31,361	27,437	29,710	29,294	
10 714 20016 00000	<b>Health Insurance</b>			127,946	137,085	137,085	146,224	137,085	
10 714 20027 00000	<b>Dental</b>			7,150	8,250	8,250	8,800	8,250	
10 714 20028 00000	<b>Vision</b>			1,300	1,500	1,500	1,600	1,500	
<b>Salary and Wage Totals</b>				<b>841,909</b>	<b>840,633</b>	<b>912,484</b>	<b>1,018,303</b>	<b>993,006</b>	
10 714 30024 00000	<b>Equipment Maintenance</b>			1,257	659	835	1,500	1,200	
10 714 30025 00000	<b>Professional</b>			-	8,321	765	10,000	7,500	
10 714 30059 00000	<b>Copier Clicks</b>			288	237	266	250	250	
10 714 30084 00000	<b>Staff Development</b>			-	-	-	250	250	
10 714 33022 00000	<b>Building/Grounds Maintenance</b>			7,997	11,533	8,165	7,500	7,750	
10 714 33022 00109	<b>Building Maintenance - Probation and Parole</b>			3,676	1,241	4,088	5,000	5,000	
10 714 33022 00206	<b>Building/Grounds-Salem Library</b>			-	-	-	-	-	
10 714 33022 00208	<b>Building/Grounds-Seneca Library</b>			74,650	-	-	-	-	
10 714 33022 00270	<b>Building/Grounds - Oakway Intm</b>			1,284	1,659	1,974	1,500	2,000	
10 714 33022 00310	<b>Building/Grounds - Christ Central</b>			-	-	-	-	-	
10 714 33022 00402	<b>Building Maintenance - DSS Building</b>			13,122	19,876	32,651	17,500	10,000	
10 714 33022 00405	<b>Buildings/Grounds Rosa Clark</b>			-	129	140	1,000	1,000	
10 714 33022 00407	<b>Building Maintenance - Lakeview Rest Home</b>			159,188	14,277	7,339	12,000	10,000	
10 714 33022 00510	<b>Building Maintenance - Courthouse</b>			35,198	31,875	80,120	45,000	65,000	
10 714 33022 00703	<b>Building Maintenance - Walhalla Health Department</b>			106,548	5,604	8,852	5,000	6,000	
10 714 33022 00716	<b>Building Maintenance - USDA Building</b>			13,184	723	175	2,500	1,500	
10 714 33022 00723	<b>Building Maintenance - Pine Street</b>			39,659	44,706	63,979	50,000	55,000	
10 714 33022 00729	<b>Building Maintenance - Brown Building</b>			11,246	2,208	3,574	5,000	3,500	
10 714 34042 00109	<b>Gas and Fuel Oil - Probation and Parole</b>			1,416	1,619	1,328	2,000	2,000	
10 714 34042 00270	<b>Gas and Fuel Oil - Oakway Intm</b>			4,120	5,771	6,979	7,000	7,250	
10 714 34042 00410	<b>Gas and Fuel Oil - Walhalla Health</b>			656	157	160		200	
10 714 34042 00510	<b>Gas and Fuel Oil - Courthouse</b>			21,369	29,533	30,942	32,000	33,000	
10 714 34042 00723	<b>Gas and Fuel Oil - Pine Street</b>			2,632	2,194	3,209	3,500	3,500	
10 714 34042 00729	<b>Gas and Fuel Oil - Brown Building</b>			1,081	1,373	1,940	2,200	2,000	
10 714 34043 00000	<b>Electricity - Facilities Maintenance</b>			819	721	1,064	1,000	1,100	
10 714 34043 00109	<b>Electricity - Probation and Parole</b>			4,391	4,142	4,602	5,700	5,700	
10 714 34043 00270	<b>Electricity - Oakway School</b>			23,274	26,451	27,219	28,000	30,000	
10 714 34043 00402	<b>Electricity - DSS Building</b>			39,123	38,178	40,718	40,000	42,000	

**Oconee County, South Carolina  
Facilities Maintenance (714)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	714	34043	00403	Electricity - Walhalla Health Department	16,183	19,449	23,522	25,000	25,500
10	714	34043	00409	Electricity - Foothills Alliance	391	970	1,031	1,200	1,350
10	714	34043	00510	Electricity - Courthouse	66,417	66,693	73,156	75,000	76,500
10	714	34043	00723	Electricity - Pine Street	44,565	37,771	39,315	40,000	41,500
10	714	34043	00729	Electricity - Brown Building	12,581	12,959	10,505	13,000	13,500
10	714	34044	00000	Water - Facilities Maintenance	806	905	912	1,000	1,000
10	714	34044	00109	Water - Probation and Parole	650	972	1,027	1,200	1,350
10	714	34044	00270	Water - Oakway School	2,283	1,196	1,402	2,500	2,650
10	714	34044	00402	Water - DSS Building	2,712	3,550	3,945	3,800	4,000
10	714	34044	00403	Water - Walhalla Health Department	837	975	882	1,200	1,350
10	714	34044	00409	Water - Foothills Alliance	575	659	736	750	1,000
10	714	34044	00510	Water - Courthouse	3,215	3,677	4,635	4,000	4,250
10	714	34044	00723	Water - Pine Street	2,307	2,936	3,263	3,200	3,350
10	714	34044	00729	Water - Brown Building	1,012	1,381	2,002	1,750	1,800
10	714	40027	00000	Safety Equipment	2,050	3,625	3,421	3,500	3,600
10	714	40031	00000	Small Equipment	10,527	8,343	12,806	10,000	10,500
10	714	40032	00000	Operational	28,722	33,368	35,300	35,000	35,500
10	714	40045	00000	IT Replacement Eq/Software	1,300	-	-	-	-
10	714	40065	00000	Uniforms/Clothing	9,186	4,039	9,875	6,000	6,250
10	714	80714	00000	Vehicle Maintenance	9,446	6,204	8,366	7,000	7,500
10	714	81714	00000	Gasoline	11,959	22,966	23,063	20,000	23,000
10	714	82714	00000	Diesel	-	-	33	-	-
<b>Expenditure Total</b>					<b>793,902</b>	<b>485,825</b>	<b>590,281</b>	<b>540,500</b>	<b>568,150</b>
<b>Department Total</b>					<b>1,635,811</b>	<b>1,326,458</b>	<b>1,502,765</b>	<b>1,558,803</b>	<b>1,561,156</b>
<b>Direct Revenue</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
					<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Budget</b>	<b>Budget</b>
<b>Departmental Total Direct Revenue</b>					<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>Total Full Time Employees</b>					<b>15</b>	<b>15</b>	<b>15</b>	<b>15</b>	<b>15</b>
					<b>15</b>	<b>15</b>	<b>15</b>	<b>15</b>	<b>15</b>

**Oconee County, South Carolina  
Finance Department (708)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	708	10110	00000	Salary and Wages	328,534	336,611	361,136	349,678	385,482
10	708	10710	00000	Overtime	956	1,369	407	1,000	-
10	708	20013	00000	Social Security	23,454	24,403	26,821	26,829	29,566
10	708	20014	00000	Retirement	50,017	52,311	61,345	61,408	71,549
10	708	20015	00000	Workers Compensation	1,370	1,411	1,232	1,405	1,452
10	708	20016	00000	Health Insurance	63,973	54,834	54,834	54,834	54,834
10	708	20027	00000	Dental	3,850	3,300	3,300	33,000	3,300
10	708	20028	00000	Vision	700	600	600	600	600
<b>Salary and Wage Totals</b>					<b>472,854</b>	<b>474,839</b>	<b>509,675</b>	<b>528,754</b>	<b>546,783</b>
10	708	30025	00000	Professional	19,953	33,554	28,043	15,000	15,000
10	708	30059	00000	Copies	4,523	5,360	5,809	4,800	5,000
10	708	30080	00000	Dues: Organizations	1,345	1,095	1,095	1,150	1,170
10	708	30084	00000	Staff Development	280	790	909	3,000	3,000
10	708	40031	00000	Small Equipment	714	6,508	9,629	1,800	1,800
10	708	40032	00000	Operational	5,408	6,456	5,190	6,000	6,000
10	708	40045	00000	IT Replacement Equipment/Software	-	3,452	1,899	2,000	1,800
<b>Expenditure Total</b>					<b>32,223</b>	<b>57,215</b>	<b>52,574</b>	<b>33,750</b>	<b>33,770</b>
<b>Department Total</b>					<b>505,077</b>	<b>532,054</b>	<b>562,249</b>	<b>562,504</b>	<b>580,553</b>
<b>Direct Revenue</b>									
					FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Budget	FY 2025 Budget
<b>Departmental Total Direct Revenue</b>					-	-	-	-	-
<b>Positions</b>									
					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
<b>Total Full Time Employees</b>					6	6	6	6	6
<b>Part-Time Employee</b>					1	1	1	1	1
					7	7	7	7	7



**Oconee County, South Carolina  
Fire/Emergency Services (107)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	107	10110	00000	Salary and Wages	1,358,981	1,444,408	1,584,840	1,541,553	2,187,548
10	107	10710	00000	Overtime	57,784	165,306	310,701	30,000	175,000
10	107	20013	00000	Social Security	103,977	117,145	147,292	143,973	201,772
10	107	20014	00000	Retirement	252,440	301,245	391,502	374,615	559,060
10	107	20015	00000	Workers Compensation	157,278	194,956	187,851	230,923	307,307
10	107	20016	00000	Health Insurance	319,865	319,865	383,838	383,838	466,089
10	107	20027	00000	Dental	19,250	19,250	23,100	23,100	28,050
10	107	20028	00000	Vision	3,500	3,500	4,200	4,200	5,100
<b>Salary and Wage Totals</b>					<b>2,273,075</b>	<b>2,565,675</b>	<b>3,033,324</b>	<b>2,732,202</b>	<b>3,929,926</b>
10	107	30024	00000	Equipment Maintenance	13,545	18,249	11,483	16,000	16,000
10	107	30025	00000	Professional	8,149	3,888	5,016	5,000	4,000
10	107	30041	00000	Telecommunications	4,572	4,442	4,770	6,500	6,000
10	107	30056	00000	Data Processing	25,231	29,294	30,536	35,000	35,000
10	107	30059	00000	Copier Click Charges	3,548	5,506	4,538	4,600	4,800
10	107	30062	00000	Medical - Physicals for Volunteers and Medical Supplies	84,402	81,712	95,718	90,000	020 Fund
10	107	30080	00000	Dues: Organizations	2,407	2,498	3,371	3,500	4,000
10	107	30084	00000	Staff Development	39,144	47,984	58,021	60,000	020 Fund
10	107	30090	00000	Commission Honoraria	900	900	1,000	1,200	1,200
10	107	30810	90910	Maint Rep Watershed Local USDA	328,103	-	-	-	-
10	107	33022	00000	Buildings/Grounds Maintenance	20,485	18,373	40,227	23,000	25,000
10	107	34042	00140	Fuel Oil Oakway	-	120	-	-	-
10	107	34043	00000	Electricity	10,207	9,427	12,092	11,500	16,000
10	107	34044	00000	Water/Sewer/Garbage	880	990	1,082	1,200	2,500
10	107	40031	00000	Non-Capital Equipment	-	-	103,449	020 Fund	020 Fund
10	107	40032	00000	Operational	27,930	26,216	31,183	30,000	33,000
10	107	40032	00000	Operational BountyLand	-	-	-	2,354	3,500
10	107	40033	00000	Postage	17	-	89	200	100
10	107	40034	00000	Food	7,526	7,255	11,429	7,500	8,000
10	107	40045	00000	It Replacement Equipment/Software	5,055	2,845	4,000	4,000	4,000
10	107	40065	00000	Uniforms/Clothing	15,998	29,792	31,623	42,500	46,000
10	107	80107	00000	Vehicle Maintenance	158,271	183,553	208,478	165,000	165,000
10	107	81107	00000	Gasoline	49,255	88,306	74,354	65,000	65,000
10	107	82107	00000	Diesel	5,047	6,857	12,078	8,000	25,000
				LEPC Budget	-	-	-	4,000	4,000
10	107	99999	00000	Miscellaneous Grant Match	1,522	8,445	4,753	10,000	-
<b>Expenditure Total</b>					<b>812,194</b>	<b>576,652</b>	<b>749,290</b>	<b>596,054</b>	<b>468,100</b>
<b>Department Total</b>					<b>3,085,269</b>	<b>3,142,327</b>	<b>3,782,614</b>	<b>3,328,256</b>	<b>4,398,026</b>
<b>Direct Revenue</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
					<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Budget</b>	<b>Budget</b>
<b>Departmental Total Direct Revenue</b>					<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>Total Fire Employees</b>					<b>23</b>	<b>26</b>	<b>29</b>	<b>39</b>	<b>44</b>
<b>Total Emergency Services Employees</b>					<b>13</b>	<b>13</b>	<b>13</b>	<b>13</b>	<b>8</b>
<b>Grant Funded Opioid Awareness</b>					<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>1</b>
<b>Grant Funded Part Time Community Medical Responder</b>					<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>
<b>Total Part-Time Employees</b>					<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>
					<b>46</b>	<b>49</b>	<b>52</b>	<b>63</b>	<b>63</b>

**Oconee County, South Carolina  
Health Department (403)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	403	30041	00000	Telecommunications	1,586	1,570	1,826	1,500	1,750
10	403	30062	00000	Medical	289	945	1,546	5,500	3,000
10	403	33022	00000	Building/Grounds Maintenance	3,861	47,932	4,345	3,000	4,000
10	403	34043	00000	Electricity	12,891	13,116	13,780	13,500	14,000
10	403	34044	00000	Water/Sewer/Garbage	2,475	3,170	2,906	2,000	3,000
10	403	40032	00000	Operational	745	1,964	3,382	3,200	2,750
10	403	40033	00000	Postage	322	332	-	-	-
<b>Expenditure Total</b>					<b>22,169</b>	<b>69,029</b>	<b>27,785</b>	<b>28,700</b>	<b>28,500</b>
<b>Department Total</b>					<b>22,169</b>	<b>69,029</b>	<b>27,785</b>	<b>28,700</b>	<b>28,500</b>
<b>Direct Revenue</b>									
					FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Budget	FY 2025 Budget
<b>Departmental Total Direct Revenue</b>					-	-	-	-	-
<b>Positions</b>									
					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
<b>Total Full Time Employees</b>					-	-	-	-	-

**Oconee County, South Carolina  
High Falls Park (203)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	203	10110	00000	Salary and Wages	184,254	191,669	232,080	247,084	256,363
10	203	10710	00000	Overtime	8,987	11,578	7,555	8,500	8,000
10	203	20013	00000	Social Security	14,096	14,428	17,588	19,572	20,262
10	203	20014	00000	Retirement	30,143	33,468	38,598	44,926	49,159
10	203	20015	00000	Workers Compensation	9,219	11,172	10,516	10,464	11,483
10	203	20016	00000	Health Insurance	45,695	45,695	45,695	45,695	54,834
10	203	20027	00000	Dental	2,500	2,750	2,750	2,750	3,300
10	203	20028	00000	Vision	500	500	500	500	600
<b>Salary and Wage Totals</b>					<b>295,394</b>	<b>311,260</b>	<b>355,282</b>	<b>379,491</b>	<b>404,001</b>
10	203	30024	00000	Equipment Maintenance	691	76	121	700	700
10	203	30025	00000	Professional	53,837	65,961	61,884	50,098	50,098
10	203	30037	00000	Equipment Rental	3,698	-	-	-	-
10	203	30041	00000	Telecommunication (Lake Hartwell Ranger)	-	-	600	600	-
10	203	30059	00000	Copier Click Charges	298	595	641	500	600
10	203	33022	00000	Building/Grounds Maintenance	17,773	15,888	29	-	-
10	203	34042	00000	Gas and Fuel Oil	5,081	6,502	6,412	6,500	6,500
10	203	34043	00000	Electricity	42,345	37,323	37,842	36,000	38,000
10	203	34044	00000	Water/Sewer/Garbage	2,854	6,662	7,230	6,500	7,200
10	203	40027	00000	Safety Equipment (swim area)	672	696	449	1,000	1,000
10	203	40031	00000	Small Equipment	1,891	4,217	2,454	2,000	3,000
10	203	40032	00000	Operational	18,842	19,296	21,162	20,000	22,000
10	203	40034	00000	Food	56	45	224	200	200
10	203	40045	00000	IT Replacement/Software	-	863	23	1,000	1,000
10	203	40065	00000	Uniforms/Clothing	1,599	1,690	1,788	3,000	3,000
10	203	40832	00000	Concessions	7,294	20,125	17,467	20,000	22,000
10	203	60735	00000	General Gravel Use	752	482	347	5,000	4,000
<b>Expenditure Total</b>					<b>157,683</b>	<b>180,421</b>	<b>158,673</b>	<b>153,098</b>	<b>159,298</b>
<b>Department Total</b>					<b>453,077</b>	<b>491,681</b>	<b>513,955</b>	<b>532,589</b>	<b>563,299</b>

Direct Revenue					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
					Actual	Actual	Actual	Budget	Budget
10	80	805	00203	High Falls Park	220,987	220,798	261,970	225,000	250,000
10	80	805	62051	Fairplay Recreation Area	3,787	3,092	-	-	-
10	80	805	62052	Lawrence Bridge Recreation Area	3,505	2,512	-	-	-
10	80	805	62053	Mullins Ford	445	336	-	-	-
10	80	805	62054	Choestoea Landing	1,721	962	-	-	-
10	80	805	62055	Port Bass Landing Revenue	-	-	-	-	-
10	80	805	62056	Seneca Creek Landing	2,543	1,095	-	-	-
10	80	805	62057	South union Landing	487	333	-	-	-
<b>Departmental Total Direct Revenue</b>					<b>220,987</b>	<b>220,798</b>	<b>261,970</b>	<b>225,000</b>	<b>250,000</b>

Positions					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
<b>Total Full Time Employees</b>					<b>5</b>	<b>5</b>	<b>6</b>	<b>6</b>	<b>6</b>

**Oconee County, South Carolina  
Human Resources (710)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	710	10110	00000	Salary and Wages	176,965	218,920	196,440	186,658	192,558
10	710	10710	00000	Overtime	-	76	597	500	500
10	710	20013	00000	Social Security	12,321	15,400	14,954	14,659	14,807
10	710	20014	00000	Retirement	27,425	35,508	35,793	33,141	35,294
10	710	20015	00000	Workers Compensation	1,987	3,557	3,159	1,512	636
10	710	20016	00000	Health Insurance	27,417	27,417	31,283	27,417	27,417
10	710	20027	00000	Dental	1,650	1,650	1,883	1,650	1,650
10	710	20028	00000	Vision	300	300	342	300	300
<b>Salary and Wage Totals</b>					<b>248,065</b>	<b>302,828</b>	<b>284,451</b>	<b>265,837</b>	<b>273,162</b>
10	710	30018	00000	Travel	-	-	-	100	-
10	710	30025	00000	Professional	6,935	6,633	11,166	16,000	13,500
10	710	30059	00000	Copies	1,219	1,713	1,381	2,500	2,000
10	710	30062	00000	Medical	66,372	101,233	85,965	65,000	75,000
10	710	30080	00000	Dues: Organizations	538	937	349	600	800
10	710	30084	00000	Staff Development	1,840	3,242	5,652	3,500	4,000
10	710	40027	00000	Safety Equipment	3,355	3,576	1,082	-	-
10	710	40031	00000	Small Equipment	3,033	-	11,522	1,250	1,375
10	710	40032	00000	Operational	2,672	7,598	1,429	3,500	3,850
10	710	40034	00000	Food	-	-	136	-	-
10	710	40045	00000	IT Replacement Equipment/Software	-	1,220	-	1,500	1,500
10	710	40102	00000	Periodicals	935	-	516	1,000	750
10	710	80747	00000	Vehicle Maintenance	-	-	-	-	-
10	710	81747	00000	Gasoline	91	-	-	-	-
<b>Expenditure Total</b>					<b>86,990</b>	<b>126,152</b>	<b>119,198</b>	<b>94,950</b>	<b>102,775</b>
<b>Department Total</b>					<b>335,055</b>	<b>428,980</b>	<b>403,649</b>	<b>360,787</b>	<b>375,937</b>
<b>Direct Revenue</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
					<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Budget</b>	<b>Budget</b>
<b>Departmental Total Direct Revenue</b>					<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>Total Full Time Employees</b>					<b>3</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>3</b>

**Oconee County, South Carolina  
Information Technology (711)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	711	10110	00000	Salary and Wages	339,235	398,950	455,594	433,759	457,381
10	711	20013	00000	Social Security	24,611	29,335	34,903	33,184	34,990
10	711	20014	00000	Retirement	52,215	65,688	82,124	76,066	84,890
10	711	20015	00000	Workers Compensation	3,017	5,575	4,938	3,488	4,186
10	711	20016	00000	Health Insurance	54,834	63,973	63,973	63,973	54,834
10	711	20027	00000	Dental	3,300	3,850	3,850	3,850	3,300
10	711	20028	00000	Vision	600	700	700	700	600
<b>Salary and Wage Totals</b>					<b>477,812</b>	<b>568,071</b>	<b>646,082</b>	<b>615,020</b>	<b>640,181</b>
10	711	30024	00000	Equipment Maintenance	52,522	79,020	51,156	150,000	177,000
10	711	30024	00073	Equipment Maintenance - GIS	50,000	55,000	55,000	59,000	59,000
10	711	30025	00000	Professional	17,151	7,547	2,227	15,000	12,000
10	711	30025	00073	Professional - GIS	11,073	14,573	11,573	10,000	19,500
10	711	30025	00371	Professional-Website	24,000	24,000	24,000	24,000	24,000
10	711	30037	00000	Equipment - Leased/Rented	40,630	40,630	-	78,000	37,000
10	711	30041	00000	Telecommunications	147,482	144,550	115,159	148,000	143,000
10	711	30056	00000	Data Processing	41,474	58,706	94,150	70,000	95,000
10	711	30059	00000	Copier Click Charges	250	345	289	300	350
10	711	30084	00000	Staff Development	-	750	2,470	1,500	5,000
10	711	40031	00000	Small Equipment	31,108	9,705	41,092	9,500	10,000
10	711	40031	00073	Small Equipment - GIS	-	-	-	1,500	1,500
10	711	40032	00000	Operational	3,968	2,943	5,092	3,500	5,500
10	711	40045	00000	IT Replacement EQ/Software (All Dept)	7,071	44,977	56,194	60,000	60,000
10	711	80711	00000	Vehicle Maintenance	414	1,740	3,176	2,000	2,000
10	711	81711	00000	Gasoline	2,032	3,987	3,877	4,000	4,000
<b>Expenditure Total</b>					<b>429,175</b>	<b>488,473</b>	<b>465,455</b>	<b>636,300</b>	<b>654,850</b>
<b>Department Total</b>					<b>906,987</b>	<b>1,056,544</b>	<b>1,111,537</b>	<b>1,251,320</b>	<b>1,295,031</b>
<b>Direct Revenue</b>									
					FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Budget	FY 2025 Budget
<b>Departmental Total Direct Revenue</b>					-	-	-	-	-
<b>Positions</b>									
					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
<b>Total Full Time Employees</b>					5	6	6	6	6

**Oconee County, South Carolina  
Legislative Delegation (706)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	706	10110	00000	Salary and Wages	56,559	54,575	-	64,084	56,212
10	706	20013	00000	Social Security	4,275	4,366	-	4,902	4,300
10	706	20014	00000	Retirement	8,759	9,505	-	11,253	10,433
10	706	20015	00000	Workers Compensation	1,619	1,734	17	224	185
10	706	20016	00000	Health Insurance	9,139	9,139	9,139	9,139	9,139
10	706	20027	00000	Dental	500	550	550	550	550
10	706	20028	00000	Vision	100	100	100	100	100
<b>Salary and Wage Totals</b>					<b>80,951</b>	<b>79,969</b>	<b>9,806</b>	<b>90,252</b>	<b>80,919</b>
10	706	30018	00000	Travel	-	-	-	800	500
10	706	30059	00000	Copier Click Charges	990	928	520	750	750
10	706	30071	00000	Rent	11,400	11,400	11,400	11,400	11,400
10	706	40031	00000	Small Equipment	-	-	-	500	-
10	706	40032	00000	Operational	1,564	362	147	1,500	750
10	706	40033	00000	Postage	-	-	10	100	100
<b>Expenditure Total</b>					<b>13,954</b>	<b>12,690</b>	<b>12,077</b>	<b>15,050</b>	<b>13,500</b>
<b>Department Total</b>					<b>94,905</b>	<b>92,659</b>	<b>21,883</b>	<b>105,302</b>	<b>94,419</b>
<b>Direct Revenue</b>									
					FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Budget	FY 2025 Budget
<b>Departmental Total Direct Revenue</b>					-	-	-	-	-
<b>Positions</b>									
					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
<b>Total Full Time Employees</b>					1	1	1	1	1

**Oconee County, South Carolina  
Library (206)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	206	10110	00000	Salary and Wages	673,847	668,830	718,646	763,035	785,152
10	206	10710	00000	Overtime	-	174	331	-	500
10	206	20013	00000	Social Security	48,941	48,503	54,742	58,372	60,102
10	206	20014	00000	Retirement	104,386	110,043	128,240	133,989	145,817
10	206	20015	00000	Workers Compensation	9,054	9,061	5,382	2,366	6,019
10	206	20016	00000	Health Insurance	173,641	173,641	173,641	173,641	173,641
10	206	20027	00000	Dental	10,450	10,450	10,450	10,450	10,450
10	206	20028	00000	Vision	1,900	1,900	1,900	1,900	1,900
<b>Salary and Wage Totals</b>					<b>1,022,219</b>	<b>1,022,602</b>	<b>1,093,332</b>	<b>1,143,753</b>	<b>1,183,581</b>
10	206	30024	00000	Equipment Maintenance	2,500	1,255	2,475	2,703	2,703
10	206	30025	00000	Professional	111,624	144,648	134,369	140,000	145,000
10	206	30041	00000	Telecommunications	912	1,147	836	1,000	1,000
10	206	30056	00000	Data Processing	27,716	28,289	28,300	29,477	30,026
10	206	30059	00000	Copier Click Charges	6,089	7,569	9,392	8,500	8,500
10	206	30080	00000	Dues: Organizations	729	750	750	750	750
10	206	30084	00000	Staff Development	-	1,014	2,959	3,000	3,000
10	206	30090	00000	Commission Honoraria	900	900	900	900	900
10	206	33022	00207	Building/Grounds Maintenance -Walhalla	3,677	9,742	7,323	5,500	7,000
10	206	33022	00208	Building/Grounds Maintenance - Seneca	2,554	2,858	2,981	3,500	3,500
10	206	33022	00209	Building/Grounds Maintenance - Westminster	2,034	3,931	2,797	2,500	2,500
10	206	33022	00210	Building/Grounds Maintenance - Salem	4,235	2,585	2,102	2,020	2,020
10	206	34043	00207	Electricity - Walhalla	21,713	17,239	15,864	18,000	18,000
10	206	34043	00208	Electricity - Seneca	12,819	11,032	10,681	12,000	12,000
10	206	34043	00209	Electricity - Westminster	13,274	10,554	8,809	12,000	11,000
10	206	34043	00210	Electricity - Salem	5,000	5,000	5,000	5,000	5,000
10	206	34044	00207	Water/Sewer/Garbage - Walhalla	1,545	1,979	1,547	1,700	1,700
10	206	34044	00208	Water/Sewer/Garbage - Seneca	952	1,607	1,727	2,000	2,000
10	206	34044	00209	Water/Sewer/Garbage - Westminster	919	969	1,004	1,200	1,200
10	206	40031	00000	Small Equipment	5,300	5,453	2,200	2,800	2,800
10	206	40032	00000	Operational	11,207	6,652	8,904	8,000	8,000
10	206	40033	00000	Postage	667	33	48	500	500
10	206	40034	00000	Food	500	395	165	500	500
10	206	40045	00000	IT Replacement/Software	-	3,209	-	-	-
10	206	40101	00000	Books	85,732	92,456	84,685	85,000	87,000
10	206	40102	00000	Periodicals	22,197	22,200	22,200	22,500	23,000
10	206	40103	00000	Audio Visual	11,206	11,293	11,300	11,300	11,500
10	206	80206	00000	Vehicle Maintenance	1,988	2,718	1,607	1,500	1,500
10	206	81206	00000	Gasoline	2,315	3,957	2,227	4,000	4,000
10	206	82206	00000	Diesel	860	2,378	2,459	3,000	3,000
<b>Expenditure Total</b>					<b>361,164</b>	<b>403,812</b>	<b>375,611</b>	<b>390,850</b>	<b>399,599</b>
<b>Department Total</b>					<b>1,383,383</b>	<b>1,426,414</b>	<b>1,468,943</b>	<b>1,534,603</b>	<b>1,583,180</b>

**Oconee County, South Carolina  
Library (206)  
2024-2025 Budget**

Account Number					Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
<b>Direct Revenue</b>										
						FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Budget	FY 2025 Budget
10	80	805	11000	Library Fines and Fees	11,610	13,262	12,402	15,000	15,000	
<b>Departmental Total Direct Revenue</b>					<b>11,610</b>	<b>13,262</b>	<b>12,402</b>	<b>15,000</b>	<b>15,000</b>	
<b>Positions</b>										
					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	
<b>Total Full Time Employees</b>					19	19	19	19	19	
<b>Part-Time Employees</b>					2	2	2	2	2	
<b>Grant Funded Employees</b>					-	-	1	1	1	
					<b>21</b>	<b>21</b>	<b>22</b>	<b>22</b>	<b>22</b>	
<b>Description</b>					<b>FY 2021 Actual</b>	<b>FY 2022 Actual</b>	<b>FY 2023 Actual</b>	<b>FY 2014 Council Approved</b>	<b>FY 2014 Council Approved</b>	
<b>Maintenance of Effort</b>					1,383,383	1,426,414	1,468,943	1,534,603	1,583,180	
							85,560	108,189	114,237	
<b>No one time capital is to be included in totals.</b>										



**Oconee County, South Carolina  
Magistrate (509)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	509	10110	00000	Salary and Wages	523,121	535,867	562,832	667,210	701,828
10	509	10710	00000	Overtime	577	1,962	4,078	500	5,000
10	509	20013	00000	Social Security	38,161	39,622	42,751	51,309	54,072
10	509	20014	00000	Retirement	88,854	96,976	110,372	135,278	141,981
10	509	20015	00000	Workers Compensation	3,934	8,619	12,040	12,621	12,739
10	509	20016	00000	Health Insurance	82,252	82,251	82,251	82,251	91,390
10	509	20027	00000	Dental	4,950	4,950	4,950	4,950	5,500
10	509	20028	00000	Vision	900	900	900	900	1,000
<b>Salary and Wage Totals</b>					<b>742,749</b>	<b>771,147</b>	<b>820,174</b>	<b>955,019</b>	<b>1,013,510</b>
10	509	30018	00000	Travel	-	4	236	400	400
10	509	30026	00000	Court Expenditures	2,280	8,470	10,794	15,000	13,000
10	509	30041	00000	Telecommunications	-	106	-	500	100
10	509	30056	00000	Data Processing	25,000	25,000	25,000	25,000	25,000
10	509	30059	00000	Copier Click Charges	4,167	5,829	4,911	5,500	5,500
10	509	30071	00000	Rent	23,760	1,482	15,840	23,760	23,760
10	509	30080	00000	Dues: Organizations	325	785	410	600	635
10	509	30084	00000	Staff Development	-	3,444	5,035	5,000	5,000
10	509	33022	00000	Building/Grounds Maintenance	1,462	1,310	7,791	10,000	9,000
10	509	34042	00000	Gas and Fuel Oil - Walhalla	540	858	1,834	1,800	1,800
10	509	34043	00000	Electricity	8,822	10,408	11,230	12,000	12,000
10	509	34044	00000	Water/Sewer/Garbage - Seneca	973	721	7,531	1,000	1,000
10	509	40031	00000	Small Equipment	-	2,312	634	2,500	2,000
10	509	40032	00000	Operational	4,505	7,183	5,568	5,500	5,500
10	509	40034	00000	Food	139	106	74	500	500
10	509	40045	00000	IT Replacement Equipment/Software	99	3,828	927	5,000	3,500
10	509	80509	00000	Vehicle Maintenance	17	669	1,182	1,500	1,500
10	509	81509	00000	Gasoline	668	1,639	1,308	2,000	1,500
<b>Expenditure Total</b>					<b>72,757</b>	<b>74,154</b>	<b>100,305</b>	<b>117,560</b>	<b>111,695</b>
<b>Department Total</b>					<b>815,506</b>	<b>845,301</b>	<b>920,479</b>	<b>1,072,579</b>	<b>1,125,205</b>
<b>Direct Revenue</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
					<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Budget</b>	<b>Budget</b>
10	80	805	16001	Magistrate Fines	239,193	255,207	316,815	300,000	320,000
10	80	805	16002	Magistrate Court Fees	1,371	2,729	307	-	1,500
10	80	805	16003	Magistrate Civil Paper Fees	85,401	84,196	91,163	90,000	93,500
10	80	805	16004	25% Boating Fines Retained	1,049	1,192	1,145	1,100	1,500
10	80	805	16016	Liter Fines (90% GF)	1,004	559	1,476	1,500	1,500
10	80	805	16030	Magistrate Collection Cost	2,631	2,660	2,826	2,500	2,800
<b>Departmental Total Direct Revenue</b>					<b>330,649</b>	<b>346,543</b>	<b>413,732</b>	<b>395,100</b>	<b>420,800</b>
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>General Fund Full Time Employees</b>					<b>9</b>	<b>9</b>	<b>9</b>	<b>10</b>	<b>10</b>
<b>Part-Time Employees</b>					<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>
					<b>11</b>	<b>11</b>	<b>11</b>	<b>12</b>	<b>12</b>

**Oconee County, South Carolina  
Non-Departmental (709)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	709	20015	00000	Workers Compensation	(169,871)	-	(104,472)	-	-
10	709	20016	00000	Health Insurance - Overage	1,239,293	2,512,552	2,061,191	-	-
10	709	20029	00000	Retiree Health Stipend	176,521	190,890	204,925	200,000	200,000
10	709	20032	00000	Pcori Fee	2,846	3,055	3,040	4,000	4,000
10	709	30025	00000	Professional	-	150,015	8,482	-	-
10	709	30025	00025	Professional Quarterly Shred	-	-	-	-	-
10	709	30037	00000	Mail Machine	4,594	339	4,881	5,000	5,000
10	708	30056	00000	Data Processing	190,696	205,619	183,126	296,180	230,000
10	709	30041	00000	Telecommunications	154,224	143,094	155,447	145,000	150,000
10	709	30066	00000	P & L Insurance	1,164,487	1,109,544	1,213,171	1,150,000	1,200,000
10	709	30068	00000	Advertising	243,140	214,133	227,260	220,000	215,000
10	709	30780	00000	Unemployment	13,101	-	3,595	10,000	5,000
10	709	40032	00019	Community Safety	65,549	20,907	64,511	66,000	50,000
10	709	40031	00000	Non Capital Equipment	1,587	143	62	-	-
10	709	40032	00000	Operational	469	327	403	-	-
10	709	40033	00000	Postage	51,356	81,138	92,439	80,000	110,000
10	709	30025	00017	Health Clinic at Pine Street	17,193	26,658	51,984	20,000	50,000
10	709	XXXXX	00190	Covid 19	247,862	19,043	-	-	-
10	709	XXXXX	00191	Tornado	77,634	-	-	-	-
10	709	XXXXX	00192	Flood Event	109,473	8,800	2,520	-	-
					<b>3,590,154</b>	<b>4,686,257</b>	<b>4,172,565</b>	<b>2,196,180</b>	<b>2,219,000</b>

**Debt Service**

10	709	55100	02015	2015 Lease-Principal Payoff 10/01/2020 \$4,200,000 Last Payment FY 20/21 10/01/2020 \$866,278.65	848,088	<b>Paid Off in FY 2020-2021</b>			
10	709	55200	02015	2015 Lease-Interest Payoff 10/01/2020 \$4,200,000	19,519				
10	709	55100	02018	Principal Payment - 2018 BB&T Capital Lease Last Payment FY 23/24 06/01/2024 \$365,000	59,765	61,618	63,528	65,497	-
10	709	55200	02018	Interest Payment - 2018 BB&T Capital Lease Purchase	7,763	5,910	4,000	2,030	-
10	709	55300	02018	Issuance Cost - 2018 Capital Lease Purchase	-	-	-	-	-
10	709	55100	02019	2019 Lease - Principal BB&T Last Payment 11/22/2024 2.2M	422,833	431,247	439,829	448,582	457,509
10	709	55200	02019	2019 Lease - Interest BB&T	43,780	35,366	26,784	18,031	9,104
10	709	55300	02019	Issuance Cost - 2019 Capital Lease Purchase	-	-	-	-	-

**Oconee County, South Carolina  
Non-Departmental (709)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Unaudited Actual	FY 2024 Amended Budget 2023-16	FY 2025 Budget Worksheet for Departments
10	709	55100	02020	2020 Lease - Principal JCI - TD Equip Finance - Pay off 01/01/2036	-	157,357	-	165,248	192,499
10	709	55200	02020	2020 Lease - Interest - TD Equip Finance	-	47,044	-	47,338	44,708
10	709	55300	02020	2020 Lease - Issuance Cost	-	-	-	-	-
				2022 Cap Lease SCBAs - Principal	-	-	273,526.00	261,601.82	-
				2022 Cap Lease SCBAs Interest	-	-	15,166.00	27,090.04	-
				GASB Lease Principal	-	147,754			
<b>Expenditure Total</b>					<b>1,401,748</b>	<b>886,296</b>	<b>822,833</b>	<b>1,035,418</b>	<b>703,820</b>
<b>Department Total</b>					<b>4,991,902</b>	<b>5,572,553</b>	<b>4,995,398</b>	<b>3,231,598</b>	<b>2,922,820</b>
<b>Direct Revenue</b>									
					<b>FY 2021 Actual</b>	<b>FY 2022 Actual</b>	<b>FY 2023 Actual</b>	<b>FY 2024 Budget</b>	<b>FY 2025 Budget</b>
<b>Departmental Total Direct Revenue</b>					-	-	-	-	-
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>Total Full Time Employees</b>					-	-	-	-	-

**Oconee County, South Carolina  
Parks, Recreation, and Tourism (202)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	202	10110	00000	Salary and Wages	163,803	171,860	171,238	334,572	398,542
10	202	10710	00000	Overtime	161	43	200	-	-
10	202	20013	00000	Social Security	11,454	12,038	12,492	25,346	30,488
10	202	20014	00000	Retirement	25,382	28,462	34,978	58,180	73,969
10	202	20015	00000	Workers Compensation	8,899	10,450	8,157	6,879	11,576
10	202	20016	00000	Health Insurance	45,695	45,695	56,669	45,695	54,834
10	202	20027	00000	Dental	2,750	2,750	3,850	2,750	3,300
10	202	20028	00000	Vision	500	500	700	500	600
<b>Salary and Wage Totals</b>					<b>258,644</b>	<b>271,798</b>	<b>288,284</b>	<b>473,922</b>	<b>573,309</b>
10	202	30025	00000	Professional	-	-	871	-	-
10	202	30059	00000	Copier Click Charges	787	1,253	1,406	1,500	1,500
10	202	30080	00000	Dues: Organizations	1,255	1,361	1,463	1,175	1,780
10	202	30084	00000	Staff Development	3,723	8,776	7,233	7,000	8,500
10	202	30090	00000	Commission Honoraria	700	700	700	700	700
10	202	30901	00000	Recreation - District 1	30,000	30,000	50,000	50,000	50,000
10	202	30902	00000	Recreation - District 2	30,000	30,000	50,000	50,000	50,000
10	202	30903	00000	Recreation - District 3	30,000	30,000	50,000	50,000	50,000
10	202	30904	00000	Recreation - District 4	30,000	30,000	50,000	50,000	50,000
10	202	30905	00000	Recreation - District 5	30,000	30,000	50,000	50,000	50,000
10	202	34042	00000	Gas & Fuel Oil	-	-	428	-	-
10	202	34043	62051	Electricity - Fairplay Rec Area	968	959	904	1,400	1,200
10	202	34043	62052	Electricity - Lawrence Br. Rec Area	604	746	876	1,000	1,000
10	202	34043	62053	Electricity - Mullins Ford Landing	1,374	1,369	1,169	1,500	1,200
10	202	34043	62058	Electricity-Friendship Rec Area	272	2,677	2,008	2,200	2,200
10	202	34044	62051	Water/Sewer - Fairplay Rec Area	615	457	459	600	600
10	202	34044	62052	Water/Sewer-Lawrence Bridge Rec	339	365	342	600	500
10	202	34044	62058	Water/Sewer-Friendship Rec Area	184	451	436	600	500
10	202	34044	62060	Water/Sewer/Garbage-Connerross Creek	-	-	455	600	600
10	202	40027	00000	Safety Equipment	2,533	4,533	3,574	3,500	3,500
10	202	40031	00000	Small Equipment	1,000	454	2,507	1,000	1,000
10	202	40032	00000	Operational	2,263	1,676	3,364	3,500	3,500
10	202	40034	00000	Food	61	194	104	200	200
10	202	40045	00000	IT Replacement Eq	-	-	251	-	-
10	202	40065	00000	Uniforms/Clothing	242	360	325	400	800
10	202	60735	00000	General Gravel Use	224	3,226	3,279	4,000	4,000
10	202	80202	00000	Vehicle Maintenance	17,189	18,056	27,403	20,000	22,000
10	202	81202	00000	Gasoline	15,660	24,930	27,890	20,000	25,000
10	202	82202	00000	Diesel	393	1,010	1,957	1,100	1,500
10	202	95100	20221	Visit Oconee	85,000	85,000	75,000	75,000	72,500
10	202	95100	20223	Foothills YMCA	2,500	2,500	2,500	2,500	-
10	202	95100	20228	Oconee Heritage Center Museum	35,000	35,000	5,000	5,000	5,000
10	202	95100	20234	Arts and Historical	6,000	3,000	2,620	5,000	5,000
<b>Expenditure Total</b>					<b>328,886</b>	<b>349,053</b>	<b>424,524</b>	<b>410,075</b>	<b>414,280</b>
<b>Department Total</b>					<b>587,530</b>	<b>620,851</b>	<b>712,808</b>	<b>883,997</b>	<b>987,589</b>
<b>Direct Revenue</b>									
					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
					Actual	Actual	Actual	Budget	Budget
<b>Departmental Total Direct Revenue</b>					-	-	-	-	-
<b>Positions</b>									
					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
General Fund Employees					3	3	3	4	3
General Fund CVB - Reimb Employees					2	2	2	3	3
LAT Fund 235 Employees					2	2	2	2	2
					<b>7</b>	<b>7</b>	<b>7</b>	<b>9</b>	<b>8</b>

**Oconee County, South Carolina  
Planning Department (712)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	712	10110	00000	Salary and Wages	144,675	176,748	206,044	234,955	264,555
10	712	10710	00000	Overtime	54	44	3,184	-	2,500
10	712	20013	00000	Social Security	10,693	12,950	15,879	19,938	20,468
10	712	20014	00000	Retirement	22,698	28,349	38,912	48,372	49,658
10	712	20015	00000	Workers Compensation	3,192	5,810	6,210	7,597	7,799
10	712	20016	00000	Health Insurance	36,556	36,556	36,556	45,695	45,695
10	712	20027	00000	Dental	2,200	2,200	2,200	2,750	2,750
10	712	20028	00000	Vision	400	400	400	500	500
<b>Salary and Wage Totals</b>					<b>220,468</b>	<b>263,057</b>	<b>309,385</b>	<b>359,807</b>	<b>393,925</b>
10	712	40034	00000	Travel	-	254	448	-	500
10	712	30025	00000	Professional	49,364	14,542	-	50,000	20,000
10	712	30056	00000	Data Processing	-	1,212	-	-	-
10	712	30059	00000	Copies	959	1,029	956	1,200	1,250
10	712	30080	00000	Dues: Organizations	366	326	442	1,000	750
10	712	30084	00000	Staff Development	99	4,279	6,409	6,000	6,000
10	712	30090	00000	Commission Honoraria	3,425	3,375	3,875	5,000	4,500
10	712	40027	00000	Safety Equipment	222	1,132	1,124	1,000	1,000
10	712	40031	00000	Non-Cap Equipment	318	10,896	135	4,000	2,500
10	712	40032	00000	Operational	868	2,408	1,554	3,000	3,000
10	712	40034	00000	Food	37	54	55	250	200
10	712	40045	00000	IT Replacement Equipment/Software	-	1,452	-	2,000	2,000
10	712	40065	00000	Clothing/Uniforms	528	323	-	500	500
10	712	80712	00000	Vehicle Maintenance	405	1,356	961	2,000	1,500
10	712	81712	00000	Gasoline	604	3,909	3,559	4,000	4,500
<b>Expenditure Total</b>					<b>57,195</b>	<b>46,547</b>	<b>19,518</b>	<b>79,950</b>	<b>48,200</b>
<b>Department Total</b>					<b>277,663</b>	<b>309,604</b>	<b>328,903</b>	<b>439,757</b>	<b>442,125</b>

Direct Revenue					FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Budget	FY 2025 Budget
10	80	805	13724	Land Use Appeals - Planning	2,850	4,250	3,500	3,500	7,000
10	80	805	13724	Planning Document	-	6,378	-	-	-
10	80	805	10370	Communication Tower Fees	36,000	53,000	25,000	32,000	25,000
10	80	805	13753	Zoning Permit Fees	25,035	28,850	30,775	30,000	28,000
<b>Departmental Total Direct Revenue</b>					<b>63,885</b>	<b>92,478</b>	<b>59,275</b>	<b>65,500</b>	<b>60,000</b>

Positions					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
<b>Total Full Time Employees</b>					<b>4</b>	<b>4</b>	<b>4</b>	<b>5</b>	<b>5</b>
<b>Intern</b>					<b>-</b>	<b>-</b>	<b>1</b>	<b>1</b>	<b>1</b>
					<b>4</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>6</b>

**Oconee County, South Carolina  
Probate Court (502)  
2024-2025 Budget**

Account Number	Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10 502 10110 00000	Salary and Wages	225,827	187,279	229,898	266,912	270,392
10 502 10710 00000	Overtime	-	90	120	500	500
10 502 20013 00000	Social Security	16,204	13,690	17,187	20,457	20,723
10 502 20014 00000	Retirement	36,830	31,930	41,216	49,632	50,278
10 502 20015 00000	Workers Compensation	2,799	3,098	4,353	3,286	3,298
10 502 20016 00000	Health Insurance	45,695	45,695	45,695	45,695	45,695
10 502 20027 00000	Dental	2,750	2,750	2,750	2,750	2,750
10 502 20028 00000	Vision	500	500	500	500	500
<b>Salary and Wage Totals</b>		<b>330,605</b>	<b>285,032</b>	<b>341,719</b>	<b>389,732</b>	<b>394,136</b>
10 502 30018 00000	travel			<b>367</b>	1,000	500
10 502 30024 00000	Equipment Maintenance	2,400	3,000	350	2,400	2,400
10 502 30025 00000	Professional	9,037	38,197	43,381	25,000	35,000
10 502 30026 00000	Court Expenditures	727	4,837	10,266	8,000	10,000
10 502 30059 00000	Copier Click Charges	2,116	3,955	3,936	3,600	4,000
10 502 30080 00000	Dues: Organizations	275	382	644	1,605	1,500
10 502 30084 00000	Staff Development	1,638	3,047	5,290	6,000	6,000
10 502 40031 00000	Small Equipment	1,362	1,288	9,341	1,200	2,500
10 502 40032 00000	Operational	10,820	6,299	6,136	8,000	10,000
10 502 40034 00000	Food	505	40	565	600	600
10 502 40045 00000	IT Replacement Equipment/Software	-	1,909	1,315	1,500	1,500
10 502 40065 00000	Clothing/Uniforms	-	-	675	-	-
10 502 80502 00000	Vehicle Maintenance Probate	349	119	906	800	800
10 502 81502 00000	Gasoline Probate Court	311	211	1,024	1,000	1,750
<b>Expenditure Total</b>		<b>29,540</b>	<b>63,284</b>	<b>84,196</b>	<b>60,705</b>	<b>76,550</b>
<b>Department Total</b>		<b>360,145</b>	<b>348,316</b>	<b>425,915</b>	<b>450,437</b>	<b>470,686</b>
<b>Direct Revenue</b>						
		<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
		<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Budget</b>	<b>Budget</b>
10 080 00805 12301	Probate Judge Estates	179,141	197,607	131,770	150,000	155,000
10 080 00805 12302	Probate Judge Advertising Probate Judge Marriage	151,792	140,144	158,100	165,000	150,000
10 080 00805 12304	Licenses	10,813	9,085	19,852	12,500	21,000
10 080 00805 12305	Probate Judge Returns	350	360	120	350	160
10 080 00805 12306	Miscellaneous - Probate Judge Probate Judge Marriage	15,420	29,992	40,451	35,000	56,000
10 080 00805 12307	Certificates Probate Judge Marriage	5,283	6,417	6,139	6,000	6,500
10 080 00805 12308	Ceremony	3,550	4,292	4,465	4,000	8,000
10 080 00805 22300	Probate Judge Supplement	1,575	1,575	15,000	15,000	15,000
<b>Departmental Total Direct Revenue</b>		<b>367,924</b>	<b>389,472</b>	<b>375,897</b>	<b>387,850</b>	<b>411,660</b>
<b>Positions</b>						
		<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>Total Full Time Employees</b>		<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>

**Oconee County, South Carolina  
Procurement (713)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	713	10110	00000	Salary and Wages	104,918	113,783	147,848	157,799	177,126
10	713	10710	00000	Overtime	27	55	-	-	-
10	713	20013	00000	Social Security	7,524	8,144	10,388	12,072	13,550
10	713	20014	00000	Retirement	16,197	18,709	26,457	27,709	32,875
10	713	20015	00000	Workers Compensation	372	471	499	552	582
10	713	20016	00000	Health Insurance	18,278	18,278	27,417	27,417	27,417
10	713	20027	00000	Dental	1,100	1,100	1,650	1,650	1,650
10	713	20028	00000	Vision	200	200	300	300	300
<b>Salary and Wage Totals</b>					<b>148,616</b>	<b>160,740</b>	<b>214,559</b>	<b>227,499</b>	<b>253,500</b>
10	713	30018	00000	Travel	-	236	452	500	600
10	713	30056	00000	Data Processing	11,075	12,384	15,501	15,500	17,000
10	713	30059	00000	Copier Click Charges	2,515	1,626	1,625	1,800	1,800
10	713	30080	00000	Dues: Organizations	1,737	1,737	1,922	1,800	2,025
10	713	30084	00000	Staff Development	1,083	2,143	1,959	4,500	4,000
10	713	40031	00000	Small Equipment	2,118	7,112	1,810	2,000	1,000
10	713	40032	00000	Operational	1,327	913	1,410	2,500	2,500
10	713	40034	00000	Food	-	-	103	-	-
10	713	40045	00000	IT Replacement Equipment/Software	-	-	1,607	2,500	1,500
10	713	40065	00000	Clothing/Uniforms	200		265	400	500
10	713	40102	00000	Subscription	150	150	160	150	190
<b>Expenditure Total</b>					<b>20,205</b>	<b>26,301</b>	<b>26,814</b>	<b>31,650</b>	<b>31,115</b>
<b>Department Total</b>					<b>168,821</b>	<b>187,041</b>	<b>241,373</b>	<b>259,149</b>	<b>284,615</b>
<b>Direct Revenue</b>									
					FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Budget	FY 2025 Budget
<b>Departmental Total Direct Revenue</b>					-	-	-	-	-
<b>Positions</b>									
					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
<b>Total Full Time Employees</b>					2	2	3	3	3
					2	2	3	3	3

**Oconee County, South Carolina  
Public Defender (510)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	510	95100	20204	Oconee County Public Defender	240,000	250,000	250,000	250,000	275,000
				<b>Department Total</b>	<b>240,000</b>	<b>250,000</b>	<b>250,000</b>	<b>250,000</b>	<b>275,000</b>
<b>Direct Revenue</b>									
					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
					Actual	Actual	Actual	Budget	Budget
<b>Departmental Total Direct Revenue</b>					-	-	-	-	-
<b>Positions</b>									
					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
<b>Total Full Time Employees</b>					-	-	-	-	-



**Oconee County, South Carolina  
Register of Deeds (735)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
010	735	10110	00000	<b>Salary and Wages</b>	162,635	173,968	173,436	189,835	204,083
010	735	10710	00000	<b>Overtime</b>	-	135	169	500	500
010	735	20013	00000	<b>Social Security</b>	11,350	12,225	12,858	14,589	15,677
010	735	20014	00000	<b>Retirement</b>	25,193	28,662	31,455	33,489	38,036
010	735	20015	00000	<b>Workers Compensation</b>	583	732	594	668	673
010	735	20016	00000	<b>Health Insurance</b>	36,556	36,556	36,556	36,556	36,556
010	735	20027	00000	<b>Dental</b>	2,200	2,200	2,200	2,200	2,200
010	735	20028	00000	<b>Vision</b>	400	400	400	400	400
<b>Salary and Wage Totals</b>					<b>238,917</b>	<b>254,878</b>	<b>257,668</b>	<b>278,237</b>	<b>298,125</b>
010	735	30024	00000	<b>Equipment Maintenance</b>	3,992	270	2,344	2,300	2,350
010	735	30056	00000	<b>Data Processing</b>	50,192	50,164	49,746	52,000	53,500
010	735	30059	00000	<b>Copier Click Charges</b>	1,720	1,898	1,900	4,500	2,500
010	735	30080	00000	<b>Dues: Organizations</b>	235	235	235	320	300
010	735	30084	00000	<b>Staff Development</b>	-	-	-	1,000	500
010	735	40031	00000	<b>Small Equipment</b>	1,253	18,003	2,151	1,500	1,500
010	735	40032	00000	<b>Operational</b>	5,400	2,776	23,935	6,000	10,000
<b>Expenditure Total</b>					<b>62,792</b>	<b>73,346</b>	<b>80,311</b>	<b>67,620</b>	<b>70,650</b>
<b>Department Total</b>					<b>301,709</b>	<b>328,224</b>	<b>337,979</b>	<b>345,857</b>	<b>368,775</b>
<b>Direct Revenue</b>									
					<b>FY 2021 Actual</b>	<b>FY 2022 Actual</b>	<b>FY 2023 Actual</b>	<b>FY 2024 Budget</b>	<b>FY 2025 Budget</b>
010	080	00805	14100	Register of Deeds	1,437,784	1,734,133	1,372,839	1,700,000	1,850,000
10	80	805	11902	3% State Document Fee	74,867	96,778	73,294	85,000	70,000
010	081	00810	21400	Register of Deeds Supplemental Salary	1,575	1,575	1,575	15,000	15,000
<b>Departmental Total Direct Revenue</b>					<b>1,514,226</b>	<b>1,832,486</b>	<b>1,447,708</b>	<b>1,800,000</b>	<b>1,935,000</b>
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>Total Full Time Employees</b>					<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>
					<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>

**Oconee County, South Carolina**  
**Roads and Bridges (601)**  
**2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	601	10110	00000	Salary and Wages	1,311,427	1,277,508	1,295,788	1,367,307	1,363,926
10	601	10710	00000	Overtime	26,824	46,389	32,458	40,000	40,000
10	601	20013	00000	Social Security	97,249	96,474	101,205	128,205	131,880
10	601	20014	00000	Retirement	207,305	217,463	238,313	291,197	319,961
10	601	20015	00000	Workers Compensation	124,125	137,780	113,740	139,396	140,716
10	601	20016	00000	Health Insurance	329,004	329,004	329,004	329,004	338,143
10	601	20027	00000	Dental	19,800	19,800	19,800	19,800	20,350
10	601	20028	00000	Vision	3,600	3,600	3,600	3,600	3,700
<b>Salary and Wage Totals</b>					<b>2,119,334</b>	<b>2,128,018</b>	<b>2,133,908</b>	<b>2,318,509</b>	<b>2,358,676</b>
10	601	30024	00000	Equipment Maintenance	2,970	1,973	4,159	4,000	4,250
10	601	30025	00000	Professional	210	3,187	7,500	7,500	7,000
10	601	30037	00000	Equipment Rental (Crusher & Screen)	1,061	2,353	-	10,000	-
10	601	30056	00000	Data Processing	1,119	1,232	1,233	1,500	1,700
10	601	30059	00000	Copier Click Charges	1,483	1,355	1,137	2,500	2,000
10	601	30080	00000	Dues: Organizations	886	232	239	1,240	1,000
10	601	30084	00000	Staff Development	574	2,000	1,954	5,000	3,500
10	601	30091	00000	Special Departmental Supplies	699	2,499	9,686	1,500	2,000
10	601	33022	00000	Building/Grounds Maintenance	13,797	4,409	3,635	3,000	4,000
10	601	34042	00000	Gas and Fuel Oil	2,710	2,870	3,660	4,000	4,000
10	601	34043	00000	Electricity	12,503	11,380	10,500	12,000	12,000
10	601	34044	00000	Water/Sewer/Garbage	3,065	3,067	2,392	3,200	3,200
10	601	40027	00000	Safety Equipment	11,454	12,368	10,072	13,000	14,000
10	601	40031	00000	Small Equipment	22,022	8,204	9,825	18,000	15,000
10	601	40032	00000	Operational	1,372	1,471	2,509	2,500	3,500
10	601	40034	00000	Food	1,828	2,433	3,281	3,500	3,500
10	601	40065	00000	Uniforms/Clothing	12,318	9,896	14,225	16,000	16,000
10	601	60735	00000	General Gravel Use	11,763	-	-	-	-
10	601	80601	00000	Vehicle Maintenance	299,156	201,486	325,623	325,000	300,000
10	601	81601	00000	Gasoline	33,260	45,708	39,453	50,000	47,000
10	601	82601	00000	Diesel	102,189	133,298	155,383	125,000	155,000
<b>Expenditure Total</b>					<b>536,439</b>	<b>451,421</b>	<b>606,466</b>	<b>608,440</b>	<b>598,650</b>
<b>Department Total</b>					<b>2,655,773</b>	<b>2,579,439</b>	<b>2,740,374</b>	<b>2,926,949</b>	<b>2,957,326</b>
<b>Direct Revenue</b>									
					<b>FY 2021 Actual</b>	<b>FY 2022 Actual</b>	<b>FY 2023 Actual</b>	<b>FY 2024 Budget</b>	<b>FY 2025 Budget</b>
10	80	805	10601	Encroachment Fees - Roads and Bridges	31,959	24,642	31,748	30,000	35,000
10	80	805	60003	Storm Water Assistance Fund	5,715	8,463	7,077	7,000	7,000
10	80	805	60105	Sign Fees - Roads and Bridges	5,044	3,043	2,541	6,000	2,500
<b>Departmental Total Direct Revenue</b>					<b>42,718</b>	<b>36,148</b>	<b>41,366</b>	<b>43,000</b>	<b>44,500</b>
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>General Fund Full Time Employees</b>					<b>36</b>	<b>37</b>	<b>37</b>	<b>37</b>	<b>37</b>

Oconee County, South Carolina  
 Sheriff (101)  
 2024-2025 Budget

Account Number	Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10 101 10110 00000	Salary and Wages	5,157,537	5,359,727	5,769,580	6,123,072	6,638,366
10 101 10710 00000	Overtime	357,662	332,688	328,586	310,000	300,000
10 101 20013 00000	Social Security	402,384	416,514	469,857	525,564	560,620
10 101 20014 00000	Retirement	993,066	1,080,941	1,283,898	1,351,587	1,547,972
10 101 20015 00000	Workers Compensation	210,503	251,719	220,511	247,941	258,094
10 101 20016 00000	Health Insurance	997,391	1,033,836	1,149,229	1,151,514	1,105,819
10 101 20027 00000	Dental	59,950	62,150	69,163	69,300	66,550
10 101 20028 00000	Vision	10,900	11,300	12,575	12,600	12,100
10 120 10120 00000	Bailiffs	28,859	44,371	48,388	50,000	60,000
10 101 10110 00000	Extra Duty Pay	63,992	109,363	173,086	-	150,000
	<b>Salary and Wage Totals</b>	<b>8,282,244</b>	<b>8,702,609</b>	<b>9,524,873</b>	<b>9,841,578</b>	<b>10,699,521</b>
10 101 30018 00000	Travel	-	(6,422)	688	-	-
10 101 30024 00000	Equipment Maintenance	5,508	3,448	6,454	9,500	9,500
10 101 30025 00000	Professional	87,354	99,966	117,674	125,000	130,000
10 101 30025 00260	Professional K9 (New Line Item)	-	-	-	-	28,800
10 101 30056 00000	Data Processing	86,734	85,322	80,241	210,000	215,000
10 101 30059 00000	Copier Click Charges	8,367	11,403	11,252	10,000	11,000
10 101 30062 00000	Medical	3,097	3,410	5,265	6,500	7,500
10 101 30080 00000	Dues: Organizations	6,285	6,416	6,911	6,500	7,500
10 101 30084 00000	Staff Development	38,213	39,232	40,544	45,000	50,000
10 101 33022 00260	Maint. Bldg/Grds-Sheriffs Dept Fire	521	2,260	-	-	-
10 101 34043 00000	Electricity	3,806	4,057	3,694	4,000	4,200
10 101 34044 00000	Water/Sewer/Garbage	418	501	463	600	600
10 101 40031 00000	Small Equipment	53,114	44,780	53,131	50,000	65,000
10 101 40031 00260	Non-Cap Equipment	44,306	-	-	-	-
10 101 40032 00000	Operational	36,888	41,391	42,891	45,000	50,000
10 101 40033 00000	Postage	2,291	621	584	600	600
10 101 40034 00000	Food	1,856	2,234	1,974	3,500	4,000
10 101 40045 00000	IT Replacement Equipment/Software	31,658	26,016	26,794	29,000	35,000
10 101 40065 00000	Uniforms/Clothing	80,607	138,745	106,293	110,000	112,000
10 101 40065 00004	Clothing for Plain Clothes Officers	26,949	27,073	26,939	27,900	27,900
10 101 40353 00000	Firing Range	57,360	60,052	67,381	85,000	90,000
10 101 40354 00000	Sub-Station	3,215	1,939	17,367	3,000	3,000
10 101 60402 00155	DSS Child Support (Federal)	3,902	4,537	3,010	4,500	-
10 101 60444 00000	Helicopter Maintenance	7,673	8,586	6,966	8,500	8,500
10 101 60735 00000	General Gravel Use	-	-	291	-	-
10 101 80101 00000	Vehicle Maintenance	217,268	277,328	344,199	155,000	330,000
10 101 81101 00000	Gasoline	269,987	466,681	443,314	375,000	450,000
10 101 82101 00000	Diesel	228	645	399	750	750
	<b>Expenditure Totals</b>	<b>1,077,605</b>	<b>1,350,221</b>	<b>1,414,719</b>	<b>1,314,850</b>	<b>1,640,850</b>
	<b>Department Total</b>	<b>9,359,849</b>	<b>10,052,830</b>	<b>10,939,592</b>	<b>11,156,428</b>	<b>12,340,371</b>
<b>Direct Revenue</b>						
		<b>FY 2021 Actual</b>	<b>FY 2022 Actual</b>	<b>FY 2023 Actual</b>	<b>FY 2024 Budget</b>	<b>FY 2025 Budget</b>
10 80 805 900	Sheriff-Voluntary Extra Duty Pay	80,122	142,980	176,512	80,000	185,000
10 80 805 10400	Sheriff Civil Fees	7,495	7,585	7,435	7,500	8,500
10 80 805 10401	Miscellaneous - Sheriff	43,263	23,787	2,714	20,000	7,000
10 80 805 16024	Litter Fine In Lieu of Pickup	720	480	480	-	250
10 81 810 20400	Sheriff Supplement	1,575	1,575	15,000	15,000	15,000
10 81 810 60460	Resource Officer Reimbursement	662,901	547,458	594,975	790,475	886,696
10 82 830 25600	Sheriff Title IVD Service of Process	4,472	8,976	-	9,500	9,500
	<b>Departmental Total Direct Revenue</b>	<b>800,548</b>	<b>732,841</b>	<b>797,116</b>	<b>922,475</b>	<b>1,111,946</b>
<b>Positions</b>						
		<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
	General Fund Officers	86	89	94	94	94
	School Resources Officers - School District Funded	11	11	11	11	11
	School Resources Officers - County Funded	6	6	6	6	6
	General Fund General Staff	9	9	9	9	9
	School Resources Officers - Grant Funded	1	1	1	1	1
	Victims Services Employees Fund 210	2	2	2	2	2
	Bailiffs Employees	1	1	1	1	-
	Part-Time Employees	8	8	8	8	8
	<b>Total Positions</b>	<b>124</b>	<b>127</b>	<b>132</b>	<b>132</b>	<b>131</b>

**Oconee County, South Carolina  
Soil and Water Conservation District (716)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	716	10110	00000	Salary and Wages	32,002	28,487	35,570	37,686	39,465
10	716	10710	00000	Overtime	713	625	861	-	500
10	716	20013	00000	Social Security	2,239	2,618	2,724	2,883	3,080
10	716	20014	00000	Retirement	5,059	5,870	6,533	6,995	7,473
10	716	20015	00000	Workers Compensation	933	1,150	1,003	121	1,174
10	716	20016	00000	Health Insurance	9,139	9,139	9,139	9,139	9,139
10	716	20027	00000	Dental	550	550	550	550	550
10	716	20028	00000	Vision	100	100	100	100	100
<b>Salary and Wage Totals</b>					<b>50,735</b>	<b>48,539</b>	<b>56,480</b>	<b>57,474</b>	<b>61,481</b>
10	716	30066	00000	Insurance	2,375	2,375	2,375	2,500	2,500
10	716	33022	00000	Building/Grounds Maintenance	10,240	5,594	12,100	15,000	17,500
10	716	34042	00000	Gas and Fuel Oil - USDA Building	1,306	1,529	1,713	1,800	1,800
10	716	34043	00000	Electricity - USDA Building	3,940	4,060	4,044	5,000	5,000
10	716	34044	00000	Water/Sewer/Garbage	811	876	1,349	1,300	1,500
10	716	95100	20200	Coop. Extension Service	11,538	12,238	12,838	12,838	12,838
<b>Expenditure Total</b>					<b>30,210</b>	<b>26,672</b>	<b>34,419</b>	<b>38,438</b>	<b>41,138</b>
<b>Department Total</b>					<b>80,945</b>	<b>75,211</b>	<b>90,899</b>	<b>95,912</b>	<b>102,619</b>
<b>Direct Revenue</b>									
					FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Budget	FY 2025 Budget
10	80	805	20800	Soil and Water	6,139	6,139	6,139	6,139	6,139
<b>Departmental Total Direct Revenue</b>					<b>6,139</b>	<b>6,139</b>	<b>6,139</b>	<b>6,139</b>	<b>6,139</b>
<b>Positions</b>									
					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
<b>Total Full Time Employees</b>					<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
					<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>

**Oconee County, South Carolina  
Solicitor (504)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	504	10110	00000	<b>Salary and Wages</b>	553,704	506,782	570,045	721,732	754,115
10	504	20013	00000	<b>Social Security</b>	38,699	37,273	40,532	55,212	57,690
10	504	20014	00000	<b>Retirement</b>	85,180	88,101	100,658	128,633	144,809
10	504	20015	00000	<b>Workers Compensation</b>	5,061	8,758	9,638	7,040	8,880
10	504	20016	00000	<b>Health Insurance</b>	109,668	109,668	107,233	109,668	109,668
10	504	20027	00000	<b>Dental</b>	6,600	6,600	6,600	6,600	6,600
10	504	20028	00000	<b>Vision</b>	1,200	1,200	1,200	1,200	1,200
<b>Salary and Wage Totals</b>					<b>800,112</b>	<b>758,382</b>	<b>835,906</b>	<b>1,030,085</b>	<b>1,082,962</b>
10	504	80504	00000	<b>Vehicle Maintenance</b>	487	157	784	500	750
10	504	81504	00000	<b>Gasoline</b>	1,401	3,256	3,027	1,000	3,000
<b>Expenditure Total</b>					<b>1,888</b>	<b>3,413</b>	<b>3,811</b>	<b>1,500</b>	<b>3,750</b>
<b>Department Total</b>					<b>802,000</b>	<b>761,795</b>	<b>839,717</b>	<b>1,031,585</b>	<b>1,086,712</b>
<b>Direct Revenue</b>									
					<b>FY 2021 Actual</b>	<b>FY 2022 Actual</b>	<b>FY 2023 Actual</b>	<b>FY 2024 Budget</b>	<b>FY 2025 Budget</b>
10	80	805	10504	<b>Worthless Checks</b>	3,116	2,050	2,009	3,000	2,000
10	80	805	16006	<b>Solicitor's Traffic Education</b>	38	153	573	-	500
<b>Departmental Total Direct Revenue</b>					<b>3,154</b>	<b>2,203</b>	<b>2,582</b>	<b>3,000</b>	<b>2,500</b>
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>General Fund Employees</b>					10	10	10	10	10
<b>General Fund Employees - Reimbursed from Anderson County</b>					2	2	2	2	2
<b>215 Fund Victim Services Coordinator</b>					1	1	1	1	1
					<b>13</b>	<b>13</b>	<b>13</b>	<b>13</b>	<b>13</b>

**Oconee County, South Carolina  
Solid Waste (718)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	718	10110	00000	Salary and Wages	1,067,934	1,105,562	1,149,053	1,238,864	1,348,223
10	718	10710	00000	Overtime	45,912	79,540	153,803	30,000	80,000
10	718	20013	00000	Social Security	79,566	84,891	97,445	107,492	116,909
10	718	20014	00000	Retirement	172,169	194,905	234,864	245,709	283,638
10	718	20015	00000	Workers Compensation	84,643	96,969	83,488	90,488	98,078
10	718	20016	00000	Health Insurance	329,004	329,004	329,004	329,004	338,143
10	718	20027	00000	Dental	19,800	19,800	19,800	19,800	20,350
10	718	20028	00000	Vision	3,600	3,600	3,600	3,600	3,700
<b>Salary and Wage Totals</b>					<b>1,802,628</b>	<b>1,914,271</b>	<b>2,071,057</b>	<b>2,064,957</b>	<b>2,289,041</b>
10	718	30018	00000	Travel	-	-	705	-	-
10	718	30024	00000	Equipment Maintenance	38,302	37,950	59,573	55,000	57,000
10	718	30025	00000	Professional	259,785	327,117	444,878	612,000	600,000
10	718	30037	00000	Equipment Rental	109,408	53,626	99,532	40,000	20,000
10	718	30059	00000	Copier Click Charges	1,482	1,545	1,569	1,500	1,600
10	718	30080	00000	Dues: Organizations	233	223	245	400	500
10	718	30084	00000	Staff Development	66	530	2,567	3,000	4,000
10	718	30091	00000	Special Departmental Supplies	-	-	-	2,000	2,500
10	718	33022	00000	Building/Grounds Maintenance	20,847	24,642	64,646	45,000	47,000
10	718	34043	00000	Electricity	46,437	53,384	54,842	55,000	55,500
10	718	34044	00000	Water/Sewer/Garbage	7,992	10,588	11,266	11,000	11,500
10	718	40027	00000	Safety Equipment	7,451	8,835	9,387	11,000	11,000
10	718	40031	00000	Small Equipment	9,900	11,762	13,390	15,000	15,000
10	718	40032	00000	Operational	14,498	14,292	37,300	35,000	36,000
10	718	40033	00000	Postage	258	233	183	200	200
10	718	40034	00000	Food	408	562	2,046	1,500	1,500
10	718	40045	00000	IT Replacement Equipment/Software	286	2,205	1,515	-	-
10	718	40065	00000	Uniforms/Clothing	9,921	6,255	11,960	11,500	12,000
10	718	60005	00000	Testing Wells	59,254	66,704	196,488	145,000	145,000
10	718	60007	00000	Tipping Fees/MSW Disposal	1,939,094	2,010,491	1,933,239	2,500,000	2,700,000
10	718	60008	00000	Impact Fees for Tires	57,093	75,698	60,038	90,000	90,000
10	718	60055	00000	Credit Application Fee	1,216	1,227	2,597	-	-
10	718	60735	00000	General Gravel Use	11,121	26,585	19,821	10,000	10,000
10	718	80718	00000	Vehicle Maintenance	256,584	228,731	456,191	225,000	240,000
10	718	81718	00000	Gasoline	6,552	11,724	11,972	7,500	12,000
10	718	82718	00000	Diesel	99,079	196,915	190,769	200,000	212,000
<b>Expenditure Total</b>					<b>2,957,267</b>	<b>3,171,824</b>	<b>3,686,719</b>	<b>4,076,600</b>	<b>4,284,300</b>
<b>Department Total</b>					<b>4,759,895</b>	<b>5,086,095</b>	<b>5,757,776</b>	<b>6,141,557</b>	<b>6,573,341</b>
<b>Direct Revenue</b>									
					<b>FY 2021 Actual</b>	<b>FY 2022 Actual</b>	<b>FY 2023 Actual</b>	<b>FY 2024 Budget</b>	<b>FY 2025 Budget</b>
10	80	805	14904	Solid Waste Impact Fee for Tires	13,120	14,795	11,903	13,000	13,000
10	80	49807	14900	Solid Waste Tipping Fees	2,192,086	2,497,785	2,671,576	2,650,000	2,800,000
10	80	49807	14902	Solid Waste - Recyclables	211,554	579,530	309,846	250,000	350,000
10	80	49807	14910	Solid Waste - Mulch Sales	-	-	-	-	-
10	81	810	14904	Impact Fee For Tires	43,627	33,187	58,562	45,000	50,000
<b>Departmental Total Direct Revenue</b>					<b>2,460,387</b>	<b>3,125,297</b>	<b>3,051,887</b>	<b>2,958,000</b>	<b>3,213,000</b>
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>Total Full Time Employees</b>					<b>36</b>	<b>37</b>	<b>37</b>	<b>37</b>	<b>37</b>
					<b>36</b>	<b>37</b>	<b>37</b>	<b>37</b>	<b>37</b>

**Oconee County, South Carolina  
South Cove Park (204)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	204	10110	00000	Salary and Wages	178,782	217,789	239,408	252,518	245,308
10	204	10710	00000	Overtime	7,926	13,150	15,042	14,000	14,000
10	204	20013	00000	Social Security	13,678	17,075	19,405	20,421	19,837
10	204	20014	00000	Retirement	28,807	38,063	45,859	46,874	48,128
10	204	20015	00000	Workers Compensation	7,523	10,991	9,639	11,297	11,488
10	204	20016	00000	Health Insurance	45,695	45,695	54,834	54,834	54,834
10	204	20027	00000	Dental	2,750	2,750	3,300	3,300	3,300
10	204	20028	00000	Vision	500	500	600	600	600
<b>Salary and Wage Totals</b>					<b>285,661</b>	<b>346,013</b>	<b>388,087</b>	<b>403,844</b>	<b>397,495</b>
10	204	30018	00000	Travel	-	-	318	-	-
10	204	30024	00000	Equipment Maintenance	1,091	876	1,486	1,000	1,000
10	204	30025	00000	Professional	45,257	51,229	42,444	45,447	45,447
10	204	30037	00000	Equipment Rental	787	752	-	1,000	1,000
10	204	30041	00000	Telecommunications	-	200	-	-	-
10	204	30080	00000	Dues Organizations	62	-	-	-	-
10	204	30084	00000	Staff Development	1,010	1,044	1,534	2,500	2,500
10	204	33022	00000	Building/Grounds Maintenance	38,078	41,514	-	-	-
10	204	34042	00000	Gas and Fuel Oil	332	-	328	500	500
10	204	34043	00000	Electricity	69,134	66,779	72,212	72,000	72,000
10	204	34044	00000	Water/Sewer/Garbage	5,308	11,192	11,574	13,000	13,000
10	204	40031	00000	Small Equipment	5,693	4,789	4,766	7,500	7,500
10	204	40032	00000	Operational	21,215	24,584	28,918	30,000	29,000
10	204	40034	00000	Food	117	108	138	250	500
10	204	40045	00000	IT Replacement Eq	-	-	750	1,200	500
10	204	40065	00000	Uniforms/Clothing	3,278	3,628	4,254	4,000	5,000
10	204	40832	00000	Concessions	41,786	53,317	57,646	55,000	57,000
<b>Expenditure Total</b>					<b>233,148</b>	<b>260,012</b>	<b>226,368</b>	<b>233,397</b>	<b>234,947</b>
<b>Department Total</b>					<b>518,809</b>	<b>606,025</b>	<b>614,455</b>	<b>637,241</b>	<b>632,442</b>
<b>Direct Revenue</b>									
					<b>FY 2021 Actual</b>	<b>FY 2022 Actual</b>	<b>FY 2023 Actual</b>	<b>FY 2024 Budget</b>	<b>FY 2025 Budget</b>
10	80	805	00204	South Cove Park	458,375	439,026	434,854	460,000	460,000
<b>Departmental Total Direct Revenue</b>					<b>458,375</b>	<b>439,026</b>	<b>434,854</b>	<b>460,000</b>	<b>460,000</b>
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>Total Full Time Employees</b>					<b>5</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>

**Oconee County, South Carolina  
Treasurer (306)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	306	10110	00000	Salary and Wages	285,707	320,962	342,581	344,177	357,448
10	306	10710	00000	Overtime	453	354	38	500	500
10	306	20013	00000	Social Security	20,526	23,120	25,533	26,408	27,421
10	306	20014	00000	Retirement	44,078	52,842	61,618	60,618	66,528
10	306	20015	00000	Workers Compensation	3,035	6,143	5,692	4,345	4,544
10	306	20016	00000	Health Insurance	59,404	54,834	63,973	63,973	63,973
10	306	20027	00000	Dental	3,550	3,300	3,850	3,850	3,850
10	306	20028	00000	Vision	650	600	700	700	700
<b>Salary and Wage Totals</b>					<b>417,403</b>	<b>462,155</b>	<b>503,985</b>	<b>504,571</b>	<b>524,964</b>
10	306	30018	00000	Travel	272	2,109	830	800	1,200
10	306	30024	00000	Equipment Maintenance - Decal Printers	2,145	2,529	-	2,700	2,700
10	306	30025	00000	Professional	40,733	23,256	21,917	54,000	40,000
10	306	30056	00000	Data Processing	29,184	33,496	30,588	42,400	45,000
10	306	30059	00000	Copier Click Charges	686	797	949	1,290	1,300
10	306	30080	00000	Dues: Organizations	150	150	-	260	225
10	306	30084	00000	Staff Development	299	1,399	3,289	5,000	4,000
10	306	40031	00000	Small Equipment	2,106	19	-	1,300	1,000
10	306	40032	00000	Operational	12,367	7,952	13,530	16,500	16,000
10	306	40033	00000	Postage	80,116	84,430	96,997	100,000	100,000
10	306	40045	00000	IT Replacement Equipment/Software	1,929	-	801	3,870	3,870
10	306	80306	00000	Vehicle Maintenance	341	20	157	1,100	500
10	306	81306	00000	Gasoline	936	1,673	1,331	1,400	1,400
<b>Expenditure Total</b>					<b>171,264</b>	<b>157,830</b>	<b>170,389</b>	<b>230,620</b>	<b>217,195</b>
<b>Department Total</b>					<b>588,667</b>	<b>619,985</b>	<b>674,374</b>	<b>735,191</b>	<b>742,159</b>
<b>Direct Revenue</b>									
					<b>FY 2021 Actual</b>	<b>FY 2022 Actual</b>	<b>FY 2023 Actual</b>	<b>FY 2024 Budget</b>	<b>FY 2025 Budget</b>
10	80	805	00306	PRT Season Pass - Treasurer	850	815	365	500	500
10	80	805	10310	Vehicle Decal Fees	72,790	71,256	73,895	72,000	76,000
<b>Departmental Total Direct Revenue</b>					<b>73,640</b>	<b>72,071</b>	<b>74,260</b>	<b>72,500</b>	<b>76,500</b>
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>Total Full Time Employees</b>					<b>6</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>



**Oconee County, South Carolina  
Vehicle Maintenance (721)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	721	10110	00000	Salary and Wages	552,889	574,256	556,668	639,174	605,645
10	721	10710	00000	Overtime	1,700	3,691	6,722	3,000	5,000
10	721	20013	00000	Social Security	40,206	42,361	42,481	49,291	46,791
10	721	20014	00000	Retirement	85,925	96,203	97,215	112,937	113,521
10	721	20015	00000	Workers Compensation	31,023	35,094	26,528	29,991	28,160
10	721	20016	00000	Health Insurance	127,946	127,946	127,946	127,946	127,946
10	721	20027	00000	Dental	7,700	7,700	7,700	7,700	7,700
10	721	20028	00000	Vision	1,400	1,400	1,400	1,400	1,400
<b>Salary and Wage Totals</b>					<b>848,789</b>	<b>888,651</b>	<b>866,660</b>	<b>971,439</b>	<b>936,163</b>
10	721	30024	00000	Equipment Maintenance	1,741	4,570	9,460	6,500	6,800
10	721	30025	00000	Professional	-	7,593	-	-	-
10	721	30056	00000	Data Processing	12,696	5,890	10,677	13,500	14,000
10	721	30059	00000	Copier Click Charges	1,144	1,445	1,722	1,500	1,500
10	721	30080	00000	Dues: Organizations	-	100	300	150	150
10	721	30084	00000	Staff Development	24	1,965	4,209	10,000	8,500
10	721	33022	00000	Building/Grounds Maintenance	2,000	4,364	5,379	5,000	5,500
10	721	34042	00000	Gas and Fuel Oil	3,123	3,257	4,291	3,700	4,500
10	721	34043	00000	Electricity	11,104	10,236	10,320	12,500	11,500
10	721	34044	00000	Water/Sewer/Garbage	1,508	2,044	2,163	2,500	2,500
10	721	40027	00000	Safety Equipment	3,392	5,016	5,927	7,500	6,500
10	721	40031	00000	Small Equipment	13,909	16,792	24,493	25,000	25,000
10	721	40032	00000	Operational	10,087	8,977	13,912	11,000	14,000
10	721	40033	00000	Postage	-	-	-	100	1,100
10	721	40034	00000	Food	929	374	499	1,000	750
10	721	40045	00000	IT Replacement Equipment/Software	-	1,122	-	2,500	2,500
10	721	40065	00000	Uniforms/Clothing	4,928	5,760	6,318	3,500	6,500
10	721	80721	00000	Vehicle Maintenance - Vehicle Maintenance	7,504	7,863	9,655	10,000	10,000
10	721	81721	00000	Gasoline - Vehicle Maintenance	10,047	15,064	16,667	10,500	15,000
10	721	82721	00000	Diesel - Vehicle Maintenance	167	650	107	1,000	500
<b>Expenditure Total</b>					<b>84,303</b>	<b>103,082</b>	<b>126,099</b>	<b>127,450</b>	<b>136,800</b>
<b>Department Total</b>					<b>933,092</b>	<b>991,733</b>	<b>992,759</b>	<b>1,098,889</b>	<b>1,072,963</b>
<b>Direct Revenue</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
					<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Budget</b>	<b>Budget</b>
10	80	805	12032	Vehicle Maintenance Labor	1,110	-	-	-	-
<b>Departmental Total Direct Revenue</b>					<b>1,110</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>Total Full Time Employees</b>					<b>14</b>	<b>14</b>	<b>14</b>	<b>14</b>	<b>14</b>
					<b>14</b>	<b>14</b>	<b>14</b>	<b>14</b>	<b>14</b>

**Oconee County, South Carolina  
Veterans' Affairs (404)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	404	10110	00000	Salary and Wages	131,206	134,070	141,852	145,677	153,121
10	404	10710	00000	Overtime	-	-	-	750	-
10	404	20013	00000	Social Security	9,523	10,154	10,398	11,215	11,771
10	404	20014	00000	Retirement	20,324	22,062	25,667	25,743	28,558
10	404	20015	00000	Workers Compensation	2,406	2,754	2,483	2,518	2,506
10	404	20016	00000	Health Insurance	27,417	27,417	27,417	27,418	27,417
10	404	20027	00000	Dental	1,650	1,650	1,650	1,650	1,650
10	404	20028	00000	Vision	300	300	300	300	300
<b>Salary and Wage Totals</b>					<b>192,826</b>	<b>198,407</b>	<b>209,767</b>	<b>215,271</b>	<b>225,323</b>
10	404	30018	00000	Travel	-	248	-	-	-
10	404	30025	00000	Professional	1,458	1,378	1,130	1,600	1,500
10	404	30056	00000	Data Processing	36	36	42	40	40
10	404	30059	00000	Copier Click Charges	1,230	1,247	1,481	1,500	1,500
10	404	30080	00000	Dues: Organizations	25	50	25	50	50
10	404	30084	00000	Staff Development	-	449	-	-	-
10	404	40031	00000	Small Equipment	1,060	601	964	1,500	1,500
10	404	40032	00000	Operational	2,851	2,148	6,795	3,000	3,000
10	404	40032	00000	Operational - VA Festivals	-	-	-	-	1,000
10	404	40034	00000	Food	28	369	10,412	3,500	3,500
10	404	40034	00000	Food - VA Festivals	-	-	-	-	5,000
10	404	40065	00000	Clothing/Uniforms	-	-	132	100	100
<b>Expenditure Total</b>					<b>6,688</b>	<b>6,526</b>	<b>20,981</b>	<b>11,290</b>	<b>17,190</b>
<b>Department Total</b>					<b>199,514</b>	<b>204,933</b>	<b>230,748</b>	<b>226,561</b>	<b>242,513</b>
<b>Direct Revenue</b>									
					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
					Actual	Actual	Actual	Budget	Budget
10	81	810	25900	Veterans' Affairs State Aid	5,478	5,615	5,784	5,456	5,478
<b>Departmental Total Direct Revenue</b>					<b>5,478</b>	<b>5,615</b>	<b>5,784</b>	<b>5,456</b>	<b>5,478</b>
<b>Positions</b>									
					FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
<b>Total Full Time Employees</b>					<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>

**Oconee County, South Carolina  
Voter Registration and Elections (715)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
10	715	10110	00000	Salary and Wages	131,651	135,482	142,868	153,585	153,017
10	715	20013	00000	Social Security	11,166	10,201	11,069	11,773	11,729
10	715	20014	00000	Retirement	20,763	21,480	24,933	26,422	28,456
10	715	20015	00000	Workers Compensation	725	667	523	509	504
10	715	20016	00000	Health Insurance	18,278	18,278	18,278	18,278	18,278
10	715	20027	00000	Dental	1,100	1,100	1,000	1,100	1,100
10	715	20028	00000	Vision	200	200	200	200	200
10	799	10130	97715	Poll Workers	40,470	26,852	54,033	30,000	30,000
<b>Salary and Wage Totals</b>					<b>224,353</b>	<b>214,260</b>	<b>252,904</b>	<b>241,867</b>	<b>243,284</b>
10	715	30018	00000	Travel	1,064	2,447	4,885	3,500	4,000
10	715	30024	00000	Equipment Maintenance	9,225	24,836	24,836	24,836	24,836
10	715	30025	00000	Professional	8,103	5,559	8,822	30,000	25,000
10	715	30056	00000	Data Processing	15,663	21,247	30,756	30,756	30,756
10	715	30059	00000	Coper Click Charges	1,003	978	1,273	1,500	1,500
10	715	30068	97715	Advertising SC Elect Reimb	1,539	1,735	3,021	-	-
10	715	30080	00000	Dues: Organizations	350	350	350	350	350
10	715	30084	00000	Staff Development	500	4,448	5,690	7,500	7,500
10	715	40031	00000	Small Equipment	683		1,107	1,000	1,000
10	715	40032	00000	Operational	4,516	6,071	7,691	50,000	20,000
10	715	40032	97715	Operational - SC Elect Reimb	8,448	150	4,824	-	-
10	715	40033	00000	Postage	-	27	-	-	-
10	715	40034	00000	Food	-	-	-	-	500
10	715	40045	00000	IT Replacement Equipment/Software	855	1,137	1,425	2,750	1,000
<b>Expenditure Total</b>					<b>51,949</b>	<b>68,985</b>	<b>94,680</b>	<b>152,192</b>	<b>116,442</b>
<b>Department Total</b>					<b>276,302</b>	<b>283,245</b>	<b>347,584</b>	<b>394,059</b>	<b>359,726</b>
<b>Direct Revenue</b>									
					<b>FY 2021 Actual</b>	<b>FY 2022 Actual</b>	<b>FY 2023 Actual</b>	<b>FY 2024 Budget</b>	<b>FY 2025 Budget</b>
10	81	810	21300	Registration Board	6,750	7,500	7,500	6,750	7,500
10	81	825	97715	SC State Election Reimb	82,194	41,711	36,986	75,000	85,000
<b>Departmental Total Direct Revenue</b>					<b>88,944</b>	<b>49,211</b>	<b>44,486</b>	<b>81,750</b>	<b>92,500</b>
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>Total Full Time Employees</b>					<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>
<b>Board Members</b>					<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>
					<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>

**Oconee County, South Carolina  
Other Financing Uses  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
				<b>Transfer To Capital Projects</b>					
010	095	00171	70012	<b>Fund - Westminster Magistrate</b>	-	500,490	-	-	-
010	095	00171	70013	<b>Transfer Out - 13 Fund</b>	-	37,275		-	-
				<b>Transfer To Sheriff's Victim Services 210 Fund</b>					
010	095	00171	70210		85,000	137,000	40,000	40,000	60,000
				<b>Transfer To Solicitor's Victim Services 215 Fund</b>					
010	095	00171	70215		55,000	110,000	45,000	45,000	35,000
				<b>Transfer to Rock Quarry for COLA Increase</b>					
010	095	00171	70017		-	-	64,367	-	-
				<b>Transfer to Capital Equipment - Vehicle Fund</b>					
010	095	00171	70325		-	-	-	-	-
				<b>Transfer to One Time Capital Fund</b>					
010	090	00171	70340		-	-	-	704,000	
				<b>Transfer Out - 515 Fund - FOCUS</b>					
010	095	00171	70515		-	934,000		-	-
<b>Total Other Financing Uses</b>					<b>140,000</b>	<b>1,718,765</b>	<b>149,367</b>	<b>789,000</b>	<b>95,000</b>

**Oconee County, South Carolina**  
**Emergency Services Protection District Special Revenue Fund**  
**2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
				Number of Mills	2.9	2.9	2.9	2.9	2.9
				Value of a mill	561,398	586,604	602,892	640,128	660,000
<b>Revenues</b>									
020	080	00950	00000	Emergency Services Protection District Millage	1,663,251	1,775,130	1,776,268	1,798,000	1,914,000
<b>Total Revenues</b>					<b>1,663,251</b>	<b>1,775,130</b>	<b>1,776,268</b>	<b>1,798,000</b>	<b>1,914,000</b>
<b>Expenditures</b>									
020	107	10110	00000	Salary					58,688
020	107	10710	00000	Overtime					7,500
020	107	20013	00000	Social Security					5,063
020	107	20014	00000	Retirement					13,117
020	107	20015	00000	Workers Comp					6,672
020	107	20016	00000	Health Insurance					9,139
020	107	20027	00000	Dental Insurance					550
020	107	20028	00000	Vision Insurance					100
020	107	30024	00000	Equipment Maintenance	52,570	56,184	24,843	70,000	70,000
020	107	30025	00000	Professional	-	-	1,315		-
020	107	30041	00000	Telecommunication	5,000	12,532	6,856	18,000	10,000
020	107	30056	00000	Data Processing	-	-	-	-	40,000
020	107	30062	00000	Medical Physicals	26,709	15,000	20,000	50,000	55,000
020	107	30062	00000	Medical - Physicals for Volunteers and Medical Supplies	84,402	81,712	95,718	90,000	95,000
020	107	30084	00000	Staff Development	39,144	47,984	58,021	60,000	70,000
020	107	33022	00000	Maintenance Bldg Grounds	167	10,747	5,940	15,000	20,000
020	107	34042	00000	Gas and Fuel Oil	4,202	5,832	7,640	8,000	13,500
020	107	34043	00000	Electricity	11,140	17,630	19,658	25,000	27,500
020	107	34044	00000	Water/Sewer/Garbage	1,487	1,955	2,505	4,000	4,000
020	107	40031	00000	Small Equipment	10,116	9,879	17,075	25,000	13,500
020	107	40031	00000	Small Equipment - AED Replacement	-	-	-	-	15,000
020	107	40031	00000	Small Equipment - Radio/GOS Upgrades	-	-	-	-	5,000
020	107	50850	00000	Buildings, Capital Exp		10,500	-	50,000	50,000
020	107	50850	00091	Capital Buildings - Whetstone Sub	16,000	-	-		-
020	107	50850	00000	Burn Building Inspecting and repair	-		-	40,000	15,000
020	107	50884	00000	Departmental Paving	-	-	25,124	-	25,000
020	107	80107	00000	Engine Pump Test	-		-	10,000	20,000
				Department Fuel Cost	-	-	-	-	48,000
020	107	81107	00000	Gasoline	-	758	-	-	30,000
020	107	82107	00000	Diesel	-		-	-	-
				Grant to Independent Agencies/Basic Station Exp	1,145,659	1,127,749	1,133,489	1,180,000	1,180,000
020	199	10410	00000	Volunteer Compensation	165,905	151,623	143,600	200,000	200,000
				2022 Cap Lease SCBAs -Principal	-	-			268,126
				2022 Cap Lease SCBAs Interest	-	-			20,566
				*Payoff August, 15, 2026					
<b>Total Expenditures</b>					<b>1,562,501</b>	<b>1,550,085</b>	<b>1,561,784</b>	<b>1,845,000</b>	<b>2,396,021</b>
<b>Change in Fund Balance</b>					<b>100,750</b>	<b>225,045</b>	<b>214,484</b>	<b>(47,000)</b>	<b>(482,021)</b>

<b>Oconee County Emergency Services Protection District</b>			
	<b>District Support</b>	<b>Basic Departmental Expenditures</b>	<b>Total Amount of Support</b>
<b>Fire Departments</b>			
Oakway Fire Department	45,000	15,000	<b>60,000</b>
Corinth - Shiloh Fire Department	45,000	15,000	<b>60,000</b>
Mountain Rest Fire Department	45,000	15,000	<b>60,000</b>
Fair Play Fire Department	45,000	15,000	<b>60,000</b>
Long Creek Fire Department	45,000	15,000	<b>60,000</b>
Cleveland Fire Department	45,000	15,000	<b>60,000</b>
Keowee Ebenezer Fire Department	45,000	15,000	<b>60,000</b>
Friendship Fire Department	45,000	15,000	<b>60,000</b>
Cross Roads Fire Department	45,000	15,000	<b>60,000</b>
Holly Springs Fire Department	45,000	15,000	<b>60,000</b>
Pickett Post Fire Department	45,000	15,000	<b>60,000</b>
South Union Fire Department	45,000	15,000	<b>60,000</b>
West Union Fire Department	45,000	15,000	<b>60,000</b>
Keowee Key Fire Department	45,000	15,000	<b>60,000</b>
Bountyland Fire Department	-	-	<b>25,000</b>
Haz-Mat	22,400	10,000	<b>32,400</b>
<b>Rescue</b>			
Dive Team	26,300	10,000	<b>36,300</b>
Keowee Rescue Squad	20,000	10,000	<b>30,000</b>
Mountain Rest Rescue Squad	20,000	10,000	<b>30,000</b>
Oakway Rescue Squad	20,000	10,000	<b>30,000</b>
Salem Rescue Squad	20,000	10,000	<b>30,000</b>
Seneca Rescue Squad	20,000	10,000	<b>30,000</b>
Special Rescue Team	26,300	10,000	<b>36,300</b>
Walhalla Rescue Squad	20,000	10,000	<b>30,000</b>
Westminster Rescue Squad	20,000	10,000	<b>30,000</b>
<b>Totals</b>	<b>845,000</b>	<b>310,000</b>	<b>1,180,000</b>

**Oconee County, South Carolina**  
**Sheriffs Victims Services Special Revenue Fund (210)**  
**2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
<b>Revenues</b>									
				<b>Assessments</b>				30,000	
210	080	00805	16008	12% Assessment (Magistrate)	29,788	32,684	39,854		35,000
210	080	00805	16009	12% Assessment (Municipal)	2,072	2,480	872		1,600
210	080	00811	16009	12% Assessment (Municipal Walhalla)	6,331	5,070	5,678		6,000
210	080	00812	16009	12% Assessment (Municipal Westminster)	3,392	3,590	4,322		3,600
				<b>Surcharges</b>				24,000	
210	080	00805	16010	Surcharge Victims (Magistrate)	24,181	22,710	28,136		28,000
210	080	00805	16011	Surcharge Victims (Municipal)	1,323	1,813	241		300
210	080	00811	16011	Surcharge Victims (Municipal Walhalla)	2,912	1,502	1,772		3,000
210	080	00812	16011	Surcharge Victims (Municipal Westminster)	1,297	1,175	1,037		1,200
210	080	00811	16040	Municipal Contract (Walhalla)	25,000	-	-	-	
				<b>General Fund Transfer</b>	85,000	137,000	40,000	40,000	60,000
<b>Total Revenues</b>					<b>181,296</b>	<b>208,024</b>	<b>121,912</b>	<b>94,000</b>	<b>138,700</b>
<b>Expenditures</b>									
210	114	10110	00000	Salaries and Fringe	123,753	130,803	135,236	123,336	158,130
				<b>Pay Increase including Fringe</b>					
<b>Total Expenditures</b>					<b>123,753</b>	<b>130,803</b>	<b>135,236</b>	<b>123,336</b>	<b>158,130</b>
<b>Change in Fund Balance</b>					<b>57,543</b>	<b>77,221</b>	<b>(13,324)</b>	<b>(29,336)</b>	<b>(19,430)</b>

**Oconee County, South Carolina**  
**Solicitor's Victims Services Special Revenue Fund (215)**  
**2024-2025 Budget**

Account Number					Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
<b>Revenues</b>										
215	080	00805	73700	Assessments	4,760	2,961	2,856	4,000	4,000	
215	080	00805	73800	Surcharges	22,890	29,884	34,869	20,000	28,000	
215	090	00170	70010	General Fund Transfer	55,000	110,000	45,000	45,000	35,000	
<b>Total Revenues</b>					<b>82,650</b>	<b>142,845</b>	<b>82,725</b>	<b>69,000</b>	<b>67,000</b>	
<b>Expenditures</b>										
215	512	10110	00000	Salaries and Fringe	70,710	75,903	83,405	77,532	74,530	
<b>Total Expenditures</b>					<b>70,710</b>	<b>75,903</b>	<b>83,405</b>	<b>77,532</b>	<b>74,530</b>	
<b>Change in Fund Balance</b>					<b>11,940</b>	<b>66,942</b>	<b>(680)</b>	<b>(8,532)</b>	<b>(7,530)</b>	



**Oconee County, South Carolina**  
**911 Communications Special Revenue Fund (225)**  
**2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
<b>Revenues</b>									
225	080	00805	36000	AT&T E-911 Surcharge Taxes	102,077	85,968	70,597	160,000	70,000
225	080	00805	31010	Competitive Local Exchange Carrier Taxes	51,609	56,698	59,905	60,000	60,000
225	081	00810	19050	State Wireless Funding	147,159	161,974	147,113	70,000	150,000
225	081	00810	19070	Budget and Control Board Funding	252,120	345,586	684,388	200,000	350,000
<b>Total Revenues</b>					<b>552,965</b>	<b>650,226</b>	<b>962,003</b>	<b>490,000</b>	<b>630,000</b>
<b>Expenditures</b>									
225	104	30018	00000	Travel	164	788	4,900	1,000	5,000
225	104	30024	00000	Equipment Maintenance	325,215	509,660	269,455	300,000	275,000
225	104	30041	00000	Telecommunications	110,000	107,918	148,133	150,000	75,000
225	104	30056	00000	Data Processing	23,858	127,738	126,159	50,000	130,000
225	104	30084	00000	Staff Development	1,163	3,441	7,064	7,000	7,000
225	104	40031	00000	Small Capital	5,542	105,477	27,325	20,000	20,000
225	104	40032	00000	Operational	3,374	12,397	17,645	6,000	15,000
225	104	40045	00000	Non-Cap IT Eq/Software	3,174	52,167	27,408	20,000	25,000
225	104	50840	00000	Equipment, Capital Expenditure	-	87,603	192,322	200,000	300,000
225	104	50845	00000	IT Equip, Capital Expenditure	57,523	244	-	200,000	-
225	104	60083	00000	Grant to Indep Agency	80,545	24,277	19,960	30,000	30,000
<b>Total Expenditures</b>					<b>610,558</b>	<b>1,031,710</b>	<b>840,371</b>	<b>984,000</b>	<b>882,000</b>
<b>Change in Fund Balance</b>					<b>(57,593)</b>	<b>(381,484)</b>	<b>121,632</b>	<b>(494,000)</b>	<b>(252,000)</b>

**Oconee County, South Carolina**  
**Tri-County Technical College Special Revenue Fund (250)**  
**2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
				Number of Mills	3.0	3.0	3.0	3.0	3.0
				Value of a mill	561,398	586,604	602,892	640,128	660,000
<b>Revenue</b>									
250	080	00876	00000	<b>Tri-County Technical College</b>	1,808,868	2,018,809	2,037,124	2,037,396	1,980,000
<b>Total Revenues</b>					<b>1,808,868</b>	<b>2,018,809</b>	<b>2,037,124</b>	<b>2,037,396</b>	<b>1,980,000</b>
<b>Expenditures</b>									
250	876	60085	00011	<b>Pendleton Upgrade</b>	484,000	460,200	459,100	458,000	457,300
250	876	60200	00000	<b>County Contribution</b>	1,161,262	1,120,000	1,167,500	1,230,000	1,295,000
<b>Total Expenditures</b>					<b>1,645,262</b>	<b>1,580,200</b>	<b>1,626,600</b>	<b>1,688,000</b>	<b>1,752,300</b>
<b>Transfer out of TCTC Fund to Capital Request Fund</b>					-	-	-	500,000	-
<b>Change in Fund Balance</b>					<b>163,606</b>	<b>438,609</b>	<b>410,524</b>	<b>(150,604)</b>	<b>227,700</b>

**Oconee County, South Carolina  
Road Maintenance Millage - 2.1 (Fund 260)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
				Number of Mills	2.1	2.1	2.1	3.1	3.1
				Value of a mill	561,398	586,604	602,892	640,128	660,000
260	080	00868	00000	Road Maintenance Millage	1,263,215	1,415,012	1,423,987	1,996,400	2,046,000
260	081	00815	41875	C-Funds	-	-	140,000		
260	082	00830	40010	National Forestry Title I	138,300	175,158	149,435	220,000	150,000
<b>Total Revenues</b>					<b>1,401,515</b>	<b>1,590,170</b>	<b>1,713,422</b>	<b>2,216,400</b>	<b>2,196,000</b>
<b>Expenditures</b>									
260	601	00601	40010	National Forestry	-	-	-		150,000
260	601	30025	00000	Professional And Road Inventory	18,727	48,873	27,873	40,000	100,000
260	601	40032	00000	Operational	160,912	124,426	194,423	210,000	300,000
260	601	50840	00000	Capital Equipment*	46,051	-	-	-	-
260	601	50881	00000	Road Paving	-	-	951,264		
260	601	50882	00000	Capital Road Paving Overlay	380,549	-	888,542	-	1,361,000
260	601	60735	00000	Gravel Use	269,663	147,089	196,116	275,000	285,000
260	095	00171	70013	Interfund Transfer Out - 013	-	38,664	-	-	-
<b>Total Expenditures</b>					<b>875,902</b>	<b>359,052</b>	<b>2,258,218</b>	<b>525,000</b>	<b>2,196,000</b>
<b>Change in Fund Balance</b>					<b>525,613</b>	<b>1,231,118</b>	<b>(544,796)</b>	<b>1,691,400</b>	<b>-</b>

**Oconee County, South Carolina  
Community Health and Human Services New Fund (275)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
				Number of Mills				7.1	7.1
				Value of a mill				640,128	660,000
275	080	00805	00000	Community Health & Human Services Millage				4,402,000	4,686,000
				<b>Total Revenue</b>				<b>4,402,000</b>	<b>4,686,000</b>
					<b>Prior Years were in General Fund</b>				
<b>Expenditures</b>									
				<b>Charity Medical:</b>					
275	705	60083	00000	Rosa Clark Medical Clinic	80,000	80,000	80,000	80,000	80,000
275	705	60583	00000	Medically Indigent Assistance	153,967	153,967	153,967	153,967	151,088
				<b>Charity Medical Expenditure Total</b>	<b>233,967</b>	<b>233,967</b>	<b>233,967</b>	<b>233,967</b>	<b>231,088</b>
				<b>Direct Aid</b>					
275	705	95100	02041	CAT Bus System	60,000	60,000	60,000	60,000	-
275	705	95100	20205	OC Board of Disabilities and Special Needs	75,000	75,000	75,000	75,000	75,000
				<b>Oconee Fire/Medical Contribution</b>					
275	705	95100	20207	Seneca	650,000	650,000	650,000	1,300,000	1,300,000
275	705	95100	20208	Walhalla	300,000	300,000	300,000	550,000	550,000
275	705	95100	20209	Wesminster	285,000	285,000	285,000	550,000	550,000
275	705	95100	20210	Salem	200,000	200,000	200,000	300,000	300,000
275	705	95100	20263	Prisma	300,000	300,000	300,000	1,000,000	1,200,000
275	705	95100	20206	Anderson, Oconee, and Pickens Mental Health	60,000	60,000	60,000	60,000	60,000
275	705	95100	20216	Senior Solutions/Lake View Assisted	92,000	92,000	92,000	92,900	92,000
275	705	95100	20262	Oconee Support	126,132	246,122	215,000	180,133	200,000
				<b>Direct Aid Expenditure Total</b>	<b>2,148,132</b>	<b>2,268,122</b>	<b>2,237,000</b>	<b>4,168,033</b>	<b>4,327,000</b>
				<b>Department Total</b>	<b>2,382,099</b>	<b>2,502,089</b>	<b>2,470,967</b>	<b>4,402,000</b>	<b>4,558,088</b>

**Oconee County, South Carolina**  
**Economic Development Capital Projects Fund (315)**  
**2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
				Number of Mills	1.1	1.1	1.1	2.1	1.1
				Value of a mill	561,398	586,604	602,892	640,128	660,000
<b>Revenue</b>									
315	080	00875	00000	Economic Development Millage	659,745	734,019	786,037	1,302,000	726,000
315	080	00875	76021	FILOT	665,759	503,625	1,080,384	800,000	1,000,000
315	080	00807	00000	Utility Tax Credits	-	-	-	125,000	-
315	080	00840	00000	Interest Earnings	-	-	23,677	-	-
315	080	00805	10340	Misc Income	1,216	1,932	234,768	-	-
<b>State Grants</b>									
315	081	00825	90116	SC Rural Infrastructure Authority	500,000	-	-	-	-
315	081	00815	90112	C-Funds	70,000	-	-	-	200,000
				Rural Development Administration					600,000
				SC Power Team Grant				1,000,000	-
				Department of Commerce				1,500,000	142,000
<b>Total Revenue</b>					<b>1,896,720</b>	<b>1,239,576</b>	<b>2,124,866</b>	<b>4,727,000</b>	<b>2,668,000</b>
					<b>To be Distributed to correct account number (Project) at time of Council's Approval.</b>				
<b>General</b>									
315	707	30025	00000	Professional	3,831	45,971	15,952	<b>5,807,000</b>	<b>1,779,000</b>
315	707	30025	00035	Professional - Ed Gardner Land	-	35,057	-		
315	707	30025	00060	Professional - GCCP	-	-	140,015		850,000
315	707	30025	00099	Professional-SRP Water/Sewer	26,897	-	-	-	-
315	707	30025	00280	Professional-Exit 4 Sewer	45,659	21,047	102,844	-	-
315	707	30025	00858	Professional - 2016B GO Bond	14,254	4,720	-	-	-
315	707	34043	00000	Electric	6,472	8,572	9,427	-	9,000
315	707	50830	00099	Cap Infra-SRP Water	182,566	-	-	-	-
315	707	50830	90114	Cap Infra - RIA Grant OITP	500,000	-	-	-	-
315	707	50850	92052	Cap Buildings-Chau Ram	90,548	-	-	-	-
315	707	50860	00035	Capital Land - Ed Gardner	5,000	-	-	-	-
315	707	50881	90115	Cap Road-BREC OITP	20,091	-	-	-	-
315	707	51010	00000	Land Transfer to Company		150,009	-		
315	707	60707	00047	Casto Infrastructure	-	18,987	-		
315	707	95101	00311	OJRSA-Fair Play Sewer Operations/Maintenance	3,795	29,596	27,772	-	30,000
315	707	95101	00312	OJRSA-Fair Play Sewer Contribution	182,377	234,522	68,637	-	-
315	707	95110	00016	Grant to Salem Water Line Loop		210,000	-	-	-
315	707	95110	02041	Grant to Seneca Cat Bus	300,000	-	-	-	-
<b>Total Expenditures</b>					<b>1,381,490</b>	<b>758,481</b>	<b>364,647</b>	<b>5,807,000</b>	<b>2,668,000</b>
<b>Excess (Deficiency) of Revenues over Expenditures</b>					<b>515,230</b>	<b>481,095</b>	<b>1,760,219</b>	<b>(1,080,000)</b>	<b>-</b>
<b>Other Financing Sources</b>									
				Use of Fund Balance				1,500,000	
<b>Other Financing Uses</b>									
				Sewer/OJRSA	-	(500,000)	-	(500,000)	-
				Transfer to PRT Fund 330				(725,640)	-
<b>Change in Fund Balance</b>					<b>\$ 515,230</b>	<b>\$ (18,905)</b>	<b>\$ 1,760,219</b>	<b>\$ (80,000)</b>	<b>\$ -</b>

**Oconee County, South Carolina  
Bridges and Culverts Capital Projects Fund (320)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
				Number of Mills	1	1	1	1	1
				Value of a mill	561,398	586,604	602,892	640,128	660,000
<b>Revenue</b>									
320	080	00899	00000	Bridges and Culverts Millage	600,681	677,236	672,004	620,000	660,000
<b>Total Revenue</b>					<b>600,681</b>	<b>677,236</b>	<b>672,004</b>	<b>620,000</b>	<b>660,000</b>
<b>Expenditures</b>									
320	601	30025	00000	Professional	-	88,741	1,428	-	-
320	601	30025	52005	Professional Cherokee Lake Bridge	19,511	69,366	-	-	-
320	601	50885	52005	Lake Cherokee Bridge	-	677,582	-	-	-
320	601	30885	00000	Maintenance / Repair	76,535	52,803	62,365	620,000	620,000
320	601	50840	00000	Capital Equipment	69,460	-	-	-	-
320	601	50885	?????	Cap Bridge/Culvert - Hoyt Street	40,764	-	-	-	-
320	601	50885	?????	Cap Bridge/Culvert - Duck Pond	2,976	-	-	-	-
320	601	50885	?????	Cap Bridge/Culvert - Crestwood Drive Bridge	-	-	-	-	900,000
320	601	50885	?????	Cap Bridge/Culvert - Armada Way Culvert Replacement	-	-	-	-	-
320	601	50885	?????	Cap Bridge/Culvert - Alberts Road Bridge	-	-	-	-	-
320	601	50885	63078	Cap Bridge/Culvert - Tabor	-	-	49,223	-	-
<b>Total Expenditures</b>					<b>209,245</b>	<b>888,492</b>	<b>113,016</b>	<b>620,000</b>	<b>1,520,000</b>
<b>Net Fund Balance</b>					<b>391,436</b>	<b>(211,256)</b>	<b>558,988</b>	<b>-</b>	<b>(860,000)</b>

**Oconee County, South Carolina**  
**Capital Equipment and Vehicle Capital Projects Fund (325)**  
**2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
				Number of Mills	2.0	2.0	2.0	2.3	2.3
				Value of a mill	561,398	586,604	602,892	640,128	660,000
<b>Revenues</b>									
325	080	00867	00000	Capital Equip/Vehicle Millage	1,211,477	1,324,785	1,381,033	1,426,000	1,518,000
325	090	00170	70010	Transfer from General Fund	-	-	-	-	-
325	090	00170	70012	Transfer from General Capital Projects Fund	-	-	-	-	-
325	090	00180	07190	Insurance Proceeds for Capital	105,719	53,746	-	75,000	35,000
325	090	00195	10305	Sale of Capital Assets	125,861	69,018	3,625	50,000	30,000
				Use of Fund Balance	-	-	-	-	-
<b>Total Revenues</b>					<b>1,443,057</b>	<b>1,447,549</b>	<b>1,384,658</b>	<b>1,551,000</b>	<b>1,583,000</b>
<b>Expenditures</b>									
325	101	50870	00000	Capital Vehicle Sheriff	198,578	-	820,456	-	-
325	103	50870	00000	Capital Vehicle Coroner	-	-	39,377	-	-
325	110	50870	00000	Capital Vehicle Animal Control	29,003	-	-	-	-
325	202	50870	00000	Capital Vehicle PRT Admin	-	-	47,618	-	-
325	203	50840	00000	Capital Equipment High Falls	13,000	-	-	-	-
325	205	50840	00000	Capital Equipment Chau Ram	17,593	-	-	-	-
325	301	50870	00000	Capital Vehicle Assessor	51,808	-	26,036	-	-
325	601	50870	00000	Capital Vehicle Roads	469,868	-	86,868	-	-
325	702	50870	00000	Capital Vehicle Building Codes	-	-	-	-	-
325	714	50870	00000	Capital Vehicle Facilities Maint	-	-	85,699	-	-
325	717	50870	00000	Capital Vehicle Administrator	60,448	938,712	-	1,551,000	1,583,000
325	718	50870	00000	Capital Vehicle Solid Waste	-	-	604,926	-	-
325	720	50840	00000	Capital Equipment Airport	-	-	-	-	-
325	720	50870	00000	Capital Vehicle Airport	-	-	88,400	-	-
325	721	50870	00000	Capital Vehicle Vehicle Maint	-	-	-	-	-
<b>Total Expenditures</b>					<b>840,298</b>	<b>938,712</b>	<b>1,799,380</b>	<b>1,551,000</b>	<b>1,583,000</b>
<b>Net Fund Balance</b>						<b>508,837</b>	<b>(414,722)</b>	<b>-</b>	<b>-</b>

**Oconee County, South Carolina  
Parks, Recreation and Tourism (330)  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024- 11	FY 2025 Administrator Recommended
				Number of Mills	1.3	1.3	1.3	1.0	1.0
				Value of a mill	561,398	586,604	602,892	640,128	660,000
330	080	00866	00000	Parks, Recreation and Tourism	779,698	897,440	838,338	620,000	660,000
330	090	00170	70235	Transfer from Econ Development 315				725,640	
<b>Total Revenue</b>					<b>779,698</b>	<b>897,440</b>	<b>838,338</b>	<b>1,345,640</b>	<b>660,000</b>
<b>Parks, Recreation and Tourism</b>									
330	202	30025	00000	Professional/Capital	15,993	1,500	-	-	660,000
<b>High Falls Park</b>									
330	203	33022	00000	Maint on Building & Grounds	-	-	12,000		
330	203	40031	00000	Non-Capital Equipment	-	-	7,323		
330	203	50850	00000	Cap Buildings	-	-	267,321	-	
<b>South Cove Park</b>									
330	204	30025	00000	Professional	-	9,683	3,420	-	
<b>Chau Ram Park</b>									
330	205	50884	00000	Chau Ram - Paving	38,065			-	
<b>Miscellaneous PRT Projects</b>									
330	202	30025	00000	Site/Dock Work Seneca Creek	-	936,375	573,644		
330	202	30025	00000	Misc	-	-	1,500	650,000	
<b>Total Expenditures</b>					<b>54,058</b>	<b>947,558</b>	<b>865,208</b>	<b>650,000</b>	<b>660,000</b>
<b>Excess (Deficiency) of Revenues over Expenditures</b>					<b>725,640</b>	<b>(50,118)</b>	<b>(26,870)</b>	<b>695,640</b>	<b>-</b>



**Oconee County, South Carolina**  
**Fire/Emergency Services Capital Vehicle & Equipment New Fund 335**  
**2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Unaudited Actual	FY 2024 Amended Budget 2023-16	FY 2025 Administrator Recommended
				Number of Mills				2.0	2.0
				Value of a mill				640,128	652,000
<b>Revenues</b>									
335	080	00000	00000	Capital Equip/Vehicle Millage				1,240,000	1,304,000
335	090	00180	07190	Insurance Proceeds for Capital				-	-
335	090	00195	10305	Sale of Capital Assets				-	-
<b>Total Revenues</b>					-	-	-	<b>1,240,000</b>	<b>1,304,000</b>
<b>Expenditures</b>									
					Prior Years were in General Fund				
				Capital Fire Apparatus				1,137,750	1,304,000
335	107	40031	000	Small Equipment				50,000	
335				Small Equipment-New Hire Turn Out Gear				30,000	
035	107	40031	000	Small Equipment - Turn Out				18,000	
335	107	40031	000	Small Equipment - BountyLand				4,250	
<b>Total Expenditures</b>								<b>1,240,000</b>	<b>1,304,000</b>

**Oconee County, South Carolina**  
**Capital Request Fund New Fund 340**  
**2024-2025 Budget**

Account Number	Description	FY 2024 Amended Budget 2023-16	FY 2025 Administrator Recommended
	Number of Mills	2.0	2.0
	Value of a mill	640,128	660,000
<b>Revenues</b>			
	Capital Request Millage	1,240,000	1,320,000
	Transfer In from General Fund	716,000	
	Transfer In from TCTC	500,000	
	<b>Total Revenues</b>	<b>2,456,000</b>	<b>1,320,000</b>
<b>Expenditures</b>			
<b>Airport</b>			
	Capital Land - Hamilton Property	17,250	-
	Capital Paving	-	
<b>Auditor</b>			
	Digital Formatting of Records	-	-
<b>Communications</b>			
	Capital Equipment - Bad Creek Tower Radio Site	85,000	-
	Capital Equipment - Salem Water Radio Site	65,000	-
	Capital IT Equipment/Software - HCTC Backup 911 Final	15,000	-
	Capital Equipment - 2 Repeaters	-	20,000
	Capital Equipment - 1 Generator for 1 of 3 Sites in need	-	15,000
<b>Detention Center</b>			
	Maintenance on Building/Grounds - Bar Screen	150,000	-
	Maintenance on Building/Grounds - Sheriff's Sub-Stations	20,000	-
	Capital Equipment - Water Heater for Jail	-	117,000
	Key Access to the Sheriffs Building		-
	Gate Access to the Detention Center		12,000
<b>Finance</b>			
	One Time Implementation Fee for Conversion to New ERP System	-	175,000
<b>Information Technology</b>			
	Capital Equipment - Cyber Security - Palo Alto Equipment	-	42,606
	Palo Alto Cortex 1 Year License	-	31,444

**Oconee County, South Carolina**  
**Capital Request Fund New Fund 340**  
**2024-2025 Budget**

Account Number	Description	FY 2024 Amended Budget 2023-16	FY 2025 Administrator Recommended
	<b>Number of Mills</b>	<b>2.0</b>	<b>2.0</b>
	<b>Value of a mill</b>	<b>640,128</b>	<b>660,000</b>
<b>Facilities Maintenance</b>			
	Maintenance on Building/Grounds - Carpet for Public Defender	20,000	-
	Maint Pine Street Roof	-	40,000
	4 New HVAC Brown Building	-	
	Courthouse:	-	-
	Reseal Windows	-	50,000
	Exterior Joint Sealant	-	45,000
	Roof Repairs due to leaks	-	20,000
	Carpet & Labor 1st & 2nd Floors	-	-
	Carpet & Labor 3rd and 4th floors	-	-
<b>Road Department</b>			
	Milling Machine	-	-
<b>Pine Street</b>			
	Security	-	115,000
<b>Solid Waste</b>			
	Capital Expenditure Equipment - 6 Recycling 30 Yard Containers	48,000	-
	Capital Expenditure Equipment - 6 to 8 Compactors/Containers	127,000	-
	Capital Expenditure Buildings/Grounds - Storage Garage for Supplies	25,000	-
	Capital Equipment - Transfer Station Wheel Loader	380,000	-
	Capital Equipment - 110 horse mowing tractor	120,000	-
	Scale House/Scales	-	285,000
	Capital Equipment - Landfill Compactor	-	-
	Capital Equipment - Wood Grinder	-	-
	Capital Vehicle - Landfill Track Loader	<b>716,000</b>	-
	Capital Equipment - Garbage Compactors	-	165,000
	Capital Equipment - Containers for Centers	-	75,000
<b>Vehicle Maint</b>			
	Capital Equipment - Tire Mounting Machine and Balancer	20,000	-
<b>Unforeseen Emergency</b>		<b>647,750</b>	<b>111,950</b>
<b>Total Expenditures</b>		<b>2,456,000</b>	<b>1,320,000</b>

**Projected Future Capital Buildings and Land Projects**  
**Not Included in the FY 2024-2025 Recommended Budget**

Department	Building	Description	Cost	FY 2025	FY 2026	FY 2027
Auditor	New Treasurer Building	To open up treasurer space for Auditor's Office for space and to utilize the drive through.				
Fire	Contry Junction Regional Fire Station	Regional paid staff stations needed around the County for Growth	1,600,000		1,600,000	
Fire	Fairplay Regional Fire Station	Regional paid staff stations needed around the County for Growth	1,600,000		1,600,000	
Fire	Wells HWY Area	Regional paid staff stations needed around the County for Growth	2,000,000			2,000,000
Voters Registration	Voter Registration and Elections Office	Office Space, Storage Space, Election Preparation workspace, Traning and Conference room and space for Early Voting.				
Solid Waste	Transfer Station	Transfer Station was Constructed in 1997-1998 and began operation in 1998.	4,000,000			
Solid Waste	Replace Center 10	Ebenezer	500,000 to 750,000			
Solid Waste	Replace Center 4	Salem	500,000 to 750,000			
Solid Waste	Replace Center 2	Metromont	500,000 to 750,000			
Solid Waste	Replace Center 5	Richland	500,000 to 750,000			
Vehicle Maint	Addition/New	Addition to current or New				

**Oconee County, South Carolina  
Rock Quarry Enterprise Fund  
2024-2025 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommendation
				<b>Operating Revenues</b>					
017 080 00805 00000				Customer Sales	6,596,252	7,422,341	9,173,509	9,000,000	10,300,000
017 080 00805 10340				Miscellaneous	68,753	40,942	128,453	5,000	50,000
<b>Total Revenues</b>					<b>6,665,005</b>	<b>7,463,283</b>	<b>9,301,962</b>	<b>9,005,000</b>	<b>10,350,000</b>
				<b>Operating Expenses</b>					
017 719 10110 00000				Salary and Wages	739,460	802,857	942,668	922,476	1,052,647
				<b>New Position: Electrician - Salary (70,000 to 75,000), Fringe and Benefits</b>	-	-	-	-	125,000
017 719 10710 00000				Overtime	110,799	118,660	143,903	135,000	140,000
017 719 20013 00000				Social Security	62,216	65,925	80,899	80,897	91,237
017 719 20014 00000				Retirement	134,992	150,371	195,301	185,693	221,355
017 719 20015 00000				Workers Compensation	49,626	60,045	55,483	55,484	63,590
017 719 20016 00000				Health Insurance	210,609	271,806	226,018	201,058	201,058
017 719 20027 00000				Dental	9,857	16,454	16,133	12,100	12,100
017 719 20028 00000				Vision	1,696	3,040	2,934	2,200	2,200
				<b>GASB 68 Pension Expense</b>	<b>(53,045)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Salary and Wage Totals</b>					<b>1,266,210</b>	<b>1,489,158</b>	<b>1,663,339</b>	<b>1,594,908</b>	<b>1,909,187</b>
017 719 30024 00000				Equipment Maintenance	775,009	1,389,590	2,521,362	1,500,000	2,500,000
017 719 30025 00000				Professional	53,917	82,887	71,198	90,000	45,000
017 719 30037 00000				Equipment Rental	65,039	65,326	59,766	44,900	55,000
017 719 30039 00000				Blasting	643,916	681,033	885,137	925,000	925,000
017 719 30041 00000				Telecommunications	-	1,685	3,928	3,500	3,500
017 719 30056 00000				Data Processing	4,915	4,018	4,263	4,500	9,300
017 719 30059 00000				Copier Click Charges	1,149	1,156	1,322	1,590	1,590
017 719 30066 00000				Insurance - Property and Liability	49,916	129,723	117,073	130,000	130,000
017 719 30084 00000				Staff Development	2,204	1,995	2,249	10,000	15,000
017 719 30091 00000				Special Departmental Supplies	-	-	531	1,500	1,500
017 719 33022 00000				Building/Grounds Maintenance	15,388	19,207	42,651	100,000	50,000
017 719 34042 00000				Gas and Fuel Oil	999	1,624	1,241	2,000	2,000
017 719 34043 00000				Electricity	130,687	155,570	162,194	160,000	170,000
017 719 34044 00000				Water/Sewer/Garbage	3,972	3,338	3,295	4,200	5,000
017 719 40027 00000				Safety Equipment	7,365	9,192	10,670	12,500	12,500
017 719 40031 00000				Small Equipment	22,612	33,780	32,362	40,000	50,000
017 719 40032 00000				Operational	31,824	34,277	34,771	31,800	32,000
017 719 40034 00000				Food	22,734	1,997	3,123	3,200	5,000
017 719 40045 00000				Equipment/Software	-	4,538	8,299	4,200	2,300
017 719 40065 00000				Uniforms/Clothing	8,703	9,323	9,318	12,000	12,300
017 719 50841 00000				Equipment Replacement	-	43,400	805,569	959,000	209,000
017 719 50850 00000				Capital Building	-	-	-	-	850,000
017 719 50860 00000				Capital Land	-	411,060	401,197	410,000	410,000
017 719 60055 00000				Credit Application Fee	683	223	207	1,000	1,000
017 719 80719 00000				Vehicle Maintenance	23,862	26,722	29,738	30,000	35,000
017 719 81719 00000				Gasoline	8,949	15,330	19,380	19,000	20,000
017 719 72719 00000				Diesel	217,287	492,824	550,772	576,000	600,000
017 719 00000 00000				Loss on Sale of Capital Asset	-	256,825	-	-	-
017 719 90150 73499				Depreciation Expense	385,139	914,254	953,418	500,000	900,000
017 719 90150 73500				Depletion Expense	6,882	6,882	6,882	8,000	7,000
<b>Total Operating Expenses</b>					<b>3,749,361</b>	<b>6,286,937</b>	<b>8,405,255</b>	<b>7,178,798</b>	<b>8,968,177</b>
<b>Net Operating Income (Loss)</b>					<b>2,915,644</b>	<b>1,176,346</b>	<b>896,707</b>	<b>1,826,202</b>	<b>1,381,823</b>
017 095 00171 70010				Transfer To General Fund	(750,000)	(1,000,000)	(1,000,000)	(750,000)	(1,000,000)
				Transfer to Land Acquisition Fund	-	-	-	(250,000)	(250,000)
017 719 55100 00000				Lease Principal Payment	(468,660)	(488,016)	(508,171)	(529,158)	(549,000)
017 719 55200 00000				Lease Interest Payment	(232,179)	(214,437)	(194,281)	(173,294)	(154,000)
<b>Change in Net Assets</b>					<b>1,464,805</b>	<b>(526,107)</b>	<b>(805,745)</b>	<b>123,750</b>	<b>(571,177)</b>
<b>Positions</b>									
					<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>Total Full Time Employees</b>					20	21	22	22	22
<b>Life After Lockup</b>					1	1	1	1	1
					21	22	23	23	23

**Oconee County, South Carolina  
Debt Service Fund 090  
2024 - 2025 Budget**

Account Number	Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Amended Budget 2024-11	FY 2025 Administrator Recommended
	Number of Mills	3.0	3.0	3.0		
	Value of a Mill	561,398	586,604	602,892	640,128	660,000
090 080 00805 28000	Debt Service Revenue	2,188,702	1,637,663	1,857,268	1,964,034	1,980,000
	Premium for 2023 GO Bond					1,234,552
	<b>Total Debt Service Revenue</b>	<b>2,188,702</b>	<b>1,637,663</b>	<b>1,857,268</b>	<b>1,964,034</b>	<b>3,214,552</b>
<b>General Obligation Debt Service</b>						
<b>Principal Payments</b>						
090 854 55100 00000	2020 GO Refunding Bond - (Formerly 2011 GO Bond Detention Center)	190,000	640,000	750,000	760,000	770,000
090 858 55100 00000	2016B GO Bond - Workforce Development Center	360,000	366,000	373,000	379,000	386,000
090 862 55100 00000	2014 SS Refunding Revenue Bond Pointe West (Formerly 2010 SS Revenue Bond)	278,000	289,000	294,000	303,000	312,000
090 892 55100 00000	2017 GO Refunding Bond - Keowee Fire District (Formerly 2007 GO Bond) (Final Payment FY21/22)	103,332	105,275	-	-	-
090 893 55100 00000	2019 GO Bond - Keowee Fire District	46,704	47,876	49,078	50,310	51,573
090 894 55100 00000	2022 GO Bond - Keowee Fire District	-	-	-	60,591	62,948
090 896 55100 00000	2013 GO Bond - Echo Hills	170,000	175,000	180,000	190,000	195,000
090 898 55100 00000	2011 GO Bond - Detention Center (Final Payment FY20/21)	545,000	-	-	-	-
	2023 GO Bond	-	-	-	-	-
		1,693,036	1,623,151	1,646,078	1,742,901	1,777,521
<b>Interest Payments</b>						
090 854 55200 00000	2020 GO Refunding Bond - (Formerly 2011 GO Bond Detention Center)	91,718	116,369	106,833	95,658	84,334
090 858 55200 00000	2016B GO Bond - Workforce Development Center	38,352	32,232	26,010	19,669	13,226
090 862 55200 00000	2014 SS Refunding Revenue Bond Pointe West (Formerly 2010 SS Revenue Bond)	42,066	34,143	25,907	17,528	8,892
090 892 55200 00000	2017 GO Refunding Bond - Keowee Fire District (Formerly 2007 GO Bond) (Final Payment FY21/22)	3,910	1,651	-	-	-
090 893 55200 00000	2019 GO Bond - Keowee Fire District	11,674	10,502	9,300	8,068	6,806
090 894 55200 00000	2022 GO Bond - Keowee Fire District	-	-	-	42,790	40,433
090 896 55200 00000	2013 GO Bond - Echo Hills	50,930	45,830	40,580	34,820	28,740
090 898 55200 00000	2011 GO Bond - Detention Center (Final Payment FY20/21)	16,350	-	-	-	-
	2023 GO Bond	-	-	-	517,361	1,250,000
		255,000	240,726	208,630	735,894	1,432,431
<b>Issuance Costs &amp; Fiscal Charges</b>						
090 854 55300 00000	2020 GO Refunding Bond - (Formerly 2011 GO Bond Detention Center)	-	-	-	-	-
090 862 55300 00000	2014 SS Refunding Revenue Bond Pointe West (Formerly 2010 SS Revenue Bond)	1,956	-	2,000	2,000	2,000
090 893 55300 00000	2019 GO Bond - Keowee Fire District	-	-	-	-	-
090 894 55300 00000	2022 GO Bond - Keowee Fire District	-	-	-	-	-
090 896 55300 00000	2013 GO Bond - Echo Hills	591	591	560	600	600
090 898 55300 00000	2011 GO Bond - Detention Center (Final Payment FY20/21)	-	-	-	-	-
	2023 GO Bond	-	-	-	-	2,000
		2,547	591	2,560	2,600	4,600
	<b>Total Debt Service Expenditures</b>	<b>1,950,583</b>	<b>1,864,469</b>	<b>1,857,268</b>	<b>2,481,395</b>	<b>3,214,552</b>

FY Payoff	
2013 GO Bond - Echo Hills Commerce Park	2028
2016B GO Bond - Workforce Dev Center	2026
2020 GO Refunding Bond - Detention Center	2031
2014 SS Refunding Revenue Bond - Point West	2025
2019 GO Bond - Keowee Fire District	2029
2022 GO Bond - Keowee Fire District	2037

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

This Agreement, dated this 23rd day of April 2024, effective for the Administrative Service Period of 12 months beginning May 1, 2024, and ending April 30, 2025, 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 20<sup>th</sup> of each month for enrollments, changes, and questionnaires completed during the prior calendar month.

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

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

- 2.3 The Plan Sponsor/Administrator shall comply with all requirements of the Employee Retirement Income Security Act of 1974 and any other laws and regulations covering self-funded employee benefits programs.
- 2.4 The Plan Sponsor/Administrator shall be responsible for determining which covered persons are eligible for benefits under the Plan and shall certify this eligibility to PAI. Eligibility determinations shall be made by the Plan Sponsor/Administrator in compliance with the terms of the Plan Document. The Plan Sponsor/Administrator is responsible for ensuring that any member (employees or employees' dependents who Plan Sponsor/Administrator determines are eligible to participate in the Plan and who have elected to participate in the Plan) coverage rescissions reported to PAI are due to fraud, intentional misrepresentation of material fact or non-payment of premium contribution amounts. Any member notices required by law due to rescissions of coverage are also the Plan Sponsor/Administrator's responsibility. The Plan Sponsor/Administrator is responsible for reconciling its employment records to the lists of covered employees on PAI's monthly invoices, and reporting any discrepancies to PAI.
- 2.5 The Plan Sponsor/Administrator shall open and maintain a separate checking account at the bank of its choice, from which claims payments will be issued. The Plan Sponsor/Administrator shall provide PAI with bank account documentation, i.e. signature card, MICR encoded bank specifications sheet. Claims checks will be issued from this account on a twice-weekly basis. The Plan Sponsor/Administrator shall be responsible for timely deposit of sufficient funds for claims checks to be mailed two business days following the date of the check issuance (check date). Escheat/Unclaimed Funds reporting and compliance shall be the responsibility of the Plan Sponsor/Administrator.
- 2.6 The Plan Sponsor/Administrator is responsible for timely payment of all premiums for any insurance purchased by or for the benefit of the Plan. The Plan Sponsor/Administrator has the final authority to decide the insurance company(s) that will provide any such insurance.
- 2.7 If the Plan Sponsor/Administrator purchases COBRA services from PAI, Plan Sponsor/Administrator shall:
  - A. Complete a COBRA initial notification form (which shall be provided by PAI or its designee within ninety (90) days of any new employees and within thirty (30) days of a member's Qualifying Event (as defined in the Plan Document));
  - B. Determine the amount of contributions required for COBRA continuation coverage and notify PAI or its designee of such amount;
  - C. Inform PAI or its designee of continuation rights, by use of the COBRA notification form or other electronic means upon the occurrence of a Qualifying Event;
  - D. Notify PAI or its designee upon receipt of notification of any second Qualifying Event.

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

- 2.8 Internal Revenue Code Section 125 Plan ("125 Plan") Services: If applicable and if the Plan Sponsor/Administrator purchases 125 Plan Services from PAI, then the Plan Sponsor/Administrator shall:
  - A. Sponsor and encourage employee support of the 125 Plan.
  - B. Provide PAI or its designee (in a format reasonably acceptable to PAI or its designee) any necessary employee payroll, census, benefit information and any other information reasonably requested from time to time by PAI or its designee.
  - C. Be responsible for creation of any 125 Plan documents.
  - D. At all times be responsible for contributions to the 125 Plan and funds held by the 125 Plan.



- E. Report participant terminations and changes of family status to PAI or its designee.
- F. Reconcile payroll amounts redirected to the 125 Plan.
- G. Complete and file form(s) 5500 with the IRS each plan year.
- H. Initiate any action required in the event 125 Plan becomes discriminatory.
- I. Distribute funds according to the requirements of the 125 Plan and PAI's or its designee's direction.

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

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

- A. To promptly provide to PAI the information necessary to complete the SBC;
- B. There is an understanding and agreement that the Plan Sponsor/Administrator's failure to provide information in a timely manner may substantially delay and/or jeopardize the timely delivery of the SBC;
- C. To distribute the SBC required under the Patient Protection and Affordable Care Act (PPACA) to members;
- D. To ensure that electronic access shall be restricted to a "read-only" or similar basis;
- E. To replace any hard-copy SBC that is modified by PAI;
- F. That the hard-copy SBC on file with PAI shall control in the event of any discrepancy; and
- G. That the Plan Sponsor/Administrator remains solely responsible for the content of the SBC and all other legal requirements related to the SBC. To the extent that PAI incurs any liability as a result of the preparation or distribution of the SBCs to Plan Sponsor/Administrator's members, Plan Sponsor/Administrator shall fully indemnify PAI.

**2.10 RxDC Reporting Under the Consolidated Appropriations Act.**

- A. On an annual basis, PAI will submit prescription drug and health care spending (RxDC) reports required under the Consolidated Appropriations Act (CAA) on behalf of the Plan Administrator/Plan Sponsor, at no cost, for reportable items and services administered by PAI. Plan Administrator/Plan Sponsor must notify PAI in writing by no later than thirty (30) days from the initial group outreach following the reference year at issue if and to the extent that Plan Administrator/Plan Sponsor contracts with or otherwise utilizes a third party to complete such reporting. If Plan Administrator/Plan Sponsor provides, or arranges for a third party to provide, PAI with data for items and services that are not administered by PAI (such as pharmacy data for coverage that is administered or insured by a third party pharmacy benefits manager) and requests that PAI include such data in its reporting for Plan Administrator/Plan Sponsor, Plan Administrator/Plan Sponsor shall be solely liable for the accuracy and completeness of such data.
- B. For RxDC reports required under the CAA, by no later than thirty (30) days from the initial group outreach following the reference year at issue, Plan Administrator/Plan Sponsor will supply PAI with any claims costs, premiums (including for any stop-loss coverage), or fees from other vendors for any coverage to be reported by PAI. Alternatively, Plan Administrator/Plan Sponsor may supply PAI, by no later than thirty (30) days from the initial group outreach following the reference year at issue, with the COBRA applicable premium amount (less the 2% administrative fee, if applicable) for the coverage to be reported by PAI. Plan Administrator/Plan Sponsor also must include, in the information supplied to PAI pursuant to this paragraph, the average monthly premium (or premium equivalent) amount that Plan Administrator/Plan Sponsor paid or will pay toward the coverage on behalf of Members (including dependents) for the reference year.

- 2.11 **Gag Clause Compliance Attestation.** PAI will complete and submit Gag Clause Prohibition Compliance Attestations on behalf of the Plan Sponsor/Administrator's Plan, pursuant to section 9824 of the Internal Revenue Code of 1986, as amended (the "Code"), section 724 of ERISA, and section 2799A-9 of the Public Health Service Act ("PHSA"), and the applicable federal guidance issued thereunder, as follows:
- A. PAI will complete and submit, by no later than December 31<sup>st</sup> of each calendar year that this Agreement is in effect, the annual Gag Clause Prohibition Compliance Attestation on behalf of the Plan for that calendar year. Absent written direction from the Plan Sponsor/Administrator, the attestation will cover any and all agreements between the Plan (or Plan Sponsor/Administrator on behalf of the Plan) and any health care provider, network or association of providers, third-party administrator, or other service provider offering access to a network of health care providers.
  - B. The Plan Sponsor/Administrator represents and warrants that the Plan currently is, and at all times during the term of this Agreement will be, compliant with the provisions of Code section 9824, ERISA section 724, and/or PHSA section 2799A-9, as applicable, with regard to any and all agreements between the Plan (or Plan Sponsor/Administrator on behalf of the Plan) and any health care provider, network or association of providers, third-party administrator, or other service provider offering access to a network of health care providers, if applicable.
  - C. The Plan Sponsor/Administrator will provide to PAI upon request, and in the timeframe and manner specified by PAI, if applicable, all information that PAI requires in order to complete and submit the Gag Clause Prohibition Compliance Attestation on behalf of the Plan. If the Plan Sponsor/Administrator fails to provide any such requested information, PAI may, in its discretion, use its best efforts to complete and submit a Gag Clause Prohibition Compliance Attestation on behalf of the Plan, in good faith, in accordance with this Agreement.
  - D. The Plan Sponsor/Administrator acknowledges that PAI will rely entirely on the Plan Sponsor/Administrator's representations and warranties as described herein, and any information that the Plan Sponsor/Administrator provides to PAI, in completing and submitting each Gag Clause Prohibition Compliance Attestation on behalf of the Plan, in accordance with this Section.
  - E. The Plan Sponsor/Administrator agrees to defend, indemnify, and hold harmless PAI, its directors, officers, agents, employees, affiliates, successors, and assigns from and against any and all claims, demands, liabilities, damages, losses, suits, costs (including reasonable legal costs) and judgments arising out of or related in any way to PAI's completion and submission of one or more Gag Clause Prohibition Compliance Attestations on behalf of the Plan in accordance with this Agreement, including but not limited to such submissions made where the Plan Sponsor/Administrator has failed to provide any or all requested information to PAI.
  - F. If this Agreement terminates during a calendar year, and there is no successor agreement between the parties, this Section will survive such termination and remain in effect through December 31<sup>st</sup> of that calendar year. For the avoidance of doubt, if this Agreement terminates during a calendar year, PAI will complete and submit an annual Gag Clause Prohibition Compliance Attestation on behalf of the Plan with regard to the portion of that calendar year that this Agreement was in effect.

### **SECTION 3. PAYMENTS**

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

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

- 3.2 If during the operation of the Plan, any tax (other than state or federal income taxes), or any other assessment or premium charge shall be assessed against the Plan, or if PAI is required to pay such tax, PAI shall report the payment to the Plan Sponsor/Administrator and the Plan Sponsor/Administrator shall reimburse PAI for the same, to exclude any expenses or taxes that are not appropriately allocable to the operation of the Plan.
- 3.3 In addition to monthly administrative, claims, and handling fees, the Plan Sponsor/Administrator shall pay PAI additional charges for any special request items or services not specifically covered in Exhibits A, B, C & D. Such items may be:
  - A. Printing and supplies expenses incurred after exhausting the supplies provided under the initial set-up fee for Plan inserts, Plan Document changes, ID cards, etc.;
  - B. Special statistical reports other than customary or annual reports, (See Exhibit B, paragraph F). Unusual or extraordinary expenses for services or support that PAI and the Plan Sponsor/Administrator mutually agreed upon.
- 3.4 All charges incurred as a result of paragraph 3.3 will be submitted for payment on the next Plan monthly billing statement and subject to payment in full with that billing remittance.
- 3.5 All charges incurred for services to be rendered for an administrative run-out of claims at termination of a contract will be billed and remitted as set forth in Section 9, Termination of Agreement, paragraph 9.5.
- 3.6 PAI has the right to change the monthly Fixed Costs charges, in the following circumstances. PAI will, to the extent possible, give the Plan Sponsor/Administrator no less than thirty (30) days advance written notice of the change. The portion of the Fixed Costs representing policy premiums (if any) may be changed at any time the policy premiums are changed by the insurer(s). The administrative service fees of PAI may be changed once every twelve months. PAI may also change the administrative service fees (1) on the date a substantive change is made to the Plan which increases the responsibilities of PAI or (2) on the date the number of employees covered by the Plan has changed by 25% or more since the date the then current administrative services fees were effective. If Fixed Costs charges change during the term of this Agreement, an amended Schedule D will be prepared, agreed upon and initialed by both parties to the Agreement.

**SECTION 4. MISCELLANEOUS PROVISIONS**

- 4.1 PAI in performing its obligations under this Agreement is acting only as an agent of the Plan Sponsor/Administrator. For the purposes of the Employee Retirement Income Security Act of 1974, as amended from time to time, and any applicable state legislation of similar nature, the Sponsor shall be the Administrator of the Plan, unless the Sponsor by action of its Board of Directors designates an individual or committee to act as Administrator. In no instance shall PAI be deemed to be, or be, the Sponsor or the Administrator of the Plan for purposes of the Employee Retirement Income Security Act of 1974, as amended from time to time. Both parties acknowledge and agree that all documents and records generated by PAI in performance of its obligations under this Agreement are owned by the Plan Sponsor/Administrator, and that PAI serves as the custodian of such documents and records on behalf of the Plan Sponsor/Administrator.
- 4.2 PAI shall not be liable, nor advance its funds, for the payment of claims under the Plan or insurance or other premiums or monies owed to other providers of goods or services that are the responsibility of the Plan Sponsor/Administrator. PAI shall not be considered the Insurer or Underwriter of the liability of the Plan Sponsor/Administrator to provide benefits for the Plan's covered persons and the Plan Sponsor/Administrator shall have final responsibility and liability for payment of claims in accordance with the provisions of the Plan.
- 4.3 This Agreement shall not restrict PAI from pursuing any and all legal or equitable remedies from any party for any claims, lawsuits, settlements, judgments, costs, penalties, liabilities and expenses ("Damages") resulting from,

or related to, any third party claim under this Agreement or the Sponsor/Administrator's Plan or the Plan Document if PAI is acting or administering the Sponsor/Administrator's benefits or Plan Document at the express direction and/or instruction of Sponsor/Administrator unless such Damages are the direct consequence of criminal conduct, fraud or willful misconduct on the part of PAI.

- 4.4 The Plan Sponsor/Administrator also recognizes and agrees that Plan Sponsor/Administrator's failure to adhere to the check release process as outlined in Section 4.10, or Plan Sponsor/Administrator's failure to pay the Administrative Fee due to PAI under this Agreement, may result in PAI incurring significant costs and has the potential to result in a delay in the release of the claims checks, Provider Vouchers and Explanation of Benefits Statements beyond the time frames for such release as set forth in the U.S. Department of Labor claims regulations. In the event that the Plan Sponsor/Administrator delays the release of any claims checks, or fails to pay the Administrative Fee, PAI will be entitled to indemnification for any and all claims, lawsuits, settlements, judgments, costs, penalties, liabilities and expenses, including attorneys' fees (for attorneys chosen by PAI), resulting from, or arising out of, based on, or in connection with such delay or non-payment.
- 4.5 PAI may secure the services of actuaries, computer service firms and any other firms it deems necessary in performing its duties under this Agreement.
- 4.6 Both parties acknowledge and agree that pursuant to this Agreement, PAI is an independent contractor under South Carolina State law. Personnel performing services under this Agreement will remain employees of their respective parties and no such employee of either party shall be considered in any way to be an agent, officer, representative, or employee of the other party, or have binding authority as an agent, officer, representative, or employee of the other party.
- 4.8 A. If PAI becomes aware of an excess payment or overpayment made under the Plan in excess of \$50.00, PAI shall use its standard overpayment collection processes and procedures to attempt to recover any overpayment; PAI will not attempt to recover overpayments in the amount of \$50.00 or less. PAI's services for its standard overpayment collection processes are included in the Administrative Charge. In the event PAI uses the services of a Medical Provider Audit Firm ("MPAF"), the fee for such MPAF services shall be based on a percentage of the amount recovered and is listed on Exhibit D. PAI, in its sole discretion, shall settle and resolve overpayments on any basis it determines is reasonable (provided that PAI may only pursue litigation in accordance with this Section 4.8), including payment of less than the entire overpayment amount. Notwithstanding the foregoing, PAI is not required to initiate court proceedings to comply with this Section 4.8; however, if PAI determines that litigation is necessary to collect the overpayment, PAI will notify Plan Sponsor/Administrator, and Plan Sponsor/Administrator will be solely responsible for the decision to pursue litigation and funding all litigation costs and expenses, including attorney's fees; PAI shall deliver any related files to the Plan Sponsor/Administrator for the Plan Sponsor/Administrator to pursue such amount. PAI shall notify the Plan Sponsor/Administrator whenever attempted recovery of overpayments is unsuccessful, and the Plan Sponsor/Administrator shall hold PAI harmless for any overpayment not recovered.
- B. 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 15<sup>th</sup> 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: County Administrator  
 Date: 05.21.2024  
(Please enter exact date signed.)

For: **PLANNED ADMINISTRATORS, INC. (PAI)**  
 By: *Timothy D. Schmid*  
(Signature)  
 Name: Timothy Schmid  
(Print)  
 Title: Director of Sales and Stop Loss  
 Date: 06/10/2024  
(Please enter exact date signed.)

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



## EXHIBIT A

### General Administrative Services

1. PAI will provide technical assistance, guidance and administrative support in the preparation for approval by the Plan Sponsor/Administrator of the following:
  - A. Standard Plan Document with the Schedule of Benefits (Benefit Booklet);  
*(If Plan Sponsor/Administrator has not returned an approved and executed copy of the Plan Document prior to the receipt of Services, then the version of the Plan Document initially provided to the Plan Sponsor/Administrator shall control.)*
  - B. Billing format;
  - C. Checks for any bank account.
2. PAI will provide the following:
  - A. Enrollment/Change Forms;
  - B. Claim Forms (medical, dental, and disability);
  - C. Health Questionnaires;
  - D. Monthly billing;
  - E. Explanation of benefit forms (EOB);
  - F. Standard PAI identification cards.
3. PAI may perform the marketing function to obtain quotes and coordinate the procurement process for any Stop Loss Insurance Contracts.
4. PAI will furnish information to the Plan Sponsor/Administrator necessary for the Plan Sponsor/Administrator to complete 5500 filings (if applicable), within the prescribed deadline of 120 days from end of Plan year. It is the Plan Sponsor/Administrator's responsibility to determine whether the Plan is required to file Form 5500.
5. PAI will print and mail 1099s to the appropriate recipients at the end of each calendar year. PAI's actual cost will be billed to the Plan Sponsor/Administrator. PAI will also electronically file the 1099 information returns with the appropriate governmental authorities, on behalf of the Plan Sponsor/Administrator.
6. If Plan Sponsor/Administrator purchases COBRA Services from PAI, PAI or its designee shall:
  - A. Mail the initial COBRA rights notice (as approved by the Department of Labor) to the member or dependent under the Plan. A separate COBRA rights notice will be mailed to the covered spouse if applicable.
  - B. Send the appropriate COBRA notice and election forms to the qualified beneficiaries and monitor the election period for the COBRA beneficiaries upon notice of a qualified member. (Forms must be completed in its entirety; incomplete elections will be treated as elected as offered.)
  - C. Bill and collect the initial premium payment covering the period during which coverage would have normally ended to the date the beneficiary elects COBRA continuation.
  - D. Bill and collect the monthly premiums from the COBRA beneficiaries who elected continuation of coverage beginning with the first monthly premium due after notice of continuation coverage is made by the beneficiary.
  - E. Monitor the appropriate continuation of coverage period for each beneficiary and disenroll the beneficiary at the end of the period of continued coverage.
  - F. Send conversion notices to eligible COBRA beneficiaries to the extent and within the period prescribed by applicable law, provided that a conversion option is included in their Plan Document.
  - G. Not be responsible for giving notice to the COBRA continuants of any open enrollment periods as well as the available benefit plan options and applicable premium rates for the periods.
  - H. Provide reports as follows:

- 1) a monthly report summarizing the following items for the preceding month: coverage elections and terminations; premium payment status; eligibility expirations; and all changes related to coverage and/or demographics that have been affected;
  - 2) a daily report indicating: receipt of initial premium, notice of election (including type of coverage chosen) and notice of termination (including date of and reason for termination);
  - 3) additional reports may be available upon mutual agreement and for an additional fee.
- I. Forward contributions received for the preceding month to Plan Sponsor/Administrator on a monthly basis, less any amount due as payment for COBRA Services furnished pursuant to this Agreement.

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

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

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

7. If Plan Sponsor/Administrator purchases 125 Plan Services from PAI, PAI or its designee shall:
- A. Provide sample announcement letters, sample communications materials for employee education and annual enrollment materials as requested by the Plan/Administrator.
  - B. Process employee reimbursement requests as directed by the Employer's Section 125 Plan, 125 Plan Master Application and IRS guidelines.
  - C. Provide toll-free customer service access via telephone.
  - D. Provide 125 Plan discrimination reports at the beginning and end of the year.
  - E. Provide standard monthly reports for reconciling amounts redirected to the 125 Plan. Standard monthly reports include:
    - 1) Reports detailing the monthly administrative fees;
    - 2) Reports detailing billing for employees; and,
    - 3) Reports detailing employees' elections and participation.
  - F. Not have any obligation or duty to maintain any accounts or handle funds on behalf of the Plan Sponsor/Administrator.

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

## **EXHIBIT B**

### **Claim Payment Services**

1. PAI shall, in accordance with the terms of the Plan Document or other written agreements, as originally stated or as subsequently amended, do the following:
  - A. Promptly process claims with respect to covered persons and calculate the amounts due and payable in accordance with the Plan Document.
  - B. Prepare for signature by the authorized party, process and distribute payment checks drawn on the Plan's checking account.
  - C. Prepare and submit all reports and notices of claims to the reinsurer in a time and manner required by the Excess Loss Insurance Policy; maintain records reasonably required by the reinsurer and furnish to the reinsurer upon request, all pertinent data with respect to Covered Persons as required by the Excess Loss Insurance Policy; or perform any other duty in a time and manner as specified in the Excess Loss Insurance Policy. PAI shall promptly notify Plan Sponsor/Administrator of any notices received by PAI from the reinsurer, and promptly forward Excess Loss Insurance reimbursements received from the reinsurer to the Plan Sponsor/Administrator.
  - D. Maintain current and complete records and files of claim payments for each covered person in accordance with PAI's current practices.
  - E. Request, as needed, any Medical Records necessary with which to process claims and file claims reimbursements with the Excess Loss (Stop Loss) carrier on behalf of the Plan Sponsor/Administrator. The Plan Sponsor/Administrator shall be responsible for any expenses incurred in obtaining these Medical Records. This expense will be charged against the Plan Sponsor/Administrator's claims account.
  - F. Submit the following claims related reports to the Plan Sponsor/Administrator:
    1. Check register;
    2. Monthly Individual Specific Analysis (policy year); Benefit Analysis (month-to-date) and Coverage Analysis;
    3. Loss Ratio Report and Benefit Analysis (year-to-date);
    4. The reports in items 1 through 3 above, if requested at intervals other than specified above, will be provided for an additional fee. Non-standard reports such as Cost Containment, Lag Studies, or other program reports, can also be provided for an additional fee. Any such additional fees will be pre-approved by the Plan Sponsor/Administrator.
  - G. Conduct reviews of all written appeals of claim decisions. Claims appeal findings and determinations are subject to the Plan Sponsor/Administrator's right for final approval or denial.

## EXHIBIT C

### Agreement Regarding Disclosure of Group Claim Information

#### HIPAA

1. HIPAA. For purposes of this Section 1, any reference to Plan Sponsor/Administrator shall include any group health plan administrated pursuant to the Administrative Services Agreement (the "Agreement").
  - A. Privacy of Protected Health Information.
    - i. PAI is permitted or required to use or disclose Protected Health Information ("PHI") it creates or receives for or from Plan Sponsor/Administrator's health plan or to request PHI on Plan Sponsor/Administrator's health plan's behalf as follows:
      - a. PAI is permitted to request the PHI on Plan Sponsor/Administrator's health plan's behalf, and to use and to disclose the Minimum Necessary PHI to perform functions, activities, or services for or on behalf of Plan Sponsor/Administrator's health plan, as specified in this Agreement.
      - b. PAI may use or disclose PHI it creates for or receives from Plan Sponsor/Administrator as necessary for data aggregation purposes. PAI may use the PHI for PAI's proper management and administration or to carry out PAI's legal responsibilities. PAI may disclose the PHI for PAI's proper management and administration or to carry out PAI's legal responsibilities only if:
        - 1) The disclosure is required by law; or
        - 2) PAI obtains reasonable assurances, in the form of a written contract, from any person or organization to which PAI will disclose PHI that the person or organization will hold such PHI in confidence and use or further disclose it only for the purpose for which PAI disclosed it to the person or organization or as required by law, and promptly notify PAI of any instance of which the person or organization becomes aware in which the confidentiality of such PHI was breached.
    - ii. PAI will develop, document, implement, maintain, and use appropriate administrative, technical, and physical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Plan Sponsor/Administrator's Electronic Protected Health Information that PAI creates, receives, maintains, or transmits on Plan Sponsor/Administrator's behalf as required by the HIPAA Security Rule and as required by the HITECH Act. PAI also shall develop and implement policies and procedures and meet the HIPAA Security Rule documentation requirements as required by the HITECH Act. PAI agrees to mitigate, to the extent practicable, any harmful effect that is known to PAI of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.
    - iii. PAI will require any of its subcontractors and agents to provide reasonable assurance that such subcontractor or agent will comply with the same privacy and security obligations as PAI with respect to such PHI.
    - iv. PAI's use, disclosure or request of PHI shall utilize a limited data set if practicable. Otherwise, PAI will, in its performance of the functions, activities, services, and operations allowed or required by this Agreement, make reasonable efforts to use, to disclose, and to request of a covered entity only the minimum amount of Plan Sponsor/Administrator's PHI reasonably necessary to accomplish the intended purpose of the use, disclosure or request.
    - v. PAI will neither use nor disclose PHI except as permitted or required by this Exhibit, or as required by law.
  - B. Individual Rights.
    - i. PAI will, within a reasonable time after Plan Sponsor/Administrator's request, make available to Plan Sponsor/Administrator or, at Plan Sponsor/Administrator's direction, to the individual (or the individual's personal representative) for inspection and obtaining copies, any PHI about the individual that is in PAI's custody or control, so that Plan Sponsor/Administrator may meet its access obligations under 45 C.F.R. § 164.524.
    - ii. PAI will, upon receipt of notice from Plan Sponsor/Administrator, promptly amend any applicable portion of the PHI under 45 C.F.R. § 164.526.

**iii. Disclosure Accounting.**

- a. PAI will record information concerning each disclosure of PHI, not excepted from disclosure tracking under Section 1(b)(iii)(b) below, that PAI makes to Plan Sponsor/Administrator or a third party. For repetitive disclosures made by PAI to the same person or entity for a single purpose, PAI may provide (i) the disclosure information for the first of these repetitive disclosures; (ii) the frequency, periodicity or number of these repetitive disclosures; and (iii) the date of the last of these repetitive disclosures. PAI will make this disclosure information available to Plan Sponsor/Administrator within a reasonable time after Plan Sponsor/Administrator's request.
- b. PAI need not record disclosure information or otherwise account for disclosures of PHI that this Agreement or Plan Sponsor/Administrator in writing permits or requires: (i) for purposes of treating the individual who is the subject of the PHI disclosed, payment for that treatment, or for the healthcare operations PAI; (ii) to the individual who is the subject of the PHI disclosed or to that individual's personal representative; (iii) pursuant to a valid authorization by the person who is the subject of the PHI disclosed; (iv) to persons involved in that individual's healthcare or payment related to that individual's healthcare; (v) for notification for disaster relief purposes, (vi) for national security or intelligence purposes; (vii) as part of a limited data set; or (viii) to law enforcement officials or correctional institutions regarding inmates or other persons in lawful custody.
- c. PAI must have available for Plan Sponsor/Administrator the disclosure information required by Section 1(b)(iii)(a) above for the six (6) years preceding Plan Sponsor/Administrator's request for the disclosure information (except PAI need have no disclosure information for disclosures occurring before the effective date of the Agreement).
- iv. PAI will comply with any reasonable requests for restriction requests or confidential communications of which it is aware and to which Plan Sponsor/Administrator agrees pursuant to 45 C.F.R. § 164.522 (a) or (b).
- v. In addition to the obligations described above, PAI will provide such additional individual rights to access and accounting as mandated by and, where applicable, the HITECH Act. Specifically, PAI shall make such access information available in an electronic format where directed by Plan Sponsor/Administrator. In addition, PAI shall include within its accounting, disclosures for payment and health care operations purposes where such recording or accounting is required by the HITECH Act. PAI further shall provide any additional information to the extent required by the HITECH Act and any accompanying regulations.
- vi. Where PAI is contacted directly by an individual based on information provided to the individual by Plan Sponsor/Administrator and where so required by the HITECH Act and/or any accompanying regulations, PAI shall make such disclosure information available directly to the individual.
- vii. PAI will make its internal practices, books, and records, relating to its use and disclosure of PHI, available to the U.S. Department of Health and Human Services to determine Plan Sponsor/Administrator's compliance with 45 C.F.R. Parts 160-64 or the Agreement.

**C. Other Plan Sponsor/Administrator Responsibilities.**

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

**D. Breach of Privacy Obligations.**

- i. PAI agrees to report to Plan Sponsor/Administrator any use or disclosure of PHI not provided for by this Agreement of which it becomes aware.
- ii. In the event Plan Sponsor/Administrator determines that PAI has materially breached this Section 1, Plan Sponsor/Administrator may terminate the Agreement upon thirty (30) days prior written notice to PAI and PAI fails to cure the breach within such thirty (30) day period.

- iii. **Obligations upon Termination.** Upon termination, cancellation, expiration or other conclusion of this Agreement, PAI will, at its sole discretion and if feasible, return to Plan Sponsor/Administrator or destroy all PHI. If PAI agrees to return Plan Sponsor/Administrator's PHI, all costs related to the return of such PHI will be paid by Plan Sponsor/Administrator. PAI may identify any PHI that cannot feasibly be returned to Plan Sponsor/Administrator or destroyed. PAI will limit its further use or disclosure of that PHI that is not returned or destroyed.
  - iv. If for any reason Plan Sponsor/Administrator determines that PAI has breached these terms and such breach has not been cured, but Plan Sponsor/Administrator determines that termination of the Agreement is not feasible, Plan Sponsor/Administrator may report such breach to the U.S. Department of Health and Human Services.
  - v. PAI will have the right to terminate this Agreement if Plan Sponsor/Administrator has engaged in a pattern of activity or practice that constitutes a material breach or violation of Plan Sponsor/Administrator's obligations regarding Plan Sponsor/Administrator's PHI and, on notice of such material breach or violation from PAI, fails to take reasonable steps to cure the breach or end the violation. If Plan Sponsor/Administrator fails to cure the material breach or end the violation within thirty (30) days after receipt PAI's notice, PAI may terminate this Agreement by providing Plan Sponsor/Administrator written notice of termination, stating the uncured material breach or violation that provides the basis for the termination and specifying the effective date of the termination. If for any reason PAI determines that Plan Sponsor/Administrator has breached the terms of this Section 1 and such breach has not been cured, but PAI determines that termination of this Agreement is not feasible, PAI may report such breach to the U.S. Department of Health and Human Services.
- E. The Plan Sponsor/Administrator, as the plan sponsor of its self-funded group health plan, has amended the plan document to comply with the requirements of 45 CFR Sections 164.314(b) and 164.504(f)(2).
- F. **Security Incident.** If PAI becomes aware of any Security Incident, PAI shall report the same in writing to Plan Sponsor/Administrator as provided below. PAI agrees to mitigate, to the extent practicable, any harmful effect resulting from such Security Incident.
- i. In determining how and how often PAI shall report to Plan Sponsor/Administrator in writing the Security Incidents required above, both Plan Sponsor/Administrator and PAI agree that unsuccessful attempts at unauthorized access or system interference occur frequently and that there is no significant benefit for data security from requiring the documentation and reporting of such unsuccessful intrusion attempts. In addition, both parties agree that the cost of documenting and reporting such unsuccessful attempts as they occur would outweigh any potential benefit gained from reporting them. Consequently, both Plan Sponsor/Administrator and PAI agree that this Agreement shall constitute the documentation, notice and written report of such unsuccessful attempts at unauthorized access or system interference as required above and by 45 C.F.R. Part 164, Subpart C and that no further documentation, notice or report of such attempts will be required. By way of example (and not limitation in any way), the Parties consider the following to be illustrative (but not exhaustive) of Unsuccessful Security Incidents when they do not result in unauthorized access, use, disclosure, modification, or destruction of e-PHI or interference with an information system:
    - a. **Pings on a Party's firewall,**
    - b. **Port scans,**
    - c. **Attempts to log on to a system or enter a database with an invalid password or username,**
    - d. **Denial-of-service attacks that do not result in a server being taken off-line, and**
    - e. **Malware (e.g., worms, viruses).**
  - ii. Otherwise, PAI will document as required by 45 C.F.R. Part 164, Subpart C and report to Plan Sponsor/Administrator any successful unauthorized access, use, disclosure, modification, or destruction of Plan Sponsor/Administrator's Electronic Protected Health Information of which PAI becomes aware if such security incident either (a) results in a breach of confidentiality; (b) results in a breach of integrity but only if such breach results in a significant, unauthorized alteration or destruction of Plan Sponsor/Administrator's Electronic Protected Health Information; or (c) results in a breach of availability of Plan

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

- G. In addition to any reporting obligations in this Agreement, PAI will report, following discovery and without unreasonable delay, but in no event later than sixty (60) days following discovery, any "Breach" of "Unsecured Protected Health Information" as these terms are defined by the HITECH Act and any implementing regulations. PAI agrees to mitigate, to the extent practicable, any harmful effect it knows to have resulted from Breach. Any such report shall include, to the extent possible, the identification (if known) of each individual whose Unsecured Protected Health Information has been, or is reasonably believed by PAI to have been, accessed, acquired, or disclosed during such Breach, along with any other information required to be reported under the HITECH Act and any accompanying regulations.
  - H. Plan Sponsor/Administrator represents and certifies that it is solely responsible for and has obtained consent from all members authorizing the release of PHI by PAI to Plan Sponsor/Administrator or, the Plan Sponsor/Administrator otherwise has the legal authority to review, access, and /or use such information.
  - I. Plan Sponsor/Administrator will only use claims information provided by PAI to administer the Plan Sponsor/Administrator's group health plan. This may include auditing, monitoring and evaluating the costs and performance PAI and the Plan Sponsor/Administrator's health plan. Plan Sponsor/Administrator will not use any information provided by PAI for any improper or illegal or unauthorized purpose.
  - J. PAI is prohibited from releasing alcohol and drug abuse patient information protected under 42 U.S.C. § 290dd-2(a) to Plan Sponsor/Administrator.
  - K. If the Plan Sponsor/Administrator accesses the Benefit Coordinator features of the PAI website, it will ensure that Protected Health Information is only accessed while the individual whose information is being accessed is present or such individual has otherwise consented to such access.
  - L. Plan Sponsor/Administrator will protect and safeguard the integrity, privacy and confidentiality of all Protected Health Information in accordance with all federal and state laws, regulations and guidelines governing and applicable to Protected Health Information. Plan Sponsor/Administrator will only use or further disclose Protected Health Information for the purpose for which PAI disclosed it to the Plan Sponsor/Administrator or as required by law, and will promptly notify PAI of any instance of which the person or organization becomes aware in which the confidentiality of such PHI was breached.
  - M. If Plan Sponsor/Administrator requests that PAI disclose Protected Health Information to a third party, Plan Sponsor/Administrator agrees that it will indemnify and hold PAI harmless from any consequences from such disclosure. Plan Sponsor/Administrator will not require PAI to disclose information to any third party until such third party has executed PAI's disclosure agreement.
  - N. Notwithstanding anything herein to the contrary, no provision of this Exhibit C, or the Agreement, shall be interpreted as prohibiting any provision, access, use, or disclosure of information to the extent required by applicable law.
2. **Compliance with Standard Transactions.** For purposes of this Section 2, any reference to Plan Sponsor/Administrator shall include any group health plan administrated pursuant to this Agreement. If Plan Sponsor/Administrator conducts, in whole or part, Standard Transactions for or on behalf of Plan Sponsor/Administrator's health plan, Plan Sponsor/Administrator will comply, and will require any subcontractor or agent involved with the conduct of such Standard Transactions to comply, with 45 C.F.R. Part 162. All Standard Transactions submitted by the Plan Sponsor/Administrator or its subcontractors must be in a format that is acceptable to PAI.

## EXHIBIT D - Administrative Services Only Agreement

### Rate Schedule - Disclosure of Charges Billed by PAI

GROUP NAME: Oconee County  
FOR THE PERIOD FROM:

5 / 1 / 2024

TO:

4 / 30 / 2025

GROUP #: 817

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

ADMINISTRATIVE SERVICE FEES:		SINGLE	FAMILY
Medical		\$18.39	\$18.39
Dental	Delta Dental Billing Fee	\$4.75	\$4.75
Vision		\$0.00	\$0.00
Short Term Disability (STD)(PAI In-house)		\$0.00	\$0.00
Agent Commission		\$0.00	\$0.00
HIPAA Privacy Services		\$0.75	\$0.75
COBRA Services		\$1.35	\$1.35
Veracity Benefits & Broker Fee		\$2.50	\$2.50
NY-HCRA Services		\$0.00	\$0.00

(Monthly NY-HCRA assessment fees will also apply if any subscribers are NY residents)

PPO NETWORK ACCESS FEES:			
Preferred Blue		5% of savings	5% of savings
First Health		25% of savings	25% of savings
First Health		\$6.45 pepm	\$6.45 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
DATA WAREHOUSE FEES:		PAI Analytics	0	0
OTHER CHARGES:	Description:	Description:	\$0.00	\$0.00

**STOP LOSS PREMIUMS: (Contract is between Group and Stop Loss Carrier. Not a PAI Contract)**

Medical Specific per employee per month	\$104.40	\$275.61
Medical Specific Marketing Fee - PAI	\$0.92	\$2.43
Medical Specific Marketing Fee - Broker	\$17.50	\$46.21
Rolling Aggregate (medical) per employee per month	\$0.00	\$0.00
Medical Aggregate per employee per month	\$5.23	\$5.23
Medical Aggregate Marketing Fee - PAI	\$0.05	\$0.05
Medical Aggregate Marketing Fee - Broker	\$0.87	\$0.87

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

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

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

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

**SYSTEM GENERATED REPORTS:**

- Standard monthly reports
- Custom reports (per hour of programming time)

**ONE-TIME SETUP FEE:**

- Includes the initial production and printing of Plan Document 0
- Plan Building and Design (to include loading of benefit maximums if applicable)

**PRINTING CHARGES**

- Employee Booklets: Actual Vendor Cost + 10% Processing Fee

**Group ID Cards:**

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

Sponsor/Administrator Initials



PAI Initials



Exhibit D, 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 /2024

TO: 4 /30/2025

<b>DIVISION OF RESPONSIBILITIES</b>
-------------------------------------

	Plan Sponsor/ Administrator	PAI
<b>Production of Plan Document Draft</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Approval of the Final Plan Design and Plan Document</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Final Approval of Plan Document</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Cost of Printing Employee Booklets:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Cost of Group I.D. Cards</b>		
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"/>
<b>Cost of Printing or Copying PPO Directories (Initial and Subsequent Orders)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Cost of Printing of Membership Applications and Enrollment Forms</b>		
Standard PAI Forms	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Custom Forms Requested by Plan Sponsor/Administrator	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Banking:</b>		
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 type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Plan Sponsor/Administrator Audit Fees, Bank Fees, Attorney + Other Legal Expenses</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Fees for Medical Information</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Fees for Discounts Obtained and Applied to Non-Network Claims</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Reconciliation of PAI's monthly fixed cost invoice to employment records</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Preparation and Filing of Form 5500</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(PAI will furnish summary information to assist PAI Sponsor/Administrator with Form 5500)		
<b>1099 Forms:</b>		
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"/>
<b>Responsibility for Obtaining Prior Claim Files, Billings and/or Other Required Reports</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Refunds:</b>		
* 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"/>
<b>Out of Network Claims Negotiation Fee:</b> 25% of savings to be paid by the Plan Sponsor/Administrator	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Sponsor/Administrator Initials

PAI Initials

Exhibit D, Page 2

# SELF-FUNDED PLAN DOCUMENT FOR



## GROUP MEDICAL PLAN

**Effective Date: May 1, 2024**

**TABLE OF CONTENTS**

ABOUT YOUR PLAN .....1

PREAUTHORIZATION.....4

CLAIMS FILING AND APPEAL PROCEDURES .....6

CASE MANAGEMENT.....12

MEDICAL SCHEDULE OF BENEFITS .....13

PRESCRIPTION DRUG BENEFITS .....19

MEDICAL BENEFITS .....21

MEDICAL EXCLUSIONS AND LIMITATIONS.....28

ELIGIBILITY FOR COVERAGE.....34

TERMINATION OF THIS PLAN OF BENEFITS .....39

WOMEN’S HEALTH AND CANCER RIGHTS ACT OF 1998.....41

FAMILY AND MEDICAL LEAVE ACT (FMLA) .....41

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985 .....42

SUBROGATION / RIGHT OF REIMBURSEMENT.....45

WORKERS’ COMPENSATION PROVISION.....49

COORDINATION OF BENEFITS.....51

DISCLOSURE OF PROTECTED HEALTH INFORMATION TO PLAN SPONSOR.....55

GENERAL INFORMATION .....58

ADMINISTRATIVE INFORMATION .....61

DEFINITIONS.....62

INDEX .....82

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

## **ABOUT YOUR PLAN**

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

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

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

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

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

- Ask the Provider if they participate in the PPO program referenced above.
- See the appropriate website for Provider information. Link available on [www.paisc.com](http://www.paisc.com).
- Call PAI.\*

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

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

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

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

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

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

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

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

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

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

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

### **Customer Service**

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

**Planned Administrators, Inc.**  
**Attn: Claims**  
**P.O. Box 6927**  
**Columbia, SC 29260**  
**800-768-4375**  
[www.paisc.com](http://www.paisc.com)

Once a claim has been processed, you will have access to an Explanation of Benefits (EOB) at [www.paisc.com](http://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 declined 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](http://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](http://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](http://www.paisc.com).
  - b. Itemized bills from the Provider(s). These bills should contain the:
    - i. Provider's name and address;
    - ii. Participant's name and date of birth;
    - iii. Participant's Identification Card number;
    - iv. Description and cost of each service;
    - v. Date that each service took place;
    - vi. Description of the illness or injury and diagnosis.
  - c. Participants must complete each claim form and attach the itemized bill(s) to it. If a Participant has other insurance that already paid on the claim(s), the Participant also should attach a copy of the other Plan's Explanation of Benefits notice.
  - d. Participants should make copies of all claim forms and itemized bills for the Participant's records, since they will not be returned. Claims should be mailed to PAI's address listed on the claim form.
4. PAI must receive the claim within ninety (90) days after the beginning of services. Failure to file the claim within the ninety (90) day period, however, will not prevent payment of Covered Expenses if the Participant shows it was not reasonably possible to file the claim timely, provided the claim is filed as soon as is reasonably possible. Except in the absence of legal capacity, claims must be filed no later than twelve (12) months following the date services were received.
5. Receipt of a claim by PAI will be deemed written proof of loss and will serve as written authorization from the Participant to PAI to obtain any medical or financial records and documents useful to the Plan of Benefits. The Plan of Benefits, however, is not required to obtain any additional records or documents to support payment of a claim and is responsible to pay claims only on the basis of the information supplied at the time the claim was processed. Any party who submits medical or financial reports and documents to PAI in support of a Participant's claim will be deemed to be acting as the agent of the Participant. If the Participant desires to appoint an Authorized Representative in connection with such Participant's claims, the Participant should contact PAI for an Authorized Representative form.

6. There are four (4) types of claims: Pre-Service Claims, Urgent Care Claims, Post-Service Claims, and Concurrent Care Claims. The Group Health Plan will make a determination for each type of claim within these time periods:
  - a. Pre-Service Claim
    - i. A determination will be provided in writing or in electronic form within a reasonable period of time, appropriate to the medical circumstances, but no later than fifteen (15) days from receipt of the claim.
    - ii. If a Pre-Service Claim is improperly filed, or otherwise does not follow applicable procedures, the Participant will be sent notification within five (5) days of receipt of the claim.
    - iii. An extension of fifteen (15) days is permitted if PAI (on behalf of the Group Health Plan) determines, for reasons beyond the control of PAI, an extension is necessary. If an extension is necessary, PAI will notify the Participant within the initial fifteen (15) day time period that an extension is necessary, the circumstances requiring the extension, and the date PAI expects to render a determination. If the extension is necessary to request additional information, the extension notice will describe the required information. The Participant will have at least forty-five (45) days to provide the required information. If PAI does not receive the required information within the forty-five (45) day time period, the claim will be denied. PAI will make its determination within fifteen (15) days of receipt of the requested information, or, if earlier, the deadline to submit the information. If PAI receives the requested information after the forty-five (45) days, but within two hundred twenty-five (225) days, the claim will be reviewed as a first-level appeal. Reference the Claims Filing and Appeal Procedures section, B. Appeal Procedures for an Adverse Benefit Determination, for details regarding the appeals process.
  - b. Urgent Care Claim
    - i. A determination will be sent to the Participant in writing or in electronic form as soon as possible, taking into account the medical exigencies, but no later than seventy-two (72) hours from receipt of the claim.
    - ii. If the Participant's Urgent Care Claim is determined to be incomplete, the Participant will be sent a notice to this effect within twenty-four (24) hours of receipt of the claim. The Participant then will have forty-eight (48) hours to provide the additional information. Failure to provide the additional information within forty-eight (48) hours may result in the denial of the claim.
    - iii. If the Participant requests an extension of Urgent Care Benefits beyond an initially determined period and makes the request at least twenty-four (24) hours prior to the expiration of the original determination period, the Participant will be notified within twenty-four (24) hours of receipt of the request for an extension.
  - c. Post-Service Claim
    - i. A determination will be sent within a reasonable time period, but no later than thirty (30) days from receipt of the claim.
    - ii. An extension of fifteen (15) days may be necessary if PAI (on behalf of the Group Health Plan) determines, for reasons beyond the control of PAI, an extension is necessary. If an extension is necessary, PAI will notify the Participant within the initial thirty (30) day time period that an extension is necessary, the circumstances requiring the extension, and the date PAI expects to render a determination. If the extension is necessary to request additional information, the extension notice will describe the required information. The Participant will have at least forty-five (45) days to provide the required information. If PAI does not receive the required information within the forty-five (45) day time period, the claim will be denied. PAI will make its determination within fifteen (15) days of receipt of the requested information, or, if earlier, the deadline to submit the information. If PAI receives the requested information after the forty-five (45) days, but within two hundred twenty-five (225) days, the claim will be reviewed as a first-level appeal. Reference the Claims Filing and Appeal Procedures section, B. Appeal Procedures for an Adverse Benefit Determination, for details regarding the appeals process.

d. Concurrent Care Claim

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

7. Notice of Determination

- a. If the Participant's claim is filed properly, and the claim is in part or wholly denied, the Participant will receive notice of an Adverse Benefit Determination, in a culturally and linguistically appropriate manner, that will:
- i. Include information sufficient to identify the claim involved (including date of service, healthcare Provider, claim amount (if applicable) and a statement describing the availability, upon request, of the diagnosis and treatment codes and their corresponding meanings;
  - ii. State the specific reason(s) for the Adverse Benefit Determination, including the denial code and its corresponding meaning, as well as a description of the standard (if any) that was used in denying the claim;
  - iii. Reference the specific Plan of Benefits provisions on which the determination is based;
  - iv. State that the Member is entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to the Participant's claim;
  - v. Describe additional material or information, if any, needed to complete the claim and the reasons such material or information is necessary;
  - vi. Describe the claims review procedures and the Plan of Benefits and the time limits applicable to such procedures;
  - vii. Disclose any internal rule, guideline, or protocol relied on in making the Adverse Benefit Determination (or state that such information is available free of charge upon request);
  - viii. If the reason for denial is based on a lack of Medical Necessity, or Experimental or Investigational services exclusion or similar limitation, explain the scientific or clinical judgment for the determination (or state that such information will be provided free of charge upon request).
  - ix. Disclose the availability of, and contact information for, any applicable office of health insurance consumer assistance or ombudsman established under section 2793 of the Public Health Service Act to assist individuals with the internal claims and appeals and external review processes.
- b. The Participant will also receive a notice if the claim is approved.

**B. APPEAL PROCEDURES FOR AN ADVERSE BENEFIT DETERMINATION**

1. The Participant has one hundred eighty (180) days from receipt of an Adverse Benefit Determination to file an appeal. An appeal must meet these requirements:
  - a. An appeal must be in writing;
  - b. An appeal must be sent (via U.S. mail or FAX) at the address or FAX number below:

Planned Administrators, Inc.  
Attention: Appeals  
P.O. Box 6927  
Columbia, SC 29260  
**FAX 803-870-8012**
  - c. The appeal request must state that a formal appeal is being requested and include all pertinent information regarding the claim in question;
  - d. An appeal must include the Participant's name, address, identification number and any other information, documentation or materials that support the Participant's appeal.

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

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

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

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

The Plan Sponsor will decide the appeal of Concurrent Care Claims within the time frames set forth in the Claims Filing and Appeal Procedures section, B. Appeal Procedures for an Adverse Benefit Determination, item 4 a.-c., depending on whether such claim also is a Pre-Service Claim, an Urgent Care Claim or a Post-Service Claim.
6. Notice of Final Internal Appeals Determination
  - a. If a Participant's appeal is denied in whole or in part, the Participant will receive notice of an Adverse Benefit Determination, in a culturally and linguistically appropriate manner, that will:
    - i. Include information sufficient to identify the claim involved (including date of service, healthcare Provider, claim amount (if applicable)) and a statement describing the availability, upon request, of the diagnosis and treatment codes and their corresponding meanings;
    - ii. State specific reason(s) for the Adverse Benefit Determination, including the denial code and its corresponding meaning, as well as a description of the standard (if any) that was used in denying the claim and a discussion of the decision;
    - iii. Reference specific provision(s) of the Plan of Benefits on which the Benefit determination is based;
    - iv. State that the Member is entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to the claim for Benefits;
    - v. Describe any voluntary appeal procedures offered by the Corporation (on behalf of the Group Health Plan) and the Member's right to obtain such information;
    - vi. Disclose any internal rule, guideline or protocol relied on in making the Adverse Benefit Determination (or state that such information is available free of charge upon request);

- vii. If the reason for an Adverse Benefit Determination on appeal is based on a lack of Medical Necessity, Investigational or Experimental or other limitation or exclusion, explain the scientific or clinical judgment for the determination (or state that such information will be provided free of charge upon request);
  - b. The Member will also receive, free of charge, any new or additional evidence considered, relied upon or generated in connection with the claim. This evidence will be provided as soon as possible and sufficiently in advance of the date on which the notice of Adverse Benefit Determination is received to give the Member a reasonable opportunity to respond prior to that date.
  - c. If the Adverse Benefit Determination is based on a new or additional rationale, then the Member will be provided with the rationale, free of charge. The rationale will be provided as soon as possible and sufficiently in advance of the date of the Adverse Benefit Determination to give the Member a reasonable opportunity to respond prior to that date.
  - d. The Member will be provided, as soon as practicable upon request, the diagnosis and treatment codes and their corresponding meanings associated with the Adverse Benefit Determination.
  - e. No decisions regarding hiring, compensation, termination, promotion or other similar matters with respect to any individual will be made based upon the likelihood that the individual will support the denial of Benefits.
  - f. A Member's claim and appeals will be decided pursuant to a good faith interpretation of the Plan of Benefits, in the best interest of the Member, without taking into account either the amount of the Benefits that will be paid to the Member or the financial impact on the Group Health Plan.
  - g. The Member will also receive a notice if the claim on appeal is approved.
7. The Plan Sponsor may retain PAI to assist the Plan Sponsor in making the determination on appeal. Regardless of its assistance, PAI is acting only in an advisory capacity and is not acting in a fiduciary capacity. The Plan Sponsor at all times retains the right to make the final determination.

### **C. EXTERNAL REVIEW PROCEDURES**

1. After a Participant has completed the appeal process, a Participant may be entitled to an additional, external review of the Participant's claim at no cost to the Participant. An external review may be used to reconsider the Participant's claim if PAI has denied, either in whole or in part, the Participant's claim. In order to qualify for external review, the termination or denial or reduction of the claim must be related to:
  - a. Medical Necessity, appropriateness, healthcare setting, level of care or effectiveness of a Benefit;
  - b. An Investigational or Experimental service that involves a life-threatening or seriously disabling condition; or,
  - c. Administration of the Plan of Benefits' provisions related to cost-sharing and surprise billing protections for emergency or air ambulance services by Non-Participating Providers and care provided by Non-Participating Providers at certain Participating Provider facilities.
2. After a Participant has completed the appeal process (and an Adverse Benefit Determination has been made), such Participant will be notified in writing of such Participant's right to request an external review. The Participant should file a request for external review within four (4) months of receiving the notice of PAI's decision on the Participant's appeal. In order to receive an external review, the Participant will be required to authorize the release of such Participant's medical records (if needed in the review for the purpose of reaching a decision on Participant's claim).

3. Within five (5) business days of the date of receipt of a Participant's request for an external review, PAI will respond by either:
  - i. Assigning the Participant's request for an external review to an Independent Review Organization and forwarding the Participant's records to such organization;
  - ii. Notifying the Participant in writing that the Participant's request does not meet the requirements for an external review and the reasons for PAI's decision.
4. The external review organization will take action on the Participant's request for an external review within forty-five (45) days after it receives the request for external review from PAI.
5. Expedited external reviews are available if the Participant's Physician certifies that the Participant has a serious medical condition. A serious medical condition, as used in the Claims Filing and Appeal Procedures section, C. External Review Procedures, item 5, means one requires immediate medical attention to avoid serious impairment to body functions, serious harm to an organ or body part, or would place the Participant's health in serious jeopardy. If the Participant may be held financially responsible for the treatment, a Participant may request an expedited review of PAI's decision if PAI's denial of Benefits involves Emergency Medical Care and the Participant has not been discharged from the treating Hospital.

## **COMPREHENSIVE CASE MANAGEMENT**

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

### **COMPREHENSIVE CASE MANAGEMENT**

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

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

- A. Evaluation and assistance for the Participant to help develop a plan of services to meet specific needs;
- B. Assistance with obtaining unusual equipment or supply needs;
- C. Assistance in home care planning and implementation;
- D. Arrangements for needed nursing/caregiver services;
- E. Providing help with assessment of rehabilitation needs and Provider arrangements;
- F. Offering appropriate and effective alternative care/therapy suggestions for Mental Health Services and/or Substance Use Services as determined by medical care review;
- G. Monitoring and assuring treatment programs and interventions for Mental Health Services and/or Substance Use Services;
- H. Functioning as an effective resource for information on treatment facilities and available care for Mental Health Services and/or Substance Use Services.

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

### **ALTERNATIVE TREATMENT PLAN UNDER CASE MANAGEMENT**

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

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

## MEDICAL SCHEDULE OF BENEFITS

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

**Benefit Year is from January 1<sup>st</sup> – December 31<sup>st</sup>.**

### **Deductibles:**

Benefit Year Deductible: Benefits with an “*” indicate that the Benefit Year Deductible is waived.	<p>\$500 per Participant per Benefit Year at a Participating Provider, limited to \$1,500 per family (includes Non-Participating Providers of ambulance services, Emergency Services, and Non-Emergency Services furnished at certain Participating Provider facilities).</p> <p>\$1,000 per Participant per Benefit Year at a Non-Participating Provider, limited to \$3,000 per family</p>
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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.	<p>\$4,000 per Participant and \$8,000 per family at a Participating Provider (includes Non-Participating Providers of ambulance services, Emergency Services, and Non-Emergency Services furnished at certain Participating Provider facilities).</p> <p>\$7,500 per Participant and \$15,000 per family at a Non-Participating Provider</p> <p>Allowed Amounts are paid at 100% after the Out-of-Pocket Maximum is met.</p> <p>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.</p> <p>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.</p>
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## Preauthorization Requirements:

(Preauthorization required except emergency room admissions)

- ◆ **All Admissions require Preauthorization**—If Preauthorization is not obtained for services at a Participating Provider, room and board charges will be denied. Preauthorization for services at a Non-Participating Provider is your responsibility, and you will be responsible for the first \$1,000 if it is not obtained.
- ◆ **Outpatient Services**—Preauthorization is required for these outpatient Benefits:
  - \* Any surgical procedure that may be potentially cosmetic: i.e., blepharoplasty, reduction mammoplasty
  - \* Cancer Chemotherapy
  - \* Hysterectomy
  - \* Experimental or Investigational procedures
  - \* Radiation therapy
  - \* Sclerotherapy
  - \* Septoplasty

If Preauthorization is not obtained, Benefits may be denied. Benefits for outpatient services that require Preauthorization will be reduced by 50% of the Allowable Charge when Preauthorization is not obtained or approved.
- ◆ **Mental Health/Substance Abuse-** Preauthorization is required for these Mental Health Services and Substance Use Disorder Services:
  - \* Facility-based inpatient services
  - \* Facility-based outpatient services (partial hospitalization, electroconvulsive therapy (ECT) and intensive outpatient programs)
  - \* Inpatient and Outpatient for Mental Health
  - \* Inpatient and Outpatient for Substance Use
  - \* Psychological testing
  - \* Residential Treatment Centers

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

**MEDICAL SCHEDULE OF BENEFITS CONTINUED**

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

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

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

**MEDICAL SCHEDULE OF BENEFITS CONTINUED**

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

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

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

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

**MEDICAL SCHEDULE OF BENEFITS CONTINUED**

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

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

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

**MEDICAL SCHEDULE OF BENEFITS CONTINUED**

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

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

## PRESCRIPTION DRUG BENEFITS

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

Prescription Drugs are provided through the Magellan 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

Diabetic Medication:

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

Diabetic Supplies:

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

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

- \*Anti-Obesity prescription drugs are covered.
- \*Blood products, blood serum are covered but require prior authorization.
- \*Contraceptives are covered to include injectables, orals, patches and IUDs.
- \* Smoking Cessations drugs are covered at no cost as outlined by ACA.

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

Please visit [www.magellanrx.com](http://www.magellanrx.com) or call Customer Service at 1.800.424.0472 to determine if any of your medications require prior authorization.

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

## MEDICARE PART D NOTICE

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

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

## MEDICAL BENEFITS

### **A. Payment**

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

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

### **B. Specific Covered Benefits**

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

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

The Group Health Plan will provide these Benefits:

1. **Ambulance Services-** Benefits will be paid for professional ground and air ambulance services to the nearest network Hospital in case of an accident or Emergency Medical Condition. The following requirements apply to all ground and air ambulance services and transports:
  - a. The transport is Medically Necessary and reasonable under the circumstances;
  - b. A Participant is transported;
  - c. The destination is local within the United States; and,
  - d. The facility is medically appropriate to treat the Participant’s condition.

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



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

- a. The first Hospital does not have the needed Hospital or skilled nursing care to treat the Participant's illness or injury (such as burn care, cardiac care, trauma care, and critical care);
  - b. The second Hospital is the nearest medically appropriate facility to treat the Participant's illness or injury;
  - c. A ground ambulance transport would endanger the Participant's medical condition; and,
  - d. The transport is not related to a hospitalization outside the United States.
2. Covered Expenses made by an **Ambulatory Surgical Center** or minor emergency medical clinic.
  3. Covered Expenses for the cost and administration of an **anesthetic**; however, anesthesia rendered by the attending surgeon or his/her assistant is excluded.
  4. Covered Expenses for **artificial limbs or breast prosthesis**, to replace body parts when the replacement is necessary because of physiological changes.
  5. When an **assistant surgeon** is required to render technical assistance at an operation, the eligible expense for such services shall be limited to 20% of the Allowed Amount of the surgical procedure.
  6. Covered Expenses incurred for the treatment of **autism**.
  7. Covered expenses for **Diabetes Education and Training**.
  8. **Blood transfusions**, including cost of blood, blood plasma, blood plasma expanders and other blood products not donated or replaced by a blood bank.
  9. Phase II **cardiac rehabilitation** (to improve a patient's tolerance for physical activity or exercise) will be covered under a medically supervised and controlled reconditioning program.
  10. **Chiropractic Services** - Benefits will be paid for services and Medical Supplies required in connection with the detection and correction, by manual or mechanical means, of structural imbalance, distortion, or subluxation in the human body for purposes of removing nerve interference and the effects of such nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column. Benefits shall include but not be limited to:
    1. Spinal manipulation/subluxation;
    2. Related X-rays;
    3. Modalities; and
    4. Office visits.
  11. Charges incurred for Routine Participant Costs for items and services related to **clinical trials** are covered when:
    - A. The Participant has cancer or other life-threatening disease or condition;
    - B. The referring Provider is a Participating Provider that has concluded the Participant's involvement in such a trial would be appropriate;
    - C. The Participant provides medical and scientific information establishing the Participant's involvement in such a trial would be appropriate;
    - D. The services are furnished in connection with an Approved Clinical Trial.

Group Health Plans may not:

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

- B. Deny (or limit or impose additional conditions on) a Qualified Individual the coverage of Routine Participant Costs for items and services furnished in connection with participation in the trial;
- C. Discriminate against an individual on the basis of the individual's participation in the trial.

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

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

- 12. Initial **contact lenses or** one pair of **eyeglasses** required following cataract surgery;
- 13. Covered Expenses for **cosmetic surgery**, only for these situations:
  - A. When the malappearance or deformity is due to a congenital anomaly;
  - B. When due solely to surgical removal of all or part of the breast tissue because of an injury or illness to the breast;
  - C. When required for the medical care and treatment of a cleft lip and palate.

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

- 14. Charges for **CRNAs and Supervising Medical Doctors** will be a Covered Charge subject to these provisions:
  - A. The Allowed Amount for a CRNA will be 50% of the PPO re-priced amount for the MD Anesthesiologist, subject to all other Plan and modifier limitations.
  - B. If the MD Anesthesiologist is not a PPO, then the CRNA Allowed Amount will be equal to 50% of the UCR for the MD Anesthesiologist, subject to all other Plan and modifier limitations.
  - C. Charges for the Supervising MD will be limited to 50% of the PPO re-priced amount for the MD Anesthesiologist working independently.

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

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

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

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

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

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

- 21. **Hospital Covered Expenses** for:

- A. Daily room and board charges in a Hospital, not to exceed the daily semiprivate room rate (charges when a Hospital private room has been used will be reimbursed at the average semiprivate room rate in the facility). Hospitals with all private rooms will be allowed at the prevailing private room rate;
- B. The day on which a Participant leaves a Hospital or Skilled Nursing Facility, with or without permission, is treated as the discharge day and will not be counted as an inpatient care day, unless Participant returns to the Hospital by midnight of the same day. The day the Participant returns to the Hospital or Skilled Nursing Facility is treated as the Admission day and is counted as an inpatient care day. The days during which the Participant is not physically present for inpatient care are not counted as inpatient days;
- C. Confinement in an intensive care unit, cardiac care unit or burn unit;
- D. Miscellaneous Hospital services and supplies during Hospital confinement if such charges should not have been included in the underlying Hospital charge (as determined by the Plan);
- E. Inpatient charges for well newborn care for nursery room and board and for professional service. Eligible expenses will be subject to the fee schedule rates for pediatric services and circumcision;
- F. Outpatient Hospital services and supplies and emergency room treatment.

22. Charges for **Human Organ or Tissue Transplants** subject to these limits:

- A. The transplant must be performed to replace an organ or tissue of the participant.
- B. If the organ or tissue donor is a participant and the recipient is not, then the Plan will cover donor organ or tissue charges for:
  - i. Evaluating the organ or tissue;
  - ii. Removing the organ or tissue from the donor.

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

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

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

**Preauthorization by Cost Management/Utilization Review is mandatory for Transplant Coverage to be in effect (except for Cornea transplants).**

- 23. Benefits will be paid for **mammography testing**, regardless of Medical Necessity, as set forth in the Schedule of Benefits. Benefits will be paid for additional mammograms during a Benefit Year based on Medical Necessity.
- 24. Care and treatment for **marital or pre-marital** counseling is covered.
- 25. Expenses for **maternity care** for Employee and covered Dependents.
- 26. Any expenses incurred in obtaining **medical records** in order to substantiate Medical Necessity.
- 27. Covered Expenses for dressings, sutures, casts, splints, trusses, crutches, pacemakers, braces (not dental braces) or other **Medical Supplies** determined by the Plan to be appropriate for treatment of an illness or injury.
- 28. Covered Expenses for **Mental Health Services** if rendered by a licensed medical Physician (M.D.), licensed psychologist (Ph.D.), clinical psychologist, licensed masters social worker or licensed professional counselor. Expenses for psychological testing are also covered.
- 29. Covered Expenses for **newborn care**. The Plan of Benefits will comply with the terms of the Newborns' and Mothers' Health Protection Act of 1996. The Plan of Benefits will not restrict Benefits for any length of Hospital stay in connection with childbirth for the mother or newborn child to less than forty-eight (48) hours following a

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

30. Covered Expenses for the treatment and services rendered by an **occupational therapist** in a home setting, at a facility or institution whose primary purpose is to provide medical care for an illness or injury, or at a free-standing outpatient facility.
31. Charges for Injury to or care of the mouth, teeth, gums and alveolar processes will be Covered Expenses only if that care is for these **oral surgical procedures**:
  - A. Emergency repair due to Injury to sound natural teeth;
  - B. Surgery needed to correct accidental injuries to the jaws, cheeks, lips, tongue, floor and roof of the mouth;
  - C. Excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth when a lab exam is required; excision of benign bony growths of the jaw and hard palate; external incision and drainage of cellulitis and incision of sensory sinuses, salivary glands or ducts.
32. The initial purchase and fitting of **orthotic appliances** such as braces, splints or other appliances which are required for support for an injured or deformed part of the body as a result of a disabling congenital condition or an Injury or Sickness that occurred while covered under the plan. Replacement or repair will be covered only if it is necessary due to a change in the person's physical condition or it is less costly to buy a replacement rather than repair the existing equipment or rent like equipment.
33. Covered Expenses for **oxygen** and other gases and their administration.
34. Benefits will be paid, as specified in the Schedule of Benefits, for a **rehabilitation facility or Skilled Nursing Facility**, for participation in a multidisciplinary team-structured rehabilitation program following severe neurologic or physical impairment if the following criteria are met:

The Participant must be under the continuous care of a Physician, and the attending Physician must certify that the individual requires nursing care 24 hours a day. Nursing care must be rendered by a registered nurse or a licensed vocational or practical nurse. The confinement cannot be primarily for domiciliary, custodial, personal-type care, care due to senility, alcoholism, drug abuse, blindness, deafness, mental deficiency, tuberculosis or mental disorders.
35. Covered Expenses for the treatment or services rendered by a **physical therapist** in a home setting, a facility or institution whose primary purpose is to provide medical care for an illness or injury, or at a free-standing duly licensed outpatient therapy facility.
36. Covered Expenses for the services of a **Physician** for medical care and/or surgical treatments including office, home visits, Hospital inpatient care, Hospital outpatient visits/exams, clinic care, and surgical opinion consultations, subject to:

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

  - A. In-Hospital medical Benefits will be provided, limited to one visit per specialty per day;
  - B. In-Hospital medical Benefits in a Skilled Nursing Facility;
  - C. When two or more Physicians, within the same study, render in-Hospital medical services at the same time, payment for such service will be made only to one Physician;
  - D. Concurrent medical/surgical care Benefits for in-Hospital medical service in addition to Benefits for surgical service will be provided only:
    - i When the condition for which in-Hospital medical service requires medical care not related to Surgical Services or obstetrical service and does not constitute a part of the usual, necessary and related pre-operative and postoperative care but requires supplemental skills not possessed by the attending surgeon

or such attending surgeon's assistant;

- ii When a Physician other than a surgeon admits a Participant to the Hospital for medical treatment and it later develops that surgery becomes necessary, such Benefits cease on the date of surgery for the admitting Physician and become payable under the surgeon only;
- iii When the surgical procedure performed is designated by the Plan supervisor as a "warranted diagnostic procedure" or as a "minor surgical procedure."

37. **Preadmission testing** for a scheduled Admission when performed on an outpatient basis prior to such Admission. The tests must be in connection with the scheduled Admission and:

- A. Must be made within seven (7) days prior to Admission;
- B. Must be ordered by the same Physician who ordered the Admission and must be Medically Necessary for the illness or injury for which the Participant is subsequently admitted to the Hospital.

38. **Preventive services** are covered according to:

- A. United States Preventive Services Task Force (USPSTF recommendations Grade A or B);
- B. Centers for Disease Control and Prevention (CDC) recommendations for immunizations;
- C. Health Resources and Services Administration (HRSA) recommendations for children and women preventive care and screening;
- D. Women's preventive services as provided under the ACA.

These Benefits are provided without any cost-sharing by the Participant when the services are provided by a Participating Provider. Any other covered preventive screenings will be provided as shown in the Schedule of Benefits.

39. Covered Expenses for **Private Duty Nursing Care** by a licensed nurse (R.N., L.P.N. or L.V.N.) as follows:

- A. Inpatient Nursing Care: Charges are covered only when care is Medically Necessary or not Custodial in nature and the Hospital's Intensive Care Unit is filled or the Hospital has no Intensive Care Unit.
- B. Outpatient Nursing Care: Charges are covered only when care is Medically Necessary and not Custodial in nature. The only charges covered for Outpatient nursing care are those covered under Home Health Care and does not include outpatient private duty nursing care on a 24 hour shift basis.

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

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

42. Expenses for a **Second Surgical Opinion** (Not Mandatory). The Second Opinion must be rendered by a board-certified surgeon who is not professionally or financially associated with the Physician or the surgeon who rendered the first surgical opinion. The surgeon who gives the second surgical opinion may not perform the surgery. If the Second Opinion is different from the first, a third opinion also will be payable, provided the opinion is obtained before the procedure is performed. The conditions that apply to a Second Opinion also apply to any third surgical opinion.

43. Benefits will be paid for Admissions in a **Skilled Nursing Facility** as follows:

- A. Semiprivate room, board, and general nursing care;
- B. Private room, at semiprivate rate;
- C. Services performed in a Special Care Unit when it is Medically Necessary that such services be performed in such unit;
- D. Ancillary services and Medical Supplies including services performed in operating, recovery and delivery rooms;
- E. Diagnostic services including interpretation of radiological and laboratory examinations, electrocardiograms, and electroencephalograms; and,
- F. In a Long-Term Acute Care Hospital.

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

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

## MEDICAL EXCLUSIONS AND LIMITATIONS

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

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

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

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



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

- B. Tic disorders, except when related to Tourette’s disorder;
  - C. Elimination disorders;
  - D. Mental disorders due to a general medical condition;
  - E. Sexual function disorders;
  - F. Sleep disorders;
  - G. Medication-induced movement disorders;
  - H. Nicotine dependence, unless specifically listed as a covered Benefit in the Plan of Benefits or on the Medical Schedule of Benefits.
44. Medical supplies, services or charges for the diagnosis or treatment of sexual and gender dysphoria, learning disorders, dissociative disorders, developmental speech delay, communication disorders, developmental coordination disorders, mental retardation or vocational rehabilitation.
  45. **Gender Reassignment Surgery** – Any charges for medical supplies; drugs; medical and clinical consultation and services for gender altering or reassignment medical or surgical services.
  46. **Error.** Charges for care, supplies, treatment, and/or services that are required to treat injuries that are sustained or an illness that is contracted, including infections and complications, while the Participant was under, and due to the care of a Provider wherein such illness, injury, infection or complication is not reasonably expected to occur. This exclusion will apply to expenses directly or indirectly resulting from the circumstances of the course of treatment that, in the opinion of the Plan Administrator, in its sole discretion, unreasonably gave rise to the expense.
  47. Charges for services that are not reasonable, not Medically Necessary, are not Usual and Customary, and/or are in excess of the **Maximum Allowable Charge** (See definition of Maximum Allowable Charge for application when utilizing PPO network discounts).
  48. **Foreign travel.** Care, treatment or supplies out of the U.S. if travel is for the sole purpose of obtaining medical services (unless Medically Necessary as determined by the Plan Administrator and approved in advance).
  49. Charges for care, supplies, treatment, and/or services for expenses actually **incurred by other persons**.
  50. Charges for care, supplies, treatment, and/or services for Injuries resulting from **negligence**, misfeasance, malfeasance, nonfeasance or malpractice on the part of any licensed Physician.
  51. All charges in connection with treatments or medications where the patient either is in **non-compliance** with or is discharged from a Hospital or Skilled Nursing Facility against medical advice.
  52. Care, treatment, services or supplies **not recommended and approved by a Physician**; or treatment, services or supplies when the Participant is not under the regular care of a Physician. Regular care means ongoing medical supervision or treatment which is appropriate care for the Injury or Sickness.
  53. Treatments and supplies which are **not specified as covered** under this Plan.
  54. Care and treatment billed by a Hospital for **non-medical emergency admissions** on a Friday or Saturday. This does not apply if surgery is performed within 24 hours of admission.
  55. Charges for **Orthognathic surgery**.
  56. **Subrogation, Reimbursement, and/or Third Party Responsibility.** Charge for care, supplies, treatment, and /or services of an Injury or Sickness not payable by virtue of the Plan’s subrogation, reimbursement, and/or third party responsibility provisions.
  57. Excision of wholly or partly unerupted **impacted teeth**.
  58. **Behavioral, Educational, or Alternate Therapy Programs:**  
Any behavioral, educational or alternative therapy techniques to target cognition, behavior language and social skills modification, including:
    - A. Applied Behavioral Analysis (ABA) therapy;
    - B. Teaching, Expanding, Appreciating, Collaborating and Holistic (TEACCH) programs;
    - C. Higashi schools/daily life;

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

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

- A. Therapeutic devices or appliances, including hypodermic needles, syringes, support garments, ostomy supplies and non-medical substances regardless of intended use;
- B. Any over-the-counter medication, unless specified otherwise;
- C. Prescription Drugs that have not been prescribed by a Physician;
- D. Prescription Drugs not approved by the Food and Drug Administration;
- E. Prescription Drugs for non-covered therapies, services, or conditions;
- F. Prescription Drug refills in excess of the number specified on the Physician’s prescription order or Prescription Drug refills dispensed more than one (1) year after the original prescription date;
- G. Unless different time frames are specifically listed on the Schedule of Benefits more than a thirty (30) day supply for Prescription Drugs (ninety (90) day supply for Prescription Drugs obtained through a Mail Service Pharmacy);
- H. Any type of service or handling fee (with the exception of the dispensing fee charged by the pharmacist for filling a prescription) for Prescription Drugs, including fees for the administration or injection of a Prescription Drug;
- I. Dosages that exceed the recommended daily dosage of any Prescription Drug as described in the current Physician’s Desk Reference or as recommended under the guidelines of the Pharmacy Benefit Manager, whichever is lower;
- J. Prescription Drugs administered or dispensed in a Physician’s office, Skilled Nursing Facility, Hospital or any other place that is not a Pharmacy licensed to dispense Prescription Drugs in the state where it is operated;
- K. Prescription Drugs for which there is an over-the-counter equivalent and over-the-counter supplies or supplements;
- L. Prescription Drugs that are being prescribed for a specific medical condition that are not approved by the Food and Drug Administration for treatment of that condition (except for Prescription Drugs for the treatment of a specific type of cancer, provided the drug is recognized for treatment of that specific cancer in at least one standard, universally accepted reference compendia or is found to be safe and effective in formal clinical studies, the results of which have been published in peer-reviewed professional medical journals);
- M. Prescription Drugs that are not consistent with the diagnosis and treatment of a Participant’s illness, injury or condition, or are excessive in terms of the scope, duration, dosage or intensity of drug therapy that is needed to provide safe, adequate and appropriate care;
- N. Prescription Drugs to enhance physical growth or athletic performance or appearance;

- O. Prescription Drugs that are immunization agents or biological sera;
- P. Prescription Drugs or services that require Preauthorization by PAI and Preauthorization is not obtained;
- Q. Prescription Drugs for injury or disease that are paid by workers' compensation benefits (if a workers' compensation claim is settled, it will be considered paid by workers' compensation benefits);
- R. Prescription Drugs that are not Medically Necessary.

60. **Home Health Care Exclusions** under the Home Health Care Benefit:

- A. Services and supplies not included in the Medical Schedule of Benefits, but not limited to, general housekeeping services and services for custodial care;
- B. Services of a person who ordinarily resides in the home of the Participant, or is a Participant's immediate family member (parent, Child, spouse, brother, sister, grandparent or in-law);
- C. Transportation services.

**Notwithstanding the above exclusions, in the event that, after review of the medical records, other documentation, and case notes, the health care management medical director (or similarly titled position) of PAI, deems a plan of treatment and procedures are appropriate care for a Participant, the Plan shall deem the cost of the plan of treatment and procedures a Covered Expense.**

**ELIGIBILITY FOR COVERAGE**

<b>Eligibility:</b>	
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 <sup>st</sup> 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
<b>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.</b>	

**A. ELIGIBILITY**

1. Every Employee who is Actively at Work and who has completed the Waiting Period on or after the Plan Sponsor Effective Date is eligible to enroll (and to enroll his or her Dependents) for coverage under this Plan of Benefits.
2. If an Employee is not Actively at Work or has not completed the Waiting Period, such Employee is eligible to enroll (and to enroll his or her Dependents) beginning on the next day that the Employee is:
  - a. Actively at Work;
  - b. Has completed the Waiting Period.
3. Dependents are not eligible to enroll for coverage under Plan of Benefits without the sponsorship of an Employee who is enrolled under this Plan of Benefits.
4. Probationary periods and/or contribution levels will not be based on any factor that discriminates in favor of higher-wage employees as required under federal law.

**B. ELIGIBLE CLASSES OF EMPLOYEES—RETIREE HEALTH INSURANCE PLAN PROVISIONS**

**THESE RETIREE HEALTH INSURANCE PLAN (THE “PLAN”) PROVISIONS ARE SUBJECT TO CHANGE AND THE COUNTY’S ABILITY TO FUND THIS BENEFIT CAN BE IMPACTED BY FISCAL CHALLENGES AND LEGISLATIVE CHANGES. DUE TO THE RISK OF UNKNOWN CIRCUMSTANCES, THIS PLAN, AS DESCRIBED HEREIN, MAY BE DEEMED UNSUSTAINABLE AT SOME FUTURE TIME. THE RETIREE HEALTH INSURANCE GUIDELINES DESCRIBED HEREIN, OR OTHERWISE, ARE DISCRETIONARY ON THE PART OF THE COUNTY AND THE EMPLOYEE AND DO NOT CREATE ANY EXPRESS OR IMPLIED CONTRACT OF THIS BENEFIT BEING PROVIDED IN THE FUTURE OR IN ANY PARTICULAR AMOUNT AT ANY PARTICULAR TIME. NO PAST PRACTICES OR PROCEDURES, PROMISES OR ASSURANCES, WHETHER**

**WRITTEN OR ORAL, FORM ANY EXPRESS OR IMPLIED AGREEMENT TO CONTINUE SUCH PRACTICES OR PROCEDURES. IT IS EXPLICITLY STATED AND RECOGNIZED BY THE COUNTY AND EVERY EMPLOYEE OR OTHER PERSON ACCEPTING BENEFITS UNDER THE PLAN THAT ALL EMPLOYMENT IN OCONEE COUNTY (EXCEPT FOR THE OCONEE COUNTY ADMINISTRATOR) IS “AT WILL” AND THAT NO OCONEE COUNTY EMPLOYEE (EXCEPT FOR THE OCONEE COUNTY ADMINISTRATOR) HAS AN EMPLOYMENT AGREEMENT OR CONTRACT, AND THAT ALL PROVISIONS OF ANY AND ALL EMPLOYMENT BENEFITS, INCLUDING, WITHOUT LIMITATION, THOSE DESCRIBED IN THIS PLAN ARE ALWAYS SUBJECT TO ANNUAL APPROPRIATION BY THE OCONEE COUNTY COUNCIL, WHICH IS NEVER GUARANTEED AND NEVER WILL BE GUARANTEED.**

All current Retirees of Oconee County will continue with their current Retiree health insurance/Plan Benefits with no changes at this time; however, such Benefits are subject to change in the future.

1. Grandfathered Employees:

- a. “Grandfathered Employees” are those Employees of Oconee County who had at least twenty (20) consecutive years of full-time employment for Oconee County as of December 31, 2013.
- b. Upon retirement, Grandfathered Employees will remain on the Oconee County Health Care Plan under the same terms and conditions as when they were actively employed until age 65 or when they become Medicare eligible, whichever occurs first. Spouses of Grandfathered Employees are eligible for the same coverage as Grandfathered Employees, provided the spouse is on the Grandfathered Employee’s County Health Care Plan at the time of his or her retirement.
- c. Once a retired Grandfathered Employee reaches age 65, he or she is required to enroll in Medicare parts A & B in order to receive the Subsidy, as defined and described in Section 1.d below,
- d. The Subsidy:
  - i. The County desires to contribute a monthly subsidy to all Grandfathered Employees upon retirement, when they reach 65 years of age or when they become Medicare eligible, whichever occurs first.
  - ii. Current Oconee County paid health Benefit coverage for Grandfathered Employees under the Oconee County Employee Health Care Plan shall cease when the Grandfathered Employee retires (becoming a “Grandfathered Retiree”) and reaches age 65 or becomes Medicare eligible, whichever occurs first. Discontinuance of County paid health Benefit coverage for spouses of Grandfathered Employees/Retirees will also occur when the spouse reaches age 65 or becomes Medicare eligible, whichever occurs first. Effective January 1, 2016 the County began contributing a monthly subsidy of \$158 per Grandfathered Retiree, or \$316 per month if married and the spouse is covered. This subsidy is solely for the purpose of assisting the Grandfathered Retiree and spouse, if applicable, in purchasing a Medicare supplemental insurance plan.
  - iii. Increases to the cost of the Oconee County Employee Care Plan will depend upon actual costs; increases to the Subsidy will change annually by the lower of CPI (Consumer Price Index) or 3% per year. The CPI increase will be determined using September over September time frame.
  - iv. Grandfathered Employees/Retirees may choose to decline coverage under the Plan at any time, but they will not be allowed to re-enroll in the Plan in the future, (with the exception of 2 prior Grandfathered Employees with special circumstances).

2. “Non-Grandfathered Employees” are those Employees hired prior to July 1, 2005, who complete 20 years of consecutive employment for Oconee County but who do not qualify as Grandfathered Employees.

- a. Non-Grandfathered Employees will remain eligible for Oconee County Employee Health Care Plan Benefits upon their retirement, subject to the conditions stated therein, and otherwise provided by law.
- b. Spouses of Non-Grandfathered Employees will not be eligible for Oconee County Employee Health Care Plan coverage upon retirement of the Non-Grandfathered Employee.
- c. Once a Non-Grandfathered Employee retires and attains the age of 65 or becomes Medicare eligible, whichever occurs first, Oconee County Employee Health Care Plan coverage will cease.
- d. No Subsidy will be provided Non-Grandfathered Employees or their spouses.

3. For all groups (Grandfathered and Non-Grandfathered) identified in these guidelines, only actual Oconee County employment time is considered for the purpose of determining contributions by Oconee County. No purchased service time of any kind will be considered for any group for purpose of Retiree health Benefits from Oconee County.
4. Employees hired after June 30, 2005 are ineligible for both Retiree health care coverage and the Subsidy.

## **Summary**

### **Grandfathered Employees**

- Must have 20 consecutive years of County employment as of December 31, 2013.
- Retiree and spouse will remain on the Oconee County Health Care Plan until they reach age 65 or become Medicare eligible, whichever occurs first.
- At age 65 or upon Medicare eligibility, whichever occurs first, a subsidy in the amount of \$158 for Retiree or \$316 for Retiree/Spouse will be offered in calendar year 2016. Subsidy increases over time by the lesser of 3% per year or the prevailing CPI rate increase each year.

### **Non-Grandfathered Employees**

- Must have 20 consecutive years of County employment and hired before July 1, 2005.
- If retired prior to age 65, retiree will remain on the Oconee County Health Care Plan until the retiree reaches age 65 or becomes Medicare eligible, whichever occurs first.
- No coverage will be provided for spouse upon retirement of the Non-Grandfathered Employee.
- No subsidy will be provided for Non-Grandfathered Employees or their spouses.

### **Employees hired on or after July 1, 2005**

- Oconee County provides no retiree health care coverage or subsidy.

### **Current Retirees**

- Will continue with the current retiree health insurance Plan Benefits being received, with no changes at this time; however, the Plan is subject to change in the future.

## **C. ELECTION OF COVERAGE**

Any Employee may enroll for coverage under the Group Health Plan for such Employee and such Employee's Dependents by completing and filing a Membership Application with the Plan Sponsor. Dependents must be enrolled within thirty-one (31) days of the date on which they first become Dependents. Employees and Dependents also may enroll if eligible under the terms of any late enrollment or Special Enrollment procedure.

## **D. COMMENCEMENT OF COVERAGE**

Coverage under the Group Health Plan will commence as:

1. Employees and Dependents eligible on the Plan Sponsor Effective Date

For Employees who are Actively at Work prior to and on the Plan Sponsor Effective Date, coverage will generally commence on the Plan of Benefits Effective Date.

2. Employees and Dependents Eligible After the Plan of Benefits Effective Date

Employees and Dependents who become eligible for coverage after the Plan of Benefits Effective Date and have elected coverage will have coverage after they have completed the Waiting Period.

3. Dependents Resulting from Marriage

Dependent(s) resulting from the marriage of an Employee will have coverage effective on the date of marriage provided they have enrolled for coverage within thirty-one (31) days after marriage and the coverage has been paid for under this Plan of Benefits.

#### 4. Newborn Children

A newborn Child will have coverage from the date of birth provided he or she has been enrolled for coverage within thirty-one (31) days after the Child's birth and the coverage has been paid for under this Plan of Benefits.

#### 5. Adopted Children

For an adopted Child of an Employee:

- a. Coverage shall be retroactive to the Child's date of birth when a decree of adoption is entered within thirty-one (31) days after the date of the Child's birth.
- b. Coverage shall be retroactive to the Child's date of birth when adoption proceedings have been instituted by the Employee within thirty-one (31) days after the date of the Child's birth, and if the Employee has obtained temporary custody of the Child.
- c. For an adopted Child other than a newborn, coverage shall begin when temporary custody of the Child begins. Nevertheless, such coverage shall only continue for one (1) year unless a decree of adoption is entered, in which case coverage shall be extended so long as such Child is otherwise eligible for coverage under the terms of this Plan of Benefits.

#### 6. Special Enrollment

In addition to enrollment under Eligibility for Coverage Section (C)(2-5) above, the Group Health Plan shall permit an Employee or Dependent who is not enrolled to enroll if each of these are met:

- a. The Employee or Dependent was covered under a group health Plan or had Creditable Coverage at the time coverage was previously offered to the Employee or Dependent;
- b. The Employee stated in writing at the time of enrollment that the reason for declining enrollment was because the Employee or Dependent was covered under a group health Plan or had Creditable Coverage at that time. This requirement shall apply only if the Plan Sponsor required such a statement at the time the Employee declined coverage and provided the Employee with notice of the requirement and the consequences of the requirement at the time;
- c. The Employee or Dependent's coverage described above:
  - i. Was under a COBRA continuation provision and the coverage under the provision was exhausted;
  - ii. Was not under a COBRA continuation provision described in section 6(c)(i), above, and either the coverage was terminated as a result of loss of eligibility for the coverage (including as a result of 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 an indeterminate amount of time may be authorized by Department Heads and/or the County Administrator when medical documentation is provided. The additional leave will be allowed only for Employees with no active or unresolved discipline issues in place.

## **CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985**

The Consolidated Omnibus Budget Reconciliation Act of 1985 (“COBRA”) requires that Plan Sponsors allow these categories of eligible people continue coverage under the Group Health Plan after such individuals would ordinarily not be eligible.

You also may have other options available when you lose this coverage. For example, you may be eligible to enroll into an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. (For more information about the Marketplace, visit [www.HealthCare.gov](http://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 19<sup>th</sup> month through the 29<sup>th</sup> 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 45<sup>th</sup> day after the Participant elects continuation coverage. Thereafter, Premium payments are due on the first of each month. There is a 31-day grace period for payment of the monthly Premiums.

**COBRA Continuation of Coverage ends earlier than the maximum continuation period under these circumstances:**

- A. When Premiums are not paid on time.
- B. When the Participant who has continuation of coverage becomes covered under another group health Plan or Medicare, after the date of the COBRA election, through employment or otherwise.
- C. When a disabled person covered under the extended 29-month COBRA continuation period has been determined by the Social Security Administration to be no longer disabled, coverage ends for the disabled person and any covered family members on the later of 30 days after the determination or 18 months. (Notification must be given to the Company within 30 days of final determination.)
- D. The termination of the Group Health Plan.

## **Uniformed Services Employment and Re-employment Rights Act (USERRA)**

- A. In any case in which an Employee or any of such Employee's Dependents has coverage under the Plan of Benefits, and such Employee is not Actively at Work by reason of active duty service in the uniformed services, the Employee may elect to continue coverage under the Plan of Benefits as provided in this section. The maximum period of coverage of the Employee and such Employee's Dependents under such an election shall be the lesser of:
- i. The twenty-four (24) month period beginning on the date on which the Employee's absence from being Actively at Work by reason of active duty service in the uniformed services begins; or
  - ii. The day after the date on which the Employee fails to apply for or return to a position of employment, as determined under USERRA.

The continuation of coverage period under USERRA will be counted toward any continuation of coverage period available under COBRA.

- B. An Employee who elects to continue coverage under this section of the Plan of Benefits must pay one hundred and two percent (102%) such Employee's normal Premium. Except that, in the case of an Employee who performs service in the uniformed services for less than thirty-one (31) days, such Employee will pay the normal contribution for the thirty-one (31) days.
- C. An Employee who is qualified for re-employment under the provisions of USERRA will be eligible for reinstatement of coverage under the Group Health Plan upon re-employment. Except as otherwise provided in this Article upon re-employment and reinstatement of coverage no new exclusion or Probationary Period will be imposed in connection with the reinstatement of such coverage if an exclusion or Waiting Period normally would have been imposed. This Article applies to the Employee who is re-employed and to a Dependent who is eligible for coverage under the Plan of Benefits by reason of the reinstatement of the coverage of such Employee.
- D. This Section shall not apply to the coverage of any illness or injury determined by the Secretary of Veterans Affairs to have been incurred in, or aggravated during, performance of service in the uniformed services.

### **National Defense Authorization Act—Military Leave Entitlements**

- A. Permits a "spouse, son, daughter, parent or next of "kin" to take up to 26 workweeks of leave to care for a "member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy and is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness".
- B. Permits an Employee to take FMLA leave for "any qualifying exigency (as the Secretary of Labor shall, by regulation, determine) arising out of the fact that the spouse, or a son, daughter, or parent of the Employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation".

## **SUBROGATION / RIGHT OF REIMBURSEMENT**

### **A. BENEFITS SUBJECT TO THIS PROVISION**

This provision shall apply to all Benefits provided under any section of the Plan of Benefits. All Benefits under this Plan of Benefits are being provided by a self-funded plan.

### **B. STATEMENT OF PURPOSE**

Subrogation and Reimbursement represent significant Group Health Plan assets and are vital to the financial stability of the Group Health Plan. Subrogation and Reimbursement recoveries are used to pay future claims by other Group Health Plan members. Anyone in possession of these assets holds them as a fiduciary and constructive trustee for the benefit of the Group Health Plan. The Group Health Plan may have a fiduciary obligation under the Employee Retirement Income Security Act (ERISA) to pursue and recover these Group Health Plan assets to the fullest extent possible.

### **C. DEFINITIONS**

#### **1. Another Party**

Another Party shall mean any individual or entity, other than the Group Health Plan, who is liable or legally responsible to pay expenses, compensation or damages in connection with a Member's injuries or illness.

Another Party shall include the party or parties who caused the injuries or illness; the liability insurer, guarantor or other indemnifier of the party or parties who caused the injuries or illness; a Member's own insurance coverage, such as uninsured, underinsured, medical payments, no-fault, homeowner's, renter's or any other insurer; a workers' compensation insurer or governmental entity; or, any other individual, corporation, association or entity that is liable or legally responsible for payment in connection with the injuries or illness.

#### **2. Member**

As it relates to the Subrogation and Reimbursement Provision, a Member shall mean any person, Dependent or representatives, other than the Group Health Plan, who is bound by the terms of the Subrogation and Reimbursement Provision herein. A Member shall include but is not limited to any beneficiary, Dependent, Spouse or person who has or will receive Benefits under the Group Health Plan, and any legal or personal representatives of that person, including parents, guardians, attorneys, trustees, administrators or executors of an estate of a Member, and heirs of the estate.

#### **3. Recovery**

Recovery shall mean any and all monies identified, paid or payable to the Member through or from Another Party by way of judgment, award, settlement, covenant, release or otherwise (no matter how those monies may be characterized, designated or allocated) to compensate for any losses caused by, or in connection with, the injuries or illness. A Recovery exists as soon as any fund is identified as compensation for a Member from Another Party. Any recovery shall be deemed to apply, first, for Reimbursement of the Group Health Plan's lien. The amount owed from the Recovery as Reimbursement of the Group Health Plan's lien is an asset of the Group Health Plan.

#### **4. Reimbursement**

Reimbursement shall mean repayment to the Group Health Plan of recovered medical or other Benefits that it has paid toward care and treatment of the injuries or illness for which there has been a Recovery.



## 5. Subrogation

Subrogation shall mean the Group Health Plan's right to pursue the Member's claims for medical or other charges paid by the Group Health Plan against Another Party.

### **D. WHEN THIS PROVISION APPLIES**

This provision applies when a Member incurs medical or other charges related to injuries or illness caused in part or in whole by the act or omission of the Member or another person; or Another Party may be liable or legally responsible for payment of charges incurred in connection with the injuries or illness; or Another Party may otherwise make a payment without an admission of liability. If so, the Member may have a claim against that other person or Another Party for payment of the medical or other charges. In that event, the Member agrees, as a condition of receiving Benefits from the Group Health Plan, to transfer to the Group Health Plan all rights to recover damages in full for such Benefits.

### **E. DUTIES OF THE MEMBER**

The Member will execute and deliver all required instruments and papers provided by the Group Health Plan or Corporation, including an accident questionnaire, as well as doing and providing whatever else is needed, to secure the Group Health Plan's rights of Subrogation and Reimbursement, before any medical or other Benefits will be paid by the Group Health Plan for the injuries or illness. The Group Health Plan or Corporation may determine, in its sole discretion, that it is in the Group Health Plan's best interests to pay medical or other Benefits for the injuries or illness before these papers are signed (for example, to obtain a prompt payment discount); however, in that event, the Group Health Plan will remain entitled to Subrogation and Reimbursement. In addition, the Member will do nothing to prejudice the Group Health Plan's right to Subrogation and Reimbursement and acknowledges that the Group Health Plan precludes operation of the made-whole and common-fund doctrines. A Member who receives any Recovery (whether by judgment, settlement, compromise, or otherwise) has an absolute obligation to immediately tender the portion of the Recovery subject to the Group Health Plan's lien to the Group Health Plan under the terms of this provision. A Member who receives any such Recovery and does not immediately tender the Group Health Plan's portion of the Recovery to the Group Health Plan will be deemed to hold the Group Health Plan's portion of the Recovery in constructive trust for the Group Health Plan, because the Member is not the rightful owner of the Group Health Plan's portion of the Recovery and should not be in possession of the Recovery until the Group Health Plan has been fully reimbursed. The portion of the Recovery owed by the Member for the Group Health Plan's lien is an asset of the Group Health Plan.

As a condition of receiving Benefits, the Member must:

1. Immediately notify the Group Health Plan or Corporation of an injury or illness for which Another Party may be liable, legally responsible or otherwise makes a payment in connection with the injuries or illness;
2. Execute and deliver to the Corporation an accident questionnaire within one hundred eighty (180) days of the accident questionnaire being mailed to the Member;
3. Deliver to the Group Health Plan or Corporation a copy of the Personal Injury Protection Log, Medical Payments log and/or Medical Authorization within ninety (90) days of being requested to do so;
4. Deliver to the Group Health Plan or Corporation a copy of the police report, incident or accident report, or any other reports issued as a result of the injuries or illness within ninety (90) days of being requested to do so;
5. Authorize the Group Health Plan or Corporation to sue, compromise and settle in the Member's name to the extent of the amount of medical or other Benefits paid for the injuries or illness under the Group Health Plan and the expenses incurred by the Group Health Plan or Corporation in collecting this amount, and assign to the Group Health Plan the Member's rights to Recovery when this provision applies;
6. Include the amount paid for Benefits as a part of the damages sought against Another Party. Immediately reimburse the Group Health Plan or Corporation, out of any Recovery made from Another Party, the amount

of medical or other Benefits paid for the injuries or illness by the Group Health Plan up to the amount of the Recovery and without reduction for attorneys' fees, costs, comparative negligence, limits of collectability or responsibility, or otherwise;

7. Immediately notify the Group Health Plan or Corporation in writing of any proposed settlement and obtain the Group Health Plan or Corporation's written consent before signing any release or agreeing to any settlement; and,
8. Cooperate fully with the Group Health Plan or Corporation in its exercise of its rights under this provision, do nothing that would interfere with or diminish those rights and furnish any information required by the Group Health Plan or Corporation.

#### **F. FIRST PRIORITY RIGHT OF SUBROGATION AND/OR REIMBURSEMENT**

Any amounts recovered will be subject to Subrogation or Reimbursement. The Member's submission of claims for illnesses or injury caused by Another Party constitutes the Member's agreement to the terms of this provision and the Member's grant to the Group Health Plan of a first priority equitable lien by agreement. The Group Health Plan's right to recover exists regardless of whether it is based on Subrogation or Reimbursement.

The Group Health Plan will be subrogated to all rights the Member may have against that other person or Another Party and will be entitled to first priority Reimbursement out of any Recovery to the extent of the Group Health Plan's payments. In addition, the Group Health Plan shall have a first priority equitable lien against any Recovery to the extent of Benefits paid and to be payable in the future. The Group Health Plan's first priority equitable lien supersedes any right that the Member may have to be "made whole." In other words, the Group Health Plan is entitled to the right of first Reimbursement out of any Recovery the Member procures or may be entitled to procure regardless of whether the Member has received full compensation for any of such Member's damages or expenses, including attorneys' fees or costs and regardless of whether the Recovery is designated as payment for medical expenses or otherwise. Additionally, the Group Health Plan's right of first Reimbursement will not be reduced for any reason, including attorneys' fees, costs, comparative or contributory negligence, limits of collectability or responsibility, characterization of Recovery as pain and suffering or otherwise. As a condition to receiving Benefits under the Group Health Plan and Plan of Benefits, the Member agrees that acceptance of Benefits is constructive notice of this provision.

#### **G. WHEN A MEMBER RETAINS AN ATTORNEY**

An attorney who receives any Recovery (whether by judgment, settlement, compromise, or otherwise) for an injury or illness in which the Group Health Plan has paid or will pay Benefits, has an absolute obligation to immediately tender the portion of the Recovery subject to the Group Health Plan's equitable lien to the Group Health Plan under the terms of this provision. As a possessor of a portion of the Recovery, the Member's attorney holds the Recovery as a constructive trustee and fiduciary and is obligated to tender the Group Health Plan's portion of the Recovery immediately over to the Group Health Plan. A Member's attorney who receives any such Recovery and does not immediately tender the Group Health Plan's portion of the Recovery to the Group Health Plan will be deemed to hold the Recovery in constructive trust for the Group Health Plan, because neither the Member nor the attorney is the rightful owner of the portion of the Recovery subject to the Group Health Plan's lien. The portion of the Recovery owed for the Group Health Plan's lien is an asset of the Group Health Plan.

If the Member retains an attorney, the Member's attorney must recognize and consent to the fact that this provision precludes the operation of the "made-whole" and "common fund" doctrines, and the attorney must agree not to assert either doctrine against the Group Health Plan in such attorney's pursuit of Recovery. The Group Health Plan will not pay the Member's attorneys' fees and costs associated with the recovery of funds, nor will it reduce its Reimbursement pro rata for the payment of the Member's attorneys' fees and costs, without the expressed written consent of the Corporation.

## **H. WHEN THE MEMBER IS A MINOR OR IS DECEASED OR INCAPACITATED**

This Subrogation and Reimbursement Provision will apply with equal force to the parents, trustees, guardians, administrators, or other representatives of a minor, incapacitated, or deceased Member and to the heirs or personal and legal representatives, regardless of applicable law. No representative of a Member listed herein may allow proceeds from a Recovery to be allocated in a way that reduces or minimizes the Group Health Plan's claim by arranging for others to receive proceeds of any judgment, award, settlement, covenant, release or other payment or releasing any claim in whole or in part without full compensation therefore or without the prior written consent from the Group Health Plan or Corporation.

## **I. WHEN A MEMBER DOES NOT COMPLY**

When a Member does not comply with the provisions of this section, the Group Health Plan or Corporation shall have the authority, in its sole discretion, to deny payment of any claims for Benefits by the Member and to deny or reduce future Benefits payable (including payment of future Benefits for other injuries or illnesses) under this Plan of Benefits by the amount due as satisfaction for the Reimbursement to the Group Health Plan. The Group Health Plan or Corporation may also, in its sole discretion, deny or reduce future Benefits (including future Benefits for other injuries or illnesses) for the Member under any other group benefits plan maintained by the Employer. The reductions will equal the amount of the required Reimbursement; however, under no circumstances shall the Reimbursement, denial or reduction of Benefits exceed the amount of the Recovery. If the Group Health Plan must bring an action against a Member to enforce the provisions of this section, then the Member agrees to pay the Group Health Plan's attorneys' fees and costs, regardless of the action's outcome.

## **J. PRIOR RECOVERIES**

In certain circumstances, a Member may receive a Recovery that exceeds the amount of the Group Health Plan's payments for past and/or present expenses for treatment of the injuries or illness that is the subject of the Recovery. In other situations, based on the extent of the Member's injuries or illness, the Member may have received a prior Recovery for treatment of the injuries or illness that is the subject of a claim for Benefits under the Group Health Plan. In these situations, the Group Health Plan will not provide Benefits for any expenses related to the injuries or illness for which compensation was provided through a current or previous Recovery. The Member is required to submit full and complete documentation of any such Recovery in order for the Group Health Plan to consider eligible expenses. To the extent a Member's Recovery exceeds the amount of the Group Health Plan's lien, the Group Health Plan is entitled to deny that amount as an offset against any claims for future Benefits relating to the injuries or illness. In those situations, the Member will be solely responsible for payment of medical bills related to the injuries or illness. The Group Health Plan also precludes operation of the made-whole and common-fund doctrines in applying this provision.

The Group Health Plan or Corporation has sole discretion to determine whether expenses are related to the injuries or illness to the extent this provision applies. Acceptance of Benefits under this Plan of Benefits for injuries or illness which the Member has already received a Recovery may be considered fraud, and the Member will be subject to any sanctions determined by the Group Health Plan or Corporation, in their sole discretion, to be appropriate, including denial of present or future Benefits under this Plan of Benefits.

## WORKERS' COMPENSATION PROVISION

This policy does not provide benefits for diagnosis, treatment or other service for any injury or illness that is sustained or alleged by a Participant that arises out of, in connection with, or as the result of any work for wage or profit when coverage under any Workers' Compensation Act or similar federal or state law is required or is otherwise available for the Participant. Benefits will not be provided under this Plan if coverage under the Workers' Compensation Act or similar law would have been available to the Participant but the Participant elected exemption from available Workers' Compensation coverage; waives entitlement to Workers' Compensation benefits for which the Participant is eligible; failed to timely file a claim for Workers' Compensation benefits; or the Member sought treatment for the injury or illness from a Provider that is not authorized by the Participant's Plan Sponsor.

If the Group Health Plan, or its designee, including PAI (hereinafter referred to as "the Plan") pays Benefits for an injury or illness and the Plan determines the Participant also received Workers' Compensation benefits by means of a settlement, judgment, or other payment for the same injury or illness, Participant shall reimburse the Plan in full all Benefits paid by the Plan relating to the injury or illness.

The Plan's right of recovery will be applied even if: the Workers' Compensation benefits are in dispute or are made by means of a compromised, doubtful and disputed, clincher or other settlement; no final determination is made that the injury or illness was sustained in the course of or resulted from the Participant's employment; the amount of Workers' Compensation benefits due to medical or health care is not agreed upon or defined by the Participant or the Workers' Compensation carrier; or the medical or health care benefits are specifically excluded from the Workers' Compensation settlement or compromise.

As a condition of receiving Benefits, the Member must:

1. Immediately notify the Group Health Plan or Corporation of an injury or illness for which the Member's Employer and/or Employers' Workers' Compensation carrier may be liable, legally responsible or otherwise makes a payment in connection with the injuries or illness;
2. Execute and deliver to the Corporation an accident questionnaire within one hundred eighty (180) days of the accident questionnaire being mailed to the Member;
3. Deliver to the Group Health Plan or Corporation a copy of the police report, incident or accident report or any other reports issued as a result of the injury or illness within ninety (90) days of being requested to do so;
4. Assert a claim or lawsuit against the Employer and/or Employer's Workers' Compensation carrier or any other insurance coverage to which the Member may be entitled;
5. Include the amount paid for Benefits as a part of the damages sought against the Member's Employer and/or Employer's Workers' Compensation carrier. Immediately reimburse the Group Health Plan, out of any recovery made from the Employer and/or Employer's Workers' Compensation carrier, the amount of medical or other Benefits paid for the injuries or illness by the Group Health Plan up to the amount of the recovery and without reduction for attorneys' fees, costs, comparative negligence, limits of collectability or responsibility, or otherwise;
6. Immediately notify the Group Health Plan or Corporation in writing of any proposed settlement and obtain the Group Health Plan or Corporation's written consent before signing any release or agreeing to any settlement; and,
7. Cooperate fully with the Group Health Plan or Corporation in its exercise of its rights under this provision, do nothing that would interfere with or diminish those rights and furnish any information required by the Group Health Plan or Corporation.

The Group Health Plan or Corporation has sole discretion to determine whether claims for Benefits submitted under the Plan of Benefits are related to the injuries or illness to the extent this provision applies. If the Group Health Plan

or Corporation pays Benefits for an injury or illness and the Group Health Plan or Corporation determines the Member also received a recovery from the Employer and/or Employer's Workers' Compensation carrier by means of a settlement, judgment or other payment for the same injury or illness, the Member shall reimburse the Group Health Plan from the recovery for all Benefits paid by the Group Health Plan relating to the injury or illness. However, under no circumstances shall the Member's reimbursement to the Group Health Plan exceed the amount of such recovery.

If the Member receives a recovery from the Employer and/or Employer's Workers' Compensation carrier, the Group Health Plan's right of reimbursement from the recovery will be applied even if: liability is denied, disputed or is made by means of a compromised, doubtful and disputed, clincher or other settlement; no final determination is made that the injury or illness was sustained in the course of or resulted from the Member's employment; the amount of workers' compensation benefits due to medical or healthcare is not agreed upon or defined by the Member, Employer or the Workers' Compensation carrier; or the medical or healthcare benefits are specifically excluded from the settlement or compromise.

Failure to reimburse the Group Health Plan from the recovery as required under this section will entitle the Group Health Plan or Corporation to invoke the Workers' Compensation exclusion and deny payment for all claims relating to the injury or illness.

## COORDINATION OF BENEFITS

Coordination of benefits rules apply when a Participant is covered by this Plan of Benefits and also covered by any other Plan or Plans. When more than one coverage exists, one Plan normally pays its benefits in full and the other Plan pays a reduced benefit. This Plan of Benefits will always pay either its Benefits in full or a reduced amount that, when added to the benefits payable by the other Plan or Plans, will not exceed 100% of Allowed Amounts. Only the amount paid by the Plan of Benefits will be included for purposes of determining the maximums in the Schedule of Benefits. Through the coordination of benefits, a Participant or Dependent will not receive more than the Allowed Amounts for a loss.

The coordination of benefits provision applies whether or not a claim is filed under the other Plan or Plans. The Participant agrees to provide authorization to this Plan of Benefits to obtain information as to benefits or services available from any other Plan or Plans, or to recover overpayments. All Benefits contained in the Plan of Benefits are subject to this provision.

When this Plan of Benefits is primary, Benefits are determined before those of the other Plan. The benefits of the other Plan are not considered. When this Plan of Benefits is secondary, Benefits are determined after those of the other Plan. Benefits may be reduced when the sum of the following exceeds the Covered Expenses in a Benefit Year:

- a. The Covered Expenses in the absence of this coordination of benefits provision; plus
- b. The expenses that would be payable under the other Plan, in the absence of provisions with a purpose like that of this coordination of benefits provision, whether or not a claim is made.

When the sum of these two (2) amounts exceeds the maximum amount payable for Covered Expenses in a Benefit Year, the Covered Expenses will be reduced so that they and the Benefits payable under the Primary Plan do not total more than the Covered Expenses. When the Covered Expenses of the Group Health Plan are reduced in this manner, each Benefit is reduced in proportion and then charged against any applicable limit of the Group Health Plan.

### **A. ORDER OF DETERMINATION RULES FOR EMPLOYEE MEMBERS**

If a Participant covered hereunder is also covered for comparable benefits or services under another Plan that is the Primary Plan, Benefits applicable under this Plan of Benefits will be reduced so that, for benefits incurred, benefits available under all Plans shall not exceed the Allowed Amounts of such benefits.

This Plan of Benefits determines its order of Benefits using the first of these that apply:

- A. **General** - A Plan that does not coordinate with other Plans is always the Primary Plan;
- B. **Non-Dependent/Dependent** - The benefits of the Plan that covers the person as an Employee (other than a Dependent) is the Primary Plan; the Plan that covers the person as a Dependent is the Secondary Plan;
- C. **Dependent Child/Parents Not Separated or Divorced** - Except as stated in (D) below, when this Plan of Benefits and another Plan cover the same Child as a Dependent of different parents:
  1. The Primary Plan is the Plan of the parent whose birthday (month and day) falls earlier in the year. The Secondary Plan is the Plan of the parent whose birthday falls later in the year; but
  2. If both parents have the same birthday, the benefits of the Plan that covered the parent the longer time is the Primary Plan; the Plan that covered the parent the shorter time is the Secondary Plan;
  3. If the other Plan does not have the birthday rule, but has the gender rule and if, as a result, the Plans do not agree on the order of benefits, the rule in the other Plan will determine the order of benefits.
- D. **Dependent Child/Separated or Divorced Parents** - If two or more Plans cover a person as a Dependent Child of divorced or separated parents, benefits for the Child are determined in this order:
  1. First, the Plan of the parent with custody of the Child;
  2. Then, the Plan of the spouse of the parent with custody;
  3. Finally, the Plan of the parent without custody of the Child.

Nevertheless, if the specific terms of a court decree state that one parent is responsible for the health care expenses of the Child, then that parent's Plan is the Primary Plan. If a court decree exists stating that the parents shall share joint custody, without stating that one of the parents is financially responsible for the health care of the Child, the order of liability will be determined according to the rules for Dependent Children whose parents are not separated or divorced. Anyone who legally adopts the Child will assume natural parent status.

- E. **Active/Inactive Employee** - The Primary Plan is the Plan that covers the person as an Employee who is neither laid off nor retired (or as that Employee's Dependent). The Secondary Plan is the Plan that covers that person as a laid off or retired Employee (or as that Employee's Dependent). If the other Plan does not have this rule, and if, as result the Plans do not agree on the order of benefits, this rule does not apply.
- F. **Longer/Shorter Length of Coverage** - If none of the above rules determines the order of benefits, the Primary Plan is the Plan that covered an Employee longer. The Secondary Plan is the Plan that covered that person the shorter time.
- G. **Continuation Coverage** - In instances where a Member is covered by this Group Health Plan and other employer-sponsored coverage and only one of them is continuation coverage (e.g., COBRA or other continuation coverage), such continuation coverage will be the Secondary Plan.
- H. In the case of a Plan that contains order of benefit determination rules that declare that Plan to be excess to or **always secondary to all other Plans**, this Plan of Benefits will coordinate benefits as:
  - 1. If this Plan of Benefits is Primary, it will pay or provide Benefits on a Primary basis;
  - 2. If this Plan of Benefits is secondary, it will pay or provide Benefits first, but the amount of Benefits payable will be determined as if this Plan of Benefits were the Secondary Plan. The liability of this Plan of Benefits will be limited to such payment;
  - 3. If the Plan does not furnish the information needed by this Plan of Benefits to determine Benefits within a reasonable time after such information is requested, this Plan of Benefits shall assume that the benefits of the other Plan are the same as those provided under this Plan of Benefits, and shall pay Benefits accordingly. When information becomes available as to the actual benefits of the other Plan, any Benefit payment made under this Plan of Benefits will be adjusted accordingly.

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

The Plan Administrator and PAI are entitled to such information as it deems reasonably necessary to apply these coordination of benefit provisions, and the Member and the Employer must provide any such information as reasonably requested:

- 1. To obtain or share information with any insurance company or other organization regarding coordination of benefits without the claimant's consent;
- 2. To require that the claimant provide the Plan Administrator with information on such other Plans so that this provision may be implemented;
- 3. To pay more than the amount due under this Plan of Benefits to an insurer or other organization if this is necessary, in the Plan Administrator or PAI's opinion, to satisfy the terms of this provision.

J. **Facility of Payment**

Whenever payments that should have been made under this Plan of Benefits in accordance with this provision have been made under any other Plan or Plans, the Plan Administrator will have the right, exercisable alone and in its sole discretion, to pay to any insurance company or other organizations or person making such other payments any amount it will determine in order to satisfy the intent of this provision, and amount so paid will be deemed to be Benefits paid under this Plan of Benefits and to the extent of such payment, the Plan Administrator will be fully discharged from liability under this Plan of Benefits. The Benefits that are payable will be charged against any applicable Maximum Payment or Benefit of this Plan of Benefits rather than the amount payable in the absence of this provision.

## **K. Right of Recovery**

If the amount of the payments made by the Group Health Plan is more than the Group Health Plan should have paid, the Group Health Plan may recover the excess or overpayment from the Member on whose behalf it has made payments, from a Provider, any group insurer, Plan, or any other person or organization contractually obligated to such Member with respect to such overpayments.

## **L. Medicare**

### **Individuals Age 65 or Older**

The Group Health Plan is a Primary Plan except where federal law mandates that the Group Health Plan is the Secondary Plan. Any claims where Medicare is primary must be filed by the Member after Medicare payment is made.

If you are a Participant and are age 65 or older, this Plan is the primary payer. Medicare will be the secondary payer.

If you are a retiree and are age 65 or older and are eligible to participate in this Plan, Medicare will be the primary payer and this Plan will pay secondary.

If you are not a Participant and are age 65 or older, Medicare will be your only medical coverage.

### **Disabled Participants\***

If you are a Participant who is disabled, this Plan is the primary payer and Medicare is the secondary payer.

\*This applies for Plans with 100 or more employees. (If the Plan has less than 100 employees, Medicare is primary for disabled individuals).

### **End-Stage Renal Disease**

If you have End-Stage Renal Disease and are a Participant, this Plan is the primary payer and Medicare is the secondary payer for the first 30 months of eligibility or entitlement to Medicare. After 30 months, Medicare will be the primary payer, and this Plan will be the secondary payer.

### **COBRA - Age 65 or Older or Disabled**

If you are age 65 or older or disabled, and covered by Medicare and COBRA, Medicare will be the primary payer and the COBRA coverage will pay secondary.

### **Coordination:**

When Medicare is primary and the Plan is secondary, Medicare (Parts A and B) will be considered a Plan for the purposes of coordination of benefits. The Plan will coordinate benefits with Medicare whether or not the Participant or their Dependents is/are actually receiving Medicare benefits.

## **B. COORDINATION OF BENEFITS WITH AUTO INSURANCE**

This is a self-funded Plan which does not provide benefits for claims which are paid or payable under automobile insurance coverage. Automobile insurance coverage shall include, but is not limited to, no-fault, personal injury protection, medical payments, liability, uninsured and underinsured coverage, umbrella or any other insurance coverage which may be paid or payable for the injury or illness.

Although benefits for claims which are paid or payable under automobile insurance coverage are not covered by this Plan of Benefits, the Group Health Plan or Corporation may, in its sole discretion, agree to extend Benefits to a Member for the injury or illness. In this instance, if a Member has automobile no-fault, personal injury protection or medical payments coverage, or if such coverage is extended to the Member through a group or their own automobile insurance carrier, that coverage is primary to the Group Health Plan. The Group Health Plan will always be secondary to automobile no-fault, personal injury protection or medical payments coverage plans and the Group Health Plan will coordinate benefits for claims which are payable under those automobile policies.

If the Member resides in a state where automobile no-fault, personal injury protection or medical payments coverage is mandatory and the Member does not have the state mandated automobile coverage, the Group Health Plan will deny Benefits up to the amount of the state mandated automobile coverage.



This coordination of benefits provision applies whether or not the Member submits a claim under the automobile no-fault, personal injury protection or medical payments coverage.

As a condition of receiving Benefits, the Member must:

1. Immediately notify the Group Health Plan or Corporation of an injury or illness for which automobile insurance coverage may be liable, legally responsible, or otherwise makes a payment in connection with the injuries or illness;
2. Execute and deliver to the Corporation an accident questionnaire within one hundred eighty (180) days of the accident questionnaire being mailed to the Member;
3. Deliver to the Group Health Plan or Corporation a copy of your Personal Injury Protection Log, Medical Payments log and/or Medical Authorization within ninety (90) days of being requested to do so;
4. Deliver to the Group Health Plan or Corporation a copy of the police report, incident or accident report, or any other reports issued as a result of the injuries or illness within ninety (90) days of being requested to do so; and,
5. Cooperate fully with the Group Health Plan or Corporation in its exercise of its rights under this provision, do nothing that would interfere with or diminish those rights and furnish any information required by the Group Health Plan or Corporation.

Failure to cooperate with the Group Health Plan as required under this section will entitle the Group Health Plan or Corporation to invoke the Auto Accident Exclusion and deny payment for all claims relating to the injury or illness up to the amount of available or state mandated coverage.

## **DISCLOSURE OF PROTECTED HEALTH INFORMATION TO PLAN SPONSOR**

The Group Health Plan will disclose (or require PAI to disclose) Participant's PHI to the Plan Sponsor only to permit the Plan Sponsor to carry out Plan administration functions for the Group Health Plan not inconsistent with the requirements of HIPAA. Any disclosure to and use by the Plan Sponsor will be subject to and consistent with the provisions of the sections below.

1. Disclosure of Protected Health Information to Plan Sponsor.
  - a. The Group Health Plan and any health insurance issuer or business associate servicing the Group Health Plan will disclose PHI to the Plan Sponsor only to permit the Plan Sponsor to carry out Plan administration functions for the Group Health Plan not inconsistent with the requirements of the HIPAA and its implementing regulations, as amended. Any disclosure to and use by the Plan Sponsor of PHI will be subject to and consistent with the provisions of paragraphs 2 and 3 of this section.
  - b. Neither the Group Health Plan nor any health insurance issuer or business associate servicing the Plan of Benefits will disclose Participant's PHI to the Plan Sponsor unless the disclosures are explained in the Notice of Privacy Practices distributed to the Participants.
  - c. Neither the Group Health Plan nor any health insurance issuer or business associate servicing the Plan of Benefits will disclose Participant's PHI to the Plan Sponsor for the purpose of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the Plan Sponsor.
2. Restrictions on Plan Sponsor's Use and Disclosure of Protected Health Information.
  - a. The Plan Sponsor will neither use nor further disclose Participant's PHI, except as permitted or required by the Plan documents, as amended, or required by law.
  - b. The Plan Sponsor will ensure that any agent, including any subcontractor, to whom it provides Participant's PHI, agrees to the restrictions and conditions of the Plan of Benefits, with respect to PHI.
  - c. The Plan Sponsor will not use or disclose Participant PHI for employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the Plan Sponsor.
  - d. The Plan Sponsor will report to the Group Health Plan any use or disclosure of Participant PHI that is inconsistent with the uses and disclosures allowed under this section promptly upon learning of such inconsistent use or disclosure.
  - e. The Plan Sponsor will make PHI available to the Participant who is the subject of the information in accordance with HIPAA.
  - f. The Plan Sponsor will make PHI available for amendment, and will on notice amend Participant PHI, in accordance with HIPAA.
  - g. The Plan Sponsor will track disclosures it may make of Participant PHI so that it can make available the information required for the Group Health Plan to provide an accounting of disclosures in accordance with HIPAA.
  - h. The Plan Sponsor will make available its internal practices, books, and records, relating to its use and disclosure of Participants' PHI, to the Group Health Plan and to the U.S. Department of Health and Human Services to determine compliance with HIPAA.
  - i. The Plan Sponsor will, if feasible, return or destroy all Participant PHI, in whatever form or medium (including in any electronic medium under the Plan Sponsor's custody or control), received from the Group Health Plan, including all copies of and any data or compilations derived from and allowing identification of any Participant who is the subject of the PHI, when the Participants' PHI is no longer needed for the Plan administration functions for which the disclosure was made. If it is not feasible to return or destroy all Participant PHI, the Plan Sponsor will limit the use or disclosure of any Participant PHI it cannot feasibly return or destroy to those purposes that make the return or destruction of the information infeasible.

3. Adequate Separation Between the Plan Sponsor and the Group Health Plan.

- a. Certain classes of employees or other workforce members under the control of the Plan Sponsor may be given access to Participant PHI received from the Group Health Plan or business associate servicing the Group Health Plan:
- b. These employees will have access to PHI only to perform the Plan administration functions that the Plan Sponsor provides for the Group Health Plan.
- c. These employees will be subject to disciplinary action and sanctions, including termination of employment or affiliation with the Plan Sponsor, for any use or disclosure of Participant PHI in breach or violation of or noncompliance with the provisions of this section of the Plan of Benefits. The Plan Sponsor will promptly report such breach, violation or noncompliance to the Group Health Plan, and will cooperate with the Group Health Plan to correct the breach, violation or noncompliance, to impose appropriate disciplinary action or sanctions on each employee or other workforce member causing the breach, violation or noncompliance, and to mitigate any deleterious effect of the breach, violation or noncompliance on any Participant, the privacy of whose PHI may have been compromised by the breach, violation or noncompliance.
- d. Plan Sponsor shall ensure that the separation required by the above provisions will be supported by reasonable and appropriate security measures.

4. Plan Sponsor Obligations to the security of Electronic Protected Health Information (“ePHI”):

Where ePHI will be created, received, maintained or transmitted to or by the Plan Sponsor on behalf of the Group Health Plan, the Plan Sponsor shall reasonably safeguard the ePHI as follows:

- a. Plan Sponsor will implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the ePHI that the Plan Sponsor creates, receives, maintains or transmits on behalf of the Group Health Plan. Plan Sponsor will ensure that any agent, including a subcontractor, to whom it provides ePHI agrees to implement reasonable and appropriate security measures to protect this information;
- b. The Plan Sponsor shall report any security incident of which it becomes aware to the Group Health Plan as provided below.
  - i. In determining how and how often Plan Sponsor shall report security incidents to Group Health Plan, both Plan Sponsor and Group Health Plan agree that unsuccessful attempts at unauthorized access or system interference occur frequently and that there is no significant benefit for data security from requiring the documentation and reporting of such unsuccessful intrusion attempts. In addition, both parties agree that the cost of documenting and reporting such unsuccessful attempts as they occur outweigh any potential benefit gained from reporting them. Consequently, both Plan Sponsor and Group Health Plan agree that this Agreement shall constitute the documentation, notice and written report of any such unsuccessful attempts at unauthorized access or system interference as required above and by 45 C.F.R. Part 164, Subpart C, and that no further notice or report of such attempts will be required. By way of example (and not limitation in any way), the Parties consider these to be illustrative (but not exhaustive) of unsuccessful security incidents when they do not result in unauthorized access, use, disclosure, modification, or destruction of ePHI or interference with an information system:
    - Pings on a Party’s firewall,
    - Port scans,
    - Attempts to log on to a system or enter a database with an invalid password or username,
    - Denial-of-service attacks that do not result in a server being taken off-line, and
    - Malware (e.g., worms, viruses)

- ii. Plan Sponsor shall, however, separately report to Group Health Plan (i) any successful unauthorized access, use, disclosure, modification, or destruction of the Group Health Plan's ePHI of which Plan Sponsor becomes aware if such security incident either (a) results in a breach of confidentiality; (b) results in a breach of integrity but only if such breach results in a significant, unauthorized alteration or destruction of Group Health Plan's ePHI; or (c) results in a breach of availability of Group Health Plan's ePHI, but only if said breach results in a significant interruption to normal business operations. Such reports will be provided in writing within ten (10) business days after Plan Sponsor becomes aware of the impact of such security incident upon Group Health Plan's ePHI.

## **GENERAL INFORMATION**

Whereas Plan Sponsor establishes this Group Health Plan and the applicable Benefits, rights and privileges that shall pertain to participating employees, hereinafter referred to as “Employees” and the eligible Dependents of such Employees, as herein defined, for which Benefits are provided through a fund established by the Plan Sponsor and hereinafter referred to as the “Plan of Benefits”:

### **ADMINISTRATIVE SERVICES ONLY**

PAI provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. The Group Health Plan is a self-funded health Plan, and the Plan Sponsor assumes all financial risk and obligation with respect to claims.

### **AMENDMENT**

Upon thirty (30) days prior written notice, the Employer may unilaterally amend the Group Health Plan. Increases in the Benefits provided or decreases in the Premium are effective without such prior notice. The Corporation has no responsibility to provide individual notices to each Member when an amendment to the Group Health Plan has been made.

### **AUTHORIZED REPRESENTATIVES**

A Provider may be considered a Member’s Authorized Representative without a specific designation by the Member when the Preauthorization request is for Urgent Care Claims. A Provider may be a Member’s Authorized Representative with regard to non-Urgent Care Claims only when the Member gives the Corporation or the Provider a specific designation, in a format that is reasonably acceptable to the Group Health Plan to act as an Authorized Representative. If the Member has designated an Authorized Representative, all information and notifications will be directed to that representative unless the Member gives contrary directions.

### **CLERICAL ERRORS**

Clerical errors by PAI or the Plan Sponsor will not cause a denial of Benefits that should otherwise have been granted, nor will clerical errors extend Benefits that should otherwise have ended.

### **CONTINUATION OF CARE**

If a Participating Provider’s contract ends or is not renewed for any reason other than fraud or a failure to meet applicable quality standards and the Participant is a Continuing Care Patient, the Participant may be eligible to continue to receive in-network Benefits from that Provider with respect to the course of treatment relating to the Participant’s status as a Continuing Care Patient.

In order to receive this Continuation of Care, the Participant must submit a request to PAI on the appropriate form. Upon receipt of the request, PAI will notify the Participant and the Provider of the last date the Provider is part of the network and a summary of Continuation of Care requirements. PAI will review the request to determine qualification for the Continuation of Care. If additional information is necessary to make a determination, PAI may contact the Participant or the Provider for such information. If PAI approves the request, in-network Benefits for that Provider will be provided, with respect to the course of treatment relating to the Participant’s status as a Continuing Care Patient, for ninety (90) days or until the date the Participant is no longer a Continuing Care Patient for the Provider. During this time, the Provider will accept the network allowance as payment in full. Continuation of Care is subject to all other terms and conditions of this contract, including regular Benefit limits.

### **GOVERNING LAW**

The Group Health Plan may be governed by and subject to ERISA and any other applicable federal law. If ERISA or another federal law does not apply, the Group Health Plan is governed by and subject to the laws of the State of South Carolina. If federal law conflicts with any state law, then such federal law shall govern. If any provision of the Group Health Plan conflicts with such law, the Group Health Plan shall automatically be amended solely as required to comply with such state or federal law.

## **IDENTIFICATION CARD**

A Participant must present their Identification Card prior to receiving Benefits.

Identification Cards are for identification only. Having an Identification Card creates no right to Benefits or other services. To be entitled to Benefits, the cardholder must be a Member whose Premium has been paid. Any person receiving Covered Expenses to which the person is not entitled will be responsible for the charges.

## **INFORMATION AND RECORDS**

PAI and the Plan Sponsor are entitled to obtain such medical and Hospital records as may reasonably be required from any Provider incident to the treatment, payment and health-care operations for the administration of the Benefits hereunder and the attending Physician's certification as to the Medical Necessity for care or treatment.

## **LEGAL ACTIONS**

No action at law or in equity can be brought under the Group Health Plan until such Participant has exhausted the administrative process (including the exhaustion of all appeals) as described in this booklet. No such action may be brought after the expiration of any applicable period prescribed by law.

## **MEMBERSHIP APPLICATION**

The Corporation will only accept a Membership Application submitted by the Employer on behalf of its Employees. The Corporation will not accept Membership Applications directly from Employees or Dependents.

## **MISSTATEMENT OF AGE**

If age is a factor in determining eligibility or amount of coverage and there has been a misstatement of age, the coverage or amounts of Benefits, or both, for which the person is covered shall be adjusted in accordance with the covered individual's true age. Any such misstatement of age shall neither continue coverage otherwise validly terminated, nor terminate coverage otherwise validly in force. Contributions and Benefits will be adjusted on the contribution due date next following the date of the discovery of such misstatement.

## **NEGLIGENCE OR MALPRACTICE**

PAI and the Plan Sponsor do not practice medicine. Any medical treatment, service or Medical Supplies rendered to or supplied to any Participant by a Provider is rendered or supplied by such Provider and not by PAI or the Plan Sponsor. PAI and the Plan Sponsor are not liable for any improper or negligent act, inaction or act of malfeasance of any Provider in rendering such medical treatment, service, Medical Supplies or medication.

## **NOTICES**

Except as otherwise provided in this Plan of Benefits, any notice under the Group Health Plan may be given by United States mail, postage paid and addressed:

1. To PAI:  
Planned Administrators, Inc.  
Post Office Box 6927  
Columbia, South Carolina 29260
2. To a Participant: To the last known name and address listed for the Employee on the membership application. Participants are responsible for notifying PAI of any name or address changes within thirty-one (31) days of the change.
3. To the Plan Sponsor: To the name and address last given to PAI. The Plan Sponsor is responsible for notifying PAI and Participants of any name or address change within thirty-one (31) days of the change.

## **NO WAIVER OF RIGHTS**

On occasion, PAI (on behalf of the Group Health Plan) or the Plan Sponsor may, at their discretion, choose not to enforce all of the terms and conditions of this Plan of Benefits. Such a decision does not mean the Group Health Plan or the Plan Sponsor waives or gives up any rights under this Plan of Benefits in the future.

## **OTHER INSURANCE**

Each Participant must provide the Group Health Plan (and its designee, including PAI) and the Plan Sponsor with information regarding all other Health Insurance Coverage to which such Participant is entitled.

## **PAYMENT OF CLAIMS**

Except for the Participant's Provider, a Participant is expressly prohibited from assigning any right to payment of Covered Expenses or any payment related to Benefits. The Group Health Plan may pay Covered Expenses directly to the Employee or to the Non-Participating Provider upon receipt of due proof of loss for services provided by a Non-Participating Provider. Where a Participant has received Benefits from a Participating Provider or Contracting Provider, the Group Health Plan will pay Covered Expenses directly to such Participating Provider or Contracting Provider.

## **PHYSICAL EXAMINATION**

The Group Health Plan has the right to examine, at their own expense, a Participant whose injury or sickness is the basis of a claim (whether Pre-Service, Post-Service, Concurrent or Urgent Care). Such physical examination may be made as often as the Group Health Plan (through its designee, including PAI) may reasonably require while such claim for Benefits or request for Preauthorization is pending.

## **PLAN AMENDMENTS**

Upon thirty (30) days prior written notice, the Plan Sponsor may unilaterally amend the Group Health Plan. Increases in the Benefits provided or decreases in the Premium are effective without such prior notice. Notice of an amendment will be effective when addressed to the Plan Sponsor. PAI has no responsibility to provide individual notices to each Participant when an amendment to the Group Health Plan has been made.

## **PLAN IS NOT A CONTRACT**

This Plan of Benefits constitutes the entire Group Health Plan. The Plan of Benefits will not be deemed to constitute a contract of employment or give any employee of the Plan Sponsor the right to be retained in the service of the Plan Sponsor or to interfere with the right of the Plan Sponsor to discharge or otherwise terminate the employment of any employee.

## **PLAN INTERPRETATION**

The Plan Administrator has full discretionary authority to interpret and apply all Plan of Benefits provisions, including, but not limited to, all issues concerning eligibility and determination of Benefits. The Plan Administrator may contract with an independent administrative firm to process claims, maintain Group Health Plan data, and perform other Group Health Plan-connected services; however, final authority to construe and apply the provisions of the Plan of Benefits rests exclusively with the Plan Administrator. Decisions of the Plan Administrator, made in good faith, shall be final and binding.

## **REPLACEMENT COVERAGE**

If the Group Health Plan replaced the Plan Sponsor's prior Plan, all eligible persons who were validly covered under that Plan on its termination date will be covered on the Plan of Benefits Effective Date of the Group Health Plan, provided such persons are enrolled for coverage as stated in the Eligibility for Coverage Section.

## **TERMINATION OF PLAN**

The Plan Administrator reserves the right at any time to terminate the Group Health Plan by a written instrument to that effect. All previous contributions by the Plan Administrator shall continue to be issued for the purpose of paying Benefits under the provisions of this Plan of Benefits with respect to claims arising before such termination, or shall be used for the purpose of providing similar health Benefits to covered Employees, until all contributions are exhausted.

## ADMINISTRATIVE INFORMATION

### **TYPE OF ADMINISTRATION**

The Plan is a self-funded group health and disability Plan and the administration is provided through a Third Party Claims Administrator. The funding for the benefits is derived from the funds of the Employer and contributions made by covered Employees. The Plan is not insured.

### **PLAN NAME**

Oconee County Employee Health Plan

**PLAN NUMBER:** 817

**TAX ID NUMBER:** 57-6000391

**PLAN EFFECTIVE DATE:** 5/1/2024

**PLAN YEAR ENDS:** April 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](http://www.paisc.com)



## DEFINITIONS

**Capitalized terms that are used in this Plan of Benefits shall have these defined meanings:**

**ACA:** the Affordable Care Act of 2010, as amended.

**Active Employee:** an Employee who is on the regular payroll of the Plan Sponsor and who has begun to perform the duties of his/her job with the Plan Sponsor on a full-time or part-time basis.

**Actively at Work:** a permanent, full-time employee who works at least the minimum number of hours per week and the minimum number of weeks per year (each as set forth in the ELIGIBILITY section) and who is not absent from work during the initial enrollment period because of a leave of absence or temporary layoff. An absence during the initial enrollment period due to a Health Status Related Factor will not keep an employee from qualifying for Actively at Work status.

**Admission:** the period of time between a Member's admission as a registered bed-patient into a Hospital or Skilled Nursing Facility and the time the Member leaves or is discharged.

**Adverse Benefit Determination:** any denial, reduction or termination of, or failure to provide or make (in whole or in part) payment for a claim for Benefits, including any such denial, reduction, termination, or failure to provide or make payment that is based on a determination of a Participant's or beneficiary's eligibility to participate in a Group Health Plan, and including a denial, reduction or termination of, or failure to provide or make payment (in whole or in part) for a Benefit that results from the application of any utilization review as well as a failure to cover an item or service for which Benefits are otherwise provided because it is determined to be Experimental or Investigational or not Medically Necessary or appropriate. An Adverse Benefit Determination includes any cancellation or discontinuance of coverage that has retroactive effect (whether or not there is an adverse effect on any particular Benefit), except to the extent attributable to a failure to pay any required Premiums or Employee contributions.

**A Rescission of coverage, whether or not the Rescission has an adverse effect on any particular Benefit, also is considered an Adverse Benefit Determination.**

**Allowable Charge:** the amount PAI agrees to pay a Provider as payment in full for a service, procedure, supply or equipment. Additionally:

1. The Allowable Charge shall not exceed the Maximum Payment, unless otherwise required by applicable law;
2. The Allowable Charge for Emergency Services (including air ambulance services) provided by Non-Participating/Non-Contracting Providers, as well as non-Emergency Services provided by Non-Participating/Non-Contracting Providers at Participating/Contracting Hospitals, Hospital outpatient departments, Critical Access Hospitals, or Ambulatory Surgical Centers, will pay in accordance with applicable federal law; and,
3. In addition to the Participant's liability for Benefit Year Deductibles, Copayments and/or Coinsurance, the Participant may be balance billed by the Non-Participating/Non-Contracting Provider for any difference between the Allowable Charge and the Billed Charge, except where prohibited by applicable law.

For covered items and services described in item 2, above, the Allowable Charge will be the Recognized Amount (less any applicable Benefit Year Deductible, Copayment and/or Coinsurance), unless otherwise prescribed under applicable law. If the Provider disputes such Allowable Charge and initiates a 30-day open negotiation and/or independent dispute resolution process in accordance with applicable federal law, PAI will administer such processes.

Notwithstanding anything herein to the contrary, the Participant's responsibility for Benefit Year Deductibles, Copayments and/or Coinsurance for covered items and services provided by Non-Participating/Non-Contracting Providers described in item 2, above, will be calculated as if the item or service was furnished by a Participating/Contracting Provider, and based on the Recognized Amount (which may differ from the Allowable Charge).

**Ambulatory Surgical Center:** a licensed facility that:

1. Has permanent facilities and equipment for the primary purpose of performing surgical procedures on an outpatient basis;
2. Provides treatment by or under the supervision of licensed medical doctors or oral surgeons and provides nursing services when the Participant is in the facility;
3. Does not provide inpatient accommodations; and,
4. Is not, other than incidentally, a facility used as an office or clinic for the private practice of a licensed medical doctor or oral surgeon.

An Ambulatory Surgical Center includes any licensed facility described in section 1833(i)(1)(A) of the Social Security Act.

**Applied Behavioral Analysis (ABA):** behavioral modification to target cognition, language and social skills for Autism Spectrum Disorder.

**Approved Clinical Trial:** means\* a phase I, phase II, phase III, or phase IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition and is:

1. A Federally Funded Trial—the study or investigation is approved or funded (which may include funding through in-kind contributions) by one or more of these:
  - a. The National Institutes of Health;
  - b. The Centers for Disease Control and Prevention;
  - c. The Agency for Health Care Research and Quality;
  - d. The Centers for Medicare & Medicaid Services;
  - e. Cooperative group or center of any of the entities described in clauses (i) through (iv) or the Department of Defense or the Department of Veterans Affairs;
  - f. A qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health for center support grants;
  - g. Any of these departments if the conditions described in paragraph (2) are met:
    - i. The Department of Veterans Affairs.
    - ii. The Department of Defense.
    - iii. The Department of Energy.
2. A Food and Drug Administration Trial—the study or investigation is conducted under an investigational new drug application reviewed by the Food and Drug Administration.
3. A Drug Trial for investigating new drug applications—the study or investigation is a drug trial that is exempt from having such an investigational new drug application.

\*Conditions for Departments. The conditions for a study or investigation conducted by a Department referenced above are that the study or investigation has been reviewed and approved through a system of peer review that the Health and Human Services determines:

1. To be comparable to the system of peer review of studies and investigations used by the National Institutes of Health;
2. Assures unbiased review of the highest scientific standards by Qualified Individuals who have no interest in the outcome of the review.

**Authorized Representative:** an individual (including a Provider) whom the Member designates in writing to act on such Member's behalf.

**Autism Spectrum Disorder:** the diagnoses designated as such in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

**Behavioral Health Clinician:** a Clinician who renders Mental Health Services and/or Substance Use Disorder Services and is licensed to practice independently.

**Behavioral Health Services:** all Mental Health Services and/or Substance Use Disorder Services performed by a licensed Behavioral Health Clinician.

**Benefit Year:** the period of time set forth on the Schedule of Benefits. The initial Benefit Year may be more or less than twelve (12) months.

**Benefit Year Deductible:** the amount, if any, listed on the Schedule of Benefits that must be paid by the Participant each Benefit Year before the Group Health Plan will pay Covered Expenses. The Benefit Year Deductible is subtracted from the Allowed Amount before Coinsurance is calculated. Participants must refer to the Schedule of Benefits to determine if the Benefit Year Deductible applies to the Out-of-Pocket Maximum.

**Benefits:** medical services or Medical Supplies that are:

1. Medically Necessary;
2. Preauthorized (when required under this Plan of Benefits or the Schedule of Benefits);
3. Included in this Plan of Benefits;
4. Not limited or excluded under the terms of this Plan of Benefits.

**Birthing Center:** any freestanding health facility, place, professional office or institution which is not a Hospital or in a Hospital, where births occur in a home-like atmosphere. This facility must be licensed and operated in accordance with the laws pertaining to Birthing Centers in the jurisdiction where the facility is located.

**Brand Name Drug:** a Prescription Drug that is manufactured under a registered trade name or trademark.

**Calendar Year:** January 1<sup>st</sup> through December 31<sup>st</sup> of the same year.

**Child:** An Employee's Child, whether a natural Child, adopted Child, foster Child, stepchild, or Child for whom an Employee has custody or legal guardianship. The term "Child" also includes an Incapacitated Dependent, or a Child of a divorced or divorcing Employee who, under a Qualified Medical Child Support Order, has a right to enroll under the Group Health Plan. The term "Child" does not include the spouse of an eligible Child.

**Clean Claim:** one that can be processed in accordance with the terms of this document without obtaining additional information from the service Provider or third party. It is a claim which has no defect or impropriety. A defect or impropriety shall include a lack of required sustaining documentation as set forth and in accordance with this document, or a particular circumstance requiring special treatment which prevents timely payment as set forth in this document, and only as permitted by this document, from being made. A Clean Claim does not include claims under investigation for fraud and abuse or claims under review for Medical Necessity and Reasonableness, or fees under review for Usual and Customariness, or any other matter that may prevent the charge(s) from being covered expenses in accordance with the terms of this document.

*Filing a Clean Claim*—A Provider submits a Clean Claim by providing the required data elements on the standard claims forms, along with any attachments and additional elements or revisions to data elements, of which the Provider has knowledge. The Plan Administrator may require attachments or other information in addition to these standard forms (as noted elsewhere in this document and at other times prior to claim submittal) to ensure charges constitutes covered expenses as defined by and in accordance with the terms of this document. The paper claim form or electronic file record must include all required data elements and must be complete, legible, and accurate. A claim will not be considered to be a Clean Claim if the Plan Participant has failed to submit required forms or additional information to the Plan as well.

**COBRA:** The Consolidated Omnibus Budget Reconciliation Act of 1985, as amendment.

**Coinsurance:** the sharing of Covered Expenses between the Participant and the Group Health Plan. After the Participant's Benefit Year Deductible requirement is met, the Group Health Plan will pay the percentage of Allowed Amounts as set forth on the Schedule of Benefits. The Participant is responsible for the remaining percentage of the Allowed Amount. Coinsurance is calculated after any applicable Benefit Year Deductible or Copay is subtracted from the Allowed Amount based upon the network charge or lesser charge of the Provider.

For Prescription Drug Benefits, Coinsurance means the amount payable by the Participant calculated by multiplying the percentage listed on the Schedule of Benefits and the negotiated pharmacy price for that item at the time of the sale.

**Companion Benefit Alternatives (CBA):** a separate company that is responsible for managing Behavioral Healthcare Services (including Preauthorization) on behalf of BlueCross.

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

**Continuation of Care:** the payment of Participating Provider level of Benefits for services rendered by certain Non-Participating Providers for a definite period of time in order to ensure continuity of care for covered Participants for a Serious Medical Condition.

**Continued Stay Review:** the review that must be obtained by a Participant (or the Participant's representative) regarding an extension of an Admission to determine if an Admission for longer than the time that was originally preauthorized is Medically Necessary (when required).

**Continuing Care Patient:** a Participant who, with respect to a Provider or facility, is either:

1. Undergoing a course of treatment for a serious and complex condition from the Provider or facility;
2. Undergoing a course of institutional or inpatient care from the Provider or facility;
3. Scheduled to undergo non-elective surgery from the Provider or facility, including receipt of postoperative care;
4. Pregnant and undergoing a course of treatment for the pregnancy from the Provider or facility; or,
5. Receiving treatment for a terminal illness from the Provider or facility.

For this purpose, a serious and complex condition means a condition that, in the case of an acute illness, is serious enough to require specialized medical treatment to avoid the reasonable possibility of death or permanent harm, or in the case of a chronic illness or condition, is life-threatening, degenerative, potentially disability, or congenital and requires specialized medical care over a prolonged period of time.

**Copayment:** the amount, if any, specified on the Schedule of Benefits that the Participant must pay directly to the Provider each time the Participant receives Benefits.

**Cosmetic Dentistry:** unnecessary dental procedures ("cosmetic" dental procedures may be covered if necessary due to an accident while covered under this Plan).

**Cosmetic Surgery:** medically unnecessary surgical procedures, usually, but not limited to plastic surgery directed toward preserving beauty or correction scars, burns or disfigurements ("cosmetic" procedures may be covered if necessary due to a disfiguring procedure while covered under this plan).

**Covered Charge(s):** those Medically Necessary services or supplies that are covered under this Plan.

**Covered Expenses:** the amount payable by the Group Health Plan for Benefits. The amount of Covered Expenses payable for Benefits is determined as set forth in this Plan of Benefits and at the percentages set forth in the Schedule of Benefits. Covered Expenses are subject to the limitations and requirements set forth in the Plan of Benefits and on the Schedule of Benefits. Covered Expenses will not exceed the Allowed Amount.

**Credit(s):** financial credits (including rebates and/or other amounts) to Group Health Plan and/or PAI directly from drug manufacturers or other Providers through a Pharmacy Benefit Manager (PBM). Credits are used to help stabilize overall rates and to offset expenses and may not be payable to Participants.

Reimbursements to a Participating Pharmacy, or discounted prices charged at Pharmacies, are not affected by these credits. Any Coinsurance that a Participant must pay for Prescription Drugs is based on the Allowed Amount at the Pharmacy and does not change due to receipt of any Credit received by Group Health Plan and/or PAI. Copays are not affected by any Credit.

**Critical Access Hospital:** a facility that is designated by the state in which it is located, and certified by the United States Department of Health and Human Services, as a critical access hospital.

**Custodial Care:** care (including room and board needed to provide that care) that is given principally for personal hygiene or for assistance in daily activities and can, according to generally accepted medical standards, be performed by persons who have no medical training. Examples of Custodial Care are help in walking and getting out of bed; assistance in bathing, dressing, feeding, or supervision over medication which could normally be self-administered.

**Dependent:** an individual who is:

1. An Employee's spouse, which is any individual who is legally married under any state law;
2. A Child under the age set forth in the Eligibility for Coverage section;
3. An Incapacitated Dependent.

**Detoxification:** a Hospital service providing treatment to diminish or remove from a Patient's body the toxic effects of chemical substances, such as alcohol or drugs, usually as an initial step in the treatment of a chemical-dependent person.

**Discount Services:** services (including discounts on services) that are not Benefits but may be offered to Participants from time to time as a result of being a Participant.

**Durable Medical Equipment:** equipment that:

1. Can stand repeated use;
2. Is Medically Necessary;
3. Is customarily used for the treatment of a Participant's illness, injury, disease or disorder;
4. Is appropriate for use in the home;
5. Is not useful to a Participant in the absence of illness or injury;
6. Does not include appliances that are provided solely for the Participant's comfort or convenience;
7. Is a standard, non-luxury item (as determined by the Group Health Plan);
8. Is ordered by a medical doctor, oral surgeon, podiatrist or osteopath.

Prosthetic Devices, Orthopedic Devices and Orthotic Devices are considered Durable Medical Equipment. Items such as air conditioners, dehumidifiers, whirlpool baths, and other equipment that have nontherapeutic uses are not considered Durable Medical Equipment.

**Emergency Admission Review:** the review that must be obtained by a Participant (or the Participant's representative) within twenty-four (24) hours of or by the end of the first working day after the commencement of an Admission to a Hospital to treat an Emergency Medical Condition.

**Emergency Medical Condition:** a medical condition, including a mental health condition or Substance Use Disorder, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

1. Placing the health of the Participant, or with respect to a pregnant Participant, the health of the Participant or the Participant's unborn child, in serious jeopardy;
2. Serious impairment to bodily functions; or,
3. Serious dysfunction of any bodily organ or part.

**Emergency Services:** an appropriate medical screening examination, services, supplies and treatment for stabilization, evaluation and/or initial treatment of an Emergency Medical Condition when provided on an outpatient basis at a Hospital emergency room or department or an independent freestanding emergency department, as well as post-stabilization services provided as part of outpatient observation or an inpatient or outpatient stay with respect to the visit in which the Emergency Services are furnished.

**Employee:** any employee of the Employer (also known as Plan Sponsor) who is eligible for coverage as provided in the eligibility section of this Plan of Benefits, and who is so designated to PAI by the Employer (also known as Plan Sponsor).

**Employer:** the entity providing this Plan of Benefits, also known as Plan Sponsor.

**Employer Effective Date:** the date PAI begins to provide services under this Plan of Benefits, also known as Plan Sponsor Effective Date.

**Enrollment Date:** the date of enrollment in the Group Health Plan or the first day of the Waiting Period for enrollment, whichever is earlier.

**Experimental or Investigational:** surgical procedures or medical procedures, supplies, devices or drugs that, at the time provided, or sought to be provided, are in the judgment of PAI not recognized as conforming to generally accepted medical practice, or the procedure, drug or device:

1. Has not received required final approval to market from appropriate government bodies;
2. Is one about which the peer-reviewed medical literature does not permit conclusions concerning its effect on health outcomes;
3. Is not demonstrated to be as beneficial as established alternatives;
4. Has not been demonstrated to improve net health outcomes;
5. Is one in which the improvement claimed is not demonstrated to be obtainable outside the experimental or investigational setting.

**Excepted Benefits:**

1. Coverage only for accident, or disability income insurance, or any combination thereof;
2. Coverage issued as a supplement to liability insurance;
3. Liability insurance, including general liability insurance and automobile liability insurance;
4. Workers' compensation or similar insurance;
5. Automobile medical payment insurance;
6. Credit-only insurance;
7. Coverage for on-site medical clinics;
8. Other similar insurance coverage specified in regulations, under which benefits for medical care are secondary or incidental to other insurance benefits.

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 Dependent:** A covered Dependent Child who reaches the limiting age and is Totally Disabled, incapable of financial self-sufficiency by reason of mental or physical handicap, primarily dependent upon the covered Employee for at least fifty-one (51) percent of the Child's support and maintenance. The Plan Administrator may require, at reasonable intervals during the two years following the Dependent's reaching the limiting age, subsequent proof of the child's Total Disability and dependency.

The Plan Administrator may require subsequent proof not more than once each year. The Plan Administrator reserves the right to have such Dependent examined by a Physician of the Plan Administrator's choice, at the Plan's expense, to determine the existence of such incapacity.

**Independent Review Organization:** An external review organization approved by the South Carolina Department of Insurance and accredited by a nationally recognized private accrediting organization, and not affiliated with the health carrier.



**Illness:** a bodily disorder, disease, physical sickness or Mental Disorder. Illness includes Pregnancy, childbirth, miscarriage or complications of Pregnancy.

**Injury:** an accidental physical Injury to the body caused by unexpected means.

**Intensive Care Unit:** a separate, clearly designated service area which is maintained within a Hospital solely for the care and treatment of patients who are critically ill. This also includes what is referred to as a “coronary care unit” or an “acute care unit”. It has: facilities for special nursing care not available in regular rooms and wards of the Hospital; special lifesaving equipment which is immediately available at all times; at least two beds for the accommodation of the critically ill; and at least one registered nurse (R.N.) in continuous and constant attendance 24 hours a day.

**Late Enrollee:** an Employee who enrolls under this Group Health Plan other than during:

1. The first period in which the Employee or Dependent is eligible to enroll if such initial enrollment period is a period of at least thirty (30) days;
2. A Special Enrollment period (as set forth in the Eligibility for Coverage section).

**Legal Intoxication/Legally Intoxicated:** the Member’s blood alcohol level was at or in excess of the amount established under applicable state law to create a presumption and/or inference that the Member was under the influence of alcohol when measured by law enforcement or medical personnel.

**Life-Threatening Condition:** means any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted.

**Legal Guardian:** a person recognized by a court of law as having the duty of taking care of the person and managing the property and rights of a minor child.

**Lifetime:** a word that appears in this Plan in reference to benefit maximums and limitations. Lifetime is understood to mean while covered under this Plan. Under no circumstances does Lifetime mean during the lifetime of a Participant.

**Mail Service/Home Delivery Pharmacy:** a Pharmacy maintained by the Pharmacy Benefit Manager that fills prescriptions and sends Prescription Drugs by mail.

**Maternity Management Program:** the voluntary program offered by the Group Health Plan to Participants who are pregnant.

**Maximum Payment:** the maximum amount the Group Health Plan will pay (as determined by PAI) for a particular Benefit. The Maximum Payment will not be affected by any credit. The Maximum Payment will be one of the following as determined by PAI in its discretion, subject to any different amount that may be required under applicable law:

1. The actual charge submitted to PAI for the service, procedure, supply or equipment by a Provider;
2. An amount based upon the reimbursement rates established by the Plan Sponsor in its Benefits Checklist;
3. An amount that has been agreed upon in writing by a Provider and PAI;
4. An amount established by PAI, based upon factors including, but not limited to:
  - a. Governmental reimbursement rates applicable to the service, procedure, supply or equipment; or,
  - b. Reimbursement for a comparable or similar service, procedure, supply or equipment, taking into consideration the degree of skill, time and complexity involved; geographic location and circumstances giving rise to the need for the service, procedure, supply or equipment; or,
5. The lowest amount of reimbursement PAI allows for the same or similar service, procedure, supply or equipment when provided by a Participating/Contracting Provider.

In addition, the Maximum Payment for Emergency Services or Air Ambulance Services by a Non-Participating/Non-Contracting Provider, or Non-Emergency Services by a Non-Participating/Non-Contracting Provider at a Participating/Contracting Hospital, Hospital outpatient department, Critical Access Hospital, or Ambulatory Surgical Center, will be the Recognized Amount, unless a different Maximum Payment amount is permitted or required under applicable law.

**Maximum Payment:** the maximum amount the Group Health Plan will pay for a particular Benefit. The Maximum Payment will not be affected by any Credit. The Maximum Payment will be one of these:

1. The actual charge submitted to the Plan Supervisor for the service, procedure, supply or equipment by a Provider;
2. An amount based upon the reimbursement rates established by the Plan Sponsor in its Benefits Checklist;
3. An amount that has been agreed upon in writing by a Provider and the network used by the Plan Sponsor based upon factors including but not limited to, (i) governmental reimbursement rates applicable to the service, procedure, supply or equipment, or (ii) reimbursement for a comparable or similar service, procedure, supply or equipment, taking into consideration the degree of skill, time and complexity involved, geographic location and the circumstances giving rise to the need for the service, procedure, supply or equipment;
4. The lowest amount of reimbursement allowed for the same or similar services, procedure, supply or equipment when provided by a Participating Provider.

**Medical Care Facility:** a Hospital, a facility that treats one or more specific ailments or any type of Skilled Nursing Facility.

**Medical Child Support Order:** any judgment, decree or order (including an approved settlement agreement) issued by a court of competent jurisdiction or a national medical support notice issued by the applicable state agency that:

1. Provides child support with respect to a child or provides for health benefit coverage to a child, is made pursuant to a state domestic relations law (including a community property law), and relates to the Plan of Benefits;
2. Enforces a law relating to medical child support described in Section 1908 of the Social Security Act (as added by section 13822 of the Omnibus Budget Reconciliation Act of 1993) with respect to a group health Plan.
3. A Medical Child Support Order must clearly specify:
  - a. The name and the last known mailing address (if any) of each participant employee and the name and mailing address of each alternate recipient covered by the order;
  - b. A reasonable description of the type of coverage to be provided by the group health Plan to each such alternate recipient or the manner in which such type of coverage is to be determined;
  - c. The period to which such order applies;
  - d. Each group health Plan to which such order applies.
4. If the Medical Child Support Order is a national medical support notice, the order must also include:
  - a. The name of the issuing agency;
  - b. The name and mailing address of an official or agency that has been substituted for the mailing address of any alternate recipient;
  - c. The identification of the underlying Medical Child Support Order.
5. A Medical Child Support Order meets the requirement of this definition only if such order does not require a group health Plan to provide any type or form of the requirements of a law relating to medical child support described in Section 1908 of the Social Security Act (as added by section of 13822 of the Omnibus Budget Reconciliation Act of 1993).

**Medical Emergency:** a sudden onset of a condition with acute symptoms requiring immediate medical care and includes such conditions as heart attacks, cardiovascular accidents, poisonings, loss of consciousness or respiration, convulsions or other such acute medical conditions.

**Medical Non-Emergency Care:** care which can safely and adequately be provided other than in a Hospital.

**Medically Necessary/Medical Necessity:** health care services that a Physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

1. In accordance with generally accepted standards of medical practice;
2. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease;
3. Not primarily for the convenience of the patient, patient's caregiver(s) or Provider, and
4. Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

All requirements of the above-referenced definition must be met in order for a health care service or Behavioral Health Service to be deemed Medically Necessary. The failure of a health care service or Behavioral Health Service to meet any one of the above referenced requirements means, in the discretion of the Corporation or CBA, the health care service or Behavioral Health Service does not meet the definition of Medically Necessary.

For the purposes of determining Medical Necessity:

1. The Corporation and CBA have the discretion to utilize and rely upon any medical and behavioral health (which includes substance use and mental health) standards, policies, guidelines, criteria, protocols, manuals, publications, studies or literature (herein collectively referred to as "criteria"), whether developed by them or others, which, in their discretion, are determined to be generally accepted standards by the medical and/or behavioral health community;
2. "Generally accepted standards of medical or behavioral health practice" means United States standards that are based on credible scientific evidence published in peer-reviewed medical and/or behavioral health literature generally recognized by the relevant United States medical or behavioral health community, physician or behavioral health specialty society recommendations, and/or any other factors deemed relevant in the discretion of the Corporation or CBA; and,

The Corporation and CBA may, in their discretion, use the following materials, including but not limited to, Corporate Administrative Medical ("CAM") Policies, Technology Evaluation Center ("TEC") Assessments, Behavioral Health Care Utilization Management Criteria and/or any Care Guidelines or criteria by MCG Health, LLC, its affiliated companies, or other entities generally recognized as providing industry guidance and expertise, which reflect clinically appropriate health care services and Behavioral Health Services and generally accepted standards of medical and behavioral health practice. MCG Health, LLC, its affiliated companies and/or other entities are independent companies that develop evidence based guidelines and criteria for medical, behavioral health and insurance industries to interpret clinical determinations and determine the Medical Necessity and appropriateness of requested services, procedures, devices and supplies.

**Medical Record Review:** in the event that the Plan, based upon a medical record review and audit, determines that a different treatment or different quantity of a drug or supply was provided which is not supported in the billing, then the plan Administrator may determine the Maximum Allowable Charge according to the medical record review and audit results.

**Medical Supplies:** supplies that are:

1. Medically Necessary;
2. Prescribed by a Physician acting within the scope of such Provider's license (or are provided to a Participant in a Physician's office);
3. Are not available on an over-the-counter basis (unless such supplies are provided to a Participant in a Provider's

office and should not (in PAI's discretion) be included as part of the treatment received by the Participant);

4. Are not prescribed in connection with any treatment or benefit that is excluded under this Plan of Benefits.

**Medicare:** the Health Insurance For The Aged and Disabled program under Title XVIII of the Social Security Act, as amended.

**Mental Health Parity:** Pursuant to the Mental Health Parity and Addiction Equity Act of 2008, this Plan applies the terms **uniformly** and enforces parity between covered health care Benefits and covered mental health and substance disorder Benefits relating to financial cost sharing restrictions and treatment duration limitations. For further details, please contact the Plan Administrator.

**Mental Health Services:** treatment (except Substance Use Disorder Services) for a condition that is defined, described or classified as a psychiatric disorder or condition in the most current *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association and is not otherwise excluded by the terms and conditions of this Plan of Benefits.

**Midwife:** a person who is certified or licensed to assist women in the act of childbirth.

**Milieu Therapy:** type of treatment in which the patient's social environment is manipulated for his/her benefit.

**Morbid Obesity:** a diagnosed condition in which the body weight exceeds the medically recommended weight by either 100 pounds or is twice the medically recommended weight for a person of the same height, age and mobility as the Participant.

**Natural Teeth:** teeth that:

1. Are free of active or chronic clinical decay;
2. Have at least 50% bony support;
3. Are functional in the arch; and,
4. Have not been excessively weakened by multiple dental procedures;
5. Teeth that have been treated for one (1) or more of the conditions referenced in 1-4 above and, as a result of such treatment, have been restored to normal function.

**No-fault Auto Insurance:** basic reparations provision of a law providing for payments without determining fault in connection with automobile accidents.

**Non-Participating Provider:** any Provider who does not have a current, valid Provider Agreement.

**Non-Preferred Brand Name Drug:** a Prescription Drug that bears a recognized brand name of a particular manufacturer but does not appear on the list of Preferred Brand Name Drugs and has not been chosen by PAI or its designated Pharmacy Benefit Manager to be a Preferred Brand Name Drug, including any Brand Name Drug with an "A" rated Generic Drug available.

**Orthognathic surgery:** surgery performed on the bones of the jaws to change their positions. Orthognathic surgery is corrective facial surgery where deformities of the jaw exist. It may be indicated for functional, cosmetic, or health reasons. It is surgery commonly done on the jaws in conjunction with orthodontic treatment, which straightens the teeth.

**Orthopedic Device:** any rigid or semi-rigid leg, arm, back or neck brace and casting materials that are used directly for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body.

**Orthotic Device:** any device used to mechanically assist, restrict, or control function of a moving part of the Participant's body.

**Other Plan:** includes, but is not limited to:

1. Any primary payer besides the Plan;
2. Any other group health plan;
3. Any other coverage or policy covering the Participant;
4. Any first party insurance through medical payment coverage, personal injury protection, no-fault coverage, uninsured or underinsured motorist coverage;
5. Any policy of insurance from any insurance company or guarantor of a responsible party;
6. Any policy of insurance from any insurance company or guarantor of a third party;
7. Worker's compensation or other liability insurance company;
8. Any other source, including but not limited to crime victim restitution funds, any medical, disability or other benefit payments, and school insurance coverage.

**Outpatient Care and/or Services:** treatment including services, supplies and medicines provided and used at a Hospital under the direction of a Physician to a person not admitted as a registered bed patient; or services rendered in a Physician's office, laboratory or X-ray facility, and Ambulatory Surgical Center, or the patient's home.

**Out-of-Pocket Maximum:** the maximum amount (if listed on the Schedule of Benefits) of otherwise Covered Expenses incurred during a Benefit Year that a Participant will be required to pay.

**Over-the-Counter Drug:** a drug that does not require a prescription.

**Paid Claim:** for contractual purpose of this Plan, means a claim will be deemed Paid on the date a check is cut for the services rendered.

**Partial Hospitalization:** an outpatient program specifically designed for the diagnosis or active treatment of a Mental Disorder or Substance Use when there is a reasonable expectation for improvement or when it is necessary to maintain a patient's functional level and prevent relapse; this program shall be administered in a psychiatric facility which is accredited by the Joint Commission on Accreditation of Health Care Organizations and shall be licensed to provide partial hospitalization services, if required, by the state in which the facility is providing these services. Treatment lasts less than 24 hours, but more than four hours a day and no charge is made for room and board.

**Participant:** an Employee or Dependent who has enrolled (and qualifies for coverage) under this Plan of Benefits. A Participant may also include individuals who meet the criteria under the "other eligible group classifications" as defined in the Eligibility section of this document.

**Participant Effective Date:** the date on which a Participant is covered for Benefits under the terms of this Plan of Benefits.

**Participating Provider:** a Physician, Hospital or other Provider who has a Provider Agreement with one of the networks used by this Plan of Benefits and who has agreed to provide Benefits to a Participant and submit claims to PAI and to accept the Allowed Amount as payment in full for Benefits. The participating status of a Provider may change.

**Pharmacy:** a licensed establishment where Prescription Drugs are filled and dispensed by a pharmacist licensed under the laws of the state where the pharmacist practices.

**Physician:** a person who is:

1. Not an:
  - h. Intern;
  - i. Resident;
  - j. In-house physician;

2. Duly licensed by the appropriate state regulatory agency as a:
  - a. Medical doctor;
  - b. Oral surgeon;
  - c. Osteopath;
  - d. Podiatrist;
  - e. Chiropractor;
  - f. Optometrist;
  - g. Psychologist with a doctoral degree in psychology;
3. Legally entitled to practice within the scope of his or her license;
4. Customarily bills for his or her services.

**Physician Services:** these services, performed by a Physician within the scope of his or her license, training and specialty and within the scope of generally acceptable medical standards as determined by PAI:

1. Office visits, which are for the purpose of seeking or receiving care for an illness or injury;
2. Basic diagnostic services and machine tests;
3. Physician Services includes these services when performed by a medical doctor, osteopath, podiatrist or oral surgeon, but specifically excluding such services when performed by a chiropractor, optometrist, or licensed psychologist with a doctoral degree:
  - a. Benefits rendered to a Participant in a Hospital or Skilled Nursing Facility;
  - b. Benefits rendered in a Participant's home;
  - c. Surgical Services;
  - d. Anesthesia services, including the administration of general or spinal block anesthesia;
  - e. Radiological examinations;
  - f. Laboratory tests;
  - g. Maternity services, including consultation, prenatal care, conditions directly related to pregnancy, delivery and postpartum care, and delivery of one or more infants. Physician Services also include maternity services performed by certified nurse midwives.

**Plan:** any program that provides benefits or services for medical or dental care or treatment including:

1. Individual or group coverage, whether insured or self-insured. This includes, but is not limited to, prepayment, group practice or individual practice coverage;
2. Coverage under a governmental Plan or coverage required or provided by law. This does not include a state Plan under Medicaid (Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act, as amended).

Each contract or other arrangement for coverage is a separate Plan for purposes of this Plan of Benefits. If a Plan has two (2) or more parts and the coordination of benefits rules apply only to one (1) of the parts, each part is considered a separate Plan.

**Plan Administrator:** the entity charged with the administration of the Plan of Benefits. The Plan Sponsor is the Plan Administrator of this Plan of Benefits.

**Plan of Benefits:** This Plan of Benefits including, the membership application, the Schedule of Benefits, and all endorsements, amendments, riders or addendums.

**Plan of Benefits Effective Date:** 12:01 a.m. EST on the date listed on the Schedule of Benefits.

**Plan Sponsor:** also known as the Employer.

**Plan Year:** the 12-month period beginning on either the effective date of the Plan or on the day following the end of the first Plan Year which is a short Plan Year.

**Post-Service Claim:** any claim that is not a Pre-Service Claim.

**Preadmission Review:** the review that must be obtained by a Participant (or the Participant's Authorized Representative) prior to all Admissions that are not related to an Emergency Medical Condition.

**Preauthorized/Preauthorization:** the approval of Benefits based on Medical Necessity prior to the rendering of such Benefits to a Participant. Preauthorization means only that the Benefit is Medically Necessary. Preauthorization is not a guarantee of payment or a verification that Benefits will be paid or are available to the Participant. Notwithstanding Preauthorization, payment for Benefits is subject to a Participant's eligibility and all other limitations and exclusions contained in this Plan of Benefits. A Participant's entitlement to Benefits is not determined until the Participant's claim is processed.

**Preferred Brand Drug:** a Prescription Drug that bears a recognized brand name of a particular manufacturer and appears on the list of Preferred Brand Drugs.

**Preferred Brand Name Drug:** a Prescription Drug that has been reviewed for cost effectiveness, clinical efficacy and quality that is preferred by the Pharmacy Benefit Manager for dispensing to Participants. Preferred Brand Name Drugs are subject to periodic review and modification by PAI, or its designated Pharmacy Benefit Manager, and include Brand Name Drugs and Generic Drugs.

**Pregnancy:** childbirth and conditions associated with Pregnancy, including complications.

**Premium:** the monthly amount paid to the Plan Sponsor by the Participant for coverage under this Plan of Benefits. Payment of Premiums by the Participant constitutes acceptance by the Participant of the terms of this Plan of Benefits.

**Prescription Drugs:** a drug or medicine that is:

1. Required to be labeled that it has been approved by the Food and Drug Administration;
2. Bears the legend "Caution: Federal Law prohibits dispensing without a prescription" or "Rx Only" prior to being dispensed or delivered, or labeled in a similar manner;
3. Insulin.

Additionally, to qualify as a Prescription Drug, the drug must:

1. Be ordered by a medical doctor or oral surgeon as a prescription;
2. Not be entirely consumed at the time and place where the prescription is dispensed;
3. Be purchased for use outside a Hospital.

Prescription Drugs which otherwise may not meet the definition of Prescription Drugs:

1. DESI drugs – These drugs are determined by the FDA (Food and Drug Administration) as lacking substantial evidence of effectiveness. The DESI drugs do not have studies to back up the medications' uses, but since they have been used and accepted for many years without any safety problems, they continue to be used in today's marketplace.
2. Controlled substance 5 (CV) OTC's are covered. (Examples: Robitussin AC syrup and Naldecon-CX) Federal law designates these medications as OTC. Nevertheless, depending on certain state Pharmacy laws, the medications may be considered prescription medications and are, therefore, all covered.
3. Single entity vitamins – These vitamins have indications in addition to their use as nutritional supplements. For this reason, Plan supervisor recommends covering these medications. Single entity vitamins are used for the treatment of specific vitamin deficiency diseases. Some examples include: vitamin B12 (cyanocobalamin) for the treatment of pernicious anemia and degeneration of the nervous system; vitamin K (phytonadione) for the

treatment of hypoprothrombinemia or hemorrhage; and folic acid for the treatment of megaloblastic and macrocytic anemias.

**Prescription Drug Copayment:** the amount payable, if any, set forth on the Schedule of Benefits, by the Participant for each Prescription Drug filled or refilled. This amount will not be applied to the Benefit Year Deductible or the Out-of-Pocket Maximum.

**Pre-Service Claim:** any claim or request for a Benefit where prior authorization or approval must be obtained from BlueCross Medical Review Department before receiving the medical care, service or supply.

**Primary Plan:** a Plan whose benefits must be determined without taking into consideration the existence of another Plan.

**Prior to Effective Date or After Termination Date:** dates occurring before a Participant gains eligibility from the Plan, or dates occurring after a Participant loses eligibility from the Plan, as well as charges incurred prior to the effective date of coverage under the Plan or after coverage is terminate, unless Extension of Benefits applies.

**Private Duty Nursing (PDN):** hourly or shift skilled nursing care provided in a patient’s home. PDN provides more individual and continuous skilled care than can be provided in a skilled nurse visit through a Home Health Agency. The intent of PDN is to assist the patient with complex direct skilled nursing care, to develop caregiver competencies through training and education and to optimize patient health status and outcomes. The frequency and duration of PDN services is intermittent and temporary in nature and is not intended to be provided on a permanent ongoing basis. PDN is not long-term care.

**Probationary Period:** the period of continuous employment (if included on the Schedule of Benefits) with the Employer that an Employee must complete before becoming eligible to enroll in the Plan of Benefits. The Employer may require an additional orientation period.

**Protected Health Information (PHI):** Protected Health Information as that term is defined under HIPAA.

**Prosthetic Device:** any device that replaces all or part of a missing body organ or body member, except a wig, hairpiece or any other artificial substitute for scalp hair.

**Provider:** any person or entity licensed by the appropriate state regulatory agency and legally engaged within the scope of such person or entity’s license in the practice of:

- ◆ Medicine
- ◆ Dentistry
- ◆ Optometry
- ◆ Podiatry
- ◆ Chiropractic Services
- ◆ Physical Therapy
- ◆ Behavioral Health
- ◆ Oral Surgery
- ◆ Speech Therapy
- ◆ Occupational Therapy

The term Provider also includes a Hospital; a Rehabilitation Facility; a Skilled Nursing Facility; a physician assistant; nurses practicing in expanded roles (such as pediatric nurse practitioners, family practice nurse practitioners and certified nurse midwives) when supervised by a licensed medical doctor or oral surgeon; and Behavioral Health Services when performed by a Behavioral Health Clinician, licensed professional counselor, masters level licensed social worker, licensed marriage and family therapist or other licensed Behavioral Health Clinician approved by the Corporation. The term Provider does not include interns, residents, physical trainers, lay midwives or masseuses.

**Provider Agreement:** an agreement between PAI (or another BCBS licensee) and a Provider under which the Provider has agreed to accept the Corporation’s allowance (as set forth in the Provider Agreement) as payment in full for Benefits (subject to the Member liability amounts) and other mutually acceptable terms and conditions.



**Qualified Individual:** means an individual who is a Participant in a health Plan who meets these conditions:

1. The individual is eligible to participate in an Approved Clinical Trial according to the trial protocol with respect to treatment of cancer or other life-threatening disease or condition;
2. Is either:
  - a. Referred by a participating health care provider and has concluded that the individual's participation in such trial would be appropriate;
  - b. The Participant provides medical and scientific information establishing that their participation in the trial would be appropriate.

**Qualified Medical Child Support Order (QMCSO):** a Medical Child Support Order that:

1. Creates or recognizes the existence of an Alternate Recipient's right to enroll under this Plan of Benefits;
2. Assigns to an Alternate Recipient the right to enroll under this Plan of Benefits.

**Qualifying Event:** for continuation of coverage purposes, a Qualifying Event is any one of these:

1. Termination of the Employee's employment (other than for gross misconduct) or reduction of hours worked that renders the Employee no longer Actively at Work and therefore ineligible for coverage under the Plan of Benefits;
2. Death of the Employee;
3. Divorce 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.

**Recognized Amount:** the lesser of the Non-Participating/Non-Contracting Provider's Billed Charges or PAI's median contracted rate for Participating/Contracting Providers for the same or similar item or service furnished in the same or similar specialty in the same geographic region; provided that, except in connection with air ambulance services, if there is a recognized amount specified for this purpose under an applicable All-Payer Model Agreement under Section

1115A of the Social Security Act, or if not, under applicable state law, then such amount, as applicable, will instead serve as the Recognized Amount.

**Rehabilitation Facility:** licensed facility operated for the purpose of assisting Members with neurological or other physical injuries to recover as much restoration of function as possible.

**Rescission:** a cancellation or discontinuance of coverage that has retroactive effect. A cancellation or discontinuance of coverage is not a Rescission if the cancellation or discontinuance of coverage:

1. Has only a prospective effect;
2. Is effective retroactively to the extent it is attributable to a failure to timely pay required premiums or contributions toward the cost of coverage.

A Rescission retroactively canceling coverage is permitted if an individual performs an act, practice or omission that constitutes fraud or if the individual makes an intentional misrepresentation of material fact, as prohibited by the terms of the Plan or coverage.

**Residential Treatment Center (RTC):** a licensed institution, other than a Hospital, which meets all six (6) of these requirements:

1. Maintains permanent and full-time Facilities for bed care of resident patients,
2. Has the services of a Psychiatrist (Addictionologist, when applicable) or Physician extender available at all times and is responsible for the diagnostic evaluation, provides face-to-face evaluation services with documentation a minimum of once per week and PRN as indicated;
3. Has a physician or RN on full-time duty who is in charge of patient care along with one (1) or more RNs or LPNs on duty at all times (twenty-four (24) hours per day, and seven (7) days per week); and
4. Keeps a daily medical record for each patient;
5. Is primarily providing a continuous structured therapeutic program specifically designed to treat behavioral health disorders and is not a group or boarding home, boarding or therapeutic school, half-way house, sober living residence, wilderness camp or any other facility that provides Custodial Care;
6. Is operating lawfully as a residential treatment center in the area where it is located.

**Routine Participant Costs:** include all items and services consistent with what is typically covered by the Plan for a Qualified Individual who is not enrolled in a clinical trial. This DOES NOT include services that are considered:

1. The investigational item, device, or service, itself;
2. Items and services provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the Participant;
3. A service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis.

**Retired Employee:** a former Active Employee of the Plan Sponsor who was retired while employed by the Plan Sponsor under the formal written plan of the Employer and elects to contribute to the Plan the contribution required from the Retired Employee.

**Schedule of Benefits:** the pages of this Plan of Benefits, so titled, which specify the coverage provided and the applicable Copays, Coinsurance, Benefit Year Deductibles, Out-of-Pocket Maximums and Benefit limitations.

**Second Surgical Opinion:** the medical opinion of a board-certified surgeon regarding an elective surgical procedure. The opinion must be based on the surgeon's examination of the patient. The examination must be performed after another licensed medical doctor has proposed to perform surgery, but before the surgery is performed. The second licensed medical doctor must not be associated with the primary licensed medical doctor.

**Secondary Plan:** the plan that that is not a Primary Plan and has secondary responsibility for paying a Participant's claim as determined through the coordination of benefits provisions of this Plan of Benefits.

**Serious Medical Condition:** a health condition or illness that requires medical attention and for which failure to provide the current course of treatment through the current Provider would place the Participant's health in serious jeopardy. This includes cancer, acute myocardial infarction and pregnancy.

**Sickness:** For a covered Employee and covered Spouse: Illness, disease or Pregnancy.

For a covered Dependent other than Spouse: Illness or disease.

**Skilled Nursing Facility:** A licensed institution and accredited, other than a Hospital, which meets all six of these requirements:

1. Maintains permanent and full-time facilities for bed care of resident patients; and
2. Has the services of a Physician available at all times and is responsible for the diagnostic evaluation, provides face-to-face evaluation services with documentation a minimum of once/week and PRN as indicated; and
3. Has a physician or RN on full-time duty who is in charge of patient care, along with one (1) or more RNs or LPNs on duty at all times (twenty-four (24) hours a day; seven (7) days a week); and
4. Keeps a daily medical record for each patient; and
5. Is primarily providing continuous skilled nursing care for sick or injured patients during the recovery stage of their illnesses or injuries and isn't, other than incidentally, a rest home or a home for Custodial Care for the aged; and
6. Is operating lawfully as a skilled nursing facility in the area where it is located.

**Special Enrollment:** the time period during which an Employee or eligible Dependent who is not enrolled for coverage under this Plan of Benefits may enroll for coverage due to the involuntary loss of other coverage or under circumstances described in the Eligibility For Coverage section of this Plan of Benefits.

**Specialist:** a licensed medical doctor who specializes in a particular branch of medicine.

**Specialty Drugs:** Prescription Drugs that treat a complex clinical condition and/or require special handling such as refrigeration. They generally require complex clinical monitoring, training and expertise. Specialty Drugs include, but are not limited to, infusible Specialty Drugs for chronic diseases, injectable and self-injectable drugs for acute and chronic diseases, and specialty oral drugs. Specialty Drugs are used to treat acute and chronic disease states (e.g. growth deficiencies, hemophilia, multiple sclerosis, rheumatoid arthritis, Gaucher's Disease, hepatitis, cancer, organ transplantation, Alpha 1-antitrypsin disease and immune deficiencies).

**Spinal Manipulation/Chiropractic Care:** skeletal adjustments, manipulation or other treatment in connection with the detection and correction by manual or mechanical means of structural imbalance or subluxation in the human body. Such treatment is done by a Physician to remove nerve interference resulting from, or related to, distortion, misalignment or subluxation of, or in, the vertebral column.

**Substance Use Disorder:** the continued use, abuse and/or dependence on legal or illegal substance(s), despite significant consequences or marked problems associated with the use (as defined, described or classified in the most current version of *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association).

**Substance Use Services:** services or treatment relating to Substance Use.

**Surgical Services:** an operative or cutting procedure, including the usual, necessary and related pre-operative and post-operative care when performed by a licensed medical doctor.

**Totally Disabled/Total Disability:** the Participant is able to perform none of the usual and customary duties of such Participant's occupation. With respect to a Participant who is a Dependent, the terms refer to disability to the extent that such Participant can perform none of the usual and customary duties or activities of a person in good health of the same age. The Participant must provide a licensed medical doctor's statement of disability upon periodic request by the Group Health Plan.

**Transplant:** The transfer of organs or tissues, including bone marrow, stem cells and cord blood, from human to human. Transplants are covered only at facilities approved by PAI in writing and include only those procedures that otherwise are not excluded by this Plan of Benefits. Preauthorization is required. Transplant Physician Charges are subject to the Benefit Year Deductible.

**Transplant Benefit Period:** the period of time that for Transplant of:

1. an organ, the period that begins one day prior to the Admission date for Transplant and continues for a 12-month period. Anti-rejection drugs are not subject to the Transplant Benefit Period;
2. bone marrow, the period that begins one day prior to the date marrow ablative therapy begins, or one day prior to the day the preparative regimen for non-myeloablative Transplant begins and continues for a twelve (12) month period. Mobilization therapy and stem-cell harvest are also included. Anti-rejection drugs are not subject to the Transplant Benefit Period.

**Urgent Care:** treatment required in order to treat an unexpected illness or injury that is life-threatening and required in order to prevent a significant deterioration of the Participant's health if treatment were delayed.

**Urgent Care Claim:** any claim for medical care or treatment where making a determination under other than normal time frames could seriously jeopardize the Participant's life or health or the Participant's ability to regain maximum function; or, in the opinion of a medical doctor or oral surgeon with knowledge of the Participant's medical condition, would subject the Participant to severe pain that could not be managed adequately without the care or treatment that is the subject of the claim.

**Usual and Customary (U & C):** Only Usual and Customary charges are covered expenses. When determining whether an expense is Usual and Customary, the Plan Administrator will take into consideration the fee(s) which the provider most frequently charges the majority of patients for the service or supply, and the prevailing range of fees charged in the same "area" by provider of similar training and experience for the service or supply. The term(s) "same geographic locale" and/or "area" shall be defined as a metropolitan area, county, or such greater area as is necessary to obtain a representative cross-section of providers, person or organizations rendering such treatment, services, or supplies for which a specific charge is made. To be Usual and Customary, fee(s) must be in compliance with generally accepted billing practices for unbundling or multiple procedures.

The term "Customary" refers to the form and substance of a service, supply, or treatment provided in accordance with generally accepted standards of medical practice to one individual, which is appropriate for the care or treatment of the same sex, comparable age and who receive such services or supplies within the same geographic locale.

The term "Usual and Customary" does not necessarily mean the actual charge made nor the specific service or supply furnished to a Participant by a provider of services or supplies, such as a physician, therapist, nurse, hospital, or pharmacist. The Plan Administrator will determine what the Usual and Customary charge is, for any procedure, service, or supply, and has the discretionary authority to decide whether a specific procedure, service or supply is Usual and Customary.

Usual and Customary charges may alternatively be determined and established by the Plan using normative data such as Medicare cost to charge ratios, average wholesale price (AWP) for prescriptions and/or manufacturer's retail pricing (MRP) for supplies and devices. In the event a PPO network provider is utilized, the network scheduled allowance may be utilized in lieu of the Usual and Customary Charge. This does not, however, remove the Plan Administrator's discretionary authority to decide whether a charge is Usual and Customary.

**Waiting Period:** a period of continuous employment with the Plan Sponsor that an Employee must complete before becoming eligible to enroll in the Plan of Benefits.

## INDEX

- Actively at Work, 34, 36, 39, 44, 62, 78
- Admission, 4, 5, 13, 14, 15, 24, 26, 30, 31, 62, 65, 66, 76, 81
- Adverse Benefit Determination, 3, 7, 8, 9, 10, 62
- Allowable Charge, 31, 62, 72, 78
- Allowed Amount, 1, 2, 13, 22, 23, 27, 51, 64, 65, 74
- Alternate Recipient, 78
- Ambulance, 17
- Ambulatory Surgical Center, 22, 63, 74
- Anesthesia, 15, 16, 75
- Annual Enrollment, 34
- Behavioral Health Services, 72
- Benefit, 1, 2, 3, 4, 5, 6, 8, 12, 13, 14, 15, 17, 18, 19, 20, 21, 23, 24, 25, 26, 27, 28, 29, 30, 31, 33, 34, 38, 39, 40, 41, 42, 44, 49, 51, 52, 53, 55, 56, 58, 59, 60, 61, 62, 64, 65, 66, 67, 68, 70, 71, 73, 74, 75, 76, 77, 79, 80, 81
- Benefit Year, 2, 13, 15, 17, 18, 21, 41, 64, 65, 74, 77, 79, 81
- Benefit Year Deductible, 2, 13, 21, 41, 62, 64, 65, 77, 79, 81
- Benefits, 1, 8, 9, 10, 11, 22, 23, 45, 46, 47, 48, 58, 65
- Benefits Checklist, 70
- Brand Name Drug, 19, 64, 68, 73, 76
- Cardiac Rehabilitation, 16
- Chemotherapy, 17, 26, 27, 29
- Child, 18, 24, 29, 33, 34, 37, 38, 39, 41, 42, 51, 52, 64, 66, 68, 70, 71, 78
- Child Care, 18
- Chiropractic Care, 17, 80
- COBRA, 37, 40, 42, 43, 44, 53, 64
- Coinsurance, 1, 2, 21, 62, 64, 65, 79
- Companion Benefit Alternatives (CBA), 72
- Concurrent Care Claim, 7, 8, 9, 65
- Contact Lenses, 23
- Continuation of Care, 58, 65
- Continued Stay Review, 4, 21, 38
- Continuing Care Patient, 65
- Contracting Provider, 10
- Copay, 1, 2, 13, 15, 16, 18, 19, 21, 41, 65, 79
- Copayment, 62
- Corporation, 9, 11, 46, 47, 48, 62, 66, 70, 72
- Cosmetic Procedure, 29
- Cosmetic Surgery, 23
- Covered Expenses, 1, 6, 13, 21, 22, 23, 24, 25, 26, 27, 38, 40, 41, 60, 64, 65, 74, 81
- Credit, 66, 67, 71
- Creditable Coverage, 37
- Critical Access Hospital, 66
- Custodial Care, 29, 30, 33, 66
- Deductible, 1, 2, 13, 16, 18, 24, 64, 65
- Dependent, 2, 3, 5, 24, 34, 36, 37, 38, 39, 40, 42, 43, 44, 45, 51, 52, 53, 58, 66, 68, 70, 74, 78, 80
- Detoxification, 27, 66
- Durable Medical Equipment, 17, 23, 66
- Effective Date, 1, 34, 36, 40, 60, 67, 75, 77
- Electronic Protected Health Information (ePHI), 56, 57
- Eligibility, 34, 37, 39, 60, 66, 68, 70, 74, 80
- Emergency Admission Review, 4, 21, 38, 66
- Emergency Medical Condition, 2, 4, 66, 76
- Emergency Room, 16, 24
- Emergency Services, 62, 71
- Employee, 1, 3, 24, 28, 34, 36, 37, 38, 39, 40, 41, 42, 43, 44, 51, 52, 53, 55, 56, 58, 59, 60, 61, 62, 64, 66, 67, 68, 70, 71, 74, 78, 79, 80, 81
- Employee Retirement Income Security Act (ERISA), 3, 58
- Employer, 4, 61, 67, 76, 78, 79
- Enrollment Date, 67
- ERISA, 45
- Excepted Benefits, 67
- Experimental or Investigational, 8, 29, 62, 67
- Explanation of Benefits, 2, 3, 6
- Eyeglasses, 23
- Family and Medical Leave Act (FMLA), 39, 40, 41, 42, 44
- Generic Drug, 19, 68, 73, 76
- Genetic Information, 68, 69
- Grace Period, 39, 68
- Group Health Plan, 1, 4, 7, 9, 10, 13, 21, 29, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 53, 55, 56, 57, 58, 59, 60, 64, 65, 66, 67, 68, 70, 71, 74
- Gynecological Exam, 18
- Health Insurance Coverage, 60, 68
- Health Insurance Portability and Accountability Act (HIPAA), 3, 38, 55, 69, 77
- Health Status Related Factor, 62, 69
- Home Health Agency, 69
- Home Health Care, 17, 23, 26, 28, 33, 68, 69
- Hospice Care, 15, 17, 23, 28, 69
- Hospital, 1, 2, 4, 5, 11, 13, 16, 23, 24, 25, 26, 28, 30, 31, 32, 59, 62, 64, 66, 68, 69, 70, 71, 72, 74, 75, 76, 81
- Identification Card, 3, 4, 6, 59, 69
- Illness, 6, 23, 24, 25, 26, 27, 29, 31, 32, 41, 44, 49, 66, 68, 70, 75, 78, 80, 81
- Impacted Teeth, 31
- Incapacitated Dependent, 39, 64, 66, 69
- Infertility, 29
- Injections, 16
- Injury, 2, 6, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33, 41, 44, 49, 60, 66, 70, 74, 75, 78, 81
- Intensive Care, 15, 26, 70
- Intensive Care Unit, 15, 26, 70
- Investigational or Experimental, 10
- Laboratory, 16, 27, 29, 68, 74, 75
- Late Enrollee, 70
- Mail Service Pharmacy, 19, 32, 70
- Mammogram, 18
- Mammography, 18
- Maternity Care, 17, 24
- Maternity Management Program, 70
- Maximum Payment, 52, 62, 70, 71
- Medicaid, 28, 30, 37, 38, 75
- Medical Child Support Order, 71, 78
- Medical Necessity, 4, 10, 24, 59, 64, 72, 76
- Medical Supplies, 22, 24, 29, 59, 64, 72
- Medically Necessary, 5, 13, 21, 26, 28, 29, 30, 31, 33, 62, 64, 65, 66, 72, 76
- Medically Necessary/Medical Necessity, 72
- Medicare, 20, 28, 34, 42, 43, 53, 68, 73, 78, 81
- Member, 9, 10, 45, 46, 47, 48, 53, 58, 62, 63, 67, 80
- Mental Disorder, 25, 73, 80
- Mental Health, 4, 12, 24, 73
- Mental Health Condition, 4
- Mental Health Services, 4, 12, 14, 24, 73
- Midwife, 73
- Milieu Therapy, 28, 73
- Natural Teeth, 73
- Newborn, 15, 24, 37, 41
- Newborn Care, 24
- Non-Participating Provider, 2, 13, 14, 60, 62, 65, 71, 73
- Non-PPO Provider, 1, 2, 4

Non-Preferred Brand Name, 73  
 Notice of Determination, 8  
 Obesity, 19, 30, 73  
 Occupational Therapy, 77  
 Oral Surgery, 77  
 Oral Surgical Procedure, 25, 30  
 Orthodontic, 30, 73  
 Orthopedic Device, 66, 73  
 Orthotic Device, 66, 73  
 Orthotics, 17, 29  
 Out-of-Pocket Maximum, 13, 64, 74, 77  
 Over-the-Counter Drug, 74  
 Participant, 2, 3, 4, 6, 7, 8, 9, 12, 13, 18, 19, 21, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 38, 39, 40, 41, 42, 43, 49, 51, 53, 55, 56, 59, 60, 62, 64, 65, 66, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 79, 81  
 Participant Effective Date, 21, 74  
 Participating Provider, 5, 6, 10, 13, 14, 58, 60, 65, 70, 71, 74  
 Pathology, 15, 16  
 Pharmacy, 32, 68, 70, 73, 74, 76  
 Pharmacy Benefit Manager, 32, 68, 70, 73, 76  
 Physical Exam, 18  
 Physical Rehabilitation Facility, 15, 25  
 Physical Therapy, 77  
 Physician, 5, 11, 15, 16, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 59, 69, 72, 74, 75, 80, 81  
 Plan, i, 1, 2, 3, 4, 5, 6, 8, 9, 10, 12, 13, 20, 21, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 36, 37, 38, 39, 40, 41, 42, 43, 44, 46, 48, 49, 51, 52, 53, 55, 56, 57, 58, 59, 60, 61, 62, 64, 65, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81  
 Plan Administrator, 2, 3, 12, 31, 39, 42, 43, 52, 60, 64, 73, 75, 78, 81  
 Plan of Benefits, 1, 2, 3, 6, 9, 10, 12, 13, 21, 24, 29, 31, 32, 34, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 47, 48, 51, 52, 55, 56, 58, 59, 60, 62, 64, 65, 67, 68, 71, 73, 74, 75, 76, 78, 79, 80, 81  
 Plan Sponsor, 70  
 Plan Supervisor, 71  
 Planned Administrators, Inc. (PAI), 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 21, 25, 33, 40, 49, 52, 55, 58, 59, 60, 61, 67, 69, 73, 74, 75, 76, 81  
 Post-Service Claim, 7, 9, 76  
 Preadmission Review, 4, 21, 38, 76  
 Preadmission Testing, 16, 26  
 Preauthorization, 4, 5, 14, 17, 21, 24, 25, 33, 38, 60, 76, 81  
 Preferred Brand Name, 73, 76  
 Preferred Provider, 1, 24  
 Preferred Provider Organization, 1, 2, 4, 15, 16, 17, 18, 23, 24, 31, 81  
 Premium, 38, 39, 40, 43, 44, 60, 68, 76  
 Prescription Drug, 15, 19, 23, 28, 30, 32, 33, 64, 65, 68, 70, 73, 74, 76, 77, 80  
 Prescription Drug Copay, 77  
 Pre-Service Claim, 7, 9, 76, 77  
 Primary Plan, 51, 52, 53, 77  
 Private Duty Nursing, 17, 26  
 Probationary Period, 44  
 Prostate, 18  
 Prosthetic Device, 66, 77  
 Protected Health Information, 3, 55, 56, 77  
 Provider, 1, 2, 3, 4, 5, 6, 9, 12, 18, 21, 25, 31, 49, 59, 60, 62, 64, 65, 71, 73, 74, 77, 78, 80, 81  
 Qualified Medical Child Support Order, 64, 78  
 Qualifying Event, 38, 42, 78  
 Radiation Therapy, 17, 26  
 Radiology, 15, 16  
 Schedule of Benefits, 4, 13, 15, 16, 17, 18, 21, 28, 30, 31, 32, 33, 51, 64, 65, 74, 75, 77, 79  
 Second Opinion, 26, 79  
 Second Surgical Opinion, 17  
 Secondary Plan, 51, 52, 53, 79  
 Serious Medical Condition, 58, 65, 80  
 Skilled Nursing Facility, 4, 15, 24, 25, 28, 31, 32, 62, 71, 75  
 Special Enrollment, 36, 37, 38, 70, 80  
 Specialist, 2, 80  
 Specialty Drug, 80  
 Speech Therapy, 17, 27, 69, 77  
 Spouse, 45  
 Substance Abuse, 4, 12, 27, 30, 73, 74, 80  
 Substance Abuse Services, 4, 12, 73, 80  
 Substance Use, 15, 16  
 Supplies, 1, 5, 16, 24, 28, 29, 30, 31, 32, 33, 59, 65, 67, 69, 72, 74, 78, 81  
 Surgical Procedures, 27, 65, 67  
 Surgical Services, 16, 75  
 Temporomandibular Joint Disorder (TMJ), 30  
 Termination, 8, 21, 37, 38, 39, 40, 42, 43, 56, 60, 62, 77, 78  
 Totally Disabled, 80  
 Transplant, 5, 17, 24, 81  
 Transplant Benefit Period, 81  
 Uniformed Services Employment and Re-employment Rights Act (USERRA), 44  
 Urgent Care, 3, 7, 9, 60, 81  
 Urgent Care Benefit, 7  
 Urgent Care Claim, 3, 7, 9, 81  
 Waiting Period, 34, 36, 40, 44, 67, 81  
 X-ray, 16, 27, 29, 74

**Oconee County**  
**Employee Medical Benefits Plan**  
Effective Date: May 1, 2024

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. Miller

By

administrator

Title

Amanda F. Broch

Typed/Printed Name

05.28.2024

Date

Shifa M. Wald

Witness

Oconee County  
Plan Sponsor  
OconeeCountyPD2024



Post Office Box 6927, AG-970  
Columbia, South Carolina 29260

Ordinance 2024-01  
Attachment B Health Insurance

p 800 | 768 | 4375  
f 803 | 462 | 6818

105 of 105

**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.