

STATE OF SOUTH CAROLINA COUNTY OF OCONEE ORDINANCE 2023-01

AN ORDINANCE TO ESTABLISH THE BUDGET FOR OCONEE COUNTY AND TO PROVIDE FOR THE LEVY OF TAXES FOR ORDINARY COUNTY PURPOSES, FOR THE TRI-COUNTY TECHNICAL COLLEGE SPECIAL REVENUE FUND, FOR THE EMERGENCY SERVICES PROTECTION SPECIAL REVENUE FUND, FOR THE ROAD MAINTENANCE SPECIAL REVENUE FUND, FOR THE BRIDGE AND CULVERT CAPITAL PROJECT FUND, FOR THE ECONOMIC DEVELOPMENT CAPITAL PROJECT FUND, FOR THE PARKS, RECREATION, AND TOURISM CAPITAL PROJECT FUND, FOR THE DEBT SERVICE FUND, FOR THE VICTIM SERVICES SPECIAL REVENUE FUNDS, FOR THE CAPITAL VEHICLE / EQUIPMENT FUND, ALL IN OCONEE COUNTY FOR THE FISCAL YEAR BEGINNING JULY 1, 2023 AND ENDING JUNE 30, 2024.

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

SECTION 1

Pursuant to Section 4-9-140 of the South Carolina Code of Laws, 1976, as amended, the following amounts are hereby appropriated for the 2023-2024 fiscal year for Oconee County (the “County”) for ordinary County purposes.¹

General Fund:		
New Positions 13	778,521	
1 Parks, Recreation & Tourism Employees Paid by ATAX	-	
2 % Cost of Living Increase for all except County Council	675,000	
Salary Savings (1.3%)	(356,765)	
Gasoline/Diesel Contingency	78,000	
One Time Capital Request	592,250	
Administrator Contingency	251,000	
		2,018,006
Administrator	539,574	
Airport	2,019,059	
Assessor	1,112,460	
Board of Assessment Appeals	4,326	
Building Codes	737,212	
Chau Ram Park	406,426	
County Attorney	419,862	
County Council – (Salary Study, Pay Increases, etc. Approved by Council)	1,712,355	
Debt Service Lease Payments	746,726	
Delinquent Tax Collector	401,439	
Department of Social Services	11,600	
Economic Development	666,133	
Fire/Emergency Services	7,688,804	
Facilities Maintenance	1,472,882	
Finance Office	871,720	

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

Health and Human Services Direct Aid	696,867	
Health Department	28,700	
High Falls Park	520,708	
Human Resources	352,799	
Information Technology	1,259,452	
Legislative Delegation	97,913	
Library	1,520,407	
Magistrate	939,611	
Non-Departmental	1,900,000	
Other Financing Uses	85,000	
Parks, Recreation and Tourism	867,662	
Planning	447,874	
Procurement	256,563	
Register of Deeds	333,815	
Roads and Bridges	3,219,897	
Soil and Water Conservation District	94,182	
Solid Waste	6,203,199	
South Cove Park	615,597	
Vehicle Maintenance	1,014,301	
Veterans' Affairs	221,164	
Voter Registration and Elections	385,635	
Total General:		39,871,924
Elected/Appointed Officials:		
Auditor	707,689	
Clerk of Court	919,201	
Coroner	330,939	
Probate Court	455,553	
Public Defender	250,000	
Sheriff	11,133,452	
Animal Control	758,405	
Communications	1,946,665	
Detention Center	5,090,281	
Solicitor	1,024,466	
Treasurer	724,419	
Total Elected Officials:		23,341,070
Total General Fund		65,231,000
Special Revenue Funds: [1]		
Emergency Services Protection	1,695,000	
Victim Services - Sheriff's Office	123,336	
Victim Services - Solicitor's Office	77,532	
911 Fund	784,000	
Tri-County Technical College	1,688,000	
Road Maintenance Fund	2,545,000	
Total Special Revenue Funds:		6,912,868
Capital Project Funds:[2]		
Economic Development	5,807,000	
Bridge & Culvert Fund	620,000	
Capital Equipment / Vehicle Fund	1,551,000	
Parks, Recreation and Tourism	620,000	
Total Capital Project Funds:		8,598,000
Enterprise Fund:		8,881,250
Debt Service Fund:		1,964,034
Grand Total of all Funds FY 2023-2024		91,587,152
[1] See sections 3 – 11 below.		
[2] See sections 3 – 11 below.		

SECTION 2

A tax of sufficient millage to fund the aforesated appropriations (see also Sections 3 through 11 below) for the Oconee County Budget for the fiscal year beginning July 1, 2023 and ending June 30, 2024, after crediting against such appropriations all other unrestricted revenue anticipated to accrue to Oconee County and any fund balance budgeted to be used during said fiscal year, is hereby directed to be levied upon all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The Auditor of Oconee County is hereby requested to recommend to the Oconee County Council, for approval by Oconee County Council, a sufficient millage levy, and the Treasurer of Oconee County is herein directed to collect sufficient millage on taxable property in Oconee County to provide for the aforesated operations appropriations and direct expenditures of Oconee County for the fiscal year beginning July 1, 2023 and ending June 30, 2024. The Auditor and Treasurer of Oconee County are hereby directed to fund such bond repayment sinking fund(s) as are necessary to provide for an orderly and timely payment of the debt service of Oconee County and to satisfy any debt covenants.

SECTION 3

A tax of 3.0 mills to provide funding for the Tri-County Technical College Special Revenue Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The revenue from this levy is hereby appropriated for expenditures in the amount of \$1,688,000 for support of Tri-County Technical College. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforesated appropriations of the Tri-County Technical College Special Revenue fund for the fiscal year beginning July 1, 2023 and ending June 30, 2024. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Tri-County Technical College Special Revenue Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

SECTION 4

A tax of 2.9 mills to provide funding for the Emergency Services Protection Special Revenue Fund is hereby levied on all taxable property eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy and a portion of fund balance as authorized by County Council is hereby appropriated for expenditures in the amount of \$1,695,000 for the Emergency Services Protection Special Revenue Fund. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforesated operations appropriations and direct expenditures of the Emergency Services Protection Special Revenue Fund for the fiscal year beginning July 1, 2023 and ending June 30, 2024. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Emergency Services Protection Special Revenue Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

SECTION 5

A tax of 2.1 mills to provide funding for the Road Maintenance Special Revenue Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy and a portion of fund balance as authorized by County Council is hereby appropriated, for expenditures in the amount of \$2,545,000 for the Road Maintenance Special Revenue Fund. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property within Oconee County

to provide for the aforesated operations appropriations and direct expenditures of the Road Maintenance Special Revenue Fund for the fiscal year beginning July 1, 2023 and ending June 30, 2024. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Road Maintenance Special Revenue Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

SECTION 6

A tax of 1 mill to provide funding for the Bridge and Culvert Capital Project Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy and a portion of fund balance as authorized by County Council is hereby appropriated, for expenditures in the amount of \$620,000 for the Bridge and Culvert Capital Project Fund. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforesated operations appropriations and direct expenditures of the Bridge and Culvert Capital Project Fund for the fiscal year beginning July 1, 2023 and ending June 30, 2024. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Bridge and Culvert Capital Project Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

SECTION 7

A tax of 1.1 mills to provide funding for the Economic Development Capital Project Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy, other anticipated restricted revenues, transfers, and a portion of fund balance as authorized by County Council is hereby appropriated for expenditures in the amount of \$5,807,000 for the Economic Development Capital Projects Fund for projects approved by County Council. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforesated operations appropriations and direct expenditures of the Economic Development Capital Project Fund for the fiscal year beginning July 1, 2023 and ending June 30, 2024. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Economic Development Capital Project Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

SECTION 8

A tax of 1 mill to provide funding for the Parks, Recreation and Tourism Capital Project Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy, other anticipated restricted revenues, transfers, and a portion of fund balance as authorized by County Council is hereby appropriated for expenditures in the amount of \$620,000 for the Parks, Recreation and Tourism Capital Project Fund for projects approved by County Council. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforesated operations appropriations and direct expenditures of the Parks, Recreation and Tourism Capital Project Fund for the fiscal year beginning July 1, 2023 and ending June 30, 2024. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Parks, Recreation and Tourism Capital

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

SECTION 9

A tax of 2.0 mills to provide funding for the Debt Service Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy and a portion of fund balance as authorized by County Council is hereby appropriated for expenditures in the amount of \$1,964,034 for the Debt Service Fund. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforesated operations appropriations and direct expenditures of the Debt Service Fund for the fiscal year beginning July 1, 2023 and ending June 30, 2024. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Debt Service Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

SECTION 10

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

SECTION 11

A tax of 2.3 mills to provide funding for the Capital Vehicle / Equipment Fund is hereby levied on all taxable property, eligible to be lawfully taxed for such purposes, in Oconee County. The combined revenue from this levy and a portion of fund balance as authorized by County Council is hereby appropriated for expenditures in the amount of \$1,551,000 for the Capital Vehicle / Equipment Fund. The Auditor of Oconee County is hereby requested to levy and the Treasurer of Oconee County is herein directed to collect the millage on taxable property in Oconee County to provide for the aforesated operations appropriations and direct expenditures of the Capital Vehicle / Equipment Fund for the fiscal year beginning July 1, 2023 and ending June 30, 2024. To the extent such levy results in revenues in excess of the amount appropriated above, all such revenues shall be retained and accounted for in the Capital Vehicle / Equipment Fund and shall be carried forward from year to year as fund balance in this fund to be appropriated by Oconee County Council through future budget adoption or budget amendments.

SECTION 12

All capital projects and multi-year grant appropriations made by prior year budget ordinances for which the respective monies have been obligated or encumbered are hereby carried forward and reappropriated, as of July 1, 2023, as a part of the budget authorized by this Ordinance.

SECTION 13

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

SECTION 14

All unexpended appropriations as of June 30, 2023, except for those specifically carried forward by this Ordinance shall lapse and expire and the monies involved shall revert to the fund balance of the fund from which the appropriation originated. The remaining unexpended appropriations will revert to the fund balance of the fund from which the appropriation originated, as stated herein.

SECTION 15

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

SECTION 16

The fees authorized for all County departments to charge for services of the County and to use for operations of the County are as set forth in a schedule of fees. This schedule of fees is included within **ATTACHMENT A**, which is incorporated herein by reference as fully as if set forth verbatim herein, and adopted as part of this ordinance, and the fees are hereby approved to be charged by the appropriate County departments. The County Administrator is hereby authorized to execute the Airport T-Hangar rental agreements, consistent with the rates established in the fee schedule.

SECTION 17

The County began contributing to retiree health benefits (the “Retiree Health Benefit Plan” or “Plan”) on behalf of employees and County retirees on January 1, 1985. Several amendments to the County’s Plan guidelines have occurred since that time; however, nothing in the Plan amendments permits or affords grandfathering eligibility for any individual other than those outlined explicitly in the guidelines, which are incorporated herein by reference, as fully as if set forth verbatim, and adopted as part of this Ordinance, and the rates are hereby approved to be charged and administered according to the Retiree Health Plan Guidelines. The County Administrator is authorized to administer the Plan in accordance with these guidelines and to establish health reimbursement accounts for eligible retirees for contributory purposes for the fiscal year beginning July 1, 2023 and ending June 30, 2024. **DUE TO THE RISK OF UNKNOWN CIRCUMSTANCES, THIS PLAN MAY BE DEEMED NON-SUSTAINABLE AT SOME FUTURE TIME. THE RETIREE HEALTH BENEFIT GUIDELINES ARE DISCRETIONARY ON THE PART OF THE COUNTY AND THE EMPLOYEE AND DO NOT CREATE ANY EXPRESS OR IMPLIED CONTRACT OF THIS BENEFIT BEING PROVIDED IN THE FUTURE OR IN ANY PARTICULAR AMOUNT AT ANY TIME. NO PAST PRACTICES OR PROCEDURES, PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, FORM ANY EXPRESS OR IMPLIED AGREEMENT TO CONTINUE SUCH PRACTICES OR PROCEDURES. IT IS EXPLICITLY STATED AND RECOGNIZED BY THE COUNTY AND EVERY EMPLOYEE ACCEPTING BENEFITS UNDER THE PLAN THAT ALL EMPLOYMENT IN OCONEE COUNTY (EXCEPT FOR THE OCONEE COUNTY ADMINISTRATOR AND SUCH OTHERS AS ARE SPECIFICALLY AUTHORIZED BY COUNTY COUNCIL TO BE BOUND TO AN EMPLOYMENT CONTRACT), IS “AT WILL” AND THAT ALL PROVISIONS OF ANY AND ALL EMPLOYMENT BENEFITS, INCLUDING WITHOUT LIMITATION, THOSE DESCRIBED IN THE PLAN IS ALWAYS SUBJECT TO ANNUAL APPROPRIATION BY OCONEE COUNTY COUNCIL, WHICH IS NEVER GUARANTEED AND NEVER WILL BE GUARANTEED.**

SECTION 18

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

SECTION 19

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

SECTION 20

This Ordinance shall become effective upon approval on third reading and enforced from and after July 1, 2023.

SECTION 21

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

Adopted in meeting duly assembled this ____ day of June, 2023.

OCONEE COUNTY, SOUTH CAROLINA

Matthew Durham
Chairman, Oconee County Council

ATTEST

Jennifer C. Adams
Clerk to County Council

First Reading: May 2, 2023
Public Hearing: May 16, 2023
Second Reading: May 16, 2023
Public Hearing: June 6, 2023
Third Reading: June 6, 2023

STATE OF SOUTH CAROLINA
COUNTY OF OCONEE
BUDGET PROVISOS FOR FISCAL YEAR 2023-2024
ORDINANCE 2023-01

Section 1

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

Section 2

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

Section 3

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

Section 4

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

Section 5

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

Section 6

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

The County Administrator is authorized to:

- (1) Transfer non-salary appropriations within a department, or between departments within a fund, provided that no such transfer exceeds Fifty Thousand and 00/100 (\$50,000.00) Dollars; this restriction may not be circumvented by way of multiple transfers.
- (2) Transfer salary appropriations within a department, or between departments within a fund, provided that the sum of such transfers for the entire fiscal year does not exceed One Hundred Thousand and 00/100 (\$100,000.00) Dollars.
- (3) Transfer between salary appropriations and non-salary appropriations within a department, or between departments within a fund, provided that no such transfer

exceeds Ten Thousand and 00/100 (\$10,000.00) Dollars; this restriction may not be circumvented by way of multiple transfers; and, the sum of such transfers for the entire fiscal year shall not exceed One Hundred Thousand and 00/100 (\$100,000.00) Dollars.

- (4) Any other transfers by the County Administrator require Council authorization.
- (5) Transfers by the County Administrator shall be reflected on the budgetary reports regularly submitted to Council.

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

Section 7

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

Section 8

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

Section 9

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

Section 10

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

Section 11

For all economic development projects in a joint County industrial or business park (“MCIP”) in the unincorporated portion of the County, for which revenue is first received on or after July 1, 2023, excluding any MCIP agreements now in existence (or which have been previously approved by County ordinance) wherein a different allocation is in place, and subject to any superior agreements allocating portions of such revenue, all revenue or remaining revenue, as the case may be, received from such MCIP which is/was attributable to the levy of all general fund millages shall be

divided and distributed in the following percentages, in order to offset the costs of economic development which made the project(s) possible: (1) Oconee County General Fund – 33%; Oconee County Economic Development Capital Projects Fund – 34%; School District of Oconee County - 33%; (2) all other taxing entities levying millage at the site in question - 1% each;^[1] (3) all other taxing entities in Oconee County - 0%. Revenue attributable to the levy of debt service millage or other non-general fund millage shall be distributed to the taxing entity levying such millage. For joint County industrial or business parks located within municipal limits, the intergovernmental agreement governing the creation of such MCIP shall govern distribution of revenues. Any unused revenues in such fund at the end of any fiscal year shall be carried over to the succeeding fiscal year.

Section 12

Pursuant to authority given to governing bodies of South Carolina counties by the South Carolina General Assembly in Section 12-43-360 of the South Carolina Code of Laws, 1976, as amended, the Oconee County Council hereby reduces the assessment ratio otherwise applicable in determining the assessed value of general aviation aircraft subject to property tax in Oconee County to a ratio of four percent (4%) of the fair market value of such general aviation aircraft. Such assessment ratio shall apply uniformly to all general aviation aircraft subject to *ad valorem* property taxation in Oconee County. This proviso first became effective in the 2011-2012 budget ordinance and is a part of the budget ordinance beginning July 1, 2023 and ending June 30, 2024.

Section 13

Oconee County seeks to increase and maintain its unassigned fund balance to and at an amount not less than twenty-five percent (25%) of its regular general fund operating expenditures. (See Oconee Code of Ordinances Section 2-476.) Oconee County’s unassigned fund balance as of the last audited fiscal year (2022) was \$11,260,698. Oconee County’s assigned fund balance as of the last audited fiscal year (2022) was as follows:

Assigned funds for the Solid Waste Reserve General Fund balance:	\$ 912,806
Assigned funds for the Solid Waste rental/purchase of equipment required for concrete recycling:	\$ 20,994
Assigned funds for the Healthcare Reserve General Fund balance:	\$2,000,000
Assigned funds for the OPEB Reserve General Fund Balance:	\$1,207,715

Section 14

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

Section 15

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

Section 16

Oconee County receives federal, state, and local grants for specified purposes. Oconee County is hereby authorized, absent any other factor, to apply for, receive, and expend all such grants for which no local match is required or for which such funds are budgeted herein, in addition to all other authority elsewhere given, and in accordance with all other policies and directives of Oconee

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

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

Section 17

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

Section 18

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

Section 19

Due to the volatile petroleum market, a fuel contingency account in the Administrator's Department is required for FY 23-24. These funds will only be utilized, when required, for necessary fuel expenditure overages. Funding for the fuel contingency account will come from:

- FY 22-23 utility savings of up to \$50,000 (*contingent upon year end verification of availability*); and
- FY 22-23 unexpended salary funds of up to \$100,000 (*contingent upon year end verification of availability*).

Section 20

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



Oconee County Administrator's Recommended Budget 2023-2024

**Ordinance 2023-01
3rd Reading**

June 6, 2023

May 2, 2023 – 1st Reading
May 16, 2023 – Public Hearing
May 16, 2023 – 2nd Reading
June 6, 2023 – Public Hearing
June 6, 2023 – 3rd & Final Reading

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FY 2023 - 2024 Budget Summary Changes

Expenditures

Description	3/24/2023	4/18/2023	5/2/2023	5/16/2023	6/6/2023
2% COLA Increase all except County Council	2,167,993	2,052,864	2,052,864	1,012,448	675,000
New Positions	885,086	866,443	778,521	778,521	778,521
Fuel Contingency	-	13,212	13,212	13,212	13,212
Administrator's Contingency	-	14,569	15,569	15,569	15,569
Salary Savings	-	-	(356,765)	(356,765)	(356,765)
One Time Capital	(233,919)	(812,750)	(1,327,750)	(1,327,750)	(1,327,750)
General Government	516,206	381,236	339,437	1,379,853	1,717,301
Public Safety	2,327,717	2,351,430	2,281,430	2,281,430	2,281,430
Transportation	(300,524)	(276,492)	(282,992)	(282,992)	(282,992)
Public Works	783,233	783,233	761,233	761,233	761,233
Culture and Recreation	(78,710)	(78,710)	(78,710)	(78,710)	(78,710)
Judicial Services	97,065	154,076	174,076	174,076	174,076
Health and Welfare	(41,111)	(41,111)	(41,311)	(41,311)	(41,311)
Economic Development	8,381	381	381	381	381
Non Departmental	4,000	4,000	(35,000)	(35,000)	(35,000)
Debt Service Lease Payments	4,152	4,152	4,152	4,152	4,152
Other Financing Uses	(64,367)	(64,367)	(64,367)	(64,367)	(64,367)
Total Increase in Expenditures	6,075,202	5,352,166	4,233,980	4,233,980	4,233,980

Revenues

Description	3/24/2023	4/18/2023	5/2/2023	5/16/2023	5/16/2023
Property Taxes	2,943,797	2,925,154	2,475,154	2,475,154	2,475,154
Intergovernmental	603,688	603,688	403,688	403,688	403,688
Licenses, Permits and Fees	1,635,500	1,056,107	843,608	843,608	843,608
Fines and Forfeitures	30,100	30,100	24,413	24,413	24,413
Charges for Services	1,077,448	952,448	952,448	952,448	952,448
Interest and Investment Income	300,000	300,000	300,000	300,000	300,000
Miscellaneous and Other	55,225	55,225	55,225	55,225	55,225
Other Financing Sources -	(186,500)	(186,500)	(436,500)	(436,500)	(436,500)
Use of Fund Balance	(384,056)	(384,056)	(384,056)	(384,056)	(384,056)
Total Increase in Revenues	6,075,202	5,352,166	4,233,980	4,233,980	4,233,980

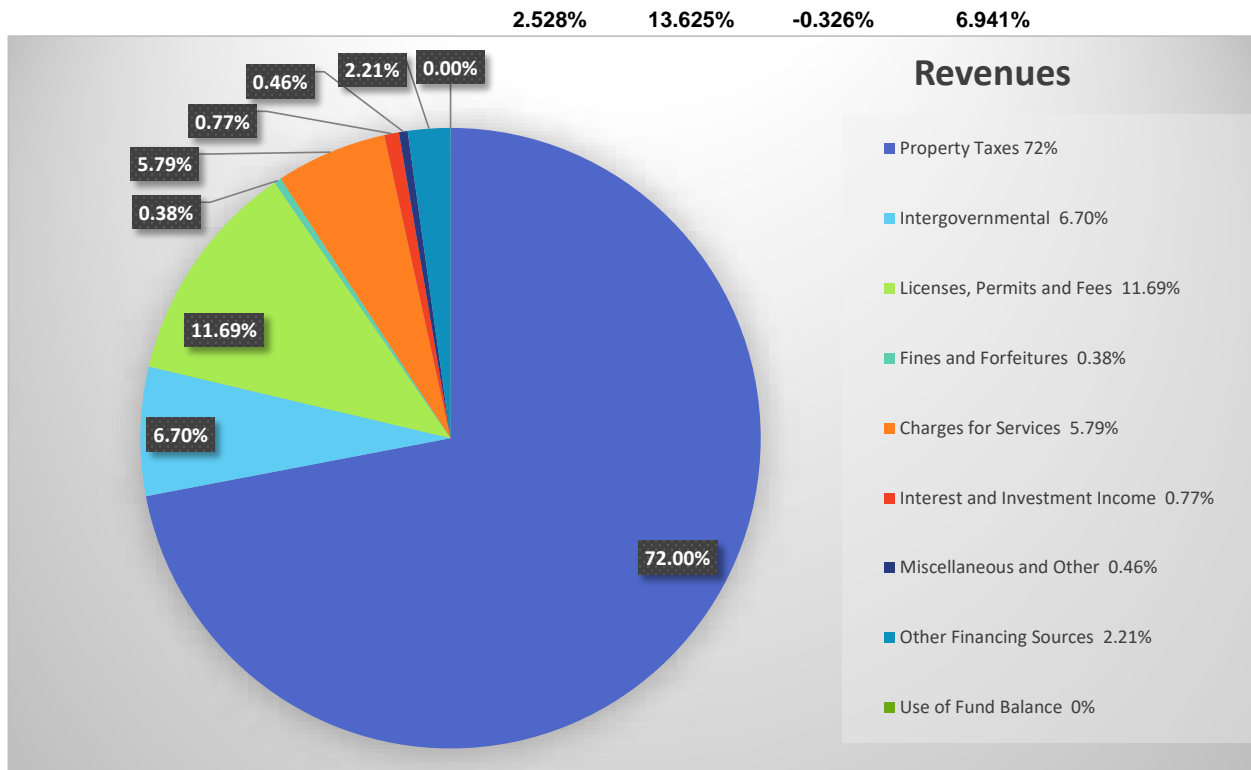
Reduction from 3/24/23 Numbers

(1,841,222.00)

These numbers represent the increase from Fiscal Year 2022-2023 Amend Budget to the current Administrator's Recommended Budget.

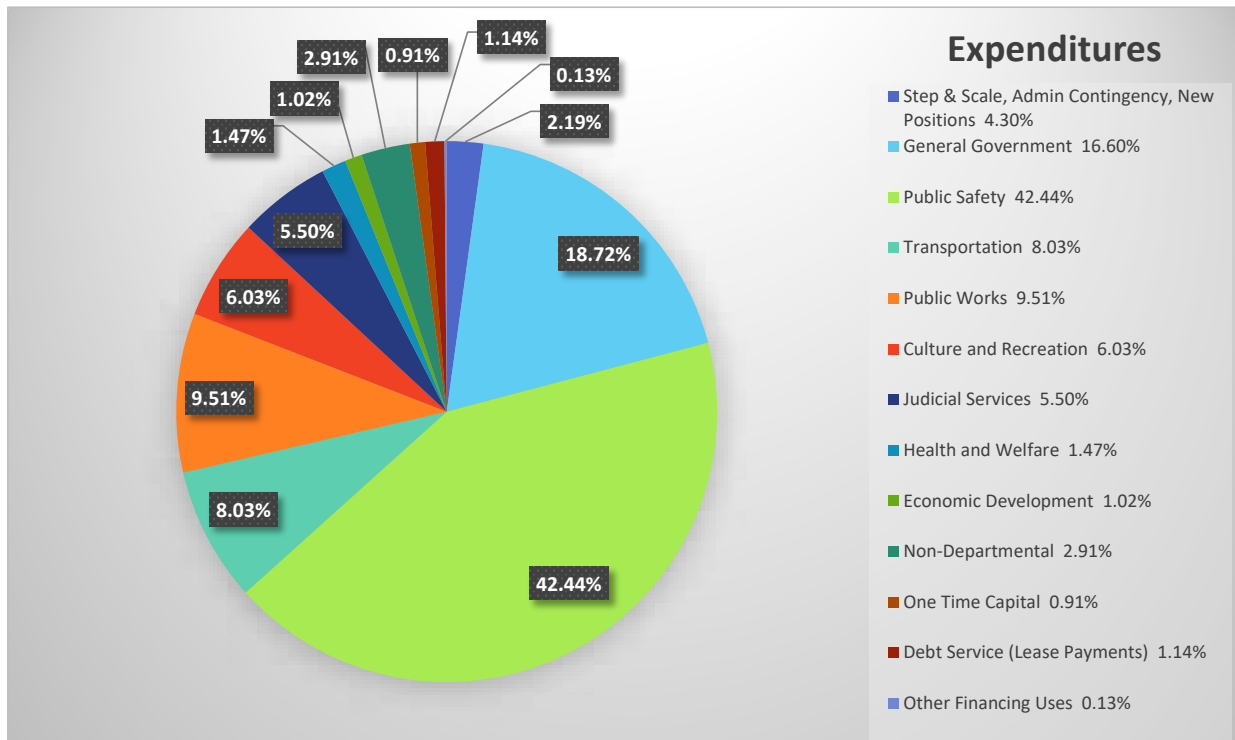
**Oconee County, South Carolina
General Fund Summary
2023-2024 Budget**

Revenues and Other Financing Sources							
Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended		% Change from FY 2023
Property Taxes	36,730,275	38,531,227	41,474,316	44,493,703	46,968,857	Pg 5	5.56%
Intergovernmental	3,995,120	4,686,613	4,888,193	3,968,222	4,371,910	Pg 6	10.17%
Licenses, Permits and Fees	5,352,745	6,694,932	7,342,104	6,783,600	7,627,208	Pg 7	12.44%
Fines and Forfeitures	231,260	242,004	257,591	222,600	247,013	Pg 8	10.97%
Charges for Services	2,053,881	2,554,699	4,085,819	2,823,328	3,775,776	Pg 9	33.73%
Interest and Investment Income	903,344	75,750	-	200,000	500,000	Pg 10	150.00%
Miscellaneous and Other	210,933	267,164	254,689	242,214	297,439	Pg 11	22.80%
Other Financing Sources	3,052,463	805,631	2,893,684	1,879,297	1,442,797	Pg 12	-23.23%
Use of Fund Balance	-	-	-	384,056	-	N/A	
	52,530,020	53,858,020	61,196,396	60,997,020	65,231,000		6.94%



Oconee County, South Carolina
 General Fund Summary
 2023-2024 Budget

Expenditures and Other Financing Uses						
Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended	% Change from FY 2023
2% COLA, New Positions, Salary Savings, Fuel Contingency, Admin Contingency	-	-	-	300,219	1,425,756	
General Government	8,732,555	9,112,716	9,509,470	10,491,959	12,209,260	16.37%
Public Safety	20,792,931	21,812,426	23,187,797	25,404,328	27,685,758	8.98%
Transportation	3,727,397	3,996,246	4,710,528	5,521,948	5,238,956	-5.12%
Public Works	4,373,084	4,759,895	5,086,095	5,441,966	6,203,199	13.99%
Culture and Recreation	3,187,563	3,356,741	3,556,088	4,009,510	3,930,800	-1.96%
Judicial Services	2,801,152	2,898,988	3,378,026	3,414,755	3,588,831	5.10%
Health and Welfare	945,792	880,902	960,471	999,642	958,331	-4.13%
Economic Development	564,167	581,958	530,555	665,752	666,133	0.06%
Non-Departmental	1,538,345	3,399,458	4,651,806	1,935,000	1,900,000	-1.81%
One Time Capital	1,015,169	2,455,920	1,502,591	1,920,000	592,250	-69.15%
Debt Service (Lease Payments)	982,646	1,401,748	886,296	742,574	746,726	0.56%
Other Financing Uses	275,000	140,000	1,718,765	149,367	85,000	-43.09%
	48,935,801	54,796,997	59,678,489	60,997,020	65,231,000	6.94%
Net Change in Fund Balance	3,594,219	(938,977)	1,517,907	-	0	
Actual Value of a Mill	545,613	561,398	586,604	602,892	620,000	



Expenditures and Other Financing Uses						
Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended	
General Government						
2% COLA, New Positions, Salary Savings, Fuel Contingency, Admin Contingency	-	-	-	300,219	1,425,756	
Administrator (717)	421,698	368,142	446,949	450,553	539,574	19.76%
Assessor (301)	982,480	977,340	967,481	1,096,607	1,112,460	1.45%
Auditor (302)	503,692	520,741	590,127	667,476	707,689	6.02%
Board of Assessment Appeals (303)	2,691	3,252	1,547	7,526	4,326	-42.52%
County Attorney (741)	321,500	321,864	374,996	404,792	419,862	3.72%
County Council (704)	369,548	294,827	289,685	322,151	1,712,355	431.54%
Delinquent Tax Collector (305)	321,423	378,409	375,455	448,571	401,439	-10.51%
Facilities Maintenance (714)	1,352,242	1,635,811	1,326,458	1,460,350	1,472,882	0.86%
Finance Office (708)	607,173	695,773	737,673	715,308	871,720	21.87%
Human Resources (710)	319,402	335,055	428,980	423,817	352,799	-16.76%
Information Technology (711)	907,661	906,987	1,056,544	1,211,401	1,259,452	3.97%
Legislative Delegation (706)	94,577	94,905	92,659	102,957	97,913	-4.90%
Planning Commission (712)	286,705	230,074	335,477	444,572	447,874	0.74%
Procurement (713)	151,019	168,821	187,041	250,378	256,563	2.47%
Register of Deeds (735)	290,826	301,709	328,224	341,909	333,815	-2.37%
Soil and Water Conservation District (716)	68,319	80,945	75,211	81,981	94,182	14.88%
Treasurer (306)	571,624	588,667	619,985	706,729	724,419	2.50%
Vehicle Maintenance (721)	924,682	933,092	991,733	1,050,423	1,014,301	-3.44%
Voter Registration and Elections (715)	235,293	276,302	283,245	304,458	385,635	26.66%
Total General Government	8,732,555	9,112,716	9,509,470	10,491,959	12,209,260	16.37%
Public Safety						
Animal Control (110)	640,343	643,774	638,161	713,941	758,405	6.23%
Building Codes (702)	623,677	623,287	634,805	734,647	737,212	0.35%
Communications ((104)	1,605,604	1,651,216	1,754,918	1,916,158	1,946,665	1.59%
Coroner (103)	249,964	257,253	306,492	328,596	330,939	0.71%
Detention Center (106)	4,235,413	4,347,274	4,563,534	5,076,497	5,090,281	0.27%
Fire/Emergency Services (107)	4,149,021	4,958,632	5,281,428	5,548,614	7,688,804	38.57%
Sheriff (101)	9,288,909	9,330,990	10,008,459	11,085,875	11,133,452	0.43%
Total Public Safety	20,792,931	21,812,426	23,187,797	25,404,328	27,685,758	8.98%

Expenditures and Other Financing Uses						
Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended	
Transportation						
Airport (720)	1,183,587	1,340,473	2,131,089	2,378,815	2,019,059	-15.12%
Roads and Bridges (601)	2,543,810	2,655,773	2,579,439	3,143,133	3,219,897	2.44%
Total Transportation	3,727,397	3,996,246	4,710,528	5,521,948	5,238,956	-5.12%
Public Works						
Solid Waste (718)	4,373,084	4,759,895	5,086,095	5,441,966	6,203,199	13.99%
Total Public Works	4,373,084	4,759,895	5,086,095	5,441,966	6,203,199	13.99%
Culture and Recreation						
Chau Ram Park (205)	338,326	413,942	411,117	407,469	406,426	-0.26%
High Falls Park (203)	425,231	453,077	491,681	453,196	520,708	14.90%
Library (206)	1,376,570	1,383,383	1,426,414	1,576,959	1,520,407	-3.59%
Parks, Recreation and Tourism (202)	576,333	587,530	620,851	970,004	867,662	-10.55%
South Cove Park (204)	471,103	518,809	606,025	601,882	615,597	2.28%
Total Culture and Recreation	3,187,563	3,356,741	3,556,088	4,009,510	3,930,800	-1.96%
Judicial Services						
Clerk of Court (501)	654,713	681,337	741,393	788,291	919,201	16.61%
Magistrate (509)	799,070	815,506	1,276,522	989,790	939,611	-5.07%
Probate Court (502)	353,803	360,145	348,316	381,670	455,553	19.36%
Public Defender (510)	240,000	240,000	250,000	250,000	250,000	0.00%
Solicitor (504)	753,566	802,000	761,795	1,005,004	1,024,466	1.94%
Total Judicial Services	2,801,152	2,898,988	3,378,026	3,414,755	3,588,831	5.10%
Health and Welfare						
Health and Human Services Direct Aid (705)	714,802	647,784	675,089	736,867	696,867	-5.43%
Department of Social Services (402)	12,829	11,435	11,420	12,700	11,600	-8.66%
Health Department (403)	26,743	22,169	69,029	29,150	28,700	-1.54%
Veterans' Affairs (404)	191,418	199,514	204,933	220,925	221,164	0.11%
Total Health and Welfare	945,792	880,902	960,471	999,642	958,331	-4.13%
Economic Development (707)	564,167	581,958	530,555	665,752	666,133	0.06%
Non-Departmental (709)	1,538,345	3,399,458	4,651,806	1,935,000	1,900,000	-1.81%
One Time Capital	1,015,169	2,455,920	1,502,591	1,920,000	592,250	-69.15%
Debt Service Lease Payments	982,646	1,401,748	886,296	742,574	746,726	0.56%
Other Financing Uses	275,000	140,000	1,718,765	149,367	85,000	-43.09%
Total Expenditures and Other Financing Uses	48,935,801	54,796,997	59,678,489	60,997,020	65,231,000	6.94%
Net Change in Fund Balance Increase (Decrease)	3,594,219	(938,977)	1,517,907	-	0	

**Oconee County, South Carolina
Property Taxes
2022-2023 Budget**

Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
Real Estate	28,689,186	30,068,275	32,066,346	36,135,450	37,739,357
BMW	7,926	6,227	6,222	6,500	6,500
Vehicle	2,467,321	2,748,336	2,779,580	2,725,000	2,750,000
Watercraft	102,137	608,325	854,142	825,000	850,000
Homestead Exemption	1,212,251	1,218,039	1,227,940	1,200,000	1,227,000
Fee-In-Lieu	1,871,777	1,942,456	1,950,080	1,900,000	2,000,000
Merchants Inventory	75,043	75,043	75,043	75,000	75,000
Motor Carrier	137,561	403,561	485,822	170,753	325,000
Manufacturer's Exemption	336,703	333,722	348,167	336,000	336,000
Manufacturer PVE Reimb	61,531	69,431	87,722	70,000	400,000
County Penalty	136,169	166,019	168,244	150,000	160,000
Delinquent	1,632,670	891,793	1,425,008	900,000	1,100,000
Total Property Taxes	36,730,275	38,531,227	41,474,316	44,493,703	46,968,857

**Oconee County, South Carolina
Intergovernmental
2023-2024 Budget**

Account Number	Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
010-081-00810-14904	Impact Fee For Tires	47,529	43,627	33,187	40,000	50,000
010-081-00810-15000	1/2 Pollution Control Fine	5,398	-	25,535	-	-
010-081-00810-20005	State Aid to Subdivisions	2,986,064	3,040,980	2,326,642	3,013,260	3,200,000
010-081-00810-20060	Flood Control	-	65,824	45,148	50,000	50,000
010-081-00810-20065	TNC Act Local Assessment Fees	2,855	1,449	4,260	-	2,000
010-081-00810-20400	Sheriff Supplement	1,575	1,575	1,575	1,576	15,000
010-081-00810-21200	Coroner Supplement	1,575	1,575	1,575	1,576	1,575
010-081-00810-21300	Registration Board	6,501	6,750	7,500	6,750	6,750
010-081-00810-21400	Register of Deeds Supplement	1,575	1,575	1,575	1,576	1,575
010-081-00810-21900	Clerk of Court Supplement	1,575	1,575	1,575	1,576	15,000
010-081-00810-22300	Probate Judge Supplement	1,575	1,575	1,575	1,576	15,000
010-081-00810-22950	SCABL On Premise License	19,900	24,850	39,750	25,000	40,000
010-081-00810-25900	Veterans' Affairs State Aid	5,478	5,478	5,615	5,478	5,500
010-081-00810-60460	Resource Officer Reimbursement	609,098	662,901	547,458	600,354	625,010
010-081-00825-91126	BWC Reimb Rev for Prior	34,360	-	-	-	-
010-081-00825-97715	SC State Election Reimb Revenue	5,854	82,194	41,711	20,000	82,000
010-082-00825-00191	FEMA 2020 Tornado	-	33,999	11,333	-	10,000
010-080-00805-00190	SC Cares COVID	-	262,524	22,173	-	15,000
010-082-00825-00192	FEMA 2020 Flooding	-	260,103	86,701	-	25,000
010-082-00830-25500	Department of Social Services	53,038	27,985	18,416	50,000	25,000
010-082-00825-00021	Hurricane Florence	-	-	30,023	-	-
010-080-00805-17799	City/Town Election Reimb	-	-	2,179	-	3,500
010-080-00870-76023	MPVE	-	-	1,442,518	-	-
010-082-00830-25600	Sheriff Title IVD Service of Process	5,379	4,472	8,976	9,500	9,000
010-082-00830-40030	Federal Owned Land PILT	142,639	155,602	181,193	140,000	175,000
Total	Total Intergovernmental	3,995,120	4,686,613	4,888,193	3,968,222	4,371,910

**Oconee County, South Carolina
License, Permits, & Fees
2023-2024 Budget**

Account Number	Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
010-080-00805-10285	Tax Sale Fees	157,325	268,720	221,694	250,000	250,000
010-080-00805-10310	Vehicle Decal Fees	69,118	72,790	71,256	72,000	72,000
010-080-00805-10311	Noise Ord Permit Fee	50	-	50	-	-
010-080-00805-10312	Franchise Fee Cable TV	255,449	253,187	259,003	252,000	260,000
010-080-00805-10370	Communication Tower Fees	25,000	36,000	53,000	32,000	65,000
010-080-00805-10400	Sheriff Civil Fees	7,900	7,495	7,585	6,000	7,500
010-080-00805-10504	Worthless Checks	3,444	3,116	2,050	3,000	3,000
010-080-00805-10601	Encroachment Fees - Roads and Bridges	18,445	31,959	24,642	30,000	30,000
010-080-00805-10915	Airport Special Events	5,017	750	1,375	-	1,000
010-080-00805-10916	Airport Shuttle - SR Solutions	5,095	-	1,341	-	-
010-080-00805-11000	Library Fines and Fees	18,776	11,610	13,262	15,000	15,000
010-080-00805-11100	Dog Adoption Fees	25,825	6,580	10,660	10,000	10,000
010-080-00805-11101	Cat Adoption Fees	18,670	28,345	18,940	20,000	20,000
010-080-00805-11103	Animal Boarding Fees	1,040	120	270	1,000	1,000
010-080-00805-11703	Map Copies Assessor	1,041	484	1,549	500	1,500
010-080-00805-11900	Clerk of Court	240,874	195,494	198,619	225,000	225,000
010-080-00805-11902	3% State Document Fee	49,483	74,867	96,778	60,000	90,000
010-080-00805-12032	Vehicle Maintenance Labor Reimbursement	847	1,110	-	-	-
010-080-00805-12301	Probate Judge Estates	143,921	179,141	197,607	150,000	175,000
010-080-00805-12302	Probate Judge Advertising	68,063	151,792	140,144	150,000	150,000
010-080-00805-12304	Probate Judge Marriage Licenses	7,318	10,813	9,085	10,000	12,500
010-080-00805-12305	Probate Judge Returns	310	350	360	100	350
010-080-00805-12307	Probate Judge Marriage Certificates	5,700	5,283	6,417	5,500	6,000
010-080-00805-12308	Probate Judge Marriage Ceremony	5,060	3,550	4,292	3,500	4,000
010-080-00805-12501	Tax Collector Fees	45,574	54,510	37,408	50,000	50,000
010-080-00805-13700	Building Codes	995,832	1,333,492	1,458,453	1,500,000	1,770,608
010-080-00805-13701	Building Codes Mobile Home Fees	22,050	22,705	23,590	20,000	22,000
010-080-00805-13705	Building Codes Plan Review Fees	189,490	162,284	92,761	175,000	175,000
010-080-00805-13706	Subdivision Plan Review Fees	4,225	5,800	4,750	5,000	5,000
010-080-00805-13708	Code Book Revenues- Building Codes	-	-	325	-	250
010-080-00805-13723	LP Documents - Planning	-	-	6,378	-	5,000
010-080-00805-13724	Land Use Appeals - Planning	800	2,850	4,250	2,500	3,000
010-080-00805-13753	Zoning Permit Fees	21,775	25,035	28,850	25,000	30,000
010-080-00805-14100	Register of Deeds	1,003,351	1,437,784	1,734,133	1,500,000	1,750,000
010-080-00805-14904	Solid Waste Impact Fee for Tires	5,712	13,120	14,795	13,000	15,000
010-080-00805-15406	Credit Application Fees	840	348	(406)	-	1,000
010-080-00805-16002	Magistrate Court Fees	1,420	1,371	2,729	-	2,500
010-080-00805-16003	Magistrate Civil Paper Fees	92,008	85,401	84,196	85,000	85,000
010-080-00805-16030	Magistrate Collection Cost	2,451	2,631	2,660	2,500	2,500
010-080-00805-60105	Sign Fees - Roads and Bridges	2,672	5,044	3,043	5,000	5,000
010-080-00805-60735	One Stop Recording Fees	5,250	6,915	6,425	5,000	6,500
010-080-49807-14900	Solid Waste Tipping Fees	1,825,524	2,192,086	2,497,785	2,100,000	2,300,000
Total	Total License, Permits, and Fees	5,352,745	6,694,932	7,342,104	6,783,600	7,627,208

**Oconee County, South Carolina
Fines & Forfeitures
2023-2024 Budget**

Account Number	Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
010-080-00805-16001	Magistrate Fines	227,101	239,193	255,207	220,000	244,313
010-080-00805-16004	25% Boating Fines Retained	689	1,049	1,192	1,100	1,200
010-080-00805-16006	Solicitor's Traffic Education	-	38	153	-	
010-080-00805-16016	Litter Fines (90% GF)	2,630	1,004	559	1,500	1,000
010-080-00805-16024	Litter Fine In Lieu of Pickup	840	720	480	-	500
Total	Total Fines and Forfeitures	231,260	242,004	257,591	222,600	247,013

**Oconee County, South Carolina
Charges for Services
2023-2024 Budget**

Account Number	Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
010-080-00805-00203	High Falls Park	131,234	220,987	220,798	225,000	250,000
010-080-00805-00204	South Cove Park	305,344	458,375	439,026	460,000	475,000
010-080-00805-00205	Chau Ram Park	32,906	79,302	85,946	85,000	100,000
010-080-00805-00306	PRT Season Pass/Treasurer	875	850	815	500	850
010-080-00805-00950	Sheriff-Voluntary Extra Duty Pay	115,588	80,122	142,980	80,000	200,000
010-080-00805-10900	Airport - Hangar Rent	129,843	126,368	127,960	148,802	150,000
010-080-00805-10904	Airport Comm./Mechanic	5,775	6,300	6,300	6,300	6,300
010-080-00805-10905	Tie Down	3,750	3,535	3,915	3,500	4,000
010-080-00805-10906	Airport Miscellaneous	1,515	1,132	976	1,000	1,000
010-080-00805-10911	Bare Land Lease	2,626	2,626	2,743	2,626	2,626
010-080-00805-10912	Airport - Call Out Fees	13,805	20,000	32,550	20,000	35,000
010-080-00805-10913	Airport - Long-Term Parking Fees	1,730	3,690	9,650	3,500	10,000
010-080-00805-10914	Airport - Ramp Fee	20,903	27,953	153,405	25,000	125,000
010-080-00805-10980	Airport - Aviation Fuel	216,896	237,676	296,796	225,000	315,000
010-080-00805-10990	Airport - Jet Fuel	834,080	1,061,741	1,974,099	1,275,000	1,875,000
010-080-00805-62051	Fairplay Recreation Area Revenue	5,150	3,787	3,092	3,500	-
010-080-00805-62052	Lawrence Bridge Rec Area Revenue	4,463	3,505	2,512	3,500	-
010-080-00805-62053	Mullins Ford Rec Area Revenue	273	445	336	500	-
010-080-00805-62054	Choestoea Landing Revenue	1,062	1,721	962	1,600	-
010-080-00805-62055	Port Bass Landing Revenue	10	-	-	-	-
010-080-00805-62056	Seneca Creek Landing Revenue	3,220	2,543	1,095	2,500	-
010-080-00805-62057	South Union Landing Revenue	901	487	333	500	-
010-080-49807-14902	Solid Waste - Recyclables	213,058	211,554	579,530	250,000	225,000
010-080-49807-14910	Solid Waste - Mulch Sales	8,874	-	-	-	1,000
Total	Total Charges for Services	2,053,881	2,554,699	4,085,819	2,823,328	3,775,776

**Oconee County, South Carolina
Interest and Investment Income
2023-2024 Budget**

Account Number	Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
Multiple Account Numbers	Interest - Administrative Investment Accounts	903,344	75,750	-	200,000	500,000
Total	Total Interest and Investment Income	903,344	75,750	-	200,000	500,000

**Oconee County, South Carolina
Miscellaneous and Other
2023-2024 Budget**

Account Number	Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
010-080-00805-10290	Gain/Loss on Sales of Forfeited Land	(36,005)	(12,864)	(156,566)	-	
010-080-00805-10320	Rent - USDA Building	7,800	7,800	7,684	7,800	7,800
010-080-00805-10321	Rent - Bantam Chef	2,750	3,000	3,000	3,000	3,000
010-080-00805-10340	Miscellaneous Income	66,712	97,400	100,542	95,000	110,000
010-080-00805-10343	Brady Lease Revenue	-	6,000	-	-	
010-080-00805-10385	Land Sales - Forfeited Land Commission (FLC)	50,267	35,576	98,126	25,000	50,000
010-080-00805-10386	Auditor FLC Processing Fees	1,560	2,840	8,060	1,275	2,500
010-080-00805-10387	Auditor FLC Delinquent Tax Fee	19,270	32,020	105,625	15,000	25,000
010-080-00805-10401	Miscellaneous - Sheriff	44,453	43,263	23,787	43,000	43,000
010-080-00805-11106	Animal Control Miscellaneous Revenue	16,316	19,115	17,532	15,000	15,000
010-080-00805-12306	Miscellaneous - Probate Judge	17,822	15,420	29,992	15,000	20,000
010-080-00805-16020	Master in Equity	9,245	5,740	6,585	10,000	7,500
010-080-00805-20800	Soil and Water	-	6,139	-	6,139	6,139
010-080-00805-60003	Storm Water Assistance Fund	10,743	5,715	8,463	6,000	7,500
	GASB Lease Adjustments	-	-	1,859	-	-
Total	Total Miscellaneous and Other	210,933	267,164	254,689	242,214	297,439

Oconee County, South Carolina
Other Financing Sources and Use of General Fund Balance
2023-2024 Budget

Account Number	Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
010-090-00170-70013	Transfer From Special Revenues (013)	-	-	44,144	-	-
010-090-00170-70017	Transfer From Rock Quarry	750,000	750,000	1,000,000	1,000,000	750,000
010-090-00170-70230	Transfer From State Accommodations Tax (Fund 230)	40,035	46,441	50,456	45,000	50,000
010-090-00170-70235	Transfer From Local Accommodations Tax (Mountain Lakes CVB LAT Salaries) (Fund 235)	-	-	-	408,177	408,177
010-081-00810-74700	Circuit Solicitors Extra State Funding (FY2022 - 2 Employees)	-	-	-	149,620	149,620
010-080-00805-10305	Sale of Capital Assets	-	-	-	-	-
010-080-00805-10300	Non-Capital Sales	11,769	-	727	-	-
010-080-00170-07190	Insurance Recovery & Health Plan	27,353	9,190	138,750	25,000	75,000
010-090-00180-07191	OFS Insurance Proceeds Prepaid Legal	23,306	-	5,219	1,500	10,000
	Lease Principal	-	-	294,654	-	-
New Account	Upcountry Fiber	-	-	-	250,000	-
010-080-00170-07180	Proceeds from Capital Lease	2,200,000	-	1,359,734	-	-
		3,052,463	805,631	2,893,684	1,879,297	1,442,797

Use of General Fund Balance						
Account Number	Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
	Use of Fund Balance - Airport Grant	-	-	-	384,056	-
	Use of Fund Balance - Westminster Magistrate*	-	-	-	-	-
Total	Total Other Financing Sources	-	-	-	384,056	-
	Total of OFS	3,052,463	805,631	2,893,684	2,263,353	1,442,797

**Oconee County, South Carolina
Fees Schedule
2022-2023 Budget**

Description	Rate	FY 2023 Fees	FY 2024 Fees
General County Fees			
(Applicable to all departments, unless otherwise noted within the Departmental Fees below.)			
Copies			
8.5 X 11	Per Page	\$0.25	\$0.50
8.5 X 14	Per Page	\$0.50	\$0.50
11 X 17	Per Page	\$0.50	\$0.75
County Road Maps			
County Road Map (Less Than 50)	Per Map	\$2.00	\$2.00
	Per Map	\$1.50	\$1.50
Noise Ordinance Permit Fee	Per Event	\$50.00	\$50.00
Departmental Fees			
Airport			
T-Hanger Rental Rates	Per Month	\$185.00	\$185.00
1998 T-Hangars A, B, and Box D (27)	Per Month	\$250.00	\$250.00
New T-Hangars E (8)	Per Month	\$300.00	\$300.00
Aircraft Tie-Down Rate	Per Month	\$30.00	\$30.00
Long-Term Parking Fee	Per Month, Per Vehicle	\$25.00	\$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 Aircraft above 20,000 pounds gross weight event fees revert to Tier Fee schedule.	\$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.
Ramp Fee -			
Tier 1 (100,000 - 20,000 Pounds)		100 Gallons/Top Off or \$100.00 \$15.00 per night after 48 hours	100 Gallons/Top Off or \$100.00 \$15.00 per night after 48 hours
Tier 2 (20,000 - 30,000 Pounds)		200 Gallons or \$200.00 \$35.00 per night after 48 hours	200 Gallons or \$200.00 \$35.00 per night after 48 hours
Tier 3 (30,000 - 40,000 Pounds)		300 gallons or \$300.00 \$50.00 per night after 48 hours	300 gallons or \$300.00 \$50.00 per night after 48 hours
Airport customers with an Oconee Airport based corporate aircraft who purchase 150 or more gallons of Jet A fuel at one time will receive a \$0.10 per gallon discount off the County Airport's normal retail price for the Jet A Fuel.		N/A	N/A
Airport customers who purchase 250 gallons or more of Jet A Fuel at one time will receive a \$0.10 per gallon discount off the County Airport's normal retail price for the Jet A Fuel.		\$0.10 reduction for 250 gallons or more Jet-A	\$0.10 reduction for 250 gallons or more Jet-A

**Oconee County, South Carolina
Fees Schedule
2022-2023 Budget**

Description	Rate	FY 2023 Fees	FY 2024 Fees
Animal Control			
Dog Adoption Fee	Per Dog	\$25 - \$125	\$25 - \$125
Cat Adoption Fee	Per Cat	\$25 - \$125	\$25 - \$125
Horse Adoption Fee	Per Horse	\$100 - \$200	\$100 - \$200
Quarantine Fee	10 Days	\$60.00	\$60.00
Owner Pick-Up Fee - Cat or Dog		\$10.00	\$10.00
Owner Pick-Up Fee - Large Animal		\$20.00	\$20.00
Boarding Fee - Cat or Dog	Per Day	\$10.00	\$10.00
Boarding Fee - Large Animal	Per Day	\$20.00	\$20.00
Vaccine(s) - Misc	Per Vaccine	\$10.00	\$10.00
Dewormed - Misc		\$10.00	\$10.00
Heartworm Test - Misc		\$10.00	\$10.00
Microchip Fee - Misc		\$15.00	\$15.00
Assessor/GIS			
Custom Production - Billed in 1/2 Hour Increments	Per Hour	\$35.00	\$35.00
Roads Directory - Microsoft Access Database CD	Per CD	\$0.00	\$0.00
Custom Scan and Prints	Per Hour	\$35.00	\$35.00
GIS A - 8.5 X 11		\$3.00	\$3.00
GIS B - 11 X 17		\$5.00	\$5.00
GIS C - 18 X 24		\$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
Building Codes			
<i>(See Section 10 of Provisos to the Oconee County Budget for this year)</i>			
All Buildings, Demolition, and Mechanical Trades \$10,000 or Less		\$50.00	\$50.00
All Buildings, Demolition, and Mechanical Trades \$10,000 and Up		\$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
Manufactured Homes			
Set-Up Permit (Includes County Decal)		\$100.00	\$100.00
Decal Only		\$20.00	\$20.00
Manufactured Home De-Title Fee		\$50.00	\$50.00
Manufactured Home Moving Permit		\$40.00	\$40.00
Other Permits			
Moving Permits (Structures Other Than Manufactured Homes)		\$100.00	\$100.00
Penalties			
<i>(Where work for which a permit is required by this Ordinance is started prior to obtaining said permit, the applicable fee shall be doubled.)</i>			
Re-Inspection Fee - Shall be charged if an inspection is scheduled and the work is not ready when the inspector arrives.		\$75.00	\$75.00
Stop Work Order Fee - Shall be charged if the inspector issues a stop work order.		\$50.00	\$50.00
Commercial Plan Review Fee		1/2 of building permit fee	1/2 of building permit fee
Pre-Bound Document - Less Than 50 Pages		\$5.00	\$5.00
Pre-Bound Document - Greater Than 50 Pages	Per Page	\$5.00 + \$0.25 per page	\$5.00 + \$0.25 per page
Documents on CD		\$1.00	\$1.00
Maps - 8.5 X 11	Each	\$3.00	\$3.00
Maps - 18 X 24	Each	\$6.00	\$6.00
Maps - 24 X 36	Each	\$8.00	\$8.00
Maps - 36 X 48	Each	\$10.00	\$10.00
Custom Mapping - Planning and Zoning Projects Only	Per Hour	\$35.00	\$35.00

**Oconee County, South Carolina
Fees Schedule
2022-2023 Budget**

Description	Rate	FY 2023 Fees	FY 2024 Fees
Clerk of Court			
Certified Copies		\$5.25 + \$0.50 per page	\$5.25 + \$0.50 per page
Printouts for Family Court		.50 per page	.50 per page
Certified Printouts		\$5.25	\$5.25
Exemplified copies of orders	Per Document	\$10.00	\$10.00
Family Court Divorce Packets	Per Packet	\$28.00	\$28.00
All other fees are state mandated			
County Council			
Audio CD	Per Event	\$5.00	\$5.00
Delinquent Tax Collector			
Administrative Fee		\$10.00	\$10.00
Library			
Overdue Fines			
Books, Magazines, or Music CD's - Up to a Maximum of \$2.00 Per Book, Magazine, or Music CD	Per Day	\$0.10	\$0.10
Videos and DVD's - Up to a Maximum of \$5.00 Per Item	Per Day	\$0.50	\$0.50
Items Borrowed Through Inter-Library Loan	Per Day, Per Item	\$0.50	\$0.50
Miscellaneous			
Lost Materials - Books, CD's, Videos, etc.		original price of item	original price of item
South Carolina Room Research (By Mail or E-Mail)		\$5.00 + price of photocopies	\$5.00 + price of photocopies
Lost Library Cards		\$2.00	\$2.00
Black and White Prints		\$0.15	\$0.15
Color Prints		\$0.50	\$0.50
Out of County Card	Annually *	\$20.00	\$20.00
* Not charged to patrons from Anderson and Pickens Counties who are in good Standing.			
Parks, Recreation and Tourism			
Admission Fees (All Parks)			
Daily Parking	Per Vehicle	\$3.00	\$3.00
Daily Parking	Per Boat and Trailer	\$5.00	\$5.00
Annual Pass-Calendar Year (Commercial Use)	Per Boat and/or Trailer	\$100.00	\$100.00
Annual Pass - Calendar Year (Oconee County Residents)		\$25.00	\$25.00
Annual Pass - Calendar Year - Discounted for Senior Citizen (62+ Years Old), Legally Disabled, and Veterans		FREE	FREE
Annual Pass - Calendar Year - Out of County, South Carolina Residents		\$50.00	\$50.00
Annual Pass - Calendar Year - Out of County, South Carolina Residents Discounted for Senior Citizen (62+ Years Old), Legally Disabled, and Veterans		\$40.00	\$40.00
Camping (All Parks)			
Oconee County Resident	Per Night	\$20.00	\$20.00
Non-Resident	Per Night	\$25.00	\$25.00
Waterfront Site - Oconee County Resident	Per Night	\$25.00	\$25.00
Waterfront Site - Non-Resident	Per Night	\$30.00	\$30.00
All campers must have current license plates. No site may be occupied for more than thirty (30) days.			
Building Reservations (All Parks)			
Moving to full day rentals only, except Chau Ram			
Picnic Shelters			
Chau Ram Park			
Shelter #1 - Maximum Number of 36 People	1/2 Day	\$30.00	\$30.00
Shelter #2 - Maximum Number of 36 People	1/2 Day	\$30.00	\$30.00
Shelter #3 - Maximum Number of 12 People	1/2 Day	\$20.00	\$20.00
Gazebo #1 - Maximum Number of 12 People	1/2 Day	\$20.00	\$20.00
Gazebo #2 - Maximum Number of 12 People	1/2 Day	\$20.00	\$20.00
Recreation Building - 1 to 50 People	1/2 Day	\$50.00	\$50.00
Recreation Building - 51 to 100 People	1/2 Day	\$100.00	\$100.00
Recreation Building - 101 to 150 People	1/2 Day	\$150.00	\$150.00
Recreation Building - 151 to 200 People	1/2 Day	\$175.00	\$175.00

**Oconee County, South Carolina
Fees Schedule
2022-2023 Budget**

Description	Rate	FY 2023 Fees	FY 2024 Fees
Parks, Recreation and Tourism - Continued			
South Cove Park			
Pavilion	Full Day Only	\$75.00	\$75.00
Recreation Building - 1 to 100 People	Full Day Only	\$150.00	\$150.00
Recreation Building - 101 to 200 People	Full Day Only	\$250.00	\$250.00
Recreation Building - 201 to 300 People	Full Day Only	Must Call to set up	Must Call to set up
Recreation Building - 301 or More People	Full Day Only	Must Call to set up	Must Call to set up
High Falls Park			
Patio Deck-Max Number of 100 People	Full Day Only	\$75.00	\$75.00
Point Shelter Max Number of 70 People	Full Day Only	\$75.00	\$75.00
Weddings and Rehearsals			
Weddings	1/2 Day	\$250.00	\$250.00
Weddings	Full Day	\$500.00	\$500.00
Rehearsal Dinners and Receptions (For Off-Site Weddings)			
Less Than 100 People	1/2 Day	\$100.00	\$100.00
Less Than 100 People	Full Day	\$200.00	\$200.00
101 to 150 People	1/2 Day	\$150.00	\$150.00
101 to 150 People	Full Day	\$300.00	\$300.00
151 to 200 People	1/2 Day	\$175.00	\$175.00
151 to 200 People	Full Day	\$350.00	\$350.00
Miscellaneous			
Tennis	Per Hour to Reserve	\$5.00	\$5.00
Miniature Golf	Per Game	\$3.00	\$3.00
Softball Field	Per Hour to Reserve	\$5.00	\$5.00
Volleyball	Per Hour to Reserve	\$5.00	\$5.00
Non-Camper Dump Fee To Use Dump Station	Per Use	\$5.00	\$5.00
Planning			
Sign Fees			
Less Than 33 Square Feet		No Fee	No Fee
On Premise signs		\$150.00	\$150.00
Billboard - off premise sign		\$250.00	\$250.00
Billboard I-85		\$500.00	\$500.00
Basic Plat Review - per parcel		\$25.00	\$25.00
Subdivisions with creation of new parcels for recording			
2-10 New Parcels	Per Parcel	\$25.00	\$25.00
11+ New Parcels		\$250 + \$15 Per Parcel	\$250 + \$15 Per Parcel
Subdivisions NOT involving creation of new parcels for recording			
2-10 Dwelling Units	Per Unit	\$50.00	\$50.00
11+ Dwelling Units		\$1,000 + \$50 Per Unit	\$1,000 + \$50 Per Unit
Communication Towers - New Build		\$6,000.00	\$6,000.00
Communication Towers - Collocate		\$3,000.00	\$3,000.00
Communication Tower Fee -	Annual Fee	\$1,000.00	\$1,000.00
Wi-Fi Tower -		\$500.00	\$500.00
Group Homes		\$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		\$250.00	\$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
RV Park Plan Review			
2-10 New Units	Per Units	\$15.00	\$15.00
11+ New Units	Per Units	\$100 + \$15 Per Unit	\$100 + \$15 Per Unit
Zoning Verification Letter(s)	Per Parcel		\$25.00
*3rd Party Review	Per Request		\$1,500.00
Additional 3rd Party Review	Per Request		\$500.00
*Subject to Final Negotiation			

**Oconee County, South Carolina
Fees Schedule
2022-2023 Budget**

Description	Rate	FY 2023 Fees	FY 2024 Fees
Probate			
Estate and Conservatorship Fees			
<i>In estate and conservatorship proceedings, the fee shall be based upon the gross value of the decedent's probate estate or the protected</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
Small Estate Proceeding			
<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	\$12.50
Issuing Certified Copy		\$5.00 + \$0.25 per page copy fee	\$5.25 + \$0.50 per page copy fee
Issuing Exemplified/Authenticated Copy		20.00 + 0.25 per page copy fee	\$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
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
Affidavit to Obtain Bank Balance			\$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
Copies per page			\$0.50
Will Probated Only-300 Petition			\$25.00
Certificate of Appointment for Personl Representative (additional charge for copies given after initial 5 at time of appointment)			\$5.00
Special Certificate			\$10.00

**Oconee County, South Carolina
Fees Schedule
2022-2023 Budget**

Description	Rate	FY 2023 Fees	FY 2024 Fees
Probate - Continued			
Marriage Fees			
Included with Marriage License - Domestic Violence Fund Fee/Each Marriage Application (State)		\$20.00	-
Marriage Ceremony Fee - Oconee County Resident		\$25.00	\$30.00
Marriage Ceremony Fee - Out of County Resident (SC Resident)		\$25.00	\$50.00
Marriage Ceremony Fee (out of State Resident)			\$75.00
Marriage License Fee - (Total Cost) - Oconee County Resident		\$45.00	\$50.00
Marriage License Fee - (Total Cost) - Out of County Resident (SC Resident)		\$75.00	\$75.00
Marriage License Fee (Out of State Resident)			\$100.00
Certified Copy of Marriage License		\$5.00	5.25 + .50 per page
Filing Marriage License Affidavit		\$1.00	\$1.00
Reforming or Correcting Marriage Record		\$6.75	\$6.75
Issuing Duplicate Marriage License		\$6.75	\$10.00
Ceremonial Keepsake Marriage License folder (optional)			\$2.00
Research fee for marriage license-includes one certified copy			\$5.75
Newspaper Advertisement Fees			
Notice to Creditor - Daily Journal		\$417.00	\$417.00
Register of Deeds			
Deeds		\$15.00	\$15.00
Mortgages		\$25.00	\$25.00
Deed Stamps		\$3.70 per \$1,000 rounded up to next \$500	\$3.70 per \$1,000 rounded up to next \$500
Instrument Which Assigns, Transfers, or Releases Real Estate Mortgage		\$10.00	\$10.00
Affidavit of Missing Assignment		\$10.00	\$10.00
Lease, Contract of Sale, or Trust Indenture		\$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		\$25.00	\$25.00
Cancellation of Mechanics Lien		\$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
Collection and Electronic Distribution of Documents- \$5.00 Additional to Certify		\$5.00 for 4 pages then \$.25 per additional page	\$5.00 for 4 pages then \$.25 per additional page
Copies - 8.5 X 11	Per Page	\$0.50	\$0.50
Copies - 8.5 X 14	Per Page	\$0.50	\$0.50
Copies - 11 X 17	Per Page	\$0.50	\$0.50
All Register of Deeds fee increases have been in effect since August 2020 per South Carolina mandates			

**Oconee County, South Carolina
Fees Schedule
2022-2023 Budget**

Description	Rate	FY 2023 Fees	FY 2024 Fees
Roads and Bridges			
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
Rock Quarry			
Rock Sales			
# 1 Crusher Run 1 1/2"		\$12.50	\$14.50
# 2 Crusher Run (Sap Rock)		\$9.60	\$9.60
# 3 Surge 2" x 3"		\$14.10	\$15.50
# 4 Screenings		\$6.60	\$6.00
# 5 57: 1"		\$14.75	\$16.75
# 6 789: 3/8" x 1/2"		\$13.85	\$15.85
# 7 Class A Rip Rap 4" x 8"		\$16.25	\$18.25
# 8 Class B Rip Rap 9" x 15"		\$16.45	\$18.45
# 9 Asphalt Sand		\$11.60	\$11.60
#13 Class E Rip Rap (Boulders Larger than 27")		\$22.75	\$30.00
#14 Flat Boulders		\$25.25	\$35.00
#15 Class C Rip Rap 15" x 21"		\$16.60	\$20.00
#16 Class D Rip Rap 21 1/2" x 27"		\$16.85	\$20.00
#17 Dirt Sales per Ton		\$5.00	\$5.00
Credit			
Credit Application Fee		\$60.00	\$100.00
<i>* Quarry Manager may substitute one product, close in scale, for another due to availabilities.</i>			
Sheriff			
Civil Fees			
Mechanics Liens	Each	\$10.00	\$10.00
Subpoenas	Each	\$10.00	\$10.00
Foreclosures	Each	\$25.00	\$25.00
Judgments	Each	\$25.00	\$25.00
Writs	Each	\$25.00	\$25.00
Trespass Notice	Each	\$15.00	\$15.00
Other	Each	\$15.00	\$15.00
Miscellaneous			
Incident Reports	Each	\$2.00	\$2.00
Record Check	Each	\$5.00	\$5.00
Executions	Each	\$25.00	\$25.00
Solid Waste			
MSW Transfer Station Tipping Fee- Residential	Per Ton	\$60.00	\$65.00
MSW Transfer Station Tipping Fee - Commercial	Per Ton	\$60.00	\$65.00
C and D Landfill Tipping Fee (Rate was last set in 2008.)	Per Ton	\$35.00	\$35.00
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	\$175.00	\$260.00
Asbestos	Per Ton	\$85.00	\$85.00
Solid Waste License's			
Commercial/Industrial	Per Entity	\$100.00	\$200.00
Residential	Per Entity	\$40.00	\$150.00
Combined	Per Entity	\$125.00	\$250.00
Miscellaneous			
Truck Decal	Each	\$5.00	\$5.00

**Oconee County, South Carolina
Fees Schedule
2022-2023 Budget**

Description	Rate	FY 2023 Fees	FY 2024 Fees
Solid Waste - Continued			
Credit			
Credit Application Fee		\$60.00	\$100.00
Billing Late Fee after 15 day grace period		3%	10%
Recycling Container Fees			
8 Yard Container (for cardboard/paper recycling)			
- 4 Pickups per month		\$80.00	\$100.00
- each additional pick up		\$25.00	\$25.00
40 Yard Container (for Metal)			
- Monthly container Fee		\$25.00	\$50.00
- No charge when there is a scheduled pick up		-	-
Landfill/Transfer Station Reloading Fee of Unacceptable/Unapproved Waste	Per Load	\$150.00	\$150.00
Clean Concrete for recycling not greater than 3' X 3' (Not mixed with rock, dirt or other waste with rebar less than 1/2")		\$10.00	\$10.00
Clean Asphalt for recycling (not mixed with dirt)		\$10.00	\$10.00
Clean Fill Dirt		No Charge	No Charge
Solicitor			
Worthless Check Fee		\$50 for checks <\$500; \$100 dollars for checks \$500.01 to \$1000; and \$150 for checks >\$1000.01	\$50 for checks <\$500; \$100 dollars for checks \$500.01 to \$1000; and \$150 for checks >\$1000.01
Treasurer			
Decal Fee	Each	\$1.00	\$1.00
Bad Check Fee	Each	\$30.00	\$30.00
Replacement Check Fee	Each	\$30.00	\$30.00

One Time Capital Request Per Department
FY 2023-2024

Account Number	Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended	Description
Airport							
10 720 50884 00000	Capital Paving	-		109,176	200,000		GRANT MATCH-TAXIWAY PVMT REHAB-cut \$15,000
10 720 50860 00000	Capital Land					17,250	GRANT MATCH-AIP 24 HAMILTON PROP ACQUISITION
							APRON REHAB AND EXPANSION \$340,000
							RUNWAY 7/25 AND TAXIWAY 'A' LIGHTING ETC. 168,000
	Total Airport	-	-	109,176	200,000	17,250	-
Communications							
10 104 50840 00000	Equipment, Capital Expenditures	18,719	-		-	85,000	New Radio site-Badcreek Tower
10 104 50840 00000	Equipment, Capital Expenditures					65,000	New Radio site-Salem Water Tower
10 104 50845 00000	Capital IT Equipment/Software					15,000	HCTC Backup 911 Final
	Total Communications	18,719	-	-	35,000	165,000	-
Detention Center							
10 106 50840 00000	Equipment, Capital Expenditures	-	96		-		Body Scanner-Opiod Funds \$100,000
10 106 50840 00000	Equipment, Capital Expenditures					150,000	New Camera System \$500,000 State Funded
10 106 33022 00000	Maintenance Buildings/Grounds				145,000	20,000	BAR SCREEN FOR SEWER FOR SHERIFF'S OFFICE SUBSTATIONS additional funds for building and maintenance
	Total Detention Center	-	96	-	145,000	170,000	-
Facilities Maintenance							
10 714 33022 00000	Maintenance Buildings/Grounds					20,000	Carpet for Public Defender
10 714 33022 00000	Maintenance Buildings/Grounds						Paved Parking for DSS/Fac. Maint Lot -cut 50,000
	Total Facilities Maintenance	-	19,235	-	-	20,000	-
Finance							
10 708 50845 00000	Capital IT Equipment/Software						ClearGov one time fee cut \$11,700
	Total Finance						-
Solid Waste							
10 718 50840 00000	Capital Expenditure Equipment						Mulching head for Excavator-cut \$60,000
10 718 50840 00000	Capital Expenditure Equipment						Stump Shear for Excavator -cut \$75,000
10 718 50840 00000	Capital Expenditure Equipment						Fencing and Gates Strawberry Farm Rd/Crooks Farm Rd. cut \$115000
10 718 50840 00000	Capital Expenditure Equipment					48,000	6 recycling 30 yard containers
10 718 50840 00000	Capital Expenditure Equipment					127,000	6-8 Replacement compactors/containers
10 718 50850 00000	Buildings					25,000	storage garage for supplies
10 718 50850 00000	Capital Expenditure Buildings						additional funding for Scalehouse/Scales-Tribal Land Grant
	Total Solid Waste	-	186,946	553,411	550,000	200,000	-
Vehicle Maintenance							
10 721 50840 00000	Equipment Capital	6,477	-		-	20,000	Tire Mounting machine and balancer
	Total Vehicle Maintenance	6,477	-	-	-	20,000	-
	Total by Years	1,015,169	2,455,920	1,502,591	1,920,000	592,250	-

BOND ITEMS

Emergency Services		
Fire Station Wells Hwy & Solid Waste		\$1,250,000.00
Total Emergency Services		\$1,250,000.00
Detention Center		
Roof		\$1,250,000.00
Total Detention Center		\$1,250,000.00
Solid Waste		
Tana H555 Landfill Compactor		\$1,310,000.00
CAT 973 Track Loader		\$ 685,000.00
Wood Grinder		\$1,200,000.00
Transfer Station Wheel Loader		\$ 380,000.00
Roll-Off Truck		\$ 750,000.00
110 Horse Mowing Tractor		\$ 120,000.00
Total Solid Waste		\$4,445,000.00
TOTAL BOND ITEMS		\$6,945,000.00

Oconee County, South Carolina
 Recommended New Positions
 2023-2024 Budget

Slot #	Job Title	Grade	Salary	W/C Rate	Retire Rate	Total Fringe	Total Fringe and Salary
Probate							
	Senior Probate Court Clerk	113					
	Case Worker	113					
Coroner							
	PT Deputy Coroner	117	30,000			9,000	39,000
Registration and Elections							
	Voter Registration Specialist						
Treasurer							
	Senior Tax Record Speacialist	113					
Library							
	Community Resource Associate	117					
Finance							
	Conversion of - Accounting Technician Part Time to Full Time	113					
Fire/Emergency Services							
	Radio/Maintenance/Vehicle Safety Officer	117	42,374			25,637	68,011
	Fire Captain	117	42,374			25,637	68,011
	Fire Captain	117	42,374			25,637	68,011
	Fire Captain	117	42,374			25,637	68,011
	Fire Engineer	115	37,432			23,789	61,221
	Fire Engineer	115	37,432			23,789	61,221
	Fire Engineer	115	37,432			23,789	61,221
	Fire Fighter II	114	35,181			22,947	58,128
	Fire Fighter II	114	35,181			22,947	58,128
	Fire Fighter II	114	35,181			22,947	58,128
Soil and Water							
	Office clerk	112					
	PT Agriculture Outreach						
PRT-South Cove							
	Conversion of Superintendent	116	39,826			21,458	61,284
Magistrate							
	Magistrate Court Clerk	112	31,076			17,070	48,146
Vehicle Maintenance							
	Inspector/Auto Diesel Mechanic	115					
	Auto Diesel Mechanic	115					
	Total of all requested New or Upgraded Positions		488,237			290,284	778,521

PRT Administration							
	Visit Oconee	113	33,065			18,227	51,292
Funding to come from the Local Accommodations Tax Fund (235)							51,292

Employee Count By Department

General Fund (010)	FY 2020	FY 2021	FY 2022	FY 2023
Administrator (717)	3	3	3	3
Airport (720)	7	7	7	7
Animal Control (110)	6	6	6	6
Assessor (301)	16	16	16	16
Auditor (302)	7	8	8	8
Board of Assessment Appeals (303)	-	-	-	-
Building Codes (702)	7	7	7	7
Chau Ram Park (205)	4	4	4	5
Clerk of Court (501)	10	10	10	12
Communications (104)	21	22	24	25
Coroner (103)	2	2	3	3
County Attorney (741)	2	2	2	2
County Council (704)	1	1	1	1
Delinquent Tax Collector (305)	3	3	3	3
Department of Social Services (402)	-	-	-	-
Detention Center (106)	47	48	49	51
Economic Development (707)	5	5	4	3
Facilities Maintenance (714)	15	15	15	15
Finance Office (708)	6	6	6	6
*Fire and Emergency Management (107)	36	36	39	
Fire				29
Emergency Management and Community Outreach				13
Health and Human Services Direct Aid (705)	-	-	-	-
Health Department (403)	-	-	-	-
High Falls Park (203)	5	5	5	5
Human Resources (710)	3	3	3	3
Information Technology (711)	5	5	6	6
Legislative Delegation (706)	1	1	1	1
Library (206)	19	19	19	19
Magistrate (509)	9	9	9	9
Non-Departmental (709)	-	-	-	-
Parks, Recreation and Tourism (202)	5	5	5	5
Planning	4	4	4	5
Probate Court (502)	5	5	5	5
Procurement (713)	2	2	2	3
Public Defender (510)	-	-	-	-
Register of Deeds (735)	4	4	4	4
Roads and Bridges (601)	36	36	37	37
Sheriff (101)	112	114	119	126
Soil and Water Conservation District (716)	1	1	1	1
Solicitor (504)	12	12	12	12
Solid Waste (718)	35	36	36	36
South Cove Park (204)	5	5	6	6
Treasurer (306)	7	7	7	7
Vehicle Maintenance (721)	14	14	14	14
Veterans' Affairs (404)	3	3	3	3
Voter Registration and Elections (715)	2	2	2	2
Life After Lockup - Airport	1	1	1	0
Life After Lockup - Assessor	1	1	1	1
Life After Lockup - Detention Center	1	1	1	1
Total General Fund Employee Count	490	496	510	526

***At the request of volunteer stations, OCES covers 14 Fire Districts and 9 Rescue Squads**

Employee Count By Department

Other Funds	FY 2020	FY 2021	FY 2022	FY 2023
Sheriff - Child Elder - Grant Fund 013	-	-	-	-
Sheriff - JAG Officer - Grant Fund 013	-	-	-	-
Sheriff - Traffic Grant Fund 13	1	1	1	1
Sheriff - Victims Services Fund 210	2	2	2	2
Solicitor - Victims Services Fund 215	1	1	1	1
Clerk of Court - Federal DSS Child Support Fund 265	2	2	2	2
Library Grant	-	-	-	1
PRT - LAT Fund 235	-	-	-	2
Rock Quarry Fund 017	18	19	20	20
Life After Lockup - Rock Quarry	1	1	1	1
Total Other Funds Employee Count	25	26	27	30
Total Full Time Employees (All Funds)	515	522	537	556
Part Time Positions Through Payroll	FY 2020	FY 2021	FY 2022	FY 2023
Sheriff (101)	9	9	9	9
Communications (104)	1	1	1	1
Fire/Emergency Services (107)	7	7	7	7
Library (206)	2	2	2	2
Auditor (302)	-	-	-	-
Board of Assessment Appeals (303)	1	1	1	1
Clerk of Court (501)	1	1	1	1
Finance (708)	0	1	1	1
Magistrate (509)	2	2	2	2
Solid Waste (718)	-	-	-	-
Airport (720)	-	-	-	1
	23	24	24	25

**Oconee County, South Carolina
Administrator (717)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
010	717	10110	00000	Salary and Wages	208,415	216,403	206,530	232,128	281,984
010	717	10710	00000	Overtime	48	-	14	-	1,000
010	717	20013	00000	Social Security	15,681	16,218	15,606	17,834	22,943
010	717	20014	00000	Retirement	29,757	36,851	34,340	40,937	47,960
010	717	20015	00000	Workers Compensation	4,273	4,770	5,048	4,677	11,031
010	717	20016	00000	Health Insurance	32,191	18,278	27,417	27,417	36,556
010	717	20027	00000	Dental Insurance	191	1,100	1,650	1,650	2,200
010	717	20028	00000	Vision Insurance	15	200	300	300	400
Salary and Wage Totals					290,571	293,820	290,905	324,943	404,074
2% COLA Increase all except County Council					-	-	-	-	675,000
New Positions					-	-	-	-	778,521
Salary Savings (1.3%)					-	-	-	-	(356,765)
Gasoline/Diesel Contingency					-	-	-	64,788	78,000
010	717	60767	00000	Contingency	-	-	-	235,431	251,000
					-	-	-	300,219	1,425,756
010	717	30018	00000	Travel	-	-	-	-	-
010	717	30025	00000	Professional	102,387	37,862	121,085	100,000	100,000
010	717	30025	00036	Greenway Feasibility Study	-	-	-	-	-
010	717	30059	00000	Copier Click Charges	1,262	883	978	2,500	2,500
010	717	30068	00000	Advertising	-	-	-	-	-
010	717	30080	00000	Dues: Organizations	3,100	2,500	4,500	6,000	6,000
010	717	30084	00000	Staff Development	6,748	80	4,500	2,500	5,000
010	717	40027	00000	Safety Equipment	-	-	-	-	6,000
010	717	40031	00000	Small Equipment	1,956	-	13,512	3,000	3,000
010	717	40032	00000	Operational	4,507	27,555	6,389	5,000	6,000
010	717	40034	00000	Food	2,333	3,160	3,065	3,500	3,500
010	717	40045	00000	IT Replacement Eq/Software	4,270	429	-	-	-
010	717	40102	00000	Periodicals	-	150	-	110	-
010	717	60735	00072	Gravel Usage	2,111	-	-	-	-
010	717	80717	00000	Vehicle Maintenance - Administrator	1,381	667	190	1,000	1,000
010	717	81717	00000	Gasoline - Administrator	1,072	1,036	1,825	2,000	2,500
Expenditure Total					131,127	74,322	156,044	125,610	135,500
Department Total					421,698	368,142	446,949	450,553	539,574
Direct Revenue									
Departmental Direct Revenue					-	-	-	-	-
Other Revenue					64,470	34,613	32,676	41,047	47,724
Cost in Tax Dollars					357,228	333,529	414,273	409,506	491,850
Estimated Millage					0.65	0.59	0.71	0.68	0.79
Percentage of Budget					0.86%	0.67%	0.75%	0.74%	0.83%
Total Full Time Employees					3	3	3	3	4

**Oconee County, South Carolina
Airport (720)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
010	720	10110	00000	Salary and Wages	280,867	333,967	287,498	396,275	414,986
010	720	10710	00000	Overtime	11,111	15,183	22,691	10,000	5,500
010	720	20013	00000	Social Security	21,333	26,041	23,272	31,463	32,167
010	720	20014	00000	Retirement	42,497	52,384	48,013	71,520	73,837
010	720	20015	00000	Workers Compensation	9,742	13,309	14,035	13,750	12,607
010	720	20016	00000	Health Insurance	53,645	54,834	63,973	82,251	73,112
010	720	20027	00000	Dental Insurance	823	3,300	3,850	4,950	4,400
010	720	20028	00000	Vision Insurance	19	600	700	900	800
Salary and Wage Totals					420,037	499,618	464,032	611,109	617,409
010	720	30018	00000	Travel	-	-	493	-	-
010	720	30024	00000	Equipment Maintenance	4,764	5,082	5,385	6,000	6,000
010	720	30025	00000	Professional	80,403	64,074	74,808	77,000	80,000
010	720	30037	00000	Equipment Rental	7,730	17,470	(10,609)	25,000	25,000
010	720	30041	00000	Telecommunications	-	-	-	-	-
010	720	30041	00000	Airport Shuttle Service - Sr. Solutions	1,485	-	-	-	-
010	720	30056	00000	Data Processing	-	-	1,860	3,500	3,500
010	720	30059	00000	Copier Click Charges	541	555	912	750	750
010	720	30080	00000	Dues: Organizations	285	250	250	450	450
010	720	30084	00000	School/Seminar/Training/MTG	688	100	75	1,500	2,000
010	720	30090	00000	Commission Honoraria	700	600	700	700	700
010	720	33022	00000	Building/Grounds Maintenance	23,021	37,903	39,768	25,000	35,000
010	720	33022	97122	Maint Bldgs/Grounds SCAC Grant Match	-	6,300	-	-	-
010	720	34043	00000	Electricity	22,702	21,727	24,732	23,000	23,000
010	720	34044	00000	Water/Sewer/Garbage	1,517	1,689	1,714	1,000	1,000
010	720	40027	00000	Safety Equipment	1,647	1,121	1,706	2,000	2,500
010	720	40031	00000	Small Equipment	5,840	3,401	4,219	4,500	5,500
010	720	40032	00000	Operational	7,224	6,938	8,338	8,000	9,000
010	720	40033	00000	Postage	202	90	150	250	250
010	720	40034	00000	Food	965	788	1,193	1,000	2,000
010	720	40045	00000	IT Replacement Eq/Software	-	-	2,204	-	-
010	720	40065	00000	Uniforms/Clothing	869	1,315	2,066	2,000	2,000
010	720	40932	00000	Airport Resale Items	1,260	1,561	1,313	2,000	2,000
010	720	40980	00000	Aviation Gas	160,950	179,257	256,285	180,000	180,000
010	720	40990	00000	Jet Fuel	399,063	442,361	1,176,665	975,000	975,000
010	720	60990	00000	Credit Cards Processing Fees	26,072	30,584	48,873	30,000	30,000
010	720	80720	00000	Vehicle Maintenance	12,290	12,474	15,173	10,000	10,000
010	720	09999	00000	Grant Match	-	-	-	384,056	-
010	720	81720	00000	Gasoline	1,470	2,664	3,388	3,000	3,000
010	720	82720	00000	Diesel	1,862	2,551	5,394	2,000	3,000
Expenditure Total					763,550	840,855	1,667,057	1,767,706	1,401,650
Department Total					1,183,587	1,340,473	2,131,089	2,378,815	2,019,059

**Airport (720)
2023-2024 Budget**

Account Number	Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
Direct Revenue						
010 080 00805 10900	Airport - Hangar Rent	129,843	126,368	127,960	148,802	150,000
010 080 00805 10904	Airport Comm./Mechanic	5,775	6,300	6,300	6,300	6,300
010 080 00805 10905	Tie Down	3,750	3,535	3,915	3,500	4,000
010 080 00805 10906	Airport Miscellaneous	1,515	1,132	976	1,000	1,000
010 080 00805 10911	Bare Land Lease	2,626	2,626	2,743	2,626	2,626
010 080 00805 10912	Airport - Call Out Fees	13,805	20,000	32,550	20,000	35,000
010 080 00805 10913	Airport - Long-Term Parking Fees	1,730	3,690	9,650	3,500	10,000
010 080 00805 10914	Airport - Ramp Fee	20,903	27,953	153,405	25,000	125,000
010 080 00805 10915	Airport Special Events	5,017	750	1,375	-	1,000
010 080 00805 10916	Airport Shuttle - SR Solutions	5,095	-	1,341	-	-
010 080 00805 10980	Airport - Aviation Fuel	216,896	237,676	296,796	225,000	315,000
010 080 00805 10990	Airport - Jet Fuel	834,080	1,061,741	1,974,099	1,275,000	1,875,000
Departmental Direct Revenue		1,241,035	1,491,771	2,611,110	1,710,728	2,524,926
Other Revenue		-	-	-	-	-
Cost in Tax Dollars		(57,448)	(151,298)	(480,021)	668,087	(505,867)
Estimated Millage		-0.11	-0.27	-0.82	1.14	-0.84
Percentage of Budget		2.42%	2.45%	3.57%	3.99%	3.31%
Life After Lock-Up		1	1	1	1	1
Full Time Employees		7	7	7	7	7

**Oconee County, South Carolina
Animal Control (110)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
010	110	10110	00000	Salary and Wages	244,677	238,269	236,271	269,067	284,593
010	110	10710	00000	Overtime	25,325	21,827	31,133	20,000	17,500
010	110	20013	00000	Social Security	20,062	19,519	19,563	22,879	23,110
010	110	20014	00000	Retirement	42,804	43,972	47,043	56,372	57,654
010	110	20015	00000	Workers Compensation	7,658	8,893	9,265	9,600	8,775
010	110	20016	00000	Health Insurance	71,081	63,973	63,973	63,973	63,973
010	110	20027	00000	Dental	2,366	3,850	3,850	3,850	3,850
010	110	20028	00000	Vision	224	700	700	700	700
Salary and Wage Totals					414,197	401,003	411,798	446,441	460,155
010	110	30025	00000	Professional	3,150	-	-	-	
010	110	30025	00067	Professional - Spay/Neuter Program	80,720	91,350	77,400	80,000	75,000
				Professional - community Cats Program	-	-	-	-	20,000
010	110	30056	00000	Data Processing	-	-	575	1,500	1,500
010	110	30059	00000	Copier Click Charges	1,948	1,460	1,481	1,500	1,500
010	110	30062	00000	Medical	76,647	82,497	48,290	70,000	75,000
010	110	30084	00000	Staff Development	714	726	1,740	6,500	8,000
010	110	33022	00000	Building/Grounds Maintenance	10,238	5,994	10,800	15,000	13,000
010	110	34042	00000	Gas and Fuel Oil	7,167	5,788	5,598	13,500	13,500
010	110	34043	00000	Electricity	9,204	7,996	9,926	13,000	13,000
010	110	34044	00000	Water/Sewer/Garbage	4,108	3,474	3,831	6,750	6,750
010	110	40031	00000	Small Equipment	472	5,554	8,914	5,000	7,500
010	110	40032	00000	Operational	13,229	8,674	15,665	25,000	20,000
010	110	40034	00000	Food	-	-	270	-	500
010	110	40045	00000	Non-Capital IT Eq/Software	-	-	7,729	-	3,500
010	110	40065	00000	Uniforms/Clothing	1,877	6,782	5,538	7,000	7,000
010	110	40360	00000	Pet ID Microchips	-	-	3,763	-	
010	110	60735	00000	General Gravel Use	-	-	814	2,500	2,500
010	110	80110	00000	Vehicle Maintenance	5,241	11,375	5,684	5,250	15,000
010	110	81110	00000	Gasoline	11,431	11,101	18,345	15,000	15,000
Expenditure Total					226,146	242,771	226,363	267,500	298,250
Department Total					640,343	643,774	638,161	713,941	758,405
Direct Revenue									
010	080	00805	11100	Dog Adoption Fees	25,825	6,580	10,660	10,000	10,000
010	080	00805	11101	Cat Adoption Fees	18,670	28,345	18,940	20,000	20,000
010	080	00805	11103	Animal Boarding Fees	1,040	120	270	1,000	1,000
010	080	00805	11106	Animal Control Miscellaneous Revenue	16,316	19,115	17,533	15,000	15,000
Departmental Direct Revenue					61,851	54,160	47,403	46,000	46,000
Other Revenue					97,896	60,528	46,655	66,479	71,735
Cost in Tax Dollars					480,596	529,086	544,103	601,462	640,670
Estimated Millage					0.88	0.94	0.93	1.03	1.06
Percentage of Budget					1.31%	1.17%	1.07%	1.20%	1.24%
Life After Lock-Up					1	1	1	1	1
Full Time Employees					6	6	6	6	6

**Oconee County, South Carolina
Assessor (301)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
010	301	10110	00000	Salary and Wages	577,779	567,753	560,715	632,211	665,486
010	301	10710	00000	Overtime	-	20	72	500	1,500
010	301	20013	00000	Social Security	40,704	40,633	40,682	48,479	51,024
010	301	20014	00000	Retirement	84,133	87,791	92,585	111,280	117,123
010	301	20015	00000	Workers Compensation	10,884	11,349	12,146	13,363	12,514
010	301	20016	00000	Health Insurance	149,418	146,225	146,224	146,224	155,363
010	301	20027	00000	Dental	3,205	8,800	8,800	8,800	9,350
010	301	20028	00000	Vision	154	1,600	1,600	1,600	1,700
Salary and Wage Totals					866,277	864,171	862,824	962,457	1,014,060
010	301	30024	00000	Equipment Maintenance	-	-	-	750	500
010	301	30056	00000	Data Processing	53,707	56,014	78,568	66,300	66,900
010	301	30059	00000	Copies	2,999	2,530	3,718	4,500	4,000
010	301	30080	00000	Dues: Organizations	250	270	275	350	400
010	301	30084	00000	Staff Development	5,265	6,897	9,899	8,750	8,750
010	301	40027	00000	Safety Equipment	-	-	1,400		
010	301	40031	00000	Small Equipment	763	763	1,382	1,000	1,000
010	301	40032	00000	Operational	3,101	2,848	4,038	12,550	6,300
010	301	40034	00000	Food	-	-	367		-
010	301	40033	00000	Postage	-	-	-	30,000	2,000
010	301	40045	00000	IT Replacement Equip/Software	45,000	40,000	777	-	-
010	301	40065	00000	Uniforms/Clothing	1,097	-	709	1,200	1,200
010	301	40102	00000	Newspaper/Magazines	-	1,032	1,044	1,250	1,350
010	301	80301	00000	Vehicle Maintenance	1,677	1,061	837	2,500	1,500
010	301	81301	00000	Gasoline	2,344	1,754	1,643	5,000	4,500
Expenditure Total					116,203	113,169	104,657	134,150	98,400
Department Total					982,480	977,340	967,481	1,096,607	1,112,460
Direct Revenue									
Map Copies Assessor					1,041	484	1,549	500	1,500
Departmental Total Direct Revenue					1,041	484	1,549	500	1,500
Other Revenue					-	-	-	-	-
Cost in Tax Dollars					981,439	976,856	965,932	1,096,107	1,110,960
Estimated Millage					1.80	1.74	1.65	1.82	1.79
Percentage of General Fund Budget					2.01%	1.78%	1.62%	1.84%	1.82%
Total Full Time Employees					16	16	16	16	16

**Oconee County, South Carolina
Auditor (302)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
010	302	10110	00000	Salary and Wages	272,163	301,357	342,417	365,137	380,343
010	302	10710	00000	Overtime	352	-	-	-	-
010	302	20013	00000	Social Security	18,919	20,977	24,193	27,933	29,096
010	302	20014	00000	Retirement	39,743	46,366	56,093	58,040	66,788
010	302	20015	00000	Workers Compensation	1,136	1,307	3,143	2,943	3,250
010	302	20016	00000	Health Insurance	59,217	63,973	63,973	63,973	73,112
010	302	20027	00000	Dental	3,376	3,850	3,850	3,850	4,400
010	302	20028	00000	Vision	389	700	700	700	800
Salary and Wage Totals					395,295	438,530	494,369	522,576	557,789
010	302	30018	00000	Travel	474	210	209	1,000	1,500
010	302	30024	00000	Equipment Maintenance	-	-	-	500	500
010	302	30025	00000	Professional	644	1,403	-	-	-
010	302	30056	00000	Data Processing	76,591	50,973	67,388	102,000	102,000
010	302	30059	00000	Copier Click Charges	1,318	675	1,368	2,000	2,000
010	302	30080	00000	Dues: Organizations	150	150	150	400	400
010	302	30084	00000	Staff Development	2,118	-	200	5,000	6,500
010	302	40031	00000	Non-Cap Equipment	1,937	1,706	-	-	-
010	302	40032	00000	Operational	21,755	23,499	20,642	30,000	33,000
010	302	40045	00000	IT Replacement Equipment/Software	2,120	1,145	2,903	2,500	2,500
010	302	40065	00000	Uniforms/Clothing	355	699	865	1,000	1,000
010	302	60211	00000	Forfeited Land Commission (FLC) Expenditures	935	1,751	2,033	500	500
Expenditure Total					108,397	82,211	95,758	144,900	149,900
Department Total					503,692	520,741	590,127	667,476	707,689
Direct Revenue									
Departmental Total Direct Revenue					-	-	-	-	-
Other Revenue					77,005	48,960	43,143	62,153	66,938
Cost in Tax Dollars					426,687	471,781	546,984	605,323	640,751
Estimated Millage					0.92	0.93	1.01	1.14	1.17
Percentage of General Fund Budget					1.03%	0.95%	0.99%	1.12%	1.16%
Total Full Time Employees					7	8	8	8	8

**Oconee County, South Carolina
Board of Assessment Appeals (303)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	303	10110	00000	Salary and Wages/BoardMembers	2,471	2,991	1,428	6,000	3,000
10	303	20013	00000	Social Security	116	140	45	266	266
10	303	20015	00000	Workers Compensation	6	7	3	10	10
Salary and Wage Totals					2,593	3,138	1,476	6,276	3,276
10	303	30018	00000	Travel	88	114	71	950	950
10	303	30068	00000	Advertising	-	-	-	200	-
10	303	40032	00000	Operational	10	-	-	100	100
Expenditure Total					98	114	71	1,250	1,050
Department Total					2,691	3,252	1,547	7,526	4,326

**Oconee County, South Carolina
Building Codes Department (702)
2023-2024 Budget**

Account Number				Description	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	702	10110	00000	Salary and Wages	329,910	331,647	382,916	369,139
10	702	10710	00000	Overtime	9,048	6,516	10,000	10,000
10	702	20013	00000	Social Security	24,971	25,107	30,078	55,713
10	702	20014	00000	Retirement	52,629	55,677	68,713	66,577
10	702	20015	00000	Workers Compensation	8,505	9,662	9,628	8,260
10	702	20016	00000	Health Insurance	73,112	63,973	73,112	63,973
10	702	20027	00000	Dental	4,400	3,850	4,400	3,850
10	702	20028	00000	Vision	800	700	800	700
Salary and Wage Totals					503,375	497,132	579,647	578,212
10	702	30025	00000	Professional	60,687	48,297	75,000	70,000
10	702	30056	00000	Data Processing	34,309	32,620	35,500	42,000
10	702	30059	00000	Copies	829	1,198	3,500	3,500
10	702	30068	00000	Advertising	-	-	-	-
10	702	30080	00000	Dues: Organizations	479	511	2,500	2,500
10	702	30084	00000	Staff Development	5,091	2,396	10,000	7,500
10	702	30090	00000	Commission Honoraria	-	-	-	-
10	702	40027	00000	Safety Equipment	625	700	2,500	2,500
10	702	40031	00000	Small Equipment	306	4,838	2,000	2,000
10	702	40032	00000	Operational	2,060	1,701	4,000	4,000
10	702	40034	00000	Food	-	-	-	-
10	702	40045	00000	IT Replacement	-	1,470	-	-
10	702	40065	00000	Uniforms/Clothing	1,913	2,431	3,500	3,500
10	702	50870	00000	Capital Vehicles	-	20,000	-	-
10	702	80702	00000	Vehicle Maintenance	3,733	5,889	4,500	6,500
10	702	81702	00000	Gasoline	9,880	15,622	12,000	15,000
Expenditure Total					119,912	137,673	155,000	159,000
Department Total					623,287	634,805	734,647	737,212
Direct Revenue								
10	80	805	13700	Building Codes	1,333,492	1,458,453	1,500,000	1,770,608
10	80	805	13701	Building Codes Mobile Home Fees	22,705	23,590	20,000	22,000
10	80	805	13705	Building Codes Plan Review Fees	162,284	92,761	175,000	175,000
10	80	805	13706	Subdivision Plan Review Fees	5,800	4,750	5,000	5,000
10	80	805	10370	Communication Tower Fees	36,000	53,000	32,000	65,000
10	80	805	60735	One Stop Recording Fees	6,915	6,425	5,000	6,500
Departmental Total Direct Revenue					1,567,196	1,638,979	1,737,000	2,044,108
Other Revenue					58,602	46,410	68,407	69,730
Cost in Tax Dollars					(1,002,511)	(1,050,584)	(1,070,760)	(1,376,626)
Estimated Millage					-1.79	-1.79	-1.83	-2.28
Percentage of General Fund Budget					1.14%	1.06%	1.23%	1.21%
Total Full Time Employees					7	7	8	7

**Oconee County, South Carolina
Chau Ram Park (205)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	205	10110	00000	Salary and Wages	145,087	162,644	178,775	191,630	187,909
10	205	10710	00000	Overtime	4,883	13,419	9,317	7,000	10,000
10	205	20013	00000	Social Security	11,009	12,917	14,120	15,196	15,140
10	205	20014	00000	Retirement	21,661	23,913	25,719	34,879	34,753
10	205	20015	00000	Workers Compensation	6,354	8,348	10,037	8,234	8,094
10	205	20016	00000	Health Insurance	41,699	42,649	36,556	45,695	45,695
10	205	20027	00000	Dental	907	2,567	2,200	2,750	2,750
10	205	20028	00000	Vision	56	466	400	500	500
Salary and Wage Totals					231,656	266,923	277,124	305,884	304,841
10	205	30024	00000	Equipment Maintenance	622	636	1,507	1,200	1,200
10	205	30025	00000	Professional	42,919	45,586	37,810	45,585	45,585
10	205	30037	00000	Equipment (Leased or Rented)	8,357	2,592	3,973	9,700	5,700
10	205	30059	00000	Copier Clicks	-	422	738	-	-
10	205	33022	00000	Building/Grounds Maintenance	28,653	34,920	40,187	-	-
10	205	34042	00000	Gas and Fuel Oil	3,597	2,972	2,382	2,400	2,400
10	205	34043	00000	Electricity	10,096	16,767	17,183	12,000	15,000
10	205	34044	00000	Water/Sewer/Garbage	2,463	3,747	6,504	1,800	1,800
10	205	40031	00000	Small Equipment	1,572	14,824	5,538	9,500	7,000
10	205	40032	00000	Operational	5,467	9,422	7,266	5,500	8,100
10	205	40034	00000	Food	465	295	172	300	300
10	205	40045	00000	IT Replacement Equip/Software	-	1,530	-	-	-
10	205	40065	00000	Uniforms/Clothing	2,238	1,386	929	2,600	3,500
10	205	40832	00000	Concessions	221	11,920	9,804	11,000	11,000
Expenditure Total					106,670	147,019	133,993	101,585	101,585
Department Total					338,326	413,942	411,117	407,469	406,426
Direct Revenue									
10	80	805	00205	Chau Ram Park Revenues	32,906	79,302	85,946	85,000	100,000
Departmental Total Direct Revenue					32,906	79,302	85,946	85,000	100,000
Other Revenue					51,724	38,919	30,056	37,942	38,442
Cost in Tax Dollars					253,696	295,721	295,115	284,527	267,984
Estimated Millage					0.62	0.74	0.70	0.69	0.67
Percentage of General Fund Budget					0.69%	0.76%	0.69%	0.68%	0.67%
Total Full Time Employees					4	4	4	5	5

**Oconee County, South Carolina
Clerk of Court (501)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	501	10110	00000	Salary and Wages	360,205	376,348	413,185	414,255	505,993
10	501	10710	00000	Overtime	774	1,037	2,088	500	3,000
10	501	20013	00000	Social Security	25,436	26,643	28,802	31,729	38,938
10	501	20014	00000	Retirement	52,691	56,794	66,115	72,831	89,379
10	501	20015	00000	Workers Compensation	1,154	957	2,386	1,452	1,578
10	501	20016	00000	Health Insurance	82,192	91,390	91,390	100,529	109,668
10	501	20027	00000	Dental	1,991	5,500	5,500	6,050	6,600
10	501	20028	00000	Vision	95	1,000	1,000	1,100	1,200
Salary and Wage Totals					524,538	559,669	610,466	628,446	756,356
10	501	30018	00000	Travel	165	-	172	375	375
10	501	30024	00000	Equipment Maintenance	8,329	-	-	-	-
10	501	30025	00000	Professional	-	-	-	-	3,000
10	501	30026	00000	Court Expenditures	38,266	23,234	34,151	60,000	60,000
10	501	30056	00000	Data Processing	27,282	30,377	25,000	27,000	27,000
10	501	30059	00000	Copier Click Charges	4,558	4,631	4,692	7,000	7,000
10	501	30084	00000	Staff Development	1,177	-	1,257	2,500	2,500
10	501	40031	00000	Small Equipment	560	9,749	3,944	5,000	5,000
10	501	40032	00000	Operational	6,126	5,145	4,961	7,500	7,500
10	501	40045	00000	IT Replacement Equipment/Software	835	-	10,442	-	-
10	501	60901	00155	DSS Child Support Title IV-D	6,821	12,476	10,252	14,414	14,414
10	501	95100	20220	Master in Equity	36,056	36,056	36,056	36,056	36,056
Expenditure Total					130,175	121,668	130,927	159,845	162,845
Department Total					654,713	681,337	741,393	788,291	919,201
Direct Revenue									
10	80	805	11900	Clerk of Court	240,874	195,494	198,619	225,000	225,000
10	80	805	16020	Master in Equity	9,245	5,740	6,585	10,000	7,500
10	80	805	21900	Clerk of Court Supplement	1,575	1,575	1,575	1,576	15,000
Departmental Total Direct Revenue					251,694	202,809	206,779	236,576	247,500
Other Revenue					100,093	64,059	54,202	73,402	86,944
Cost in Tax Dollars					302,926	414,469	480,412	478,313	584,757
Estimated Millage					1.20	1.21	1.26	1.34	1.52
Percentage of General Fund Budget					1.34%	1.24%	1.24%	1.32%	1.51%
Total Full Time Employees					10	10	10	11	12

Does not include Federal Paid Employees of 2 FTEs

**Oconee County, South Carolina
Communications (104)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	104	10110	00000	Salary and Wages	870,996	880,914	960,572	1,073,580	1,072,972
10	104	10710	00000	Overtime	103,494	108,805	118,646	75,000	90,000
10	104	20013	00000	Social Security	70,764	72,190	78,886	87,865	88,967
10	104	20014	00000	Retirement	141,327	155,244	177,888	202,919	205,546
10	104	20015	00000	Workers Compensation	6,099	7,823	7,627	4,019	3,605
10	104	20016	00000	Health Insurance	201,336	201,058	201,058	228,475	228,475
10	104	20027	00000	Dental	7,056	12,050	12,100	13,750	13,750
10	104	20028	00000	Vision	667	2,200	2,200	2,500	2,500
Salary and Wage Totals					1,401,739	1,440,284	1,558,977	1,688,108	1,705,815
New Positions					-	-	-	-	-
New Position Total					-	-	-	-	-
10	104	30018	00000	Travel	405	462	763	-	1,000
10	104	30024	00000	Equipment Maintenance	64,478	74,768	64,420	82,000	87,000
10	104	30025	00000	Professional	502	228	228	4,000	4,000
10	104	30037	00000	Equipment Leased or Rented	76	-	-	-	-
10	104	30041	00000	Telecommunications	72,349	99,436	98,433	92,000	100,000
10	104	30056	00000	Data Processing	36,919	16,726	4,807	17,000	17,000
10	104	30059	00000	Copier Click Charges	3,229	3,163	3,208	3,000	3,200
10	104	30080	00000	Dues: Organizations	424	430	192	450	450
10	104	30084	00000	Staff Development	5,830	480	5,918	6,000	6,000
10	104	33022	00000	Building/Grounds Maintenance (External Radio Sites)	626	-	1,123	1,700	1,700
10	104	34042	00000	Gas and Fuel Oil - Generators	-	746	540	1,400	1,500
10	104	34043	00000	Electricity - Radio Sites	5,578	6,190	6,629	6,500	6,500
10	104	40031	00000	Small Equipment	7,724	3,289	2,902	4,000	4,000
10	104	40032	00000	Operational	3,648	3,762	3,905	4,000	4,000
10	104	40034	00000	Food	333	825	813	1,000	1,000
10	104	40045	00000	IT Replacement EQ/Software	1,275	357	1,990	5,000	3,500
10	104	40102	00000	Periodical Subscriptions	469	70	70	-	-
Expenditure Total					203,865	210,932	195,941	228,050	240,850
Department Total					1,605,604	1,651,216	1,754,918	1,916,158	1,946,665
Direct Revenue									
Departmental Total Direct Revenue					-	-	-	-	-
Other Revenue					245,466	155,247	128,299	178,425	184,128
Cost in Tax Dollars					1,360,138	1,495,969	1,626,619	1,737,733	1,762,537
Estimated Millage					2.49	2.66	2.77	2.96	2.92
Percentage of General Fund Budget					3.28%	3.01%	2.94%	3.21%	3.19%
Total Full Time Employees					21	22	24	25	25

**Oconee County, South Carolina
Coroner (103)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	103	10110	00000	Salary and Wages	104,625	121,766	181,058	191,244	191,149
10	103	20013	00000	Social Security	7,452	8,543	13,272	14,630	14,623
10	103	20014	00000	Retirement	16,298	19,414	30,878	33,322	33,566
10	103	20015	00000	Workers Compensation	3,740	4,649	8,315	7,263	6,614
10	103	20016	00000	Health Insurance	16,838	18,278	18,278	27,417	27,417
10	103	20027	00000	Dental	716	1,100	1,100	1,650	1,650
10	103	20028	00000	Vision	70	200	200	300	300
Salary and Wage Totals					149,739	173,950	253,101	275,826	275,319
10	103	30024	00000	Equipment Maintenance	1,355	2,562	1,518	1,500	3,000
10	103	30025	00000	Professional	75,285	58,544	14,362	10,000	12,000
10	103	30041	00000	Telecommunications	195	195	195	240	240
10	103	30059	00000	Copier Click Charges	864	780	881	1,000	1,000
10	103	30080	00000	Dues: Organizations	300	260	320	330	330
10	103	30084	00000	Staff Development	402	1,269	1,450	2,000	2,500
10	103	33022	00000	Building/Grounds Maintenance	915	1,145	5,112	6,000	6,000
10	103	34042	00000	Gas & Fuel Oil	211	179	232	400	400
10	103	34043	00000	Electricity	4,617	4,506	4,618	5,000	5,000
10	103	34044	00000	Water/Sewer/Garbage	1,118	1,290	1,504	2,000	2,000
10	103	40027	00000	Safety Equipment	167	135	32	450	1,300
10	103	40031	00000	Small Equipment	1,428	1,205	5,767	2,500	1,500
10	103	40032	00000	Operational	5,681	4,421	7,073	6,000	7,000
10	103	40045	00000	IT Replacement Eq/Software	1,287	-	1,006	-	-
10	103	40065	00000	Uniforms/Clothing	518	504	526	600	600
10	103	40102	00000	Periodicals	230	240	240	250	250
10	103	60831	00000	Pauper Funerals - Moved from DSS in 2021	-	750	200	5,000	3,000
10	103	80103	00000	Vehicle Maintenance	1,550	1,404	1,950	2,500	2,500
10	103	81103	00000	Gasoline	4,102	3,914	6,405	7,000	7,000
Expenditure Total					100,225	83,303	53,391	52,770	55,620
Department Total					249,964	257,253	306,492	328,596	330,939
Direct Revenue									
10	81	00810	21200	Coroner Supplement	1,575	1,575	1,576	1,576	1,576
Departmental Total Direct Revenue					1,575	1,575	1,576	1,576	1,576
Other Revenue					38,215	24,187	22,407	30,597	31,302
Cost in Tax Dollars					210,174	231,491	282,509	296,423	298,061
Estimated Millage					0.39	0.41	0.48	0.51	0.49
Percentage of General Fund Budget					0.51%	0.47%	0.51%	0.55%	0.54%
Total Full Time Employees					2	2	3	3	4

**Oconee County, South Carolina
County Attorney (741)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	741	10110	00000	Salary and Wages	197,292	173,518	160,906	199,762	212,000
10	741	10710	00000	Overtime	70	-		-	
10	741	20013	00000	Social Security	13,926	11,548	11,126	15,198	16,218
10	741	20014	00000	Retirement	28,993	27,183	26,496	34,885	37,227
10	741	20015	00000	Workers Compensation	4,215	4,839	1,788	814	784
10	741	20016	00000	Health Insurance	11,829	18,278	18,278	18,278	18,278
10	741	20027	00000	Dental	716	1,100	1,100	1,100	1,100
10	741	20028	00000	Vision	71	200	200	200	200
Salary and Wage Totals					257,112	236,666	219,894	270,237	285,807
10	741	30025	00000	Professional	49,621	74,234	143,919	110,000	110,000
10	741	30080	00000	Dues: Organizations	1,105	1,178	978	1,255	1,255
10	741	30084	00000	Staff Development	3,006	1,767	480	3,000	2,000
10	741	40031	00000	Small Equipment	318	255	689	1,500	1,000
10	741	40032	00000	Operational	8,878	7,764	8,963	8,000	9,000
10	741	40045	00000	IT Replacement Eq/Software	1,261	-		500	500
10	741	40102	00000	Periodicals	199	-	73	300	300
10	741	60767	00000	Contingency	-	-		10,000	10,000
Expenditure Total					64,388	85,198	155,102	134,555	134,055
Department Total					321,500	321,864	374,996	404,792	419,862
Direct Revenue									
Departmental Total Direct Revenue					-	-	-	-	-
Other Revenue					49,151	30,262	27,415	37,693	39,713
Cost in Tax Dollars					272,349	291,602	347,581	367,099	380,149
Estimated Millage					0.48	0.50	0.66	0.69	0.57
Percentage of General Fund Budget					0.66%	0.59%	0.63%	0.68%	0.69%
Total Full Time Employees					2	2	2	2	2

**Oconee County, South Carolina
County Council (704)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	704	10110	00000	Salary and Wages	82,968	84,184	86,907	90,592	88,192
10	704	10710	00000	Overtime	-	-	-	-	-
10	704	20013	00000	Social Security	4,972	5,094	5,112	6,930	6,747
10	704	20014	00000	Retirement	10,910	11,815	12,451	15,907	15,486
10	704	20015	00000	Workers Compensation	1,419	1,540	1,271	1,405	1,249
10	704	20016	00000	Health Insurance	56,002	54,834	54,834	54,834	54,834
10	704	20027	00000	Dental	1,098	3,300	3,300	3,300	3,300
10	704	20028	00000	Vision	41	600	600	600	600
Salary and Wage Totals					157,410	161,367	164,475	173,568	170,408
10	704	30018	00000	Travel	3,002	1,234	1,314	3,500	3,500
10	704	30024	00000	Maint on Equipment	185	-	-	-	-
10	704	30025	00000	Professional	4,419	3,670	3,113	5,500	6,000
10	704	30025	00001	Professional - Auditing Firm	53,500	53,700	53,900	57,000	75,000
10	704	30041	00000	Telecommunications	700	600	-	-	-
10	704	30059	00000	Xerox Copies	1,920	1,200	1,281	2,000	2,000
10	704	30068	00000	Advertising	-	-	-	-	-
10	704	30080	00000	Dues: Organizations	1,535	1,535	1,535	1,535	1,535
10	704	30084	00000	Staff Development	13,208	2,557	4,888	15,000	17,000
10	704	40031	00000	Small Equipment	3,676	5,123	519	300	300
10	704	40032	00000	Operational	13,572	581	894	2,000	2,000
10	704	40034	00000	Food	1,290	282	219	1,500	1,500
10	704	40045	00000	It Replacement/Equip Software	188	4,879	-	-	-
10	704	40102	00000	Magazines/Newspapers	-	-	-	200	200
10	704	60736	00000	Donated Gravel	57,227	184	-	-	-
10	704	60767	00000	Contingency	169	368	-	2,500	2,500
10	704	60767		Contingency - Salary Study, Pay Increase, etc. Approved by Council	-	-	-	-	1,377,864
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	5,000	-
Expenditure Total					212,138	133,460	125,210	148,583	1,541,947
Department Total					369,548	294,827	289,685	322,151	1,712,355
Direct Revenue									
Departmental Total Direct Revenue					-	-	-	-	-
Other Revenue					56,497	27,720	21,178	29,997	161,965
Cost in Tax Dollars					313,051	267,107	268,507	292,154	1,550,390
Estimated Millage					0.57	0.48	0.46	0.50	2.57
Percentage of General Fund Budget					0.76%	0.54%	0.49%	0.54%	2.81%
Total Full Time Employees					1	1	1	1	1

**Oconee County, South Carolina
Delinquent Tax Collector (305)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	305	10110	00000	Salary and Wages	93,094	113,038	132,562	139,502	139,502
10	305	10710	00000	Overtime	78	100	91	-	
10	305	20013	00000	Social Security	6,519	7,832	9,285	10,672	10,672
10	305	20014	00000	Retirement	13,385	18,817	21,704	24,497	24,497
10	305	20015	00000	Workers Compensation	1,260	795	939	4,068	3,836
10	305	20016	00000	Health Insurance	21,211	27,417	27,417	27,417	27,417
10	305	20027	00000	Dental	1,297	1,650	1,650	1,650	1,650
10	305	20028	00000	Vision	142	300	300	300	300
Salary and Wage Totals					136,986	169,949	193,948	208,106	207,874
10	305	30025	00000	Professional	2,403	-	-	-	
10	305	30025	60305	Professional-Tax Sale	142,942	109,454	105,095	150,000	110,000
10	305	30056	00000	Data Processing	7,198	9,633	6,012	9,000	9,000
10	305	30059	00000	Copier Click Charges	2,245	2,991	3,349	3,000	3,000
10	305	30068	60305	Advertising- Tax Sale	22,302	22,302	22,302	32,000	25,000
10	305	30080	00000	Dues: Organizations	50	50	305	115	115
10	305	30084	00000	Staff Development	-	-	1,427	1,800	1,500
10	305	40031	00000	Small Equipment	233	-	4,194	-	200
10	305	40032	00000	Operational	1,010	1,369	1,556	1,400	1,600
10	305	40032	60305	Operational- Tax Sale	3,420	3,357	5,110	7,000	7,000
10	305	40033	60305	Postage - Tax Sale	2,523	59,170	31,175	36,000	36,000
10	305	40045	00000	IT replacement eq/software			878		
10	305	40065	60305	Uniform Clothing - Tax Sale	111	134	104	150	150
Expenditure Total					184,437	208,460	181,507	240,465	193,565
Department Total					321,423	378,409	375,455	448,571	401,439
Direct Revenue									
10	80	805	10285	Tax Sale Fees	157,325	268,720	221,694	250,000	250,000
10	80	805	12501	Tax Collector Fees	45,574	54,510	37,408	50,000	50,000
Departmental Total Direct Revenue					157,325	268,720	221,694	250,000	250,000
Other Revenue					49,139	35,578	27,449	41,769	37,971
Cost in Tax Dollars					114,959	74,111	126,312	156,802	113,468
Estimated Millage					0.21	0.13	0.22	0.27	0.19
Percentage of General Fund Budget					0.66%	0.69%	0.63%	0.75%	0.66%
Total Full Time Employees					3	3	3	3	3

**Oconee County, South Carolina
Department of Social Services (402)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	402	30041	00000	Telecommunications	10,806	11,287	11,225	11,700	11,300
10	402	40031	00000	Non-Capital Equipment	-	-	-	500	-
10	402	40032	00000	Operational	23	148	195	500	300
10	402	60831	00000	Pauper Funerals	2,000	-	-	-	-
Expenditure Total					12,829	11,435	11,420	12,700	11,600
Department Total					12,829	11,435	11,420	12,700	11,600
Direct Revenue									
Departmental Total Direct Revenue					-	-	-	-	-
Other Revenue					1,961	1,075	835	1,183	1,097
Cost in Tax Dollars					10,868	10,360	10,585	11,517	10,503
Estimated Millage					0.02	0.02	0.02	0.02	0.02
Percentage of General Fund Budget					0.03%	0.02%	0.02%	0.02%	0.02%
Total Full Time Employees					-	-	-	-	-

**Oconee County, South Carolina
Detention Center (106)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	106	10110	00000	Salary and Wages	1,911,589	1,923,447	1,965,099	2,305,352	2,303,395
10	106	10710	00000	Overtime	84,896	83,161	117,805	85,000	80,000
10	106	20013	00000	Social Security	145,866	146,507	153,038	184,392	182,330
10	106	20014	00000	Retirement	342,620	363,605	397,746	477,860	481,274
10	106	20015	00000	Workers Compensation	69,452	78,947	93,276	90,404	81,143
10	106	20016	00000	Health Insurance	410,001	438,672	447,811	466,089	466,089
10	106	20027	00000	Dental	16,665	26,400	26,950	28,050	28,050
10	106	20028	00000	Vision	1,644	4,800	4,900	5,100	5,100
Salary and Wage Totals					2,982,733	3,065,539	3,206,625	3,642,247	3,627,381
10	106	30024	00000	Equipment Maintenance	13,978	13,946	14,659	15,000	15,000
10	106	30025	00000	Professional	1,082	991	758	3,600	3,600
10	106	30028	00000	State Inmate Stipend	12,268	11,556	11,888	17,000	18,000
10	106	30037	00000	Equipment (Leased or Rented)	-	257	-	-	-
10	106	30056	00000	Data Processing	6,472	34,964	40,151	43,000	48,700
10	106	30059	00000	Copier Click Charges	7,763	9,746	8,431	10,000	10,000
10	106	30062	00000	Medical	351,999	403,573	411,545	450,000	450,000
10	106	30080	00000	Dues: Organizations	1,590	1,500	1,200	2,000	2,000
10	106	30084	00000	Staff Development	5,674	7,683	12,381	12,500	12,500
10	106	33022	00000	Building/Grounds Maintenance	61,832	58,195	70,566	62,000	70,000
10	106	34042	00000	Gas and Fuel Oil	22,914	19,985	30,905	20,000	20,000
10	106	34043	00000	Electricity	248,883	211,434	191,424	200,000	195,000
10	106	34044	00000	Water/Sewer/Garbage	57,542	50,209	68,036	55,000	55,000
10	106	40031	00000	Small Equipment	26,229	16,810	32,818	27,000	27,000
10	106	40032	00000	Operational	77,846	72,374	72,470	75,000	75,000
10	106	40033	00000	Postage	192	84	165	900	900
10	106	40034	00000	Food	285,691	306,888	332,359	350,000	376,950
10	106	40045	00000	IT Replacement Equipment/Software	7,947	10,528	4,532	9,000	9,000
10	106	40065	00000	Uniforms/Clothing	41,710	37,587	39,571	50,000	42,000
10	106	40102	00000	Periodicals	190	-	-	250	250
10	106	60741	00000	Juvenile Detention Services (Department of Juvenile Justice)	20,878	13,425	13,050	32,000	32,000
Expenditure Total					1,252,680	1,281,735	1,356,909	1,434,250	1,462,900
Department Total					4,235,413	4,347,274	4,563,534	5,076,497	5,090,281
Direct Revenue									
Departmental Total Direct Revenue					-	-	-	-	-
Other Revenue					647,514	408,731	333,633	472,702	481,470
Cost in Tax Dollars					3,587,899	3,938,543	4,229,901	4,603,795	4,608,811
Estimated Millage					6.58	7.02	7.21	7.85	7.64
Percentage of General Fund Budget					8.66%	7.93%	7.65%	8.51%	8.35%
Life After Lock-Up					1	1	1	1	1
Total Full Time Employees					47	48	49	51	51

**Oconee County, South Carolina
Economic Development (707)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	707	10110	00000	Salary and Wages	199,264	200,260	184,868	271,156	275,420
10	707	10710	00000	Overtime	7,777	-	-	-	-
10	707	20013	00000	Social Security	15,434	15,020	13,628	20,743	21,070
10	707	20014	00000	Retirement	28,381	31,299	30,219	47,315	48,364
10	707	20015	00000	Workers Compensation	4,544	4,706	5,949	8,208	7,574
10	707	20016	00000	Health Insurance	34,750	36,556	36,556	36,556	36,556
10	707	20027	00000	Dental	2,296	2,200	2,200	2,200	2,200
10	707	20028	00000	Vision	259	400	400	400	400
Salary and Wage Totals					292,705	290,441	273,820	386,578	391,584
10	707	30059	00000	Copier Click Charges	662	377	395	3,000	2,000
10	707	30071	00000	Rent	22,763	18,294	11,872	21,600	25,700
10	707	33022	00000	Equip Maint-Sign Maint	-	322	1,798	12,500	2,500
10	707	34043	00001	Electricity - Commerce Center	1,994	1,931	1,562	2,225	2,500
10	707	34043	00080	Electricity-Golden Corner	-	-	-	5,000	5,000
10	707	34043	00104	Electricity-OITP	3,877	4,251	3,969	4,900	4,900
10	707	34044	00000	Water/Sewer/Garbage	-	458	816	1,000	1,000
10	707	40031	00000	IT Replacement Eq/Software	(1,233)	2,332	-	1,000	1,000
10	707	60907	90715	SDOC C-14-2286 US Enginee	-	60,000	-	-	-
10	707	80707	00000	Vehicle Maintenance	14	102	222	500	750
10	707	81707	00000	Gasoline	339	308	940	250	2,000
10	707	95100	20217	EDIS Partnership via Appalachian Council of Governments	12,199	12,199	12,199	12,199	12,199
10	707	95100	20254	Mountain Lakes Business Development Corporation	34,550	34,550	27,500	25,000	25,000
10	707	95100	20256	Oconee Economic Alliance	158,775	156,393	156,275	150,000	150,000
10	707	95100	20257	Upstate SC Alliance	37,522	-	39,187	40,000	40,000
Expenditure Total					271,462	291,517	256,735	279,174	274,549
Department Total					564,167	581,958	530,555	665,752	666,133
Direct Revenue									
Departmental Total Direct Revenue					-	-	-	-	-
Other Revenue					86,251	54,716	38,788	61,992	63,007
Cost in Tax Dollars					477,917	527,242	491,767	603,760	603,126
Estimated Millage					0.88	0.94	0.84	1.03	1.00
Percentage of General Fund Budget					1.15%	1.06%	0.89%	1.12%	1.09%
Total Full Time Employees					5	5	4	4	4

**Oconee County, South Carolina
Facilities Maintenance (714)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	714	10110	00000	Salary and Wages	540,520	549,679	533,618	610,806	602,008
10	714	00121	00000	Work Release Program	-	-	-	-	-
10	714	10710	00000	Overtime	3,402	2,527	1,670	2,500	1,500
10	714	20013	00000	Social Security	38,421	39,742	38,797	46,956	46,168
10	714	20014	00000	Retirement	79,205	85,943	88,352	107,507	105,976
10	714	20015	00000	Workers Compensation	24,229	27,622	31,361	28,146	25,895
10	714	20016	00000	Health Insurance	139,976	127,946	137,085	137,085	137,085
10	714	20027	00000	Dental	2,292	7,150	8,250	8,250	8,250
10	714	20028	00000	Vision	75	1,300	1,500	1,500	1,500
Salary and Wage Totals					828,120	841,909	840,633	942,750	928,382
10	714	30024	00000	Equipment Maintenance	1,106	1,257	659	1,500	1,500
10	714	30025	00000	Professional	5,750	-	8,321	10,000	10,000
10	714	30059	00000	Copier Clicks	174	288	237	250	250
10	714	30084	00000	Staff Development	-	-	-	250	250
10	714	33022	00000	Building/Grounds Maintenance	7,051	7,997	11,533	7,500	7,500
10	714	33022	00109	Building Maintenance - Probation and Parole	5,565	3,676	1,241	5,000	5,000
10	714	33022	00206	Building/Grounds-Salem Library	6,943	-	-	-	-
10	714	33022	00208	Building/Grounds-Seneca Library	-	74,650	-	-	-
10	714	33022	00270	Building/Grounds - Oakway Intm	1,618	1,284	1,659	1,500	2,000
10	714	33022	00310	Building/Grounds - Christ Central	-	-	-	-	-
10	714	33022	00402	Building Maintenance - DSS Building	14,229	13,122	19,876	17,500	20,000
10	714	33022	00405	Buildings/Grounds Rosa Clark	14,820	-	129	1,000	1,000
10	714	33022	00407	Building Maintenance - Lakeview Rest Home	60,031	159,188	14,277	12,000	12,000
10	714	33022	00510	Building Maintenance - Courthouse	44,772	35,198	31,875	55,000	50,000
10	714	33022	00703	Building Maintenance - Walhalla Health Department	14,542	106,548	5,604	5,000	7,500
10	714	33022	00716	Building Maintenance - USDA Building	2,455	13,184	723	2,500	2,500
10	714	33022	00723	Building Maintenance - Pine Street	22,011	39,659	44,706	50,000	50,000
10	714	33022	00729	Building Maintenance - Brown Building	4,977	11,246	2,208	5,000	5,000
10	714	34042	00109	Gas and Fuel Oil - Probation and Parole	1,815	1,416	1,619	2,000	2,000
10	714	34042	00270	Gas and Fuel Oil - Oakway Intm	4,290	4,120	5,771	3,500	6,000
10	714	34042	00410	Gas and Fuel Oil - Walhalla Health	-	656	157	-	500
10	714	34042	00510	Gas and Fuel Oil - Courthouse	11,649	21,369	29,533	20,000	30,000
10	714	34042	00723	Gas and Fuel Oil - Pine Street	2,424	2,632	2,194	3,000	3,500
10	714	34042	00729	Gas and Fuel Oil - Brown Building	957	1,081	1,373	1,500	2,000
10	714	34043	00000	Electricity - Facilities Maintenance	1,398	819	721	1,000	1,000
10	714	34043	00109	Electricity - Probation and Parole	5,354	4,391	4,142	5,700	5,700
10	714	34043	00270	Electricity - Oakway School	22,464	23,274	26,451	25,000	25,000
10	714	34043	00402	Electricity - DSS Building	46,920	39,123	38,178	40,000	40,000
10	714	34043	00403	Electricity - Walhalla Health Department	12,326	16,183	19,449	17,500	20,000
10	714	34043	00409	Electricity - Foothills Alliance	1,246	391	970	1,200	1,200
10	714	34043	00510	Electricity - Courthouse	72,786	66,417	66,693	75,000	75,000
10	714	34043	00723	Electricity - Pine Street	48,065	44,565	37,771	40,000	40,000

**Oconee County, South Carolina
Facilities Maintenance (714)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	714	34043	00729	Electricity - Brown Building	10,473	12,581	12,959	13,000	13,000
10	714	34044	00000	Water - Facilities Maintenance	899	806	905	1,000	1,000
10	714	34044	00109	Water - Probation and Parole	682	650	972	1,200	1,200
10	714	34044	00270	Water - Oakway School	2,068	2,283	1,196	2,500	2,500
10	714	34044	00402	Water - DSS Building	3,249	2,712	3,550	3,200	3,500
10	714	34044	00403	Water - Walhalla Health Department	1,192	837	975	1,200	1,200
10	714	34044	00409	Water - Foothills Alliance	608	575	659	1,000	1,000
10	714	34044	00510	Water - Courthouse	3,465	3,215	3,677	3,600	4,000
10	714	34044	00723	Water - Pine Street	2,295	2,307	2,936	3,000	3,200
10	714	34044	00729	Water - Brown Building	1,309	1,012	1,381	1,500	1,750
10	714	40027	00000	Safety Equipment	2,122	2,050	3,625	3,500	3,750
10	714	40031	00000	Small Equipment	8,195	10,527	8,343	10,000	12,000
10	714	40032	00000	Operational	30,161	28,722	33,368	32,000	35,000
10	714	40045	00000	IT Replacement Eq/Software		1,300	-	-	-
10	714	40065	00000	Uniforms/Clothing	3,777	9,186	4,039	6,000	7,500
10	714	80714	00000	Vehicle Maintenance	4,331	9,446	6,204	7,500	7,500
10	714	81714	00000	Gasoline	11,558	11,959	22,966	18,000	20,000
Expenditure Total					524,122	793,902	485,825	517,600	544,500
Department Total					1,352,242	1,635,811	1,326,458	1,460,350	1,472,882
Direct Revenue									
Departmental Total Direct Revenue					-	-	-	-	-
Other Revenue					206,732	153,799	96,975	135,982	139,314
Cost in Tax Dollars					1,145,510	1,482,012	1,229,483	1,324,368	1,333,568
Estimated Millage					2.10	2.64	2.10	2.26	2.21
Percentage of General Fund Budget					2.76%	2.99%	2.22%	2.45%	2.41%
Total Full Time Employees					15	15	15	15	15

**Oconee County, South Carolina
Finance Department (708)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	708	10110	00000	Salary and Wages	286,650	328,534	336,611	339,493	381,649
10	708	10710	00000	Overtime	425	956	1,369	1,000	2,000
10	708	20013	00000	Social Security	20,415	23,454	24,403	26,048	29,349
10	708	20014	00000	Retirement	41,643	50,017	52,311	59,619	67,024
10	708	20015	00000	Workers Compensation	952	1,370	1,411	1,364	1,534
10	708	20016	00000	Health Insurance	52,230	63,973	54,834	54,834	54,834
10	708	20027	00000	Dental	2,143	3,850	3,300	3,300	3,300
10	708	20028	00000	Vision	188	700	600	600	600
Salary and Wage Totals					404,646	472,854	474,839	486,258	540,290
10	708	30018	00000	Travel	484	-	-	-	-
10	708	30024	00000	Equipment Maintenance	-	-	-	-	-
10	708	30025	00000	Professional	8,465	19,953	33,554	10,300	18,000
10	708	30056	00000	Data Processing	173,798	190,696	205,619	200,000	296,180
10	708	30059	00000	Copies	3,956	4,523	5,360	4,800	4,800
10	708	30068	00000	Advertising	-	-	-	-	-
10	708	30080	00000	Dues: Organizations	1,224	1,345	1,095	1,150	1,150
10	708	30084	00000	Staff Development	1,349	280	790	3,000	4,000
10	708	40031	00000	Small Equipment	2,004	714	6,508	1,800	3,800
10	708	40032	00000	Operational	7,172	5,408	6,456	6,000	1,500
10	708	40045	00000	IT Replacement Equipment/Software	4,001	-	3,452	2,000	2,000
10	708	40102	00000	Periodicals	50	-	-	-	-
10	708	80708	00000	Vehicle Maintenance	-	-	-	-	-
10	708	81708	00000	Gasoline	24	-	-	-	-
Expenditure Total					202,527	222,919	262,834	229,050	331,430
Department Total					607,173	695,773	737,673	715,308	871,720
Direct Revenue									
Departmental Total Direct Revenue					-	-	-	-	-
Other Revenue					92,825	65,417	53,930	66,606	82,453
Cost in Tax Dollars					514,348	630,356	683,743	648,702	789,267
Estimated Millage					0.94	1.12	1.17	1.11	1.31
Percentage of General Fund Budget					1.24%	1.27%	1.24%	1.20%	1.43%
Total Full Time Employees					6	6	6	6	7

**Oconee County, South Carolina
Fire/Emergency Services (107)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	107	10110	00000	Salary and Wages	1,324,581	1,358,981	1,444,408	1,821,721	1,939,570
10	107	10710	00000	Overtime	40,673	57,784	165,306	30,000	50,000
10	107	20013	00000	Social Security	101,602	103,977	117,145	139,780	152,202
10	107	20014	00000	Retirement	233,603	252,440	301,245	363,704	396,273
10	107	20015	00000	Workers Compensation	144,627	157,278	194,956	224,197	529,129
10	107	20016	00000	Health Insurance	250,248	319,865	319,865	383,838	383,838
10	107	20027	00000	Dental	15,898	19,250	19,250	23,100	23,100
10	107	20028	00000	Vision	1,864	3,500	3,500	4,200	4,200
Salary and Wage Totals					2,113,096	2,273,075	2,565,675	2,990,540	3,478,312
10	107	30018	00000	Travel	-	-	-	-	-
10	107	30024	00000	Equipment Maintenance	17,499	13,545	18,249	16,000	18,000
10	107	30025	00000	Professional	1,036	8,149	3,888	5,000	5,000
10	107	30041	00000	Telecommunications	4,096	4,572	4,442	5,500	6,500
10	107	30056	00000	Data Processing	28,564	25,231	29,294	35,000	35,000
10	107	30059	00000	Copier Click Charges	3,583	3,548	5,506	4,600	4,650
10	107	30062	00000	Medical - Physicals for Volunteers and Medical Supplies	80,476	84,402	81,712	90,000	95,000
10	107	30080	00000	Dues: Organizations	1,797	2,407	2,498	3,500	3,500
10	107	30084	00000	Staff Development	15,910	39,144	47,984	60,000	70,000
10	107	30090	00000	Commission Honoraria	1,100	900	900	1,200	1,200
10	107	30810	90910	Maint Rep Watershed Local USDA	-	328,103	-	-	-
10	107	33022	00000	Buildings/Grounds Maintenance	13,165	20,485	18,373	23,000	25,000
10	107	34042	00140	Fuel Oil Oakway	-	-	120	-	-
10	107	34043	00000	Electricity	8,928	10,207	9,427	9,200	9,000
10	107	34044	00000	Water/Sewer/Garbage	923	880	990	1,000	1,200
10	107	40027	00193	Safety Equipment - FEMA	-	654	7,194	-	-
10	107	40031	00000	Small Equipment	42,306	88,943	102,968	25,000	30,000
10	107	40031	00000	Small Equipment New Hires	-	-	6,222	12,000	40,000
				Small Equipment New Hire Turn Out Gear	-	-	-	-	30,000
10	107	40031	00000	Small Equipment - Turn Out	-	-	-	26,000	18,000
10	107	40031	00193	Small Equipment - FEMA	-	8,889	-	-	-
10	107	40031	02019	Small Equipment - 2019	-	39,877	35,957	-	-
10	107	40031	91166	Small Equipm - FY2020 AFG	-	-	251,760	-	-
10	107	40031	00000	Small Equipment - BountyLand	-	-	-	32,520	4,250
				Small Equipment-Wells Highway	-	-	-	-	25,000
10	107	40032	00000	Operational	20,097	27,930	26,216	28,000	32,000
10	107	40032	00000	Operational BountyLand	-	-	-	2,354	-
10	107	40032	XXXXX	Operational-Wells Highway	-	-	-	-	3,200
10	107	40033	00000	Postage	242	17	-	200	200
10	107	40034	00000	Food	5,241	7,526	7,255	8,000	8,000
10	107	40045	00000	It Replacement Equipment/Software	5,089	5,055	2,845	4,000	8,000
10	107	40065	00000	Uniforms/Clothing	17,876	15,998	29,792	35,000	38,100
				Uniforms/Clothing New Hire Positions	-	-	-	-	10,000
				SCBAs Lease Payment	-	-	-	153,000	288,692
10	107	80107	00000	Vehicle Maintenance	121,240	158,271	183,553	165,000	175,000
10	107	81107	00000	Gasoline	43,914	49,255	88,306	60,000	65,000
10	107	82107	00000	Diesel	7,925	5,047	6,857	8,000	10,000
				Oconee Fire/Medical Contribution	1,585,000	1,735,000	1,735,000	1,735,000	3,135,000
				LEPC Budget	-	-	-	-	4,000
10	107	99999	00000	Miscellaneous Grant Match	9,918	1,522	8,445	10,000	12,000
Expenditure Total					2,035,925	2,685,557	2,715,753	2,558,074	4,210,492
Department Total					4,149,021	4,958,632	5,281,428	5,548,614	7,688,804

**Oconee County, South Carolina
Fire/Emergency Services (107)
2023-2024 Budget**

Account Number	Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
Direct Revenue						
	Departmental Total Direct Revenue	-	-	-	-	-
	Other Revenue	634,307	466,211	386,117	516,664	727,255
	Cost in Tax Dollars	3,514,714	4,492,420	4,895,311	5,031,950	6,961,549
	Estimated Millage	6.44	8.00	8.35	8.58	11.55
	Percentage of General Fund Budget	8.48%	9.05%	8.85%	9.30%	12.61%
	Total Full Time Employees	36	36	39	42	52

**Oconee County, South Carolina
Health Department (403)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	403	30041	00000	Telecommunications	1,548	1,586	1,570	1,500	1,500
10	403	30062	00000	Medical	5,351	289	945	5,500	5,500
10	403	33022	00000	Building/Grounds Maintenance	3,363	3,861	47,932	3,000	3,000
10	403	34043	00000	Electricity	13,700	12,891	13,116	13,500	13,500
10	403	34044	00000	Water/Sewer/Garbage	1,879	2,475	3,170	1,500	2,000
10	403	40031	00000	Small Equipment	-	-	-	800	-
10	403	40032	00000	Operational	648	745	1,964	3,000	3,200
10	403	40033	00000	Postage	254	322	332	350	-
Expenditure Total					26,743	22,169	69,029	29,150	28,700
Department Total					26,743	22,169	69,029	29,150	28,700
Direct Revenue									
Departmental Total Direct Revenue					-	-	-	-	-
Other Revenue					-	-	-	-	-
Cost in Tax Dollars					26,743	22,169	69,029	29,150	28,700
Estimated Millage					0.05	0.04	0.12	0.05	0.05
Percentage of General Fund Budget					0.05%	0.04%	0.12%	0.05%	0.05%
Total Full Time Employees					-	-	-	-	-

**Oconee County, South Carolina
Health and Human Services (705)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
				Charity Medical:					
10	705	60083	00000	Rosa Clark Medical Clinic	80,000	80,000	80,000	80,000	80,000
10	705	60583	00000	Medically Indigent Assistance	153,970	153,752	153,967	153,967	153,967
10	705	95100	20239	Helping Hands (Contract)	35,000	-	-	-	-
Charity Medical Expenditure Total					268,970	233,752	233,967	233,967	233,967
				Direct Aid					
10	705	95100	02041	CAT Bus System	60,000	60,000	60,000	60,000	60,000
10	705	95100	20205	OC Board of Disabilities and Special Needs	75,000	75,000	75,000	75,000	75,000
10	705	95100	20206	Anderson, Oconee, and Pickens Mental Health	60,000	60,000	60,000	60,000	60,000
10	705	95100	20216	Senior Solutions/Lake View Assisted	92,900	92,900	-	92,900	92,900
10	705	95100	00000	Oconee Support	157,932	126,132	246,122	215,000	175,000
Direct Aid Expenditure Total					445,832	414,032	441,122	502,900	462,900
Department Total					714,802	647,784	675,089	736,867	696,867
Direct Revenue									
Departmental Total Direct Revenue					-	-	-	-	-
Other Revenue					109,280	60,905	49,355	68,614	65,914
Cost in Tax Dollars					605,522	586,879	625,734	668,253	630,953
Estimated Millage					1.11	1.05	1.07	1.14	1.05
Percentage of General Fund Budget					1.46%	1.18%	1.13%	1.23%	1.14%
Total Full Time Employees					-	-	-	-	-

**Oconee County, South Carolina
High Falls Park (203)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	203	10110	00000	Salary and Wages	182,166	184,254	191,669	202,853	239,887
10	203	10710	00000	Overtime	7,186	8,987	11,578	8,500	8,500
10	203	20013	00000	Social Security	13,898	14,096	14,428	16,245	19,002
10	203	20014	00000	Retirement	27,731	30,143	33,468	37,173	43,617
10	203	20015	00000	Workers Compensation	8,027	9,219	11,172	10,482	10,159
10	203	20016	00000	Health Insurance	44,161	45,695	45,695	45,695	45,695
10	203	20027	00000	Dental	721	2,500	2,750	2,750	2,750
10	203	20028	00000	Vision	48	500	500	500	500
Salary and Wage Totals					283,938	295,394	311,260	324,198	370,110
10	203	30024	00000	Equipment Maintenance	192	691	76	700	700
10	203	30025	00000	Professional	51,967	53,837	65,961	50,098	50,098
10	203	30037	00000	Equipment Rental	2,990	3,698	-	-	-
10	203	30041	00000	Telecommunication (Lake Hartwell Ranger)	-	-	-	600	600
10	203	30059	00000	Copier Click Charges	445	298	595	500	500
10	203	33022	00000	Building/Grounds Maintenance	16,828	17,773	15,888	-	-
10	203	34042	00000	Gas and Fuel Oil	2,093	5,081	6,502	4,150	5,500
10	203	34043	00000	Electricity	28,636	42,345	37,323	33,000	36,000
10	203	34044	00000	Water/Sewer/Garbage	2,888	2,854	6,662	5,000	5,000
10	203	40027	00000	Safety Equipment (swim area)	-	672	696	1,000	1,000
10	203	40031	00000	Small Equipment	3,410	1,891	4,217	2,000	2,000
10	203	40032	00000	Operational	12,915	18,842	19,296	14,000	20,000
10	203	40034	00000	Food	122	56	45	200	200
10	203	40045	00000	IT Replacement/Software	-	-	863	500	1,000
10	203	40065	00000	Uniforms/Clothing	2,091	1,599	1,690	2,250	3,000
10	203	40832	00000	Concessions	5,453	7,294	20,125	10,000	20,000
10	203	60735	00000	General Gravel Use	11,263	752	482	5,000	5,000
Expenditure Total					141,293	157,683	180,421	128,998	150,598
Department Total					425,231	453,077	491,681	453,196	520,708
Direct Revenue									
10	80	805	00203	High Falls Park	131,234	220,987	220,798	225,000	250,000
10	80	805	62051	Fairplay Recreation Area	5,150	3,787	3,092	3,500	-
10	80	805	62052	Lawrence Bridge Recreation Area	4,463	3,505	2,512	3,500	-
10	80	805	62053	Mullins Ford	273	445	336	500	-
10	80	805	62054	Choestoea Landing	1,062	1,721	962	1,600	-
10	80	805	62055	Port Bass Landing	10	-	-	-	-
10	80	805	62056	Seneca Creek Landing	3,220	2,543	1,095	2,500	-
10	80	805	62057	South union Landing	901	487	333	500	-
Departmental Total Direct Revenue					131,234	220,987	220,798	225,000	250,000
Other Revenue					65,010	42,598	35,946	42,200	49,252
Cost in Tax Dollars					228,987	189,492	234,937	185,996	221,456
Estimated Millage					0.42	0.34	0.40	0.32	0.37
Percentage of General Fund Budget					0.87%	0.83%	0.82%	0.76%	0.85%
Total Full Time Employees					5	5	5	5	5

**Oconee County, South Carolina
Human Resources (710)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	710	10110	00000	Salary and Wages	172,565	176,965	218,920	240,253	180,658
10	710	10710	00000	Overtime	175	-	76	500	500
10	710	20013	00000	Social Security	11,928	12,321	15,400	18,456	13,859
10	710	20014	00000	Retirement	25,166	27,425	35,508	42,364	31,811
10	710	20015	00000	Workers Compensation	1,702	1,987	3,557	1,586	562
10	710	20016	00000	Health Insurance	29,291	27,417	27,417	36,556	27,417
10	710	20027	00000	Dental	287	1,650	1,650	2,200	1,650
10	710	20028	00000	Vision	22	300	300	400	300
Salary and Wage Totals					241,136	248,065	302,828	342,315	256,757
10	710	30018	00000	Travel	553	-	-	200	100
10	710	30025	00000	Professional	2,969	6,935	6,633	4,000	16,000
10	710	30041	00000	Telecommunications	360	-	-	-	-
10	710	30056	00000	Data Processing	-	-	-	-	-
10	710	30059	00000	Copies	1,291	1,219	1,713	2,500	2,500
10	710	30062	00000	Medical	60,248	66,372	101,233	60,000	65,000
10	710	30080	00000	Dues: Organizations	259	538	937	460	600
10	710	30084	00000	Staff Development	1,453	1,840	3,242	3,000	4,000
10	710	40027	00000	Safety Equipment	2,556	3,355	3,576	3,500	-
10	710	40031	00000	Small Equipment	3,184	3,033	-	1,250	1,250
10	710	40032	00000	Operational	1,679	2,672	7,598	3,500	3,500
10	710	40034	00000	Food	7	-	-	200	200
10	710	40045	00000	IT Replacement Equipment/Software	2,395	-	1,220	1,500	1,500
10	710	40102	00000	Periodicals	1,101	935	-	1,392	1,392
10	710	80747	00000	Vehicle Maintenance	157	-	-	-	-
10	710	81747	00000	Gasoline	54	91	-	-	-
Expenditure Total					78,266	86,990	126,152	81,502	96,042
Department Total					319,402	335,055	428,980	423,817	352,799
Direct Revenue									
Departmental Total Direct Revenue					-	-	-	-	-
Other Revenue					48,831	31,502	31,362	39,464	33,370
Cost in Tax Dollars					270,572	303,553	397,618	384,353	319,429
Estimated Millage					0.50	0.54	0.68	0.66	0.53
Percentage of General Fund Budget					0.65%	0.61%	0.72%	0.71%	0.58%
Total Full Time Employees					3	3	3	4	3

**Oconee County, South Carolina
Information Technology (711)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	711	10110	00000	Salary and Wages	293,166	339,235	398,950	421,125	430,678
10	711	20013	00000	Social Security	21,206	24,611	29,335	32,217	32,947
10	711	20014	00000	Retirement	42,357	52,215	65,688	73,850	75,627
10	711	20015	00000	Workers Compensation	2,501	3,017	5,575	3,386	3,066
10	711	20016	00000	Health Insurance	46,629	54,834	63,973	63,973	54,834
10	711	20027	00000	Dental	619	3,300	3,850	3,850	3,300
10	711	20028	00000	Vision	14	600	700	700	600
Salary and Wage Totals					406,492	477,812	568,071	599,101	601,052
10	711	30024	00000	Equipment Maintenance	76,966	52,522	79,020	124,000	150,000
10	711	30024	00073	Equipment Maintenance - GIS	50,000	50,000	55,000	59,000	59,000
10	711	30025	00000	Professional	32,706	17,151	7,547	20,000	20,000
10	711	30025	00073	Professional - GIS	6,000	11,073	14,573	10,000	17,000
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	40,630	78,000	78,000
10	711	30041	00000	Telecommunications	139,683	147,482	144,550	148,000	148,000
10	711	30056	00000	Data Processing	88,878	41,474	58,706	65,000	75,000
10	711	30059	00000	Copier Click Charges	344	250	345	300	400
10	711	30084	00000	Staff Development	-	-	750	2,500	2,500
10	711	40031	00000	Small Equipment	9,342	31,108	9,705	10,000	12,500
10	711	40031	00073	Small Equipment - GIS	-	-	-	1,500	1,500
10	711	40032	00000	Operational	2,434	3,968	2,943	4,000	4,500
10	711	40045	00000	IT Replacement EQ/Software (All Dept)	27,549	7,071	44,977	60,000	60,000
10	711	80711	00000	Vehicle Maintenance	508	414	1,740	2,000	2,000
10	711	81711	00000	Gasoline	2,129	2,032	3,987	4,000	4,000
Expenditure Total					501,169	429,175	488,473	612,300	658,400
Department Total					907,661	906,987	1,056,544	1,211,401	1,259,452
Direct Revenue									
Departmental Total Direct Revenue					-	-	-	-	-
Other Revenue					138,764	85,275	77,242	112,801	119,127
Cost in Tax Dollars					768,897	821,712	979,302	1,098,600	1,140,325
Estimated Millage					1.41	1.46	1.67	1.87	1.89
Percentage of General Fund Budget					1.85%	1.66%	1.77%	2.03%	2.06%
Total Full Time Employees					5	5	6	6	6

**Oconee County, South Carolina
Legislative Delegation (706)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	706	10110	00000	Salary and Wages	55,912	56,559	54,575	62,217	58,695
10	706	20013	00000	Social Security	4,207	4,275	4,366	4,759	4,490
10	706	20014	00000	Retirement	8,155	8,759	9,505	10,925	10,307
10	706	20015	00000	Workers Compensation	1,383	1,619	1,734	217	182
10	706	20016	00000	Health Insurance	11,341	9,139	9,139	9,139	9,139
10	706	20027	00000	Dental	39	500	550	550	550
10	706	20028	00000	Vision	16	100	100	100	100
Salary and Wage Totals					81,053	80,951	79,969	87,907	83,463
10	706	30018	00000	Travel	509	-		800	800
10	706	30059	00000	Copier Click Charges	1,081	990	928	750	750
10	706	30071	00000	Rent	11,400	11,400	11,400	11,400	11,400
10	706	40031	00000	Small Equipment	-	-		500	500
10	706	40032	00000	Operational	496	1,564	362	1,500	1,000
10	706	40033	00000	Postage	38	-		100	-
Expenditure Total					13,524	13,954	12,690	15,050	14,450
Department Total					94,577	94,905	92,659	102,957	97,913
Direct Revenue									
Departmental Total Direct Revenue					-	-	-	-	-
Other Revenue					14,459	8,923	6,774	9,587	9,261
Cost in Tax Dollars					80,118	85,982	85,885	93,370	88,652
Estimated Millage					0.03	0.03	0.02	0.03	0.02
Percentage of General Fund Budget					0.19%	0.17%	0.16%	0.17%	0.16%
Total Full Time Employees					1	1	1	1	1

**Oconee County, South Carolina
Library (206)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	206	10110	00000	Salary and Wages	665,933	673,847	668,830	786,981	740,811
10	206	10710	00000	Overtime	121	-	174	-	-
10	206	20013	00000	Social Security	48,525	48,941	48,503	60,204	56,672
10	206	20014	00000	Retirement	97,321	104,386	110,043	138,194	130,086
10	206	20015	00000	Workers Compensation	7,794	9,054	9,061	4,202	2,297
10	206	20016	00000	Health Insurance	189,663	173,641	173,641	173,641	173,641
10	206	20027	00000	Dental	4,441	10,450	10,450	10,450	10,450
10	206	20028	00000	Vision	201	1,900	1,900	1,900	1,900
Salary and Wage Totals					1,013,999	1,022,219	1,022,602	1,175,572	1,115,857
10	206	30024	00000	Equipment Maintenance	2,470	2,500	1,255	2,500	2,703
10	206	30025	00000	Professional	110,058	111,624	144,648	140,000	140,000
10	206	30041	00000	Telecommunications	912	912	1,147	1,000	1,000
10	206	30056	00000	Data Processing	26,216	27,716	28,289	28,817	29,477
10	206	30059	00000	Copier Click Charges	6,257	6,089	7,569	8,500	8,500
10	206	30068	00000	Advertising	-	-	-	-	-
10	206	30080	00000	Dues: Organizations	750	729	750	750	750
10	206	30084	00000	Staff Development	3,282	-	1,014	3,000	3,000
10	206	30090	00000	Commission Honoraria	900	900	900	900	900
10	206	33022	00207	Building/Grounds Maintenance -Walhalla	6,467	3,677	9,742	5,500	5,500
10	206	33022	00208	Building/Grounds Maintenance - Seneca	3,294	2,554	2,858	3,500	3,500
10	206	33022	00209	Building/Grounds Maintenance - Westminster	3,184	2,034	3,931	2,500	2,500
10	206	33022	00210	Building/Grounds Maintenance - Salem	2,121	4,235	2,585	2,020	2,020
10	206	34043	00207	Electricity - Walhalla	23,932	21,713	17,239	25,000	25,000
10	206	34043	00208	Electricity - Seneca	14,342	12,819	11,032	16,000	16,000
10	206	34043	00209	Electricity - Westminster	14,346	13,274	10,554	15,500	15,500
10	206	34043	00210	Electricity - Salem	5,000	5,000	5,000	5,000	5,000
10	206	34044	00207	Water/Sewer/Garbage - Walhalla	1,647	1,545	1,979	1,700	1,700
10	206	34044	00208	Water/Sewer/Garbage - Seneca	917	952	1,607	1,200	1,200
10	206	34044	00209	Water/Sewer/Garbage - Westminster	614	919	969	1,200	1,200
10	206	40031	00000	Small Equipment	2,894	5,300	5,453	2,800	2,800
10	206	40032	00000	Operational	8,943	11,207	6,652	8,000	8,000
10	206	40033	00000	Postage	347	667	33	500	500
10	206	40034	00000	Food	155	500	395	500	500
10	206	40045	00000	IT Replacement/Software	-	-	3,209	-	-
10	206	40101	00000	Books	85,573	85,732	92,456	85,000	85,000
10	206	40102	00000	Periodicals	22,200	22,197	22,200	22,200	22,500
10	206	40103	00000	Audio Visual	11,299	11,206	11,293	11,300	11,300
10	206	80206	00000	Vehicle Maintenance	886	1,988	2,718	1,500	1,500
10	206	81206	00000	Gasoline	2,091	2,315	3,957	3,000	4,000
10	206	82206	00000	Diesel	1,474	860	2,378	2,000	3,000
Expenditure Total					362,571	361,164	403,812	401,387	404,550
Department Total					1,376,570	1,383,383	1,426,414	1,576,959	1,520,407

**Oconee County, South Carolina
Library (206)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
Direct Revenue									
10	80	805	11000	Library Fines and Fees	18,776	11,610	13,262	15,000	15,000
Departmental Total Direct Revenue					18,776	11,610	13,262	15,000	15,000
Other Revenue					210,451	130,066	104,283	146,840	143,810
Cost in Tax Dollars					1,147,343	1,241,707	1,308,869	1,415,119	1,361,597
Estimated Millage					2.10	2.21	2.23	2.41	2.26
Percentage of General Fund Budget					2.81%	2.52%	2.39%	2.64%	2.49%
Total Full Time Employees					19	19	19	19	19

Description				FY 2020 Actual	FY 2021 Actual	FY 2022 Approved 6/22/2021	FY 2023 Administrator Recommended	FY 2023 Administrator Recommended
Maintenance of Effort				1,376,570	1,383,383	1,426,414	1,576,959	1,520,407
						49,844	200,389	137,024
No one time capital is to be included in totals.								

**Oconee County, South Carolina
Magistrate (509)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	509	10110	00000	Salary and Wages	496,130	523,121	535,867	627,809	568,724
10	509	10710	00000	Overtime	257	577	1,962	500	3,000
10	509	20013	00000	Social Security	37,339	38,161	39,622	42,941	43,737
10	509	20014	00000	Retirement	83,010	88,854	96,976	105,885	108,755
10	509	20015	00000	Workers Compensation	3,753	3,934	8,619	9,794	9,384
10	509	20016	00000	Health Insurance	93,649	82,252	82,251	82,251	82,251
10	509	20027	00000	Dental	860	4,950	4,950	4,950	4,950
10	509	20028	00000	Vision	67	900	900	900	900
Salary and Wage Totals					715,065	742,749	771,147	875,030	821,701
10	509	30018	00000	Travel	346	-	4	400	400
10	509	30026	00000	Court Expenditures	5,784	2,280	8,470	15,000	15,000
10	509	30041	00000	Telecommunications	342	-	106	500	500
10	509	30056	00000	Data Processing	25,000	25,000	25,000	25,000	25,000
10	509	30059	00000	Copier Click Charges	3,952	4,167	5,829	5,500	5,500
10	509	30071	00000	Rent	23,760	23,760	1,482	23,760	23,760
10	509	30080	00000	Dues: Organizations	585	325	785	600	600
10	509	30084	00000	Staff Development	3,406	-	3,444	3,000	6,000
10	509	33022	00000	Building/Grounds Maintenance	1,780	1,462	1,310	10,000	10,000
10	509	34042	00000	Gas and Fuel Oil - Walhalla	559	540	858	1,000	1,150
10	509	34043	00000	Electricity	8,800	8,822	10,408	12,000	12,000
10	509	34044	00000	Water/Sewer/Garbage - Seneca	662	973	721	1,000	1,000
10	509	40031	00000	Small Equipment	915	-	2,312	2,500	2,500
10	509	40032	00000	Operational	3,839	4,505	7,183	5,500	5,500
10	509	40034	00000	Food	17	139	106	500	500
10	509	40045	00000	IT Replacement Equipment/Software	3,104	99	3,828	5,000	5,000
10	509	50850	00034	Capitl Building Westminster Mag	-	-	431,221		
10	509	80509	00000	Vehicle Maintenance	445	17	669	1,500	1,500
10	509	81509	00000	Gasoline	710	668	1,639	2,000	2,000
Expenditure Total					84,005	72,757	505,375	114,760	117,910
Department Total					799,070	815,506	1,276,522	989,790	939,611
Direct Revenue									
10	80	805	16001	Magistrate Fines	227,101	239,193	255,207	220,000	244,313
10	80	805	16002	Magistrate Court Fees	1,420	1,371	2,729	-	2,500
10	80	805	16003	Magistrate Civil Paper Fees	92,008	85,401	84,196	85,000	85,000
10	80	805	16004	25% Boating Fines Retained	689	1,049	1,192	1,100	1,200
10	80	805	16016	Liter Fines (90% GF)	2,630	1,004	559	1,500	1,000
10	80	805	16030	Magistrate Collection Cost	2,451	2,631	2,660	2,500	2,500
Departmental Total Direct Revenue					227,101	239,193	255,207	220,000	244,313
Other Revenue					122,163	76,674	93,325	92,165	88,874
Cost in Tax Dollars					449,807	499,639	927,990	677,625	606,424
Estimated Millage					0.82	0.89	1.58	1.16	1.01
Percentage of General Fund Budget					1.63%	1.49%	2.14%	1.66%	1.54%
Total Full Time Employees					9	9	9	9	10

**Oconee County, South Carolina
Non-Departmental (709)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	709	20013	00000	Misc Social Security	922	-	-	-	-
10	709	20014	00000	Retirement Reimb	(372,676)	-	-	-	-
10	709	20015	00000	Workers Compensation	-	(169,871)	-	-	-
10	709	20016	00000	Health Insurance - Overage	-	1,239,293	2,512,552	-	-
10	709	20029	00000	Retiree Health Stipend	179,230	176,521	190,890	150,000	200,000
10	709	20032	00000	Pcori Fee	2,720	2,846	3,055	-	4,000
10	709	30025	00000	Professional	-	-	150,015	-	-
10	709	30025	00025	Professional Quarterly Shred	-	-	-	5,000	-
10	709	30037	00000	Mail Machine	4,594	4,594	339	5,000	5,000
10	709	30041	00000	Telecommunications	142,679	154,224	143,094	150,000	145,000
10	709	30066	00000	P & L Insurance	951,863	1,164,487	1,109,544	1,200,000	1,150,000
10	709	30068	00000	Advertising	250,208	243,140	214,133	225,000	220,000
10	709	30780	00000	Unemployment	7,957	13,101	-	15,000	10,000
10	709	40032	00019	Community Safety	-	65,549	20,907	100,000	66,000
10	709	40031	00000	Non Capital Equipment	500	1,587	143	-	-
10	709	40032	00000	Operational	14	469	327	-	-
10	709	40033	00000	Postage	61,664	51,356	81,138	60,000	80,000
10	709	30025	00017	Health Clinic at Pine Street	35,577	17,193	-	25,000	20,000
10	709	50840	00106	Pine Street Security Implementation	-	-	-	-	-
10	709	50860	00000	Capital Land	-	-	96,911	-	-
10	709	50860	00094	Capital Land-Bountyland Substation	-	-	100,915	-	-
10	709	XXXXX	00190	Covid 19	134,773	247,862	19,043	-	-
10	709	XXXXX	00191	Tornado	90,415	77,634	-	-	-
10	709	XXXXX	00192	Flood Event	47,905	109,473	8,800	-	-
					1,538,345	3,399,458	4,651,806	1,935,000	1,900,000

Debt Service									
10	709	55100	02015	2015 Lease-Principal Payoff 10/01/2020 \$4,200,000 Last Payment FY 20/21 10/01/2020 \$866,278.65	870,995	848,088	-	-	-
10	709	55200	02015	2015 Lease-Interest Payoff 10/01/2020 \$4,200,000	21,123	19,519	-	-	-
10	709	55100	02018	Principal Payment - 2018 BB&T Capital Lease Last Payment FY 23/24 06/01/2024 \$365,000	57,968	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 Payoff 11/22/2024 2.2M	-	422,833	431,247	439,829	448,582
10	709	55200	02019	2019 Lease - Interest BB&T	9,560	43,780	35,366	26,784	18,031
10	709	55300	02019	Issuance Cost - 2019 Capital Lease Purchase	23,000.00	-	-	-	-
10	709	55100	02020	2020 Lease - Principal JCI - TD Equip Finance - Pay off 01/01/2036	-	-	157,357	158,572	165,248
10	709	55200	02020	2020 Lease - Interest - TD Equip Finance	-	-	47,044	49,861	47,338
10	709	55300	02020	2020 Lease - Issuance Cost GASB Lease Principal	-	-	147,754	-	-
Expenditure Total					982,646	1,401,748	886,296	742,574	746,726
Department Total					2,520,991	4,801,206	5,538,102	2,677,574	2,646,726

**Oconee County, South Carolina
Non-Departmental (709)
2023-2024 Budget**

Direct Revenue					
Departmental Total Direct Revenue	-	-	-	-	-
Other Revenue	385,412	451,410	404,882	249,325	250,344
Cost in Tax Dollars	2,135,579	4,349,796	5,133,220	2,428,249	2,396,382
Estimated Millage	3.91	7.75	8.75	4.14	3.97
Percentage of General Fund Budget	5.15%	8.76%	9.28%	4.49%	4.34%
Total Full Time Employees	-	-	-	-	-

**Oconee County, South Carolina
Parks, Recreation, and Tourism (202)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10 202 10110 00000	Salary and Wages	165,634	163,803	171,860	391,670	321,670			
10 202 10710 00000	Overtime	634	161	43	-	-			
10 202 20013 00000	Social Security	11,524	11,454	12,038	29,963	24,608			
10 202 20014 00000	Retirement	23,078	25,382	28,462	68,638	56,485			
10 202 20015 00000	Workers Compensation	7,591	8,899	10,450	7,485	6,679			
10 202 20016 00000	Health Insurance	32,577	45,695	45,695	63,973	45,695			
10 202 20027 00000	Dental	478	2,750	2,750	3,850	2,750			
10 202 20028 00000	Vision	53	500	500	700	500			
Salary and Wage Totals		241,569	258,644	271,798	566,279	458,387			
10 202 30059 00000	Copier Click Charges	1,406	787	1,253	1,500	1,500			
10 202 30068 00000	Advertising	159	-	-	-	-			
10 202 30080 00000	Dues: Organizations	1,096	1,255	1,361	1,175	1,175			
10 202 30084 00000	Staff Development	6,901	3,723	8,776	7,000	7,000			
10 202 30090 00000	Commission Honoraria	700	700	700	700	700			
10 202 30901 00000	Recreation - District 1	30,000	30,000	30,000	50,000	50,000			
10 202 30902 00000	Recreation - District 2	30,000	30,000	30,000	50,000	50,000			
10 202 30903 00000	Recreation - District 3	30,000	30,000	30,000	50,000	50,000			
10 202 30904 00000	Recreation - District 4	30,000	30,000	30,000	50,000	50,000			
10 202 30905 00000	Recreation - District 5	30,000	30,000	30,000	50,000	50,000			
10 202 34043 62051	Electricity - Fairplay Rec Area	1,096	968	959	1,400	1,400			
10 202 34043 62052	Electricity - Lawrence Br. Rec Area	662	604	746	1,000	1,000			
10 202 34043 62053	Electricity - Mullins Ford Landing	1,443	1,374	1,369	1,500	1,500			
10 202 34043 62058	Electricity-Friendship Rec Area	-	272	2,677	1,400	1,400			
10 202 34044 62051	Water/Sewer - Fairplay Rec Area	740	615	457	600	600			
10 202 34044 62052	Water/Sewer-Lawrence Bridge Rec	321	339	365	600	600			
10 202 34044 62058	Water/Sewer-Friendship Rec Area	-	184	451	600	600			
10 202 34044 62060	Creek	-	-	-	-	600			
10 202 40027 00000	Safety Equipment	3,420	2,533	4,533	3,050	3,500			
10 202 40031 00000	Small Equipment	477	1,000	454	1,000	1,000			
10 202 40032 00000	Operational	1,127	2,263	1,676	3,500	3,500			
10 202 40034 00000	Food	198	61	194	200	200			
10 202 40065 00000	Uniforms/Clothing	254	242	360	400	400			
10 202 40102 00000	Magazines/Newspapers	-	-	-	-	-			
10 202 60735 00000	General Gravel Use	2,269	224	3,226	4,000	4,000			
10 202 80202 00000	Vehicle Maintenance	20,728	17,189	18,056	13,000	20,000			
10 202 81202 00000	Gasoline	14,283	15,660	24,930	20,000	20,000			
10 202 82202 00000	Diesel	841	393	1,010	1,100	1,100			
10 202 95100 20221	Visit Oconee	85,000	85,000	85,000	75,000	75,000			
10 202 95100 20223	Foothills YMCA	2,500	2,500	2,500	2,500	2,500			
10 202 95100 20228	Oconee Heritage Center Museum	35,000	35,000	35,000	5,000	5,000			
10 202 95100 20234	Arts and Historical	4,143	6,000	3,000	7,500	5,000			
10 202 99999 00000	Miscellaneous Grant Match	-	-	-	-	-			
Expenditure Total		334,764	328,886	349,053	403,725	409,275			
Department Total		576,333	587,530	620,851	970,004	867,662			

**Oconee County, South Carolina
Parks, Recreation, and Tourism (202)
2023-2024 Budget**

Account Number	Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
Direct Revenue						
Departmental Total Direct Revenue						
	Other Revenue	88,110	55,240	45,389	90,323	82,069
	Cost in Tax Dollars	488,223	532,290	575,462	879,681	785,593
	Estimated Millage	0.89	0.95	0.98	1.50	1.30
	Percentage of General Fund Budget	1.18%	1.07%	1.04%	1.63%	1.42%
	Total Full Time Employees	5	5	5	5	5

**Oconee County, South Carolina
Planning Department (712)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	712	10110	00000	Salary and Wages	161,895	144,675	176,748	214,786	249,983
10	712	10710	00000	Overtime	306	54	44	-	
10	712	20013	00000	Social Security	11,712	10,693	12,950	16,431	19,124
10	712	20014	00000	Retirement	23,642	22,698	28,349	37,946	43,897
10	712	20015	00000	Workers Compensation	3,886	3,192	5,810	6,303	6,875
10	712	20016	00000	Health Insurance	32,477	36,556	36,556	36,556	45,695
10	712	20027	00000	Dental	933	2,200	2,200	2,200	2,750
10	712	20028	00000	Vision	83	400	400	400	500
Salary and Wage Totals					234,934	220,468	263,057	314,622	368,824
10	712	30025	00000	Professional	37,087	1,775	14,542	100,000	50,000
10	712	30056	00000	Data Processing	1,625	-	1,212	3,000	-
10	712	30059	00000	Copies	2,318	959	1,029	1,200	1,300
10	712	30080	00000	Dues: Organizations	838	366	326	1,000	1,000
10	712	30084	00000	Staff Development	912	99	4,279	5,000	6,000
10	712	30090	00000	Commission Honoraria	4,600	3,425	3,375	5,000	4,000
10	712	40027	00000	Safety Equipment	105	222	1,132	1,000	1,000
10	712	40031	00000	Non-Cap Equipment	650	318	10,896	1,500	4,000
10	712	40032	00000	Operational	2,069	868	2,408	3,500	3,000
10	712	40034	00000	Food	-	37	54	250	250
10	712	40045	00000	IT Replacement Equipment/Software	896	-	1,452	2,000	2,000
10	712	40065	00000	Clothing/Uniforms		528	323	500	500
10	712	80712	00000	Vehicle Maintenance	93	405	27,483	2,000	2,000
10	712	81712	00000	Gasoline	578	604	3,909	4,000	4,000
Expenditure Total					51,771	9,606	72,420	129,950	79,050
Department Total					286,705	230,074	335,477	444,572	447,874
Direct Revenue									
10	80	805	13724	Land Use Appeals - Planning	800	2,850	4,250	2,500	3,000
10	80	805	13753	Zoning Permit Fees	21,775	25,035	28,850	25,000	30,000
Departmental Total Direct Revenue					22,575	27,885	33,100	27,500	33,000
Other Revenue					43,832	21,632	24,526	41,397	42,363
Cost in Tax Dollars					220,298	180,557	277,851	375,675	372,511
Estimated Millage					0.40	0.32	0.47	0.64	0.62
Percentage of General Fund Budget					0.59%	0.42%	0.56%	0.74%	0.73%
Total Full Time Employees					4	4	4	4	5

**Oconee County, South Carolina
Probate Court (502)
2023-2024 Budget**

Account Number	Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10 502 10110 00000	Salary and Wages	227,148	225,827	187,279	232,963	266,331
10 502 10710 00000	Overtime	1,105	-	90	-	500
10 502 20013 00000	Social Security	16,428	16,204	13,690	17,860	20,413
10 502 20014 00000	Retirement	33,984	36,830	31,930	40,997	46,856
10 502 20015 00000	Workers Compensation	2,493	2,799	3,098	2,805	3,043
10 502 20016 00000	Health Insurance	47,861	45,695	45,695	45,695	45,695
10 502 20027 00000	Dental	1,003	2,750	2,750	2,750	2,750
10 502 20028 00000	Vision	48	500	500	500	500
Salary and Wage Totals		330,070	330,605	285,032	343,570	386,088
10 502 30018 00000	travel					1,000
10 502 30024 00000	Equipment Maintenance	2,400	2,400	3,000	2,400	2,400
10 502 30025 00000	Professional	-	9,037	38,197	10,000	30,000
10 502 30026 00000	Court Expenditures	1,249	727	4,837	5,000	8,300
10 502 30041 00000	Telecommunications	450	-	-	400	400
10 502 30059 00000	Copier Click Charges	2,758	2,116	3,955	3,600	3,600
10 502 30080 00000	Dues: Organizations	680	275	382	800	1,605
10 502 30084 00000	Staff Development	2,826	1,638	3,047	3,300	6,000
10 502 40031 00000	Small Equipment	3,039	1,362	1,288	1,400	1,400
10 502 40032 00000	Operational	8,419	10,820	6,299	8,000	9,000
10 502 40034 00000	Food	69	505	40	100	600
10 502 40045 00000	IT Replacement Equipment/Software	1,348	-	1,909	1,500	1,500
10 502 80502 00000	Vehicle Maintenance Probate Judge	44	349	119	800	800
10 502 81502 00000	Gasoline Probate Court	451	311	211	800	2,860
Expenditure Total		23,733	29,540	63,284	38,100	69,465
Department Total		353,803	360,145	348,316	381,670	455,553
Direct Revenue						
10 080 00805 12301	Probate Judge Estates	143,921	179,141	197,607	150,000	175,000
10 080 00805 12302	Probate Judge Advertising	68,063	151,792	140,144	150,000	150,000
10 080 00805 12304	Probate Judge Marriage Licenses	7,318	10,813	9,085	10,000	12,500
10 080 00805 12305	Probate Judge Returns	310	350	360	100	350
10 080 00805 12306	Miscellaneous - Probate Judge	17,822	15,420	29,992	15,000	20,000
10 080 00805 12307	Probate Judge Marriage Certificates	5,700	5,283	6,417	5,500	6,000
10 080 00805 12308	Probate Judge Marriage Ceremony	5,060	3,550	4,292	3,500	4,000
10 080 00805 22300	Probate Judge Supplement	1,575	1,575	1,575	1,576	15,000
Departmental Total Direct Revenue		249,769	367,924	389,472	335,676	382,850
Other Revenue		54,090	33,861	25,465	35,540	43,089
Cost in Tax Dollars		49,944	(41,640)	(66,621)	10,454	29,614
Estimated Millage		0.09	-0.07	-0.11	0.02	0.05
Percentage of General Fund Budget		0.72%	0.66%	0.58%	0.64%	0.75%
Total Full Time Employees		5	5	5	5	6

**Oconee County, South Carolina
Procurement (713)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	713	10110	00000	Salary and Wages	99,057	104,918	113,783	153,203	157,401
10	713	10710	00000	Overtime	112	27	55	-	
10	713	20013	00000	Social Security	7,063	7,524	8,144	11,720	12,041
10	713	20014	00000	Retirement	14,450	16,197	18,709	26,902	27,640
10	713	20015	00000	Workers Compensation	318	372	471	536	488
10	713	20016	00000	Health Insurance	18,351	18,278	18,278	27,417	27,417
10	713	20027	00000	Dental	716	1,100	1,100	1,650	1,650
10	713	20028	00000	Vision	71	200	200	300	300
Salary and Wage Totals					140,138	148,616	160,740	221,728	226,937
10	713	30018	00000	Travel	439	-	236	500	500
10	713	30056	00000	Data Processing	550	11,075	12,384	12,500	15,501
10	713	30059	00000	Copier Click Charges	1,378	2,515	1,626	1,800	1,900
10	713	30068	00000	Advertising	-	-	-	-	-
10	713	30080	00000	Dues: Organizations	1,737	1,737	1,737	1,800	1,950
10	713	30084	00000	Staff Development	1,885	1,083	2,143	4,500	4,500
10	713	40031	00000	Small Equipment	1,311	2,118	7,112	2,000	2,000
10	713	40032	00000	Operational	1,060	1,327	913	2,500	2,500
10	713	40034	00000	Food	-	-	-	-	-
10	713	40045	00000	IT Replacement Equipment/Software	2,521	-	-	2,500	-
10	713	40065	00000	Clothing/Uniforms	-	200	-	400	600
10	713	40102	00000	Subscription	-	150	150	150	175
Expenditure Total					10,881	20,205	26,301	28,650	29,626
Department Total					151,019	168,821	187,041	250,378	256,563
Direct Revenue									
Departmental Total Direct Revenue					-	-	-	-	-
Other Revenue					23,088	15,873	13,674	23,314	24,267
Cost in Tax Dollars					127,931	152,948	173,367	227,064	232,296
Estimated Millage					0.23	0.27	0.30	0.39	0.39
Percentage of General Fund Budget					0.31%	0.31%	0.31%	0.42%	0.42%
Total Full Time Employees					2	2	2	3	3

**Oconee County, South Carolina
Public Defender (510)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	510	95100	20204	Oconee County Public Defender	240,000	240,000	250,000	250,000	250,000
				Department Total	240,000	240,000	250,000	250,000	250,000
Direct Revenue									
Departmental Total Direct Revenue					-	-	-	-	-
Other Revenue					36,691	22,565	18,277	23,279	23,647
Cost in Tax Dollars					203,309	217,435	231,723	226,721	226,353
Estimated Millage					0.37	0.39	0.40	0.39	0.38
Percentage of General Fund Budget					0.49%	0.44%	0.42%	0.42%	0.41%
Total Full Time Employees					-	-	-	-	-

**Oconee County, South Carolina
Register of Deeds (735)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
010	735	10110	00000	Salary and Wages	160,420	162,635	173,968	184,306	179,073
010	735	10710	00000	Overtime	-	-	135	500	850
010	735	20013	00000	Social Security	11,081	11,350	12,225	14,164	13,764
010	735	20014	00000	Retirement	23,373	25,193	28,662	32,514	31,594
010	735	20015	00000	Workers Compensation	514	583	732	649	558
010	735	20016	00000	Health Insurance	38,468	36,556	36,556	36,556	36,556
010	735	20027	00000	Dental	382	2,200	2,200	2,200	2,200
010	735	20028	00000	Vision	30	400	400	400	400
Salary and Wage Totals					234,268	238,917	254,878	271,289	264,995
010	735	30024	00000	Equipment Maintenance	-	3,992	270	2,300	2,500
010	735	30037	00000	Equipment Rental	-	-	-	-	-
010	735	30056	00000	Data Processing	49,300	50,192	50,164	56,000	52,000
010	735	30059	00000	Copier Click Charges	2,000	1,720	1,898	3,000	4,500
010	735	30080	00000	Dues: Organizations	220	235	235	320	320
010	735	30084	00000	Staff Development	670	-	-	1,000	1,000
010	735	40031	00000	Small Equipment	-	1,253	18,003	2,000	1,500
010	735	40032	00000	Operational	3,694	5,400	2,776	6,000	7,000
010	735	40045	00000	IT Replacement EQ/Software	674	-	-	-	-
Expenditure Total					56,558	62,792	73,346	70,620	68,820
Department Total					290,826	301,709	328,224	341,909	333,815
Direct Revenue									
010	080	00805	14100	Register of Deeds	1,003,351	1,437,784	1,734,133	1,500,000	1,750,000
10	80	805	11902	3% State Document Fee	49,483	74,867	96,778	60,000	90,000
010	081	00810	21400	Register of Deeds Supplemental Salary	1,575	1,575	1,575	1,576	1,575
Departmental Total Direct Revenue					1,054,409	1,514,226	1,832,486	1,561,576	1,841,575
Other Revenue					44,462	28,367	23,996	31,837	31,574
Cost in Tax Dollars					(808,045)	(1,240,884)	(1,528,258)	(1,251,504)	(1,539,334)
Estimated Millage					-0.82	-0.89	-1.72	-1.41	-2.07
Percentage of General Fund Budget					0.59%	0.55%	0.55%	0.57%	0.55%
Total Full Time Employees					4	4	4	4	4

**Oconee County, South Carolina
Roads and Bridges (601)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	601	10110	00000	Salary and Wages	1,334,330	1,311,427	1,277,508	1,634,066	1,610,350
10	601	10710	00000	Overtime	19,982	26,824	46,389	40,000	43,000
10	601	20013	00000	Social Security	98,228	97,249	96,474	124,471	126,481
10	601	20014	00000	Retirement	201,008	207,305	217,463	282,716	290,328
10	601	20015	00000	Workers Compensation	113,574	124,125	137,780	135,336	127,605
10	601	20016	00000	Health Insurance	332,665	329,004	329,004	329,004	338,143
10	601	20027	00000	Dental	6,954	19,800	19,800	19,800	20,350
10	601	20028	00000	Vision	306	3,600	3,600	3,600	3,700
Salary and Wage Totals					2,107,047	2,119,334	2,128,018	2,568,993	2,559,957
10	601	30024	00000	Equipment Maintenance	3,665	2,970	1,973	4,000	4,000
10	601	30025	00000	Professional	5,313	210	3,187	7,500	7,500
10	601	30037	00000	Equipment Rental (Crusher & Screen)	-	1,061	2,353	10,000	10,000
10	601	30056	00000	Data Processing	1,107	1,119	1,232	1,500	1,500
10	601	30059	00000	Copier Click Charges	1,940	1,483	1,355	2,500	2,500
10	601	30080	00000	Dues: Organizations	-	886	232	1,240	1,240
10	601	30084	00000	Staff Development	2,661	574	2,000	5,000	5,000
10	601	30091	00000	Special Departmental Supplies	-	699	2,499	1,200	1,500
10	601	33022	00000	Building/Grounds Maintenance	2,885	13,797	4,409	3,000	3,000
10	601	34042	00000	Gas and Fuel Oil	2,215	2,710	2,870	3,500	3,500
10	601	34043	00000	Electricity	12,596	12,503	11,380	14,000	14,000
10	601	34044	00000	Water/Sewer/Garbage	2,754	3,065	3,067	3,200	3,200
10	601	40027	00000	Safety Equipment	10,499	11,454	12,368	13,000	13,000
10	601	40031	00000	Small Equipment	38,403	22,022	8,204	18,000	18,000
10	601	40032	00000	Operational	(525)	1,372	1,471	2,500	2,500
10	601	40034	00000	Food	1,349	1,828	2,433	3,000	3,500
10	601	40045	00000	IT Replacement Equipment/Software	2,126	-	-	-	-
10	601	40065	00000	Uniforms/Clothing	11,022	12,318	9,896	16,000	16,000
10	601	60735	00000	General Gravel Use	-	11,763	-	-	-
10	601	80601	00000	Vehicle Maintenance	209,550	299,156	201,486	300,000	325,000
10	601	81601	00000	Gasoline	28,842	33,260	45,708	40,000	50,000
10	601	82601	00000	Diesel	100,361	102,189	133,298	125,000	175,000
Expenditure Total					436,763	536,439	451,421	574,140	659,940
Department Total					2,543,810	2,655,773	2,579,439	3,143,133	3,219,897

**Oconee County, South Carolina
Roads and Bridges (601)
2023-2024 Budget**

Account Number	Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
Direct Revenue						
10 80 805 10601	Encroachment Fees - Roads and Bridges	18,445	31,959	24,642	30,000	30,000
10 80 805 60003	Storm Water Assistance Fund	10,743	5,715	8,463	6,000	4,000
10 80 805 60105	Sign Fees - Roads and Bridges	2,672	5,044	3,043	5,000	4,000
Departmental Total Direct Revenue		31,860	42,718	36,148	41,000	38,000
Other Revenue		388,900	249,696	188,579	292,675	304,558
Cost in Tax Dollars		2,123,050	2,363,359	2,354,712	2,809,458	2,877,339
Estimated Millage		3.89	4.21	4.01	4.79	4.77
Percentage of General Fund Budget		5.20%	4.85%	4.32%	5.27%	5.28%
Total Full Time Employees		36	36	37	37	37

**Oconee County, South Carolina
Sheriff (101)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	101	10110	00000	Salary and Wages	5,221,812	5,157,537	5,359,727	6,325,016	6,277,785
10	101	10710	00000	Overtime	379,729	357,662	332,688	310,000	310,000
10	101	20013	00000	Social Security	407,985	402,384	416,514	510,256	503,966
10	101	20014	00000	Retirement	960,703	993,066	1,080,941	1,312,220	1,320,665
10	101	20015	00000	Workers Compensation	193,160	210,503	251,719	240,719	219,606
10	101	20016	00000	Health Insurance	1,051,948	997,391	1,033,836	1,151,514	1,096,680
10	101	20027	00000	Dental	45,507	59,950	62,150	69,300	66,000
10	101	20028	00000	Vision	1,195	10,900	11,300	12,600	12,000
10	101	10110	00000	Extra Duty Pay	48,998	63,992	109,363	-	-
Salary and Wage Totals					8,311,037	8,253,385	8,658,238	9,931,625	9,806,702
10	101	30018	00000	Travel	-	-	(6,422)	-	-
10	101	30024	00000	Equipment Maintenance	6,878	5,508	3,448	9,500	9,500
10	101	30025	00000	Professional	90,643	87,354	99,966	125,000	125,000
10	101	30025	00260	Professional Sheriff Dept	4,053	-	-	-	-
10	101	30056	00000	Data Processing	31,301	86,734	85,322	125,000	210,000
10	101	30059	00000	Copier Click Charges	9,200	8,367	11,403	10,000	11,000
10	101	30062	00000	Medical	3,898	3,097	3,410	6,500	6,500
10	101	30080	00000	Dues: Organizations	6,180	6,285	6,416	6,500	6,500
10	101	30084	00000	Staff Development	24,332	38,213	39,232	42,000	47,000
10	101	33022	00260	Maint. Bldg/Grds-Sheriffs Dept Fire	3,502	521	2,260	-	-
10	101	34043	00000	Electricity	3,449	3,806	4,057	3,000	4,000
10	101	34044	00000	Water/Sewer/Garbage	764	418	501	500	500
10	101	40031	00000	Small Equipment	37,501	53,114	44,780	43,000	53,000
10	101	40031	00260	Non-Cap Equipment	30,284	44,306	-	-	-
10	101	40032	00000	Operational	41,334	36,888	41,391	45,000	45,000
10	101	40033	00000	Postage	113	2,291	621	600	600
10	101	40034	00000	Food	2,577	1,856	2,234	3,500	3,500
10	101	40045	00000	IT Replacement Equipment/Software	41,315	31,658	26,016	29,000	29,000
10	101	40045	00260	IT Equipment/Software Sheriff	6,312	-	-	-	-
10	101	40065	00000	Uniforms/Clothing	90,205	80,607	138,745	110,000	110,000
10	101	40065	00004	Clothing for Plain Clothes Officers	24,358	26,949	27,073	27,900	27,900
10	101	40353	00000	Firing Range	64,317	57,360	60,052	75,000	85,000
10	101	40354	00000	Sub-Station	869	3,215	1,939	3,500	3,500
10	101	60402	00155	DSS Child Support (Federal)	4,895	3,902	4,537	4,500	-
10	101	60444	00000	Helicopter Maintenance	7,889	7,673	8,586	8,500	8,500
10	101	60735	00000	General Gravel Use	153	-	-	-	-
10	101	80101	00000	Vehicle Maintenance	169,224	217,268	277,328	145,000	155,000
10	101	81101	00000	Gasoline	272,669	269,987	466,681	320,000	375,000
10	101	82101	00000	Diesel	409	228	645	750	750
10	101	99999	00000	Miscellaneous Grant Match	-	-	-	10,000	10,000
Expenditure Totals					978,624	1,077,605	1,350,221	1,154,250	1,326,750
Department Total					9,289,661	9,330,990	10,008,459	11,085,875	11,133,452

**Oconee County, South Carolina
Sheriff (101)
2023-2024 Budget**

Direct Revenue									
10	80	805	900	Sheriff-Voluntary Extra Duty Pay	115,588	80,122	142,980	80,000	200,000
10	80	805	10400	Sheriff Civil Fees	7,900	7,495	7,585	6,000	7,500
10	80	805	10401	Miscellaneous - Sheriff	44,453	43,263	23,787	43,000	43,000
10	80	805	16024	Litter Fine In Lieu of Pickup	840	720	480	-	500
10	80	810	20400	Sheriff Supplement	1,575	1,575	1,575	1,576	15,000
10	80	810	60460	Resource Officer Reimbursement	609,098	662,901	547,458	600,354	625,010
10	80	830	25600	Sheriff Title IVD Service of Process	5,379	4,472	8,976	9,500	9,000
Departmental Total Direct Revenue					784,833	800,548	732,841	740,430	900,010
Other Revenue					1,420,213	877,301	731,703	1,032,270	1,053,071
Cost in Tax Dollars					7,084,615	7,653,141	8,543,915	9,313,175	9,180,371
Estimated Millage					12.98	13.63	14.57	15.88	15.23
Percentage of General Fund Budget					18.98%	17.03%	16.77%	18.58%	18.25%
Total Full Time Employees General Fund Only					112	114	119	126	126

**Oconee County, South Carolina
Soil and Water Conservation District (716)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	716	10110	00000	Salary and Wages	25,557	32,002	28,487	30,958	36,588
10	716	10710	00000	Overtime	217	713	625	-	1,000
10	716	20013	00000	Social Security	2,172	2,239	2,618	2,368	2,875
10	716	20014	00000	Retirement	4,658	5,059	5,870	5,145	6,062
10	716	20015	00000	Workers Compensation	761	933	1,150	108	130
10	716	20016	00000	Health Insurance	8,620	9,139	9,139	9,139	9,139
10	716	20027	00000	Dental	96	550	550	550	550
10	716	20028	00000	Vision	7	100	100	100	100
Salary and Wage Totals					42,088	50,735	48,539	48,368	56,444
10	716	30066	00000	Insurance	1,980	2,375	2,375	2,375	2,500
10	716	33022	00000	Building/Grounds Maintenance	6,208	10,240	5,594	11,000	15,000
10	716	34042	00000	Gas and Fuel Oil - USDA Building	1,403	1,306	1,529	1,500	1,500
10	716	34043	00000	Electricity - USDA Building	4,131	3,940	4,060	5,000	5,000
10	716	34044	00000	Water/Sewer/Garbage	971	811	876	900	900
10	716	95100	20200	Coop. Extension Service	11,538	11,538	12,238	12,838	12,838
Expenditure Total					26,231	30,210	26,672	33,613	37,738
Department Total					68,319	80,945	75,211	81,981	94,182
Direct Revenue									
10	80	805	20800	Soil and Water	-	6,139	-	6,139	6,139
Departmental Total Direct Revenue					-	6,139	-	6,139	6,139
Other Revenue					10,445	7,610	5,499	7,634	8,908
Cost in Tax Dollars					57,874	67,196	69,712	68,208	79,135
Estimated Millage					0.11	0.12	0.12	0.12	0.13
Percentage of General Fund Budget					0.14%	0.15%	0.13%	0.14%	0.15%
Total Full Time Employees					1	1	1	1	1

**Oconee County, South Carolina
Solicitor (504)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	504	10110	00000	Salary and Wages	544,193	553,704	506,782	700,711	716,424
10	504	20013	00000	Social Security	38,810	38,699	37,273	53,604	54,806
10	504	20014	00000	Retirement	79,643	85,180	88,101	124,886	128,504
10	504	20015	00000	Workers Compensation	4,201	5,061	8,758	6,835	5,764
10	504	20016	00000	Health Insurance	82,709	109,668	109,668	109,668	109,668
10	504	20027	00000	Dental	2,520	6,600	6,600	6,600	6,600
10	504	20028	00000	Vision	135	1,200	1,200	1,200	1,200
Salary and Wage Totals					752,211	800,112	758,382	1,003,504	1,022,966
10	504	80504	00000	Vehicle Maintenance	14	487	157	500	500
10	504	81504	00000	Gasoline	1,341	1,401	3,256	1000	1000
Expenditure Total					1,355	1,888	3,413	1,500	1,500
Department Total					753,566	802,000	761,795	1,005,004	1,024,466
Direct Revenue									
10	80	805	10504	Worthless Checks	3,444	3,116	2,050	3,000	3,000
10	80	805	16006	Solicitor's Traffic Education	-	38	153	-	-
Departmental Total Direct Revenue					3,444	3,154	2,203	3,000	3,000
Other Revenue					115,206	75,404	55,694	93,582	96,900
Cost in Tax Dollars					634,916	723,442	703,898	908,422	924,566
Estimated Millage					1.16	1.29	1.20	1.55	1.53
Percentage of General Fund Budget					1.54%	1.46%	1.28%	1.68%	1.68%
Total Full Time Employees					12	12	12	12	12

**Oconee County, South Carolina
Solid Waste (718)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	718	10110	00000	Salary and Wages	1,028,987	1,067,934	1,105,562	1,334,197	1,331,578
10	718	10710	00000	Overtime	36,564	45,912	79,540	30,000	5,500
10	718	20013	00000	Social Security	75,721	79,566	84,891	104,361	102,286
10	718	20014	00000	Retirement	154,625	172,169	194,905	238,552	234,791
10	718	20015	00000	Workers Compensation	72,178	84,643	96,969	87,852	80,640
10	718	20016	00000	Health Insurance	329,426	329,004	329,004	329,004	329,004
10	718	20027	00000	Dental	8,328	19,800	19,800	19,800	19,800
10	718	20028	00000	Vision	529	3,600	3,600	3,600	3,600
Salary and Wage Totals					1,706,358	1,802,628	1,914,271	2,147,366	2,107,199
10	718	30024	00000	Equipment Maintenance	74,284	38,302	37,950	75,000	55,000
10	718	30025	00000	Professional	322,578	259,785	327,117	451,000	600,000
10	718	30037	00000	Equipment Rental	17,026	109,408	53,626	10,000	42,000
10	718	30059	00000	Copier Click Charges	1,146	1,482	1,545	1,500	1,600
10	718	30068	00000	Advertising	-	-	-	-	-
10	718	30080	00000	Dues: Organizations	223	233	223	400	400
10	718	30084	00000	Staff Development	61	66	530	3,000	3,000
10	718	30091	00000	Special Departmental Supplies	-	-	-	1,500	2,000
10	718	33022	00000	Building/Grounds Maintenance	22,130	20,847	24,642	30,000	45,000
10	718	34043	00000	Electricity	56,054	46,437	53,384	55,000	56,000
10	718	34044	00000	Water/Sewer/Garbage	9,029	7,992	10,588	9,000	11,000
10	718	40027	00000	Safety Equipment	6,243	7,451	8,835	13,500	14,500
10	718	40031	00000	Small Equipment	4,029	9,900	11,762	15,000	15,000
10	718	40032	00000	Operational	9,999	14,498	14,292	15,000	40,000
10	718	40033	00000	Postage	67	258	233	200	250
10	718	40034	00000	Food	294	408	562	500	1,750
10	718	40045	00000	IT Replacement Equipment/Software	1,348	286	2,205	-	-
10	718	40065	00000	Uniforms/Clothing	6,591	9,921	6,255	11,500	11,500
10	718	60005	00000	Testing Wells	62,523	59,254	66,704	145,000	145,000
10	718	60007	00000	Tipping Fees/MSW Disposal	1,672,703	1,939,094	2,010,491	2,000,000	2,500,000
10	718	60008	00000	Impact Fees for Tires	74,420	57,093	75,698	90,000	90,000
10	718	60055	00000	Credit Application Fee	755	1,216	1,227	-	-
10	718	60735	00000	General Gravel Use	6,895	11,121	26,585	10,000	10,000
10	718	80718	00000	Vehicle Maintenance	208,157	256,584	228,731	200,000	225,000
10	718	81718	00000	Gasoline	5,862	6,552	11,724	7,500	12,000
10	718	82718	00000	Diesel	104,309	99,079	196,915	150,000	215,000
Expenditure Total					2,666,726	2,957,267	3,171,824	3,294,600	4,096,000
Department Total					4,373,084	4,759,895	5,086,095	5,441,966	6,203,199
Direct Revenue									
10	80	805	14904	Solid Waste Impact Fee for Tires	5,712	13,120	14,795	13,000	15,000
10	80	49807	14900	Solid Waste Tipping Fees	1,825,524	2,192,086	2,497,785	2,100,000	2,300,000
10	80	49807	14902	Solid Waste - Recyclables	213,058	211,554	579,530	250,000	225,000
10	80	49807	14910	Solid Waste - Mulch Sales	8,874	-	-	-	1,000
10	81	810	14904	Impact Fee For Tires	47,529	43,627	33,187	40,000	50,000
Departmental Total Direct Revenue					2,100,697	2,460,387	3,125,297	2,403,000	2,591,000
Other Revenue					668,562	447,526	371,837	506,733	586,737
Cost in Tax Dollars					1,603,825	1,851,982	1,588,961	2,532,233	3,025,462
Estimated Millage					2.94	3.30	2.71	4.32	5.02
Percentage of General Fund Budget					8.94%	8.69%	8.52%	9.12%	10.17%
Total Full Time Employees					35	36	36	36	36

**Oconee County, South Carolina
South Cove Park (204)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	204	10110	00000	Salary and Wages	170,299	178,782	217,789	256,897	245,163
10	204	10710	00000	Overtime	6,020	7,926	13,150	7,000	14,000
10	204	20013	00000	Social Security	12,860	13,678	17,075	18,882	19,826
10	204	20014	00000	Retirement	25,545	28,807	38,063	38,334	45,509
10	204	20015	00000	Workers Compensation	6,568	7,523	10,991	9,588	10,968
10	204	20016	00000	Health Insurance	48,081	45,695	45,695	54,834	54,834
10	204	20027	00000	Dental	2,576	2,750	2,750	3,300	3,300
10	204	20028	00000	Vision	305	500	500	600	600
Salary and Wage Totals					272,254	285,661	346,013	389,435	394,200
10	204	30024	00000	Equipment Maintenance	1,381	1,091	876	1,000	1,000
10	204	30025	00000	Professional	39,977	45,257	51,229	45,447	45,447
10	204	30037	00000	Equipment Rental	535	787	752	1,000	1,000
10	204	30041	00000	Telecommunications	-	-	200	-	-
10	204	30080	00000	Dues Organizations	125	62	-	-	-
10	204	30084	00000	Staff Development	469	1,010	1,044	2,000	2,500
10	204	33022	00000	Building/Grounds Maintenance	34,723	38,078	41,514	-	-
10	204	34042	00000	Gas and Fuel Oil	1,656	332	-	1,750	500
10	204	34043	00000	Electricity	58,387	69,134	66,779	63,000	68,000
10	204	34044	00000	Water/Sewer/Garbage	3,329	5,308	11,192	5,000	5,000
10	204	40031	00000	Small Equipment	4,068	5,693	4,789	4,500	7,500
10	204	40032	00000	Operational	20,814	21,215	24,584	30,000	30,000
10	204	40034	00000	Food	1,348	117	108	250	250
10	204	40045	00000	IT Replacement Eq	1,348	-	-	-	1,200
10	204	40065	00000	Uniforms/Clothing	3,577	3,278	3,628	3,500	4,000
10	204	40832	00000	Concessions	27,112	41,786	53,317	55,000	55,000
Expenditure Total					198,849	233,148	260,012	212,447	221,397
Department Total					471,103	518,809	606,025	601,882	615,597
Direct Revenue									
10	80	805	00204	South Cove Park	305,344	458,375	439,026	460,000	475,000
Departmental Total Direct Revenue					305,344	458,375	439,026	460,000	475,000
Other Revenue					72,023	48,778	44,306	56,045	58,227
Cost in Tax Dollars					93,736	11,656	122,693	85,837	82,370
Estimated Millage					0.17	0.02	0.21	0.15	0.14
Percentage of General Fund Budget					0.96%	0.95%	1.02%	1.01%	1.01%
Total Full Time Employees					5	5	6	6	7

**Oconee County, South Carolina
Treasurer (306)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	306	10110	00000	Salary and Wages	254,722	285,707	320,962	334,152	338,392
10	306	10710	00000	Overtime	12	453	354	500	1,000
10	306	20013	00000	Social Security	18,301	20,526	23,120	25,639	25,963
10	306	20014	00000	Retirement	37,201	44,078	52,842	58,852	59,597
10	306	20015	00000	Workers Compensation	2,706	3,035	6,143	4,218	3,999
10	306	20016	00000	Health Insurance	51,316	59,404	54,834	63,973	63,973
10	306	20027	00000	Dental	1,624	3,550	3,300	3,850	3,850
10	306	20028	00000	Vision	127	650	600	700	700
Salary and Wage Totals					366,009	417,403	462,155	491,884	497,474
10	306	30018	00000	Travel	358	272	2,109	800	1,000
10	306	30024	00000	Equipment Maintenance - Decal Printers	-	2,145	2,529	2,700	3,000
10	306	30025	00000	Professional	51,997	40,733	23,256	54,000	54,000
10	306	30041	00000	Telecommunications	720	-	-	-	-
10	306	30056	00000	Data Processing	42,032	29,184	33,496	42,400	38,000
10	306	30059	00000	Copier Click Charges	541	686	797	1,290	1,290
10	306	30068	00000	Advertising	-	-	-	260	260
10	306	30080	00000	Dues: Organizations	150	150	150	225	225
10	306	30084	00000	Staff Development	3,323	299	1,399	5,000	5,000
10	306	40031	00000	Small Equipment	7,290	2,106	19	1,300	1,300
10	306	40032	00000	Operational	11,507	12,367	7,952	16,500	16,500
10	306	40033	00000	Postage	81,998	80,116	84,430	84,000	100,000
10	306	40045	00000	IT Replacement Equipment/Software	4,575	1,929	-	3,870	3,870
10	306	80306	00000	Vehicle Maintenance	221	341	20	1,100	1,100
10	306	81306	00000	Gasoline	903	936	1,673	1,400	1,400
Expenditure Total					205,615	171,264	157,830	214,845	226,945
Department Total					571,624	588,667	619,985	706,729	724,419
Direct Revenue									
10	80	805	00306	PRT Season Pass - Treasurer	875	850	815	500	850
10	80	805	10310	Vehicle Decal Fees	69,118	72,790	71,256	72,000	72,000
Departmental Total Direct Revenue					69,993	73,640	72,071	72,500	72,850
Other Revenue					87,390	55,347	45,326	65,808	68,520
Cost in Tax Dollars					414,241	459,680	502,588	568,421	583,049
Estimated Millage					0.76	0.82	0.86	0.97	0.97
Percentage of General Fund Budget					1.17%	1.07%	1.04%	1.18%	1.19%
Total Full Time Employees					6	6	7	7	7

**Oconee County, South Carolina
Vehicle Maintenance (721)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	721	10110	00000	Salary and Wages	554,065	552,889	574,256	620,557	565,665
10	721	10710	00000	Overtime	2,516	1,700	3,691	3,000	6,000
10	721	20013	00000	Social Security	40,428	40,206	42,361	47,855	43,732
10	721	20014	00000	Retirement	81,277	85,925	96,203	109,648	100,384
10	721	20015	00000	Workers Compensation	26,876	31,023	35,094	29,117	24,824
10	721	20016	00000	Health Insurance	140,488	127,946	127,946	127,946	127,946
10	721	20027	00000	Dental	2,752	7,700	7,700	7,700	7,700
10	721	20028	00000	Vision	127	1,400	1,400	1,400	1,400
Salary and Wage Totals					848,529	848,789	888,651	947,223	877,651
10	721	30024	00000	Equipment Maintenance	1,903	1,741	4,570	3,750	6,500
10	721	30025	00000	Professional	100	-	7,593	-	-
10	721	30056	00000	Data Processing	6,249	12,696	5,890	10,500	13,500
10	721	30059	00000	Copier Click Charges	1,197	1,144	1,445	1,500	1,560
10	721	30080	00000	Dues: Organizations	-	-	100	150	350
10	721	30084	00000	Staff Development	2,518	24	1,965	2,500	10,000
10	721	33022	00000	Building/Grounds Maintenance	3,447	2,000	4,364	5,000	6,000
10	721	34042	00000	Gas and Fuel Oil	2,083	3,123	3,257	3,500	3,640
10	721	34043	00000	Electricity	11,204	11,104	10,236	12,500	12,500
10	721	34044	00000	Water/Sewer/Garbage	1,716	1,508	2,044	1,700	2,500
10	721	40027	00000	Safety Equipment	3,862	3,392	5,016	6,000	8,000
10	721	40031	00000	Small Equipment	9,959	13,909	16,792	19,000	25,000
10	721	40032	00000	Operational	7,402	10,087	8,977	11,000	12,500
10	721	40033	00000	Postage	-	-	-	100	100
10	721	40034	00000	Food	269	929	374	500	1,000
10	721	40045	00000	IT Replacement Equipment/Software	2,068	-	1,122	-	2,500
10	721	40065	00000	Uniforms/Clothing	4,835	4,928	5,760	6,000	7,000
10	721	80721	00000	Vehicle Maintenance - Vehicle Maintenance	9,118	7,504	7,863	8,000	10,000
10	721	81721	00000	Gasoline - Vehicle Maintenance	8,137	10,047	15,064	10,500	12,500
10	721	82721	00000	Diesel - Vehicle Maintenance	86	167	650	1,000	1,500
Expenditure Total					76,153	84,303	103,082	103,200	136,650
Department Total					924,682	933,092	991,733	1,050,423	1,014,301
Direct Revenue									
10	80	805	12032	Vehicle Maintenance Labor	847	1,110	-	-	-
Departmental Total Direct Revenue					847	1,110	-	-	-
Other Revenue					141,366	87,729	72,504	97,811	95,939
Cost in Tax Dollars					782,469	844,253	919,229	952,612	918,362
Estimated Millage					1.43	1.50	1.57	1.62	1.52
Percentage of General Fund Budget					1.89%	1.70%	1.66%	1.76%	1.66%
Total Full Time Employees					14	14	14	14	14

**Oconee County, South Carolina
Veterans' Affairs (404)
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	404	10110	00000	Salary and Wages	128,963	131,206	134,070	141,582	141,582
10	404	10710	00000	Overtime	-	-	-	500	750
10	404	20013	00000	Social Security	9,079	9,523	10,154	10,888	10,888
10	404	20014	00000	Retirement	18,775	20,324	22,062	24,993	24,994
10	404	20015	00000	Workers Compensation	2,122	2,406	2,754	2,445	2,292
10	404	20016	00000	Health Insurance	25,828	27,417	27,417	27,417	27,418
10	404	20027	00000	Dental	1,337	1,650	1,650	1,650	1,650
10	404	20028	00000	Vision	149	300	300	300	300
Salary and Wage Totals					186,253	192,826	198,407	209,775	209,874
10	404	30018	00000	Travel	-	-	248	-	-
10	404	30025	00000	Professional	1,299	1,458	1,378	1,500	1,600
10	404	30056	00000	Data Processing	35	36	36	-	40
10	404	30059	00000	Copier Click Charges	1,085	1,230	1,247	1,500	1,500
10	404	30080	00000	Dues: Organizations	70	25	50	50	50
10	404	30084	00000	Staff Development	-	-	449	-	-
10	404	40031	00000	Small Equipment	570	1,060	601	1,500	1,500
10	404	40032	00000	Operational	1,767	2,851	2,148	3,000	3,000
10	404	40034	00000	Food	339	28	369	3,500	3,500
10	404	40065	00000	Clothing/Uniforms	-	-	-	100	100
Expenditure Total					5,165	6,688	6,526	11,150	11,290
Department Total					191,418	199,514	204,933	220,925	221,164
Direct Revenue									
10	81	810	25900	Veterans' Affairs State Aid	5,478	5,478	5,615	5,478	5,500
Departmental Total Direct Revenue					5,478	5,478	5,615	5,478	5,500
Other Revenue					29,264	18,758	14,982	20,572	20,919
Cost in Tax Dollars					156,676	175,278	184,336	194,875	194,745
Estimated Millage					0.29	0.31	0.31	0.33	0.32
Percentage of General Fund Budget					0.39%	0.36%	0.34%	0.37%	0.36%
Total Full Time Employees					3	3	3	3	3

Oconee County, South Carolina
Voter Registration and Elections (715)
2023-2024 Budget

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
10	715	10110	00000	Salary and Wages	168,114	131,651	135,482	149,112	142,735
10	715	10710	00000	Overtime	-	-	-	-	-
10	715	20013	00000	Social Security	8,555	11,166	10,201	11,430	10,919
10	715	20014	00000	Retirement	16,542	20,763	21,480	25,652	24,469
10	715	20015	00000	Workers Compensation	527	725	667	494	442
10	715	20016	00000	Health Insurance	17,223	18,278	18,278	18,278	18,278
10	715	20027	00000	Dental	577	1,100	1,100	1,100	1,100
10	715	20028	00000	Vision	48	200	200	200	200
10	799	10130	97715	Poll Workers	(21,933)	40,470	26,852	6,000	40,000
Salary and Wage Totals					189,653	224,353	214,260	212,266	238,143
10	715	30018	00000	Travel	1,166	1,064	2,447	3,500	3,500
10	715	30024	00000	Equipment Maintenance	-	9,225	24,836	24,836	24,836
10	715	30025	00000	Professional	15,123	8,103	5,559	10,000	30,000
10	715	30041	00000	Telecommunications	480	-	-	-	-
10	715	30056	00000	Data Processing	-	15,663	21,247	30,756	30,756
10	715	30059	00000	Coper Click Charges	1,625	1,003	978	1,500	2,500
10	715	30068	97715	Advertising SC Elect Reimb	2,422	1,539	1,735	-	-
10	715	30080	00000	Dues: Organizations	250	350	350	350	400
10	715	30084	00000	Staff Development	3,619	500	4,448	7,500	8,500
10	715	40031	00000	Small Equipment	2,545	683	-	1,000	1,000
10	715	40032	00000	Operational	5,859	4,516	6,071	10,000	45,000
10	715	40032	97715	Operational - SC Elect Reimb	9,193	8,448	150	-	-
10	715	40033	00000	Postage	35	-	27	-	-
10	715	40034	00000	Food	243	-	-	-	-
10	715	40045	00000	IT Replacement Equipment/Software	3,080	855	1,137	2,750	1,000
Expenditure Total					45,640	51,949	68,985	92,192	147,492
Department Total					235,293	276,302	283,245	304,458	385,635
Direct Revenue									
10	81	810	21300	Registration Board	6,501	6,750	7,500	6,750	6,750
10	81	825	97715	SC State Election Reimb	5,854	82,194	41,711	20,000	82,000
Departmental Total Direct Revenue					12,355	88,944	49,211	26,750	88,750
Other Revenue					35,972	25,978	20,708	28,350	36,476
Cost in Tax Dollars					186,966	161,380	213,326	249,358	260,409
Estimated Millage					0.34	0.29	0.36	0.43	0.43
Percentage of General Fund Budget					0.48%	0.50%	0.47%	0.51%	0.63%
Total Full Time Employees					2	2	2	2	2

**Oconee County, South Carolina
Other Financing Uses
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
010	095	00171	70012	Transfer To Capital Projects Fund - Westminster Magistrate	-	-	500,490	-	-
010	095	00171	70013	Transfer Out - 13 Fund	-	-	37,275		-
010	095	00171	70210	Transfer To Sheriff's Victim Services 210 Fund	-	85,000	137,000	40,000	40,000
010	095	00171	70215	Transfer To Solicitor's Victim Services 215 Fund	-	55,000	110,000	45,000	45,000
010	095	00171	70017	Transfer to Rock Quarry for COLA Increase	-	-	-	64,367	-
010	095	00171	70325	Transfer to Capital Equipment - Vehicle Fund	275,000	-	-	-	-
010	095	00171	70515	Transfer Out - 515 Fund - FOCUS	-	-	934,000		-
Total Other Financing Uses					275,000	140,000	1,718,765	149,367	85,000

Direct Revenue					
Departmental Total Direct Revenue					
	Other Revenue	42,042	13,163	125,656	13,908
	Cost in Tax Dollars	232,958	126,837	1,593,109	135,459
	Estimated Millage	0.43	0.23	2.72	0.23
	Percentage of General Fund Budget	0.56%	0.26%	2.88%	0.25%
	Total Full Time Employees	-	-	-	-

Oconee County, South Carolina
Emergency Services Protection District Special Revenue Fund
2023-2024 Budget

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
				Number of Mills	2.9	2.9	2.9	2.9	2.9
Revenues									
020	080	00950	00000	Emergency Services Protection District Millage	1,508,384	1,663,251	1,775,130	1,600,000	1,798,000
Total Revenues					1,508,384	1,663,251	1,775,130	1,600,000	1,798,000
Expenditures									
020	107	30024	00000	Equipment Maintenance	43,663	52,570	56,184	61,200	70,000
020	107	30041	00000	Telecommunication	14,783	5,000	12,532	12,000	18,000
020	107	30062	00000	Medical Physicals	-	26,709	15,000	20,000	50,000
020	107	33022	00000	Maintenance Bldg Grounds	-	167	10,747	2,000	15,000
020	107	34042	00000	Gas and Fuel Oil	3,289	4,202	5,832	5,800	8,000
020	107	34043	00000	Electricity	12,976	11,140	17,630	10,000	25,000
020	107	34044	00000	Water/Sewer/Garbage	1,451	1,487	1,955	4,000	4,000
020	107	40031	00000	Small Equipment	4,867	9,737	9,879	15,000	25,000
020	107	40045	00000	Non-Capital IT Equipment/Software	-	379	-	-	-
020	107	50850	00000	Buildings, Capital Exp	654		10,500	40,000	50,000
020	107	50850	00091	Capital Buildings - Whetstone Sub Burn Building Inspecting and repair	-	16,000	-		-
020	107	50850	00000	Engine Pump Test	-	-	-	40,000	40,000
020	107	80107	00000	Gasoline	-	-	758	10,000	10,000
020	107	81107	00000	Diesel	24	-	-	-	-
020	107	82107	00000	Grant to Independent Agencies/Basic Station Exp	1,148,558	1,145,659	1,127,749	1,180,000	1,180,000
020	199	10410	00000	Volunteer Compensation	194,880	165,905	151,623	200,000	200,000
Total Expenditures					1,426,181	1,438,955	1,420,389	1,600,000	1,695,000
Change in Fund Balance					82,203	224,296	354,741	-	103,000
Beginning Fund Balance					320,825	403,028	627,324	982,065	982,065
Ending Fund Balance					403,028	627,324	982,065	982,065	1,085,065

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

Oconee County, South Carolina
Sheriffs Victims Services Special Revenue Fund (210)
2023-2024 Budget

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Budget	FY 2024 Administrator Recommended
Revenues									
				Assessments				30,000	30,000
210	080	00805	16008	12% Assessment (Magistrate)	25,585	29,788	32,684		
210	080	00805	16009	12% Assessment (Municipal)	617	2,072	2,480		
210	080	00811	16009	12% Assessment (Municipal Walhalla)	-	6,331	5,070		
210	080	00812	16009	12% Assessment (Municipal Westminster)	3,089	3,392	3,590		
				Surcharges				24,000	24,000
210	080	00805	16010	Surcharge Victims (Magistrate)	22,715	24,181	22,710		
210	080	00805	16011	Surcharge Victims (Municipal)	551	1,323	1,813		
210	080	00811	16011	Surcharge Victims (Municipal Walhalla)	1,577	2,912	1,502		
210	080	00812	16011	Surcharge Victims (Municipal Westminster)		1,297	1,175		
210	080	00811	16040	Municipal Contract (Walhalla)	-	25,000	-	-	-
				General Fund Transfer	-	85,000	137,000	40,000	40,000
Total Revenues					54,134	181,296	208,024	94,000	94,000
Expenditures									
210	114	10110	00000	Salaries and Fringe	130,457	123,753	130,803	123,336	123,336
				Pay Increase including Fringe					
Total Expenditures					130,457	123,753	130,803	123,336	123,336
Change in Fund Balance					(76,323)	57,543	77,221	(29,336)	(29,336)
Beginning Fund Balance					13,249	(63,074)	(5,531)	71,690	42,354
Ending Fund Balance					(63,074)	(5,531)	71,690	42,354	13,018

Oconee County, South Carolina
Solicitor's Victims Services Special Revenue Fund (215)
2023-2024 Budget

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Budget	FY 2024 Administrator Recommended
Revenues									
215	080	00805	73700	Assessments	2,765	4,760	2,961	4,000	4,000
215	080	00805	73800	Surcharges	24,344	22,890	29,884	20,000	20,000
215	090	00170	70010	General Fund Transfer	-	55,000	110,000	45,000	45,000
Total Revenues					27,109	82,650	142,845	69,000	69,000
Expenditures									
215	512	10110	00000	Salaries and Fringe	72,982	70,710	75,903	77,532	77,532
Total Expenditures					72,982	70,710	75,903	77,532	77,532
Change in Fund Balance					(45,873)	11,940	66,942	(8,532)	(8,532)
Beginning Fund Balance					(5,779)	(51,652)	(39,712)	(39,712)	27,230
Ending Fund Balance					(51,652)	(39,712)	27,230	(48,244)	18,698

Oconee County, South Carolina
911 Communications Special Revenue Fund (225)
2023-2024 Budget

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
Revenues									
225	080	00805	36000	AT&T E-911 Surcharge Taxes	118,605	102,077	85,968	160,000	90,000
225	080	00805	31010	Competitive Local Exchange Carrier Taxes	47,321	51,609	56,698	60,000	60,000
225	081	00810	19050	State Wireless Funding	123,483	147,159	161,974	70,000	100,000
225	081	00810	19070	Budget and Control Board Funding	598,355	252,120	345,586	200,000	200,000
Total Revenues					887,764	552,965	650,226	490,000	450,000
Expenditures									
225	104	30018	00000	Travel	360	164	788	1,000	1,000
225	104	30024	00000	Equipment Maintenance	700,407	325,215	509,660	300,000	300,000
225	104	30041	00000	Telecommunications	97,752	110,000	107,918	150,000	150,000
225	104	30056	00000	Data Processing	25,308	23,858	127,738	50,000	50,000
225	104	30084	00000	Staff Development	5,491	1,163	3,441	7,000	7,000
225	104	40031	00000	Small Capital	18,365	5,542	105,477	20,000	20,000
225	104	40032	00000	Operational	5,423	3,374	12,397	6,000	6,000
225	104	40045	00000	Non-Cap IT Eq/Software	1,725	3,174	52,167	20,000	20,000
225	104	50840	00000	Equipment, Capital Expenditure	-	-	87,603	200,000	100,000
225	104	50845	00000	IT Equip, Capital Expenditure	11,787	57,523	244	200,000	100,000
225	104	60083	00000	Grant to Indep Agency	169,495	80,545	24,277	30,000	30,000
Total Expenditures					1,036,113	610,558	1,031,710	984,000	784,000
Change in Fund Balance					(148,349)	(57,593)	(381,484)	(494,000)	(334,000)
Beginning Fund Balance					1,541,467	1,393,118	1,335,525	1,335,525	954,041
Ending Fund Balance					1,393,118	1,335,525	954,041	841,525	620,041

Oconee County, South Carolina
Tri-County Technical College Special Revenue Fund (250)
2023-2024 Budget

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Budget	FY 2024 Administrator Recommended
				Number of Mills	3.0	3.0	3.0	3.0	3.0
Revenue									
250	080	00876	00000	Tri-County Technical College	1,735,478	1,808,868	2,018,809	1,825,000	1,860,000
Total Revenues					1,735,478	1,808,868	2,018,809	1,825,000	1,860,000
Expenditures									
250	876	60085	00011	Pendleton Upgrade	485,200	484,000	460,200	459,100	458,000
250	876	60200	00000	County Contribution	1,058,738	1,161,262	1,120,000	1,167,500	1,230,000
Total Expenditures					1,543,938	1,645,262	1,580,200	1,626,600	1,688,000
Transfer out of TCTC Fund					-	-	-	-	-
Change in Fund Balance					191,540	163,606	438,609	198,400	172,000
Beginning Fund Balance					865,836	1,057,376	1,220,982	1,659,591	1,857,991
Ending Fund Balance					1,057,376	1,220,982	1,659,591	1,857,991	2,029,991

Oconee County, South Carolina
Road Maintenance Millage - 2.1 (Fund 260)
2023-2024 Budget

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
				Number of Mills	2.1	2.1	2.1	2.1	2.1
260	080	00868	00000	Road Maintenance Millage	1,207,296	1,263,215	1,415,012	1,260,000	1,302,000
260	082	00830	40010	National Forestry Title I	153,144	138,300	175,158	220,000	220,000
Total Revenues					1,360,440	1,401,515	1,590,170	1,480,000	1,522,000
Expenditures									
260	601	00601	40010	National Forestry	-	-	-	220,000	220,000
260	601	30025	00000	Professional - Road Inventory	18,475	18,727	48,873	40,000	40,000
260	601	30881	00000	Maintenance / Repair Road Paving	5,432	-	-	-	-
260	601	40032	00000	Operational	164,510	160,912	124,426	210,000	210,000
260	601	50840	00000	Capital Equipment	-	46,051	-	-	-
260	601	50860	00000	Capital Land	-	-	-	-	-
260	601	50881	00000	Road Paving	307,162	-	-	1,800,000	1,800,000
260	601	50882	00000	Capital Road Paving Overlay	-	380,549	-	-	-
260	601	60735	00000	Gravel Use	258,170	269,663	147,089	275,000	275,000
260	095	00171	70013	Interfund Transfer Out - 013	-	-	38,664	-	-
260	095	00171	70012	Interfund Transfer Out - 012	105,089	-	-	-	-
Total Expenditures					858,838	875,902	359,052	2,545,000	2,545,000
Change in Fund Balance					501,601	525,613	1,231,118	(1,065,000)	(1,023,000)

Oconee County, South Carolina
Economic Development Capital Projects Fund (315)
2023-2024 Budget

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
Number of Mills					1.1	1.1	1.1	1.1	1.1
Revenue									
315	080	00875	00000	Economic Development Millage (1.1 Mills)	618,688	659,745	734,019	621,500	682,000
315	080	00875	76021	FILOT	523,547	665,759	503,625	600,000	800,000
315	080	00807	00000	Utility Tax Credits	400,000	-	-	-	125,000
315	080	00840	00000	Interest Earnings	10,912	-	-	-	-
315	080	00805	10340	Misc Income	-	1,216	1,932	-	-
State Grants									
315	081	00825	90116	RIA	-	500,000	-	-	-
315	081	00815	90112	C-Funds	-	70,000	-	-	-
				SC Power Team Grant					1,000,000
				Department of Commerce					1,500,000
Total Revenue					1,553,147	1,896,720	1,239,576	1,221,500	4,107,000
General									
315	707	30025	00000	Professional	35,543	3,831	45,971	951,500	5,807,000
315	707	30025	00035	Professional - Ed Gardner Land	-	-	35,057	-	-
315	707	30025	00088	Professional-Seneca Rail	-	-	-	-	-
315	707	30025	00099	Professional-SRP Water/Sewer	70,500	26,897	-	-	-
315	707	30025	00280	Professional-Exit 4 Sewer	-	45,659	21,047	150,000	-
315	707	30025	00858	Professional - 2016B GO Bond	18,637	14,254	4,720	-	-
315	707	30025	90110	Professional - BREC Contribution	10,534	-	-	-	-
315	707	30025	90111	Professional-Alliance	8,464	-	-	-	-
315	707	34043	00000	Electric	10,212	6,472	8,572	-	-
315	707	50830	00099	Cap Infra-SRP Water	-	182,566	-	-	-
315	707	50830	00858	Cap Infra - 2016B GO Bond OITP	-	-	-	-	-
315	707	50830	90114	Cap Infra - RIA Grant OITP	-	500,000	-	-	-
315	707	50850	92052	Cap Buildings-Chau Ram	285,000	90,548	-	-	-
315	707	50857	00000	Cap Other Improvement (Depreciation)	-	-	-	-	-
315	707	50857	00044	Cap Other Improvement Destination Oconee	-	-	-	-	-
315	707	50860	00035	Capital Land - Ed Gardner	-	5,000	-	-	-
315	707	50881	90107	Cap Roads-SRP Certif Reimb	33,579	-	-	-	-
315	707	50881	90108	Cap Roads-GCCP Certif Reimb	35,605	-	-	-	-
315	707	50881	90109	Cap Roads-OITP Timber Sales	115,680	-	-	-	-
315	707	50881	90112	Cap Road-C-Funds PCN030548 SRP	70,000	-	-	-	-
315	707	50881	90113	Cap Road-SC Power Team	355,000	-	-	-	-
315	707	50881	90115	Cap Road-BREC OITP	163,273	20,091	-	-	-
315	707	50883	45100	Cap Road Site Prep -C-Funds SRP	176,333	-	-	-	-
315	707	50883	60015	Cap Road Site Prep- OITP	-	-	-	-	-
315	707	50883	60016	Cap Road Site Prep-OITP Entrance	20,500	-	-	-	-
315	707	51010	00000	Land Transfer to Company			150,009		
315	707	51030	00000	ED Indust Site Transfer to Company	160,174	-	-	-	-
315	707	60707	00047	Casto Infrastructure	-	-	18,987		
315	707	60735	00000	General Gravel Use	-	-	-	-	-
315	707	82707	00000	Diesel - Economic Development	-	-	-	-	-
315	707	95101	00311	OJRSA-Fair Play Sewer Operations/Maintenance	21,007	3,795	29,596	10,000	
315	707	95101	00312	OJRSA-Fair Play Sewer Contribution	312,750	182,377	234,522	110,000	
315	707	95110	00016	Grant to Salem Water Line Loop	-	-	210,000	-	-
315	707	95110	02041	Grant to Seneca Cat Bus	-	300,000	-	-	-
315	707	95110	20260	Walhalla-Westminster Interconnection	35,000	-	-	-	-
315	707	95110	20265	Contribution to Westminster Water	14,375	-	-	-	-

Oconee County, South Carolina
Economic Development Capital Projects Fund (315)
2023-2024 Budget

Account Number	Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
Total Expenditures		1,952,166	1,381,490	758,481	1,221,500	5,807,000
Excess (Deficiency) of Revenues over Expenditures		(399,019)	515,230	481,095	-	(1,700,000)
Other Financing Sources						
	Use of Fund Balance					1,700,000
Other Financing Uses						
	Sewer/OJRSA	-	-	(500,000)	(500,000)	(500,000)
Change in Fund Balance		\$ (399,019)	\$ 515,230	\$ (18,905)	\$ (500,000)	\$ (500,000)
Beginning Fund Balance		4,249,514	3,850,495	4,365,725	4,346,820	3,846,820
Ending Fund Balance		3,850,495	4,365,725	4,346,820	3,846,820	3,346,820

Oconee County, South Carolina
Bridges and Culverts Capital Projects Fund (320)
2023-2024 Budget

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
				Number of Mills	1	1	1	1	1
Revenue									
320	080	00899	00000	Bridges and Culverts Millage	574,740	600,681	677,236	590,000	620,000
Total Revenue					574,740	600,681	677,236	590,000	620,000
Expenditures									
320	601	30025	00000	Professional	-	-	88,741		
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	215,345	76,535	52,803	590,000	620,000
320	601	50840	00000	Capital Equipment	-	69,460	-	-	
320	601	50885	59359	Cap Bridge/Culvert - Hoyt Street	-	40,764	-	-	
320	601	50885	64090	Cap Bridge/Culvert - Duck Pond	-	2,976	-	-	
Total Expenditures					215,345	209,246	888,492	590,000	620,000
Net Fund Balance					359,396	391,435	(211,256)	-	-

Oconee County, South Carolina
Capital Equipment and Vehicle Capital Projects Fund (325)
2023-2024 Budget

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Budget	FY 2024 Administrator Recommended
				Number of Mills	2.0	2.0	2.0	2.0	2.3
Revenues									
325	080	00867	00000	Capital Equip/Vehicle Millage	1,096,227	1,211,477	1,324,785	1,175,000	1,426,000
325	090	00170	70010	Transfer from General Fund	275,000	-	-	-	-
				Transfer from General Capital Projects Fund	129,223	-	-	-	-
325	090	00170	70012	Transfer from General Capital Projects Fund	129,223	-	-	-	-
325	090	00180	07190	Insurance Proceeds for Capital	122,933	105,719	53,746	75,000	75,000
325	090	00195	10305	Sale of Capital Assets	-	125,862	69,018	50,000	50,000
				Use of Fund Balance	-	-	-	-	-
Total Revenues					1,623,383	1,443,058	1,447,549	1,300,000	1,551,000
Expenditures									
325	203	50840	00000	Capital Equipment High Falls	-	13,000	-	-	-
325	205	50840	00000	Capital Equipment Chau Ram	-	17,593	-	-	-
325	720	50840	00000	Capital Equipment Airport	24,963	-	-	-	-
325	101	50870	00000	Capital Vehicle Sheriff	254,283	198,578	-	-	-
325	110	50870	00000	Capital Vehicle Animal Control	-	29,003	-	-	-
325	106	50870	00000	Capital Vehicle Detention	66,043	-	-	-	-
325	301	50870	00000	Capital Vehicle Assessor	-	51,808	-	-	-
325	601	50870	00000	Capital Vehicle Roads	441,471	469,868	-	-	-
325	702	50870	00000	Capital Vehicle Building Codes	47,585	-	-	-	-
325	717	50870	00000	Capital Vehicle Administrator	-	60,448	938,712	1,300,000	1,551,000
325	718	50870	00000	Capital Vehicle Solid Waste	376,299	-	-	-	-
325	720	50870	00000	Capital Vehicle Airport	-	-	-	-	-
325	721	50870	00000	Capital Vehicle Vehicle Maint	37,443	-	-	-	-
Total Expenditures					1,248,087	840,298	938,712	1,300,000	1,551,000
Net Fund Balance					375,296	602,760	508,837	-	-
Beginning Fund Balance					-	375,296	978,056	1,486,893	1,486,893
Ending Fund Balance					375,296	978,056	1,486,893	1,486,893	1,486,893

Oconee County, South Carolina
Parks, Recreation and Tourism (330)
2023-2024 Budget

Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
Number of Mills	1.3	1.3	1.3	1.3	1.0
Parks, Recreation and Tourism (1.3)	726,285	779,698	897,440	770,000	620,000
Total Economic Development Financing Sources	726,285	779,698	897,440	770,000	620,000
Parks, Recreation and Tourism					
Professional	64,641	15,993	1,500	-	
Cap Buildings - High Falls	71,419	-		-	
South Cove	-	-	9,683	-	
Chau Ram Cap Building	42,734	-		-	
Cap Buildings Chau Ram (92052)	-	-		-	
Site/Dock Work Seneca Creek	-	-	936,375		
Chau Ram - Paving	-	38,065		-	
Misc	-	-	-	770,000	620,000
Total Expenditures	178,795	54,058	947,558	770,000	620,000
Excess (Deficiency) of Revenues over Expenditures	547,491	725,640	(50,118)	-	-

**Oconee County, South Carolina
Rock Quarry Enterprise Fund
2023-2024 Budget**

Account Number				Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Amended Budget	FY 2024 Administrator Recommended
Operating Revenues									
017	080	00805	00000	Customer Sales	6,458,098	6,596,252	7,422,341	8,508,000	9,000,000
017	080	00805	10340	Miscellaneous	10,965	68,753	40,942	5,000	5,000
Total Revenues					6,469,063	6,665,005	7,463,283	8,513,000	9,005,000
Operating Expenses									
017	719	10110	00000	Salary and Wages	799,422	739,460	802,857	905,662	922,476
017	719	10710	00000	Overtime	77,305	110,799	118,660	119,000	135,000
017	719	20013	00000	Social Security	65,907	62,216	65,925	71,695	80,897
017	719	20014	00000	Retirement	140,206	134,992	150,371	156,857	185,693
017	719	20015	00000	Workers Compensation	47,283	49,626	60,045	47,978	55,484
017	719	20016	00000	Health Insurance	174,553	210,609	271,806	173,641	201,058
017	719	20027	00000	Dental	7,474	9,857	16,454	10,450	12,100
017	719	20028	00000	Vision	1,217	1,696	3,040	1,900	2,200
				GASB 68 Pension Expense	-	(53,045)	-	-	-
Salary and Wage Totals					1,313,367	1,266,210	1,489,158	1,487,183	1,594,908
017	719	30024	00000	Equipment Maintenance	163,284	775,009	1,389,590	1,390,320	1,500,000
017	719	30025	00000	Professional	42,242	53,917	82,887	100,000	90,000
017	719	30037	00000	Equipment Rental	18,097	65,039	65,326	44,900	44,900
017	719	30039	00000	Blasting	648,161	643,916	681,033	977,000	925,000
017	719	30041	00000	Telecommunications	3,288	-	1,685	3,400	3,500
017	719	30056	00000	Data Processing	2,443	4,915	4,018	4,500	4,500
017	719	30059	00000	Copier Click Charges	1,305	1,149	1,156	1,590	1,590
017	719	30066	00000	Insurance - Property and Liability	47,917	49,916	129,723	130,000	130,000
017	719	30084	00000	Staff Development	7,196	2,204	1,995	10,000	10,000
017	719	30091	00000	Special Departmental Supplies	2,096	-	-	400	1,500
017	719	33022	00000	Building/Grounds Maintenance	5,957	15,388	19,207	39,100	100,000
017	719	34042	00000	Gas and Fuel Oil	107	999	1,624	2,000	2,000
017	719	34043	00000	Electricity	82,735	130,687	155,570	160,000	160,000
017	719	34044	00000	Water/Sewer/Garbage	2,612	3,972	3,338	4,200	4,200
017	719	40027	00000	Safety Equipment	5,160	7,365	9,192	10,600	12,500
017	719	40031	00000	Small Equipment	8,160	22,612	33,780	25,000	40,000
017	719	40032	00000	Operational	20,887	31,824	34,277	30,000	31,800
017	719	40034	00000	Food	1,474	22,734	1,997	3,000	3,200
017	719	40045	00000	Equipment/Software	1,348	-	4,538	3,000	4,200
017	719	40065	00000	Uniforms/Clothing	4,954	8,703	9,323	12,000	12,000
017	719	50841	00000	Equipment Replacement	-	-	43,400	1,784,680	959,000
017	719	50860	00000	Capital Land	-	-	411,060	410,000	410,000
017	719	60055	00000	Credit Application Fee	666	683	223	1,000	1,000
017	719	80719	00000	Vehicle Maintenance	398,535	23,862	26,722	30,000	30,000
017	719	81719	00000	Gasoline	7,888	8,949	15,330	12,000	19,000
017	719	72719	00000	Diesel	234,321	217,287	492,824	438,000	576,000
017	719	00000	00000	Loss on Sale of Capital Asset	-	-	256,825	-	-
017	719	90150	73499	Depreciation Expense	484,827	385,139	914,254	500,000	500,000
017	719	90150	73500	Depletion Expense	6,901	6,882	6,882	8,000	8,000
Total Operating Expenses					3,515,928	3,749,361	6,286,937	7,621,873	7,178,798
Net Operating Income (Loss)					2,953,135	2,915,644	1,176,346	891,127	1,826,202
017	095	00171	70010	Transfer To General Fund	(750,000)	(750,000)	(1,000,000)	(1,000,000)	(750,000)
				Transfer to Land Acquisition Fund	-	-	-	-	(250,000)
017	719	55100	00000	Lease Principal Payment	(450,072)	(468,660)	(488,016)	(508,171)	(529,158)
017	719	55200	00000	Lease Interest Payment	(250,831)	(232,179)	(214,437)	(194,281)	(173,294)
Change in Net Assets					1,502,232	1,464,805	(526,107)	(811,325)	123,750
Beginning Net Position					10,744,307	12,246,539	13,711,344	13,185,237	12,373,912
Ending Net Position					12,246,539	13,711,344	13,185,237	12,373,912	12,497,662

**Oconee County, South Carolina
Debt Service Fund 090
2023 - 2024 Budget**

Account Number	Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Budget	FY 2024 Administrator Requested
090 080 00805 28000	Debt Service Revenue	2,119,688	2,188,702	1,637,663	1,857,268	1,964,034
	Number of Mills	3.0	3.0	3.0	2.0	2.0
	Total Debt Service Revenue	2,119,688	2,188,702	1,637,663	1,857,268	1,964,034
General Obligation Debt Service						
Principal Payments						
090 854 55100 00000	2020 GO Refunding Bond - (Formerly 2011 GO Bond Detention Center)	-	190,000	640,000	750,000	760,000
090 858 55100 00000	2016B GO Bond - Workforce Development Center	354,000	360,000	366,000	373,000	379,000
090 862 55100 00000	2014 SS Refunding Revenue Bond Pointe West (Formerly 2010 SS Revenue Bond)	273,000	278,000	289,000	294,000	303,000
090 892 55100 00000	2017 GO Refunding Bond - Keowee Fire District (Formerly 2007 GO Bond) (Final Payment FY21/22)	107,195	103,332	105,275	-	-
090 893 55100 00000	2019 GO Bond - Keowee Fire District	46,395	46,704	47,876	49,078	50,310
090 894 55100 00000	2022 GO Bond - Keowee Fire District	-	-	-	-	60,591
090 896 55100 00000	2013 GO Bond - Echo Hills	165,000	170,000	175,000	180,000	190,000
090 898 55100 00000	2011 GO Bond - Detention Center (Final Payment FY20/21)	530,000	545,000	-	-	-
		1,475,590	1,693,036	1,623,151	1,646,078	1,742,901
Interest Payments						
090 854 55200 00000	2020 GO Refunding Bond - (Formerly 2011 GO Bond Detention Center)	-	91,718	116,369	106,833	95,658
090 858 55200 00000	2016B GO Bond - Workforce Development Center	44,370	38,352	32,232	26,010	19,669
090 862 55200 00000	2014 SS Refunding Revenue Bond Pointe West (Formerly 2010 SS Revenue Bond)	-	42,066	34,143	25,907	17,528
090 892 55200 00000	2017 GO Refunding Bond - Keowee Fire District (Formerly 2007 GO Bond) (Final Payment FY21/22)	49,847	3,910	1,651	-	-
090 893 55200 00000	2019 GO Bond - Keowee Fire District	11,983	11,674	10,502	9,300	8,068
090 894 55200 00000	2022 GO Bond - Keowee Fire District	-	-	-	-	42,790
090 896 55200 00000	2013 GO Bond - Echo Hills	55,880	50,930	45,830	40,580	34,820
090 898 55200 00000	2011 GO Bond - Detention Center (Final Payment FY20/21)	322,150	16,350	-	-	-
		484,229	255,000	240,726	208,630	218,533
Issuance Costs & Fiscal Charges						
090 854 55300 00000	2020 GO Refunding Bond - (Formerly 2011 GO Bond Detention Center)	125,000	-	-	-	-
090 862 55300 00000	2014 SS Refunding Revenue Bond Pointe West (Formerly 2010 SS Revenue Bond)	1,956	1,956	-	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	591	560	600
090 898 55300 00000	Payment FY20/21)	650	-	-	-	-
		128,197	2,547	591	2,560	2,600
Total Debt Service Expenditures		2,088,017	1,950,583	1,864,469	1,857,268	1,964,034

**Oconee County, South Carolina
Debt Service Fund 090
2023 - 2024 Budget**

Account Number	Description	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Budget	FY 2024 Administrator Requested
	Number of Mills	3.0	3.0	3.0	2.0	2.0
Other Financing Sources (Uses)						
Transfers						
	Transfer In - From 10 Fund	-	-	-	-	-
	Transfer In - From 12 Fund	-	-	-	-	-
	Transfer In - From 315 Fund	-	-	-	-	-
	Transfer Out - To 10 Fund	-	-	-	-	-
	Transfer Out - To 12 Fund	-	-	-	-	-
Proceeds from Debt						
	2019 GO Bond - Keowee Fire District	-	-	-	-	-
	2017 GO Refunding Bond - Keowee Fire District (Formerly 2007 GO Bond)	-	-	-	-	-
	2020 GO Refunding Bond - (Formerly	7,369,900	-	-	-	-
	Bond Escrow Agent					
	2011 GO Bond - Detention Center	(7,244,900)	-	-	-	-
Short Term GO Debt Transactions Reclassified to Short Term						
	2015 Short Term GO Bond - Bountyland Substation, South Cove & Library Proceeds	-	-	-	-	-
	Payment	-	-	-	-	-
	2016A Short Term GO Bond - Oconee Industry and Technology Park Proceeds	-	-	-	-	-
	Payment	-	-	-	-	-
Total Debt Service Other Financing Sources (Uses)		125,000	-	-	-	-
Net Change in Fund Balance		156,672	238,119	(226,806)	0	0
Beginning Fund Balance		2,236,893	2,393,565	2,631,684	2,404,878	2,404,878
Ending Fund Balance		2,393,565	2,631,684	2,404,878	2,404,878	2,404,878

Oconee County, South Carolina
Debt Service Fund 090
2023-2024 Budget

Description	General Obligation Bonds				General Obligation Refunding Bond	Special Source Refunding Revenue Bond	Totals
	Series 2022 Keowee Fire Tax District	Series 2019 Keowee Fire Tax District	Series 2016B Workforce Development Center	Series 2013 OITP -Echo Hills Commerce Park	Series 2020 2011 GO Bond - Detention Center	Series 2014 Pointe West	
	Principal	60,591	50,310	379,000	190,000	760,000	
Interest	42,790	8,068	19,669	34,820	95,658	17,528	218,533
Fiscal Charges	-	-	-	600	-	2,000	2,600
Total Debt Service Payments	103,381	58,378	398,669	225,420	855,658	322,528	1,964,034

Original Principal	1,100,000	511,500	3,300,000	2,600,000	8,000,000	2,993,000
Outstanding Principal as of 6/30/2023	1,100,000	321,447	1,157,000	1,010,000	6,420,000	615,000
Term	14 Years	10 Years	10 Years	15 Years	11 years	11 Years
Final Maturity Date	2037	2029	2026	2028	2031	2025
Coupon Interest Rate(s)	3.89%	2.51%	1.70%	3-3.6%	1.49%	2.85%
Counts Against Debt Limit	No	No	Yes	Yes	Yes	No

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

This Agreement, dated this 20th day of April, 2023, effective for the Administrative Service Period of 12 months beginning May 1, 2023, and ending April 30, 2024, is entered into by and among the Plan Sponsor/Administrator, Oconee County, and the Plan Supervisor, Planned Administrators, Inc. ("PAI").

WITNESSETH:

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

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

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

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

SECTION 1. ADMINISTRATIVE SERVICES

- 1.1 To the extent specified in Exhibits A, B, C & D attached hereto, PAI shall provide the services for, and shall assist the Plan Sponsor/Administrator in, the administration of the Plan.
- 1.2 PAI shall follow the terms and provisions of the Plan Document in accordance with the Plan Sponsor/Administrator's intent and directions in carrying out the terms and purposes of this Agreement.
- 1.3 To the extent set forth in Exhibits A, B, C & D, PAI shall assist the Plan Sponsor/Administrator in the preparation of any report, or similar papers, required by a state or federal authority, for the Plan.

SECTION 2. PLAN SPONSOR/ADMINISTRATOR OBLIGATIONS

- 2.1 It is understood that the effective performance of all obligations hereunder by PAI will require that the Plan Sponsor/Administrator furnish to PAI certain timely reports and information in a form and manner specified by PAI, and such shall be as follows:
 - A. Previous Plan Document and Health Insurance Contract;
 - B. Plan Summary Booklet;
 - C. Copy of previous Carrier's billing for month preceding the effective date of coverage of the new Plan;
 - D. Complete, legible, and accurate enrollment forms on all covered employees and timely submission of Employee Data Change Forms and Health Questionnaires when appropriate;
 - E. Any and all necessary information regarding any Excess Loss (Stop Loss) Insurance ("Excess Loss (Stop Loss) Insurance" means the insurance procured by the Plan Sponsor/Administrator that insures against claims made in excess of certain amounts); and
 - F. Other information or documentation as may be required from time to time, within 30 days of request.

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

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

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

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

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

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

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

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

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

SECTION 3. PAYMENTS

- 3.1 **Monthly Billing** - Monthly billings reflecting Fixed Costs (all Plan Costs except Claim Costs) will be provided to the Plan Sponsor/Administrator to arrive approximately seven (7) calendar days prior to the first day of the month in which it is due. This bill will reflect all written changes received by PAI prior to the 10th day of the previous month. Payment is due on the 1st day of each month, and will be delinquent if not received prior to the 10th. All claims adjudication will be curtailed on delinquent accounts until such time as the account is brought current. If payment is not received within 30 days following the due date, PAI Administrative and Claims Services may be cancelled. If life insurance premiums are included on the billing, that coverage will also be cancelled. The Plan Sponsor/Administrator is required to pay as billed and accept reasonable or appropriate retroactive additions or terminations, if applicable, on the subsequent month's billing.
- 3.2 If during the operation of the Plan, any tax (other than state or federal income taxes), or any other assessment or premium charge shall be assessed against the Plan, or if PAI is required to pay such tax, PAI shall report the payment to the Plan Sponsor/Administrator and the Plan Sponsor/Administrator shall reimburse PAI for the same, to exclude any expenses or taxes that are not appropriately allocable to the operation of the Plan.
- 3.3 In addition to monthly administrative, claims, and handling fees, the Plan Sponsor/Administrator shall pay PAI additional charges for any special request items or services not specifically covered in Exhibits A, B, C & D. Such items may be:
- A. Printing and supplies expenses incurred after exhausting the supplies provided under the initial set-up fee for Plan inserts, Plan Document changes, ID cards, etc.;
 - B. Special statistical reports other than customary or annual reports, (See Exhibit B, paragraph F). Unusual or

extraordinary expenses for services or support that PAI and the Plan Sponsor/Administrator mutually agreed upon.

- 3.4 All charges incurred as a result of paragraph 3.3 will be submitted for payment on the next Plan monthly billing statement and subject to payment in full with that billing remittance.
- 3.5 All charges incurred for services to be rendered for an administrative run-out of claims at termination of a contract will be billed and remitted as set forth in Section 9, Termination of Agreement, paragraph 9.5.
- 3.6 PAI has the right to change the monthly Fixed Costs charges, in the following circumstances. PAI will, to the extent possible, give the Plan Sponsor/Administrator no less than thirty (30) days advance written notice of the change. The portion of the Fixed Costs representing policy premiums (if any) may be changed at any time the policy premiums are changed by the insurer(s). The administrative service fees of PAI may be changed once every twelve months. PAI may also change the administrative service fees (1) on the date a substantive change is made to the Plan which increases the responsibilities of PAI or (2) on the date the number of employees covered by the Plan has changed by 25% or more since the date the then current administrative services fees were effective. If Fixed Costs charges change during the term of this Agreement, an amended Schedule D will be prepared, agreed upon and initialed by both parties to the Agreement.

SECTION 4. MISCELLANEOUS PROVISIONS

- 4.1 PAI in performing its obligations under this Agreement is acting only as an agent of the Plan Sponsor/Administrator. For the purposes of the Employee Retirement Income Security Act of 1974, as amended from time to time, and any applicable state legislation of similar nature, the Sponsor shall be the Administrator of the Plan, unless the Sponsor by action of its Board of Directors designates an individual or committee to act as Administrator. In no instance shall PAI be deemed to be, or be, the Sponsor or the Administrator of the Plan for purposes of the Employee Retirement Income Security Act of 1974, as amended from time to time. Both parties acknowledge and agree that all documents and records generated by PAI in performance of its obligations under this Agreement are owned by the Plan Sponsor/Administrator, and that PAI serves as the custodian of such documents and records on behalf of the Plan Sponsor/Administrator.
- 4.2 PAI shall not be liable, nor advance its funds, for the payment of claims under the Plan or insurance or other premiums or monies owed to other providers of goods or services that are the responsibility of the Plan Sponsor/Administrator. PAI shall not be considered the Insurer or Underwriter of the liability of the Plan Sponsor/Administrator to provide benefits for the Plan's covered persons and the Plan Sponsor/Administrator shall have final responsibility and liability for payment of claims in accordance with the provisions of the Plan.
- 4.3 This Agreement shall not restrict PAI from pursuing any and all legal or equitable remedies from any party for any claims, lawsuits, settlements, judgments, costs, penalties, liabilities and expenses ("Damages") resulting from, or related to, any third party claim under this Agreement or the Sponsor/Administrator's Plan or the Plan Document if PAI is acting or administering the Sponsor/Administrator's benefits or Plan Document at the express direction and/or instruction of Sponsor/Administrator unless such Damages are the direct consequence of criminal conduct, fraud or willful misconduct on the part of PAI.
- 4.4 PAI agrees to indemnify and hold harmless the Plan Sponsor/Administrator from any and all claims, lawsuits, settlements, judgments, costs, penalties, liabilities and expenses, including a reasonable attorney's fee (for attorneys chosen by The Plan Sponsor/Administrator), arising out of or related to the Plan, Plan Document or this Agreement, but only if resulting from PAI's criminal conduct, fraud, or willful misconduct.
- 4.5 The Plan Sponsor/Administrator also recognizes and agrees that Plan Sponsor/Administrator's failure to adhere to the check release process as outlined in Section 4.10, or Plan Sponsor/Administrator's failure to pay the Administrative Fee due to PAI under this Agreement, may result in PAI incurring significant costs and has the potential to result in a delay in the release of the claims checks, Provider Vouchers and Explanation of Benefits Statements beyond the time frames for such release as set forth in the U.S. Department of Labor claims regulations. In the event that the Plan Sponsor/Administrator delays the release of any claims checks, or fails to

pay the Administrative Fee, PAI will be entitled to indemnification for any and all claims, lawsuits, settlements, judgments, costs, penalties, liabilities and expenses, including attorneys' fees (for attorneys chosen by PAI), resulting from, or arising out of, based on, or in connection with such delay or non-payment.

- 4.6 PAI may secure the services of actuaries, computer service firms and any other firms it deems necessary in performing its duties under this Agreement.
- 4.7 Both parties acknowledge and agree that pursuant to this Agreement, PAI is an independent contractor under South Carolina State law. Personnel performing services under this Agreement will remain employees of their respective parties and no such employee of either party shall be considered in any way to be an agent, officer, representative, or employee of the other party, or have binding authority as an agent, officer, representative, or employee of the other party.
- 4.8 A. If PAI becomes aware of an excess payment or overpayment made under the Plan in excess of \$50.00, PAI shall use its standard overpayment collection processes and procedures to attempt to recover any overpayment; PAI will not attempt to recover overpayments in the amount of \$50.00 or less. PAI's services for its standard overpayment collection processes are included in the Administrative Charge. In the event PAI uses the services of a Medical Provider Audit Firm ("MPAF"), the fee for such MPAF services shall be based on a percentage of the amount recovered and is listed on Exhibit D. PAI, in its sole discretion, shall settle and resolve overpayments on any basis it determines is reasonable (provided that PAI may only pursue litigation in accordance with this Section 4.8), including payment of less than the entire overpayment amount. Notwithstanding the foregoing, PAI is not required to initiate court proceedings to comply with this Section 4.8; however, if PAI determines that litigation is necessary to collect the overpayment, PAI will notify Plan Sponsor/Administrator, and Plan Sponsor/Administrator will be solely responsible for the decision to pursue litigation and funding all litigation costs and expenses, including attorney's fees; PAI shall deliver any related files to the Plan Sponsor/Administrator for the Plan Sponsor/Administrator to pursue such amount. PAI shall notify the Plan Sponsor/Administrator whenever attempted recovery of overpayments is unsuccessful, and the Plan Sponsor/Administrator shall hold PAI harmless for any overpayment not recovered.
- B. If PAI becomes aware of a subrogation claim in excess of \$50.00, PAI shall use its standard processes and procedures to attempt to recover the subrogation claim; PAI will not attempt to recover overpayments in the amount of \$50.00 or less. PAI shall charge an additional fee based on a percentage of the subrogation amount recovered (hereinafter the "Subrogation Fee"). The Subrogation Fee is listed on Exhibit D and is not included in the Administrative Charge or any other fee described herein. PAI, in its sole discretion, shall settle and resolve all such claims on any basis it determines as reasonable, including collection of less than the entire amount of such claim and contributions to the Member's attorney's fees. Notwithstanding the foregoing, PAI is not required to initiate court proceedings to comply with this Section 4.8. In the event PAI determines litigation is necessary to recover a subrogation claim, PAI will notify Plan Sponsor/Administrator, and Plan Sponsor/Administrator will be solely responsible for the decision to pursue litigation and funding all litigation costs and expenses, including attorney's fees; PAI shall deliver any related files to the Plan Sponsor/Administrator, for the Plan Sponsor/Administrator to pursue such amount. PAI shall notify the Plan Sponsor/Administrator whenever attempted recovery of subrogation claims is unsuccessful, and the Plan Sponsor/Administrator shall hold PAI harmless for any subrogation claim not recovered. If the Plan Sponsor/Administrator separately contracts with an outside vendor for subrogation services, references to subrogation recovery in this paragraph are not applicable.
- 4.9 The Plan Sponsor/Administrator has separately contracted with a pharmacy benefits manager ("PBM"). PAI shall be entitled to rely on any information provided to it by the Plan Sponsor/Administrator's PBM. PAI shall base certain eligibility, coverage and other determinations in the performance of its responsibilities under this Agreement in reliance on the information so provided, and shall not be required to confirm or verify the accuracy, authenticity or completeness of any information so provided. PAI shall not be liable for any damages that may result from its reliance on and/or utilization of inaccurate or incomplete information received from the Plan Sponsor/Administrator's PBM. If the Plan Sponsor/Administrator's PBM does not electronically exchange member level claims data with PAI, then PAI is not responsible for (1) integrating pharmaceutical claims payment information into members' maximum out-of-pocket accumulators or (2) inclusion of pharmaceutical claims

payment information in stop loss claims submissions for reimbursement.

- 4.10 The Plan Sponsor/Administrator agrees to operate under the prescribed procedures for auto-release of their claims checks. Checks will be mailed two business days after the date of the checks. Failure of the Plan Sponsor/Administrator to comply with prescribed auto-release procedures may result in immediate placement of claims processing on administrative hold.
- 4.11 PAI shall not be bound by any notice, or directive or request unless and until it is received in writing at its office in Columbia, South Carolina, addressed to Planned Administrators, Inc., Post Office Box 6927, Columbia, South Carolina 29260.
- 4.12 This Agreement, including any attached Exhibit, Schedule, Attachment or Supplement, contains the entire agreement between the parties with respect to the subject matter hereof and it supersedes all prior oral or written agreements, commitments or understandings with respect to such matters. Unless otherwise provided in this Agreement, no modification or waiver of any of the provisions, or any future representation, promise, or addition, shall be binding upon the parties unless made in writing and signed by both parties.

SECTION 5. LAWS GOVERNING AGREEMENT

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

SECTION 6. AGREEMENT COUNTERPARTS

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

SECTION 7. MODIFICATION OF AGREEMENT

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

SECTION 8. TIME LIMIT FOR FILING CLAIMS

- 8.1 It is understood that the Plan Sponsor/Administrator has implemented a self-funded health benefit plan and that all provisions of the Plan must be described in a Plan Document.
- 8.2 The Plan Sponsor/Administrator understands that if it purchases Excess Loss (Stop Loss) coverage to reimburse it for some losses sustained under the Plan, the coverage contract will contain a time limit within which covered and complete claims must be filed by persons covered under the Plan in order for the loss to be reimbursable to the Plan Sponsor/Administrator.
- 8.3 It is understood that the Plan Sponsor/Administrator is responsible for the Plan Document and for all provisions in the Plan Document including, but not limited to, a description of any time limits within which complete claims must be filed. It is understood, further, that if the Plan Document provides for a longer time period to pay claims than the Excess Loss (Stop Loss) coverage provides, there could be claims payable under the Plan which will not be reimbursed by the Excess Loss (Stop Loss) contract, which otherwise might have been reimbursable. In all cases where claims are submitted to PAI for payment, PAI is responsible for processing and presenting claims for payment to the Plan Sponsor/Administrator in a time and manner as specified in Exhibit B, and within a reasonable timeframe to secure reimbursement under the Excess Loss (Stop Loss) contract. If PAI receives a claim after the deadline for reimbursement under the Excess Loss (Stop Loss) contract, PAI will promptly notify the Plan Sponsor/Administrator. PAI will not disrupt the standard flow of the adjudication process, but will follow its standard processing procedures.

Claims must be filed with PAI within the time requirements as set forth in the Plan Document, unless it was not

reasonably possible to do so. PAI will determine if enough information has been submitted to enable proper consideration of the claim.

- 8.4 For purposes of claims processing, a complete claim is one that includes all information necessary for PAI to properly adjudicate the claim. If PAI receives incomplete claims or if the claim is considered incomplete due to any other information being needed, PAI will request the needed information and the Plan Sponsor/Administrator shall be notified in writing, via a monthly "LPR-Claim Letter Listing" report, which informs the Plan Sponsor/Administrator about any claims received by PAI that are pending additional information. This report provides information regarding all letters PAI has sent out to subscribers on behalf of the Plan Sponsor/Administrator, requesting additional information necessary to complete the adjudication of the claim in question. PAI will use reasonable means to secure the information needed for the incomplete claim to become complete. It is ultimately, however, the responsibility of the Plan Sponsor/Administrator to secure any information needed by PAI.
- 8.5 If PAI receives any claim which is incomplete, as described in paragraph 8.4 and the information needed to make the claim complete is not received within the claim filing and payment time limit in the Excess Loss (Stop Loss) contract, that claim if subsequently paid under the Plan may not be reimbursed to the Plan Sponsor/Administrator by the carrier providing the Excess Loss (Stop Loss) coverage.

SECTION 9. TERMINATION OF AGREEMENT

- 9.1 This Agreement may be terminated by either party by written notice of intention to terminate given to the other party, to be effective as of a certain date set forth in the written notice which shall not be less than thirty (30) days from the date of such notice. Failure by the Plan Sponsor/Administrator to render written notice of at least thirty (30) days will result in the equivalent of one month's administrative service fees being due to the Plan Supervisor, payable immediately. Failure of the Plan Sponsor/Administrator to remit said amount will void and invalidate any further obligation of PAI to furnish materials or data as outlined in Section 9, paragraph 9.5, item C.
- 9.2 This Agreement shall automatically terminate in the event of:
- A. Bankruptcy or insolvency of the Plan Sponsor/Administrator or PAI;
 - B. Failure by the Plan Sponsor/Administrator to deliver to PAI on a timely basis the reports and information set forth in Section 2, paragraph 2.1;
 - C. Merger, sale or consolidation of Plan Sponsor/Administrator, unless the surviving entity, as new Plan Sponsor/Administrator, and PAI agree to continue this Agreement;
 - D. Merger, sale or consolidation of PAI, unless the surviving entity, as new Plan Supervisor, and Plan Sponsor/Administrator agree to continue this Agreement;
 - E. The enactment of any law or the promulgation of any regulation, which makes illegal the continuance of this Agreement or the performance of any obligations hereunder;
 - F. Failure of the Plan Sponsor/Administrator to deposit funds for the payment of claims within a two week time period from the date of the checks.

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

- 9.3 In the event of termination of this Agreement, PAI shall complete the processing of all fully documented requests for claim payments under the Plan that were received by it and are due and payable prior to the termination of this Agreement, but it shall have no obligation:
- A. To complete the processing of any such requests upon its determination that the Plan Sponsor/Administrator

has failed to provide funds for the payment of benefits due;

- B. To process requests for claim payments that were received by it after termination of this Agreement;
- C. To process requests for claims payment for which full documentation does not arrive at PAI until after the termination of the Agreement;
- D. To issue checks after the termination date for requests for claim payment relative to conditions existing on or after such date.

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

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

- A. Termination of this Agreement will result in cessation of all administrative and claims services, upon the date of termination. However, when mutually agreeable the Plan Sponsor/Administrator can request an Administrative and Claims Service Agreement only, to allow for the orderly resolution of the incurred but not paid, pending claims (runout). This in no way will be construed as an extension of any insurance contracts that may exist. Such an agreement can be arranged for three months at a time (up to a total of 12 months), and the runout fees will be based on the administrative rates and number of enrollees on the invoice of the final month of the contract. The monthly runout fees will be determined at the time of contract termination. The monthly runout fees will be equal to 100% of the last contract month's administrative fees for the first three months, 50% of the last contract month's administrative fees for the fourth through sixth months, and 25% of the last contract month's administrative fees for the seventh through twelfth months. Any runout PPO network fees are not reduced quarterly in the same manner as the administrative fees. The runout fees will be payable in advance, unless otherwise agreed upon.
- B. PAI will deliver to the Plan Sponsor/Administrator, for a standard end-of-contract reporting fee of \$500.00, the following items after the termination of this Service Agreement:
 - 1. The Plan year-end closing documentation;
 - 2. A final accounting of all reimbursements made by the Excess Loss (Stop Loss) Carrier;
 - 3. All unused check stock;
 - 4. Copies of paperwork on outstanding reimbursements which was forwarded to Excess Loss (Stop Loss) Carrier;
 - 5. Claims submitted but not processed;
 - 6. All claims documentation and other materials utilized to process claims;
 - 7. A listing of all deductible and out-of-pocket accumulations;
 - 8. Any other documents or records for which PAI is responsible pursuant to the terms of this Agreement.
- C. The delivery of those items in the paragraph above to the Plan Sponsor/Administrator or its representative will release PAI of all further administrative, legal, financial and consultative responsibility of any ongoing or future actions that may be taken by claimants or providers of services, etc.

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

For: **OCONEE COUNTY**
By: *Amanda F Brock*
(Signature)
Name: Amanda F Brock
(Print)
Title: Administratr
Date: 04.24.2023
(Please enter exact date signed.)

For: **PLANNED ADMINISTRATORS, INC. (PAI)**
By: *Timothy D Schmid*
(Signature)
Name: Tim Schmid
(Print)
Title: Director of Sales and Stop Loss
Date: 04/25/2023
(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 /2023

TO:

4 /30/2024

GROUP #: 817

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

ADMINISTRATIVE SERVICE FEES:		SINGLE	FAMILY
Medical		\$17.00	\$17.00
Dental	Delta Dental Billing Fee	\$4.50	\$4.50
Vision		\$0.00	\$0.00
Short Term Disability (STD)(PAI In-house)		\$0.00	\$0.00
Agent Commission		\$0.00	\$0.00
HIPAA Privacy Services		\$0.75	\$0.75
COBRA Services		\$1.35	\$1.35
MyCatalyst & Broker Fee		\$1.85	\$1.85
NY-HCRA Services		\$0.00	\$0.00

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

PPO NETWORK ACCESS FEES:			
Preferred Blue		5% of savings	5% of savings
First Health		25% of savings	25% of savings
First Health		\$6.1 pepm	\$6.1 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	\$95.66	\$252.55
Medical Specific Marketing Fee - PAI	\$0.83	\$2.23
Medical Specific Marketing Fee - Broker	\$16.05	\$42.34
Rolling Aggregate (medical) per employee per month	\$0.00	\$0.00
Medical Aggregate per employee per month	\$5.01	\$5.01
Medical Aggregate Marketing Fee - PAI	\$0.04	\$0.04
Medical Aggregate Marketing Fee - Broker	\$0.84	\$0.84

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

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

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

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

SYSTEM GENERATED REPORTS:

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

ONE-TIME SETUP FEE:

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

PRINTING CHARGES

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

Group ID Cards:

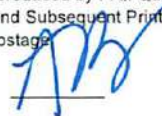
No charge for initial printing. If ID cards reproduced by PAI: Quote will be provided based on group size to include printing and mailing costs

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

PPO Directories: Actual Vendor Cost Plus Postage

Check Printing Charges: \$.16 per check

Sponsor/Administrator Initials



PAI Initials



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 /2023

TO: 4 /30/2024

DIVISION OF RESPONSIBILITIES

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

Sponsor/Administrator Initials

PAI Initials

Exhibit D, Page 2

SELF-FUNDED PLAN DOCUMENT FOR



GROUP MEDICAL PLAN

Effective Date: May 1, 2023

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

ABOUT YOUR PLAN

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Customer Service

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

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

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

Time Limits to File a Claim

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

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

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

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

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

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

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

PREAUTHORIZATION

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

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

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

Items requiring Preauthorization are listed on the Schedule of Benefits.

Who to Call for Preauthorization

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

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

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

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

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

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

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

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

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

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

CLAIMS FILING AND APPEAL PROCEDURES

A. CLAIMS FILING PROCEDURES

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

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

d. Concurrent Care Claim

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

7. Notice of Determination

- a. If the Participant's claim is filed properly, and the claim is in part or wholly denied, the Participant will receive notice of an Adverse Benefit Determination. This notice will:
 - i. State the specific reason(s) for the Adverse Benefit Determination;
 - ii. Reference the specific Plan of Benefits provisions on which the determination is based;
 - iii. Describe additional material or information, if any, needed to complete the claim and the reasons such material or information is necessary;
 - iv. Describe the claims review procedures and the Plan of Benefits and the time limits applicable to such procedures, including a statement of the Participant's right to bring a civil action under section 502(a) of ERISA following an Adverse Benefit Determination on review;
 - v. Disclose any internal rule, guideline, or protocol relied on in making the Adverse Benefit Determination (or state that such information is available free of charge upon request);
 - vi. If the reason for denial is based on a lack of Medical Necessity, or Experimental or Investigational services exclusion or similar limitation, explain the scientific or clinical judgment for the determination (or state that such information will be provided free of charge upon request).
- b. The Participant will also receive a notice if the claim is approved.

B. APPEAL PROCEDURES FOR AN ADVERSE BENEFIT DETERMINATION

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

Planned Administrators, Inc.
Attention: Appeals
P.O. Box 6927
Columbia, SC 29260
FAX 803-870-8012
 - c. The appeal request must state that a formal appeal is being requested and include all pertinent information regarding the claim in question;
 - d. An appeal must include the Participant's name, address, identification number and any other information, documentation or materials that support the Participant's appeal.
2. The Participant may submit written comments, documents, or other information in support of the appeal, and will (upon request) have access to all documents relevant to the claim. A person other than the person who made the initial decision will conduct the appeal. No deference will be afforded to the initial determination.
3. If the appealed claim involves an exercise of medical judgment, the Plan Sponsor will consult with an appropriately qualified health care practitioner with training and experience in the relevant field of medicine. If a health care professional was consulted for the initial determination, a different health care professional will be consulted on the appeal.

4. The final decision on the appeal will be made within the time periods specified below:
 - a. Pre-Service Claim

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

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

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

The Plan Sponsor will decide the appeal of Concurrent Care Claims within the time frames set forth in the Claims Filing and Appeal Procedures section, B. Appeal Procedures for an Adverse Benefit Determination, item 4 a.-c., depending on whether such claim also is a Pre-Service Claim, an Urgent Care Claim or a Post-Service Claim.
5. Notice of Final Internal Appeals Determination
 - a. If a Participant's appeal is denied in whole or in part, the Participant will receive notice of an Adverse Benefit Determination.
 - i. State specific reason(s) for the Adverse Benefit Determination;
 - ii. Reference specific provision(s) of the Plan of Benefits on which the Benefit determination is based;
 - iii. State that the Participant is entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to the claim for Benefits;
 - iv. Disclose and provide any internal rule, guideline, or protocol relied on in making the Adverse Benefit Determination
 - v. If the reason for an Adverse Benefit Determination on appeal is based on a lack of Medical Necessity, or Experimental or Investigational services or other limitation or exclusion, explain the scientific or clinical judgment for the determination (or state that such information will be provided free of charge upon request);
 - vi. Include a statement regarding the Participant's right to request an external review;
 - vii. Include a statement regarding the Participant's right to bring an action under section 502(a) of ERISA.
 - b. The Participant will also receive a notice if the claim on appeal is approved.
6. The Plan Sponsor may retain PAI to assist the Plan Sponsor in making the determination on appeal. Regardless of its assistance, PAI is acting only in an advisory capacity and is not acting in a fiduciary capacity. The Plan Sponsor at all times retains the right to make the final determination.

C. EXTERNAL REVIEW PROCEDURES

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

2. After a Participant has completed the appeal process (and an Adverse Benefit Determination has been made), such Participant will be notified in writing of such Participant's right to request an external review. The Participant should file a request for external review within four (4) months of receiving the notice of PAI's decision on the Participant's appeal. In order to receive an external review, the Participant will be required to authorize the release of such Participant's medical records (if needed in the review for the purpose of reaching a decision on Participant's claim).
3. Within six (6) business days of the date of receipt of a Participant's request for an external review, PAI will respond by either:
 - a. Assigning the Participant's request for an external review to an Independent Review Organization and forwarding the Participant's records to such organization;
 - b. Notifying the Participant in writing that the Participant's request does not meet the requirements for an external review and the reasons for PAI's decision.
4. The external review organization will take action on the Participant's request for an external review within forty-five (45) days after it receives the request for external review from PAI.
5. Expedited external reviews are available if the Participant's Physician certifies that the Participant has a serious medical condition. A serious medical condition, as used in the Claims Filing and Appeal Procedures section, C. External Review Procedures, item 5, means one requires immediate medical attention to avoid serious impairment to body functions, serious harm to an organ or body part, or would place the Participant's health in serious jeopardy. If the Participant may be held financially responsible for the treatment, a Participant may request an expedited review of PAI's decision if PAI's denial of Benefits involves Emergency Medical Care and the Participant has not been discharged from the treating Hospital.

CASE MANAGEMENT

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

COMPREHENSIVE CASE MANAGEMENT

In the event of a serious or catastrophic illness or injury, this Plan of Benefits provides for a comprehensive case management program. The comprehensive case management program is a patient-centered approach to developing a comprehensive plan of cost-effective health care. The services provided under the case management program include:

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

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

ALTERNATIVE TREATMENT PLAN UNDER CASE MANAGEMENT

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

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

MEDICAL SCHEDULE OF BENEFITS

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

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

Deductibles:

Benefit Year Deductible: Benefits with an “*” indicate that the Benefit Year Deductible is waived.	<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

INPATIENT HOSPITAL SERVICES:	PPO:	Non-PPO:
Preauthorization required except emergency room admissions		
Room and Board:		60%
Semi-private room rate:	80%	
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% ²
Hospital Admission resulting from an emergency room visit:	80%	80% ¹
Skilled Nursing Facility: Limited to 100 days per Benefit Year—Per Admission Copay does not apply	80%	60%
Residential Treatment Facility:	80%	60%
Physical Rehabilitation Facility:	80%	60%
Intensive Care Unit, Cardiac Care Unit, Burn Unit:	80%	60%
Newborn Nursery:	80%	60%
Physician Expenses:	80%	60%
Radiology/Pathology Charges:	80%	60%
Mental Health or Substance Use (Non-Emergency Services):	80%	60% ^{1 2}
Mental Health or Substance Use, Physician Charges (Non-Emergency Services):	80%	60% ^{1 2}
Mental Health or Substance Use (Emergency Room Admissions):	80%	80% ^{1 2}
Mental Health or Substance Use, Physician Charges (Emergency Room Admissions):	80%	80% ^{1 2}
Anesthesia:	80%	60%
Inpatient Prescription Drugs Only:	80%	60%

¹When 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.

²Non-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.

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

¹When 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.

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

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

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

¹When 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.

²Non-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.

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

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

PRESCRIPTION DRUG BENEFITS

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

Prescription Drugs are provided through the Magellan 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 or call Customer Service at 1.800.424.0472 to determine if any of your medications require prior authorization.

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

MEDICARE PART D NOTICE

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

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

MEDICAL BENEFITS

A. Payment

The payment of Covered Expenses for Benefits is subject to all terms and conditions of the Plan of Benefits and the Schedule of Benefits. In the event of a conflict between the Plan of Benefits and the Schedule of Benefits, the Schedule of Benefits controls. Covered Expenses will be paid only for Benefits:

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

B. Specific Covered Benefits

If all of these requirements are met, the Group Health Plan will provide the Benefits described in this section:

1. All of the requirements of this Benefits Section must be met;
2. The Benefit must be listed in this section;
3. The Benefit (separately or collectively) must not exceed the dollar amount or other limitations contained on the Schedule of Benefits;
4. The Benefit must not be subject to one or more of the exclusions set forth in the Exclusions and Limitations Section.

The Group Health Plan will provide these Benefits:

1. **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. Covered Expenses for **chiropractic care**.
 11. Charges incurred for Routine Participant Costs for items and services related to **clinical trials** are covered when:
 - A. The Participant has cancer or other life-threatening disease or condition;
 - B. The referring Provider is a Participating Provider that has concluded the Participant's involvement in such a trial would be appropriate;
 - C. The Participant provides medical and scientific information establishing the Participant's involvement in such a trial would be appropriate;
 - D. The services are furnished in connection with an Approved Clinical Trial.

Group Health Plans may not:

- A. Deny a Qualified Individual participation in an Approved Clinical Trial with respect to the treatment of cancer or another life-threatening disease or condition;
- B. Deny (or limit or impose additional conditions on) a Qualified Individual the coverage of Routine Participant Costs for items and services furnished in connection with participation in the trial;
- C. Discriminate against an individual on the basis of the individual's participation in the trial.

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

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

12. Initial **contact lenses** or one pair of **eyeglasses** required following cataract surgery;
13. Covered Expenses for **cosmetic surgery**, only for these situations:

- A. When the malappearance or deformity is due to a congenital anomaly;
- B. When due solely to surgical removal of all or part of the breast tissue because of an injury or illness to the breast;
- C. When required for the medical care and treatment of a cleft lip and palate.

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

14. Charges for **CRNAs and Supervising Medical Doctors** will be a Covered Charge subject to these provisions:
 - A. The Allowed Amount for a CRNA will be 50% of the PPO re-priced amount for the MD Anesthesiologist, subject to all other Plan and modifier limitations.
 - B. If the MD Anesthesiologist is not a PPO, then the CRNA Allowed Amount will be equal to 50% of the UCR for the MD Anesthesiologist, subject to all other Plan and modifier limitations.
 - C. Charges for the Supervising MD will be limited to 50% of the PPO re-priced amount for the MD Anesthesiologist working independently.
15. Covered Expenses for Prescription **Drugs** requiring a written prescription of a licensed Physician; such drugs must be necessary for the treatment of an illness or injury.
16. Covered Expenses for **Durable Medical Equipment** (such as renal dialysis machines, resuscitators or Hospital-type beds), required for temporary therapeutic use in the Participant's home by an individual patient for a specific condition when such equipment ordinarily is not used without the direction of a Physician. If such equipment is not available for rent, the monthly payments toward the purchase of the equipment may be approved by the Plan supervisor. Benefits will be reduced to standard equipment allowances when deluxe equipment is used. The rental or purchase Benefits cannot exceed the purchase price of the equipment. **Preauthorization required for expenses \$500 or more.**
17. Covered Expenses for **electrocardiograms**, electroencephalograms, pneumoencephalograms, basal metabolism tests or similar well-established diagnostic tests generally approved by Physicians throughout the United States.
18. 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. **Mammograms.**
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. Covered Expenses incurred for Admission in a **physical rehabilitation facility or Skilled Nursing Facility**, for participation in a multidisciplinary team-structured rehabilitation program following severe neurologic or physical impairment. The Participant must be under the continuous care of a Physician, and the attending Physician must certify that the individual requires nursing care 24 hours a day. Nursing care must be rendered by a registered nurse or a licensed vocational or practical nurse. The confinement cannot be primarily for domiciliary, custodial, personal-type care, care due to senility, alcoholism, drug abuse, blindness, deafness, mental deficiency, tuberculosis or mental disorders.
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 or obstetrical service and does not constitute a part of the usual, necessary and related pre-operative and postoperative care but requires supplemental skills not possessed by the attending surgeon or his assistant;
- ii When a Physician other than a surgeon admits a Participant to the Hospital for medical treatment and it later develops that surgery becomes necessary, such Benefits cease on the date of surgery for the admitting Physician and become payable under the surgeon only;
- iii When the surgical procedure performed is designated by the Plan supervisor as a "warranted diagnostic procedure" or as a "minor surgical procedure."
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 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. 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.
44. 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.
45. Covered Expenses for **surgical procedures**, subject to:
- A. If two or more operations or procedures are performed at the same surgical approach, the total amount covered for the operations or procedures will be payable for the major procedure only, or Benefits will be payable according to the recommendations of the Medical Review Department;
 - B. If two or more operations or procedures are performed at the same time, through different surgical openings or by different surgical approaches, the total amount covered will be paid according to the Allowed Amount for the operation or procedure bearing the highest allowance, plus one half of the Allowed Amount for all other operations or procedures performed;
 - C. If an operation consists of the excision of multiple skin lesions, the total amount covered will be paid according to the Allowed Amount for the procedure bearing the highest allowance, 50 percent (50%) for procedures bearing the second- and third-highest allowance, 25 percent (25%) for procedures bearing the fourth- through the eighth-highest allowance, and 10 percent (10%) for all other procedures;
 - D. If an operation or procedure is performed in two or more steps or stages, coverage for the entire operation or procedure will be limited to the allowance for such operation or procedure;
 - E. If two or more Physicians perform operations or procedures in conjunction with one another, other than as an assistant at surgery or anesthesiologist, the allowance, subject to the above paragraphs, will be prorated between them by the Plan supervisor when so required by the Physician in charge of the case;
 - F. Certain surgical procedures, which are normally exploratory in nature, are designated as "independent procedures" by the Plan supervisor, and the Allowed Amount is covered when such a procedure is performed as a separate and single entity. However, when an independent procedure is performed as an integral part of

another surgical service, the total amount covered will be paid according to the Fee Schedule for the major procedure only.

46. Covered Expenses for services for **voluntary sterilization** for Participants.
47. Charges associated with the initial purchase of a **wig after chemotherapy**.
48. Covered Expenses for **x-rays**, microscopic tests, and **laboratory tests**.

MEDICAL EXCLUSIONS AND LIMITATIONS

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

1. Any service or supply that is not **Medically Necessary**.
2. Charges incurred as a **result of declared or undeclared war or any act of war** or caused during service in the armed forces of any country.
3. **Professional services** billed by a Physician or nurse who is an employee of a Hospital or Skilled Nursing Facility and paid by the Hospital or facility for the service.
4. **Travel expenses**, whether or not recommended by a Physician.
5. Any medical **social services, recreational or Milieu Therapy, education testing or training**, except as part of Preauthorized Home Health Care or Hospice Care program.
6. **Nutritional counseling or vitamins, food supplements, and other dietary supplies** even if the supplements are ordered or prescribed by a Physician. Exceptions to this exclusion are noted under the Medical Schedule of Benefits and the Prescription Drug Benefits section.
7. Services, supplies or charges for **pre-marital and pre-employment physical examinations**.
8. Any service or supply for which a Participant is entitled to receive payment or Benefits (whether such payment or Benefits have been applied for or paid) under any law (now existing or that may be amended) of the United States or any state or political subdivision thereof, except for Medicaid. These include, but may not be limited to, Benefits provided by or payable under **workers' compensation laws**, the Veteran's Administration for care rendered for service-related disability, or any state or federal Hospital services for which the Participant is not legally obligated to pay. This exclusion applies if the Participant receives such Benefits or payments in whole or in part, and is applied to any settlement or other agreement regardless of how it is characterized and even if payment for medical expenses is specifically excluded.
9. Services to the extent the Participant is entitled to payment or Benefits under any **state or federal** program that provides health care benefits, including Medicare, but only to the extent Benefits are paid or are payable under such programs.
10. Charges incurred for which the Participant is not in the absence of this coverage **legally obligated** to pay or for which a charge would not ordinarily be made in the absence of this coverage.
11. **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**.
12. **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.
13. Services and supplies received as the result of any intentionally **self-inflicted injury**.
14. Charges incurred for services or supplies that constitute **personal comfort or beautification items**, such as television or telephone use.
15. All **cosmetic procedures** and any related **medical supplies**, in which the purpose is improvement of appearance or correction of deformity without restoration of bodily function. Examples of services that are cosmetic and are

not covered are: rhinoplasty (nose); mentoplasty (chin), rhytidoplasty (face lift); surgical planing (dermabrasion); and blepharoplasty (eyelid).

16. Charges for **custodial care**, including sitters and companions.
17. Charges for **services, supplies, or treatment** not commonly and customarily recognized throughout the Physician's profession or by the American Medical Association as generally accepted and Medically Necessary for the Participant's diagnosis and/or treatment of the Participant's illness or injury; or charges for procedures, surgical or otherwise, which are specifically listed by the American Medical Association as having no medical value.
18. Any Medical Supplies or services rendered by a Participant to himself or herself or by a Participant's **immediate family** (parent, Child, spouse, brother, sister, grandparent or in-law).
19. Charges for inpatient confinement, primarily for x-rays, laboratory, diagnostic study, physiotherapy, hydrotherapy, medical observation, convalescent, custodial or rest care, or any medical examination or test **not connected with an active illness or injury**, unless otherwise provided under any preventable care covered under this Plan of Benefits.
20. Charges incurred for treatment on or to the **teeth, the nerves or roots of the teeth, gingival tissue or alveolar processes**.
21. Treatment of **infertility** (including the reversal of voluntary sterilization).
22. **Experimental or Investigational** services, including surgery, medical procedures, devices or drugs. The Group Health Plan reserves the right to approve, upon medical review, non-labeled use of chemotherapy agents that have been approved by the Food and Drug Administration (FDA) for cancer.
23. Charges incurred for treatment or supplies of weak, strained, or **flat feet**, instability or imbalance of the feet, treatment of any tarsalgia, metatarsalgia or bunion (other than operations involving the exposure of bones, tendons or ligaments), cutting or removal by any method of toenails or superficial lesions of the feet, including treatment of corns, calluses and hyperkeratoses, unless needed in treatment of a metabolic or peripheral-vascular disease.
24. Charges for **custom molded inserts and/or orthotics, other than the initial appliance, unless needed in treatment of a metabolic or peripheral-vascular disease**.
25. Charges for **maintenance care**. Unless specifically mentioned otherwise, the Plan of Benefits does not provide Benefits for services and supplies intended primarily to maintain a level of physical or mental function.
26. Any service or supply rendered to a Participant for the treatment of **obesity** or for the purpose of weight reduction. This includes all procedures designed to restrict the Participant's ability to assimilate food; for example, gastric bypass, the insertion of gastric bubbles, the wiring shut of the mouth, and any other procedure the purpose of which is to restrict the ability of the Participant to take in food, digest food or assimilate nutrients. Also excluded are services, supplies or charges for the correction of complications arising from weight control procedures, services, supplies or charges, such as procedures to reverse any restrictive or diversionary procedures and such reconstructive procedures as may be necessitated by the weight loss produced by these non-covered restrictive or diversionary procedures, except as specified on the Schedule of Benefits. Examples of such reconstructive procedures include, but are not limited to, abdominal panniculectomy and removal of excessive skin from arms, legs or other areas of the body. Membership fees to weight control programs are also excluded.
27. Any service or treatment for complications resulting from any **non-covered procedures**.
28. Any service or supply rendered to a Participant for the diagnosis or treatment of **sexual dysfunction** (including impotence) except when Medically Necessary due to an organic disease.
29. Any charges for **elective abortions**, except for abortion performed in accordance with federal Medicaid guidelines.
30. No charge will be covered under Medical Benefits for **dental and oral surgical procedures** involving orthodontic care of the teeth, periodontal disease and preparing the mouth for the fitting of or continued use of dentures.
31. Charges not included as part of a Hospital bill for autologous **blood donation** that involves collection and storage of a patient's own blood prior to elective surgery.
32. Charges incurred for **take-home drugs** upon discharge from the Hospital.

33. **Spare items** of the nature of braces of the leg, arm, back and neck, artificial arms, legs or eyes, lenses for the eye, or hearing aids, unless needed due to physiological changes.
34. Care and treatment of **hair loss**.
35. **Exercise programs** for treatment of any condition.
36. Air conditioners, air-purification units, humidifiers, allergy-free pillows, blanket or mattress covers, electric heating units, swimming pools, orthopedic mattresses, exercising equipment, vibratory equipment, elevators or stair lifts, blood pressure instruments, stethoscopes, clinical thermometers, scales, elastic bandages or stockings, wigs, non-Prescription Drugs and medicines, first aid supplies and non-Hospital adjustable beds.
37. **Acupuncture or hypnosis**, except when performed by a Physician in lieu of anesthesia.
38. Care and treatment for **sleep apnea**, unless Medically Necessary.
39. Treatment of **dysfunctional conditions** related to the muscles of mastication, malpositions or deformities of the jaw bone(s), orthognathic deformities, or temporomandibular joint (TMJ) disorders.
40. Charges that exceed any **Benefit limitations** stated in the Medical Schedule of Benefits of this Plan document.
41. Admissions or portions thereof for **custodial care or long-term care** including:
 - A. Rest cares;
 - B. Long-term acute or chronic psychiatric care;
 - C. Care to assist a Participant in the performance of activities of daily living (including, but not limited to: walking, movement, bathing, dressing, feeding, toileting, continence, eating, food preparation and taking medication);
 - D. Care in a sanitarium;
 - E. Custodial or long-term care;
 - F. Psychiatric or Substance Use residential treatment when provided at therapeutic schools; wilderness/boot camps; therapeutic boarding homes; halfway houses; and therapeutic group homes.
42. **Counseling and psychotherapy services** for these conditions are not covered:
 - A. Feeding and eating disorders in early childhood and infancy;
 - B. Tic disorders, except when related to Tourette's disorder;
 - C. Elimination disorders;
 - D. Mental disorders due to a general medical condition;
 - E. Sexual function disorders;
 - F. Sleep disorders;
 - G. Medication-induced movement disorders;
 - H. Nicotine dependence, unless specifically listed as a covered Benefit in the Plan of Benefits or on the Medical Schedule of Benefits.
43. Medical supplies, services or charges for the diagnosis or treatment of sexual and gender identity disorders, learning disorders, dissociative disorders, developmental speech delay, communication disorders, developmental coordination disorders, mental retardation or vocational rehabilitation.
44. **Error**. Charges for care, supplies, treatment, and/or services that are required to treat injuries that are sustained or an illness that is contracted, including infections and complications, while the Participant was under, and due to the care of a Provider wherein such illness, injury, infection or complication is not reasonably expected to occur. This exclusion will apply to expenses directly or indirectly resulting from the circumstances of the course of treatment that, in the opinion of the Plan Administrator, in its sole discretion, unreasonably gave rise to the expense.

45. Charges for services that are not reasonable, not Medically Necessary, are not Usual and Customary, and/or are in excess of the **Maximum Allowable Charge** (See definition of Maximum Allowable Charge for application when utilizing PPO network discounts).
46. **Foreign travel.** Care, treatment or supplies out of the U.S. if travel is for the sole purpose of obtaining medical services (unless Medically Necessary as determined by the Plan Administrator and approved in advance).
47. Charges for care, supplies, treatment, and/or services for expenses actually **incurred by other persons.**
48. Charges for care, supplies, treatment, and/or services for Injuries resulting from **negligence**, misfeasance, malfeasance, nonfeasance or malpractice on the part of any licensed Physician.
49. All charges in connection with treatments or medications where the patient either is in **non-compliance** with or is discharged from a Hospital or Skilled Nursing Facility against medical advice.
50. Care, treatment, services or supplies **not recommended and approved by a Physician**; or treatment, services or supplies when the Participant is not under the regular care of a Physician. Regular care means ongoing medical supervision or treatment which is appropriate care for the Injury or Sickness.
51. Treatments and supplies which are **not specified as covered** under this Plan.
52. Care and treatment billed by a Hospital for **non-medical emergency admissions** on a Friday or Saturday. This does not apply if surgery is performed within 24 hours of admission.
53. Charges for **Orthognathic surgery.**
54. **Subrogation, Reimbursement, and/or Third Party Responsibility.** Charge for care, supplies, treatment, and /or services of an Injury or Sickness not payable by virtue of the Plan's subrogation, reimbursement, and/or third party responsibility provisions.
55. Excision of wholly or partly unerupted **impacted teeth.**
56. **Behavioral, Educational, or Alternate Therapy Programs:**
Any behavioral, educational or alternative therapy techniques to target cognition, behavior language and social skills modification, including:
 - A. Applied Behavioral Analysis (ABA) therapy;
 - B. Teaching, Expanding, Appreciating, Collaborating and Holistic (TEACCH) programs;
 - C. Higashi schools/daily life;
 - D. Facilitated communication;
 - E. Floor time;
 - F. Developmental Individual—Difference Relationship-based model (DIR);
 - G. Relationship Development Intervention (RDI);
 - H. Holding therapy;
 - I. Movement therapies;
 - J. Music therapy;
 - K. Animal assisted therapy.
57. **Prescription Drug Exclusions** under this Plan of Benefits:
 - A. Therapeutic devices or appliances, including hypodermic needles, syringes, support garments, ostomy supplies and non-medical substances regardless of intended use;
 - B. Any over-the-counter medication, unless specified otherwise;
 - C. Prescription Drugs that have not been prescribed by a Physician;
 - D. Prescription Drugs not approved by the Food and Drug Administration;
 - E. Prescription Drugs for non-covered therapies, services, or conditions;
 - F. Prescription Drug refills in excess of the number specified on the Physician's prescription order or Prescription Drug refills dispensed more than one (1) year after the original prescription date;

- G. Unless different time frames are specifically listed on the Schedule of Benefits more than a thirty (30) day supply for Prescription Drugs (ninety (90) day supply for Prescription Drugs obtained through a Mail Service Pharmacy);
- H. Any type of service or handling fee (with the exception of the dispensing fee charged by the pharmacist for filling a prescription) for Prescription Drugs, including fees for the administration or injection of a Prescription Drug;
- I. Dosages that exceed the recommended daily dosage of any Prescription Drug as described in the current Physician's Desk Reference or as recommended under the guidelines of the Pharmacy Benefit Manager, whichever is lower;
- J. Prescription Drugs administered or dispensed in a Physician's office, Skilled Nursing Facility, Hospital or any other place that is not a Pharmacy licensed to dispense Prescription Drugs in the state where it is operated;
- K. Prescription Drugs for which there is an over-the-counter equivalent and over-the-counter supplies or supplements;
- L. Prescription Drugs that are being prescribed for a specific medical condition that are not approved by the Food and Drug Administration for treatment of that condition (except for Prescription Drugs for the treatment of a specific type of cancer, provided the drug is recognized for treatment of that specific cancer in at least one standard, universally accepted reference compendia or is found to be safe and effective in formal clinical studies, the results of which have been published in peer-reviewed professional medical journals);
- M. Prescription Drugs that are not consistent with the diagnosis and treatment of a Participant's illness, injury or condition, or are excessive in terms of the scope, duration, dosage or intensity of drug therapy that is needed to provide safe, adequate and appropriate care;
- N. Prescription Drugs to enhance physical growth or athletic performance or appearance;
- O. Prescription Drugs that are immunization agents or biological sera;
- P. Prescription Drugs or services that require Preauthorization by PAI and Preauthorization is not obtained;
- Q. Prescription Drugs for injury or disease that are paid by workers' compensation benefits (if a workers' compensation claim is settled, it will be considered paid by workers' compensation benefits);
- R. Prescription Drugs that are not Medically Necessary.

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

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

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

ELIGIBILITY FOR COVERAGE

Eligibility:

Waiting Period:	Coverage for new Employees will commence on the first day of the month following 60 days of continuous employment.
Annual Enrollment:	Month of March for a May 1 st effective date
Actively at Work: Minimum hours per week:	At least 30 full-time hours per week
Dependent Child, in addition to meeting the requirements contained in the Plan of Benefits; the maximum age limitation to qualify as a Dependent Child is:	An Employee may cover a Dependent Child up to the end of the calendar month during which the Dependent Child reaches age 26 for medical Benefits.
The column to the right identifies other group classifications, as defined by the Plan Sponsor, that also may participate in the Plan of Benefits:	Council Members (not subject to the 30 full-time hours per week minimum)
The column to the right identifies other group classifications, as defined by the Plan Sponsor, that may not participate in the Plan of Benefits:	Seasonal or Temporary Employees Post 65 Retirees and Medicare Eligible Individuals
Coverage for Participants will terminate the last day of the month in which employment is terminated or the end of the period for which the required premium has been paid.	

A. ELIGIBILITY

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

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

THESE RETIREE HEALTH INSURANCE PLAN (THE “PLAN”) PROVISIONS ARE SUBJECT TO CHANGE AND THE COUNTY’S ABILITY TO FUND THIS BENEFIT CAN BE IMPACTED BY FISCAL CHALLENGES AND LEGISLATIVE CHANGES. DUE TO THE RISK OF UNKNOWN CIRCUMSTANCES, THIS PLAN, AS DESCRIBED HEREIN, MAY BE DEEMED UNSUSTAINABLE AT SOME FUTURE TIME. THE RETIREE HEALTH INSURANCE GUIDELINES DESCRIBED HEREIN, OR OTHERWISE, ARE DISCRETIONARY ON THE PART OF THE COUNTY AND THE EMPLOYEE AND DO NOT CREATE ANY EXPRESS OR IMPLIED CONTRACT OF THIS BENEFIT BEING PROVIDED IN THE FUTURE OR IN ANY PARTICULAR AMOUNT AT ANY PARTICULAR

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

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

1. Grandfathered Employees:

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

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

- a. Non-Grandfathered Employees will remain eligible for Oconee County Employee Health Care Plan Benefits upon their retirement, subject to the conditions stated therein, and otherwise provided by law.
- b. Spouses of Non-Grandfathered Employees will not be eligible for Oconee County Employee Health Care Plan coverage upon retirement of the Non-Grandfathered Employee.
- c. Once a Non-Grandfathered Employee retires and attains the age of 65 or becomes Medicare eligible, whichever occurs first, Oconee County Employee Health Care Plan coverage will cease.

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

Summary

Grandfathered Employees

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

Non-Grandfathered Employees

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

Employees hired on or after July 1, 2005

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

Current Retirees

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

C. ELECTION OF COVERAGE

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

D. COMMENCEMENT OF COVERAGE

Coverage under the Group Health Plan will commence as:

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

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

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

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

3. Dependents Resulting from Marriage

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

4. Newborn Children

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

5. Adopted Children

For an adopted Child of an Employee:

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

6. Special Enrollment

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

- a. The Employee or Dependent was covered under a group health Plan or had Creditable Coverage at the time coverage was previously offered to the Employee or Dependent;
- b. The Employee stated in writing at the time of enrollment that the reason for declining enrollment was because the Employee or Dependent was covered under a group health Plan or had Creditable Coverage at that time. This requirement shall apply only if the Plan Sponsor required such a statement at the time the Employee declined coverage and provided the Employee with notice of the requirement and the consequences of the requirement at the time;
- c. The Employee or Dependent's coverage described above:
 - i. Was under a COBRA continuation provision and the coverage under the provision was exhausted;
 - ii. Was not under a COBRA continuation provision described in section 6(c)(i), above, and either the coverage was terminated as a result of loss of eligibility for the coverage (including as a result of legal separation, divorce, cessation of Dependent status (such as attaining the maximum age to be eligible as a Dependent Child under the Plan), death, termination of employment) or reduction in the number of hours of employment), or if the Plan Sponsor's contributions toward the coverage were terminated;
 - iii. Was one of multiple Plans offered by a Plan Sponsor and the Employee elected a different Plan during an open enrollment period or when a Plan Sponsor terminates all similarly situated individuals;
 - iv. Was under a HMO that no longer serves the area in which the Employee lives, works or resides;
 - v. Under the terms of the Plan, the Employee requests the enrollment not later than thirty-one (31) days after date of exhaustion described in 6(c)(i) above, or termination of coverage or Plan Sponsor contribution described in 6(c)(ii) above. Coverage will begin no later than the first day of the first calendar month following the date the completed enrollment form is received.

The above list is not an all-inclusive list of situations when an Employee or Dependent loses eligibility. For situations other than those listed above, see the Plan Sponsor.

Medicaid or State Children's Health Insurance Program Coverage

- A. The Employee or Dependent was covered under a Medicaid or State Children's Health Insurance Program Plan and coverage was terminated due to loss of eligibility;
- B. The Employee or Dependent becomes eligible for assistance under a Medicaid or State Children's Health Insurance Program Plan;
- C. The Employee or Dependent requests such enrollment not more than sixty (60) days after either:

- i. the date of termination of Medicaid or State Children’s Health Insurance Program coverage;
- ii. determination that the Employee or Dependent is eligible for such assistance.

E. DEPENDENT CHILD’S ENROLLMENT

- 1. A Dependent’s eligibility for or receipt of Medicaid assistance will not be considered in enrolling that Dependent for coverage under this Plan of Benefits.
- 2. Absent the sponsorship of an Employee, Dependents are not eligible to enroll for coverage under this Plan of Benefits.

F. CHANGE IN FAMILY STATUS

The Plan permits you to change your benefit election during the Plan Year if a qualified change in family status occurs. Enrollment Application forms are available from your Human Resources Department. A qualified change in family status can occur for many reasons such as:

Type of Event	You need to...
Birth or Adoption	complete an Enrollment Application and indicate name of Dependent and date of birth or adoption.
Marriage	complete an Enrollment Application and indicate name of Spouse and date of marriage.
Divorce	complete an Enrollment Application and indicate the date of divorce and submit a copy of divorce decree.
Legal Separation	complete an Enrollment Application and indicate the date of separation and submit a copy of the separation agreement.
Death	complete an Enrollment Application and indicate the name of deceased and date of death.
Child reaches dependent age limit of 26.	complete an Enrollment Application and indicate the names of the family members who will continue to be covered.
Termination of employment	review section entitled <u>Termination of Coverage</u> in this booklet.
Loss of Spouse’s employment	review section entitled <u>Special Enrollment Periods</u> . If enrolling new Plan members, complete an Enrollment Application and submit HIPAA certificate.

In order to effect a change in your Benefits, you must complete and return an Enrollment Application form to your Human Resources Department within 31 days following the qualifying event. Please note that the requested change in Benefits must be consistent with your change in family status (i.e. change from a single to family coverage due to marriage).

If you have (or expect to have) a change in family status or if you are unsure about your rights and responsibilities when applying for coverage, please contact the Human Resources Department to discuss your options and the necessary enrollment procedures.

G. PARTICIPANT CONTRIBUTIONS

The Participant is solely responsible for making all payments for any Premium.

H. DISCLOSURE OF MEDICAL INFORMATION

By accepting Benefits or payment of Covered Expenses, the Participant agrees that the Group Health Plan (and including BlueCross on behalf of the Group Health Plan) may obtain claims information, medical records, and other information necessary for the Group Health Plan to consider a request for Preauthorization, a Continued Stay Review, an Emergency Admission Review, a Preadmission Review or to process a claim for Benefits.

TERMINATION OF THIS PLAN OF BENEFITS

A. TERMINATION OF THIS PLAN OF BENEFITS

Termination of an Employee's coverage and all of such Employee's Dependents' coverage will occur on the earliest of these dates:

1. The date the Group Health Plan is terminated pursuant to Sections (B)-(E) below.
2. The date an Employee retires unless the Group Health Plan covers such individual as a retiree.
3. The date an Employee ceases to be eligible for coverage as set forth in the Eligibility Section.
4. The last day of the month in which an Employee is no longer Actively at Work or the end of the period for which the required premium has been paid, except that a qualified Employee (as qualified under the Family and Medical Leave Act of 1993) may be considered Actively at Work during any leave taken pursuant to the Family and Medical Leave Act of 1993.
5. In addition to terminating when an Employee's coverage terminates, a Dependent spouse's coverage terminates on the date of entry of a court order ending the marriage between the Dependent spouse and the Employee regardless of whether such order is subject to appeal.
6. In addition to terminating when an Employee's coverage terminates, a Child's coverage terminates when that individual no longer meets the definition of a Dependent under the Group Health Plan.
7. In addition to terminating when an Employee's coverage terminates, an Incapacitated Dependent's coverage terminates when that individual no longer meets the definition of an Incapacitated Dependent.
8. Death of the Employee.

B. TERMINATION FOR FAILURE TO PAY PREMIUMS

1. If a Participant fails to pay the Premium during the Grace Period, such Participant shall automatically be terminated from participation in the Group Health Plan, without prior notice to such Participant.
2. In the event of termination for failure to pay Premiums, Premiums received after termination will not automatically reinstate the Employee in participation under the Group Health Plan absent written agreement by the Plan Sponsor. If the Employee's participation in the Group Health Plan is not reinstated, the late Premium will be refunded to the Employee.

C. TERMINATION WHILE ON LEAVE

During an Employee's leave of absence that is taken pursuant to the Family and Medical Leave Act, the Plan Sponsor must maintain the same health Benefits as provided to Employees not on leave. The Employee must continue to pay his or her portion of the Premium. If Premiums are not paid by an Employee, coverage ends as of the due date of that Premium contribution.

D. TERMINATION DUE TO A RESCISSION OF COVERAGE

In the event that a Participant:

1. Performs an act, practice, or omission that constitutes fraud;
2. Makes an intentional misrepresentation of material fact,

The Participant's coverage under this Plan of Benefits will terminate retroactively at one of these times:

1. If event occurs upon application for participation in the Plan, the Participant's coverage will be void from the time of his/her effective date;
2. If event occurs at any other time, the Participant's coverage will terminate retroactively to the date of the event occurrence, as outlined above.

In the event your coverage is rescinded, you will be given 30 days' advance written notice of the Rescission as well as the retroactive effective date. Any Premiums paid will be returned once the Plan Administrator deducts the

amount for any claims paid.

A Participant has an internal appeal right following written notice of a Rescission of coverage as outlined within the Claims Filing and Appeal Procedures section of this document.

E. NOTICE OF TERMINATION TO PARTICIPANTS

Other than as expressly required by law, if the Group Health Plan is terminated for any reason, the Plan Sponsor is solely responsible for notifying all Participants of such termination and that coverage will not continue beyond the termination date.

F. REINSTATEMENT

The Group Health Plan in its sole discretion (and upon such terms and conditions as any stop-loss carrier or the Plan Sponsor may determine) may reinstate coverage under the Group Health Plan that has been terminated for any reason. If a Participant's coverage (and including coverage for the Participant's Dependents) for Covered Expenses under the Group Health Plan terminates while the Participant is on leave pursuant to the Family and Medical Leave Act because the Participant fails to pay such Participant's Premium, the Participant's coverage will be reinstated without new probationary periods if the Participant returns to work immediately after the leave period, re-enrolls and, within thirty-one (31) days following such return, pays all such Employee's portion of the past due amount and then current Premium.

G. PLAN SPONSOR IS AGENT OF PARTICIPANTS

By accepting Benefits, a Participant agrees that the Plan Sponsor is the Participant's agent for all purposes of any notice under the Group Health Plan. The Participant further agrees that notifications received from, or given to, the Plan Sponsor by PAI are notification to the Employees except for any notice required by law to be given to the Participants by PAI.

H. PERSONNEL POLICIES

Except as required under the Family and Medical Leave Act or the Uniformed Services Employment and Reemployment Rights Act, the Plan Sponsor's current personnel policies regarding Waiting Periods, continuation of coverage, or reinstatement of coverage shall apply during these situations: Plan Sponsor-certified disability, leave of absence, layoff, reinstatement, hire or rehire.

I. RETURN TO WORK

An Employee who returns to work **within six (6) months** of a layoff or an approved leave of absence will retain the same insurance status as prior to the said date, provided any required contributions have been paid in full. No new eligibility Waiting Period will apply unless these conditions were still to be met at the time of layoff or leave of absence.

An Employee who returns to work **after six (6) months** of an approved leave of absence or layoff will be considered a new Employee and will be subject to all eligibility requirements, including all requirements relating to the Effective Date of coverage (except as provided under the provision entitled "status change").

J. STATUS CHANGE

If an Employee or Dependent has a status change while covered under this Plan of Benefits (i.e. Employee to Dependent, COBRA to active) and no interruption in coverage has occurred, the Plan of Benefits will allow continuity of coverage with respect to any Waiting Period.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

In the case of a Participant who is receiving Covered Expenses in connection with a mastectomy, the Group Health Plan will pay Covered Expenses for each of these (if requested by such Participant):

- A. Reconstruction of the breast on which the mastectomy has been performed;
- B. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- C. Prosthesis and physical complications at all stages of mastectomy, including lymphedemas.

The Plan of Benefits' Benefit Year Deductible and Copay will apply to these Benefits.

FAMILY AND MEDICAL LEAVE ACT (FMLA)

The Group Health Plan must comply with FMLA as outlined in the regulations issued by the U.S. Department of Labor. During any leave taken under the FMLA, the Plan Sponsor will maintain coverage under this Plan of Benefits on the same basis as coverage would have been provided if the Employee had been continuously employed during the entire leave period.

In general, eligible Employees may be entitled to:

Twelve workweeks of leave in a 12-month period for:

- the birth of a Child and to care for the newborn Child within one year of birth;
- the placement with the Employee of a Child for adoption or foster care and to care for the newly placed Child within one year of placement;
- to care for the Employee's spouse, Child, or parent who has a serious health condition;
- a serious health condition that makes the Employee unable to perform the essential functions of his or her job;
- any qualifying exigency arising out of the fact that the Employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" or

Twenty-six workweeks of leave in a single 12-month period to care for a covered service member with a serious injury or illness of a service member spouse, son, daughter, parent, or next of kin to the Employee (military caregiver leave).

An extension up to 12-weeks may be authorized by Department Heads when medical documentation is provided. The additional leave will be allowed only for Employees with no active or unresolved discipline issues in place.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985

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

You also may have other options available when you lose this coverage. For example, you may be eligible to enroll into an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. (For more information about the Marketplace, visit www.HealthCare.gov). Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally does not accept late enrollees.

If you decide to continue this coverage, it is available for a period of up to 18, 29 or 36 months, depending on the circumstances:

- A. 18 months for Employees whose working hours are reduced – during a non-FMLA leave of absence or when an Employee changes from full-time to part-time – and any family members who also lose coverage for this reason;
- B. 18 months for Employees who voluntarily quit work and any family members who also lose coverage for this reason;
- C. 18 months for Employees who are part of a layoff and any family members who also lose coverage for this reason;
- D. 18 months for Employees who are fired, unless the firing is due to gross misconduct of the Employee, and any family members who also lose coverage for this reason;
- E. 29 months for Employees and all covered Dependents who are determined to be disabled under the Social Security Act before or during the first sixty (60) days after termination of employment or reduction of hours of employment. Notice of the Social Security Disability determination must be given to the Plan Sponsor within 60 days of the determination of disability and before the end of the first 18 months of continuation of coverage. Nevertheless, if the determination was prior to termination, the Notice can be provided with COBRA election form in order to secure the extension;
- F. 36 months for Employees’ widows or widowers and their Dependent Children;
- G. 36 months for separated (in states where legal separation is recognized) or divorced husbands or wives of the Employee and their Dependent Children;
- H. 36 months for Dependent Children who lose coverage under the Plan of Benefits because they no longer meet the Plan’s definition of a Dependent Child;
- I. 36 months for Dependents who are not eligible for Medicare when the Employee is eligible for Medicare and no longer has coverage with the Plan Sponsor;
- J. For Plans providing coverage for retired Employees and their Dependents, a special rule applies for such persons who would lose coverage due to the Plan Sponsor filing for Title 11 Bankruptcy. (Loss of coverage includes a substantial reduction of coverage within a year before or after the bankruptcy filing.) Upon occurrence of such an event, retired Employees and their eligible Dependents may continue their coverage under the Plan of Benefits until the date of death of the retiree. If a retiree dies while on this special continued coverage, surviving Dependents may elect to continue coverage for up to 36 additional months.

Except for items E, G, and H, above, the Plan Administrator is responsible for getting the proper form(s) to the Participant so continuation of coverage can be applied for.

For items E, G, and H, the Participant is responsible for notifying the Plan Administrator within sixty (60) days that the qualifying event has occurred. The notice must be given in writing to the Plan Administrator and should contain this information: (1) name of benefit Plan, (2) covered Employee’s name, (3) your name and address, and (4) the type of qualifying event and the date it occurred. Upon receipt of notice, the Plan Sponsor will then forward the COBRA application form to the Participant or the appropriate Dependent.

The Participant or the appropriate Dependent must complete a COBRA application form and return it to the Plan Administrator no later than 60 days (called the election period) from the later of: (1) the date the Participants coverage ends, or (2) the date the Participant receives notice of the right to apply for continuation coverage.

An application by the Participant or their spouse for continuation of coverage also applies to any other family members who also lose coverage for the same reason. However, each family member losing coverage for the same reason is entitled to make a separate application for continuation of coverage. If there is a choice among types of coverage under the Plan of Benefits, each family member can make a separate selection from the available types of coverage.

During an 18-month continuation of coverage period, some persons may have another situation occur to them from among items B, C, D, and F through I. They will be entitled to continuation of coverage for an overall total of up to **36** months. For items G and H, the Participant must notify the Plan Administrator within **60** days that the situation has occurred.

Premiums for continuation of coverage should be paid to the Plan Administrator or their designated party. The Plan Administrator has the right to require you to pay the entire Premium, even if active employees pay only part of the Premium. The Plan Administrator also has the right to charge and keep an extra two percent administration fee each month. For disabled employees who have applied for the 29-month COBRA continuation period, the Plan Administrator has the right to charge 150% of the applicable Premium each month for the 19th month through the 29th month of coverage.

For those Participants electing COBRA continuation of coverage, the first Premium payment must be postmarked and mailed to the Plan Administrator by the 45th day after the Participant elects continuation coverage. Thereafter, Premium payments are due on the first of each month. There is a 31-day grace period for payment of the monthly Premiums.

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

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

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

- A. In any case in which an Employee or any of such Employee's Dependents has coverage under the Plan of Benefits, and such Employee is not Actively at Work by reason of active duty service in the uniformed services, the Employee may elect to continue coverage under the Plan of Benefits as provided in this section. The maximum period of coverage of the Employee and such Employee's Dependents under such an election shall be the lesser of:
- i. The twenty-four (24) month period beginning on the date on which the Employee's absence from being Actively at Work by reason of active duty service in the uniformed services begins;
 - ii. The day after the date on which the Employee fails to apply for or return to a position of employment, as determined under USERRA.
- The continuation of coverage period under USERRA will be counted toward any continuation of coverage period available under COBRA.
- B. An Employee who elects to continue coverage under this section of the Group Health Plan must pay one hundred and two percent (102%) such Employee's normal Premium. Except that, in the case of an Employee who performs service in the uniformed services for less than thirty-one (31) days, such Employee will pay the normal contribution for the thirty-one (31) days.
- C. An Employee who is qualified for re-employment under the provisions of USERRA will be eligible for reinstatement of coverage under the Group Health Plan upon re-employment. Except as otherwise provided in this Article upon re-employment and reinstatement of coverage no new exclusion or Probationary Period will be imposed in connection with the reinstatement of such coverage if an exclusion or Waiting Period normally would have been imposed. This Article applies to the Employee who is re-employed and to a Dependent who is eligible for coverage under the Group Health Plan by reason of the reinstatement of the coverage of such Employee.
- D. This Section shall not apply to the coverage of any illness or injury determined by the Secretary of Veterans Affairs to have been incurred in, or aggravated during, performance of service in the uniformed services.

National Defense Authorization Act—Military Leave Entitlements

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

SUBROGATION / RIGHT OF REIMBURSEMENT

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

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

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

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

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

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

WORKERS' COMPENSATION PROVISION

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

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

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

As a condition of receiving Benefits under this Plan of Benefits, the Participant agrees to notify the Plan of any Workers' Compensation claim he/she may make and agrees to reimburse the Plan as described herein. The Participant shall not do anything to hinder the Plan's right of recovery. The Participant shall cooperate with the Plan, execute all documents, and do all things necessary to protect and secure the Plan's right of recovery, including assert a claim or lawsuit against the Workers' Compensation carrier or any other insurance coverage to which the Participant may be entitled. Failure to cooperate with the Plan will entitle the Plan to withhold Benefits due the Participant under this Plan of Benefits. Failure to reimburse the Plan as required under this Section will entitle the Plan to invoke the Workers' Compensation Exclusion and deny payment for all claims relating to the injury or illness and/or deny future Benefit payments for any such Participant until the reimbursement amount has been paid in full.

COORDINATION OF BENEFITS

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

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

When this Plan of Benefits is primary, Benefits are determined before those of the other Plan. The benefits of the other Plan are not considered. When this Plan of Benefits is secondary, Benefits are determined after those of the other Plan. Benefits may be reduced because of the other Plan's benefits. When there are more than two Plans, this Plan of Benefits may be primary as to one and may be secondary as to another.

ORDER OF DETERMINATION

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

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

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

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

- E. **Active/Inactive Employee** - The Primary Plan is the Plan that covers the person as an Employee who is neither laid off nor retired (or as that Employee's Dependent). The Secondary Plan is the Plan that covers that person as

a laid off or retired Employee (or as that Employee's Dependent). If the other Plan does not have this rule, and if, as result the Plans do not agree on the order of benefits, this rule does not apply.

- F. **Longer/Shorter Length of Coverage** - If none of the above rules determines the order of benefits, the Primary Plan is the Plan that covered an Employee longer. The Secondary Plan is the Plan that covered that person the shorter time.
- G. In the case of a Plan that contains order of benefit determination rules that declare that Plan to be excess to or **always secondary to all other Plans**, this Plan of Benefits will coordinate benefits as:
1. If this Plan of Benefits is Primary, it will pay or provide Benefits on a Primary basis;
 2. If this Plan of Benefits is secondary, it will pay or provide Benefits first, but the amount of Benefits payable will be determined as if this Plan of Benefits were the Secondary Plan. The liability of this Plan of Benefits will be limited to such payment;
 3. If the Plan does not furnish the information needed by this Plan of Benefits to determine Benefits within a reasonable time after such information is requested, this Plan of Benefits shall assume that the benefits of the other Plan are the same as those provided under this Plan of Benefits, and shall pay Benefits accordingly. When information becomes available as to the actual benefits of the other Plan, any Benefit payment made under this Plan of Benefits will be adjusted accordingly.

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

The Plan Administrator and PAI have the right:

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

I. **Facility of Payment**

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

J. **Medicare**

Individuals Age 65 or Older

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

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

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

Disabled Participants*

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

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

End-Stage Renal Disease

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

COBRA - Age 65 or Older or Disabled

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

Coordination:

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

DISCLOSURE OF PROTECTED HEALTH INFORMATION TO PLAN SPONSOR

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

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

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

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

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

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

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

GENERAL INFORMATION

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

ADMINISTRATIVE SERVICES ONLY

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

CLERICAL ERRORS

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

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.

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

INFORMATION AND RECORDS

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

LEGAL ACTIONS

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

MISSTATEMENT OF AGE

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

NEGLIGENCE OR MALPRACTICE

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

NOTICES

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

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

NO WAIVER OF RIGHTS

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

OTHER INSURANCE

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

PAYMENT OF CLAIMS

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

PHYSICAL EXAMINATION

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

PLAN AMENDMENTS

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

PLAN IS NOT A CONTRACT

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

PLAN INTERPRETATION

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

REPLACEMENT COVERAGE

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

TERMINATION OF PLAN

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

ADMINISTRATIVE INFORMATION

TYPE OF ADMINISTRATION

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

PLAN NAME

Oconee County Employee Health Plan

PLAN NUMBER: 817

TAX ID NUMBER: 57-6000391

PLAN EFFECTIVE DATE: 5/1/2023

PLAN YEAR ENDS: April 30

EMPLOYER INFORMATION

Oconee County
415 South Pine Street
Walhalla, SC 29691
864-638-4244

PLAN ADMINISTRATOR

Oconee County
415 South Pine Street
Walhalla, SC 29691
864-638-4244

NAMED FIDUCIARY

Oconee County
415 South Pine Street
Walhalla, SC 29691
864-638-4244

AGENT FOR SERVICE OF LEGAL PROCESS

Oconee County
415 South Pine Street
Walhalla, SC 29691
864-638-4244

CLAIMS ADMINISTRATOR

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

DEFINITIONS

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

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

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

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

Adverse Benefit Determination: any denial, reduction or termination of, or failure to provide or make (in whole or in part) payment for a claim for Benefits, including any such denial, reduction, termination, or failure to provide or make payment that is based on a determination of a Participant's or beneficiary's eligibility to participate in a Plan, and including a denial, reduction or termination of, or failure to provide or make payment (in whole or in part) for a Benefit that results from the application of any utilization review as well as a failure to cover an item or service for which Benefits are otherwise provided because it is determined to be Experimental or Investigational or not Medically Necessary or appropriate. A Rescission of coverage, whether or not the Rescission has an adverse effect on any particular Benefit, also is considered an Adverse Benefit Determination.

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.

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

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

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

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

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

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

Benefits: medical services or Medical Supplies that are:

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

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

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

Calendar Year: January 1st through December 31st of the same year.

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

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

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

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

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

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

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 nonelective 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.

Copay: the amount specified on the Schedule of Benefits that the Participant must pay directly to the Provider each time the Participant receives Benefits.

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

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

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

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

Credit(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, nonluxury item (as determined by the Group Health Plan);
8. Is ordered by a medical doctor, oral surgeon, podiatrist or osteopath.

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

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

Emergency Medical Condition: a medical condition, 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 Child: A covered Dependent Child who reaches the limiting age and is Totally Disabled, incapable of self-sustaining employment by reason of mental or physical handicap, primarily dependent upon the covered Employee for support and maintenance and unmarried. The Plan Administrator may require, at reasonable intervals during the two years following the Dependent's reaching the limiting age, subsequent proof of the child's Total Disability and dependency.

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

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

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

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

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

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

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

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

1. in accordance with generally accepted standards of medical practice;
2. clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease;
3. not primarily for the convenience of the patient, Physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

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

Medical Record Review: in the event that the Plan, based upon a medical record review and audit, determines that a different treatment or different quantity of a drug or supply was provided which is not supported in the billing, then

the plan Administrator may determine the Maximum Allowable Charge according to the medical record review and audit results.

Medical Supplies: supplies that are:

1. Medically Necessary;
2. Prescribed by a Physician acting within the scope of 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 Physician's office and should not (in PAI's discretion) be included as part of the treatment received by the Participant);
4. Are not prescribed in connection with any treatment or benefit that is excluded under this Plan of Benefits.

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

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

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

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

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

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

Natural Teeth: teeth that:

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

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

Non-Participating Provider: any Provider who does not have a current, valid contract with one of the networks used by this Plan of Benefits.

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

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

Orthopedic Device: any rigid or 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 signed contract with one of the networks used by this Plan of Benefits and who has agreed to provide Benefits to a Participant and submit claims to PAI and to accept the Allowed Amount as payment in full for Benefits. The participating status of a Provider may change.

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

Physician: a person who is:

1. Not an:
 - h. Intern;
 - i. Resident;
 - j. In-house physician;
2. Duly licensed by the appropriate state regulatory agency as a:
 - a. Medical doctor;
 - b. Oral surgeon;
 - c. Osteopath;
 - d. Podiatrist;
 - e. Chiropractor;
 - f. Optometrist;
 - g. Psychologist with a doctoral degree in psychology;
3. Legally entitled to practice within the scope of his or her license;
4. Customarily bills for his or her services.

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

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

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

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

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

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

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

Plan of Benefits Effective Date: 12:01 AM on the date listed on the Schedule of Benefits.

Plan Sponsor: also known as the Employer.

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

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

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

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

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

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

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

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

Prescription Drugs: a drug or medicine that is:

1. Required to be labeled that it has been approved by the Food and Drug Administration;
2. Bears the legend "Caution: Federal Law prohibits dispensing without a prescription" or "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 Copay: the amount payable, if any, set forth on the Schedule of Benefits, by the Participant for each Prescription Drug filled or refilled. This amount will not be applied to the Benefit Year Deductible or the Out-of-Pocket Maximum.

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Termination of the Employee's employment (other than for gross misconduct) or reduction of hours worked that renders the Employee no longer Actively at Work and therefore ineligible for coverage under the Plan of Benefits;
2. Death of the Employee;
3. Divorce or legal separation of the Employee from his or her spouse;
4. A Child ceasing to qualify as a Dependent under this Plan of Benefits.
5. Entitlement to Medicare by an Employee, or by a parent of a Child;
6. A proceeding in bankruptcy under Title 11 of the United States Code with respect to an Employer from whose employment an Employee retired at any time.

Reasonable and/or Reasonableness: in the administrator's discretion, services or supplies, or fees for services or supplies which are necessary for the care and treatment of illness or injury not caused by the treating Provider. Determination that fee(s) or services are reasonable will be made by the Plan Administrator, taking into consideration unusual circumstances or complications requiring additional time, skill and experience in connection with a particular service or supply; industry standards and practices as they relate to similar scenarios; and the cause of injury or illness necessitating the service(s) and/or charge(s).

This determination will consider, but will not be limited to, the findings and assessments of these entities: (a) The national Medical Associations, Societies, and organizations; and (b) The Food and Drug Administration. To be Reasonable, service(s) and/or fee(s) must be in compliance with generally accepted billing practices for unbundling or multiple procedures. Services, supplies, care and/or treatment that results from errors in medical care that are clearly identifiable, preventable, and serious in their consequence for patients, are not Reasonable. The Plan Administrator retains discretionary authority to determine whether service(s) and/or fee(s) are Reasonable based upon information presented to the Plan Administrator. A finding of Provider negligence and/or malpractice is not required for service(s) and/or fee(s) to be considered not Reasonable.

Charge(s) and/or service(s) are not considered to be Reasonable, and as such are not eligible for payment (exceed the Maximum Allowable Charge), when they result from Provider error(s) and/or facility-acquired conditions deemed "reasonably preventable" through the use of evidence-based guidelines, taking into consideration but not limited to CMS guidelines.

The Plan reserves for itself and parties acting on behalf of the right to review charges processed and/or paid by the Plan, to identify charge(s) and/or service(s) that are not reasonable and therefore not eligible for payment by the Plan.

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.

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

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

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

Residential Treatment Center: a licensed institution, other than a Hospital, which meets all six of these requirements:

1. Maintains permanent and full-time Facilities for bed care of resident patients,
2. Has the services of a Psychiatrist (Addictionologist, when applicable) or Physician extender available at all times and is responsible for the diagnostic evaluation, provides face-to-face evaluation services with documentation a minimum of once 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 that specify the coverage provided and the applicable Copays, Coinsurance, Benefit Year Deductibles, Out-of-Pocket Maximums and Benefit limitations.

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

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

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 Physician who specializes in a particular branch of medicine.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Oconee County
Employee Medical Benefits Plan
Effective Date: May 1, 2023

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.



Oconee County Administrator

By

Title

Amanda F Brock

May 12, 2023

Typed/Printed Name

Date



Witness

Oconee County
Plan Sponsor
OconeeCountyPD2023



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

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

Attachment B
Ordinance 2023-01
May 16, 2023

Oconee County Ordinance 2016-24
EXHIBIT A

**MODIFICATIONS TO THE OCONEE COUNTY HEALTH INSURANCE
PLAN - RETIREE HEALTH INSURANCE PLAN PROVISIONS**

THESE RETIREE HEALTH INSURANCE PLAN (THE “PLAN”) PROVISIONS ARE SUBJECT TO CHANGE, AND THE COUNTY’S ABILITY TO FUND THIS BENEFIT CAN BE IMPACTED BY FISCAL CHALLENGES AND LEGISLATIVE CHANGES. DUE TO THE RISK OF UNKNOWN CIRCUMSTANCES, THIS PLAN, AS DESCRIBED HEREIN, MAY BE DEEMED UNSUSTAINABLE AT SOME FUTURE TIME. THE RETIREE HEALTH INSURANCE GUIDELINES DESCRIBED HEREIN, OR OTHERWISE, ARE DISCRETIONARY ON THE PART OF THE COUNTY AND THE EMPLOYEE AND DO NOT CREATE ANY EXPRESS OR IMPLIED CONTRACT OF THIS BENEFIT BEING PROVIDED IN THE FUTURE OR IN ANY PARTICULAR AMOUNT AT ANY PARTICULAR TIME. NO PAST PRACTICES OR PROCEDURES, PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, FORM ANY EXPRESS OR IMPLIED AGREEMENT TO CONTINUE SUCH PRACTICES OR PROCEDURES. IT IS EXPLICITLY STATED AND RECOGNIZED BY THE COUNTY AND EVERY EMPLOYEE OR OTHER PERSON ACCEPTING BENEFITS UNDER THE PLAN THAT ALL EMPLOYMENT IN OCONEE COUNTY (EXCEPT FOR THE OCONEE COUNTY ADMINISTRATOR) IS “AT WILL” AND THAT NO OCONEE COUNTY EMPLOYEE (EXCEPT FOR THE OCONEE COUNTY ADMINISTRATOR) HAS AN EMPLOYMENT AGREEMENT OR CONTRACT, AND THAT ALL PROVISIONS OF ANY AND ALL EMPLOYMENT BENEFITS, INCLUDING, WITHOUT LIMITATION, THOSE DESCRIBED IN THIS PLAN ARE ALWAYS SUBJECT TO ANNUAL APPROPRIATION BY THE OCONEE COUNTY COUNCIL, WHICH IS NEVER GUARANTEED AND NEVER WILL BE GUARANTEED.

1. To the extent there are any inconsistencies between the provisions contained herein and the provisions of “ATTACHMENT C” to Ordinance 2016-01, the provisions herein supersede and replace such provisions, which are hereby revoked and repealed.
2. Oconee County (the “County”) acting by and through the Oconee County Council (“County Council”) currently pays a percentage of the total cost of health benefits for certain retirees of Oconee County and desires to share cost increases of such benefits with current and future retirees who are qualified by twenty (20) or more years of consecutive full-time employment with Oconee County.
3. All current retirees will continue with their current retiree health insurance / plan benefits, with no changes at this time; however, such benefits are subject to change in the future.
4. **Grandfathered Employees:**
 - a. “Grandfathered Employees” are those employees of Oconee County who had at least twenty (20) consecutive years of full-time employment for Oconee County as of December 31, 2013.
 - b. Upon retirement, Grandfathered Employees will remain on the Oconee County Health Care Plan, under the same terms and conditions as when they were

actively employed, until age 65 or when they become Medicare eligible, whichever occurs first. Spouses of Grandfathered Employees are eligible for the same coverage as Grandfathered Employees, provided the spouse is on the Grandfathered Employee's County Health Care Plan at the time of his or her retirement.

- c. Once a retired Grandfathered Employee reaches age 65, he or she is required to enroll in Medicare parts A & B in order to receive the Subsidy, as defined and described in Section 4.d. below,
 - d. The Subsidy:
 - i. The County desires to contribute a monthly subsidy to all Grandfathered Employees upon retirement, when they reach 65 years of age or when they become Medicare eligible, whichever occurs first.
 - ii. Current Oconee County paid health benefit coverage for Grandfathered Employees under the Oconee County Employee Health Care Plan shall cease when the Grandfathered Employee retires (becoming a "Grandfathered Retiree") and reaches age 65 or becomes Medicare eligible, whichever occurs first. Discontinuance of County paid health benefit coverage for spouses of Grandfathered Employees / Retirees will also occur when the spouse reaches age 65 or becomes Medicare eligible, whichever occurs first. Effective January 1, 2016 the County began contributing a monthly subsidy of \$158 per Grandfathered Retiree, or \$316 per month if married and the spouse is covered. This subsidy is solely for the purpose of assisting the Grandfathered Retiree and spouse, if applicable, in purchasing a Medicare supplemental insurance plan.
 - iii. Increases to the cost of the Oconee County Employee Health Care Plan will depend upon actual costs; increases to the Subsidy will change annually by the lower of CPI (Consumer Price Index) or 3% per year. The CPI increase will be determined using September over September time frame
 - iv. Grandfathered Employees / Retirees may choose to decline coverage under the Plan at any time, but they will not be allowed to re-enroll in the Plan in the future, (with the exception of 2 prior grandfathered employees with special circumstances).
5. **"Non-grandfathered Employees"** are those employees hired prior to July 1, 2005, who complete 20 years of consecutive employment for Oconee County but who do not qualify as Grandfathered Employees.
- a. Non-grandfathered Employees will remain eligible for Oconee County Employee Health Care Plan benefits upon their retirement, subject to the conditions stated therein, and otherwise provided by law.
 - b. Spouses of Non-grandfathered Employees will not be eligible for Oconee County Employee Health Care Plan coverage upon retirement of the Non-grandfathered Employee.
 - c. Once a Non-grandfathered Employee retires and attains the age of 65 or becomes Medicare eligible, whichever occurs first, Oconee County Employee Health Care Plan Coverage will cease.
 - d. No Subsidy will be provided Non-grandfathered Employees or their spouses.

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

Summary:

Grandfathered Employees

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

Non-Grandfathered Employees

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

Employees hired on or after July 1, 2005

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

Current Retirees

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

**STATE OF SOUTH CAROLINA
COUNTY OF OCONEE
ORDINANCE 2023-02**

AN ORDINANCE TO ESTABLISH THE BUDGET FOR THE SCHOOL DISTRICT OF OCONEE COUNTY AND TO PROVIDE FOR THE LEVY OF TAXES FOR THE OPERATIONS OF THE SCHOOL DISTRICT OF OCONEE COUNTY FOR THE FISCAL YEAR BEGINNING JULY 1, 2023 AND ENDING JUNE 30, 2024.

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

SECTION 1

The following amounts are hereby approved for budget purposes and appropriated for the 2023-2024 fiscal year for the School District of Oconee County:

School Operations	\$ 74,625,639
School Debt	\$ 26,985,342
Total School District	<u>\$ 101,610,981</u>

SECTION 2

A tax of sufficient millage to fund the aforesated appropriations for the School District of Oconee County for the fiscal year beginning July 1, 2023 and ending June 30, 2024 is hereby directed to be levied upon all property eligible to be taxed for this purpose in Oconee County and duly collected.

SECTION 3

The Auditor of Oconee County is hereby requested to recommend to County Council, for approval by County Council, a sufficient millage levy, and the Treasurer of Oconee County is hereby directed to collect sufficient millage on all taxable property in Oconee County on which school taxes may be levied to provide for the aforesated operations appropriations and direct expenditures of the School District of Oconee County for the fiscal year beginning July 1, 2023 and ending June 30, 2024.

SECTION 4

In accordance with the Constitution and general law of the State of South Carolina, and the Acts and Joint Resolutions of the South Carolina General Assembly, the Auditor of Oconee County shall set the millage levy for the debt service requirements of the School District and the Treasurer of Oconee County shall collect sufficient millage on all taxable property in Oconee County on which school taxes may be levied to provide for the debt service requirements of the School District of Oconee County for the fiscal year beginning July 1, 2023 and ending June 30, 2024.

SECTION 5

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

SECTION 6

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

SECTION 7

This Ordinance shall become effective upon approval on third reading and enforced from and after July 1, 2023.

Adopted in meeting duly assembled this ____ day of June, 2023.

OCONEE COUNTY, SOUTH CAROLINA

Matthew Durham
Chairman, Oconee County Council

ATTEST

Jennifer C. Adams
Clerk to County Council

First Reading: May 16, 2023
Public Hearings: June 6, 2023
Second Reading: June 6, 2023
Public Hearings: June 20, 2023
Third Reading: June 20, 2023

**STATE OF SOUTH CAROLINA
COUNTY OF OCONEE
ORDINANCE 2023-03**

AN ORDINANCE TO PROVIDE FOR THE LEVY OF TAXES FOR THE KEOWEE FIRE SPECIAL TAX DISTRICT AND TO ESTABLISH THE BUDGET FOR THE KEOWEE FIRE SPECIAL TAX DISTRICT FOR THE FISCAL YEAR BEGINNING JULY 1, 2023 AND ENDING JUNE 30, 2024.

BE IT ORDAINED by the County Council for Oconee County, South Carolina, (the “County Council”), in accordance with the general law of the State of South Carolina, including, without limitation, Section 4-9-30, South Carolina Code, 1976, as amended and the Acts and Joint Resolutions of the South Carolina General Assembly, as follows:

SECTION 1

For the fiscal year beginning July 1, 2023 and ending June 30, 2024, \$990,000 is hereby appropriated for fire protection services in the Keowee Fire Special Tax District.

Keowee Fire Special Tax District	\$ 990,000.00
General Obligation Bond Series 2022 Payment	(103,381.05)
Total payout of Tax Funding	\$ 886,618.95

SECTION 2

A tax of sufficient millage, not to exceed 17.5 mills, to fund the aforesated appropriations for the Keowee Fire Special Tax District for the fiscal year beginning July 1, 2023 and ending June 30, 2024, after crediting against such appropriations all other unrestricted revenue anticipated to accrue to Keowee Fire Special Tax District and any fund balance budgeted to be used during said fiscal year, is hereby directed to be levied on all taxable property, eligible to be lawfully taxed for such purposes, in the Keowee Fire Special Tax District.

SECTION 3

The Auditor of Oconee County is hereby requested to recommend to the Oconee County Council, for approval by Oconee County Council, a sufficient millage levy, and the Treasurer of Oconee County is herein directed to collect sufficient millage on taxable property in the Keowee Fire Special Tax District to provide for the aforesated appropriations and direct expenditures of that Special Tax District for the fiscal year beginning July 1, 2023 and ending June 30, 2024.

SECTION 4

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

SECTION 5

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

SECTION 6

This Ordinance shall become effective upon approval on third reading and enforced from and after July 1, 2023.

Adopted in meeting duly assembled this ___ day of June, 2023.

OCONEE COUNTY, SOUTH CAROLINA

Matthew Durham
Chairman, Oconee County Council

ATTEST

Jennifer C. Adams
Clerk to County Council

First Reading: May 2, 2023
Public Hearings: May 16, 2023
Second Reading: May 16, 2023
Public Hearings: June 6, 2023
Third Reading: June 6, 2023

**STATE OF SOUTH CAROLINA
COUNTY OF OCONEE
ORDINANCE 2023-09**

AN ORDINANCE AMENDING SECTION 32-222 OF THE OCONEE COUNTY CODE OF ORDINANCES SO THAT APPLICANTS FOR SUBDIVISIONS THAT ARE DESIGNED TO ACCESS STATE ROADS SHALL SUBMIT TO AND RECEIVE PRELIMINARY / CONDITIONAL APPROVAL FROM THE SOUTH CAROLINA DEPARTMENT OF TRANSPORTATION PRIOR TO RECEIVING FINAL APPROVAL FROM THE OCONEE COUNTY PLANNING DEPARTMENT; AND OTHER MATTERS RELATED THERETO.

WHEREAS, consistent with the powers granted county governments by S.C. Code § 4-9-25 and S.C. Code § 4-9-30, Oconee County (“County”), a body politic and corporate and a political subdivision of the State of South Carolina, acting by and through its governing body, the Oconee County Council (“County Council”), has the authority to enact regulations, resolutions, and ordinances, not inconsistent with the Constitution and the general law of the State of South Carolina, including the exercise of such powers in relation to health and order within its boundaries and respecting any subject as appears to it necessary and proper for the security, general welfare, and convenience of the County or for preserving health, peace, order, and good government therein;

WHEREAS, the County has adopted multiple ordinances for the effective, efficient governance of the County, which, subsequent to adoption, are codified in the Oconee County Code of Ordinances (“Code of Ordinances”), as amended;

WHEREAS, the County is authorized by Chapter 29 of Title 6 of the South Carolina Code of Laws, among other sources, to impose land development and subdivision standards in the unincorporated areas of the County;

WHEREAS, County Council recognizes that there is a need to revise the law of the County to meet the changing needs of the County and that there is a need to amend, specifically, Chapter 32 of the Code of Ordinances by revising the provision relating to preapproval by the South Carolina Department of Transportation (“SCDOT Preapproval”) regarding subdivision plans submitted to Oconee County for properties designed to access state roads;

WHEREAS, the Oconee County Planning Commission has considered this issue and recommends that Section 32-222 of the Oconee County Code of Ordinances be revised to read as follows:

Sec. 32-222 Preliminary plan and supporting data.

A. Submittal requirements.

10. Properties designed to access state roads shall submit to and receive conditional approval from the South Carolina Department of Transportation (“SCDOT”) prior to receiving final approval from the Oconee County Planning Department. All SCDOT comments shall be incorporated in the plans submitted to the County.

WHEREAS, County Council hereby agrees to modify Chapter 32 of the Code of Ordinances in this limited regard and particular only and to affirm and preserve all other provisions of the Code of Ordinances not expressly, or by implication, amended hereby; and

WHEREAS, after first reading of this Ordinance by County Council, the Oconee County Planning Commission will hold a public hearing on this matter upon thirty (30) days’ advance notice, consistent with Section 32-226(4) of the Oconee County Code of Ordinances; and it will report the results of that public hearing to County Council prior to County Council conducting second reading and holding its public hearing on this matter.

NOW THEREFORE, it is hereby ordained by the Oconee County Council, in meeting duly assembled, that:

1. Chapter 32 of the Code of Ordinances is hereby revised, rewritten, and amended as follows:

Sec. 32-222 Preliminary plan and supporting data.

A. Submittal requirements.

10. Properties designed to access state roads shall submit to and receive conditional approval from the South Carolina Department of Transportation (“SCDOT”) prior to receiving final approval from the Oconee County Planning Department. All SCDOT comments shall be incorporated in the plans submitted to the County.

2. Should any part or provision of this Ordinance be deemed unconstitutional or unenforceable by any court of competent jurisdiction, such determination shall not affect the remainder of this Ordinance, all of which is hereby deemed separable.

3. All ordinances, orders, resolutions, and actions of County Council inconsistent herewith are, to the extent of such inconsistency only, hereby repealed, revoked, and rescinded. Nothing contained herein, however, shall cancel, void, or revoke, or shall be interpreted as cancelling, voiding, or revoking, *ex post facto*, in any regard any prior subdivision or land use provision, or decision of the County or County Council based thereon, which were valid and legal at the time in effect and undertaken pursuant thereto.

4. All other terms, provisions, and parts of the Code of Ordinances, and specifically, but without exception, the remainder of Chapter 32, not amended hereby, directly or by implication, shall remain in full force.

5. This Ordinance shall take effect and be in full force from and after third reading, public hearing, and enactment by County Council.

ORDAINED in meeting, duly assembled, this _____ day of _____, 2023.

ATTEST:

Jennifer C. Adams
Clerk to Oconee County Council

Matthew Durham
Chair, Oconee County Council

First Reading: May 2, 2023
Second Reading: May 16, 2023
Third Reading: June 6, 2023
Public Hearing: June 6, 2023

**STATE OF SOUTH CAROLINA
OCONEE COUNTY
ORDINANCE 2023-10**

**AN ORDINANCE AMENDING ARTICLE IV OF CHAPTER 2 OF THE
OCONEE COUNTY CODE OF ORDINANCES BY DISSOLVING THE
ARTS AND HISTORICAL COMMISSION; AND OTHER MATTERS
RELATED THERETO.**

WHEREAS, Oconee County, a body politic and corporate and a political subdivision of the State of South Carolina (the “State”), acting by and through its governing body, the Oconee County Council (the “County Council”), created the Oconee County Arts and Historical Commission by enactment of Oconee County Ordinance No. 1979-20, which was codified in Division 4 of Article IV of Chapter 2 of the Oconee County Code of Ordinances (the “County Code”); and

WHEREAS, the Oconee County Arts and Historical Commission is no longer needed to serve the purposes for which it was created, and the Oconee County Parks, Recreation, and Tourism Director, with designated staff,¹ is hereby designated to ensure that the duties formally imposed on the Arts and Historical Commission are discharged.

NOW, THEREFORE, it is hereby ordained by Oconee County Council, in meeting duly assembled, that:

1. The Oconee County Arts and Historical Commission, initially established by Ordinance 1979-20 and as currently reflected in Division 4 of Article IV of Chapter 2 of the Oconee County Code of Ordinances is hereby dissolved, and the entire current content of Division 4 (Sections 2-321 through 2-326) of Article IV of Chapter 2 of the County Code is hereby deleted in its entirety.
2. All other parts and provisions of the Oconee County Code of Ordinances not amended hereby, either explicitly or by implication, remain in full force.
3. Should any part or provision of this Ordinance be deemed unconstitutional or unenforceable by any court of competent jurisdiction, such determination shall not affect the rest and remainder of this Ordinance, all of which is hereby deemed separable.
4. All ordinances, orders, resolutions, and actions of Oconee County Council inconsistent herewith are, to the extent of such inconsistency only, hereby repealed, revoked, and rescinded.

¹ If the Parks Recreation and Tourism Director is, at any time, unable to carry out these responsibilities, the County Administrator shall select another staff member to serve in this capacity.

5. This Ordinance shall take effect and be in full force from and after third reading and enactment by Oconee County Council.

ORDAINED in meeting, duly assembled, this ___ day of _____, 2023.

ATTEST:

Jennifer C. Adams
Clerk to Oconee County Council

Matthew Durham
Chairman, Oconee County Council

First Reading: May 2, 2023
Second Reading: May 16, 2023
Public Hearing: June 6, 2023
Third Reading: June 6, 2023

**STATE OF SOUTH CAROLINA
COUNTY OF OCONEE
ORDINANCE 2023-11**

AN ORDINANCE AUTHORIZING THE EXECUTION AND DELIVERY OF AN ADDENDUM TO THE LEASE AGREEMENT BETWEEN OCONEE COUNTY, AS LESSOR, AND THE FOOTHILLS FARMSTEAD, AS LESSEE, IN ORDER TO ADD ADDITIONAL PROPERTY TO THE LEASE PREMISES; AND OTHER MATTERS RELATED THERETO.

WHEREAS, Oconee County, South Carolina (the “County”) is a body politic and corporate and a political subdivision of the State of South Carolina and is authorized by the provisions of Title 4, Chapter 9 of the Code of Laws of South Carolina 1976, as amended, to lease real property and to make and execute contracts;

WHEREAS, on October 10, 2019, the County entered into a Ground Lease Agreement (“Lease”) with The Foothills Farmstead (“Lessee”) for property designated as “Lease Parcel 2” on the survey of Stephen R. Edwards attached hereto as Exhibit B;

WHEREAS, the parcel designated as Tract 1 (+/- 1.428 acres) on Exhibit B is now owned by the County;

WHEREAS, Lessee desires to add Tract 1 as additional property under the terms of the Lease in order to further expand its historical farmstead and related facilities, and County is willing to modify the Lease to accommodate that request; and

WHEREAS, attached hereto as Exhibit A is an Addendum to the Lease, which revises and increases the lease premises, consistent with the foregoing.

NOW THEREFORE, be it ordained, by County Council in meeting duly assembled that:

Section 1. Addendum to Lease Agreement Approved. The Addendum to the Lease Agreement is hereby approved, and the County Administrator is authorized to execute and deliver the Addendum in substantially the same form as Exhibit A attached hereto.

Section 2. Related Documents and Instruments; Future Acts. The County Administrator is hereby authorized to negotiate such documents and instruments which may be necessary or incidental to the Addendum to the Lease Agreement and to execute and deliver any such documents and instruments on behalf of the County.

Section 3. Severability. Should any term, provision, or content of this Ordinance be deemed unconstitutional or otherwise unenforceable by any court of competent jurisdiction, such determination shall have no effect on the remainder of this Ordinance.

Section 4. General Repeal. All ordinances, orders, resolutions, and actions of the Oconee County Council inconsistent herewith are, to the extent of such inconsistency only, hereby repealed, revoked, and superseded.

Section 5. Effective Date. This Ordinance shall become effective and be in full force from and after public hearing and third reading, in accordance with the Code of Ordinances of Oconee County, South Carolina.

ORDAINED in meeting, duly assembled, this ____ day of _____, 2023.

ATTEST:

Jennifer C. Adams
Clerk to Oconee County Council

Matthew Durham
Chair, Oconee County Council

First Reading: May 2, 2023
Second Reading: May 16, 2023
Third Reading: June 6, 2023
Public Hearing: June 6, 2023

EXHIBIT A

[See Attached]

EXHIBIT B

[See Attached]

**ADDENDUM # 2 TO THAT CERTAIN GROUND
LEASE DATED OCTOBER 10, 2019**

THIS ADDENDUM # 2 TO THAT CERTAIN GROUND LEASE, DATED OCTOBER 10, 2019 is made and entered into by **OCONEE COUNTY, SOUTH CAROLINA** and **THE FOOTHILLS FARMSTEAD** this _____ day of _____, 2023.

RECITALS:

WHEREAS, on October 10, 2019, Oconee County (“Lessor”) entered into a Ground Lease Agreement (“Lease”) with The Foothills Farmstead (“Lessee”) for the property designated “Lease Parcel 2” on the survey of Stephen R. Edwards, attached hereto as Exhibit A;

WHEREAS, the parcel designated as Tract 1 (+/- 1.428 acres) on Exhibit A is now owned by the County;

WHEREAS, Lessee desires to add Tract 1 as additional property under the terms of the Lease, in order to further expand its historical farmstead and related facilities, and County is willing to modify the Lease to accommodate Lessor’s request.

NOW, THEREFORE, in consideration of the mutual covenants and promises of the parties, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree that the foregoing recitals are true and correct and incorporated herein by this reference, and further agree as follows.

1. The Ground Lease Premises subject to the Lease is hereby increased to include the property shown as Tract 1 (+/- 1.428 acres) on Exhibit A;
2. All other terms and provisions of the Lease remain in full force, and Lessor and Lessee do hereby ratify and confirm the Lease as amended hereby.

IN WITNESS WHEREOF, Lessor and Lessee have caused this Addendum # 2 to be executed and delivered as of the day and year first above written.

SIGNATURES ON FOLLOWING PAGE

IN THE PRESENCE OF:

LESSOR:

**OCONEE COUNTY,
SOUTH CAROLINA**

By: _____
Amanda F. Brock
Oconee County Administrator

THE FOOTHILLS FARMSTEAD

By: _____
Signature

Printed name

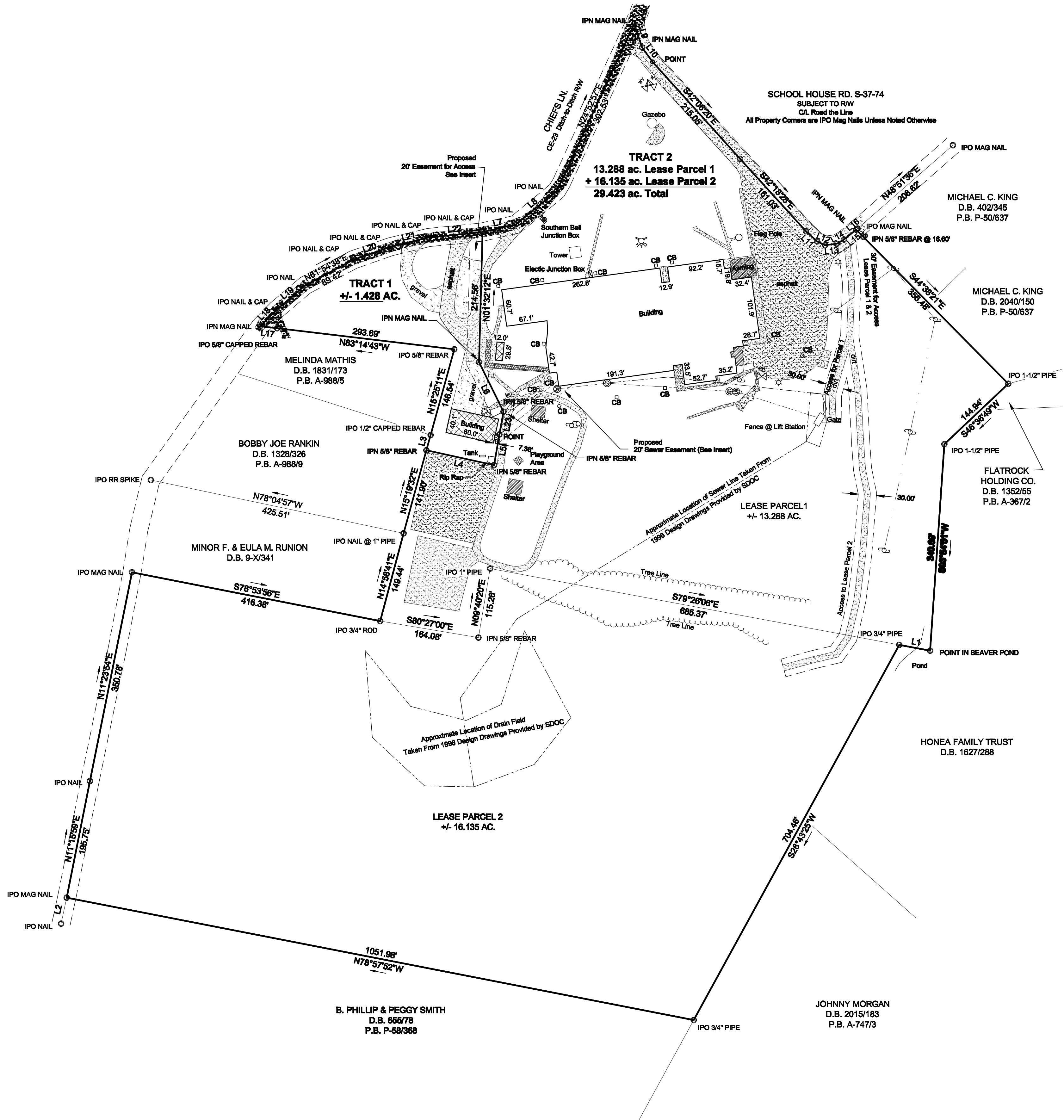
Its: _____

EXHIBIT A

[See Attached]

Exhibit B

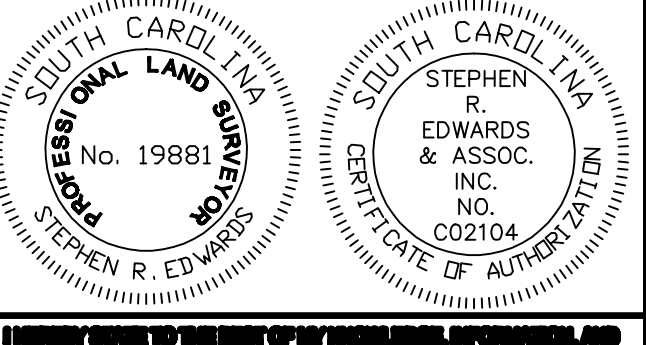
LEGEND	
	Transformer
	Propane Tank
	Catch Basin - CB
	Power Pole
	Light Pole
	Manhole
	Fire Hydrant
	Telephone Pedestal
	Water Valve
	Irrigation Valve



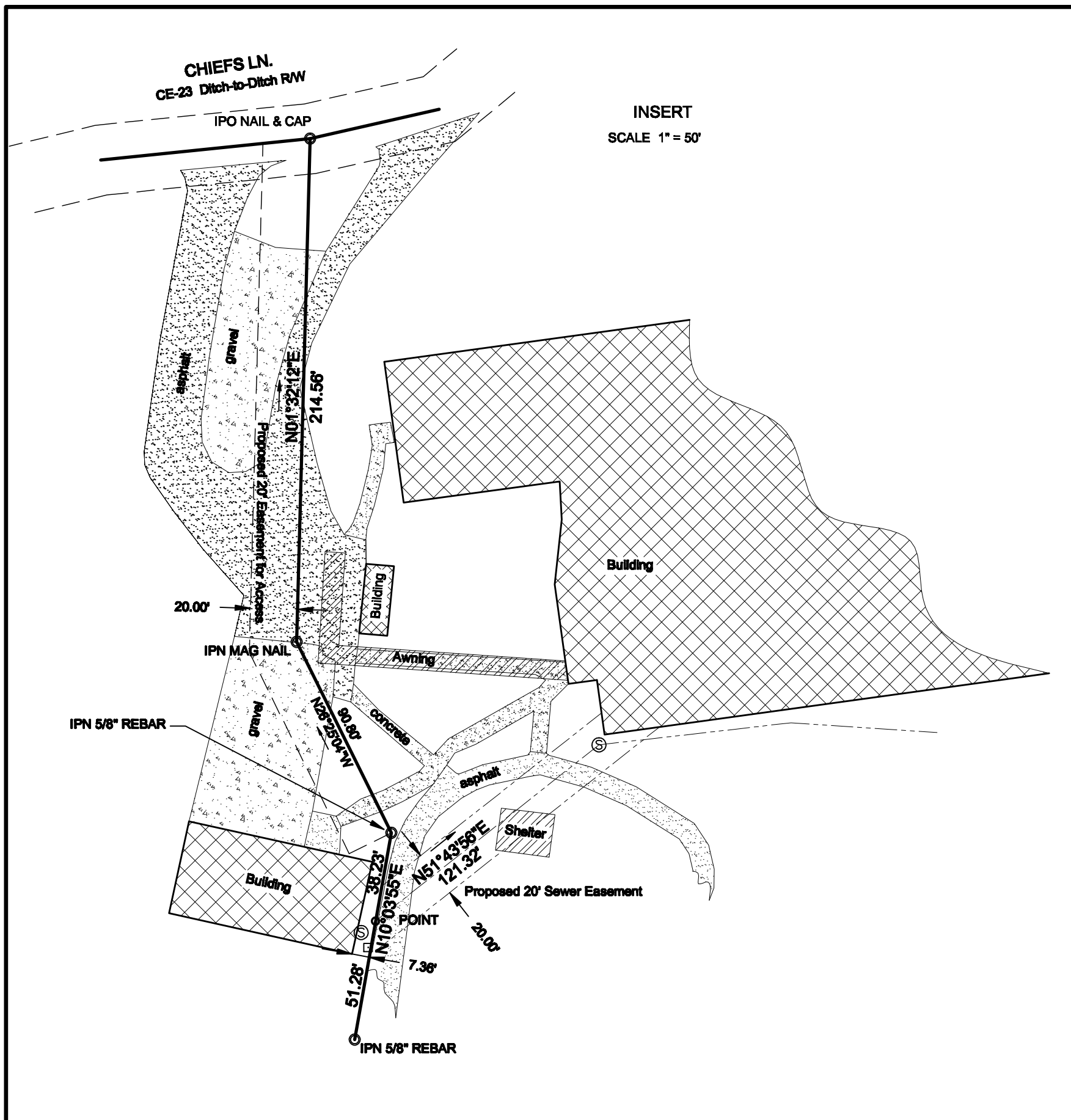
LINE	BEARING	LENGTH
L1	N79°28'06\"W	51.65
L2	S12°16'58\"W	43.55
L3	N15°19'32\"E	25.96
L4	S77°32'14\"E	114.04
L5	N10°03'55\"E	51.28
L6	N26°25'04\"W	90.80
L7	N77°06'04\"E	56.47
L8	N50°31'37\"E	67.39
L9	S18°34'16\"E	40.96
L10	S35°51'54\"E	29.28
L11	S47°07'48\"E	24.84
L12	S65°35'53\"E	14.92
L13	N83°20'58\"E	19.04
L14	N80°00'44\"E	13.88
L15	N50°47'25\"E	25.84
L16	N50°47'25\"E	2.76
L17	N83°19'04\"W	27.93
L18	N44°35'28\"E	39.28
L19	N48°43'22\"E	60.92
L20	N70°46'23\"E	65.29
L21	N76°19'22\"E	64.03
L22	N84°08'51\"E	89.60
L23	N10°03'55\"E	38.23

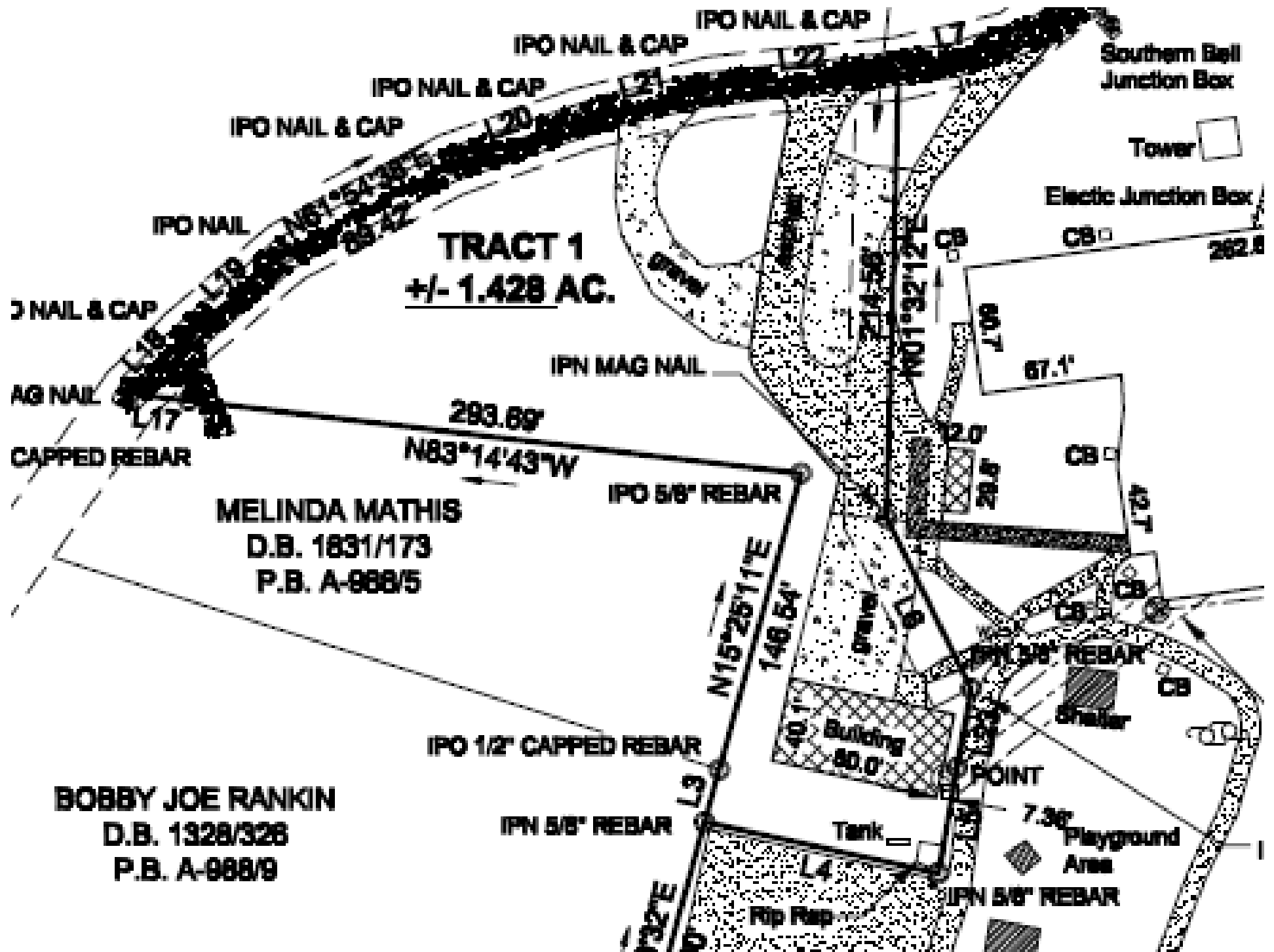
- NOTES
- REFERENCES
-D.B. 3-R/72, 5-K/34, 6-U/24, 9-Q/263, 12-R/66 & 565/274
-P.B. N/20, P-41/326 & P-57/84
-TAX MAP NUMBER: 300-00-02-012
 - ACREAGE SHOWN INCLUDES ALL RIGHT-OF-WAYS AND OR EASEMENTS.
 - THIS PROPERTY IS SUBJECT TO ANY AND ALL EASEMENTS, RIGHT-OF-WAYS AND OR RESTRICTIONS THAT A CURRENT TITLE SEARCH MAY DISCLOSE.
 - ANY WARRANTY FOR THIS SURVEY IS NON-TRANSFERABLE.
 - REVISED 07-13-2017 TO SHOW 30' ACCESS EASEMENT.
 - REVISED 07-13-2017 TO SHOW LEASE PARCELS 1 & 2.

BOUNDARY SURVEY FOR
SCHOOL DISTRICT OF
OCONEE COUNTY
CENTER TOWNSHIP, OCONEE COUNTY, SOUTH CAROLINA
STEPHEN R. EDWARDS & ASSOCIATES, INC.
1402 W. HIGHWAY 67, WEST GASTON, S.C. 29020
REVISED: 07-13-2017 JOB NUMBER: 15-193
DIME: 01-03-2016



WEST-OK Hwy.
Chiefs Ln.
School House Ln.
Canaan Crk.





**STATE OF SOUTH CAROLINA
COUNTY OF OCONEE
ORDINANCE 2023-12**

AN ORDINANCE AUTHORIZING, PURSUANT TO TITLE 12, CHAPTER 44 OF THE CODE OF LAWS OF SOUTH CAROLINA 1976, AS AMENDED, THE EXECUTION AND DELIVERY OF A FEE-IN-LIEU OF AD VALOREM TAXES AND SPECIAL SOURCE REVENUE CREDIT AGREEMENT BY AND BETWEEN OCONEE COUNTY, SOUTH CAROLINA, AND PROJECT IRON MAN, ACTING FOR ITSELF, ONE OR MORE CURRENT OR FUTURE AFFILIATES AND OTHER PROJECT COMPANIES (COLLECTIVELY, “COMPANY”); PROVIDING FOR A FEE-IN-LIEU OF AD VALOREM TAXES INCENTIVE; PROVIDING FOR A SPECIAL SOURCE REVENUE CREDIT; DEVELOPING A JOINT COUNTY INDUSTRIAL AND BUSINESS PARK BETWEEN OCONEE COUNTY AND PICKENS COUNTY SO AS TO DESIGNATE THE PROPERTY OF THE PROJECT AS PART OF THE PARK; AND OTHER RELATED MATTERS.

WHEREAS, Oconee County, South Carolina (“County”), acting by and through its County Council (“Council”), is authorized and empowered, under and pursuant to the provisions of the Code of Laws of South Carolina 1976, as amended through the date hereof (“Code”), particularly Title 12, Chapter 44 thereof (“Negotiated FILOT Act”) and Title 4, Chapter 1 of the Code (“Multi-County Park Act” or, as to Section 4-1-175 thereof, and, by incorporation, Section 4-29-68 of the Code, “Special Source Act”) (collectively, “Act”), and by Article VIII, Section 13 of the South Carolina Constitution: (i) to enter into agreements with investors to establish projects through which the economic development of the State of South Carolina (“State”) will be promoted and trade developed, thus utilizing and employing the manpower, agricultural products, and natural resources of the State; (ii) to covenant with those investors to accept certain fee in lieu of *ad valorem* tax (“FILOT”) payments, including, but not limited to, negotiated FILOT (“Negotiated FILOT”) payments, and granting certain special source revenue credits (“SSRCs”) to pay costs of designing, acquiring, constructing improving or expanding (i) infrastructure serving a project or the County, and (ii) for improved or unimproved real estate and personal property including machinery and equipment used in the operating of a manufacturing or commercial enterprise (“Infrastructure”); and (iii) to create or expand, in conjunction with one or more other counties, a multi-county industrial or business park to allow such special source revenue credits and certain enhanced income tax credits to those investors;

WHEREAS, the County has caused to be prepared and presented to the Council the form of an amendment to an existing agreement (“MCIP Amendment”) for the Development of a Joint County Industrial and Business Park, by and between the County and Pickens County (“Park”), the substantially final form of which is attached as Exhibit C, pursuant to which certain real property consisting of approximately 48 acres, as further described on the attached Exhibit A (“Project Site”) shall be located in a Park upon the approval of this Ordinance by the Council and the approval of a separate ordinance by the Pickens County Council;

WHEREAS, the property located in the Park is exempt from ad valorem taxation and the owners of that property pay a non-negotiated fee in lieu of tax payment in the absence of a Negotiated FILOT (“Non-Negotiated FILOT”);

WHEREAS, the County, acting by and through its Council, is further authorized and empowered under and pursuant to the provisions of the Multi-County Park Act to provide for payments-in-lieu of taxes with respect to property located in a multi-county business or industrial park created under the Multi-County Park Act and to create, in conjunction with one or more other counties, a multi-county park to afford certain enhanced tax credits to those investors;

WHEREAS, Project Iron Man, acting for itself, one or more current or future affiliates and other project sponsors (collectively, “Company”) proposes to invest in, or cause others to invest in, the establishment or expansion of a manufacturing facility in the County (“Project”), which the Company expects will result in the investment of approximately \$28,500,000 in taxable property and the creation of approximately 98 new, full-time equivalent jobs;

WHEREAS, pursuant to an Inducement Resolution adopted by the Council on June 6, 2023, the County identified the Project as a “project” as provided in the Act and gave preliminary approval to certain incentives;

WHEREAS, the Company has caused to be prepared and presented to this meeting the form of the Fee in Lieu of *Ad Valorem* Taxes and Special Source Revenue Credit Agreement, attached as Exhibit B, by and between the County and the Company (“Fee Agreement”), which provides for (i) fee in lieu of tax payments utilizing a 6% assessment ratio for a period of 30 years for the Project or each component thereof placed in service during the investment period as provided according to the Act; and (ii) SSRCs with a term of 7 years with respect to the Negotiated FILOT payments; and

WHEREAS, it appears that the Fee Agreement and the MCIP Amendment each of which are now before this meeting, are in appropriate form and are each an appropriate instrument to be executed and delivered by the County for the purposes intended.

NOW, THEREFORE, BE IT ORDAINED by the Council, as follows:

Section 1. *Statutory Findings.* Based solely on information provided to the County by the Company, it is hereby found, determined, and declared by the County Council, as follows:

(a) The Project will constitute a “project” as that term is referred to and defined in the Act, and the County’s actions herein will subserve the purposes and in all respects conform to the provisions and requirements of the Act;

(b) The Project and the payments in lieu of taxes set forth herein are beneficial to the County, and the County has evaluated the Project based on all criteria prescribed by law, including the anticipated dollar amount and nature of the investment to be made and the anticipated costs and benefits to the County;

(c) The Project is anticipated to benefit the general public welfare of the County by providing services, employment, recreation, or other public benefits not otherwise adequately provided locally;

(d) The Project gives rise to no pecuniary liability of the County or any incorporated municipality or a charge against the general credit or taxing power of either;

(e) The purposes to be accomplished by the Project, i.e., economic development, creation of jobs, and addition to the tax base of the County, are proper governmental and public purposes;

(f) The inducement of the location or expansion of the Project within the County and State is of paramount importance; and

(g) The anticipated benefits of the Project to the public will be greater than the costs.

Section 2. *Multi-County Park.* The County intends to use its commercially reasonable efforts to designate the Project as part of the Park or a separate multi-county industrial or business park, if not already so designated, and intends to use its commercially reasonable efforts to maintain the Project within the boundaries of a multi-county industrial or business park pursuant to the provisions of the Multi-County Park Act and Article VIII, Section 13(D) of the State Constitution on terms which provide, for all jobs created at the Project through the end of the investment period set forth in the MCIP Amendment, any additional job tax credits afforded by the laws of the State for projects located within multi-county industrial

2023-12

or business parks, and on terms, and for a duration, which facilitate the special source revenue credits set forth in the recitals of this Ordinance. Sharing of expenses and revenues of the County and Pickens County shall be as set forth in the MCIP Amendment (or applicable agreement related to any subsequent multi-county industrial or business park).

Section 4. *Authorization of an Approval of Form of Fee Agreement and MCIP Amendment.* To promote industry, develop trade, and utilize and employ the manpower, products, and natural resources of the State by assisting the Company to expand or locate a manufacturing facility in the State, the Fee Agreement and the MCIP Amendment are each authorized and approved. The form of the Fee Agreement and the MCIP Amendment presented at this meeting, respectively, as attached as Exhibit B and Exhibit C, are each approved, and all of the terms of each are incorporated in this Ordinance by reference as if the Fee Agreement and the MCIP Amendment were set out in this Ordinance in their entirety. The Chairman of the County Council, and the Clerk to County Council are each authorized, empowered, and directed to execute, acknowledge, and deliver the Fee Agreement and the MCIP Amendment in the name of and on behalf of the County, and to cause the executed Fee Agreement to be delivered to the Company and the executed MCIP Amendment to be delivered to Pickens County. The Fee Agreement and the MCIP Amendment are in substantially the form now before this meeting, with such changes therein as shall not be materially adverse to the County and as shall be approved by the officials of the County executing the same, on the advice of Counsel to the County, such official's execution thereof to constitute conclusive evidence of such official's approval of any and all changes or revisions therein from the form of the Fee Agreement and the MCIP Amendment now before this meeting.

Section 5. *Authorization for County Officials to Act.* The Chairman of the County Council, the Clerk to County Council, and the County Administrator, for and on behalf of the County, are each authorized and directed to do each thing that is reasonably necessary and prudent to effect the execution and delivery of the Fee Agreement and the MCIP Amendment and the performance of all obligations of the County under and pursuant to this Ordinance and Fee Agreement and the MCIP Amendment.

Section 6. *General Repealer.* Each order, resolution, ordinance, or part of the same in conflict with this Ordinance, is, to the extent of that conflict, repealed.

Section 7. *Effective Date.* This Ordinance is effective at its approval following a public hearing and third reading.

[ONE SIGNATURE PAGE AND 3 EXHIBITS FOLLOW]
[REMAINDER OF PAGE INTENTIONALLY BLANK]

Passed and approved: July 18, 2023

OCONEE COUNTY, SOUTH CAROLINA

By: _____
Matthew Durham, Chairman
Oconee County Council

[SEAL]

ATTEST:

By: _____
Jennifer C. Adams, Clerk to Council
Oconee County Council

First Reading: June 6, 2023
Second Reading: June 20, 2023
Public Hearing: July 18, 2023
Third Reading: July 18, 2023

EXHIBIT A
DESCRIPTION OF PROJECT IRON MAN PROPERTY
[LEGAL DESCRIPTION TO BE UPDATED PRIOR TO ENACTMENT]

Oconee County Tax Map No.: 161-00-02-002

EXHIBIT B
FORM OF FEE IN-LIEU OF *AD VALOREM* TAXES AND
SPECIAL SOURCE REVENUE CREDIT AGREEMENT

EXHIBIT C
FORM OF MCIP AMENDMENT

**STATE OF SOUTH CAROLINA
COUNTY OF OCONEE
RESOLUTION 2023-08**

A RESOLUTION PROVIDING PRELIMINARY APPROVAL PURSUANT TO TITLE 12, CHAPTER 44 OF THE CODE OF LAWS OF SOUTH CAROLINA 1976, AS AMENDED, FOR THE EXECUTION AND DELIVERY OF A FEE-IN-LIEU OF AD VALOREM TAXES AND SPECIAL SOURCE REVENUE CREDIT AGREEMENT BY AND BETWEEN OCONEE COUNTY, SOUTH CAROLINA, AND A COMPANY IDENTIFIED FOR THE TIME BEING AS PROJECT IRON MAN, ACTING FOR ITSELF, ONE OR MORE CURRENT OR FUTURE AFFILIATES, AND OTHER PROJECT COMPANIES (COLLECTIVELY, "COMPANY"); PROVIDING FOR A FEE-IN-LIEU OF AD VALOREM TAXES INCENTIVE; PROVIDING FOR A SPECIAL SOURCE REVENUE CREDIT; MODIFYING A JOINT COUNTY INDUSTRIAL AND BUSINESS PARK AGREEMENT BETWEEN OCONEE COUNTY AND PICKENS COUNTY SO AS TO ENLARGE THE PARK; AND OTHER RELATED MATTERS.

WHEREAS, Oconee County, South Carolina ("County"), acting by and through its County Council ("County Council"), is authorized and empowered, under and pursuant to the provisions of the Code of Laws of South Carolina 1976, as amended through the date hereof ("Code"), particularly Title 12, Chapter 44 thereof ("FILOT Act") and Title 4, Chapter 1 of the Code ("Multi-County Park Act" or, as to Section 4-1-175 thereof, and, by incorporation, Section 4-29-68 of the Code, "Special Source Act," collectively with FILOT Act, "Act"), and by Article VIII, Section 13 of the South Carolina Constitution: (i) to enter into agreements with investors to establish projects through which the economic development of the State of South Carolina ("State") will be promoted and trade developed, thus utilizing and employing the manpower, agricultural products, and natural resources of the State; (ii) to covenant with those investors to accept certain fee in lieu of *ad valorem* tax ("FILOT") payments including, but not limited to, negotiated FILOT ("Negotiated FILOT") payments, and granting certain special source revenue credits ("SSRCs") with respect to costs of designing, acquiring, constructing, improving or expanding (i) infrastructure serving a project or the County, (ii) for improved or unimproved real estate and personal property including machinery and equipment used in the operation of a manufacturing or commercial enterprise ("Infrastructure"); and (iii) to create or expand, in conjunction with one or more other counties, a multi-county industrial or business park ("MCIP") to allow special source revenue credits and certain enhanced income tax credits to those investors;

WHEREAS, the Company, identified for the time being as Project Iron Man, proposes to invest in, or cause others to invest in, development, construction, installation and operation, as applicable, certain facilities on real property to conduct its distribution and/or manufacturing facility in the County ("Project"), which the Company expects will result in the creation of approximately 98 new, full-time equivalent jobs and investment of approximately \$28,500,000 in taxable property;

WHEREAS, based solely on the information supplied to it by the Company, the County has determined the Project would subserve the purposes of the Act and would be directly and substantially beneficial to the County, the taxing entities of the County and the citizens and residents of the County due to the employment and investment associated therewith, which contribute to the tax base and the economic welfare of the County, and, accordingly, the County wishes to induce the Company to undertake the Project by offering the FILOT, SSRCs, MCIP, and certain other incentives; and

WHEREAS, in connection with offering incentives, the County desires to enter into a Fee-in-Lieu of Ad Valorem Taxes and SSRC Agreement ("Fee Agreement") with the Company.

NOW, THEREFORE, BE IT RESOLVED by the Council, as follows:

Section 1. As contemplated by Section 12-44-40(I) of the Code, based solely on information provided to the County by the Company, the County makes the following findings and determinations: (a) the Project will constitute a “project” within the meaning of the FILOT Act; (b) the Project, and the County’s actions herein, will subserve the purposes of the FILOT Act; (c) the Project is anticipated to benefit the general public welfare of the State and the County by providing services, employment, recreation, or other public benefits not otherwise provided locally; (d) the Project gives rise to no pecuniary liability of the County or incorporated municipality or a charge against its general credit or taxing power; (e) the purposes to be accomplished by the Project are proper governmental and public purposes; (f) the benefits of the Project are greater than the costs; and (g) the Project will have a substantial public benefit.

Section 2. Subject to the provisions of the Act and to the discretionary final approval by the Council through adoption of an ordinance (“Approving Ordinance”), the County Council Chair and other officials of the County as may be designated by the Approving Ordinance intend to enter a Fee Agreement with the Company containing the terms and conditions summarized in the proposed term sheet appended hereto as Attachment A, which is incorporated in this Resolution by reference as if fully set forth in this Resolution, and other terms and conditions as may be authorized by the Approving Ordinance. Each capitalized term used, but not defined, in Attachment A has the meaning ascribed to that term in this Resolution.

Section 3. All orders, resolutions, and parts thereof in conflict herewith are to the extent of that conflict hereby repealed. This Resolution shall take effect and be in full force upon adoption by the Council.

Approved and adopted: June 6, 2023

OCONEE COUNTY, SOUTH CAROLINA

By: _____
Matthew Durham, Chairman
Oconee County Council

[SEAL]

ATTEST:

By: _____
Jennifer C. Adams, Clerk to Council
Oconee County Council

ATTACHMENT A
PRELIMINARY TERM SHEET*
FEE IN LIEU OF TAX AGREEMENT
BY AND BETWEEN
OCONEE COUNTY, SOUTH CAROLINA, AND A COMPANY IDENTIFIED FOR THE TIME
BEING AS PROJECT IRON MAN AND ONE OR MORE AFFILIATES OR OTHER PROJECT
SPONSORS

Company Commitments:	\$28,500,000 aggregate, taxable investment; 98 aggregate, new, full-time equivalent jobs
Basic FILOT Terms:	6% assessment ratio; fixed millage rate of 217.9 mills; 5-year investment period; 30-year payment period for each annual increment of investment during investment period; real property not subject to reassessment
Multi-County Park:	In the County's discretion, all property of Company in County to be designated as part of a multi-county industrial or business park
SSRC (years/credit):	7 consecutive tax years, in an annual amount equal to fifty (50%) percent of each such year's FILOT Payments for years 1-5 and in an amount equal to thirty-five (35%) percent of each such year's FILOT Payments for years 6-7.
Clawback:	Repayment of previously claimed SSRC and reduction of future, if any, SSRC, if investments or jobs thresholds are less than 80%, and if they are above 80%, repayment of SSRC based on weighted average of difference between commitment and actual taxable investment (65%) and job creation (35%), repayable to County in 15 days after close of investment period

*TERMS SET FORTH IN THIS ATTACHMENT ARE SUMMARY IN NATURE AND SHALL BE SET FORTH IN GREATER DETAIL, INCLUDING ANY CLAWBACKS, IN THE FINAL FEE IN LIEU OF TAX AGREEMENT.

**STATE OF SOUTH CAROLINA
COUNTY OF OCONEE
RESOLUTION 2023-10**

A RESOLUTION AUTHORIZING THE PURCHASE OF APPROXIMATELY 1.25 ACRES OF REAL PROPERTY, WHICH PROPERTY IS LOCATED ADJACENT TO THE CHAU RAM COUNTY PARK, FROM JOHN W. LITTLE, TONI L. LITTLE, AND CARSYN WYATT LITTLE; AND OTHER MATTERS RELATED THERETO.

WHEREAS, Oconee County, South Carolina (“County”), is a body politic and corporate and a political subdivision of the State of South Carolina;

WHEREAS, John W. Little, Toni L. Little, and Carsyn Wyatt Little (“Sellers”) desire to transfer to County approximately 1.25 acres of real property (“Property”), which is located adjacent to the Chau Ram County Park; and

WHEREAS, County desires to purchase the Property from Sellers for Thirty Thousand and 00/100 (\$30,000.00) Dollars.

NOW, THEREFORE, be it resolved by the Oconee County Council, in meeting duly assembled, that:

1. The County Administrator is hereby authorized to complete the purchase of the Property from Sellers and to undertake all such other actions, consistent herewith, as may be necessary and appropriate to obtain good and marketable title to the Property for the County.
2. Should any portion of this Resolution be deemed unconstitutional or otherwise unenforceable by any court of competent jurisdiction, such determination shall not affect the remaining terms and provisions of this Resolution, all of which are hereby deemed separable.
3. All orders, resolutions, and enactments of Oconee County inconsistent herewith are to the extent of such inconsistency only, hereby repealed, revoked, and rescinded.
4. This resolution shall take effect and be in full force after enactment by Oconee County Council.

Signatures on following page

RESOLVED in meeting, duly assembled, this ____ of _____, 2023.

OCONEE COUNTY, SOUTH CAROLINA

Matthew Durham, County Council Chair
Oconee County, South Carolina

ATTEST:

Jennifer C. Adams, Clerk to County Council
Oconee County, South Carolina

PROCUREMENT - AGENDA ITEM SUMMARY

OCONEE COUNTY, SC

COUNCIL MEETING DATE: June 6, 2023

ITEM TITLE:

Title: Engineering Services for New Scale Complex

Department(s): Solid Waste

Amount: \$112,800.00

FINANCIAL IMPACT:

Procurement was approved by Council in Fiscal Year 2022-2023 budget process.

Budget: \$112,800.00

Project Cost: \$112,800.00

Balance: \$0.00

Finance Approval: _____

BACKGROUND DESCRIPTION:

During FY22, Smith Gardner, Inc started evaluating site locations to determine the best site to construct the new scale house. Each site needed to be accessed from Strawberry Farm Road to alleviate any traffic congestion on Wells Hwy. After eliminating sites near the current scale house, near the roundabout, and along the western end of the closed section of Crooks Road, the best location for ingress/egress from Strawberry Farm Road was near the entrance to the Strawberry Farm Recycle Center. This entrance gives the best site distance on Strawberry Farm Road, allows for large queues of traffic entering/leaving the scale house while still inside the gate, and the scale house would not have to relocate in the future. A traffic study along Wells Highway and Strawberry Farm Road was completed in May of 2022. A wetlands jurisdictional determination/delineation was completed in September of 2022. The Geotechnical Subsurface Investigation was conducted between October 2022 – January 2023.

On April 19, 2022, Council approved the award of RFP 21-14 to Smith Gardner, Inc., for Engineering Services for Solid Waste with the option to extend the contract for four (4) consecutive one (1) year terms. The Solid Waste department wishes to contract with Smith Gardner to provide engineering services for Design, Permitting and Procurement Assistance for a New Scale Complex, Entrance Driveway and Access Road for the Oconee County Seneca Landfill Facility. This project consists of Topographic Survey, Clean Water Act Permit Application, Drawings and Specifications, DHEC Stormwater Construction Permit Application, SCDOT Driveway Encroachment Permit Applications, and Construction Procurement Assistance. The Construction work will be Bid separately.

ATTACHMENT(S):

1. Smith Gardner proposal dated May 4, 2023

STAFF RECOMMENDATION:

It is the staff's recommendation that Council approve the award of an estimated \$112,800.00 to Smith Gardner, Inc., of Raleigh, NC for engineering services for a New Scale Complex for Solid Waste.

Submitted or Prepared By: _____
Tronda C. Popham, Procurement Director

Approved for Submittal to Council: _____
Amanda F. Brock, County Administrator

Council has directed that they receive their agenda packages a week prior to each Council meeting, therefore, Agenda Items Summaries must be submitted to the Administrator for his review/approval no later than 12 days prior to each Council meeting. It is the Department Head / Elected Officials responsibility to ensure that all approvals are obtained prior to submission to the Administrator for inclusion on an agenda.

A calendar with due dates marked may be obtained from the Clerk to Council.

May 4, 2023

Mr. Swain Still
Solid Waste Director
Oconee County
P.O. Box 1766
Seneca, South Carolina 29679

**RE: Proposal for Design, Permitting and Procurement Assistance for the
New Scale Complex, Entrance Driveway and Access Road
Oconee County-Seneca Landfill Facility**

Dear Mr. Still:

Smith Gardner, Inc. (S+G) is pleased to submit the following scope of work and cost proposal for professional engineering services to Oconee County. Specifically, this proposal is for the civil site design of a Scale Complex and an Alternative Access Road for the Landfill and Borrow Area at the Oconee County Seneca Class 2 Landfill, and for providing assistance to Oconee County in the procurement of a general contractor to construct the designed facilities. S+G understands that Oconee County wants to replace the current scale house and adjacent truck scales with a new modular scale house, new inbound and outbound truck scales, parking area and alternative access entrance drive off of Strawberry Farm Road and an access road connecting the new scale complex to the new entrance drive and the active landfill areas.

Earlier this year, S+G conducted preliminary tasks for the purpose of collecting information to be used for the design of the new facilities, including: identification of the locations for the new driveway entrance, the scales and scale house, and the route of the new access road; conducting a traffic evaluation of the current and planned access driveways for the landfill, as well as Wells Highway and Strawberry Farm Road; conducted an underground utility survey along Strawberry Farm Road at the location of the new driveway and along the abandoned section of Crooks Road that will be used as part of the new access road; conducted a wetlands delineation of the potential access road routes to identify an acceptable location where that road can cross through the wooded area and a creek to minimize any impact to wetlands; and conducted a geotechnical subsurface investigation to determine the properties of the soils in the areas where the new entrance drive, truck scales, scale house and the new access road are to be constructed. The findings of the preliminary tasks were utilized by S+G in the preparation of a drawing showing the conceptual layout of the planned new entrance driveway, scales complex and access road.

S+G proposes to prepare detailed design of the new entrance driveway, the scales complex, and the access road suitable for use in obtaining competitive bids from contractors for the construction of those facilities. S+G also proposes to prepare applications for the South Carolina Department of Transportation (SCDOT) encroachment permit for the new entrance driveway, for the South Carolina Department of Health and Environmental Control (DHEC) to obtain coverage under the National Pollutant Discharge Elimination System (NPDES)

Mr. Swain Still
May 4, 2023
Page 2 of 5

Stormwater Discharges from Construction Activities General Permit, and to acquire authorization from the US Army Corps of Engineers (USACE) and the DHEC for impacts to streams and wetlands under the jurisdiction of the Clean Water Act (CWA). S+G also proposes to provide assistance to Oconee County in obtaining and reviewing contractor bids for the construction of the designed facilities, and for conducting construction administration and construction quality assurance (CQA) services during the construction phase.

Provided below is our scope of work along with a budget and schedule for the design, permitting, bidding assistance and construction phase services.

SCOPE OF WORK

Task 1. Topographic Survey

The project area was included in a topographic survey conducted by GeoData Corp. in April 2017. Since major grading work has not been conducted in that area since that time, S+G will utilize that survey as the basis for the design of the new driveway, scale complex and access road. To supplement that previous survey, S+G will collect additional survey data for the existing stormwater basin located in the project area, as well as points along the corridor where the new access road will be constructed.

Task 2. Clean Water Act Permit Application

S+G will consult with Inver Environmental Consulting, LLC (Inver) to prepare a permit application and submittal for a Nationwide Permit 14, or equivalent Nationwide Permit, depending upon the final design, for CWA Section 404 authorization of impacts to streams and wetlands. A corresponding Water Quality Certification may be required from the DHEC as well.

The work will include:

- Submitting a Pre-Filing Notification email to the DHEC.
- Preparing a Pre-Construction Notification (PCN) package including:
 - Cover Letter;
 - Permit Application form;
 - Nationwide Permit Checklist;
 - Figures;
 - Design Plans (prepared by S+G, see Task 3 below); and
 - Additional background data (historic resources review, protected species habitat).

The draft PCN package will be provided to Oconee County for review and comment. A final PCN package, addressing any comments, will be prepared and submitted electronically to the USACE and the DHEC. Inver will follow up with the agencies to address any questions or agency concerns, and review issued permits and provide Oconee County with clarification of any conditions. If required, a site visit will be coordinated and attended to review the impact and delineation.

Mr. Swain Still
May 4, 2023
Page 3 of 5

Task 3. Drawings and Specifications

S+G will prepare the civil site design drawings for the new driveway entrance, the new scale complex area, and the new access roadway. Oconee County will arrange for the purchase of the modular scale building and the truck scales. Once those have been ordered, the suppliers will be contacted by S+G to obtain shop drawings and requirements for foundations and utility hookups. Those documents will be utilized by S+G and our subconsultants to prepare design drawings and specifications for the modular scale building and the truck scales, including the architectural, structural/foundations/slabs, mechanical, electrical and plumbing systems.

S+G will prepare the civil site portion of the design, including drawings showing existing conditions/demolition, site plan, grading plans, erosion and sedimentation control plans, stormwater management, and details. Utility lines required to provide service to the modular scale building and the truck scales will be shown on the Site Plan to the points of connection with the building/scales.

S+G will prepare a consolidated overall design package to be used by Oconee County to solicit bids from general contractors for the construction of the scale complex improvements.

Task 4. DHEC Stormwater Construction Permit Application

S+G will prepare the documents necessary for Oconee County to apply to the DHEC for coverage under the NPDES general permit for stormwater discharges from construction activities. This will include completing the Notice of Intent (NOI) form (Form D-2617), and preparing a Comprehensive Stormwater Pollution Prevention Plan (C-SWPPP). S+G will submit the documents to the DHEC on behalf of Oconee County, and will respond to comments provided by the DHEC.

Task 5. SCDOT Driveway Encroachment Permit Application

Oconee County will submit the SCDOT encroachment permit application for the new driveway entrance to the scales complex and landfill facility off of Strawberry Farm Road. S+G will provide Oconee County with a set of Site/Construction Plans for the driveway to be completed in the encroachment permit application. S+G will participate along with Oconee County representatives in a virtual meeting with the SCDOT District 3 Permit Engineer to discuss the plans for the new driveway entrance and to confirm the requirements for the encroachment permit application.

Task 6. Construction Procurement Assistance

S+G will provide assistance to Oconee County in soliciting and evaluating competitive bids from general contractors for constructing the new entrance drive, the scale complex improvements and the new landfill and borrow area access road. S+G will provide electronic copies of the drawings and specifications developed in Task 3 to the Oconee County Procurement Department for use in the bid notice. S+G will participate along with Oconee County in a pre-bid meeting to assist potential bidders in becoming familiar with the project requirements, and

Mr. Swain Still

May 4, 2023

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will provide technical assistance to Oconee County by providing responses to bidder questions. S+G will participate in the bid opening, and will review, tabulate and evaluate the received bids, and will provide an award recommendation to Oconee County. S+G will provide assistance to Oconee County through bid award and contract execution.

BUDGET

S+G will bill for our services according to the Oconee County Fee Schedule (previously submitted) based on time and materials. Our estimated budget for each of the tasks is provided in the table below.

Task	Description	S+G Costs	Subcontractor Costs*	Professional Services Subtotal
1	Topographic Survey	\$5,000	\$0	\$5,000
2	Clean Water Act Permit Application	\$1,300	\$4,800	\$6,100
3	Drawings and Specifications	\$40,000	\$20,400	\$60,400
4	DHEC Stormwater Construction Permit Application	\$16,000	\$0	\$16,000
5	SCDOT Driveway Encroachment Permit Application	\$7,300	\$0	\$7,300
6	Construction Procurement Assistance	\$18,000	\$0	\$18,000

Note *Includes 10% mark-up

Totals

\$112,800

Mr. Swain Still
May 4, 2023
Page 5 of 5

The budget presented above represents a reasonable estimate based on our experience on this site as well as our experience in the preparation of similar design plans for other facilities.

The following assumptions have been made:

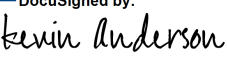
- Permit fees as charged by the local jurisdiction, SCDOT or SCDHEC are not included.
- Oconee County will provide information regarding the modular building and truck scales to be used on the project, and the building/scales suppliers will provide foundation and utility hook-up requirements.
- Site lighting design is not included.
- Signage design is not included.
- Design of audio-visual, phone, data or security systems is not included.
- Construction Phase services, including Construction Quality Assurance (COA), are not included in this proposal. S+G will provide a proposal for providing those services once the design services described in Task 4 of this proposal are nearing completion.

SCHEDULE

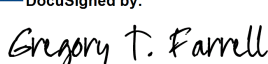
S+G is prepared to begin work on this project immediately upon authorization to proceed. It is anticipated that the services described in this proposal can be completed within twelve (12) weeks following authorization to proceed, dependent on the availability of the survey subconsultant. This schedule may be impacted by the time required for Oconee County to provide the design documents for the modular scale building and the truck scales.

We appreciate the opportunity to work with Oconee County on this project. If you have any questions, or require further information, please contact us at (919) 828-0577.

Sincerely,
SMITH GARDNER, INC.

DocuSigned by:


D01A3CF86478466...
C. Kevin Anderson, P.G.
Senior Geologist, ext. 223
kevin@smithgardnerinc.com

DocuSigned by:


957A92D36902467...
Gregory T. Farrell, P.E.
Senior Project Manager, ext. 311
gregf@smithgardnerinc.com

cc: Amy Walters, Oconee County
File

PROCUREMENT - AGENDA ITEM SUMMARY

OCONEE COUNTY, SC

COUNCIL MEETING DATE: May 16, 2023

ITEM TITLE:

**Title: Two (2) New Holland Tractors with Side Mount Side Mowers Department: Roads & Bridges Amount: Tractor: \$155,653.12
Mower: \$ 90,835.80
Total: \$246,488.92**

FINANCIAL IMPACT:

Procurement was approved by Council in Fiscal Year 2022-2023 budget process. Finance Approval: _____
Funding from Capital Equipment/Vehicle Fund (325)
Budget: **\$246,488.92** Project Cost: **\$246,488.92** Balance: **\$0.00**

BACKGROUND DESCRIPTION:

These New Holland Powerstar Tractors with Tiger Side Mount Side Mowers will be used by the Mowing Crew for vegetation management along the 660 miles of County maintained right-of-ways. These tractors are replacing two (2) 2011 John Deere mowing tractors (210.04 – 4,472 hours and 210.08 – 5,531 hours), which will be sold as surplus or used in other County departments. The year model of the tractor and mower will be a 2023 or 2024 depending on the actual production date.

SPECIAL CONSIDERATIONS OR CONCERNS:

CNH Industrial America, LLC (New Holland) currently holds a State Contract for Large Tractors, contract number 4400024245; which offers 28% off list price. This SC State Contract allows government agencies to purchase directly from the manufacturer or authorized dealers. Old Stone Tractor of Anderson, SC is an authorized New Holland dealer. Old Stone Tractor will set up, deliver and service the equipment for any warranty work required.

Tiger Corporation currently holds a Sourcewell Contract for tractor-mounted mowers, contract number 070821-TGR; which offers 18% off list price. Sourcewell allows the Tiger Side Mount Mower to be sold and installed by Tiger Corporation Authorized dealers. Old Stone Tractor of Anderson, SC is an authorized dealer for Tiger tractor mounted mowers and will install, deliver and service the Tiger Side Mount Mower for any warranty work required.

The Vehicle Maintenance Director has reviewed and approves this purchase.

ATTACHMENT(S):

1. Pricing Breakdown Spreadsheet
2. Old Stone Quote - Tractor
3. Old Stone Quote - Mower
4. SC State Contract Information - New Holland
5. Sourcewell Contract Information – Tiger Corporation

STAFF RECOMMENDATION:

It is the staff's recommendation that Council approve the purchase of Two (2) New Holland Tractors and Two (2) Tiger Side Mount Mowers from Old Stone Tractor of Anderson, SC per SC State Contract Number 4400024245 and Sourcewell Contract Number 070821-TGR, for a total purchase price of \$246,488.92.

Submitted or Prepared By: _____ **Approved for Submittal to Council:** _____
Tronda Popham, Procurement Director **Amanda Brock, County Administrator**

Council has directed that they receive their agenda packages a week prior to each Council meeting, therefore, Agenda Items Summaries must be submitted to the Administrator for his review/approval no later than 12 days prior to each Council meeting. It is the Department Head / Elected Officials responsibility to ensure that all approvals are obtained prior to submission to the Administrator for inclusion on an agenda.

A calendar with due dates marked may be obtained from the Clerk to Council.

**Pricing Spreadsheet New Holland Powerstar Tractor and Tiger Side Mount Mower
with Control Changes**

STATE CONTRACT # 4400024245		MSRP	State Contract Discount	Discount Amount	State Contract Price
New Holland Powerstar 90 2WD cab Tractor		\$101,974.00	28%	\$28,552.72	\$73,421.28
Freight/Delivery					Included
Subtotal					\$73,421.28
Sales Tax (6%)					\$4,405.28
Grand Total for Tractor					\$77,826.56

SOURCWELL CONTRACT # 070821-TGR		MSRP	Sourcewell Contract Discount	Discount Amount	State Contract Price
Tiger TSR60 Side Mounted Mower		\$44,744.00	18%	\$8,053.92	\$36,690.08
1300lb Rear Wheel Weight		\$3,850.00	18%	\$693.00	\$3,157.00
Installation					Included
Freight					\$3,000.00
Delivery					Included
Subtotal					\$42,847.08
Sales Tax					\$2,570.82
Grand Total for Mower					\$45,417.90

New Holland Powerstar 90 2WD cab Tractor	\$77,826.56
Tiger TSR60 Side Mounted Mower	\$45,417.90
Grand Total for Tractor & Mower	\$123,244.46

Grand Total for Two (2) Tractors & Two (2) Mowers	\$246,488.92
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Anderson, SC

864-225-4639

Old Stone Tractor is pleased to quote the following machinery

5/24/23 SC State contract # 4400024245

New Holland Powerstar 90 2wd cab tractor

	MSRP \$101,974.00
-28% state contract discount	-\$28,552.72
Freight	inc. in price
Subtotal	\$73,421.28
Sales Tax (6% Oconee County)	\$4,405.28
Total purchase price	\$77,826.56

- 12x12 power shuttle transmission 30 kph
- MMV to operate Tiger side mower
- Deluxe cab
- 9.5L-15 front tires
- 16.9x30 rear tires
- 540 rpm pto
- 3ph lift o matic
- 2 rear remotes
- Spare operators manual, service manual, & parts manual on USB drive
- Price includes delivery to 15079 Wells Hwy, Seneca, SC

Quote good for 10 days. Pricing subject to change due to volatile market.

Thanks

Chris Haley

Old Stone Tractor



Anderson, SC

864-225-4639

Old Stone Tractor is pleased to quote the following machinery

5/24/23 SC Sourcewell contract # 070821-TGR

Tiger TSR60 side mounted mower

	MSRP \$44,744.00
1300 lb rear wheel weight	\$3,850.00
-18% Sourcewell discount	-\$8,746.92
Freight	\$3,000.00
Subtotal	\$39,847.08
Sales Tax (6% Oconee County)	\$2,570.83
Total purchase price	\$45,417.91

- TSR60 side mower deck with F&R safety chains
- Grill guard w/pump guard
- Price includes complete installation of mower on tractor
- Price includes delivery to 15079 Wells Hwy, Seneca, SC

Quote good for 10 days. Pricing subject to change due to volatile market.

Thanks

Chris Haley

Old Stone Tractor



PROCUREMENT SERVICES

Refresh

Contract 4400024245

[Back to Initial Screen](#)

Validity Start 08/07/2020

Validity End 08/06/2023

Target Value \$ 13,381,916.00

Bid Invitation [5400019565](#)

Contract Notes

Vendor 7000106459

Vendor Address CNH INDUSTRIAL AMERICA LLC
500 DILLER AVE MS 248
NEW HOLLAND PA 17557

District LANCASTER

Telephone (717) 327-6489

Minority Status Not Applicable

E-mail

Fax Number

Vendor Contacts

3 Contacts found, displaying all Contacts.

Contact Name	Function	Phone	E-mail
BUCHER, CHAD	Primary Contact	(717) 327-6489	chad.bucher@newholland.com
SHEAFFER, MIKE	GOVERNMENT SALES MANAGER MIDWEST & CANAD	(717) 413-6071	mike.sheaffer@newholland.com
SWETT, AMY	GOVERNMENT ACCOUNT MANAGER - NE & WEST	(717) 715-1437	aggovt@newholland.com

Attachments

3 Attachments found, displaying all Attachments.

Attachment Title	Date/Time Posted
Award Extension Notice 1.doc	07/15/2020 10:36:54 AM
Award Posting Notice.doc	07/15/2020 10:37:06 AM
Intnet to Award.docx	07/15/2020 10:37:21 AM

Contract Items

4 Items found, displaying all Items.

Item Pricing

- 00005 Tractors 75.1 - 95 PTO HP
Material Group: 97508 - agricultural tractors, mowers, implements and accessories rental or lease
Agency: Statewide
- 00006 Tractors 95.1 - 140 PTO HP
Material Group: 97508 - agricultural tractors, mowers, implements and accessories rental or lease
Agency: Statewide
- 00007 Tractors 140.1 - 225 PTO HP
Material Group: 97508 - agricultural tractors, mowers, implements and accessories rental or lease
Agency: Statewide
- 00008 Tractors 225.1 - 340 PTO HP
Material Group: 97508 - agricultural tractors, mowers, implements and accessories rental or lease
Agency: Statewide



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Statewide Term Contracts

Large Tractors & Mowers - 75.1 - 340 PTO HP

Classification	Contract Type	Manager	Phone#
Goods & Services	StateTerm	Ellicia Howard	803.737.0687

Description:

This is a statewide contract for the provision of agricultural tractors, mowers and multi-purpose units in the horsepower ranges listed. Any state agency, political subdivision, county government, municipal government, or other entity authorized to use state contracts may place orders.

When tractors and mowers are purchased as a unit, it will be the responsibility of the mower manufacturer to provide the mowers, install, and certify that the installation has been made at the mower factory or mower's authorized dealer on an approved make and model tractor and that the installation and operational loads do not exceed the tractor manufacturer limitations. State contract customers are not responsible for installing mowers and equipment on tractors. It will be the mower/mower dealer companies' responsibility and expense to arrange all installation of said equipment. All associated pricing for installation labor and/or supplies is included with the cost of the mower.

Each individual contract includes every model mower and/or tractor for the named Manufacturer's complete line of equipment in the PTO Horsepower ranges listed. Awards were made pursuant to each of the following categories of equipment

Mowers, Tractor Mounted, Front, Side, or Rear

Manufacturers:

- Alamo
- Bush-Whacker
- Diamond
- John Deere
- Terrain King

Tractors, Wheel Type, Industrial, 75.1 – 95 PTO HP

Manufacturers:

- ASV Holdings
- Case IH
- John Deere
- New Holland

Tractors, Wheel Type, Industrial, 95.1 – 140 PTO HP

* Same manufacturers as Tractors, Wheel Type, Industrial, 75.1 – 95 PTO HP

Tractors, Wheel Type, Industrial, 140.1 – 225 PTO HP

Manufacturers:

- Case IH
- John Deere
- New Holland

Tractors, Wheel Type, Industrial, 225.1 – 340 PTO HP

*Same manufacturers as Tractors, Wheel Type, Industrial, 140.1 – 225 PTO HP

Mult-Purpose Units

Manufacturers:

- Alamo
- ASV Holdings
- Atmax
- Energreen

Large Tractors & Mowers

Start Date: 08/07/2020 | **End Date:** 08/06/2023

Solicitation#: [5400019565](#)

Vendor: [Alamo Group \(TX\) Inc. \(Alamo\)](#)
Contract#: 4400024280
Vendor#: 7000197845
Email: nmoczygemb@alamo-group.com
Address: 1502 E Walnut St., Seguin, TX 78155
Phone#: (830) 372-9637

Mowers, Tractor Mounted, Front, Side, or Rear

Percentage Discounts Off Price List - 21%

Factory Installed Attachments & Accessories - 21 %
Dealer Installed Attachments & Accessories - 5 %
Additional Discount for orders of three (3) or more units - 2 %
Equipment Tiedown Installation, Stenciling & Centerline Markings - \$695.00
Discount for units picked up by agency at dealer's SC location - \$250.00
Warning Light Installation - TBD

DELIVERY (DAYS ARO): 90

Multi-Purpose Units

Percentage Discounts Off Price List - 20%

Factory Installed Attachments & Accessories - 20 %
Dealer Installed Attachments & Accessories - 5 %
Warning Light Installation -TBD
Equipment Tiedowns Installation, Stenciling, &Centerline Markings (For tractors bought without mowers installed) - \$0
Additional Discount for orders of three (3) or more units: 2 %
Discount for units picked up by agency at dealer's SC location - \$0.00

DELIVERY (DAYS ARO): 180

Alamo Group (TX) Inc. Dealer List:

Ag-Pro, LLC – 5046 Hwy. 29N, Williamston, SC 29697. (864) 847-8499	www.agprocompanies.com
Altman Tractor Company – 1151 Hwy. 501 Business, Conway, SC 29526. (843) 347-4664	www.altmantractor.com
Altman Tractor Company – 1808 E. Pamplico Hwy., Florence, SC 29505. (843) 662-0151,	www.altmantractor.com
Blanchard Equipment Co., Inc. – 1080 Five Chop Road, Orangeburg, SC 29114. (803)534-3141	https://blanchardequipment.com/

Dobbs Equipment – 178 Seaboard Road, Andrews, SC 29510. (843)221-4940	https://dobbsequipment.com/
Dobbs Equipment – 4900 East Highway 501, Aynor, SC 29511. (843)358-5688	https://dobbsequipment.com/
Dobbs Equipment – 136 Acres Drive, Ladson, SC 29456.(843)572-0400	https://dobbsequipment.com/
Dobbs Equipment – 116 Corporate Drive, Simpsonville, SC 29681. (864)963-5835	https://dobbsequipment.com/
Dobbs Equipment – 4717 Jefferies Highway, Walterboro, SC 29488. (843)539-1420	https://dobbsequipment.com/
Dobbs Equipment – 3464 Sunset Blvd., West Columbia, SC 29169. (803)794-9430	https://dobbsequipment.com/
Quality Equipment – Hwy. 9 West, Clio, SC 29525. (843)586-2262	https://www.qualityequip.com/
Quality Equipment– 1424 Hwy. 9, Loris, SC 295690455. (843)756-6021	https://www.qualityequip.com/
Sparrow & Kennedy Tractor Co. - 462 Sumter Hwy, Bishopville, SC 29010 (803)484-5442	https://www.sparrowkennedy.com/
Sparrow & Kennedy Tractor Co. - 105 Corley Mill Rd, Lexington, SC 29072 (803)957-6642	https://www.sparrowkennedy.com/
Sparrow & Kennedy Tractor Co. - 305 E Boyce St, Manning, SC 29102 (803)435-8807	https://www.sparrowkennedy.com/
Sparrow & Kennedy Tractor Co. - 2060 S Live Oak Dr, Moncks Corner, SC 29461 (843)761- 3822	https://www.sparrowkennedy.com/
Sparrow & Kennedy Tractor Co. - 5730 Savannah Hwy, Ravenel, SC 29470 (843)769- 9881	https://www.sparrowkennedy.com/
Sparrow & Kennedy Tractor Co. - 2712 US 52 Hwy, Scranton, SC 29591 (843)389-2727	https://www.sparrowkennedy.com/
Sparrow & Kennedy Tractor Co. - 4328 Alligator Rd, Timmons ville, SC 161 (843)346- 3130	https://www.sparrowkennedy.com/

Percentage Discounts Off Price List

Factory Installed Attachments & Accessories - 21 %

Dealer Installed Attachments & Accessories - 5 %
Additional Discount for orders of three (3) or more units - 2 %
Equipment Tiedown Installation, Stenciling & Centerline Markings - \$695.00
Discount for units picked up by agency at dealer's SC location - \$250.00
Warning Light Installation - TBD

DELIVERY (DAYS ARO): 90

Contact: Nathan Moczygamba
Vendor: [Hall Manufacturing LLC \(Bush-Whacker\)](#)
Contract#: 4400024244
Vendor#: 7000058734
Email: tgring@bush-whacker.com
Address: PO Box 5638, North Little Rock AR 72119
Phone#: (501) 945-0072

Mowers, Tractor Mounted, Front, Side, or Rear

Percentage Discounts Off Price List - 40%

Factory Installed Attachments & Accessories - 40 %
Dealer Installed Attachments & Accessories - 40 %
Additional Discount for orders of three (3) or more units - 0 %
Equipment Tiedown Installation, Stenciling & Centerline Markings - \$ Included
Discount for units picked up by agency at dealer's SC location - \$0.00
Warning Light Installation - tbd

DELIVERY (DAYS ARO): 60-90

Contact: Thomas Gring

Vendor: [Blanchard Machinery Company \(Diamond\)](#)
Contract#: 4400024243
Vendor#: 7000052564
Email: dwise@blanchardmachinery.com
Address: PO Box 7517, West Columbia SC 29202
Phone#: (803) 309-7227
Fax#: (803) 333-8953

Mowers, Tractor Mounted, Front, Side, or Rear

Percentage Discount Off Price List - 27%

Factory Installed Attachments & Accessories - 27 %
Dealer Installed Attachments & Accessories - 27 %
Additional Discount for orders of three (3) or more units - 0 %
Equipment Tiedown Installation, Stenciling & Centerline Markings - \$ Included
Discount for units picked up by agency at dealer's SC location - \$0
Warning Light Installation - tbd

DELIVERY (DAYS ARO): 90

Contact: Don Wise

Vendor: Deere & Company (John Deere)

Contract#: 4400024242

Vendor#: 7000024002

Address: 2000 John Deere Run, Cary NC 27513

Fax#: (309) 749-2313

Mowers, Tractor Mounted, Front, Side, or Rear

Percentage Discounts Off Price List - 25%

Factory Installed Attachments & Accessories - 25 %

Dealer Installed Attachments & Accessories - 25 %

Additional Discount for orders of three (3) or more units - 1% (3-4), 2% (5-6), 3% (7-8) or 4% (9 or more)

Equipment Tiedown Installation, Stenciling & Centerline Markings - \$400.00

Discount for units picked up by agency at dealer's SC location - \$0.00

Warning Light Installation - \$1,650.00 above cab - \$167.00 each for perimeter mounted warning light

DELIVERY (DAYS ARO): 90-180

Tractors, Wheel Type, Industrial, 75.1 – 95 PTO HP

Percentage Discounts Off Price List - 25%

Factory Installed Attachments/Implements & Accessories - 25 %

Dealer Installed Attachments/Implements & Accessories - 25 %

Warning Light Installation - \$1,650.00 above cab - \$167.00 each for perimeter mounted warning light

Equipment Tiedown: Installation, Stenciling, & Centerline Markings (For tractors bought without mowers installed) - \$400.00

Additional Discount for orders of three (3) or more units - 1% (3-4), 2% (5-6), 3% (7-8) or 4% (9 or more)

Discount for units picked up by agency at dealer's SC location - \$0.00

DELIVERY (DAYS ARO): 90-180

Tractors, Wheel Type, Industrial, 95.1 – 140 PTO HP

Percentage Discounts Off Price List - 25%

Factory Installed Attachments/Implements & Accessories - 25 %

Dealer Installed Attachments/Implements & Accessories - 25 %

Warning Light Installation - \$1,650.00 above cab - \$167.00 each for perimeter mounted warning light

Equipment Tiedown Installation, Stenciling, & Centerline Markings (For tractors bought without mowers installed) - \$400.00

Additional Discount for orders of three (3) or more units - 1% (3-4), 2% (5-6), 3% (7-8) or 4% (9 or more)

Discount for units picked up by agency at dealer's SC location - \$0.00

DELIVERY (DAYS ARO): 90-180

Tractors, Wheel Type, Industrial, 140.1 – 225 PTO HP

Percentage Discounts Off Price List - 25%

Factory Installed Attachments/Implements & Accessories - 25 %
 Dealer Installed Attachments/Implements & Accessories - 25 %
 Warning Light Installation - \$1,650.00 above cab - \$167.00 each for perimeter mounted warning light
 Additional Discount for orders of three (3) or more units - 1% (3-4), 2% (5-6), 3% (7-8) or 4% (9 or more)
 Equipment Tiedown Installation, Stenciling & Centerline Markings (For tractors bought without mowers installed) - \$400.00
 Discount for units picked up by agency at dealer's SC location - \$0.00

DELIVERY (DAYS ARO) - 90-180

Tractors, Wheel Type, Industrial, 225.1 – 340 PTO HP

Percentage Discounts Off Price List - 25%

Factory Installed Attachments/Implements & Accessories - 25 %
 Dealer Installed Attachments/Implements & Accessories - 25 %
 Warning Light Installation - \$1,650.00 above cab - \$167.00 each for perimeter mounted warning light
 Equipment Tiedown Installation, Stenciling, & Centerline Markings (For tractors bought without mowers installed) - \$400.00
 Additional Discount for orders of three (3) or more units: 1% (3-4), 2% (5-6), 3% (7-8) or 4% (9 or more)
 Discount for units picked up by agency at dealer's SC location - \$0.00

DELIVERY (DAYS ARO): 90-180

Contact: Andrew Roman
Phone: (800) 358-5010 ext. 2285
Email: GovContractSupport@JohnDeere.com

Alternate Contact:
 Stacy Engelmohr
Phone: (919) 749-0927
Fax: (309) 749-1575
Email: EngelmohrStacy@JohnDeere.com

John Deere Dealer List

Ag-Pro, 1509 Asheville Highway, Spartanburg, SC 29303	Government Sales Manager (864)583-8433, (864)585-5230 fax.
Ag-Pro, 2050 Sandifer Boulevard, Seneca, SC 29678	Government Sales Manager (864)882-3161, (864)882-6721 fax.
Ag-Pro, 3022 North Main Street, Anderson, SC 29621	Government Sales Manager (864)437-8868
Ag-Pro, 5046 Highway 29 N, Williamston, SC 29697	Government Sales Manager (864)847-8400, (864)847-8888 fax.
Blanchard Equipment Co. Inc., 100 Guess Blvd., Hampton, SC 29924	Government Sales Manager – (803)943-0012, (803)943-0215 fax.

Blanchard Equipment Co. Inc., 1080 Five Chop Road, Orangeburg, SC 29115	Government Sales Manager – (803)534-3141, (803)534-3567 fax.
Blanchard Equipment Co. Inc., 1100 West Main Street, Ridge Spring, SC 29129	Government Sales Manager – (803)685-2020, (803)685-2029 fax.
Blanchard Equipment Co. Inc., 1827 By Pass 72 Northeast, Greenwood, SC 29649.	Government Sales Manager – (864)833-5337, (864)833-5349 fax.
Blanchard Equipment Co. Inc., 2627 Colonel Thomson Highway, St. Matthews, SC 29135	Government Sales Manager – (803)874-3141, (803)874-3423 fax
Blanchard Equipment Co. Inc., 984 Highway 15 North, Saint George, SC 29477	Government Sales Manager – (843)563-4522, (843)563-9557 fax.
Blanchard Equipment Co. Inc., 1426 Wilson Road, Newberry, SC 29108	Government Sales Manager – (803)276-3083, (803)276-2633 fax.
Blanchard Equipment Co. Inc., 146 Old Wagener Road, Aiken, SC 29801	Government Sales Manager – (803)648-7884, (803)648-2669 fax.
Boyd Tire & Battery Service, 110 North Main Street, Clover, SC 29170	Government Sales Manager – (803)222-3231.
Carolina Lawn and Tractor, 4389 Wade Hampton Boulevard, Taylors, SC 29687	Government Sales Manager – (864)292-1842, (864)292-0978 fax
Greenville Turf & Tractor, 701 Sandy Springs Road, Piedmont, SC 29673	Government Sales Manager – (864)527-1050, (864)527-1051 fax
Greenville Turf & Tractor, 722 Mauldin Road, Greenville, SC 29607	Government Sales Manager – (864)299-1727
Greenville Turf & Tractor, 9454 S. Jacob Smart Boulevard, Ridgeland, SC 29936	Government Sales Manager – (888)746-8837, (877)811-9949 fax.
James River Equipment, 380 Anderson Road N., Rock Hill, SC 29730	Government Sales Manager – (803)325-1555, (803)325-1506 fax.
Revels Turf and Tractor, LLC, 3420 Macklin Road, Myrtle Beach, SC 29588	Government Sales Manager – (843)293-4900, (843)293-4902 fax
Southeast Farm Equipment, 1424 Highway 9 Bus. West, Loris, SC 29569	Government Sales Manager – (843)756-6021, (843)756-0518 fax
Southeast Farm Equipment, 2212 Highway 9 East, Clio, SC 29525	Government Sales Manager – (843)586-2262, (843)586-2671 fax

Sparrow & Kennedy Tractor, 105 Corley Mill Road, Lexington, SC 29072	Government Sales Manager – (803)957-6642, (803)957-8329 fax.
Sparrow & Kennedy Tractor, 2060 South Live Oak Drive, Moncks Corner, SC 29461	Government Sales Manager – (843)761-3822, (843)761-7899 fax
Sparrow & Kennedy Tractor, 2712 Highway 52, Scranton, SC 29591	Government Sales Manager – (843)389-2727, (843)389-7259 fax
Sparrow & Kennedy Tractor, 305 East Boyce Street, Manning, SC 29102	Government Sales Manager – (803)435-8807, (803)435-4722 fax
Sparrow & Kennedy Tractor, 4328 Alligator Road, Timmonsville, SC 29161	Government Sales Manager – (843)346-3130, (843)346-4536 fax
Sparrow & Kennedy Tractor, 462 Sumter Highway, Bishopville, SC 29010. Government Sales Manager – (803)484	Government Sales Manager – (803)484-5442, (803)484-5148 fax
Sparrow & Kennedy Tractor, 5730 Savannah Highway, Ravenel, SC 29470	Government Sales Manager – (843)769-9881, (843)769-9858 fax.

Vendor: [Terrain King Corporation \(Terrain King\)](#)

Contract#: 4400024249

Vendor#: 7000197709

Email: bids@terraining.com

Address: 1502 East Walnut, Seguin, TX 78155

Phone#: (800) 882-5756

Fax#: (800) 882-5758

Mowers, Tractor Mounted, Front, Side, or Rear

Percentage Discounts Off Price List - 22%

Factory Installed Attachments & Accessories - 22 %

Dealer Installed Attachments & Accessories - 5%

Additional Discount for orders of three (3) or more units - 2 %

Equipment Tiedown Installation, Stenciling & Centerline Markings - \$695.00

Discount for units picked up by agency at dealer's SC location - \$250.00

Warning Light Installation - TBD

DELIVERY (DAYS ARO): 90

Terrain King Corporation Dealer:

Steen Enterprises, 7634 Savannah highway, Adams Run, SC 29426. (843)889-2292, www.steenent.com

Contact: Brian Billeaudeau

Vendor: Sparrow & Kennedy Tractor Co Inc. (ASV Holdings)

Contract#: 4400024246

Vendor#: 7000123561

Email: brianjelrod@yahoo.com

Address: 2712 W. US Hwy 52, Scranton SC 29591

Phone#: (803) 957-8329

Tractors, Wheel Type, Industrial, 75.1 – 95 PTO HP

Percentage Discount Off Price List - 25%

Factory Installed Attachments & Accessories - 25 %

Dealer Installed Attachments & Accessories - 25 %

Warning Light Installation - Included

Equipment Tiedowns Installation, Stenciling, & Centerline Markings (For tractors bought without mowers installed) - \$600.00

Additional Discount for orders of three (3) or more units: - 2 %

Discount for units picked up by agency at dealer's SC Location - \$0.00

DELIVERY (DAYS ARO): 180

Tractors, Wheel Type, Industrial, 95.1 – 140 PTO HP

Percentage Discount Off Price List - 25%

Factory Installed Attachments & Accessories - 25%

Dealer Installed Attachments & Accessories - 25%

Warning Light Installation - Included

Equipment Tiedowns Installation, Stenciling, & Centerline Markings (For tractors bought without mowers installed) - \$600.00

Additional Discount for orders of three (3) or more units - 0%

Discount for units picked up by agency at Dealer's SC location - \$0.00

DELIVERY (DAYS ARO): 180

Multi-Purpose Units

Percentage Discount Off Price List - 25%

Factory Installed Attachments/Implements & Accessories - 25 %

Dealer Installed Attachments/Implements & Accessories- 25 %

Warning Light Installation - Included

Additional Discount for orders of three (3) or more units - 0 %

Equipment Tiedown Installation, Stenciling & Centerline Markings (For tractors bought without mowers installed) - \$ 600.00

Discount for units picked up by agency at dealer's SC location - \$0.00

DELIVERY (DAYS ARO): 180

Contact: Brian Elrod

Vendor: Carolina Agri Power LLC (Case IH)

Contract#: 4400024248

Vendor#: 7000186749

Email: ringram@carolinaap.com

Address: 2900 Five Chop Road, Orangeburg SC 29115

Phone#: (839) 356-0013

Fax#: (803) 534-7098

Tractors, Wheel Type, Industrial, 75.1 – 95 PTO HP

Percentage Discount Off Price List - 25%

Factory Installed Attachments/Implements & Accessories - 25 %

Dealer Installed Attachments/Implements & Accessories - 25 %

Warning Light Installation- \$2,500.00

Additional Discount for orders of three (3) or more units - 3%

Equipment Tiedown Installation, Stenciling & Centerline Markings (For tractors bought without mowers installed) - \$150.00

Discount for units picked up by agency at dealer's SC location - \$250.00

Tractors, Wheel Type, Industrial, 95.1 – 140 PTO HP

Percentage Discounts Off Price List - 26%

Factory Installed Attachments/Implements & Accessories - 25 %

Dealer Installed Attachments/Implements & Accessories - 25 %

Warning Light Installation - \$2,500.00

Additional Discount for orders of three (3) or more units - 2%

Equipment Tiedown Installation, Stenciling & Centerline Markings (For tractors bought without mowers installed) - \$150.00

Discount for units picked up by agency at dealer's SC location - \$250.00

DELIVERY (DAYS ARO): 180

Tractors, Wheel Type, Industrial, 140.1 – 225 PTO HP

Percentage Discounts Off Price List - 27%

Factory Installed Attachments & Accessories - 25 %

Dealer Installed Attachments & Accessories - 25 %

Warning Light Installation - \$2,500.00

Equipment Tiedowns Installation, Stenciling, & Centerline Markings (For tractors bought without mowers installed) - \$150.00

Additional Discount for orders of three (3) or more units - 3%

Discount for units picked up by agency at dealer's SC location - \$250.00

DELIVERY (DAYS ARO): 180

Tractors, Wheel Type, Industrial, 225.1 – 340 PTO HP

Percentage Discounts Off Price List - 29%

Factory Installed Attachments & Accessories - 25 %

Dealer Installed Attachments & Accessories - 25 %

Warning Light Installation - \$2,500.00

Equipment Tiedowns Installation, Stenciling, & Centerline Markings (For tractors bought without mowers installed) - \$150.00

Additional Discount for orders of three (3) or more units - 3 %

Discount for units picked up by agency at dealer's SC location - \$250.00

DELIVERY (DAYS ARO): 180

Contact: Rob Ingram

Vendor: CNH Industrial America LLC / New Holland Agriculture (New Holland)

Contract#: 4400024245

Vendor#: 7000106459

Email: mike.sheaffer@newholland.com

Address: 500 Diller Ave, MB 248, New Holland PA 17557

Phone#: (717) 355-3681

Fax#: (877) 764-1369

Tractors, Wheel Type, Industrial, 75.1 – 95 PTO HP

Percentage Discounts Off Price List - 28%

Factory Installed Attachments/Implements & Accessories - 28 %

Dealer Installed Attachments/Implements & Accessories - 23 %

Warning Light Installation - TBD

Equipment Tiedown Installation, Stenciling, & Centerline Markings (For tractors bought without mowers installed) - \$250.00

Discount for units picked up by agency at dealer's SC location - \$0.00

Additional Discount for orders of three (3) or more units - 0 %

DELIVERY (DAYS ARO): 180

Tractors, Wheel Type, Industrial, 95.1 – 140 PTO HP

Percentage Discounts Off Price List - 28%

Factory Installed Attachments/Implements & Accessories - 28 %

Dealer Installed Attachments/Implements & Accessories - 23 %

Warning Light Installation - TBD

Equipment Tiedown Installation, Stenciling, & Centerline Markings (For tractors bought without mowers installed) - \$250.00

Additional Discount for orders of three (3) or more units - 2 %

Discount for units picked up by agency at dealer's SC location - \$0.00

DELIVERY (DAYS ARO): 180

Tractors, Wheel Type, Industrial, 140.1 – 225 PTO HP

Percentage Discounts Off Price List - 30%

Factory Installed Attachments/Implements & Accessories - 30 %

Dealer Installed Attachments/Implements & Accessories - 23 %

Warning Light Installation - TBD

Equipment Tiedown Installation, Stenciling, & Centerline Markings (For tractors bought without mowers installed) - \$250.00

Additional Discount for orders of three (3) or more units - 2 %

Discount for units picked up by agency at dealer's SC location - \$0.00

DELIVERY (DAYS ARO): 180

Tractors, Wheel Type, Industrial, 225.1 – 340 PTO HP

Percentage Discounts Off Price List - 30%

Factory Installed Attachments/Implements & Accessories - 30 %

Dealer Installed Attachments/Implements & Accessories - 23 %

Warning Light Installation - TBD

Equipment Tiedown Installation, Stenciling, & Centerline Markings (For tractors bought without mowers installed) - \$250.00

Additional Discount for orders of three (3) or more units:- 2%

Discount for units picked up by agency at dealer's SC location - \$0.00

DELIVERY (DAYS ARO):180

New Holland Dealer Listing

Blanchard Machinery Company, 1410 Asheville Hwy., Spartanburg, SC 29303. (864)582-1245

Old Stone Tractor Company, Inc., 2404 Hwy. 29 North, Anderson, SC 29621. (864)225-4639

Altman Tractor & Equipment Co., Inc., 1808 East Pamplico, Florence, SC 29505. (843)662-0151

Altman Tractor & Equipment Co., Inc., 1151 Hwy. 501 Business, Conway, SC 29526. (843)347-4664

Blanchard Machinery Company, 151 Farmington Road, Summerville, SC 29486. (843)871-2000

Blanchard Machinery Company, 3984 Jefferies Highway, Walterboro, SC 29488. (843)538-2595

Blanchard Machinery Company, 851 Buckner Road, Columbia, SC 29203. (803)799-2286

Contact: Mike Sheaffer

Vendor: [Atmax Equipment Co \(Atmax\)](#)

Contract#: 4400024247

Vendor#: 7000156282

Email: anneg@mowermax.com

Address: 6902 E. 7th Ave., Tampa FL 33619

Phone#: (813) 634-1111 ext. 3

Multi-Purpose Units

Percentage Discounts Off Price List - 35%

Factory Installed Attachments/Implements & Accessories - 35 %

Dealer Installed Attachments/Implements & Accessories - 35 %

Warning Light Installation - Included

Equipment Tiedown Installation, Stenciling, & Centerline Markings (For tractors bought without mowers installed) - Included

Additional Discount for orders of three (3) or more units - 1%

Discount for units picked up by agency at dealer's SC location - \$0.00

DELIVERY (DAYS ARO): 90-120

Contact: Anne Gilkerson

Vendor: [Energreen America Inc \(Energreen\)](#)

Contract#: 4400024260

Vendor#: 7000274034

Email: joyce.sanns@energreenamerica.com

Address: 1242 Nowells Drive, Augusta, GA 30901

Phone#: (706) 724-4739

Multi-Purpose Units

Percentage Discounts Off Price List - 10%

Factory Installed Attachments/Implements & Accessories - 10 %

Dealer Installed Attachments/Implements & Accessories - 10 %

Warning Light Installation - \$3,454.50

Equipment Tiedown Installation, Stenciling, & Centerline Markings (For tractors bought without mowers installed) - Included in base model

Additional Discount for orders of three (3) or more units - 0%

Discount for units picked up by agency at dealer's SC location - \$250.00

DELIVERY (DAYS ARO): 120

Contact: Joyce Sans



Division of Procurement Services

1201 Main St., Suite 600 | Columbia, SC 29201

MAIN: 803.737.0600 | **FAX:** 803.737.0639



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- [South Carolina Enterprise Information System \(SCEIS\)](#)



Tiger

Contract Information

Cooperative Name	Sourcewell
Contract Name	Road Right-of-Way Maintenance Equipment
Contract Number	070821-TGR
Contract Term	08/06/2021 - 08/09/2025
Categories	Construction Equipment Construction Equipment: Specialty & Other Grounds & Ag Grounds & Ag: Mowers & Turf Parks, Recreation & Athletics Parks, Recreation & Athletics: Mowers & Turf Public Works Public Works: Public Utility Equipment Roads & Airports Roads & Airports: Mowers & Turf
Website	tigermowers.com/awarded-contracts

Benefits

Sourcewell contract 070821-TGR gives access to the following types of goods and services:

- Tractor & mower turnkeys
- Truck mounted mowers
- Boom mowers
- Rotary mowers
- Flail mowers
- Flail, rotary, & specialty heads
- 3-Point hitch mowers
- Wide-area flail mowers
- Flex-wing rotary mowers
- Wheel loader boom mowers
- Excavator attachments
- OEM replacement parts

Tiger Corporation #070821-TGR

Pricing for contract #070821-TGR is provided at 18% off MSRP to Sourcewell participating agencies.

Based upon order quantities of three (3) units or more on the same order, Tiger would offer an additional 2% discount.

PROCUREMENT - AGENDA ITEM SUMMARY

OCONEE COUNTY, SC

COUNCIL MEETING DATE: June 6, 2023

ITEM TITLE:

Title: **Change Order No. 3 to PO 54692 The Belk Company, LLC
(Seneca Creek Boat Ramp)**

Department(s): **PRT**

Amount: **\$56,603.17**

FINANCIAL IMPACT:

Procurement was approved by Council in Fiscal Year 2022-2023 budget process.

Finance Approval: _____

Budget: \$3,409,989.85

Project Cost: \$3,409,989.85

Balance: \$ 0.00

BACKGROUND DESCRIPTION:

On December 7, 2021, Council approved the Award for ITB 21-06 to The Belk Company, LLC of Anderson, SC., in the amount of \$3,063,854.68 with a contingency amount of \$306,385.47 for a total award of \$3,370,240.15. The County has issued two (2) change orders from the 10% contingency, which did not require Council Approval. Total amount for Change orders issued (1&2) is \$289,532.00. The remaining approved contingency amount is \$16,853.47. The amount over the approved contingency is \$39,749.70.

Change Orders listed below:

CO-1: Additional Sidewalk, Stone Building Pad, Concrete Picnic Slab, Picnic Tables, Security Poles, Grinder Pump Station, etc for the picnic area and ADA Restrooms \$289,532.00

CO-2: Substantial Completion date extension. No increase in contract dollar amount. \$0.00.

CO-3: Material Price Changes, actual quantity installation of unit price tasks, additional dock lights, water and sewer connections for ADA Restroom and fishing dock bumpers \$56,603.17

This request is for Council Approval for Change Order No. 3 to PO 54692 in the amount of \$56,603.17.

The date of Substantial Completion is June 15, 2023.

The Seneca Creek Boat Ramp project consisted of site development for a 3-lane boat ramp facility including pavement, parking lot, launching dock, fishing dock, kayak dock, sidewalks, storm drainage, picnic area and associated facilities.

SPECIAL CONSIDERATIONS OR CONCERNS:

Funding for this Change Order will be paid from ATAX Funding.

ATTACHMENT(S):

1. Thomas & Hutton recommendation letter with Change Order 3 from The Belk Company
2. Change Order History / Tracking Spreadsheet

STAFF RECOMMENDATION:

It is the staff's recommendation that Council:

1. Approve Change Order No. 3 to The Belk Company, LLC, in the amount of \$56,603.17 for a total purchase order amount of \$3,409,989.85
2. Authorize the County Administrator to execute documents for this change order.

Submitted or Prepared by: _____
Tronda C. Popham, Procurement Director

Approved for Submittal to Council: _____
Amanda F. Brock, County Administrator

Council has directed that they receive their agenda packages a week prior to each Council meeting, therefore, Agenda Items Summaries must be submitted to the Administrator for his review/approval no later than 12 days prior to each Council meeting. It is the Department Head / Elected Officials responsibility to ensure that all approvals are obtained prior to submission to the Administrator for inclusion on an agenda.

A calendar with due dates marked may be obtained from the Clerk to Council.

THOMAS & HUTTON

501 RIVER STREET, SUITE 200
GREENVILLE, SC 29601 | 864.412.2222
WWW.THOMASANDHUTTON.COM

May 22, 2023

Ms. Tronda Popham, CPPB
Oconee County Procurement Director
415 South Pine Street
Walhalla, SC 29691

Re: Proposed Change Order 03
Seneca Creek Boat Ramp
Recommendation for Approval

Dear Tronda:

As requested by the Belk Company for the additional work approved by Oconee County at the Seneca Creek Boat Ramp Facility, material price increases, actual quantity installation of unit price tasks, and the delays of the prefabricated restroom facility installation, Thomas & Hutton recommends the contract completion time shall be extended to June 30, 2023, and the contract price be increased by \$56,603.17. See the backup information for the increase justification attached.

Note that Pay Application No 09 included a portion of this increase (\$17,125.84) for the additional pile quantity installed for the floating docks. It is our understanding this has been paid by Oconee County.

If there are any questions, please do not hesitate to contact us.

Sincerely,
THOMAS & HUTTON


Jeffrey L. Halliburton, P.E.
Principal

Cc: Phil Shirley
Stephen Schutt

CHANGE ORDER #3 REQUEST
SENECA CREEK BOAT RAMP SITE DEVELOPMENT

The Belk Company, LLC submits this change order request as a claim, and requests consideration of the cost increases and decreases incurred since Change Order #2 was approved as listed below:

\$ 15,557.00	Increased material cost by supplier for docks and floats
\$ 15,110.38	Increased material cost by supplier of \$12.50 per foot for 1208.83 feet of 12" Steel Pile
\$ 43,347.00	Mobilization increase for barge freight to meet USACOE permit deadline
\$ 3,135.00	Increased quantity of 165 SY for 3" Intermediate HD Asphalt at restroom parking area
\$(43,782.05)	Decreased quantity of 673.57 tons of Rip Rap @ Shore w/Filter Fabric – CO#1
\$ (4,140.00)	Remove 6" Stone Building Pad - CO#1 by Owner
\$ 5,000.00	Additional Work of installing 4 (four) Dock Lights approved by Owner.
\$ 2,200.00	Additional Work of installing Fishing Dock Bumpers approved by Owner.
<u>\$ 3,050.00</u>	Additional Work of installing Water & Sewer Connections requested by Owner.
\$ 39,477.33	Total Change Order #3 Request
<u>\$ 17,125.84</u>	Net unit cost increase from pile driving, with two additional piles, included in Pay App #9
\$ 56,603.17	Combined contract increase from pile driving plus Change Order #3 Request

Also requested, a Contract Time Extension from April 30, 2023, to June 15, 2023 due to other project delays.

Supporting Documentation

Attachment #1 - Docks and Floats – Email from Ravens Marine, Inc. with aluminum and float material cost increase from delayed contract award From November 8, 2021 to December 21, 2021.

Attachment #2 – 12" Steel Pile – Emails from CPS with material increases due to market fluctuations from October 7, 2021 to October 7, 2022. Increase applied to installed quantity.

Attachment #3 - Barge Freight – Email from Marine Specialties, Inc. (MSI) In-state provider of barges, Shugart Manufacturing of Chester, SC, redirected assets because of the Hurricane Ian clean-up demand, despite confirming availability in October and November. The only barge rental and shipping available for MSI to meet USACOE March 1, 2023 out of water permit restriction was located in Morris, Illinois. Freight quote from D.R. Roof Trucking, LLC of Chester, SC was \$6,800.00 one way, if the barges were available to ship. SR Enterprises, LLC of Morris, IL freight quote was \$31,000.00 one way. The net increase to Mobilization for barge freight both ways for MSI was \$48,347.

Attachment #4 - Plan Revision #5 dated 8/26/22 included the change to heavy duty pavement section at restroom parking area that added 165 SY of 3" HD Asphalt to the project. This increase in quantity was not included in Change Order #1. Also shows Rip Rap @ Shore w/Filter Fabric – In place quantity upon completion was 673.57 tons less than anticipated in Change Order #1.

Attachment #5 – Docks Lights – As requested and approved verbally by Owner, lump sum \$5000 for installation of four (4) solar powered dock lights as quoted, plus contractors' overhead and profit.

Attachment #6 - Fishing Dock Bumpers Quote – Email correspondence between David Belk, Tom Childs and Stephen Schutt, April 3rd and 4th.

Attachment #7 – Water & Sewer Connections Quote – Quote from Young Plumbing Company, Inc., verbal approval by Stephen Schutt.



Judith Shelato <sandblocksllc@gmail.com>

FW: Ravens Quote 24504

1 message

Judy Shelato <jshelato@andersoncountysc.org>
To: "sandblocksllc@gmail.com" <sandblocksllc@gmail.com>

Wed, Dec 22, 2021 at 10:23 AM

From: david belk <belkco@bellsouth.net>
Sent: Wednesday, December 22, 2021 9:23 AM
To: Judy Shelato <jshelato@andersoncountysc.org>
Subject: Fwd: Ravens Quote 24504

CAUTION: This email originated from outside of Anderson County's email system. Please do not click links or open attachments unless you recognize the sender and know the content is safe. If you have any questions, please contact the county helpdesk.

Begin forwarded message:

From: "Matt Hill" <matt@ravensmarine.com>
Subject: RE: Ravens Quote 24504
Date: December 22, 2021 at 9:06:37 AM EST
To: "david belkco" <belkco@bellsouth.net>

David,

The price increase was due to the aluminum & float increase. (\$15,557)
Aluminum has gone down quite a bit but the market will not feel it for a few months yet.

Best Regards,

Matt Hill

Ravens Marine, Inc.
3295 Orange Avenue
Kissimmee, FL 34744
Ph: 407-935-9799
Fax: 407-935-9436
www.ravensmarine.com

"Everyone is a genius. But if you judge a fish on its ability to climb a tree, it will live its whole life believing that it is stupid" A. Einstein

-----Original Message-----

From: david belkco <belkco@bellsouth.net>

Sent: Tuesday, December 21, 2021 4:25 PM

To: Matt Hill <matt@ravensmarine.com>

Subject: Re: Ravens Quote 24504

Please send me the reason for the increase from the original and the amount of increase. So I can justify to owner The job was to be awarded Nov 8 but was awarded today. The shipping address is Clemson SC. I will get an exact address.

On Dec 21, 2021, at 2:25 PM, Matt Hill <matt@ravensmarine.com> wrote:

<Belk Quote 24504 - Seneca Boat Ramp.pdf>

Tom Child

From: Jon Wallace <Jon.Wallace@cspipe.com>
Sent: Thursday, October 7, 2021 12:08 PM
To: Tom Child
Subject: CPS Quote

EXTERNAL SENDER. Only open links and attachments from known senders. DO NOT provide your username or password.

Morning Tom,

I am going to quote you on .375 and .500 wall. As Im sure you know, steel prices have shot way up since our last job. I have the .375 you need in stock, but we had to buy it at a much higher price this year. I still have the .500 wall (mix of API and A252-3/ both with 50KSI+) that we used last time. Its sitting at a much lower cost even for the heavier wall.

Here you go:

2@36, 2@38', 2@40', 2@42', 2@44', 2@47, 2@49' and 4@43'
 12-3/4 OD x .375 A252-3 ERW-\$84.40/ft

OR

2@36, 2@38', 2@40', 2@42', 2@44', 2@47, 2@49' and 4@43'
 12-3/4 OD x .500 API and A252-3 ERW-\$73.00/ft



Domestic
 Full Length Galvanized
 FOB Anderson, SC
 Stock, subject to prior sale

Let me know if you have any questions.

Thanks

****Please note new email address****

Jon Wallace
 Inside Sales



T: (205) 714-9316
 M: (205) 281-7887
 Jon.Wallace@cspipe.com - www.consolidatedpipe.com
 1205 Hilltop Pkwy, Birmingham, AL, 35204, United States

Tom Child

From: Jon Wallace <Jon.Wallace@cspipe.com>
Sent: Tuesday, September 6, 2022 9:30 AM
To: Tom Child
Subject: RE: pipe needed

EXTERNAL SENDER. Only open links and attachments from known senders. DO NOT provide your username or password.

Morning Tom,

We have a mid Oct 12-3/4 OD rolling scheduled. I can get the 60+ footers added. Delivery after galvanizing would probably be first week of Nov.

Here is your cost full length (no midwelds)

(2) 46'
(2) 49'
(2) 55'
(2) 57'
(2) 58'
(6) 60'
(2) 62'
(2) 64'

1142'
12-3/4 OD x .500 Galv A252-3 ERW-\$103.00/ft



Domestic
Full Length Galv.
3-4 weeks ARO
FOB Seneca, SC
Stock, subject to prior sale

Jon Wallace
Inside Sales



T: (205) 714-9316
M: (205) 281-7887
Jon.Wallace@cspipe.com - www.consolidatedpipe.com
1205 Hilltop Pkwy, Birmingham, AL, 35204

From: Tom Child <tom@marinespecialties.net>
Sent: Friday, September 2, 2022 4:18 PM
To: Jon Wallace <Jon.Wallace@cspipe.com>
Subject: RE: pipe needed

[EXTERNAL EMAIL]

Tom Child

From: Jon Wallace <Jon.Wallace@cspipe.com>
Sent: Friday, October 7, 2022 11:06 AM
To: Tom Child
Subject: RE: pipe needed

EXTERNAL SENDER. Only open links and attachments from known senders. DO NOT provide your username or password.

Morning Tom,

Great news. Prices have come down a good bit! I no longer have the stock to make up the mid welds so I can only quote this pipe coming from the mill in full lengths. All freight and galvanizing included in per foot price.

If your customer wants to go this route, we need to get a PO as quickly as possible. Still plenty of room on the mill rolling but that can change quickly.

Here you go:

(2) 53'
(2) 56'
(2) 58'
(4) 60'
(8) 63'
(2) 67'

1212'

12 ¾ OD x .500 A252 ERW-\$85.50/ft



Domestic Steel Pipe

Full lengths Galvanized

Sq x Sq ends

FOB Anderson, SC

Mill rolling 10/29/22- galvanized the following week- delivery week of 11/7

Please let me know if you have any questions.

Thanks

Jon Wallace
Inside Sales



T: (205) 714-9316

M: (205) 281-7887

Jon.Wallace@cspipe.com - www.consolidatedpipe.com

1205 Hilltop Pkwy, Birmingham, AL, 35204

From: Jon Wallace

Sent: Thursday, October 6, 2022 4:17 PM



Judy Shelato <jshelato83@gmail.com>

Fwd: Barge freight to Seneca Creek

2 messages

david belkco <belkco@bellsouth.net>
To: Judith Shelato <jshelato83@gmail.com>

Mon, Jan 9, 2023 at 8:54 AM

Begin forwarded message:

From: Tom Child <tom@marinespecialties.net>
Subject: Barge freight to Seneca Creek
Date: January 8, 2023 at 4:15:04 PM EST
To: David Belk <belkco@bellsouth.net>

David,

Attached is the invoice for the trucking/hauling of the barges from 5R enterprises, also attached is the quote for hauling the barges from the original company that was going to haul the barges. These numbers are just one way hauling on the attachments.

The difference is \$48,347.00 in hauling. This was needed to keep the job on schedule to make the end of February deadline.

The barges were originally rented from Shugart manufacturing located in Chester South Carolina, the barges were ordered in early October and confirmed, I called them back in November to confirm once again and all was good, I call back just before Christmas break to confirm and was told they did not have any barges to rent and it would be some time in February that they would be able to fill my order. This forced us to find another company that had 8 barges we could rent and get on time. The freight from Illinois was much higher than southern south Carolina.

Let me know if you need anything further

Tom Child
President
Marine Specialties
www.marinespecialties.net

Georgia Office
4105 Browns Bridge Road
Gainesville, Georgia 30504
(770) 531-7735 phone Ext. 102
(770) 531-0711 fax

South Carolina Office
4707 Highway 24
Anderson, South Carolina 29626
(864) 260-9700 phone
(864) 260-9795 fax

QUOTE

D. R. Roof Trucking LLC

1234 Stringfellow Road
Chester, S. C. 29706
Kyle Roof
803-374-0122

BILL TO

Marine Specialty
Tom Childs

QUOTE #

101

QUOTE DATE

01/07/2023

DESCRIPTION

AMOUNT

Deliver 8 Loads From Chester, SC to Seneca, SC
\$850.00 Per Load
(\$100.00 Hour Detention If Needed Per Truck)

6,800.00

TOTAL

\$6,800.00

5R ENTERPRISES, LLC

1802 N DIVISION ST SUITE 800
MORRIS, IL 60450
815.666.6033
www.5rents.com



INVOICE

BILL TO
Marine Specialties
4105 Browns Bridge Road
Gainesville, GA 30504

INVOICE 3147
DATE 01/04/2023
TERMS Net 30
DUE DATE 02/03/2023

ACTIVITY	QTY	RATE	AMOUNT
Service Barges On Charter Survey	1	1,250.00	1,250.00
Service Load Out Barges	5	350.00	1,750.00
Freight Mobilization Out to Job Site Seneca, SC	5	5,600.00	28,000.00

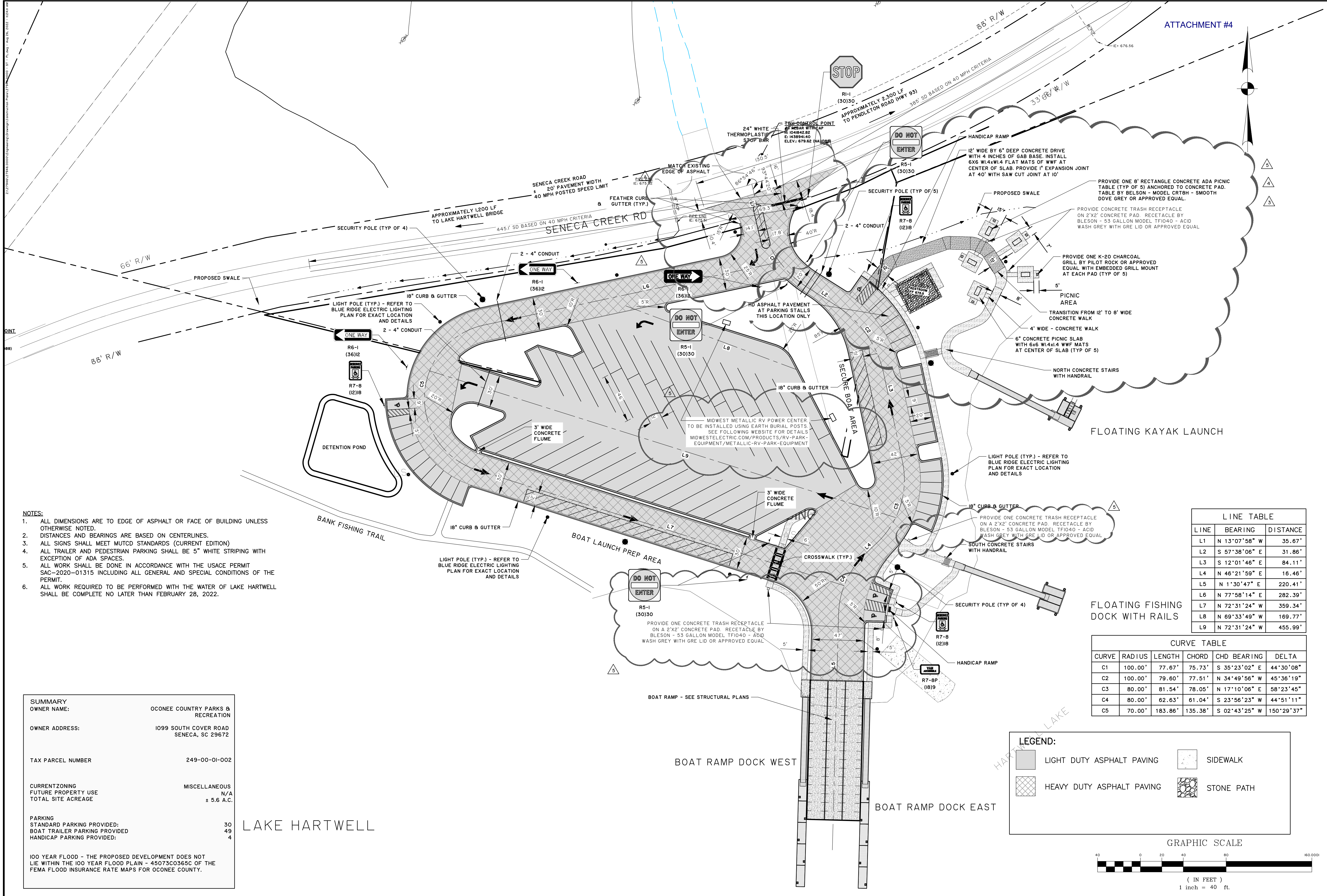
BALANCE DUE

\$31,000.00

Overdue invoices subject to interest at 1.5% per month (18% annually).

All sales are final, no warranties or guarantees expressed or implied unless otherwise noted.

Thank you for thinking of 5R Enterprises. We appreciate your business!



- NOTES:**
1. ALL DIMENSIONS ARE TO EDGE OF ASPHALT OR FACE OF BUILDING UNLESS OTHERWISE NOTED.
 2. DISTANCES AND BEARINGS ARE BASED ON CENTERLINES.
 3. ALL SIGNS SHALL MEET MUTCD STANDARDS (CURRENT EDITION)
 4. ALL TRAILER AND PEDESTRIAN PARKING SHALL BE 5" WHITE STRIPING WITH EXCEPTION OF ADA SPACES.
 5. ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE USACE PERMIT SAC-2020-01315 INCLUDING ALL GENERAL AND SPECIAL CONDITIONS OF THE PERMIT.
 6. ALL WORK REQUIRED TO BE PERFORMED WITH THE WATER OF LAKE HARTWELL SHALL BE COMPLETE NO LATER THAN FEBRUARY 28, 2022.

SUMMARY	
OWNER NAME:	OCONEE COUNTRY PARKS & RECREATION
OWNER ADDRESS:	1099 SOUTH COVER ROAD SENECA, SC 29672
TAX PARCEL NUMBER	249-00-01-002
CURRENT ZONING	MISCELLANEOUS
FUTURE PROPERTY USE	N/A
TOTAL SITE ACREAGE	± 5.6 A.C.
PARKING	
STANDARD PARKING PROVIDED:	30
BOAT TRAILER PARKING PROVIDED:	49
HANDICAP PARKING PROVIDED:	4
100 YEAR FLOOD - THE PROPOSED DEVELOPMENT DOES NOT LIE WITHIN THE 100 YEAR FLOOD PLAIN - 45073C0365C OF THE FEMA FLOOD INSURANCE RATE MAPS FOR OCONEE COUNTY.	

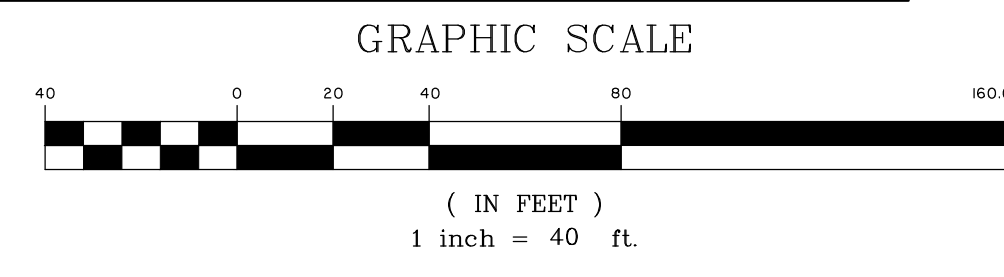
LAKE HARTWELL

LINE TABLE		
LINE	BEARING	DISTANCE
L1	N 13°07'58" W	35.67'
L2	S 57°38'06" E	31.86'
L3	S 12°01'46" E	84.11'
L4	N 46°21'59" E	16.46'
L5	N 1°30'47" E	220.41'
L6	N 77°58'14" E	282.39'
L7	N 72°31'24" W	359.34'
L8	N 69°33'49" W	169.77'
L9	N 72°31'24" W	455.99'

CURVE TABLE					
CURVE	RADIUS	LENGTH	CHORD	CHD BEARING	DELTA
C1	100.00'	77.67'	75.73'	S 35°23'02" E	44°30'08"
C2	100.00'	79.60'	77.51'	N 34°49'56" W	45°36'19"
C3	80.00'	81.54'	78.05'	N 17°10'06" E	58°23'45"
C4	80.00'	62.63'	61.04'	S 23°56'23" W	44°51'11"
C5	70.00'	183.86'	135.38'	S 02°43'25" W	150°29'37"

LEGEND:

	LIGHT DUTY ASPHALT PAVING		SIDEWALK
	HEAVY DUTY ASPHALT PAVING		STONE PATH



NO.	REVISIONS	DATE
5	POWER PEDESTAL AND TRASH CAN PADS REVISED	8/26/22
4	PICNIC AREA REVISED	8-18-22
3	REVISED PICNIC LAYOUT AREA	6-9-22
0	ISSUED FOR BIDS	ANB 07/28/21
A	SCOTT ENCROACHMENT COMMENTS	LAM 10/12/20

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 501 River Street • Suite 200
 Greenville, SC 29601 • 864.412.2222
 www.thomasandhutton.com

OCONEE COUNTY PARKS & REC
 SENECA, SOUTH CAROLINA
 SENECA CREEK ROAD BOAT RAMP
SITE PLAN

JOB NO:	J-27946.0000
DATE:	08/06/2021
DRAWN:	JLS
DESIGNED:	JLH
REVIEWED:	KES
APPROVED:	JLH
SCALE:	1" = 40'

C1.1

GENERAL NOTES

1. THE GENERAL NOTES ARE INTENDED TO AUGMENT THE CONSTRUCTION DRAWINGS. SHOULD CONFLICTS EXIST BETWEEN THE DRAWINGS AND GENERAL NOTES, THE STRICTEST PROVISION SHALL GOVERN. SHOULD CONFLICTS ARISE BETWEEN MANUFACTURER RECOMMENDATIONS AND THE CONSTRUCTION DRAWINGS AND/OR GENERAL NOTES, ENGINEER SHALL BE CONTACTED FOR CLARIFICATION.
2. CONSTRUCTION METHODS, MEANS, TECHNIQUES, SEQUENCES, PROCEDURES AND SAFETY ARE THE SOLE RESPONSIBILITY OF THE CONTRACTOR.
3. THE WATER ELEVATIONS SHOWN IN THE PLANS ARE FOR INFORMATION ONLY AND THE ACTUAL WATER ELEVATION DURING CONSTRUCTION MAY VARY DEPENDING ON WEATHER CONDITIONS AND SEASONAL FLUCTUATIONS.
4. WORK CONSISTS OF THE FOLLOWING:
 - 5.1. CLEARING, REMOVAL & DISPOSAL OF DEBRIS ALONG SHORELINE TO FACILITATE INSTALLATION OF SHORELINE STABILIZATION.
 - 5.2. TEMPORARY REMOVAL OF EXISTING RIP RAP AND RUBBLE TO PROVIDE AN ADEQUATE SURFACE FOR INSTALLATION OF FILTER FABRIC.
 - 5.3. INSTALLATION OF FILTER FABRIC.
 - 5.4. INSTALLATION OF STABILIZATION MATERIAL.
6. CONTRACTOR IS TO VERIFY THE CONDITIONS AT THE SITE AS THEY PERTAIN TO HIS WORK, INCLUDING ACCESSIBILITY, AREA FOR DELIVERY AND STORAGE OF MATERIALS, ETC. PRIOR TO SUBMITTAL OF BID.
7. CONTRACTOR'S WORK SHALL MINIMIZE IMPACTS TO THE WATERWAY.
8. THE CONTRACTOR SHALL FURNISH ALL LABOR, MATERIALS, TOOLS, AND EQUIPMENT REQUIRED TO PERFORM THE SCOPE OF WORK IDENTIFIED HEREIN.

SUBGRADE PREPARATION

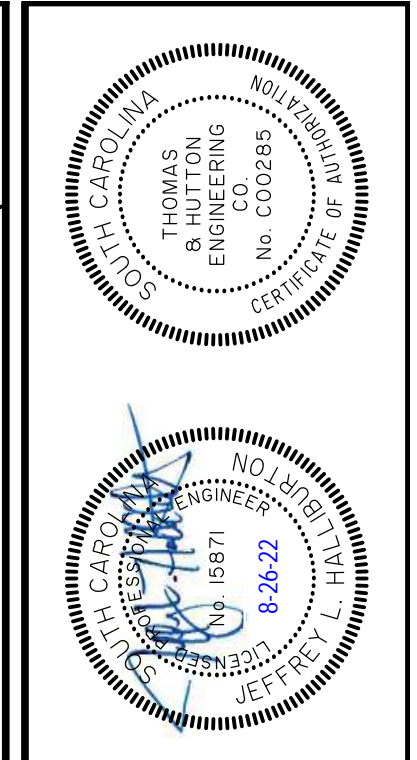
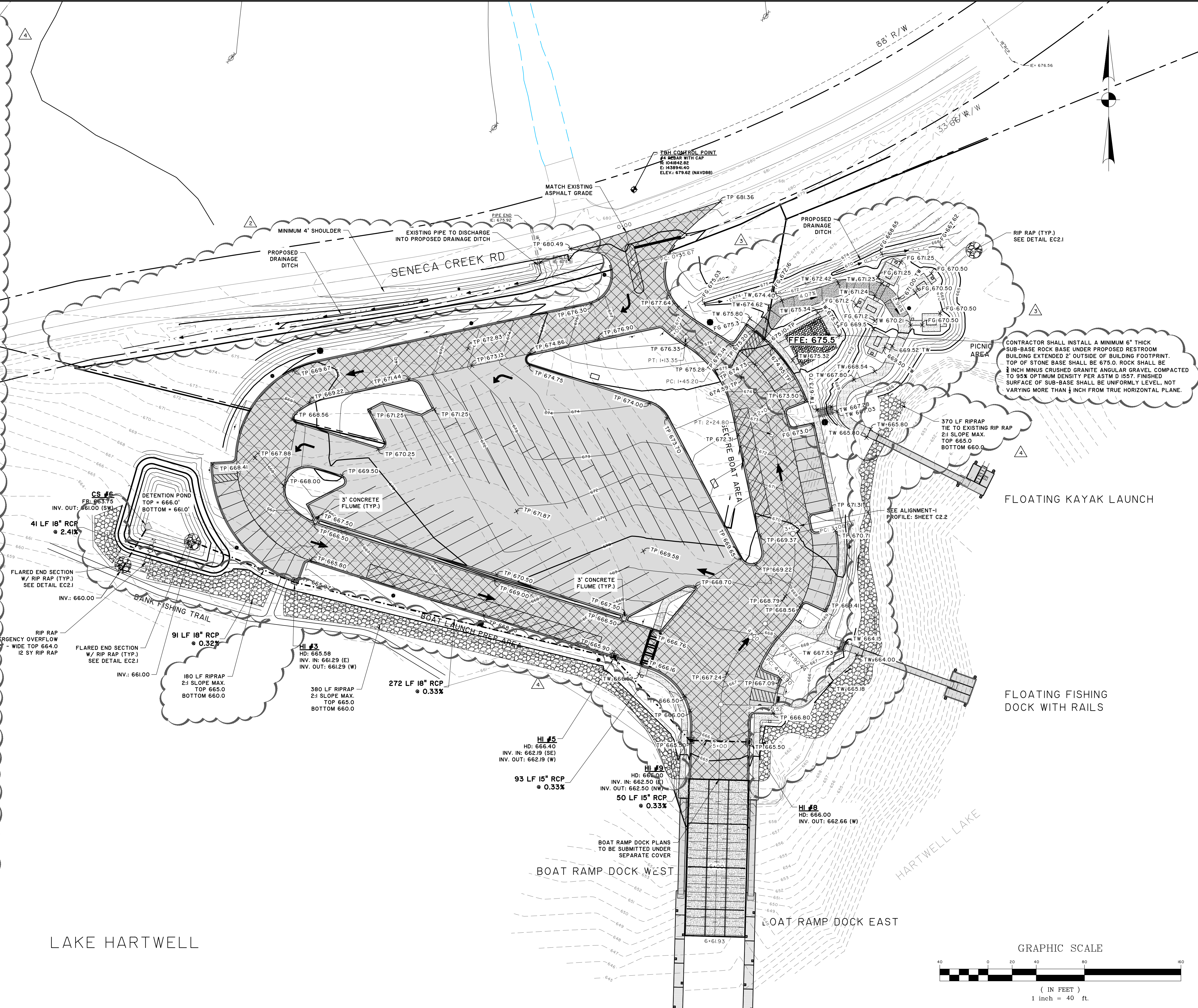
1. CONTRACTOR IS TO REMOVE ALL DEBRIS AND MATERIALS IN THE WORK AREAS THAT MAY ADVERSELY IMPACT THE INTEGRITY OF THE STABILIZATION MATERIALS.
2. SOME EXISTING RIP RAP AND RUBBLE MUST BE REMOVED PRIOR TO PLACEMENT OF FILTER FABRIC. WHATEVER IS REMOVED FOR PLACEMENT OF FILTER FABRIC CAN BE REINSTALLED.
3. REMOVAL OF DEBRIS AND REMOVAL/REPLACEMENT OF RUBBLE, AS STATED HEREIN, IS REQUIRED FOR INSTALLATION OF THE STABILIZATION MATERIALS AND SHALL BE INCLUDED IN THE SCOPE OF WORK.

GEOTEXTILE FILTER FABRIC

1. FOLLOWING SUBGRADE PREPARATION, GEOTEXTILE FILTER FABRIC SHALL BE INSTALLED AND SECURED ON TOP OF ALL SURFACES RECEIVING STABILIZATION MATERIAL.
2. GEOTEXTILE FABRIC UNDER STABILIZATION MATERIAL SHALL BE NEEDLE-PUNCHED, NON-WOVEN FABRIC, CONFORMING TO THE PHYSICAL PROPERTIES IDENTIFIED BY SCOT FOR CLASS 2 FABRIC UNPROTECTED.
3. GEOTEXTILE FABRIC SHALL BE RESISTANT TO ULTRAVIOLET & BIOLOGICAL DEGRADATION AND NATURALLY ENCOUNTERED CHEMICALS, ALKALIS AND ACIDS.
4. ALL FOLDS AND WRINKLES SHALL BE REMOVED FROM THE GEOTEXTILE FABRIC PRIOR TO PLACEMENT OF STABILIZATION MATERIAL. THERE SHALL BE NO VOIDS OR AIRSPACE BETWEEN THE GEOTEXTILE FABRIC AND THE SUBGRADE, ONCE THE GEOTEXTILE FABRIC IS PLACED, THE WORK AREA SHALL NOT BE DISTURBED.
5. JOINTS BETWEEN GEOTEXTILE FABRIC STRIPS SHALL BE J-LAP SEWED SEAM JOINTS.
6. GEOTEXTILE FABRIC SHALL EXTEND A MINIMUM OF 6 INCHES BEYOND THE TOP, TOE AND SIDE TERMINATION POINTS OF THE STABILIZATION MATERIAL. PLACING UNDER WATER WILL BE REQUIRED.
7. TO MAINTAIN POSITION AND JOINT INTEGRITY OF GEOTEXTILE FABRIC, PRIOR TO PLACEMENT OF THE STABILIZATION MATERIAL, WEIGHTS SUCH AS SAND FILLED BAGS SHALL BE USED.
8. CONTRACTOR SHALL TAKE CARE TO ENSURE THAT THE GEOTEXTILE FABRIC IS NOT RIPPED, TORN OR PENETRATED BY SHARP OBJECTS AT ANY TIME DURING CONSTRUCTION.
9. CONTRACTOR SHALL COVER THE FABRIC WITH THE SPECIFIED STABILIZATION MATERIAL BEFORE DAMAGE OR DETERIORATION FROM ULTRAVIOLET LIGHT OCCURS. FABRIC NOT COVERED WITHIN 30 CALENDAR DAYS OF PLACEMENT SHALL BE REMOVED AND REPLACED.

STABILIZATION MATERIAL - RIP RAP

1. RIP RAP SHALL BE SCOT CLASS B, OR CLEAN CRUSHED CONCRETE, EQUIVALENT IN SIZE.
2. PROVIDE HARD QUARRY STONE OR CRUSHED CONCRETE THAT DOES NOT DISINTEGRATE ON EXPOSURE TO WATER OR WEATHERING.
3. STONE SHALL HAVE A MAX SODIUM SULFATE CONTENT OF 15%, AS TESTED IN ACCORDANCE WITH AASHTO T104.
4. ENSURE THAT THE EQUIPMENT NECESSARY FOR THE PROPER CONSTRUCTION OF THE WORK IS IN ACCEPTABLE WORKING CONDITION AND HAS BEEN APPROVED BY THE ENGINEER PRIOR TO COMMENCEMENT.
5. PROVIDE SUFFICIENT EQUIPMENT REQUIRED TO PERFORM THE WORK IN ACCORDANCE WITH THE PROJECT SCHEDULE AND COMPLETION OF THE WORK IN THE SPECIFIED TIMEFRAME.
6. SHAPE AND GRADE THE SLOPE OR AREA ON WHICH THE STABILIZATION MATERIAL IS PLACED TO THE APPROXIMATE LINES, GRADES, THICKNESS AND/OR GENERAL SECTIONS SHOWN ON THE PLANS, OR AS OTHERWISE APPROVED BY THE ENGINEER.
7. PLACE STABILIZATION MATERIAL EITHER MECHANICALLY OR BY HAND (AS LOCATION WILL ALLOW), SUCH THAT THE LARGER STONES ARE WELL DISTRIBUTED, AND THE ENTIRE MASS OF STONE CONFORMS TO THE SPECIFIED GRADATION.
8. PLACE STABILIZATION MATERIAL WITH THE SMALLEST PERCENTAGE OF VOIDS AS POSSIBLE AND PRACTICAL.
9. PLACE STABILIZATION MATERIAL TO ITS FULL THICKNESS IN AN OPERATION AND MANNER THAT AVOIDS DISPLACING THE UNDERLYING FINE MATERIALS.
10. WHEN PLACING MATERIAL ON THE FABRIC, CONTRACTOR SHALL LIMIT THE HEIGHT OF DROP IN ORDER TO PREVENT DAMAGE TO THE FABRIC. CONTRACTOR SHALL REPAIR ANY RIPS OR TEARS IN THE FABRIC.
11. PLACEMENT OF STABILIZATION MATERIAL SHALL BEGIN AT THE TOP AND PROCEED UPWARD.



NO.	REVISIONS	DATE
4	ADDED RIPRAP TO PLAN AT SHORE	8-16-22
3	REVISED GRADES AT PICNIC RESTROOM FACILITY	6-9-22
2	REVISED DITCH GRADING	5-13-22
0	ISSUED FOR BIDS	07/28/21

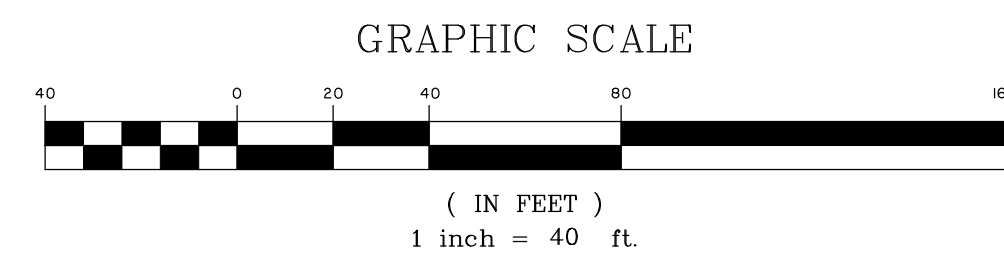
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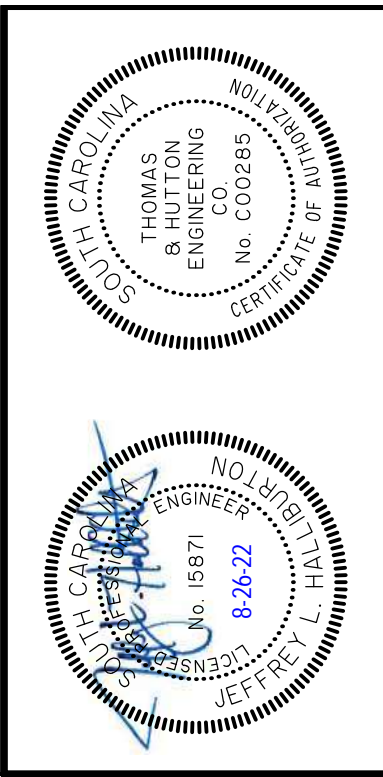
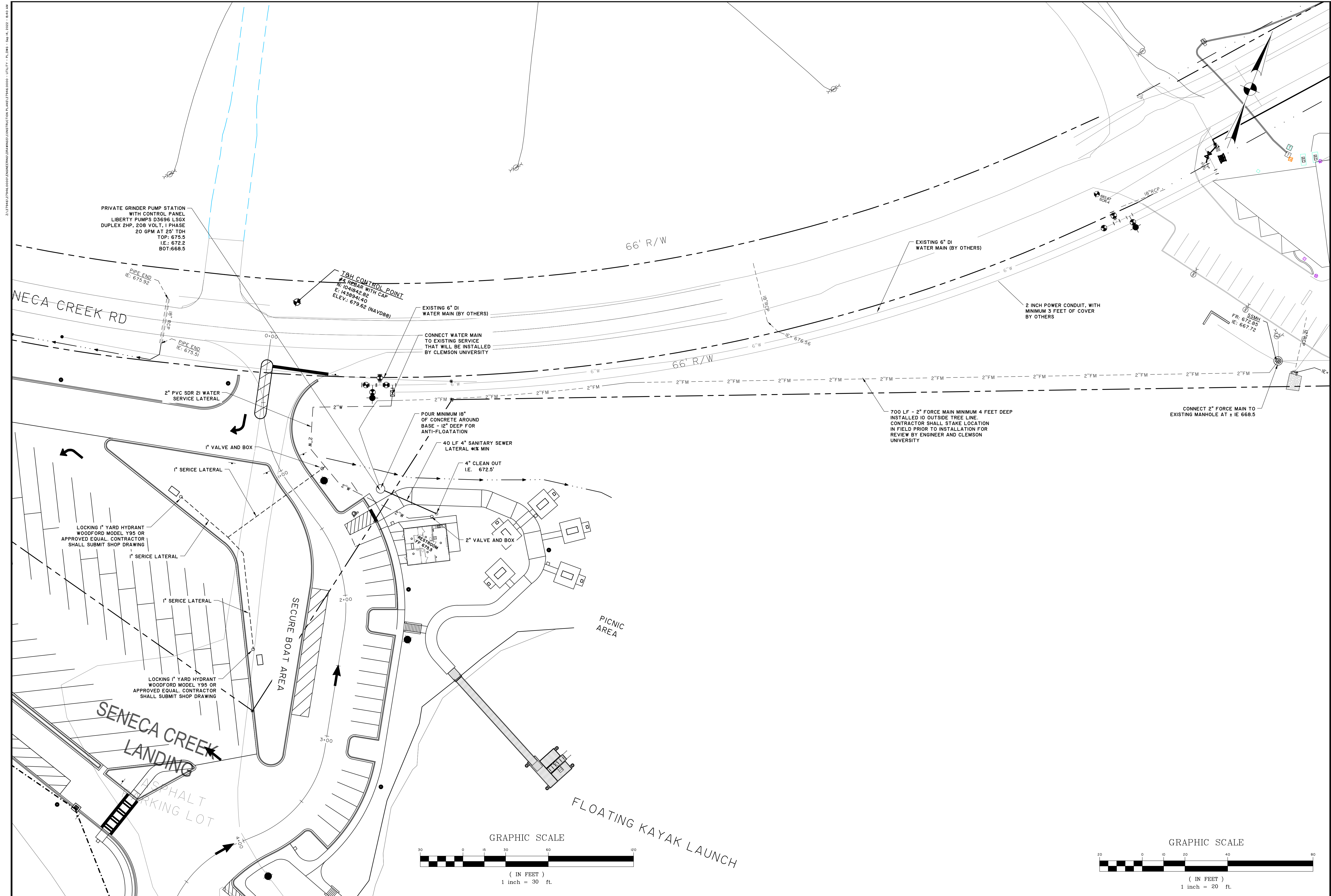
OCONEE COUNTY PARKS & REC
 SENECA, SOUTH CAROLINA
 SENECA CREEK ROAD BOAT RAMP
PAVING, GRADING, AND DRAINAGE PLAN

JOB NO:	J-27946.0000
DATE:	08/06/2021
DRAWN:	JLS
DESIGNED:	JLH
REVIEWED:	KES
APPROVED:	JLH
SCALE:	" = 40'

C2.1

LAKE HARTWELL





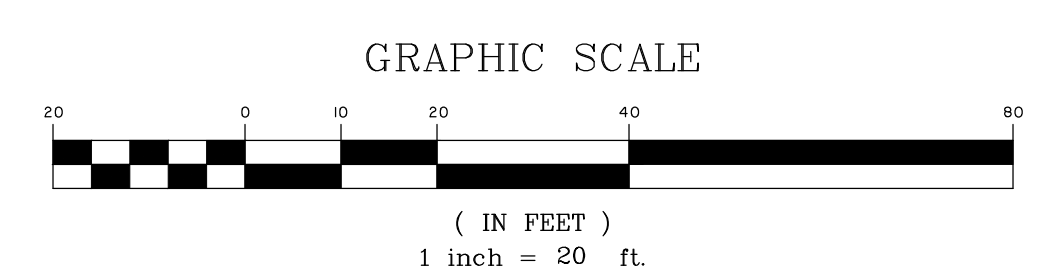
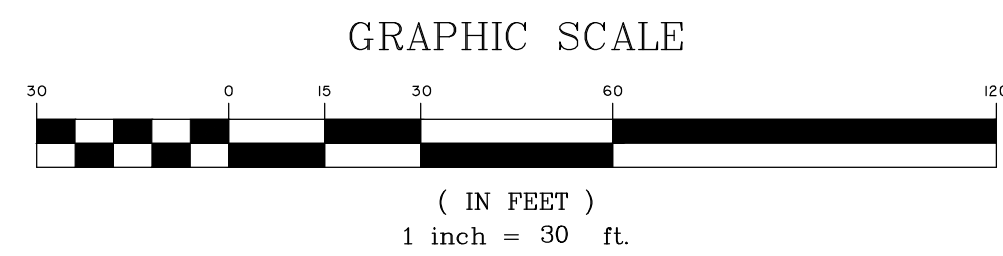
NO.	REVISIONS	BY	DATE
1	ADDED UTILITY PLAN FOR BATHROOM / SITE SERVICES	JLH	8-26-22

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 Greenville, SC 29601 • 864.412.2222
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OCONEE COUNTY PARKS & REC
 SENECA, SOUTH CAROLINA
 SENECA CREEK ROAD BOAT RAMP
WATER AND SEWER PLAN

JOB NO:	J-27946.0000
DATE:	08/06/2021
DRAWN:	JLS
DESIGNED:	JLH
REVIEWED:	KES
APPROVED:	JLH
SCALE:	1" = 30'

C3.1





Judy Shelato <jshelato83@gmail.com>

Fwd: Solar lights at Seneca Creek boat ramp

1 message

david belkco <belkco@bellsouth.net>
To: Judith Shelato <jshelato83@gmail.com>

Mon, Mar 27, 2023 at 10:33 AM

Begin forwarded message:

From: david belkco <belkco@bellsouth.net>
Subject: Fwd: Solar lights at Seneca Creek boat ramp
Date: February 21, 2023 at 12:52:55 PM EST
To: Jeff Halliburton <halliburton.j@tandh.com>

Jeff,

Oconee County requests 4 solar lights installed on the boat ramp docks. Cost to install \$5,000.00.

Best regards,

David Belk

Begin forwarded message:

From: Tom Child <tom@marinespecialties.net>
Subject: Solar lights at Seneca Creek boat ramp
Date: February 10, 2023 at 1:46:15 PM EST
To: David Belk <belkco@bellsouth.net>

David,

Attached are two estimates for solar lights to go onto the boat ramp docks at Seneca Creek Boat Ramp. One estimate is for 2 lights and the other is for 4 lights. They can pick Red, Green, Yellow or white. I would suggest Yellow it is the best looking.

Tom Child
President
Marine Specialties
tom@marinespecialties.net
www.marinespecialties.net

Georgia Office
4105 Browns Bridge Road
Gainesville, Georgia 30504
(770) 531-7735 phone Ext. 102
(770) 531-0711 fax

South Carolina Office
4707 Highway 24
Anderson, South Carolina 29626
(864) 260-9700 phone
(864) 260-9795 fax



4105 Browns Bridge Road
Gainesville, Georgia 30504

Contract-GA

Date	Sales Order No.
2/10/2023	25089

Bill To
Belk Company PO Box 646 Anderson, SC 29622

Lake Address
Seneca Creek Rd Boat Ramp Oconee Parks and Rec 1099 South Cove Road Seneca, SC 29672

Zone	Rep	Permit No.	Terms	Date Scheduled	Phone Number	Lake
	TC		Upon Receipt	2/10/2023	864-933-0735	Hartwell

Qty	Item	Description	Site	Class	Price Each	Amount
4	1043454	End Channel - 4" x 3'-11"		Tom	175.00	700.00
4	SolarLight	Solar Light		Tom	315.00	1,260.00
		SUBTOTAL				1,960.00
1	LBD	Labor: Install four solar lights on the Boat Ramp L-Dock		Tom	2,300.00	2,300.00
		SUBTOTAL				2,300.00

Customer Signature:	Date:	TOTAL	\$4,260.00
----------------------------	--------------	--------------	-------------------

IF YOU ARE IN AGREEMENT WITH THE ABOVE MENTIONED WORK, PLEASE SIGN AND DATE ABOVE. PLEASE RETURN THE SIGNED CONTRACT TO US ALONG WITH YOUR DEPOSIT TO SECURE YOUR JOB.

Upon signing this contract and returning it with the required deposit, this forms an agreement with Marine Specialties I, LLC. (MSI) as per the above product, pricing, terms, and conditions shown herein. I hereby authorize MSI to work on my boat dock. All materials remain the property of MSI until receipt of payment as per the agreed upon Payment Schedule and in accordance with the respective waiver of liens and claims schedules, attached. The balance is due upon completion.

All dock repair work has a 30-day guarantee. 1.5% Finance charge per month will be added to all invoices over 30 days. If the purchaser is to cancel the job without suitable cause, the purchaser will be responsible for all costs incurred by MSI in relation to said project. MSI is not responsible for any damages to any boats or PWCs, dock, and property. MSI is not responsible for delays due to acts of God (rain, flood, snow, tornado, etc.). During construction, the premises on and around the dock will be inaccessible for use by the HOA members and general public for safety.

In the event of any specific requirements (including without limitation any design, specification, material, ordered quantity, or shipment changes, sub contracted trade work) representing a price increase, buyer will be notified prior to commencement of work.

IT IS THE CUSTOMER'S RESPONSIBILITY TO ENSURE THE BOAT PLUG IS SECURELY IN PLACE PRIOR TO ANY WORK BEING PREFORMED BY MSI.



4105 Browns Bridge Road
Gainesville, Georgia 30504

Contract-GA

Date	Sales Order No.
2/10/2023	25090

Bill To
Belk Company PO Box 646 Anderson, SC 29622

Lake Address
Seneca Creek Rd Boat Ramp Oconee Parks and Rec 1099 South Cove Road Seneca, SC 29672

Zone	Rep	Permit No.	Terms	Date Scheduled	Phone Number	Lake
	TC		Upon Receipt	2/10/2023	864-933-0735	Hartwell

Qty	Item	Description	Site	Class	Price Each	Amount
2	1043454	End Channel - 4" x 3'-11"		Tom	175.00	350.00
2	SolarLight	Solar Light		Tom	315.00	630.00
		SUBTOTAL				980.00
1	LBD	Labor: Install two solar lights on the Boat Ramp Docks.		Tom	2,300.00	2,300.00
		SUBTOTAL				2,300.00

Customer Signature:	Date:	TOTAL	\$3,280.00
----------------------------	--------------	--------------	-------------------

IF YOU ARE IN AGREEMENT WITH THE ABOVE MENTIONED WORK, PLEASE SIGN AND DATE ABOVE. PLEASE RETURN THE SIGNED CONTRACT TO US ALONG WITH YOUR DEPOSIT TO SECURE YOUR JOB.

Upon signing this contract and returning it with the required deposit, this forms an agreement with Marine Specialties I, LLC. (MSI) as per the above product, pricing, terms, and conditions shown herein. I hereby authorize MSI to work on my boat dock. All materials remain the property of MSI until receipt of payment as per the agreed upon Payment Schedule and in accordance with the respective waiver of liens and claims schedules, attached. The balance is due upon completion.

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IT IS THE CUSTOMER'S RESPONSIBILITY TO ENSURE THE BOAT PLUG IS SECURELY IN PLACE PRIOR TO ANY WORK BEING PREFORMED BY MSI.



Judith Shelato <sandblocksllc@gmail.com>

Fwd: Seneca Creek Fishing dock bumpers

1 message

david belkco <belkco@bellsouth.net>
To: Judith Shelato <sandblocksllc@gmail.com>

Wed, Apr 12, 2023 at 12:47 PM

Begin forwarded message:

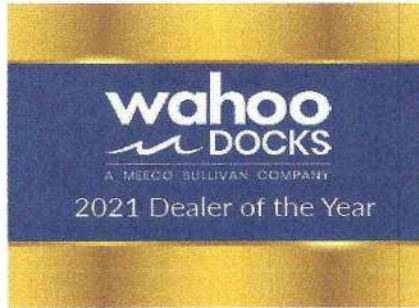
From: Tom Child <tom@marinespecialties.net>
Subject: RE: Seneca Creek Fishing dock bumpers
Date: April 4, 2023 at 10:14:28 AM EDT
To: david belkco <belkco@bellsouth.net>

Got it. Thank you

Tom Child
President
Marine Specialties
tom@marinespecialties.net
www.marinespecialties.net

Georgia Office
4105 Browns Bridge Road
Gainesville, Georgia 30504
(770) 531-7735 phone Ext. 102
(770) 531-0711 fax

South Carolina Office
4707 Highway 24
Anderson, South Carolina 29626
(864) 260-9700 phone
(864) 260-9795 fax



From: david belkco <belkco@bellsouth.net>
Sent: Tuesday, April 4, 2023 9:00 AM
To: Tom Child <tom@marinespecialties.net>
Subject: Fwd: Seneca Creek Fishing dock bumpers

EXTERNAL SENDER. Only open links and attachments from known senders. DO NOT provide your username or password.


Begin forwarded message:

From: Stephen Schutt <sschutt@oconeesc.com>
Subject: Re: Seneca Creek Fishing dock bumpers
Date: April 3, 2023 at 5:57:35 PM EDT
To: david belkco <belkco@bellsouth.net>

Please proceed.
 Thanks

Stephen D. Schutt
 Superintendent
[South Cove County Park](#)

[1099 South Cove Road](#)
[Seneca, SC 29672](#)
 Ph: [864-882-5250](tel:864-882-5250)
 Fax: [864-888-1489](tel:864-888-1489)
sschutt@oconeesc.com
www.ExperienceOconee.com
www.VisitOconeeSC.com

 Description: new logo for email

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On Apr 3, 2023, at 16:19, david belkco <belkco@bellsouth.net> wrote:

Stephen, \$2,200.00 install per your direction. Let me know.

Best regards,

David Belk

Begin forwarded message:

From: Tom Child <tom@marinespecialties.net>
Subject: Seneca Creek Fishing dock bumpers
Date: April 3, 2023 at 3:58:48 PM EDT
To: David Belk <belkco@bellsouth.net>

David,

Installing a bumper board to the fishing dock on the lakeside of the dock.

I will install (2) 2x10 treated lumber screwed together and then thru bolt them just below the handrail to build out the distance to match the handrail, this lumber will give the strength to span the ground out cages of the dock. This is so when a boat bumps the dock it will not break the gray composite decking. Once the 2x10's are installed we will cover them with gray composite decking roughly 18 inches tall.

The two lakeside pile pockets I will install a corner bumper on each one to protect a boat in the event it gets a little sideways when approaching the dock. One bumper on each pocket This will make the fishing dock a great place to do the weigh in's.

Total cost \$1880.00

We can complete this the same day we install the rollers on the Kayak dock, hopefully late this week or next week as soon as I get the rollers

Please let me know if you want to proceed so I can get the decking

Tom Child
President
Marine Specialties
tom@marinespecialties.net
www.marinespecialties.net

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Gainesville, Georgia 30504
(770) 531-7735 phone Ext. 102
(770) 531-0711 fax

South Carolina Office
4707 Highway 24
Anderson, South Carolina 29626
(864) 260-9700 phone
(864) 260-9795 fax

<image001.jpg>

<image002.jpg>

<image003.png>

<image004.png>

<seneca creek 9.jpg>

YOUNG PLUMBING CO. INC.
126 COX LANE
STARR, SC 29684-0130
PHONE (864) 352-6741
FAX (864) 352-6743

CHANGE ORDER REQUEST
May 17, 2023

Belk Construction
ATTN: David Belk
Ref: Seneca Creek Landing

Cost to excavate water and sewer service. Furnish material, Labor & Equipment to connect.

Material-----	\$550.00
Labor -----	\$1500.00
Truck/ Equipment/ Fuel-----	\$600.00
OH & P -----	\$400.00
Total cost this change-----	\$3,050.00

Please advise ASAP of any discrepancy that would prevent this change order from being processed.

Thank you,

Brad Young
Project Manager

Seneca Creek Boat Ramp Breakdown of Change Orders PO 54597	
Purchase Order History	
Council Approved (11-15-2022)	\$0.00
PO 54692	\$3,063,854.38
CO 1	\$289,532.00
CO 2	\$0.00
CO Amount to Date	\$289,532.00
CO 3	\$56,603.17
Total Construction with CO 3	\$3,409,989.55
Contingency Balance	
Approved Contingency (11-15-2022)	\$306,385.47
Total Approved Change Orders 1-2	\$289,532.00
Remaining Approved Contingency	\$16,853.47
Change Order 3	\$56,603.17
Amount over contingency	-\$39,749.70
Additional Funds Requiring Council Approval	
	\$39,749.70
Change Order No. 1	
1500 TN Rip Rap @ Shore with Filter Fabric (930 lf @ 1.5" deepx 8' avg length)	\$97,500.00
1 LS Repair	\$10,000.00
2040 SF 6" Reinforced Concrete Driveway w/ 4" GAB Stone	\$26,520.00
880 SF Additional Sidewalk (4200 sf in base Contract)	\$10,560.00
115 SY 6" Stone Building Pad	\$4,140.00
884 SY 6" Reinforced Concrete Picnic Slab	\$11,050.00
5 Concrete Trash Cans, 5 K-20 Pilot Rock Grills, 5 Concrete Picnic Tables	\$24,000.00
RV Power Center including electrical from Building	\$9,400.00
Security Poles	\$27,000.00
Liberty 20 GPM Grinder Pump Station including Electrical	\$35,000.00
700 LF 2" Force Main Including fittings	\$21,000.00
Connect Force main to existing manhole	\$2,000.00
40 LF 4" Sewer Lateral	\$2,000.00
4" Cleanout	\$1,000.00
2" Water lateral / Fittings	\$6,000.00
200 LF 2" Water lateral / Fittings	\$1,000.00
2" Valve & Box	\$6,000.00
215 LF 1" Water Lateral / Fittings	\$500.00
1" Valve Box and Fitting	\$4,000.00
Locking Yard Hydrant & Box	\$500.00
Connect to Existing 2" Water	\$3,300.00
7 TN River Rock	\$8,400.00
HDP Pipe	\$4,000.00
Grading Restroom Area	\$30,000.00
Asphalt increase	
Deduct for	
1522 SY Prime Coat	-\$46,088.00
1850 SF Rock Path	-\$9,250.00
Total CO No. 1	\$289,532.00

Change Order No. 2	
Substantial completion time shall be extended to April 30, 2023	
All marine construction shall be completed by February 28, 2023, to comply with the USACE restrictions of work in the water between March 1 and June 30.	
	\$ -
Change Order 2 has no increase to the contract dollar amount for the project	
Total CO No. 2	\$0.00
Change Order No. 3	
Docks and Floats - Increased material cost by supplier	\$15,557.00
Steel Pile - Increased materials cost by supplier (\$12.50 per foot x 1208.83 feet of 12" Steel Pile	\$15,110.38
Mobilization increase for barge freight to meet USACOE Permit Deadline	\$43,347.00
Asphalt at restroom parking Increased Quantity 165 sy for 3" Intermediate HD Asphalt	\$3,135.00
Rip Prap Decrease - 673.57 tons @ shore with fliter Fabric	-\$43,782.05
Remove - 6" Stone Pad	-\$4,140.00
Installing 4 (four Dock Lights	\$5,000.00
Installing Fishing Dock Bumpers	\$2,200.00
Connect Water and Sewer for ADA Restroom	\$3,050.00
Increase pile driving for 2 addional pilings	\$17,125.84
Contract Extention from April 30, 2023 to June 15, 2023	
Total CO No. 3	\$56,603.17

STATE OF SOUTH CAROLINA
SFAA, DIV. OF PROCUREMENT SERVICES
1201 MAIN STREET, SUITE 600
COLUMBIA SC 29201

Intent to Award

Posting Date: December 07, 2022

Solicitation: 5400024199
Description: STC AUTOMOTIVE PARTS
Agency: Statewide Term Contract

The State intends to award contract(s) noted below. Unless otherwise suspended or canceled, this document becomes the final Statement of Award effective **December 17, 2022**. Unless otherwise provided in the solicitation, the final statement of award serves as acceptance of your offer.

Contractor should not perform work on or incur any costs associated with the contract prior to the effective date of the contract. Contractor should not perform any work prior to the receipt of a purchase order from the using governmental unit. The State assumes no liability for any expenses incurred prior to the effective date of the contract and issuance of a purchase order.

If you are aggrieved in connection with the award of the contract, you may be entitled to protest, but only as provided in Section 11-35-4210. To protest an award, you must (i) submit notice of your intent to protest within seven business days of the date the award notice is posted, and (ii) submit your actual protest within fifteen days of the date the award notice is posted. Days are calculated as provided in Section 11-35-310(13). Both protests and notices of intent to protest must be in writing and must be received by the appropriate Chief Procurement Officer within the time provided. See clause entitled "Protest-CPO". The grounds of the protest and the relief requested must be set forth with enough particularity to give notice of the issues to be decided.

PROTEST - CPO ADDRESS - MMO: Any protest must be addressed to the Chief Procurement Officer, Materials Management Office, and submitted in writing

- (a) by email to protest-mmo@mmo.sc.gov or
- (b) by post or delivery to 1201 Main Street, Suite 600, Columbia, SC 29201.

AWARDED CONTRACTS FOLLOW

Contract Number: 4400030600

Awarded To: ADVANCE AUTO PARTS (7000172225)
2635 EAST MILLBROOK RD
RALEIGH NC 27604

Initial Term of Contract: January 01, 2023 through December 31, 2023

Maximum Contract Period: January 01, 2023 through December 31, 2027

Item	Description	Discount off List
00001	Air Conditioning	50%
00002	Alternators and Starters	50%
00003	Batteries	50%
00004	Bearings, Ball and Roller	50%
00005	Belts and Hoses	50%
00006	Brakes	50%
00007	Electrical and Ignition	50%
00008	Emissions, Sensors and Exhaust	50%
00009	Engine and Drive Train	50%
00010	Filters, Oil, Gas, Air and Transmission	50%
00011	Gaskets and Seals	50%
00012	Heating and Cooling (Engine)	50%
00013	Lamps, Lighting and Mirrors	50%
00014	Oils, Chemicals, Fluids and Lubricants	50%
00015	Pumps, Fuel and Water	50%
00016	Suspension, Shocks, Struts and Steering	50%
00017	Wipers/Washers	50%
00018	Winter Accessories	50%
00019	General Automotive Parts (Aftermarket Automotive Parts not included in Categories 1-18)	50%
00020	Automotive Repair Shop Supplies, Equipment and Tools (e.g. cleaning supplies, wrenches, etc.)	35%

Contract Number: 4400030602

Awarded To: FACTORY MOTOR PARTS (7000310141)
110 CORD ROAD
COLUMBIA SC 29203

Initial Term of Contract: January 01, 2023 through December 31, 2023

Maximum Contract Period: January 01, 2023 through December 31, 2027

Item	Description	Discount off List
00001	Air Conditioning	60%
00002	Alternators and Starters	50%
00003	Batteries	71%
00004	Bearings, Ball and Roller	71%
00005	Belts and Hoses	62%
00006	Brakes	70%
00007	Electrical and Ignition	55%
00008	Emissions, Sensors and Exhaust	60%
00009	Engine and Drive Train	68%
00010	Filters, Oil, Gas, Air and Transmission	71%
00011	Gaskets and Seals	66%
00012	Heating and Cooling (Engine)	65%
00013	Lamps, Lighting and Mirrors	74%
00014	Oils, Chemicals, Fluids and Lubricants	64%

00015	Pumps, Fuel and Water	62%
00016	Suspension, Shocks, Struts and Steering	67%
00017	Wipers/Washers	77%
00018	Winter Accessories	55%
00019	General Automotive Parts (Aftermarket Automotive Parts not included in Categories 1-18)	50%
00020	Automotive Repair Shop Supplies, Equipment and Tools (e.g. cleaning supplies, wrenches, etc.)	35%

Contract Number: 4400030601
Awarded To: FLEETPRIDE INC (7000181389)
1631 SHOP RD
COLUMBIA SC 29201

Initial Term of Contract: January 01, 2023 through December 31, 2023
Maximum Contract Period: January 01, 2023 through December 31, 2027

Item	Description	Discount off List
00001	Air Conditioning	61%
00002	Alternators and Starters	63%
00003	Batteries	64%
00004	Bearings, Ball and Roller	60%
00005	Belts and Hoses	55%
00006	Brakes	66%
00007	Electrical and Ignition	53%
00008	Emissions, Sensors and Exhaust	54%
00009	Engine and Drive Train	63%
00010	Filters, Oil, Gas, Air and Transmission	65%
00011	Gaskets and Seals	60%
00012	Heating and Cooling (Engine)	61%
00013	Lamps, Lighting and Mirrors	52%
00014	Oils, Chemicals, Fluids and Lubricants	56%
00015	Pumps, Fuel and Water	61%
00016	Suspension, Shocks, Struts and Steering	55%
00017	Wipers/Washers	58%
00018	Winter Accessories	55%
00019	General Automotive Parts (Aftermarket Automotive Parts not included in Categories 1-18)	52%
00020	Automotive Repair Shop Supplies, Equipment and Tools (e.g. cleaning supplies, wrenches, etc.)	40%

Contract Number: 4400030588
Awarded To: NAPA AUTO PARTS (7000018520)
2999 WILDWOOD PARKWAY
ATLANTA GA 30339

Initial Term of Contract: January 01, 2023 through December 31, 2023
Maximum Contract Period: January 01, 2023 through December 31, 2027

Item	Description	Discount off List
00001	Air Conditioning	52%
00002	Alternators and Starters	53%
00003	Batteries	50%
00004	Bearings, Ball and Roller	57%

00005	Belts and Hoses	50%
00006	Brakes	56%
00007	Electrical and Ignition	50%
00008	Emissions, Sensors and Exhaust	54%
00009	Engine and Drive Train	52%
00010	Filters, Oil, Gas, Air and Transmission	72%
00011	Gaskets and Seals	50%
00012	Heating and Cooling (Engine)	53%
00013	Lamps, Lighting and Mirrors	56%
00014	Oils, Chemicals, Fluids and Lubricants	52%
00015	Pumps, Fuel and Water	54%
00016	Suspension, Shocks, Struts and Steering	52%
00017	Wipers/Washers	59%
00018	Winter Accessories	60%
00019	General Automotive Parts (Aftermarket Automotive Parts not included in Categories 1-18)	50%
00020	Automotive Repair Shop Supplies, Equipment and Tools (e.g. cleaning supplies, wrenches, etc.)	50%

Contract Number: 4400030589

Awarded To: TRUCKPRO LLC (7000142303)
 1900 CHARLES BRYON RD OFC
 CORDOVA TN 38016

Initial Term of Contract: January 01, 2023 through December 31, 2023

Maximum Contract Period: January 01, 2023 through December 31, 2027

Item	Description	Discount off List
00001	Air Conditioning	52%
00002	Alternators and Starters	50%
00003	Batteries	50%
00004	Bearings, Ball and Roller	52%
00005	Belts and Hoses	50%
00006	Brakes	52%
00007	Electrical and Ignition	52%
00008	Emissions, Sensors and Exhaust	50%
00009	Engine and Drive Train	54%
00010	Filters, Oil, Gas, Air and Transmission	68.5%
00011	Gaskets and Seals	54%
00012	Heating and Cooling (Engine)	52%
00013	Lamps, Lighting and Mirrors	52%
00014	Oils, Chemicals, Fluids and Lubricants	50%
00015	Pumps, Fuel and Water	50%
00016	Suspension, Shocks, Struts and Steering	52%
00017	Wipers/Washers	50%
00018	Winter Accessories	50%
00019	General Automotive Parts (Aftermarket Automotive Parts not included in Categories 1-18)	50%
00020	Automotive Repair Shop Supplies, Equipment and Tools (e.g. cleaning supplies, wrenches, etc.)	35%

Procurement Officer
 DeAna Reed-Sharpe

DC Store Num	Address 1	City Name	State Code	Zip Code	Location Name	Legal Company Name Hist	Ownership Type	Owner Name	Retail Phone Num
CHA771	1126 US-321	WINNSBORO	SC	29180	NAPA AUTO PARTS CHA771	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	803-635-4611
CHA550	13134 CHURCH ST	WILLISTON	SC	29853-5818	AUTO PARTS OF WILLISTON	C & C AUTO PARTS LLC	Independent	WESLEY WILES	803-266-3013
ATLS09	704 E MAIN ST	WESTMINSTER	SC	29693-1937	WESTMINSTER, SC	R&T AUTO PARTS, INC.	Independent	RONNIE RICE	864-647-5401
CHA164	732 N GREENWOOD AVE	WARE SHOALS	SC	29692-1233	CAROLINA TOOL COMPANY	CAROLINA TOOL COMPANY	Independent	FRANK WORKMAN	864-456-7519
CHA585	229 ROBERTSON BLVD	WALTERBORO	SC	29488-2752	AUTO SUPPLY & EQUIPMENT	ASEC INC	Independent	RICK TOWNE	843-549-9099
ATLS30	317 E MAIN ST	WALHALLA	SC	29691-2023	R&T AUTO PARTS INC.	R&T PARTS INC	Independent	RONNIE RICE	864-638-9562
CHA498	322 N DUNCAN BYPASS	UNION	SC	29379	DEHART AUTO PARTS	DEHART AUTO PARTS COMPANY	Independent	TIM DEHART	864-427-3671
CHA157	1334 MAIN ST	TURBEVILLE	SC	29162-9542	STUCKEY BROTHERS PARTS CO	STUCKEY AUTO PARTS INC	Independent	DAVID STUCKEY	843-659-8521
CHA436	4234 MAIN ST	LORIS	SC	29569-2612	THE PARTS STORE OF LORIS LLC	THE PARTS STORE OF LORIS LLC	Independent	TJ JOHNSON	843-756-3819
CHA863	805 CROSSROADS PLZ	FORT MILL	SC	29708-8016	DICKSON AUTO PARTS	MALI	Independent	RALPH DICKSON IV	803-547-6700
CHA506	109 W MAIN ST	LATTA	SC	29565-1505	TAYLORS AUTO PARTS CO	TAYLOR'S AUTO PARTS	Independent	FRANK TAYLOR	843-752-7161
CHA258	1289 N MAIN ST	SUMTER	SC	29153-2138	SUMTER COUNTY	SOUTHERN AUTO PARTS	Independent	DONALD CRAFT	803-774-6147
CHA591	530 BROAD ST	SUMTER	SC	29150-3306	AUTO SUPPLY & EQUIPMENT	ASEC INC	Independent	RICK TOWNE	803-775-9353
CHA584	201 E 5TH NORTH ST	SUMMERVILLE	SC	29483-6823	AUTO SUPPLY & EQUIPMENT	ASEC INC	Independent	RICK TOWNE	843-873-1450
CHA355	103 CHURCH RD	SAINT STEPHEN	SC	29479	AUTO PARTS INC	AUTO PARTS INC	Independent	JOHNNIE WELCH	843-567-3475
CHA408	1608 BRIDGE ST	SAINT MATTHEWS	SC	29135-1373	ST MATTHEWS SUPPLY CO LLC	ST MATTHEWS SUPPLY CO LLC	Independent	WILLIAM ALLREAD	803-874-3017
CHA761	1600 JOHN B WHITE SR BLVD	SPARTANBURG	SC	29301	NAPA AUTO PARTS CHA761	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	864-586-4401
CHA025	172 S PINE ST	SPARTANBURG	SC	29302-1935	CHA025	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	864-582-6272
ATLS04	412 E NORTH 1ST ST	SENECA	SC	29678-2742	SENECA, SC	R&T AUTO PARTS, INC.	Independent	RONNIE RICE	864-882-2383
CHA250	408 BATESBURG HWY	SALUDA	SC	29138-1712	GENERAL SUPPLY CO	GENERAL SUPPLY CO	Independent	MARSHALL CHAPMAN	864-445-7412
CHA468	200 HIGHWAY 9 E	BENNETTSVILLE	SC	29512-7175	S & D AUTO PARTS	S & D AUTO PARTS	Independent	DAN CASTOR	843-479-7500
CHA466	26 CHESTERFIELD HWY	CHERAW	SC	29520-3102	S & D AUTO PARTS	S & D AUTO PARTS	Independent	DAN CASTOR	843-537-7841
CHA027	757 ANDERSON RD S	ROCK HILL	SC	29730-6229	CITY OF ROCK HILL-IBS	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	803-329-5551
CHA860	722 MOUNT GALLANT RD	ROCK HILL	SC	29730-3357	DICKSON AUTO PARTS	MALI	Independent	RALPH DICKSON IV	803-980-6272
CHA222	86 BOARDWALK DR	RIDGELAND	SC	29936-7967	THE PARTS HOUSE INC	THE PARTS HOUSE INC	Independent	TRACY TODD	843-379-6272
CHA248	123 MAIN STREET	PICKENS	SC	29671-2220	SUPERIOR AUTO PARTS	SUPERIOR PARTS INC	Independent	LISA KENT	864-878-6362
CHA529	242 HIGHWAY 20 S	PELZER	SC	29669-9405	TRI-CITY AUTO PARTS	TRI-CITY AUTO PARTS	Independent	BILL JEANES	864-947-9899
CHA597	870 DOYLE ST	ORANGEBURG	SC	29115-6093	AUTO SUPPLY & EQUIPMENT INC	ASEC INC	Independent	RICK TOWNE	803-534-5826
CHA504	4427 SAVANNAH HWY	NORTH	SC	29112-9622	BEST AUTO SALES	NORTH BULLDOZING INC	Independent	BRADLEY CREECH	803-247-2378
CHA581	2109 HIGHWAY 17 SOUTH	NORTH MYRTLE BEACH	SC	29582	MYRTLE BEACH AUTO & TRUCK PARTS	MYRTLE BEACH AUTO & TRUCK PARTS	Independent	DAVID CANIPE	843-272-5432
CHA172	203 N CAMBRIDGE ST	NINETY SIX	SC	29666-1010	CAROLINA TOOL COMPANY	CAROLINA TOOL COMPANY	Independent	FRANK WORKMAN	864-543-2417
CHA765	383 WILSON RD	NEWBERRY	SC	29108	NAPA AUTO PARTS CHA765	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	803-276-1230
CHA587	5461 RIVERS AVE	NORTH CHARLESTON	SC	29406-6128	AUTO SUPPLY & EQUIPMENT	ASEC INC	Independent	RICK TOWNE	843-569-2345
CHA578	4820 HIGHWAY 17 BYP S	MYRTLE BEACH	SC	29588-5628	MYRTLE BEACH AUTO & TRUCK PART	MYRTLE BEACH AUTO & TRUCK PARTS	Independent	DAVID CANIPE	843-293-5313
CHA577	1465 EXECUTIVE AVE	MYRTLE BEACH	SC	29577-6587	MYRTLE BEACH AUTO & TRUCK PART	MYRTLE BEACH AUTO & TRUCK PARTS	Independent	DAVID CANIPE	843-448-5191
CHA579	801 HIGHWAY 17 S	SURFSIDE BEACH	SC	29575-6052	MYRTLE BEACH AUTO & TRUCK PART	MYRTLE BEACH AUTO & TRUCK PARTS	Independent	DAVID CANIPE	843-238-1434
CHA207	216 E MCINTYRE ST	MULLINS	SC	29574-3618	BELLINGER PARTS GROUP, INC	BELLINGER PARTS GROUP, INC	Independent	JAMES BELLINGER	843-464-6348
CHA589	615 JOHNNIE DODDS BLVD STE	MT PLEASANT	SC	29464-3082	AUTO SUPPLY & EQUIPMENT	ASEC INC	Independent	RICK TOWNE	843-388-0442
CHA595	218 REMBERT C DENNIS BLVD	MONCK'S CORNER	SC	29461-3943	AUTO SUPPLY & EQUIPMENT	ASEC INC	Independent	RICK TOWNE	843-761-5333
CHA444	660 LANCASTER BYP E	LANCASTER	SC	29720-4728	MILLER AUTO & TRUCK	MILLER AUTO & TRUCK PARTS INC	Independent	KEN MILLER	803-286-4481
CHA206	1806 E HIGHWAY 76	MARION	SC	29571-3301	BELLINGER PARTS GROUP, INC	BELLINGER PARTS GROUP, INC	Independent	JAMES BELLINGER	843-423-1956
CHA572	511 S MILL ST	MANNING	SC	29102-2920	AUTO SUPPLY & EQUIPMENT	ASEC INC.	Independent	RICK TOWNE	803-435-8888
CHA580	4207 SEA MOUNTAIN HIGHWAY	LITTLE RIVER	SC	29566	MYRTLE BEACH AUTO & TRUCK PARTS	MYRTLE BEACH AUTO & TRUCK PARTS	Independent	DAVID CANIPE	843-390-9001
CHA770	104 HILLCREST DR	LAURENS	SC	29360-2340	NAPA AUTO PARTS CHA770	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	864-984-6521
CHA489	139 N HOWARD AVE	LANDRUM	SC	29356-1507	ESR ENTERPRISE CORPORATION	ESR ENTERPRISE CORPORATION	Independent	JOHN FERGUSON	864-457-2604
CHA406	301 N MAIN STREET	LAKE VIEW	SC	29563-3034	PALMETTO AUTO PARTS	PALMETTO AUTO PARTS	Independent	JOHN HAYES	843-759-2151
CHA135	301 S RON MCNAIR BLVD	LAKE CITY	SC	29560-3423	STUCKEY BROTHERS PARTS CO	STUCKEY AUTO PARTS INC	Independent	DAVID STUCKEY	843-394-3525
CHA594	4659 LADSON RD	LADSON	SC	29456-5446	AUTO SUPPLY & EQUIPMENT	ASEC INC	Independent	RICK TOWNE	843-879-2975
CHA131	249 E MAIN ST	KINGSTREE	SC	29556-3528	STUCKEY BROTHERS PARTS COMPANY	STUCKEY AUTO PARTS INC	Independent	DAVID STUCKEY	843-354-6573
CHA471	136 N HAMPTON ST	KERSHAW	SC	29067-1405	MIDLANDS AUTO SUPPLY	MIDLANDS AUTO SUPPLY INC	Independent	JOHN BOWERS	803-475-6272
CHA422	30 HILLTOP DR	JOHNSTON	SC	29832-2702	THE RIDGE PARTS AND SUPPLY	THE RIDGE PARTS AND SUPPLY LLC	Independent	REG WILLIAMS	803-275-3386
CHA261	437 N GEORGETOWN HWY	JOHNSONVILLE	SC	29555	GEORGETOWN AUTO PARTS	GEORGETOWN AUTO PARTS INC	Independent	LANDY AVANT	843-386-2434
CHA593	2876 MAYBANK HWY	JOHNS ISLAND	SC	29455-4807	AUTO SUPPLY AND EQUIPMENT	ASEC INC	Independent	RICK TOWNE	843-559-2579
CHA347	8652 OLD STATE RD	HOLLY HILL	SC	29059	AUTO PARTS INC	AUTO PARTS INC	Independent	JAMES BURK	803-496-3344
CHA218	14 MARSHLAND RD	HILTON HEAD ISLAND	SC	29926-2305	THE PARTS HOUSE INC	THE PARTS HOUSE	Independent	TRACY TODD	843-689-6272
CHA127	300 W BROAD ST	HEMINGWAY	SC	29554-9104	STUCKEY BROTHERS PART CO	STUCKEY AUTO PARTS INC	Independent	DAVID STUCKEY	843-558-2541
CHA214	1016 S 5TH ST	HARTSVILLE	SC	29550-5741	BELLINGER PARTS GROUP, INC	BELLINGER PARTS GROUP, INC	Independent	JAMES BELLINGER	843-332-1191
CHA202	20551 WHYTE HARDEE BLVD	HARDEEVILLE	SC	29927-6329	THE PARTS HOUSE INC	THE PARTS HOUSE	Independent	TRACY TODD	843-784-3225
CHA257	928 ELM ST W	HAMPTON	SC	29924-2732	HAMPTON AUTO PARTS	HAMPTON AUTO PARTS	Independent	BARBARA REEVES	803-943-3285
CHA161	807 MAIN ST S	GREENWOOD	SC	29646-3228	CAROLINA TOOL COMPANY	CAROLINA TOOL COMPANY	Independent	FRANK WORKMAN	864-229-2515
CHA252	422 S FRASER ST	GEORGETOWN	SC	29440-4742	GEORGETOWN AUTO PARTS	GEORGETOWN AUTO PARTS INC	Independent	LANDY AVANT	843-546-2466
CHA540	222 W 3RD ST	GAFFNEY	SC	29341-2063	GAFFNEY AUTO PARTS	BOILING SPRINGS AUTO PARTS	Independent	CLIFF MONROE	864-489-4761
CHA764	1103 N MAIN ST	FOUNTAIN INN	SC	29644-1336	NAPA AUTO PARTS CHA764	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	864-531-0252
CHA862	1154 FORT MILC HWY	FORT MILL	SC	29707-7511	DICKSON AUTO PARTS	MALI	Independent	RALPH DICKSON IV	803-835-6272

DC Store Num	Address 1	City Name	State Code	Zip Code	Location Name	Legal Company Name Hist	Ownership Type	Owner Name	Retail Phone Num
CHA204	160 BENTREE LN	FLORENCE	SC	29501-3933	BELLINGER PARTS GROUP, INC	BELLINGER PARTS GROUP, INC	Independent	JAMES BELLINGER	843-662-5285
CHA208	116 3RD LOOP RD	FLORENCE	SC	29505-3720	BELLINGER PARTS GROUP INC	BELLINGER PARTS GROUP INC	Independent	JAMES BELLINGER	843-669-8440
CHA212	160 BENTREE LN	FLORENCE	SC	29501-3933	BELLINGER PARTS GROUP, INC	BELLINGER PARTS GROUP INC	Independent	JAMES BELLINGER	843-662-5285
CHA092	12441 OLD HWY 6	EUTAWVILLE	SC	29048	BMS AUTO PARTS	BMS AUTO PARTS	Independent	MELINDA STRICKLAND	803-492-9422
CHA659	6935 CALHOUN MEMORIAL HW	EASLEY	SC	29640	EASLEY SC	R&T PARTS INC.	Independent	RONNIE RICE	864-859-4055
CHA209	913 HIGHWAY 301 N	DILLON	SC	29536-2462	BELLINGER PARTS GROUP, INC	BELLINGER PARTS GROUP, INC	Independent	JAMES BELLINGER	843-774-2427
CHA211	18720 HERITAGE HWY	DENMARK	SC	29042-1226	RANDY'S AUTO PARTS	RANDY'S AUTO PARTS	Independent	RANDY CARLSON	803-793-3336
CHA205	612 PEARL ST	DARLINGTON	SC	29532-3819	BELLINGER PARTS GROUP, INC	BELLINGER PARTS GROUP, INC	Independent	JAMES BELLINGER	843-393-2801
CHA163	1412 4TH AVE	CONWAY	SC	29526-5020	CONWAY AUTO PARTS	CONWAY AUTO PARTS	Independent	NED HICKSON	843-248-2225
CHA760	4507 HARD SCRABBLE RD	COLUMBIA	SC	29229	NAPA AUTO PARTS CHA760	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	803-995-5480
CHA884	203 N MAIN ST	CLOVER	SC	29710-1025	DICKSON AUTO PARTS	JOBBERS SUPPLY OF CLOVER	Independent	RALPH DICKSON IV	803-222-7151
CHA768	206 SOUTH BROAD ST	CLINTON	SC	29325	NAPA AUTO PARTS CHA768	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	864-833-1450
ATL516	373 OLD GREENVILLE HIGHWAY	CLEMSON	SC	29631	R & T AUTO PARTS INC	R&T AUTO PARTS, INC.	Independent	RONNIE RICE	864-654-5903
CHA043	475-C FAIRFOREST WAY	GREENVILLE	SC	29607-4437	CITY OF GREENVILLE IBS	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	864-298-2742
CHA122	109 W UNION ST	CHESNEE	SC	29323-1545	CHESNEE AUTO PARTS & PAINT	CHESNEE AUTO PARTS & PAINT	Independent	ODUS GREENE + DAVID LINDAR	864-461-3125
CHA586	630 SKYLARK DR	CHARLESTON	SC	29407-1718	AUTO SUPPLY & EQUIPMENT	ASEC INC	Independent	RICK TOWNE	843-556-2855
CHA588	2110 REYNOLDS AVE	NORTH CHARLESTON	SC	29405-7759	AUTO SUPPLY & EQUIPMENT	ASEC INC	Independent	RICK TOWNE	843-747-4195
CHA583	1401 SAM RITTENBERG BLVD	CHARLESTON	SC	29407-5031	AUTO SUPPLY & EQUIPMENT	ASEC INC	Independent	RICK TOWNE	843-556-1398
CHA596	1291 FOLLY RD	CHARLESTON	SC	29412-4105	AUTO SUPPLY & EQUIPMENT	ASEC INC	Independent	RICK TOWNE	843-408-4689
CHA598	1401 SAM RITTENBERG BLVD	CHARLESTON	SC	29407-5031	AUTO SUPPLY & EQUIPMENT	ASEC INC	Independent	RICK TOWNE	843-556-2855
CHA003	2255 AIRPORT BLVD	CAYCE	SC	29033-1477	COLUMBIA DISTRICT OFFICE	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	000-000-0000
CHA275	722 ELM ST	AYNOR	SC	29511	CARMICHAEL AUTO PARTS LLC	CARMICHAEL AUTO PARTS LLC	Independent	MAXIE & CHAD CARMICHAEL	843-358-7278
CHA464	1019 W DEKALB ST	CAMDEN	SC	29020-4162	MIDLANDS AUTO SUPPLY	MIDLANDS AUTO SUPPLY INC	Independent	JOHN BOWERS	803-432-4351
CHA490	3433 BOILING SPRINGS RD	BOILING SPRINGS	SC	29316-6019	ESR ENTERPRISE CORPORATION	ESR ENTERPRISE CORPORATION	Independent	JOHN FERGUSON	864-764-1474
CHA223	2 OLIVER CT	BLUFFTON	SC	29910-8708	C SATURDAY HOLDINGS	C SATURDAY HOLDINGS	Independent	CHRIS SATURDAY	843-757-6272
CHA487	121 DURANT ST	BISHOPVILLE	SC	29010-1705	MIDLANDS AUTO SUPPLY INC	MIDLANDS AUTO SUPPLY INC	Independent	JOHN BOWERS	803-484-5381
CHA435	423 W COLUMBIA AVE	BATESBURG	SC	29006-2023	ERGLE AUTO PARTS	ERGLE AUTO PARTS	Independent	HOLLIE ERGLE	803-532-9211
CHA124	9271 MARLBORO AVE	BARNWELL	SC	29812-1970	AUTO SUPPLY & SERVICE INC	AUTO SUPPLY & SERVICE INC	Independent	MIKE PETERS	803-541-6272
CHA244	2798 MAIN HIGHWAY	BAMBERG	SC	29003	BAMBERG AUTO SUPPLY	ALLENDALE AUTO PARTS	Independent	ASHLEY THOMAS	803-245-4507
CHA114	102 N MAIN ST	CLIO	SC	29525-3000	B&H AUTO PARTS	B & H AUTO PARTS	Independent	BOGEN BERRY	843-586-9451
CHA534	102 S CRAIG ST	CHESTERFIELD	SC	29709-1706	AUTO PARTS SERVICE INC	AUTO PARTS SERVICE INC	Independent	PAULIE CAMPBELL	843-623-7771
CHA582	7 N FARR AVE	ANDREWS	SC	29510-2521	AUTO SUPPLY & EQUIPMENT	ASEC INC	Independent	RICK TOWNE	843-264-5265
ATL501	508 S MAIN ST	ANDERSON	SC	29624-2304	ANDERSON MAIN	R&T AUTO PARTS, INC.	Independent	RONNIE RICE	864-224-6321
ATL508	905 SALEM CHURCH RD	ANDERSON	SC	29621-8111	ANDERSON BRANCH	R&T AUTO PARTS, INC.	Independent	RONNIE RICE	864-225-1475
CHA260	655 MAIN ST S	ALLENDALE	SC	29810-4521	ALLENDALE AUTO SUPPLY	ALLENDALE AUTO PARTS	Independent	ASHLEY THOMAS	803-584-4608
CHA762	2 CALDWELL CT	AIKEN	SC	29803-6628	NAPA AUTO PARTS CHA762	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	803-226-9292
CHA093	733 N MAIN ST	MAULDIN	SC	29662-1917	NAPA AUTO PARTS CHA093	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	864-288-8434
CHA089	201 N MAIN ST	SIMPSONVILLE	SC	29681-2310	NAPA AUTO PARTS CHA089	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	864-963-4041
CHA085	6122 AUGUSTA RD	GREENVILLE	SC	29605-3654	NAPA AUTO PARTS CHA085	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	864-299-1490
CHA078	1014 LAURENS RD	GREENVILLE	SC	29607-1919	NAPA AUTO PARTS CHA078	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	864-242-3500
CHA062	1301 WEST WADE HAMPTON BI	GREER	SC	29650	NAPA AUTO PARTS CHA062	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	864-877-4244
CHA059	2255 AIRPORT BLVD	CAYCE	SC	29033-1476	GENUINE PAINTS	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	803-791-8900
CHA057	6169 ST ANDREWS	COLUMBIA	SC	29212-3146	NAPA AUTO PARTS CHA057	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	803-750-1500
CHA056	416 COLUMBIA AVE	LEXINGTON	SC	29072-2616	NAPA AUTO PARTS CHA056	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	803-359-4143
CHA055	3720 TWO NOTCH RD	COLUMBIA	SC	29204-2872	NAPA AUTO PARTS CHA055	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	803-699-9498
CHA054	1618 BLUFF RD	COLUMBIA	SC	29201-4914	NAPA AUTO PARTS CHA054	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	803-771-7043
CHA053	2255 AIRPORT BLVD	CAYCE	SC	29033-1476	NAPA AUTO PARTS CHA053	GENUINE PARTS COMPANY	Company Owned	COMPANY OWNED	803-791-8900

PUBLISHER'S AFFIDAVIT

STATE OF SOUTH CAROLINA COUNTY OF OCONEE

OCONEE COUNTY COUNCIL

IN RE: Council Meetings

BEFORE ME the undersigned, a Notary Public for the State and County above named, This day personally came before me, Hal Welch, who being first duly sworn according to law, says that he is the General Manager of **THE JOURNAL**, a newspaper published Tuesday through Saturday in Seneca, SC and distributed in **Oconee County, Pickens County** and the Pendleton area of **Anderson County** and the notice (of which the annexed is a true copy) was inserted in said papers on 01/06/2023 and the rate charged therefore is not in excess of the regular rates charged private individuals for similar insertions.



Hal Welch
General Manager

Subscribed and sworn to before me this
01/06/2023



Jessica Wells
Notary Public
State of South Carolina
My Commission Expires November 13, 2030



Jessica Lee Wells
NOTARY PUBLIC
State of South Carolina
My Commission Expires
November 13, 2030

LEGAL S

The Oconee County Council will meet in 2023 on the first and third Tuesday of each month with the following exceptions:

• July & August meetings, which will be only on the third Tuesday of each of these months;

• December meeting, which will be only the first Tuesday of the month. All Council meetings, unless otherwise noted, are held in Council Chambers, Oconee County Administrative Offices, 415 South Pine Street, Walhalla, South Carolina.

Oconee County Council will also hold a Planning Retreat beginning at 9:00 a.m. on Friday, February 24, 2023 in Council Chambers to establish short and long term goals. Oconee County Council will also meet on Tuesday, January 2, 2024 in Council Chambers at which point they will establish their 2024 Council and Committee meeting schedules.

Oconee County Council will also hold a Budget workshop on Friday, March 24, 2023 in Council Chambers.

Additional Council meetings, workshops, and/or committee meetings may be added throughout the year as needed.

Oconee County Council Committees will meet in 2023 prior to County Council meetings on the following dates/times in Council Chambers located at 415 South Pine Street, Walhalla, South Carolina unless otherwise advertised.

The Law Enforcement, Public Safety, Health, & Welfare Committee at 4:30 p.m. on the following



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Administrative Offices
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Walhalla, SC 29691

Phone: 864-718-1023
Fax: 864 718-1024

E-mail:
jennifercadams@oconeesc.com

John Elliott
District I

Matthew Durham
Chairman
District II

Don Mize
Vice Chairman
District III

Julian Davis, III
District IV

J. Glenn Hart
Chairman Pro Tem
District V



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The Law Enforcement, Public Safety, Health, & Welfare Committee at 4:30 p.m. on the following dates: February 21, May 16, July 18, & September 19, 2023.

The Transportation Committee at 4:30 p.m. on the following dates: February 21, May 16, July 18, & September 19, 2023.

The Real Estate, Facilities, & Land Management Committee at 4:30 p.m. on the following dates: March 21, June 6, August 15, & October 17, 2023.

The Planning & Economic Development Committee at 4:30 p.m. on the following dates: March 21, June 6, August 15, & October 17, 2023.

The Budget, Finance, & Administration Committee at 9:00 a.m. on the following dates: February 24 [Strategic Planning Retreat] & March 24 [Budget Workshop] and 4:30 p.m. on the following dates: March 7, April 18, & May 2, 2023.

OCONEE CODE OF ORDINANCES

Sec. 2-61. - Access to and conduct at county meetings, facilities and property.

(a) *Purpose.* The county council has determined that it is necessary to regulate access to county facilities, grounds and property in order to ensure the safety and security of the public who visit these areas or the county employees who serve them. The conduct of persons who visit county facilities and/or who have contact with county employees must also be regulated to preserve public order, peace and safety. The regulation of access and conduct must be balanced with the right of the public to have reasonable access to public facilities and to receive friendly, professional service from county employees. These regulations apply to all county facilities and meetings, as defined below, for and over which county council exercises control and regulation, and to the extent, only, not preempted by state or federal law.

(b) *Definitions.* The following words, terms and phrases, when used in this section, shall have the meanings ascribed to them in this subsection, except where the context clearly indicates a different meaning:

Facility means any building, structure, or real property owned, leased, rented, operated or occupied by the county or one of its departments, offices or agencies.

Meeting means any assemblage of persons for the purpose of conducting county governmental business, operations or functions or any assemblage of persons within a county governmental facility. The term "meeting" includes, but is not limited to, county council meetings, county board and committee and staff meetings, trials, hearings and other proceedings conducted in the courts of general sessions and common pleas, family court, master-in-equity, probate court and magistrate's court; and other meetings by entities duly authorized by the county council.

(c) *Prohibited acts.* It shall be unlawful for any person to:

- (1) Utter loud, obscene, profane, threatening, disruptive or abusive language or to engage in any disorderly or disruptive conduct that impedes, disrupts or disturbs the orderly proceedings of any meeting, or operations of any department or function of the county government, including, without limitation, speaking when not explicitly recognized and authorized to do so by the presiding official in such meeting.
- (2) Bring, carry, or otherwise introduce any firearm, knife with blade longer than two inches or other dangerous weapon, concealed or not concealed, into any facility or meeting. This prohibition does not apply to law enforcement personnel or any other person whose official, governmental duties require them to carry such firearm, knife, or other weapon.
- (3) Engage in partisan political activity, including speech, in any meeting not authorized and called for the purpose of partisan political activity and explicitly authorized for such purpose in the facility in which such activity is to be conducted, or refusing to cease such activity when the presiding official of the meeting in question has ruled that the activity in question is partisan political activity and has directed that such activity stop.
- (4) Interfere with, impede, hinder or obstruct any county governmental official or employee in the performance of his duties, whether or not on county government property.
- (5) Enter any area of a county government facility, grounds or property when such entry is prohibited by signs, or obstructed or enclosed by gates, fencing or other physical barriers. Such areas include rooms if clearly marked with signs to prohibit unauthorized entry.
- (6) Enter by vehicle any area of a county governmental facility, grounds or property when such area is prohibited by signs or markings or are obstructed by physical barriers; or park a vehicle in such restricted areas; or park in a manner to block, partially block or impede the passage of traffic in driveways; or park within 15 feet of a fire hydrant or in a fire zone; or park in any area not designated as a parking space; or park in a handicapped parking space without proper placarding or license plate; or park in a reserved parking space without authorization.

- (7) Use any county governmental facility, grounds or other property for any purpose not authorized by law or expressly permitted by officials responsible for the premises.
 - (8) Enter without authorization or permission or refuse to leave any county governmental facility, grounds or other property after hours of operation.
 - (9) Obstruct or impede passage within a building, grounds or other property of any county governmental facility.
 - (10) Enter, without legal cause or good excuse, a county governmental facility, grounds or property after having been warned not to do so; or, having entered such property, fail and refuse without legal cause or good excuse to leave immediately upon being ordered or requested to do so by an official, employee, agent or representative responsible for premises.
 - (11) Damage, deface, injure or attempt to damage, deface or injure a county governmental property, whether real property or otherwise.
 - (12) Enter or attempt to enter any restricted or nonpublic ingress point or any restricted access area, or bypass or attempt to bypass the designated public entrance or security checkpoint of a facility without authorization or permission.
 - (13) Perform any act which circumvents, disables or interferes with or attempts to circumvent, disable or interfere with a facility's security system, alarm system, camera system, door lock or other intrusion prevention or detection device. This includes, without limitation, opening, blocking open, or otherwise disabling an alarmed or locked door or other opening that would allow the entry of an unauthorized person into a facility or restricted access area of the facility.
 - (14) Exit or attempt to exit a facility through an unauthorized egress point or alarmed door.
- (d) *Penalty for violation of section.* Any person violating the provisions of this section shall be deemed guilty of a misdemeanor and, upon conviction, shall be punished in accordance with section 1-7. In addition, vehicles that are improperly parked on any county property, facility, or other premises may be towed at the owner's expense.

(Ord. No. 2003-04, §§ 1—4, 4-15-2003; Ord. No. 2012-06, § 1, 4-3-2012)

THE JOURNAL

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Notice Of Public Hearing

There will be a public hearing held at 6 pm on Tuesday, June 6, 2023 in Oconee County Council Chambers located at 415 S. Pine St., Walhalla, SC for the following:

ORDINANCE 2023-01 AN ORDINANCE TO ESTABLISH THE BUDGET FOR OCOONEE COUNTY AND TO PROVIDE FOR THE LEVY OF TAXES FOR ORDINARY COUNTY PURPOSES, FOR THE TRI-COUNTY TECHNICAL COLLEGE SPECIAL REVENUE FUND, FOR THE EMERGENCY SERVICES PROTECTION SPECIAL REVENUE FUND, FOR THE ROAD MAINTENANCE SPECIAL REVENUE FUND, FOR THE BRIDGE AND CULVERT CAPITAL PROJECT FUND, FOR THE ECONOMIC DEVELOPMENT CAPITAL PROJECT FUND, FOR THE PARKS, RECREATION, AND TOURISM CAPITAL PROJECTS FUND, FOR THE DEBT SERVICE FUND, FOR THE VICTIM SERVICES SPECIAL REVENUE FUNDS, FOR THE CAPITAL VEHICLE / EQUIPMENT FUND, ALL IN OCOONEE COUNTY FOR THE FISCAL YEAR BEGINNING JULY 1, 2023 AND ENDING JUNE 30, 2024.

ORDINANCE 2023-02 AN ORDINANCE TO ESTABLISH THE BUDGET FOR THE SCHOOL DISTRICT OF OCOONEE COUNTY AND TO PROVIDE FOR THE LEVY OF TAXES FOR THE OPERATIONS OF THE SCHOOL DISTRICT OF OCOONEE COUNTY FOR THE FISCAL YEAR BEGINNING JULY 1, 2023 AND ENDING JUNE 30, 2024.

ORDINANCE 2023-03 AN ORDINANCE TO

PROVIDE FOR THE LEVY OF TAXES FOR THE KEOWEE FIRE SPECIAL TAX DISTRICT AND TO ESTABLISH THE BUDGET FOR THE KEOWEE FIRE SPECIAL TAX DISTRICT FOR THE FISCAL YEAR BEGINNING JULY 1, 2023 AND ENDING JUNE 30, 2024.

ORDINANCE 2023-09 AN ORDINANCE AMENDING SECTION 32-222 OF THE OCOONEE COUNTY CODE OF ORDINANCES SO THAT APPLICANTS FOR SUBDIVISIONS THAT ARE DESIGNED TO ACCESS STATE ROADS SHALL SUBMIT TO AND RECEIVE PRELIMINARY / CONDITIONAL APPROVAL FROM THE SOUTH CAROLINA DEPARTMENT OF TRANSPORTATION PRIOR TO RECEIVING FINAL APPROVAL FROM THE OCOONEE COUNTY PLANNING DEPARTMENT; AND OTHER MATTERS RELATED THERETO.

ORDINANCE 2023-10 AN ORDINANCE AMENDING ARTICLE IV OF CHAPTER 2 OF THE OCOONEE COUNTY CODE OF ORDINANCES, BY DISSOLVING THE ARTS AND HISTORICAL COMMISSION; AND OTHER MATTERS RELATED THERETO.

ORDINANCE 2023-11 AN ORDINANCE AUTHORIZING THE EXECUTION AND DELIVERY OF AN ADDENDUM TO THE LEASE AGREEMENT BETWEEN OCOONEE COUNTY, AS LESSOR, AND THE FOOTHILLS FARMSTEAD, AS LESSEE, IN ORDER TO ADD ADDITIONAL PROPERTY TO THE LEASE PREMISES; AND OTHER MATTERS RELATED THERETO.

Oconee Humane Society

For over half a century Oconee Humane Society (OHS) volunteers and staff have saved the lives of tens of thousands of pets. OHS is funded solely by local donations and private grants; we are not associated with any other "Humane" organization.

Spay/Neuter Programs

SNAP – Spay/Neuter Assistance Program - Low-cost S/N certificates sold by OHS. Several area vets honor these below market rate surgery certificates to help control the unwanted pet population. OHS promotes and administrates certificate sales and reimburses the vets for the full purchase price upon redemption.

SNAC – Spay/Neuter Assistance Coalition - S/N certificates sold for a low copay of \$10 - \$30 to low-income Oconee families (proof of income required). The County reimburses vets directly upon redemption. OHS promotes and administrates certificate sales. This is the budget line item that was reduced from \$80k to \$75k.

Adoption

In 2022, OHS placed **1,371 unwanted pets** in forever homes. Another 363 unwanted pets were transferred to partner rescues for foster care and adoption for a total of **1,734 pet lives saved!**

Foster Felines

Utilizing a large volunteer network, OHS places fragile kittens and pregnant/nursing moms into private homes until they are healthy enough to be S/N, vaccinated, and adopted. OHS provides the volunteers with guidance, support, supplies, and medical care including S/N. Last year 900 felines went through this program with a 100% adoption rate.

Community Cats (feral cats)

Trap-Neuter-Return (TNR) program – In 2021, Animal Control stopped intake and trapping of feral and stray cats. In response, OHS initiated the TNR program where both OHS volunteer teams and concerned county citizens trap feral cats, get them fixed & vaccinated, and return them to their outdoor homes. To date, more than 780 cats have been TNR'd. This is the \$20,000 budget line item and is a much-appreciated new partnership between the County and OHS.

Pet Care Clinic

A chronic vet shortage means increasing prices and long lead times for critical S/N surgeries. Our new Pet Care Clinic is keeping S/N surgeries affordable for our community cat program, foster kitten program, and all Oconee residents through the SNAC & SNAP programs. The OHS Pet Care Clinic can also lower the county's S/N costs while reducing stress on shelter pets.

Community Outreach Programs

Humane education – OHS provides education programs to schools and libraries teaching children dog safety and the importance of S/N. OHS seeks to instill generational changes in how we care for our pets.

Free vaccine clinics – so popular that people wait in line for hours to get their pets vaccinated

Free microchipping – helps get lost pets back to owners and out of the system

Free food distribution – regular food giveaways to low income and elderly residents



Public Comment SIGN IN SHEET

June 6, 2023

6:00 PM

The Public Comment Sessions at this meeting is limited to a total of 50 minutes, 5 minutes per person. Please be advised that citizens not utilizing their full four [5] minutes may not "donate" their remaining time to another speaker.

PLEASE PRINT

	FULL NAME	PURPOSE OF COMMENT
1	Lewis Collins	Budget
2	PERRY Smith	Rock and Quarry
3	JIM MANN	BUDGET
4	RICK BOCK	BUDGET
5	BOB HOOVER	OHS
6	JANET BARWICK	OHS
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Everyone speaking before Council will be required to do so in a civil manner. Council will not tolerate personal attacks on individual council members, county staff or any person or group. Racial slurs will not be permitted. Council's number one priority is to conduct business for the citizens of this county. All citizens who wish to address Council and all Boards and Commission appointed by Council should do so in an appropriate manner.



PUBLIC HEARING SIGN IN SHEET

Oconee County Council Meeting

June 6, 2023 ~ 6:00 p.m.

ORDINANCE 2023-01 AN ORDINANCE TO ESTABLISH THE BUDGET FOR OCONEE COUNTY AND TO PROVIDE FOR THE LEVY OF TAXES FOR ORDINARY COUNTY PURPOSES, FOR THE TRI-COUNTY TECHNICAL COLLEGE SPECIAL REVENUE FUND, FOR THE EMERGENCY SERVICES PROTECTION SPECIAL REVENUE FUND, FOR THE ROAD MAINTENANCE SPECIAL REVENUE FUND, FOR THE BRIDGE AND CULVERT CAPITAL PROJECT FUND, FOR THE ECONOMIC DEVELOPMENT CAPITAL PROJECT FUND, FOR THE PARKS, RECREATION, AND TOURISM CAPITAL PROJECTS FUND, FOR THE DEBT SERVICE FUND, FOR THE VICTIM SERVICES SPECIAL REVENUE FUNDS, FOR THE CAPITAL VEHICLE / EQUIPMENT FUND, ALL IN OCONEE COUNTY FOR THE FISCAL YEAR BEGINNING JULY 1, 2023 AND ENDING JUNE 30, 2024.

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PRINT Your Name & Check Ordinance[s] You Wish to Address

Ordinance #	ORD 2023-01	ORD 2023-02	ORD 2023-03	ORD 2023-09	ORD 2023-10	ORD 2023-11
1. <i>Tony Adams</i>	✓					
2. <i>Mickey HANEY</i>	✓					
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