

For Additional Information:

For additional information on fee information related to the Plan, please refer to the Participant Disclosure of Plan and Investment Related Information, which is available on the Bank of America Merrill Lynch website at [www.benefits.ml.com](http://www.benefits.ml.com). A copy of this disclosure, dated as of December 14, 2013, was also mailed to all Plan participants on March 3, 2014.

If you have questions about the individual transaction expenses outlined above, please call Bank of America Merrill Lynch at 1-800-228-4015 or access the Bank of America Merrill Lynch website at [www.benefits.ml.com](http://www.benefits.ml.com). Additionally, you may call Tami Haselden at (803) 217-9465 or Bobby Raines at (803) 217-9029. If you have financial planning questions related to the Plan, please contact the EY Financial Planner Line at 1-866-724-1946.



**SCANA CORPORATION  
STOCK PURCHASE-SAVINGS PLAN**

To: Participants In the SCANA Corporation Stock Purchase-Savings Plan  
From: Tami Haselden, Plan Manager, SCANA Corporation Stock Purchase-Savings Plan *JSA*  
Re: Change to the Definition of Spouse for the SCANA Corporation Stock Purchase-Savings Plan  
Date: January 16, 2015

Change in Definition of Spouse:

Effective for periods on or after September 16, 2013, the definition of the term "spouse" in the Plan has been changed to mean the person who is legally married to the employee in accordance with federal law. Same-sex couples who are legally married in a state that recognizes same-sex marriage will be treated as married for federal tax purposes, even if the couple resides in a state that does not recognize same-sex marriages.

To name a beneficiary for your account or to access the form to designate someone other than your spouse as your beneficiary, you may access the Bank of America Merrill Lynch website at [www.benefits.ml.com](http://www.benefits.ml.com). You may also request the form to designate someone other than your spouse as your beneficiary by calling Bank of America Merrill Lynch at 1-800-228-4015.

For Additional Information:

If you have questions about the new Plan terms, please call Bank of America Merrill Lynch at 1-800-228-4015 or access the Bank of America Merrill Lynch website at [www.benefits.ml.com](http://www.benefits.ml.com). Additionally, you may call Tami Haselden at (803) 217-9465 or Bobby Raines at (803) 217-9029. If you have financial planning questions related to the Plan, please call the EY Financial Planner Line at 1-866-724-1946.



**SCANA Corporation Stock Purchase-Savings Plan**

Summary Plan Description      December 2, 2013

**SCANA Corporation  
Stock Purchase-Savings Plan  
Summary Plan Description**

The date of this Summary Plan Description is December 2, 2013.

This document constitutes part of a prospectus covering securities that have been registered under the Securities Act of 1933.

**SCANA Corporation  
Stock Purchase-Savings Plan  
Summary Plan Description**

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## Introduction

This Summary Plan Description gives you<sup>1</sup> a brief summary of the SCANA Corporation Stock Purchase-Savings Plan (the "Plan"). The Plan is sponsored by SCANA Corporation. The Plan, which began on July 1, 1964, has been amended from time to time. The following summary plan description reflects the provisions of the Plan as amended through the date of this Summary Plan Description.

The SCANA Corporation Stock Purchase-Savings Plan Administrative Committee and the Plan Manager serve as the official Plan Administrator. The Plan Manager, Tami Haselden, has primary responsibility for management of the regular operations of the Plan and can be reached at (803) 217-9465.

The Trustee of the Plan is Bank of America, N.A. SCANA Corporation has selected Bank of America Merrill Lynch, a financial services company, as recordkeeper for the Plan. You may select your user identification and a personal identification number ("PIN"), once enrolled, that will permit you to manage your account by telephone or you may create a unique user ID and password when enrolling or managing your account via the internet. Most transactions may also be made over the Internet.

A more detailed explanation of all Plan provisions is provided in the Plan document. While every attempt has been made to ensure that the information in this booklet is accurate, the Plan is governed by the Plan document. If there is any discrepancy between this Summary Plan Description and the official Plan document, the Plan document controls.

Certain participants have had account balances transferred into the Plan from plans that were merged into the Plan. Any special provisions regarding these transferred amounts are summarized in Appendix I.

Nothing contained in this Summary Plan Description creates or is intended to create a contract of employment between any employee and SCANA Corporation. Nothing in the Plan or this Summary Plan Description gives any person the right to be employed by SCANA Corporation nor does it interfere with SCANA Corporation's right to discharge an employee at any time.

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<sup>1</sup> The terms "you" and "your" as used in this Summary Plan Description refer to a Company employee who otherwise meets all the eligibility and participation requirements under the Plan. Receipt of this Summary Plan Description does not guarantee that the recipient is in fact a participant under the Plan and/or otherwise eligible for benefits under the Plan.

### **Available Information**

Certain documents, including SCANA Corporation's latest annual report to stockholders and proxy materials, are required to be delivered to eligible employees and also are available without charge upon written request. Requests for documents should be addressed to SCANA Corporation, Attn: Employee Stock/Pension Plans Department, MCB134, 220 Operation Way, Cayce, SC 29033.

### **Type of Plan**

The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan is intended to qualify under Internal Revenue Code (the "Code") section 401(a) as a profit sharing plan that provides a cash or deferred arrangement permitted under Code section 401(k). Also, a portion of the Plan is both a stock bonus and employee stock ownership plan. The Plan is intended to constitute a plan that meets the requirements of ERISA section 404(c), as described more fully below.

### **Eligible Employees**

Any active employee of a participating employer who has attained the age of 18 is eligible to participate in the Plan. Participating employers include SCANA Corporation, South Carolina Electric & Gas Company, Carolina Gas Transmission, SCANA Communications, ServiceCare, Inc., SCANA Energy Marketing, Inc., SCANA Services Company, and Public Service Company of North Carolina, Inc. Participants who have transferred to a nonparticipating employer in the same controlled group as SCANA Corporation are only eligible to make withdrawals and loans from the Plan.

The following persons are not eligible for participation in the Plan: leased employees, employees who do not receive payment for services directly from SCANA Corporation's payroll, employees of employment agencies, and persons whose services are rendered pursuant to written arrangements which expressly recite that they are not eligible for participation in the Plan.

### **How to Enroll (Amended Effective January 1, 2014)**

All newly hired eligible employees will receive a Plan enrollment package from Bank of America Merrill Lynch. If you have not received an enrollment package within 15 days after your hire date, you should contact Bank of America Merrill Lynch at 1-800-228-4015. Current employees who are eligible but not participating may call Bank of America Merrill Lynch and request an enrollment package. Your social security number and PIN are required identification for all Plan transactions conducted via the Bank of America Merrill Lynch Retirement Benefits Center. You may affirmatively enroll



by calling Bank of America Merrill Lynch at 1-800-228-4015 or utilizing the Bank of America Merrill Lynch website at [www.benefits.ml.com](http://www.benefits.ml.com).

To enroll, you must make the following elections:

- whether your contributions will be Tax-Deferred (pre-tax) or Regular (after-tax).
- the percentage you wish to have deducted from your check each pay period.
- the type of investment fund or funds to which your contributions are to be invested.
- whether any cash dividends paid on shares of SCANA Corporation common stock held in your account should be retained for investment in SCANA Corporation common stock or distributed to you in cash (once you are enrolled these dividend retention elections can be made or changed quarterly).
- the beneficiary of your account (see Your Beneficiary section below).

If you do not either enroll in the Plan or affirmatively opt out of Plan participation within 45 days of the later of (i) January 1, 2014 or (ii) your date of hire or rehire, you will be automatically enrolled in the Plan as described in the "Automatic Enrollment" section below.

### **When You Enter the Plan (Amended Effective January 1, 2014)**

If you make an affirmative election to enroll in the Plan, your participation begins on the first day of the pay period following the date SCANA Corporation's payroll department receives your enrollment information. If you are automatically enrolled in the Plan (see Automatic Enrollment section below), your participation begins on the first day of the pay period that starts as soon as practicable, but at least 45 days, after the later of (i) January 1, 2014 or (ii) your date of hire or rehire.

### **Your Beneficiary**

The proceeds of your account will be paid to your beneficiary at your death. You may designate a person, estate, trust or organization as your beneficiary. To name a beneficiary for your account you must properly designate your beneficiary by calling Bank of America Merrill Lynch at 1-800-228-4015 or on the Bank of America Merrill Lynch website at [www.benefits.ml.com](http://www.benefits.ml.com). If you are married, your surviving spouse is automatically your beneficiary unless you properly designate otherwise. If you are married and you designate someone other than your spouse as your beneficiary, your spouse must consent in writing to the designation on a form available on the Bank of America Merrill Lynch website at [www.benefits.ml.com](http://www.benefits.ml.com) or by calling Bank of America Merrill Lynch at 1-800-228-4015. Your spouse's written consent must be properly

witnessed by a notary public and must acknowledge the effect of such consent. If you are not married, you should name a beneficiary at the time you first enter the Plan. If you are not married and later become married, any prior beneficiary designation will be revoked, and your spouse will automatically become your beneficiary. If neither your spouse nor your properly designated beneficiary is living at the time of your death, the proceeds from your account will be paid to your estate.

## **Employee Contributions**

There are five types of Employee Contributions to the Plan: Tax-Deferred Contributions (pre-tax), Regular Contributions (after-tax), Additional Contributions (the Additional Contributions may be made on a Tax-Deferred or Regular basis), Rollover Contributions and Catch-Up Contributions (pre-tax).

SCANA Corporation<sup>2</sup> matches Regular and Tax-Deferred Contributions by contributing \$1.00 for each \$1.00 you contribute to the Plan up to 6% of your Eligible Earnings (See Eligible Earnings section below). Additional Contributions, Rollover Contributions and Catch-Up Contributions are not matched by SCANA Corporation.

The following is a summary of the different types of Employee Contributions that may be made under the Plan and the general rules with respect to each type of contribution.

### **Tax-Deferred and Regular Contributions**

You may choose to have your contributions taken from your pay through payroll deduction before income taxes are withheld, in other words, on a pre-tax basis. When you do this, you defer current income taxes on the pay contributed to the Plan. This pre-tax contribution goes into your Tax-Deferred Contribution account where it will remain until you withdraw, borrow, or otherwise obtain a distribution in accordance with the provisions of the Plan (see Distributions section below).

You may also choose to have your contributions taken from your pay through payroll deduction after income taxes have been withheld, in other words, on an after-tax basis. These after-tax "Regular Contributions" will not be subject to the special restrictions on withdrawals which apply to Tax-Deferred Contributions.

The amount of your Tax-Deferred Contributions or Regular Contributions is based on your Eligible Earnings (see Eligible Earnings section below). You may contribute 1%, 2%, 3%, 4%, 5% or 6% of your Eligible Earnings through any combination of Tax-Deferred Contributions or Regular Contributions.

Effective January 1, 2014, in addition to your Tax-Deferred Contributions and Regular Contributions, you may elect to defer 1% to 69% of your Eligible Earnings to

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<sup>2</sup> For purposes of Company Matching Contributions, the term "SCANA Corporation" includes the participating employers listed on page 2 with respect to their employees who participate in the Plan.

the Plan on a pre-tax or after tax basis as further described in the "Additional Contributions" section below.

The IRS sets a dollar limit on the amount which may be contributed by a participant on a pre-tax basis during each year. In 2014 the flat dollar limit is \$17,500. This limit is adjusted by the IRS each year for cost of living changes. Catch-Up Contributions are not included in this limit.

### **Additional Contributions**

Effective January 1, 2014, in addition to your Regular Contributions or Tax-Deferred Contributions you may also authorize that an additional 1% to 69% of Eligible Earnings be deducted from your pay and contributed to the Plan on a pre-tax or after-tax basis. The Additional Contributions are not matched by SCANA Corporation, but they do serve to increase your account, and therefore, the earnings on your savings. Additional Contributions that are contributed on a pre-tax basis are subject to the same withdrawal restrictions as Tax-Deferred Contributions. If you are a highly compensated employee (generally, if your Eligible Earnings amount is \$115,000 or higher for 2014), then you will be subject to a lower contribution limit on your Additional Contributions.

### **Rollover Contributions**

If you receive a distribution from another eligible tax-qualified plan, you may be permitted to elect a direct rollover of your distribution from the other plan into this Plan, provided that the Code permits the rollover in your situation and the Plan Manager approves the rollover. If you elect a direct rollover, the distributing plan should issue a check that will be paid directly to the Trust. If you do not elect a direct rollover, but the distribution is eligible to be rolled over, you must complete the rollover within 60 days of receiving the distribution. Contact the Plan Manager for more information about Rollover Contributions.

### **Catch-Up Contributions (Amended Effective January 1, 2014)**

Catch-Up Contributions are additional amounts above the contribution limits (set by applicable law and the terms of the Plan) that you may choose to have contributed to the Plan on your behalf from your Eligible Earnings on a pre-tax basis. You are eligible to make Catch-Up Contributions if you are age 50 or older during the calendar year and, by the end of the calendar year, you have contributed the lowest of: (1) the maximum percentage of your Eligible Earnings permitted under the Plan (for example, 75% of your Eligible Earnings if you are not a highly compensated employee); (2) the maximum amount of your Eligible Earnings otherwise permitted under the applicable legal limits on pre-tax contributions (such as the dollar limit on elective deferrals, which is \$17,500 for 2014); or (3) if you are a highly compensated employee, the maximum amount permitted after applying the nondiscrimination testing rules applicable to pre-tax deferrals made by highly compensated employees.

Any Catch-Up Contributions that you make will be credited to your account in the same manner as your pre-tax contributions. In 2014, your Catch-Up Contributions may not exceed \$5,500.

Once you elect to make Catch-Up Contributions, the amount that you elect to contribute will be divided pro-rata among the pay periods remaining in the year. At the end of the year, the Plan Manager will evaluate your annual contributions. If your pre-tax elective deferrals have not exceeded the applicable limits described above at the end of the calendar year, then the contributions designated as Catch-Up Contributions will be reclassified as Tax-Deferred Contributions or Additional Contributions contributed on a pre-tax basis. Any contributions you designate as Catch-Up Contributions will not be matched by SCANA Corporation, even if they are later recharacterized as Tax-Deferred or Additional Contributions.

#### **Automatic Enrollment (Effective January 1, 2014)**

The Plan has a Tax-Deferred Contribution automatic enrollment feature. If you are:

- An employee as of December 31, 2013, and are eligible to participate in the Plan but have not made an affirmative election to make Tax-Deferred Contributions or Regular Contributions to the Plan,<sup>3</sup>
- First hired by SCANA Corporation or a participating employer on or after January 1, 2014, or
- A former employee rehired by SCANA Corporation or a participating employer on or after January 1, 2014, regardless of whether you contributed to the Plan or opted out of contributions during your prior period of employment,

you will be automatically enrolled in the Plan and deemed to have elected to contribute 3% of your Eligible Earnings to the Plan in Tax-Deferred Contributions, unless you either make an affirmative election to contribute a different percentage of your Eligible Earnings to the Plan (on a pre-tax or after-tax basis) or opt out.

If you do not wish to make contributions to the Plan, you will have 45 days after the later of (i) January 1, 2014 or (ii) your date of hire or rehire to opt out of automatic enrollment. Additional details about the opt-out process will be provided to you by Bank of America Merrill Lynch, the Plan's recordkeeper. If you are automatically enrolled in the Plan and decide that you do not wish to contribute to the Plan, you can stop your contributions at any time as described in the "Suspension and Resumption of Contributions" section below. You may also change your contribution type and/or rate at any time as described in the "Change in Contribution Type and/or Rate" section below.

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<sup>3</sup> If you are already contributing to the Plan (on a pre-tax or after-tax basis) as of December 31, 2013, or if your Plan contributions are suspended due to a hardship withdrawal as of December 31, 2013, this automatic enrollment feature will not affect you.

If you are automatically enrolled in the Plan, your Tax-Deferred Contributions will be invested in the target date fund that most closely corresponds to the year in which you turn 65. You may elect at any time to change your investment designation for future automatic Tax-Deferred Contributions, as described in the "Investing Your Funds" section below, and/or transfer your automatic Tax-Deferred Contributions to a different investment fund, as described in the "Transfers Between Funds" section below.

#### **Automatic Escalation (Effective January 1, 2014)**

The Plan has an automatic Tax-Deferred Contribution escalation feature that applies to you if you are automatically enrolled in the Plan and do not affirmatively elect either to stop making automatic Tax-Deferred Contributions to the Plan or to contribute a different percentage of your Eligible Earnings to the Plan (on a pre-tax or after-tax basis).

Automatic escalation results in increasing your automatic Tax-Deferred Contribution percentage from 3% automatically by 1% on each anniversary of the date you were automatically enrolled in the Plan until your Tax-Deferred Contribution percentage reaches 6% of your Eligible Earnings. For example, if you are automatically enrolled in the Plan on March 15, 2014, your Tax-Deferred Contribution percentage will be increased from 3% to 4% on March 15, 2015, from 4% to 5% on March 15, 2016, and from 5% to 6% on March 15, 2017, unless you elect to opt out or contribute a different percentage of your Eligible Earnings to the Plan (on a pre-tax or post-tax basis). The automatically escalated portion of your Tax-Deferred Contributions will also be invested in the target date fund that most closely corresponds to the year in which you turn 65. You may elect at any time to change your investment designation for future automatically escalated Tax-Deferred Contributions, as described in the "Investing Your Funds" section below, and/or transfer your automatic Tax-Deferred Contributions to a different investment fund, as described in the "Transfers Between Funds" section below.

If you do not want the automatic escalation feature to apply, you can opt out or elect a different contribution percentage at any time. Additional details about the opt-out process will be provided to you by Bank of America Merrill Lynch.

#### **Change in Contribution Type and/or Rate**

You may change your election from Tax-Deferred Contributions (including automatic Tax-Deferred Contributions) to Regular Contributions or from Regular Contributions to Tax-Deferred Contributions at any time by calling Bank of America Merrill Lynch at 1-800-228-4015 or utilizing the Bank of America Merrill Lynch website at [www.benefits.ml.com](http://www.benefits.ml.com). Any such change will be effective as of the first day of a payroll period as soon as practicable after you apply to make such change.

Likewise, you may change the percentage of your Regular Contributions, your Tax-Deferred Contributions, your Additional Contributions, or your Catch-Up

Contributions by calling Bank of America Merrill Lynch at 1-800-228-4015 or utilizing the Bank of America Merrill Lynch website at [www.benefits.ml.com](http://www.benefits.ml.com). Any such change shall be effective as soon as practicable after you apply to make the change, provided, however, that the effective date will be the first day of a pay period.

### **Eligible Earnings**

Your contribution is based on a percentage of Eligible Earnings. "Eligible Earnings" are your annual base wages or salary plus overtime, commissions, bonuses, shift differential, short term disability pay, military differential wage payments, license pay and other incentive pay (except for long-term incentive pay) plus amounts deferred under this Plan and any other Plan of a participating employer as well as amounts contributed to a cafeteria plan or as a qualified transportation fringe by a participating employer. Eligible Earnings do not include payment for unused flex credits, payments in lieu of overtime meals, posthumous pay, relocation payments, per diem payments, car allowances, long term disability payments under the SCANA Corporation Long Term Disability Plan, severance payments, cash awards received under the SCANA Performance Recognition Award Program and any non-cash compensation (including, but not limited to, imputed income). Effective May 1, 2013, Eligible Earnings do not include reimbursements for adoption related expenses under SCANA Corporation's adoption assistance policy. Generally, differential wage payments, also commonly referred to as "military supplemental pay", are payments made by SCANA Corporation to an employee called to active military service. Eligible Earnings in excess of a limit set by the IRS are disregarded. For 2014 this limit is \$260,000.

### **Suspension and Resumption of Contributions**

You may stop contributions indefinitely or resume your contributions (including any automatic contributions) by calling Bank of America Merrill Lynch at 1-800-228-4015 or utilizing the Bank of America Merrill Lynch website at [www.benefits.ml.com](http://www.benefits.ml.com). Such suspension or resumption will be effective as of the first day of a payroll period as soon as practicable after you apply to make such change.

A Hardship Withdrawal (see Distributions section below) requires the suspension of all contributions for a period of 6 months.

### **Company Matching Contributions**

SCANA Corporation will match \$1.00 for each \$1.00 of your Tax-Deferred or Regular Contributions to the Plan, up to 6% of Eligible Earnings. Your Additional Contributions, Rollover Contributions, and Catch-Up Contributions are not matched by SCANA Corporation. Company Matching Contributions are initially invested in the SCANA Stock Fund. You may then transfer these amounts for reinvestment among any

of the other investment funds in the Plan as described below under "Transfer Between Funds."

### **Investing Your Funds**

You have the full authority and responsibility to manage the investment of your account under the Plan. Your account will be invested in the investment funds available under the Plan according to your investment election. You can diversify your holdings in employer securities under the Plan at any time. A description of the investment funds is provided annually to participants. In addition, a description of the investment funds currently available under the Plan is available by calling Bank of America Merrill Lynch at 1-800-228-4015 or by utilizing the Bank of America Merrill Lynch website at [www.benefits.ml.com](http://www.benefits.ml.com).

You may change your investment election by calling Bank of America Merrill Lynch at 1-800-228-4015 or utilizing the Bank of America Merrill Lynch website at [www.benefits.ml.com](http://www.benefits.ml.com). Any change in your investment election will be effective as soon as practicable after notice of the change is received by Bank of America Merrill Lynch, subject to any rules and procedures regarding the method and frequency of making investment elections adopted by the Plan Manager. You should be aware that certain investment funds impose market restrictions that may affect your ability to reinvest in that investment fund. If you make a transfer out of an investment fund, that investment fund may require that you wait a period of 30 to 90 days (or more) before you are permitted to reinvest in the investment fund.

### **Valuing Your Plan Account**

The value of your account changes with the market value of SCANA Corporation common stock (if your account is invested in the SCANA Stock Fund) and/or market value of the other investment funds within which your account is invested. If your cash dividends on SCANA Corporation common stock are retained for investment in SCANA Corporation common stock, these dividends will be used to purchase additional shares of SCANA Corporation common stock.

### **Transfers Between Funds**

You may transfer all or part of your existing account (including Company Matching Contributions) between the investment funds in which your existing funds are invested (subject to any market restrictions (described above in the section on Investing Your Funds) imposed by the applicable investment funds) by contacting Bank of America Merrill Lynch at 1-800-228-4015 or utilizing the Bank of America Merrill Lynch website at [www.benefits.ml.com](http://www.benefits.ml.com). Any such transfer of amounts from one investment fund to another shall be effective as soon as practicable after notice of the change is received by Bank of America Merrill Lynch. Transfers involving the SCANA Stock Fund will require additional time due to the three day settlement period required under SEC regulations.

If you are an "affiliate" (generally, an executive officer or director) of SCANA Corporation, your transactions in SCANA Corporation common stock are subject to certain rules under the Securities Exchange Act of 1934. If you have any questions regarding these rules, you are urged to consult with the Secretary of SCANA Corporation prior to investing in or withdrawing from the SCANA Stock Fund or selling any shares of SCANA Corporation common stock that are distributed to you from the Plan.

### **Compliance with ERISA Section 404(c)**

The Employee Retirement Income Security Act of 1974 (ERISA) imposes certain duties on the parties who are responsible for the operation of the Plan. These parties, called fiduciaries, have a duty to invest Plan assets in a prudent manner. However, an exception exists for plans that comply with ERISA Section 404(c) and permit participants to exercise control over the assets in their accounts and choose from a broad range of investment alternatives. To the extent you have control over the investment of your assets in your individual account, the Plan is intended to be a Section 404(c) plan. This means that you and not the Plan fiduciaries are responsible for the investment decisions relating to the assets in your individual account under the Plan for which you have investment control.

Each quarter you will receive a statement showing the balances of all your accounts in the Plan. While this quarterly statement will give you a good estimate of your account balance, the best way to find out your exact current balances at any particular time is by calling Bank of America Merrill Lynch at 1-800-228-4015 or utilizing the Bank of America Merrill Lynch website at [www.benefits.ml.com](http://www.benefits.ml.com).

### **Vesting**

You are always 100% vested in -- that is, you own the value of -- your entire account balance, including your own contributions, SCANA Corporation's contributions, and earnings on all contributions.

### **Distributions (General)**

All payments of benefits will be made in cash and/or whole shares of SCANA Corporation common stock. Distributions in the form of cash are subject to a 20% Federal withholding requirement on the amounts that are an "eligible rollover distribution" (see Rollovers section below). Distributions in the form of SCANA Corporation common stock are not subject to the 20% withholding requirement, but may still be taxable to you. For additional information, a "Special Tax Notice Regarding Plan Payments" is included herein as Appendix II.

Any distribution or withdrawal from the Plan may involve adverse tax consequences. You are urged to consult your personal income tax advisor before requesting any distribution or withdrawal.



You will be charged a distribution fee (currently \$15 per distribution). This distribution fee, which may be changed in the future, will not apply to in-kind distributions or rollovers of SCANA Corporation common stock. However, if you are entitled to fractional shares of SCANA Corporation common stock paid in cash, then you will be charged the lesser of the distribution fee or the value of the fractional shares.

## **Distributions to Active Employees**

### **Dividend Distribution (Amended Effective January 1, 2014)**

If on December 31, 2013 (or, if you are a former employee and are rehired after December 31, 2013, your date of rehire), all or a portion of your account balance is invested in the SCANA Stock Fund in accordance with your investment election, all cash dividends on SCANA Corporation common stock will be distributed directly to you as soon as administratively practicable following the date the dividends are paid to the Trustee, unless you have elected to have cash dividends on SCANA Corporation common stock retained for investment in SCANA Corporation common stock. If paid directly to you, these cash dividends are subject to ordinary income taxes, but not subject to the 20% federal income tax withholding requirements or the 10% early withdrawal penalty. Also, they cannot be rolled over to another plan or individual retirement arrangement ("IRA").

If you are first hired on or after January 1, 2014, or if you are a former employee rehired on or after January 1, 2014 and do not have any portion of your account balance invested in the SCANA Stock Fund, all cash dividends on SCANA Corporation common stock will be retained for investment in SCANA Corporation common stock, unless you have elected to have cash dividends on SCANA Corporation common stock distributed directly to you, in which event these cash dividends will be distributed to you as soon as administratively practicable following the date the dividends are paid to the Trustee. If you elect to have cash dividends paid to you, these cash dividends are subject to ordinary income taxes, but not subject to the 20% federal income tax withholding requirements or the 10% early withdrawal penalty. Also, they cannot be rolled over to another plan or individual retirement arrangement ("IRA").

## **Withdrawals**

You can make only one withdrawal in any 6-month period (180 days) except as described under "Hardship Withdrawals." Withdrawal of Tax-Deferred Contributions are subject to special restrictions (see Withdrawal of Tax-Deferred Contributions section below). In addition, you may not withdraw Company Matching Contributions until they have been in existence (allocated to your account) for two years following the close of the Plan Year during which they were made. The two-year investment period is not applicable to Company Matching Contributions for participants who have participated in the Plan for 5 or more years.

When the Plan disburses a permissible withdrawal, amounts are withdrawn first from your Regular Contributions (and earnings), then your Rollover Contributions (and

earnings), then Company Matching Contributions (and earnings) and finally, if permissible, from your Tax-Deferred Contributions (and earnings).

To request a withdrawal, contact Bank of America Merrill Lynch at 1-800-228-4015 or utilize the Bank of America Merrill Lynch website at [www.benefits.ml.com](http://www.benefits.ml.com). Cash withdrawals are generally disbursed 3 to 4 days from the date of request. Withdrawals of shares of SCANA Corporation common stock generally take 2 to 3 weeks.

### **Withdrawal of Tax-Deferred Contributions**

The Code places special restrictions on withdrawals of Tax-Deferred Contributions from the Plan before you reach the age of 59½. The Code allows a withdrawal from your Tax-Deferred Contributions account before age 59½ only in the event of death, disability, termination of employment, or hardship. After you reach age 59½, you can withdraw your Tax-Deferred Contributions without having to declare a hardship.

If you die, become disabled, or terminate employment, payout of your account will be made as described in the section entitled "Distribution at Termination of Employment".

### **Hardship Withdrawals**

You are allowed to make a withdrawal from your Tax-Deferred Contributions as a hardship distribution. A hardship means you have an immediate and heavy financial need and you cannot get money from any other source to meet it, including balances in your account attributable to contributions other than Tax-Deferred Contributions, available plan loans, or available dividends on the shares of SCANA Corporation common stock attributable to Tax-Deferred Contributions held in your account. However, you cannot withdraw more than the amount required to cover your needs. Any hardship withdrawal will be subject to taxation, and requires that your contributions to the Plan be suspended for 6 months.

Immediate and heavy financial need must be caused by one or more of the following:

- (1) Medical expenses previously incurred or necessary to be incurred by you, your spouse, or any of your dependents to obtain medical care, which are not reimbursed by insurance.
- (2) Tuition, related educational fees, and room and board expenses, for up to the next 12 months of post-secondary education for you or your spouse, children or dependents.
- (3) The cost of buying your principal residence, not including making mortgage payments. The residence must be an existing dwelling.

- (4) The cost of preventing an eviction from or foreclosure on the mortgage of your principal residence.
- (5) Funeral or burial expenses for your spouse, parent or dependent.
- (6) Expenses to repair damage to your principal residence that qualify for the casualty deduction under the Code.
- (7) Other deemed needs as authorized by the Commissioner of the Internal Revenue Service through the publication of revenue ruling, notices, or other documents of general applicability.

#### **Loans from Your Account (Amended Effective January 1, 2014)**

As a participant, you may be able to borrow from your account. The investments held in your account will be converted to cash to the extent necessary to provide enough money to cover your request.

By taking out a loan, you are in effect borrowing from yourself and paying back to yourself without paying taxes under current law. The interest and principal go back into your Plan account. The interest is not tax deductible under current law even if you itemize deductions. You may have two loans outstanding at a time, one of which may be a loan for the acquisition of your principal residence with a term of up to 10 years.

The requested loan amount, when added to the outstanding balance (if any) of all other loans to you from this Plan, shall not exceed the lesser of:

- (a) \$50,000 reduced by the excess (if any) of the highest outstanding balance of loans from the Plan to you during the 1-year period ending on the day before the date on which the latest such loan is made, over the outstanding balance of loans from the Plan to you on the date on which the latest such loan is made, or
- (b) one-half of the present value of your entire interest in the Plan.

The minimum loan amount is \$500. Bank of America Merrill Lynch can assist you in determining the amount you can borrow. You may contact Bank of America Merrill Lynch at 1-800-228-4015 or by utilizing the Bank of America Merrill Lynch website at [www.benefits.ml.com](http://www.benefits.ml.com).

Normal collateral for a loan is the borrower's Tax-Deferred, Regular, Additional, Company Matching and Rollover Contribution accounts up to 50% of the borrower's entire interest in the Plan supported by a promissory note payable to the Plan.

Based on the loan amount requested, your account balance will be liquidated in the following order until the amount of the loan request is met: Tax-Deferred amounts

invested in investment funds other than the SCANA Stock Fund, Tax-Deferred amounts invested in the SCANA Stock Fund, Rollover amounts invested in investment funds other than the SCANA Stock Fund, Rollover amounts invested in the SCANA Stock Fund, Company Matching amounts invested in investment funds other than the SCANA Stock Fund, Company Matching amounts invested in the SCANA Stock Fund, Regular amounts invested in investment funds other than the SCANA Stock Fund, and Regular amounts invested in the SCANA Stock Fund. To the extent the requested loan amount is derived from liquidations of your investment in the SCANA Stock Fund, whole shares of stock will be removed from your SCANA Stock Fund account balance and sold in the open market on the New York Stock Exchange. Any sales commissions and any transactional fees related to the sale of stock will be charged to your account.

Interest on a loan issued during a calendar month will be the prime rate (as published in the Wall Street Journal) for the first business day of such month plus 1%.

The payback period shall not exceed 5 years except for any loan used to purchase your principal residence. A loan for a residence can be repaid over a period of up to 10 years. The residence must be an existing dwelling.

Repayment will normally be through payroll deduction. If you terminate employment with a loan outstanding, you may elect to repay the outstanding balance of your loan in full or via scheduled automatic deductions from your checking or savings account by calling Bank of America Merrill Lynch at 1-800-228-4015 or by utilizing the Bank of America Merrill Lynch website at [www.benefits.ml.com](http://www.benefits.ml.com). If you do not make an election to repay your loan balance within the period that ends on the last day of the first calendar quarter that begins after your termination date, the entire outstanding balance of your loan will be due and payable within the period that ends on the last day of the first calendar quarter that begins after your termination date. If it is not repaid within that period (and you do not otherwise take a distribution of your account balance), the loan will be treated as in default and taxable to you on the last day of the calendar quarter that begins after your termination date. If you elect to repay your outstanding loan payment in full or via automatic deductions from your checking or savings account and you miss a scheduled payment and fail to correct this missed payment by the last day of the first calendar quarter that begins after the date your missed payment was due, your loan will be treated as in default and taxable to you on the last day of that calendar quarter.

No loans will be made if the Plan Manager is in the process of making a determination of whether a domestic relations order affecting your account is "qualified" or if the Plan Manager is on notice that a qualified domestic relations order affecting your account is being sought.

You will be charged a loan initiation fee (currently \$100) per loan you take out from the Plan.

See the "Loan Provisions Addendum" for additional specific information.

## **Distribution at or After Termination of Employment**

The entire balance remaining in your account including Company Matching Contributions may be paid to you upon retirement or other termination of employment, subject to any applicable income tax withholding.

### **Death**

If you die, the entire balance in your account, including Company Matching Contributions, will be paid to your surviving spouse, other beneficiary or your estate as explained in the "Your Beneficiary" section of this Summary Plan Description.

If you die while performing qualified military service and would have been entitled to reemployment rights with SCANA Corporation under federal law, your beneficiary will receive all benefits that the beneficiary would have received if you had resumed employment with SCANA Corporation and then terminated employment due to death.

### **Termination (Other)**

As long as you continue working (even if beyond your 65<sup>th</sup> birthday), you will continue to participate in the Plan until you actually terminate employment. If you leave SCANA Corporation for any reason other than your death, you will be entitled to a distribution of the entire balance in your account, including your Tax-Deferred Contributions and Company Matching Contributions. If the market value of your account is \$1,000 or less, your entire account balance will be distributed to you as soon as practicable after you leave SCANA Corporation. If your account balance exceeds \$1,000, you may request a distribution and it will be made as soon as practicable after you consent. Prior to actual distribution, earnings and dividends (excluding dividends on SCANA Corporation common stock, which remain subject to the dividend distribution or retention rules described above until you receive a distribution of your account balance) will continue to be reinvested in your account until you request a final distribution from your account. Participants are not entitled to interest on their distribution during the payment processing period.

In all events, even if you defer receipt of your distribution, federal law requires that you begin to receive your Plan account by April 1 of the calendar year following the later of the year you reach age 70-1/2 or terminate employment.

### **Voting of Stock**

If a portion of your account is invested in the SCANA Stock Fund, you will have the right to vote the number of shares of SCANA Corporation common stock credited to your account. Votes are solicited by the transfer agent and at SCANA stockholder meetings, the Trustee will vote such shares according to your written instructions. If you do not timely direct the Trustee on how to vote such shares, then the Trustee will vote the shares in the same proportion as those shares for which the Trustee has received proper direction. In the event of a tender offer for SCANA Corporation common stock,

you may instruct the Trustee how to respond to the offer with respect to the number of shares of SCANA Corporation common stock credited to your account. If the Trustee does not receive timely voting instructions from you, the Trustee will assume you do not wish to tender such number of shares.

Your exercise of voting rights is kept confidential. To ensure confidentiality of participant voting, you will be provided with a form on which you can give confidential instructions to the Trustee on how to vote the number of shares of SCANA Corporation common stock credited to your account. All such instructions received by the Trustee are held in strict confidence and are not divulged to any person associated with SCANA Corporation, including the Plan Manager, and employees, officers and directors of SCANA Corporation.

### **Tax Implications**

The rules governing the tax treatment of Plan distributions are very complex and subject to change. You should consult with a qualified tax advisor before taking a distribution. Neither SCANA Corporation, the Plan Manager, nor the Plan Administrator can provide this advice.

#### **General**

You do not have to pay any tax on the funds in your account while they are being held by the Trustee. However, when you actually receive distributions from the Plan, all contributions other than after-tax contributions (including your Tax-Deferred Contributions, Company Matching Contributions, Catch-Up Contributions, and pre-tax Rollover Contributions) and any earnings (including earnings on after-tax contributions) become taxable and will generally be subject to a penalty tax upon early distribution unless the distribution qualifies for rollover treatment and you timely comply with the rollover requirements. For additional information, a "Special Tax Notice Regarding Plan Payments" is included herein as Appendix II. SCANA Corporation (or an affiliated employer) will be allowed a tax deduction for the amount contributed to the Plan in the tax year of SCANA Corporation (or the affiliated employer making such contribution) in which the contributions are made or deemed to be made under the Code and (ii) the trust which holds the Plan's assets will not be taxed on any income or gains from the investment of the Plan's assets.

#### **Distribution While an Employee**

When you receive a withdrawal while still an employee, you will have ordinary taxable income equal to the amount by which the value of the distribution exceeds the applicable amount of your Regular and Additional Contributions (after-tax) not previously recovered. Your withdrawal is generally subject to a 10% additional penalty if you are under age 59½.

## **Distribution at Termination of Employment**

When you receive a payment from the Plan that is eligible for "rollover" (see "Rollovers" below), the payment can be taken in two ways. You can have all or any portion of your payment either (1) paid in a "direct rollover" or (2) paid to you. A rollover is a payment of your Plan benefits to your IRA or to another employer plan. This choice will affect the tax you owe.

Any distributions or withdrawals from the Plan may involve adverse tax consequences. You are urged to consult your personal income tax advisor before requesting any distribution or withdrawal.

## **Rollovers**

Certain payments from the Plan may be "eligible rollover distributions." This means that they can be rolled over to an IRA or to another employer plan that accepts rollovers. The Plan's recordkeeper, Bank of America Merrill Lynch, can tell you what portion of your payment is an eligible rollover distribution. Tax-Deferred Contributions generally are not available for rollover until you are at least age 59½ or you leave SCANA Corporation. Therefore, a hardship withdrawal attributable to Tax-Deferred Contributions received prior to age 59½ is not available for rollover.

When you receive an eligible rollover distribution from the Plan, it will normally be subject to income taxes, including a possible 10% early distribution tax. However, you may be able to avoid immediate taxation of the distribution by transferring it directly to another qualified plan or IRA or by receiving the cash payment or stock in your name and handling the rollover yourself. Additional information regarding the taxation of rollover distributions and the general rules governing rollovers can be found in Appendix II to this Summary Plan Description.

Note that any portion of the distribution from after-tax employee contributions will not be taxed, because you have already paid tax on these amounts. However, the earnings on these amounts will be taxed at the time of the distribution.

If your beneficiary is someone other than your spouse, that beneficiary may receive an eligible rollover distribution under the Plan. However, that beneficiary may only roll over the eligible rollover distribution to an inherited individual retirement account (Inherited IRA). Generally, an Inherited IRA is an individual retirement account that is established in the beneficiary's name, but may not be rolled over into another individual retirement account or eligible retirement plan.

**Again, the rules governing the tax rollover treatment of Plan distributions are very complex and subject to change. You should consult with a qualified tax advisor before taking a distribution. Neither SCANA Corporation, the Plan Manager, nor the Plan Administrator can provide this advice.**

## **Contribution Restrictions**

In addition to the limit on the amount you may contribute to the Plan on a pre-tax basis (\$17,500 for 2014), the IRS imposes certain other limits that may apply to you.

Limitations are set by law on the amount (measured as a percent of compensation) of pre-tax, after-tax and matching contributions that may be contributed to the Plan on behalf of certain individuals classified by the IRS rules as "highly compensated employees". If these limitations affect you, you will be notified and certain corrective actions (specified in the Plan document) will be taken by the Plan Administrator.

In addition to these limits, the IRS has established overall dollar limitations on the total amount of contributions that may be allocated to your account for any year (the lesser of 100% of compensation or \$52,000 for 2014). Most participants will not be affected by these limits. If an allocation to be made to your account would cause the limits to be exceeded, you will be notified and the allocations will be reduced.

Finally, special rules apply if the Plan becomes "top-heavy". A "top-heavy" plan is one where more than 60% of the total plan benefits are provided for certain owners, officers, shareholders, or highly compensated employees (referred to as "key employees"). It is very unlikely that the Plan will ever be top-heavy; however, if the Plan becomes top-heavy, certain minimum vesting and contribution provisions apply, as specified in the Plan document.

## **Effect on Other Benefits**

If you have Tax-Deferred Contributions or Catch-up Contributions, the W-2 Form you file with your tax return will show a lower taxable income in the block labeled Wages and Other Compensation. That does not mean you are earning less. It means only that your Tax-Deferred Contributions do not show up as part of your taxable income.

Other benefits that are keyed to your total yearly pay, such as life insurance, disability income, the SCANA Corporation Retirement Plan, and Social Security will not be affected by your Tax-Deferred Contributions.

## **Forfeitures**

If you or your beneficiary cannot be located by reasonable efforts of the Plan Administrator after the date such benefits would have been payable under the Plan, the amounts of your account shall be forfeited. However, the amounts forfeited shall be restored (without earnings) if, at any time you or your beneficiary who was entitled to receive such amounts files a written request with the Plan Administrator for restoration of such amounts.



## **Participant Fees**

A portion of the recordkeeping cost at Bank of America Merrill Lynch will be passed on to you in the form of a charge to your account of \$10.00 per quarter totaling \$40.00 on an annual basis. In addition, as described above under "Distributions (General)" and in the Loan Provisions Addendum, you will be charged a distribution fee upon the distribution of your account and a loan initiation fee for each loan taken. These fee amounts are subject to change in the future.

The Plan's investment funds also charge certain fees. For more information regarding the fees charged by any of the Plan's investment funds, see the prospectus for that investment fund.

## **Assignment of Benefits**

Except as otherwise provided by law, you may not assign or transfer any right or interest in the Plan (except in the case of death or mental incompetency) nor may you create a lien on any funds held under the Plan.

Notwithstanding the preceding paragraph, if a court ordered Qualified Domestic Relations Order ("QDRO"), as defined in the Code, requires the distribution of all or part of your benefits to another qualified individual, the Plan Administrator will be required to obey such order. A copy of the Plan procedures governing QDRO determinations can be obtained from the Plan Administrator without charge.

## **Amendment and Termination**

The Plan may be amended or terminated by action of the Board of Directors of SCANA Corporation or the Employee Plans Committee. However, no amendment or termination shall cause any of the assets of the Trust to be used for or be diverted to any purpose other than the exclusive benefit of you or your beneficiaries and no amendment may retroactively reduce your account.

## **ERISA Compliance Information**

The following information is furnished to comply with regulations issued by the U.S. Department of Labor.

SCANA Corporation, 220 Operation Way, Cayce, SC 29033, is the Plan sponsor and its employer identification number (EIN) is 57-0784499. The Plan number assigned to the Plan by SCANA Corporation pursuant to instructions of the Internal Revenue Service is 002.

The SCANA Corporation Stock Purchase-Savings Plan Administrative Committee (the "Committee") and the Plan Manager serve as the Plan Administrator. Members of the Committee are appointed by the Chief Executive Officer of SCANA. The Committee has the authority to establish rules and regulations for the administration of the Plan and the transaction of its business. The Committee, as Plan Administrator, has been designated as agent for service of legal process. Process may also be served upon the Trustee. The address of the Committee is c/o SCANA Corporation as noted above and the telephone number is (803) 217-9000.

The Committee and the Plan Manager are the named fiduciaries responsible for all administrative responsibilities of the Plan. The Committee has full power, authority and discretion to interpret and construe the provisions of the Plan. Except as otherwise provided, the Committee shall control and manage the operation and administration of the Plan and make all related administrative decisions and determinations, including decisions concerning eligibility and other factual determinations. In carrying out its Plan responsibilities, the Committee shall have discretionary authority to construe and interpret the terms of the Plan. Subject to Plan limitations, the Committee may from time to time establish additional rules for administration of the Plan and the transaction of its business and in instances where Plan provisions and the transaction of its business are not applicable or are incomplete. The Committee's determinations are final and binding upon anyone having any interest whatsoever in the Plan.

The Committee has delegated the primary responsibility for management of the regular operations of the Plan to the Plan Manager, Tami Haselden, who can be reached at (803) 217-9465.

A separate Investment Committee is the named fiduciary responsible for all financial responsibilities of the Plan, such as selecting the Trustee and monitoring the investment funds available under the Plan in accordance with the SCANA Corporation Stock Purchase-Savings Plan Investment Policy. The Investment Committee consists of the Chief Financial Officer of SCANA and any other members appointed by the Chief Executive Officer of SCANA.

The Trustee of the Plan is Bank of America, N.A., 1300 Merrill Lynch Drive, MSC-0303, Pennington, NJ 08534. The Plan's records are kept on a fiscal year that ends each December 31.

Benefits under the Plan are not guaranteed by the Pension Benefit Guaranty Corporation (PBGC) because the PBGC does not guaranty individual account plans such as the Plan.

## **Claims**

The Plan Manager shall make all initial claims determinations for benefits under the Plan. Within 90 days after any denial of benefits under the Plan (unless special circumstances require an extension of time not to exceed 90 days for processing the

claim), the Plan Manager shall give to the participant whose claim has been denied, in whole or in part, a written notice stating the following information:

- the specific reason or reasons for denial of the claim;
- a specific reference to pertinent provisions of the Plan on which the denial is based;
- a description of any additional material or information necessary for the participant to perfect his claim and an explanation of why such material or information is necessary; and
- an explanation of the claim review procedure set forth below.

A participant may request, in writing, a review of his claim provided such request is submitted to the Committee within 60 days after receipt of written notification of the denial of his claim by the Plan Manager. Failure of the participant to submit a written request for review of his claim within the allowable 60-day period shall constitute an irrevocable consent by the participant to the Plan Manager's decision denying the benefit claimed, and the Committee's written notice shall so state.

For the purpose of presenting his claim for review the participant may review any pertinent documents of the Plan and submit any issues and comments in writing to the Committee.

The Committee shall generally make a decision with regard to the claim for review within 60 days after receipt of such request for review or within not more than 120 days after receipt if special circumstances warrant. The decision on the review shall be in writing and shall include the specific reason or reasons for the decision and references to the pertinent Plan provisions on which the decision is based and will be final.

**These claim and appeal procedures must be exhausted before pursuing any other legal remedy with respect to your claim.**

## **Rights of Participants**

As a participant of the SCANA Corporation Stock Purchase-Savings Plan, you are entitled to certain rights and protection under the Employee Retirement Income Security Act of 1974 (ERISA).

ERISA provides that you are entitled to:

### **Receive Information About Your Plan and Benefits:**

- Examine, without charge, at the Plan Manager's office and at other specified locations, such as worksites and union halls, all documents governing the

Plan, including collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

- Obtain, upon written request to the Plan Manager, copies of documents governing the operation of the Plan, including collective bargaining agreements, copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report. The Committee, as Plan Administrator, is required by law to furnish each participant with a copy of this summary annual report.
- Obtain a statement telling you whether you have a right to receive a vested benefit at normal retirement age (age 65) or earlier and if so, the amount of your benefit if you stop working under the Plan now. If you do not have a right to a benefit, the statement will tell you how many more years you have to work to get a right to a benefit. This statement must be requested in writing and is not required to be given more than once every 12 months. The Plan must provide the statement free of charge.

#### **Prudent Actions by Plan Fiduciaries:**

- In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, your union or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a pension benefit or exercising your rights under ERISA.

#### **Enforce Your Rights:**

- If your claim for a benefit under the Plan is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.
- Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the

materials, unless the materials were not sent because of reasons beyond the control of the Plan Manager and the Committee. If you have a claim for benefits which is denied, or ignored, in whole or in part, you may file suit in a state or Federal court after you have exhausted the Plan's claims procedures. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order, you may file suit in Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

### **Assistance with Your Questions:**

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

### **In Closing**

This is a summary of the SCANA Corporation Stock Purchase-Savings Plan, which is based on a legal document. Every effort has been made to ensure the accuracy of this description according to that document. But, if there is any disagreement between the two, the legal document will govern.

The Plan document has detailed information and a copy is available for inspection in the Employee Stock/Pension Plans Department.

If you have any questions, contact the Employee Stock/Pension Plans Department.

## **Appendix I Special Provisions for Merged Plans of Acquired or Related Companies**

Effective September 1, 2000, if you were a participant in the Public Service Company of North Carolina, Inc. Special Savings and Retirement Plan and Trust (the "PSNC Plan") on August 31, 2000 and had account balances in the PSNC Plan, your account balance in the PSNC Plan on August 31, 2000 was transferred to this Plan as of September 1, 2000. All other provisions of this Summary Plan Description, as modified by the provisions of this Appendix I, shall apply to you. The provisions of Appendix I shall not apply to any other participants. If you have not separated from service with SCANA Corporation or an Affiliate, you can withdraw, in accordance with otherwise applicable Plan procedures, any or all of the amount credited to your Prior Employee Contributions account or Prior Employer Contribution account as transferred from the PSNC Plan. All other amounts transferred from the PSNC Plan to this Plan are available for withdrawal in accordance with the otherwise applicable terms of the Plan.

## Appendix II Special Tax Notice Regarding Plan Payments

This Appendix contains important information you will need before you decide how to receive your Plan benefits. This Appendix constitutes a "section 402(f)" notice that is required by the IRS to be provided to all Plan members. You will receive a summary of this notice when you request a payment that is eligible for rollover treatment.

This Appendix explains how you can continue to defer federal income tax on your retirement savings in the Plan when you receive a distribution and contains important information you will need before you decide how to receive your Plan benefits.

### YOUR ROLLOVER OPTIONS

This Appendix is provided to you because all or a portion of a payment you will receive from the Plan may be eligible for rollover to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

### GENERAL INFORMATION ABOUT ROLLOVERS

#### How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (unless an exception applies). However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception applies).

#### Where may I roll over the payment?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover.

The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

#### How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes (up to the amount of cash and property received other than employer stock). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

#### How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)

- Required minimum distributions after age 70½ (or after death)
- Hardship distributions
- ESOP dividends
- Corrective distributions of contributions that exceed tax law limitations
- Loans treated as deemed distributions (for example, loans in default due to missed payments before your employment ends)

The Plan Administrator or the payor can tell you what portion of a payment is eligible for rollover.

**If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?**

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Payments made due to disability
- Payments after your death
- Payment of ESOP dividends
- Corrective distributions of contributions that exceed tax law limitations
- Payments made directly to the government to satisfy a federal tax levy
- Payments made under a QDRO
- Payments up to the amount of your deductible medical expenses
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days

**If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?**

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions from the IRA, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments after separation from service that are made after age 55.
- The exception for QDROs does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

**Will I owe State income taxes?**

This notice does not describe any State or local income tax rules (including withholding rules).

**SPECIAL RULES AND OPTIONS**

**If your payment includes after-tax contributions**

After-tax contributions included in a payment are not taxed. If a payment is only part of your benefit, an allocable portion of your after-tax



contributions is generally included in the payment. If you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a direct rollover of only a portion of the amount paid from the Plan and a portion is paid to you, each of the payments will include an allocable portion of the after-tax contributions. If you do a 60-day rollover to an IRA of only a portion of the payment made to you, the after-tax contributions are treated as rolled over last. For example, assume you are receiving a complete distribution of your benefit which totals \$12,000, of which \$2,000 is after-tax contributions. In this case, if you roll over \$10,000 to an IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

#### **If you miss the 60-day rollover deadline**

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

#### **If your payment includes employer stock that you do not roll over**

If you do not do a rollover, you can apply a special rule to payments of employer stock (or other employer securities) that are either attributable to after-tax contributions or paid in a lump sum after separation from service (or after age 59½, disability, or the participant's death). Under the special rule, the net unrealized appreciation on the stock will not be taxed when distributed from the Plan and will be taxed at capital gain rates when you sell the stock. Net unrealized appreciation is generally the increase in the value of employer stock after it was acquired by the Plan. If you do a rollover for a payment that includes employer stock (for example, by selling the stock and rolling over the proceeds within 60 days of the payment), the special rule relating to the distributed employer stock will not apply to any subsequent payments from the IRA or employer plan. The Plan administrator can tell you the amount of any net unrealized appreciation.

#### **If you have an outstanding loan that is being offset**

If you have an outstanding loan from the Plan, your Plan benefit may be offset by the amount of the loan, typically when your employment ends. The loan offset amount is treated as a distribution to you at the time of the offset and will be taxed (including the 10% additional income tax on early distributions, unless an exception applies) unless you do a 60-day rollover in the amount of the loan offset to an IRA or employer plan.

#### **If you were born on or before January 1, 1936**

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

#### **If you roll over your payment to a Roth IRA**

You can roll over a payment from the Plan made before January 1, 2010 to a Roth IRA only if your modified adjusted gross income is not more than \$100,000 for the year the

payment is made to you and, if married, you file a joint return. These limitations do not apply to payments made to you from the Plan after 2009. If you wish to roll over the payment to a Roth IRA, but you are not eligible to do a rollover to a Roth IRA until after 2009, you can do a rollover to a traditional IRA and then, after 2009, elect to convert the traditional IRA into a Roth IRA.

If you roll over the payment to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover). For payments from the Plan during 2010 that are rolled over to a Roth IRA, the taxable amount can be spread over a 2-year period starting in 2011.

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

You cannot roll over a payment from the Plan to a designated Roth account in an employer plan.

#### **If you are not a plan participant**

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions does not apply, and the special rule described under the section "If you were born on or before January 1,

1936" applies only if the participant was born on or before January 1, 1936.

**If you are a surviving spouse.** If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70½.

**If you are a surviving beneficiary other than a spouse.** If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Payments under a qualified domestic relations order. If you are the spouse or former spouse of the participant who receives a payment from the Plan under a QDRO, you generally have the same options the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

Income; IRS Publication 590, Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORM.

#### **If you are a nonresident alien**

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

#### **Other special rules**

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200, the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, Armed Forces' Tax Guide.

#### **FOR MORE INFORMATION**

You may wish to consult with the Plan Administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity

**SCANA Corporation  
Stock Purchase-Savings Plan  
Summary Plan Description**

**Loan Provisions Addendum**

This document constitutes part of a prospectus covering securities that have been registered under the Securities Act of 1933.

## **What You Should Know About Borrowing From The Stock Purchase-Savings Plan**

The following Questions & Answers highlight the loan provisions of the SCANA Corporation Stock Purchase-Savings Plan (the "Plan").

**Question 1:** Who is eligible to apply for a loan?

**Answer:** Any employee who is an active participant in the Plan is eligible to apply for a loan. Repayment of loans shall be made by payroll deduction.

**Question 2:** How much can I borrow?

**Answer:** How much you can borrow depends upon the value of your Account. The minimum amount of a loan is \$500 and the maximum amount of all loans is generally \$50,000 reduced by your highest loan balance in the past 12 months. In no event may you borrow more than 50% of your Account balance immediately preceding the date of the loan.

**Question 3:** What determines the balance of my Account?

**Answer:** The total balance of your Account is based on the market value of the investments in your Account.

**Question 4:** How can I determine the balance in my Account?

**Answer:** Each quarter you will receive a statement showing the balances of all your accounts in the Plan. While this quarterly statement will give you a good estimate of your Account balance, the best way to find out your exact current balances at any particular time is to call Bank of America Merrill Lynch at 1-800-228-4015 or by utilizing the Bank of America Merrill Lynch website at [www.benefits.ml.com](http://www.benefits.ml.com).

In order to identify and protect the personal and confidential nature of your Account balance, you will need to give your social security number and personal identification number (PIN) as identification when you contact Bank of America Merrill Lynch.

**Question 5:** How do I actually apply for a loan?

**Answer:** The first step is to call Bank of America Merrill Lynch at 1-800-228-4015. Be sure to provide all information requested, including the amount you want to borrow, and the exact number of years you will take to repay your loan. A request for a loan to acquire your principal residence must include certain verifying documentation.

**Question 6:** After completing the Loan Application process, what happens next?

**Answer:** Investments in your account equal to the requested amount of the loan will be sold to provide the proceeds for the loan. Your loan check along with the Promissory Note and Disclosure Statement will be mailed to your home address in 3 to 4 business days following the date the loan was requested. Negotiation (cashing) of the loan check indicates your agreement with the terms of the Promissory Note.

**Question 7:** What is the purpose of the Promissory Note and Disclosure Statement?

**Answer:** This is a legal document which serves all of the following purposes:

- It provides you details about the terms of your loan.
- It represents your legal and binding promise to repay the loan in accordance with the terms so indicated.
- It represents your legal and binding authorization to SCANA Corporation to deduct the repayments from your pay in accordance with the terms so indicated.

**Question 8:** How are the funds for the loan proceeds provided?

**Answer:** Based on the loan amount requested, your Account balance will be liquidated in the following order until the amount of the loan request is met - Tax-Deferred amounts invested in investment funds other than the SCANA Stock Fund, Tax-Deferred amounts invested in the SCANA Stock Fund, Rollover amounts invested in investment funds other than the SCANA Stock Fund, Rollover amounts invested in the SCANA Stock Fund, Company Matching amounts invested in investment funds other than the SCANA Stock Fund, Company Matching amounts invested in the SCANA Stock Fund, Regular amounts invested in investment funds other than the SCANA Stock Fund, and Regular amounts invested in the SCANA Stock Fund. To the extent the requested loan amount is derived from the liquidation of your investment in the SCANA Stock Fund, whole shares of stock will be

removed from your SCANA Stock Fund account balance and sold in the open market on the New York Stock Exchange. Any sales commissions and any transactional fees related to the sale of stock will be charged to your account.

**Question 9:** Will I continue to earn dividends or interest on my investments after I authorize the Trustee to sell them to provide the cash I have requested to borrow?

**Answer:** No. Once your investments are sold by the Trustee, you will no longer earn dividends or interest on them. However, all repayments of Plan loans, including interest, will be reinvested in accordance with your current investment election.

**Question 10:** What rate of interest will I be charged for my loan?

**Answer:** The interest rate for all new loans issued during a calendar month will be the prime rate (as published in the Wall Street Journal) for the first business day of such month plus 1%. Once the interest rate is established for your loan, that rate will remain fixed throughout the term of your loan.

**Question 11:** Will any of the interest I pay on the loan be deductible for income tax purposes?

**Answer:** No. Code Section 72(p)(3) specifically provides that the interest paid on loans secured by your Plan Account is nondeductible.

**Question 12:** Do I have to pay any fees to take out a loan?

**Answer:** Yes. You will be charged a \$100 loan initiation fee for each loan you take out. In addition, as previously noted in the Answer to Question 8, any fees incurred in processing your loan request must be paid by you. The initiation and other fees related to loans are subject to change in the future.

**Question 13:** How long can I take to repay my loan?

**Answer:** The normal payback period can be 1, 2, 3, 4, or 5 years. However, if the purpose of your loan is to acquire your principal residence, you may request that your payback period be extended to 6, 7, 8, 9, or 10 years. Loan repayments will be converted to conform to your company's payroll system.

**Question 14:** If I request a loan to purchase my principal residence, will a mortgage be required as additional collateral?

**Answer:** No. The only collateral required will be the assignment to the Trustee of all rights to your Account as reflected in your Promissory Note and Disclosure Statement.

**Question 15:** How many loans can I have outstanding at one time?

**Answer:** You may have two loans outstanding at a time, one of which may be a loan for the acquisition of your principal residence with a term greater than 5 years.

**Question 16:** Can I pay off my loan early?

**Answer:** Yes. You are permitted at any time, without penalty, to pay off the outstanding balance of your loan. But keep in mind, you must pay the entire balance at one time (lump-sum cash payment). Partial prepayments are not permitted. Interest on the loan will be calculated to the end of the biweekly pay period in which you pay off the loan.

**Question 17:** How do I arrange to pay off my loan early?

**Answer:** You will need to call Bank of America Merrill Lynch at 1-800-228-4015 for instructions.

**Question 18:** As I repay my loan through payroll deductions each pay period, what happens to the money?

**Answer:** The money deducted from your pay as repayment on your loan (principal and interest) goes back into your Account and is reinvested in accordance with your current investment election.

**Question 19:** After I pay off my loan, either by payroll deductions or by lump-sum cash payment, how soon can I make another loan?

**Answer:** You must wait at least 30 days after your loan is paid off before you can apply for another loan.

**Question 20:** Do I have to pay income tax on the money I borrow from my Account?

**Answer:** Under current Federal and state tax laws, the money you borrow from your Account is not considered to be taxable income as long as you repay your loan in accordance with the terms outlined in your Promissory Note and Disclosure Statement.

**Question 21:** How soon after making a loan do payroll deductions for repayment start?



**Answer:** Generally, the first deduction will occur on the first full pay period following your receipt of the borrowed funds.

**Question 22:** What if I terminate employment with SCANA Corporation before my loan is repaid?

**Answer:** If your employment with SCANA Corporation terminates for any reason (including retirement, layoff, long-term disability, resignation, dismissal, death, or any other reason for termination), you may elect to repay the outstanding balance of your loan in full or via scheduled automatic deductions from your checking or savings account by calling Bank of America Merrill Lynch at 1-800-228-4015 or by utilizing the Bank of America Merrill Lynch website at [www.benefits.ml.com](http://www.benefits.ml.com). If you do not make an election to repay your loan balance within the period that ends on the last day of the first calendar quarter that begins after your termination date, the entire outstanding balance of your loan will be due and payable within the period that ends on the last day of the first calendar quarter that begins after your termination date. If it is not repaid within that period (and you do not otherwise take a distribution of your account balance), the loan will be treated as in default and taxable to you on the last day of the calendar quarter that begins after your termination date. If you elect to repay your outstanding loan payment in full or via automatic deductions from your checking or savings account and you miss a scheduled payment and fail to correct this missed payment by the end of the first calendar quarter that begins after the date your missed payment was due, your loan will be treated as in default and taxable to you on the last day of that calendar quarter. However, IRS regulations allow you to treat the amount of the outstanding loan balance that was converted to ordinary taxable income as a rollover. To do this you must deposit an amount equal to the ordinary taxable income in an IRA or another employer plan within 60 days from the date the loan is treated as taxable to you.

**Question 23:** What happens to my loan repayments if I am on leave of absence and not receiving pay from SCANA Corporation's payroll?

**Answer:** If you are on an approved leave of absence pursuant to SCANA Corporation policy, you can suspend loan payments for up to one year. Missed loan payments can be made directly to Bank of America Merrill Lynch via bank draft or made up in full, along with accrued interest, upon return to active duty over a period that ends no later than the original due date of the loan.

**Question 24:** How much will my loan repayment be each pay period?

**Answer:** The amount of your loan payment will depend upon the following factors:

- The dollar amount you borrow.
- The payback period you choose.
- The interest rate charged for your loan.

The exact amount of your payment will be shown on your Promissory Note and Disclosure Statement as determined by the factors mentioned above.

**Question 25:** I realize that the rate of interest is subject to change at any time; however, is there some way I can get a rough idea of how much a loan payment would be based on a rate of, for instance, 7½% annually?

**Answer:** Assuming a rate of interest of 7½%, an approximate biweekly loan payment can be determined as follows:

Biweekly payment amount (26 payments per year) per \$100 of loan at interest rate of 7½%

Payback Period:	12	24	36	48	60
	months	months	months	months	months
	(26 pymts)	(52 pymts)	(78 pymts)	(104 pymts)	(130 pymts)
Biweekly Payment:	\$4.00	\$2.07	\$1.43	\$1.11	\$0.92

You determine the approximate biweekly payment for various loan amounts and payback periods at an assumed interest rate of 7½% by multiplying the biweekly payment amount per \$100 of loan (from table) times the assumed loan amount. Some examples of how to do this are shown below:

**Example 1:** Assume you borrow \$500 (minimum loan amount) and choose a payback period of 12 months (26 biweekly payments). The biweekly payment is derived by multiplying 5 (\$500 divided by \$100) times \$4.00 (biweekly payment for each \$100 from table) = \$20.00 per payday.\*

**Example 2:** Assume you borrow \$1,000 and choose a payback period of 24 months (52 biweekly payments). The biweekly payment would be 10 x \$2.07 = \$20.70 per payday.\*

**Example 3:** Assume you borrow \$5,000 and choose a payback period of 36 months (78 biweekly payments). Your biweekly payment amount would be  $50 \times \$1.43 = \$71.50$  per payday.\*

**Example 4:** Assume you borrow \$10,000 and choose a payback period of 60 months (130 biweekly payments). Your biweekly payment would be  $100 \times \$0.92 = \$92.00$  per payday.\*

\*Remember, these examples are based upon an assumed rate of interest of  $7\frac{1}{2}\%$ . As you know, the rate is subject to change at any time. A change in the interest rate would result in a payment amount different from those shown in the above examples.

In addition, you may model a loan at anytime by logging on to [www.benefits.ml.com](http://www.benefits.ml.com) or by calling Bank of America Merrill Lynch at 800-228-4015.

**Question 26:** What if I have additional questions about making loans from my Account?

**Answer:** Direct all questions concerning loans from your Account to Bank of America Merrill Lynch at 1-800-228-4015.





## Enhancements to the 401(k) Plan

January 7, 2016

SCANA is committed to helping you prepare for retirement by offering a 401(k) plan through which you can invest for your financial future. That's why we are excited to announce several new plan enhancements – including a new plan name.

The SCANA Corporation Stock Purchase-Savings Plan has been renamed as the SCANA Corporation 401(k) Retirement Savings Plan (the Plan), effective January 1, 2016. This new name reflects the Plan's purpose to help participants invest in a broad variety of investment options to prepare for their retirement. These investment options include Vanguard Target Retirement Funds,<sup>1,2</sup> a passively managed fund (Large Cap Equity Index), and actively managed funds. Of course, the SCANA Stock Fund<sup>3</sup> remains as a Plan investment option and is now managed by an independent fiduciary.

In light of recent developments in the law, the SCANA Corporation Investment Committee determined that it would be beneficial to Plan participants to appoint an independent fiduciary to provide professional oversight for the SCANA Stock Fund. The Investment Committee has appointed Evercore Trust Company, N.A. (Evercore Trust) to serve as the independent fiduciary and investment manager for the SCANA Stock Fund based on its specialized financial and fiduciary expertise. Prior to appointing Evercore Trust, the Investment Committee (which is the named fiduciary responsible for all financial responsibilities of the Plan and monitoring the investment funds available under the Plan) was responsible for managing the SCANA Stock Fund. Evercore Trust's responsibilities are described in more detail in the enclosed letter from Evercore Trust to Plan participants.

We are also pleased to announce that, effective February 9, 2016, the Vanguard Target Retirement Funds will be offered at a lower expense ratio (see page 4 for more information). This simply means that more of your contributions are working for you. The investments and policies of the underlying funds will not change.

Finally, three new passively managed index funds (see page 2) will be added to the Plan on February 9, 2016. Index funds seek to track the performance of a benchmark index that measures the investment return of certain classifications of stocks and bonds. Please see the next page for more information. If you would like to invest in these new index funds, visit Benefits OnLine, select 401k Plan / Investments / Investment Direction to make any changes to how your current deferrals are invested or call Merrill Lynch at 1-800-228-4015 for assistance.

If you have questions about the new fund options and if these funds fit your financial plan, contact the Ernst & Young Financial Planner Line at 1-866-724-1946. Additionally, if you have any further questions you may contact the Employee Stock and Pensions department at (803) 217-9006.

<sup>1</sup> The retirement date for these funds is the approximate date when an investor plans to start withdrawing his or her money. The principal value of these funds is not guaranteed at any time, including at the target date. These funds are designed to become more conservative over time as the target date approaches.

<sup>2</sup> As "funds of funds," these funds, as shareholders of underlying mutual funds, will indirectly bear their pro rata share of the expenses incurred by the underlying funds.

<sup>3</sup> Because the SCANA Stock Fund is an undiversified, single stock investment that holds only SCANA Corporation common stock and any cash dividends declared on SCANA common stock (pending distribution or investment in SCANA common stock as provided in the Plan), it carries more diversification risk than do the other investment choices offered through the Plan.

**THE "YOUR NEW INVESTMENT OPTIONS," "SCANA CORPORATION 401(K) RETIREMENT SAVINGS PLAN INVESTMENT CHOICES," "SHARE CLASS CHANGES," AND "RE-ENROLLMENT" SECTIONS OF THIS DOCUMENT CONSTITUTE PART OF A PROSPECTUS COVERING SECURITIES THAT HAVE BEEN REGISTERED UNDER THE SECURITIES ACT OF 1933.**

## Your New Investment Options

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The following three index funds will be available for investment starting February 9, 2016. Shown below are each fund's Lipper classification, symbol, description and net expense ratio as of September 30, 2015.

**Vanguard Extended Market Index Fund,  
Admiral Class**

**Classification:** Mid-Cap Core Funds

**Symbol:** VEXAX

**Net Expense Ratio:** 0.10%

The investment seeks to track the performance of a benchmark index that measures the investment return of small- and mid- capitalization stocks. The fund employs an indexing investment approach designed to track the performance of the Standard & Poor's Completion Index, a broadly diversified index of stocks of small and mid-size U.S. companies. It invests all, or substantially all, of its assets in stocks of its target index, with nearly 80% of its assets invested in approximately 1,000 of the stocks in its target index, and the rest of its assets in a representative sample of the remaining stocks.<sup>4</sup>

**Vanguard Total Bond Market Index Fund,  
Admiral Class**

**Classification:** Core Bond Funds

**Symbol:** VBTLX

**Net Expense Ratio:** 0.07%

The investment seeks the performance of a broad, market-weighted bond index. The fund employs an indexing investment approach designed to track the performance of the Barclays U.S. Aggregate Float Adjusted Index. This index represents a wide spectrum of public, investment-grade, taxable, fixed income securities in the United States-including government, corporate, and international dollar-denominated bonds, as well as mortgage-backed and asset-backed securities-all with maturities of more than 1 year. All of the fund's investments will be selected through a sampling process, and at least 80% of the fund's assets will be invested in bonds held in the index.<sup>4</sup>

**Vanguard Total International Stock Index Fund,  
Admiral Class**

**Classification:** International Multi-Cap Core

**Symbol:** VTIAX

**Net Expense Ratio:** 0.14%

The investment seeks to track the performance of a benchmark index that measures the investment return of stocks issued by companies located in developed and emerging markets, excluding the United States. The fund employs an indexing investment approach designed to track the performance of the FTSE Global All Cap ex US Index, a float-adjusted market-capitalization-weighted index designed to measure equity market performance of companies located in developed and emerging markets, excluding the United States. The index included approximately 5,550 stocks of companies located in 46 countries at February 26, 2015.<sup>4</sup>

For more information about any of these investment choices, visit Benefits OnLine, select **Investments** and choose **Investment Choices & Performance** from the dropdown menu.

<sup>4</sup> It is not possible to invest directly in an index.



# SCANA Corporation 401(k) Retirement Savings Plan Investment Choices

Listed below are investment choices for the Plan as of February 9, 2016. The investment categories shown here (for example, Large Cap Equity Index) were provided by Aon Hewitt.

Target Date Funds	Passively Managed Funds	Actively Managed Funds	Company Stock
Target date funds offer an asset allocation strategy managed to a specific year.	Passively managed funds seek to mirror the return of a particular index.	Actively managed funds generally seek the highest possible return relative to the investment's objective, benchmark and strategy.	The SCANA Stock Fund offers the opportunity to invest in a fund under the Plan that holds SCANA Corporation common stock, giving you an opportunity to share in the ownership of SCANA with the potential for capital appreciation.
<b>Vanguard Target Retirement Funds<sup>1,2</sup></b> Each of these funds is listed on the next page.	<b>U.S. Bond Index</b> Vanguard Total Bond Market Index Fund <sup>4</sup> (VBTLX) <b>New Fund</b>	<b>Capital Preservation</b> Wells Fargo Stable Value Fund <sup>5</sup>	<b>SCANA Stock Fund<sup>3</sup></b>
	<b>Large Cap Equity Index</b> Vanguard Institutional Index Fund <sup>4</sup> (VINIX)	<b>Fixed Income</b> PIMCO Total Return (PTTRX)	
	<b>Small/Mid Cap Equity Index</b> Vanguard Extended Market Index Fund <sup>4</sup> (VEXAX) <b>New Fund</b>	<b>U.S. Large Cap Equity</b> Dodge & Cox Stock Fund (DODGX)  Janus Research Fund (JRAIX)	
	<b>Non-U.S. Equity Index</b> Vanguard Total International Stock Index Fund <sup>4</sup> (VTIAX) <b>New Fund</b>	<b>U.S. Mid Cap Equity</b> T. Rowe Price Mid Cap Value Fund (TRMCX)  AMG TimesSquare Mid Cap Growth Fund (TMDIX)	
		<b>U.S. Small Cap Equity</b> RS Partners Fund (RSPYX)  Voya SmallCap Opportunities Fund (NSPIX)	
		<b>Non-U.S. Equity</b> Dodge & Cox International Stock Fund (DODFX)	

<sup>1</sup>The retirement date for these funds is the approximate date when an investor plans to start withdrawing his or her money (or in the case of a non-qualified plan, when distributions are scheduled to be paid). The principal value of these funds is not guaranteed at any time, including at the target date. These funds are designed to become more conservative over time as the target date approaches.

<sup>2</sup>As a "funds of funds," this fund, as a shareholder of underlying mutual funds, will indirectly bear its pro rata share of the expenses incurred by the underlying funds.

<sup>3</sup>Because the SCANA Stock Fund is an undiversified, single stock investment that holds only SCANA Corporation common stock and any cash dividends declared on SCANA common stock (pending distribution or investment in SCANA common stock as provided in the Plan), it carries more diversification risk than do the other investment choices offered through the Plan.

<sup>4</sup>It is not possible to invest directly in an index.

<sup>5</sup>Although this fund seeks to maintain a stable value, this investment option may experience fluctuations in its net asset value. This investment option is not a mutual fund, registered under the Investment Company Act of 1940. A prospectus is not available and shares are not publicly traded or listed on exchanges. A Fund Fact Sheet is available at [www.benefits.ml.com](http://www.benefits.ml.com).

## Share Class Changes

In addition to the fund changes to the Plan's investment menu, the Vanguard Target Retirement Funds will become available to you through share classes with lower expense ratios, effective February 9, 2016. The expense ratio for each share class is deducted before the investment return is calculated. A lower expense ratio means that more of an investment's total return is available to the investor. The investments and policies of the underlying funds will not change.

Fund	Current			New		
	Class	Symbol	Net Expense Ratio*	Class	Symbol	Net Expense Ratio*
Vanguard Target Retirement Income Fund <sup>2</sup>	Investor	VTINX	0.16%	Institutional	VITRX	0.10%
Vanguard Target Retirement 2015 Fund <sup>1,2</sup>	Investor	VTXVX	0.16%	Institutional	VITVX	0.10%
Vanguard Target Retirement 2020 Fund <sup>1,2</sup>	Investor	VTWVX	0.16%	Institutional	VITWX	0.10%
Vanguard Target Retirement 2025 Fund <sup>1,2</sup>	Investor	VTTVX	0.17%	Institutional	VRIVX	0.10%
Vanguard Target Retirement 2030 Fund <sup>1,2</sup>	Investor	VTHRFX	0.17%	Institutional	VTTWX	0.10%
Vanguard Target Retirement 2035 Fund <sup>1,2</sup>	Investor	VTTHX	0.18%	Institutional	VITFX	0.10%
Vanguard Target Retirement 2040 Fund <sup>1,2</sup>	Investor	VFORX	0.18%	Institutional	VIRSX	0.10%
Vanguard Target Retirement 2045 Fund <sup>1,2</sup>	Investor	VTIVX	0.18%	Institutional	VITLX	0.10%
Vanguard Target Retirement 2050 Fund <sup>1,2</sup>	Investor	VFIFX	0.18%	Institutional	VTRLX	0.10%
Vanguard Target Retirement 2055 Fund <sup>1,2</sup>	Investor	VFFVX	0.18%	Institutional	VIVLX	0.10%
Vanguard Target Retirement 2060 Fund <sup>1,2</sup>	Investor	VTTSX	0.18%	Institutional	VILVX	0.10%

\*As of September 30, 2015.

<sup>1</sup> The retirement date for these funds is the approximate date when an investor plans to start withdrawing his or her money. The principal value of these funds is not guaranteed at any time, including at the target date. These funds are designed to become more conservative over time as the target date approaches.

<sup>2</sup> As "funds of funds," these funds, as shareholders of underlying mutual funds, will indirectly bear their pro rata share of the expenses incurred by the underlying funds.

Investing involves risk, including the possible loss of principal. Investments in foreign securities or sector funds, including technology or real estate stocks, are subject to substantial volatility due to adverse political, economic or other developments and may carry additional risk resulting from lack of industry diversification. Funds that invest in small- or mid-capitalization companies experience a greater degree of market volatility than those of large-capitalization stocks and are riskier investments. Bond funds have the same interest rate, inflation, and credit risks associated with the underlying bonds owned by the fund. Generally, the value of bond funds rises when prevailing interest rates fall and falls when interest rates rise. Investing in lower-grade debt securities ("junk" bonds) may be subject to greater market fluctuations and risk of loss of income and principal than securities in higher rated categories. There are ongoing fees and expenses associated with investing. Bear in mind that higher return potential is accompanied by higher risk.

Investors should consider the investment objectives, risks, charges and expenses of investment options carefully before investing. This, and additional information about the investment options, can be found in the prospectuses and, if available, the summary prospectuses, which can be obtained on Benefits Online at [www.benefits.ml.com](http://www.benefits.ml.com) or by calling Merrill Lynch at 1-800-228-4015. Before February 9, 2016, prospectuses for the new funds can be obtained on the Securities and Exchange Commission's website at [www.sec.gov/edgar/searchedgar/prospectus.htm](http://www.sec.gov/edgar/searchedgar/prospectus.htm) or the respective fund company's website. Investors should read the prospectus and, if available, the summary prospectuses carefully before investing.



## Re-enrollment: Confirm Your Future Investment Direction

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**ACTION REQUIRED: Make your elections between February 22, 2016, and March 4, 2016, at 3 p.m. EST.**

As part of your participation in the Plan, you decide how you want your account invested across the Plan's menu of investment options.

To encourage participants to diversify their investments in the Plan, which is one of the key retirement strategies that Ernst & Young outlined during the financial planning sessions held across SCANA last summer, Plan participants will be required to re-enroll in the Plan and select their investment options for future contributions, including employee contributions and SCANA's matching contributions (see below).

You will be required to confirm your current investment elections in the Plan or make any changes to your elections that will apply to future contributions during a re-enrollment period beginning on **February 22, 2016**, and ending on **March 4, 2016, at 3 p.m. EST**.

If you do not designate your investment elections during the re-enrollment period, your future contributions will be automatically defaulted into the Vanguard Target Retirement Fund<sup>1,2</sup> that coincides with or corresponds most closely with the year that you reach age 65. Your future contributions will not be defaulted into the SCANA Stock Fund. You may change your investment election or move all or any part of your account balance to other Plan investment options at any time, including after the close of the re-enrollment period.

For more information about the Vanguard Target Retirement Funds, which have been designated as the Plan's "qualified default investment alternative" or "QDIA," please see the enclosed Notice Regarding the Plan's Qualified Default Investment Alternative.

We encourage you to take this opportunity to confirm that your future Plan contributions are being invested as you wish. To assist you in determining if your current investment direction is appropriate for you and get help with your questions and concerns, you may call the Ernst & Young Financial Planner Line Monday through Friday, 9 a.m. to 8 p.m. at (866) 724-1946.

### **SCANA Corporation matching contribution**

SCANA matches 100% of your tax-deferred contributions and regular contributions to the Plan up to 6% of your eligible earnings (subject to Plan and IRS limits). In the past, SCANA's matching contributions have been initially invested in the SCANA Stock Fund. Beginning March 1, 2016, SCANA's matching contribution to your Plan account will be invested in the investment funds elected by you for your own deferrals by 3 p.m. EST on the day prior to the date the contributions are posted to your Plan account. This change was designed to coincide with the re-enrollment period so that your future contributions match your investment direction.

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<sup>1</sup> The retirement date for these funds is the approximate date when an investor plans to start withdrawing his or her money. The principal value of these funds is not guaranteed at any time, including at the target date. These funds are designed to become more conservative over time as the target date approaches.

<sup>2</sup> As "funds of funds," these funds, as shareholders of underlying mutual funds, will indirectly bear their pro rata share of the expenses incurred by the underlying funds.

## Important Notice Regarding the SCANA Corporation 401(k) Retirement Savings Plan Qualified Default Investment Alternative

The SCANA Corporation 401(k) Retirement Savings Plan (the Plan) lets you invest the assets in your Plan account in a number of different investment options. Unless you choose another investment option available under the Plan, any contributions that you make to the Plan, including contributions made under the Plan's automatic enrollment feature (which is described below), will be invested in the Plan's default investment option. This option is known as the Plan's "qualified default investment alternative" or "QDIA."

**Note:** In order for your actual investment election to govern the investment of your Plan contributions, you are required to make an affirmative investment election under the Plan during the re-enrollment period beginning February 22, 2016, and ending March 4, 2016. If you do not make an affirmative investment election during the re-enrollment period, the QDIA will be your investment election for your future contributions.

The QDIA that has been designated by the SCANA Investment Committee is the Vanguard Target Retirement Fund that most closely corresponds with your age and projected retirement date (based on retirement at age 65), according to the following table:

Birth Year	Vanguard Target Retirement Fund
1991 or after	2060 Fund Institutional Class
1986 - 1990	2055 Fund Institutional Class
1981 - 1985	2050 Fund Institutional Class
1976 - 1980	2045 Fund Institutional Class
1971 - 1975	2040 Fund Institutional Class
1966 - 1970	2035 Fund Institutional Class
1961 - 1965	2030 Fund Institutional Class
1956 - 1960	2025 Fund Institutional Class
1951 - 1955	2020 Fund Institutional Class
1946 - 1950	2015 Fund Institutional Class
1945 or earlier	Income Fund Institutional Class

Attached is a fund sheet that describes the applicable QDIA investment options. Please bear in mind that the funds with target dates furthest in the future have the most aggressive mix of investments.

As a participant or beneficiary in the Plan, you have the right to direct the investment of your account at any time among all of the Plan's various investment options. If you are currently invested in the Plan's QDIA, and decide that you want to invest your assets differently, you may move all or any part of your account balance to other Plan investment options at any time. There are no restrictions, fees or expenses associated with transferring your investments out of the Plan's QDIA. You can obtain information about all of the Plan investment options (including restrictions, fees or expenses associated with each of the Plan's investment options), free of charge, and can change your investment elections, including any default investment made on your behalf, at any time, online at [www.benefits.ml.com](http://www.benefits.ml.com) or by calling the Retirement & Benefits Contact Center at (800) 228-4015. You may also learn more about the Plan's investment options and procedures by consulting the Plan's Summary Plan Description.

The circumstances under which contributions may be invested in the QDIA include:

- **Re-enrollment:** You will be required to confirm your investment elections in the Plan or make any changes to your elections that will apply to future contributions during a re-enrollment period beginning on February 22, 2016, and ending on March 4, 2016. If you do not designate your investment elections during the re-enrollment period, your future contributions will be invested in the Plan's QDIA. As described above, you may direct the investment of your account at any time among all of the Plan's various investment options.

- **Automatic enrollment:** Automatic enrollment is a Plan feature applicable to new hires or rehired employees. Under this feature, if you are a newly-hired or rehired employee and do not make an affirmative election to participate (or not participate) in the Plan, SCANA will automatically enroll you, and make salary reduction contributions equal to 3% of eligible compensation into the Plan on your behalf, within 45 days after you become eligible to participate. Under this automatic enrollment feature, if you do not make an affirmative investment election, your automatic enrollment contributions will be invested in the Plan's QDIA. You may elect, at any time, not to have contributions made on your behalf or to have contributions made at a different percentage of your eligible compensation. As described above, you may also direct the investment of your automatic enrollment contributions at any time among the Plan's available investment options. For complete information about the terms of the Plan's automatic enrollment feature and your rights, refer to the automatic enrollment notice we provided to you when you first became eligible to participate in the Plan.
- **Other default situations:** There may be other circumstances where your account balance is invested in the Plan's QDIA. For example, this can happen when special allocations are made to Plan participants' accounts as a result of a judicial or regulatory award or settlement.

If you have financial planning questions related to the Plan, please contact the Ernst & Young Financial Planner Line at (866) 724-1946. Additionally, if you have further questions about the Plan's QDIA or the Plan's investment options, you may contact the Employee Stock and Pensions department at (803) 217-9006.

**Vanguard Target Retirement Income Fund Institutional Class**

**Lipper Classification:** Mixed-Asset Target Today Funds

**Expense Ratio<sup>(1)</sup>:** 0.10%

**Fund Objective:** The investment seeks to provide current income and some capital appreciation. The fund invests in other Vanguard mutual funds according to an asset allocation strategy designed for investors currently in retirement. Its indirect bond holdings are a diversified mix of short-, intermediate-, and long-term U.S. government, U.S. agency, and investment-grade U.S. corporate bonds; inflation-protected public obligations issued by the U.S. Treasury; mortgage-backed and asset-backed securities; and government, agency, corporate, and securitized investment-grade foreign bonds issued in currencies other than the U.S. dollar.

**Vanguard Target Retirement 2015 Fund Institutional Class**

**Lipper Classification:** Mixed-Asset Target 2015 Funds

**Expense Ratio<sup>(1)</sup>:** 0.10%

**Vanguard Target Retirement 2040 Fund Institutional Class**

**Lipper Classification:** Mixed-Asset Target 2040 Funds

**Expense Ratio<sup>(1)</sup>:** 0.10%

**Vanguard Target Retirement 2020 Fund Institutional Class**

**Lipper Classification:** Mixed-Asset Target 2020 Funds

**Expense Ratio<sup>(1)</sup>:** 0.10%

**Vanguard Target Retirement 2045 Fund Institutional Class**

**Lipper Classification:** Mixed-Asset Target 2045 Funds

**Expense Ratio<sup>(1)</sup>:** 0.10%

**Vanguard Target Retirement 2025 Fund Institutional Class**

**Lipper Classification:** Mixed-Asset Target 2025 Funds

**Expense Ratio<sup>(1)</sup>:** 0.10%

**Vanguard Target Retirement 2050 Fund Institutional Class**

**Lipper Classification:** Mixed-Asset Target 2050 Funds

**Expense Ratio<sup>(1)</sup>:** 0.10%

**Vanguard Target Retirement 2030 Fund Institutional Class**

**Lipper Classification:** Mixed-Asset Target 2030 Funds

**Expense Ratio<sup>(1)</sup>:** 0.10%

**Vanguard Target Retirement 2055 Fund Institutional Class**

**Lipper Classification:** Mixed-Asset Target 2055 Funds

**Expense Ratio<sup>(1)</sup>:** 0.10%

**Vanguard Target Retirement 2035 Fund Institutional Class**

**Lipper Classification:** Mixed-Asset Target 2035 Funds

**Expense Ratio<sup>(1)</sup>:** 0.10%

**Vanguard Target Retirement 2060 Fund Institutional Class**

**Lipper Classification:** Mixed-Asset Target 2060 Funds

**Expense Ratio<sup>(1)</sup>:** 0.10%

**Fund Objectives:** The above investments seek to provide capital appreciation and current income consistent with the current asset allocation. The funds invest in other Vanguard mutual funds according to an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of the target year. The fund's asset allocation will become more conservative over time, meaning that the percentage of assets allocated to stocks will decrease while the percentage of assets allocated to bonds and other fixed income investments will increase.

*For more information on these investment options, please refer to the fund fact sheet, if available.*

<sup>(1)</sup> Net expense ratios as of September 30, 2015.

Merrill Lynch Wealth Management makes available products and services offered by Merrill Lynch, Pierce, Fenner & Smith Incorporated ("MLPF&S"), a registered broker-dealer, member SIPC and a wholly owned subsidiary of Bank of America Corporation ("BAC").

**SCANA CORPORATION STOCK PURCHASE-SAVINGS PLAN  
INFORMATION STATEMENT  
December 2, 2013**

**This document constitutes part of a prospectus covering securities that have been registered under the Securities Act of 1933.**

The SCANA Corporation Stock Purchase-Savings Plan (the "Plan") is sponsored by SCANA Corporation ("SCANA"). The Plan has no specified duration and may be amended or terminated at any time by action of SCANA's Board of Directors or its Employee Plans Committee. However, no amendment or termination shall cause any of the assets of the Plan trust to be used for or be diverted to any purpose other than the exclusive benefit of Plan beneficiaries and no amendment may retroactively reduce your account. Under the Plan, up to 6,900,554 shares of SCANA's common stock may be offered for purchase by Plan participants.

This information statement is part of a prospectus under Section 10(a) of the Securities Act of 1933, as amended, covering securities offered by SCANA pursuant to the Plan. The Securities and Exchange Commission (the "Commission") allows SCANA to incorporate by reference into the prospectus the information filed by SCANA with the Commission, which means that SCANA can disclose important information to you by referring you to those documents. The information incorporated by reference is considered to be part of the prospectus, and later information filed with the Commission will update and supersede this information. The following documents which have been filed by SCANA with the Commission and any future filings made with the Commission under Section 13(a), 13(c), 14 or 15(d) of the Securities Exchange Act until the offering is completed are incorporated into the prospectus by reference:

- (i) the latest annual report on Form 10-K filed by SCANA, and all amendments thereto;
- (ii) the latest annual report on Form 11-K filed by the Plan, and all amendments thereto;
- (iii) all quarterly reports on Form 10-Q filed by SCANA after the end of the fiscal year covered by the latest annual report on Form 10-K filed by SCANA, and all amendments thereto;
- (iv) all current reports on Form 8-K filed by SCANA after the end of the fiscal year covered by the latest annual report on Form 10-K filed by SCANA (in each case other than information that is furnished but that is deemed not to have been filed), and all amendments thereto; and
- (v) the description of SCANA's common stock contained in the registration statement on Form 8-B filed by SCANA with the Commission on November 7, 1984, as amended on May 26, 1995.

SCANA will provide to you, without charge, upon written or oral request, a copy of any or all of the information that has been incorporated by reference in this information statement, except the exhibits to such information (unless the exhibits are specifically incorporated by reference into such information). Certain other documents, including SCANA's latest annual report to stockholders and proxy materials, are required to be delivered to eligible employees and also are available without charge upon written request. For telephone requests, call (803) 217-9029. Written requests should be mailed to SCANA at the following address:

SCANA Corporation  
Attn: Employee Stock/Pension Plans, MCB134  
220 Operation Way  
Cayce, SC 29033



January 7, 2016

To: Participants in the SCANA Corporation 401(k) Retirement Savings Plan

Evercore Trust Company, N.A. ("Evercore Trust") has been appointed as the independent fiduciary and investment manager of the SCANA Stock Fund. The SCANA Stock Fund is the investment fund under the SCANA Corporation 401(k) Retirement Savings Plan (the "Plan") that holds shares of common stock of SCANA Corporation ("SCANA"). This letter describes Evercore Trust's responsibility with respect to the SCANA Stock Fund, and other helpful information related to the SCANA Stock Fund. Evercore Trust will have no responsibility for any investment fund under the Plan other than the SCANA Stock Fund.

### **THE SCANA STOCK FUND**

The SCANA Stock Fund is a feature of the Plan to provide you with the ongoing opportunity to invest in and hold SCANA common stock. The SCANA Stock Fund invests exclusively in SCANA common stock and holds only shares of SCANA common stock and any cash dividends declared on SCANA common stock (which will be distributed to participants or retained for investment in SCANA common stock in accordance with the terms of the Plan). Therefore, the value of the SCANA Stock Fund will depend almost entirely on the financial performance of SCANA and its affiliates.

If a portion of your account is invested in the SCANA Stock Fund, you have the right to direct the Plan's trustee with respect to the vote of the number of shares of SCANA common stock credited to your account.

### **DIVERSIFICATION REDUCES MARKET RISK**

Because the SCANA Stock Fund is not diversified – it invests in only one company, SCANA – it has the highest risk of all of the investment funds under the Plan. The decision of how to invest your Plan account is yours to make, but the best way to reduce market risk is to diversify your investments. The Plan offers participants numerous investment choices, in addition to the SCANA Stock Fund, with a wide range of risk and return characteristics that allow you to construct a diversified portfolio tailored to your own investment goals. You are able at any time to transfer the portion of your Plan account that is invested in the SCANA Stock Fund into other investment funds under the Plan. You should therefore review from time to time your investment portfolio, your investment objectives, and the investment options under the Plan and consider whether the level of your investment in the SCANA Stock Fund is appropriate in light of your own financial situation and your personal retirement goals.

### **EVERCORE TRUST'S RESPONSIBILITIES**

As the independent fiduciary and investment manager for the SCANA Stock Fund under the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), Evercore Trust has the sole fiduciary responsibility under the Plan and ERISA for deciding, among other things, whether the SCANA Stock Fund should continue to be offered as an investment fund under the Plan, including deciding whether to restrict new investment in the SCANA Stock Fund or to sell or otherwise dispose of all or any portion of the SCANA common stock held in the SCANA Stock Fund (subject to any practical or legal restrictions). Under the terms of its engagement, Evercore Trust will continue to maintain the SCANA Stock Fund as a Plan investment option consistent with the terms of the Plan unless otherwise prohibited by ERISA.

Evercore Trust will not be in possession of any inside information concerning SCANA or its financial condition, and will make any decisions regarding the SCANA Stock Fund solely on the basis of publicly available information. We note that Evercore Trust currently has no intention to eliminate the SCANA Stock Fund or to sell any portion of the SCANA common stock held in the SCANA Stock Fund. Additionally, Evercore Trust does not expect to take any action with respect to the SCANA Stock Fund simply because of fluctuations in the market price of SCANA common stock. In the event of a sale or other disposition of the SCANA Stock Fund, the proceeds would be invested in the Vanguard Target Retirement Fund closest to the year in which you turn 65, pending your further investment instructions. Although Evercore Trust intends to communicate to participants any significant action it takes with respect to the SCANA Stock Fund, circumstances may require Evercore Trust to act prior to doing so.

#### **CONTACT INFORMATION**

Participants who have questions or comments regarding this letter, the SCANA Stock Fund, or the Evercore Trust's responsibilities with respect to the SCANA Stock Fund may contact Evercore Trust at [scanaplan@evercore.com](mailto:scanaplan@evercore.com).

Participants with questions regarding matters such as fund transfers, distributions, loans and account balance information should contact Bank of America Merrill Lynch at [www.benefits.ml.com](http://www.benefits.ml.com), or by phone at 1-800-228-4015.

EVERCORE TRUST COMPANY, N.A.





December 14, 2017

Dear Plan Participant,

Enclosed are the following documents related to the SCANA Corporation 401(k) Retirement Savings Plan (the "Plan"):

- A communication describing a change to a share class with a lower expense ratio for three of the Vanguard investment funds offered as investment options in the Plan; and
- The Plan's Summary Annual Report for 2017, which is provided to you at the end of each year.

Additionally, we want to inform you of the following updated information related to the independent fiduciary for the Plan's SCANA Stock Fund:

- As you have previously been informed, Evercore Trust Company, N.A. ("Evercore Trust") was appointed as the named fiduciary and investment manager of the SCANA Stock Fund under the Plan. Effective October 19, 2017, Newport Trust Company ("Newport Trust") assumed Evercore Trust's responsibilities with respect to the SCANA Stock Fund. Newport Trust's role and responsibilities are exactly the same as Evercore Trust's. The only thing that has changed is the name of the independent fiduciary and its contact information. Participants who have questions or comments regarding the SCANA Stock Fund or Newport Trust's responsibilities with respect to the SCANA Stock Fund may now contact Newport Trust at [scanaplan@newportgroup.com](mailto:scanaplan@newportgroup.com).

For questions regarding the enclosed materials or the Plan, please call (803) 217-9465.

Sincerely,

A handwritten signature in cursive script that reads "Tami S. Haselden".

Tami S. Haselden  
Plan Manager, SCANA Corporation 401(k) Retirement Savings Plan  
Enclosures



**SCANA CORPORATION  
401(k) RETIREMENT SAVINGS PLAN**

To: Participants in the SCANA Corporation 401(k) Retirement Savings Plan  
 From: Tami Haselden, Plan Manager, SCANA Corporation 401(k) Retirement Savings Plan  
 Re: Share Class Changes for Certain Investment Fund Options in the SCANA Corporation 401(k) Retirement Savings Plan  
 Date: December 14, 2017

**THIS DOCUMENT CONSTITUTES PART OF A PROSPECTUS COVERING SECURITIES THAT HAVE BEEN REGISTERED UNDER THE SECURITIES ACT OF 1933**

**Fund Share Class Changes:**

Effective January 19, 2018, the ticker symbol for the following investment fund options will be changed to reflect a new share class used for the funds with lower expense ratios as noted in the table below. The investments and policies of the underlying fund will not change at all.

Fund	New			Current		
	Class	Symbol	Net Expense Ratio	Class	Symbol	Net Expense Ratio
Vanguard Total Bond Market Index	Institutional	(VBTIX)	0.04%	Admiral	(VBTLX)	0.05%
Vanguard Extended Market Index Fund Institutional Shares	Institutional	(VIEIX)	0.06%	Admiral	(VEXAX)	0.08%
Vanguard Total International Stock Index Fund Institutional Shares	Institutional	(VTSNX)	0.09%	Admiral	(VTIAX)	0.11%

The table below shows the investment return information for the funds as of September 30, 2017:

Fund	Total Return (%)			Avg. Annual Total Return (%)		
	3rd Qtr	YTD	1 Yr	3 Yr	5 Yr	10 Yr
Vanguard Total Bond Market Index Institutional	0.73	3.15	-0.12	2.63	1.98	4.25
Vanguard Extended Market Index Fund Institutional	4.97	12.69	19.02	10.47	14.24	8.35
Vanguard Total International Stock Index Fund Institutional	5.97	21.63	19.30	5.32	7.51	-

**For Additional Information:**

A list of funds available for investment as of December 14, 2017, is available at [www.benefits.ml.com](http://www.benefits.ml.com). If you have questions about your account or to initiate transactions within your account, contact Merrill Lynch at 1-800-228-4015 or visit the Web site at [www.benefits.ml.com](http://www.benefits.ml.com). If you have questions about the existing fund options or if a fund fits your financial plan, contact the E&Y Financial Planner Line at 1-866-724-1946. Additionally, if you have further questions you may also contact me at (803) 217-9465.



## SUMMARY ANNUAL REPORT For SCANA Corporation 401(k) Retirement Savings Plan

This is a summary of the annual report for the SCANA Corporation 401(k) Retirement Savings Plan, EIN 57-0784499, Plan Number 002, for the plan year January 1, 2016 through December 31, 2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

### Basic Financial Statement

Benefits under the plan are provided by a trust fund. Plan expenses were \$107,853,906. These expenses included \$382,472 in administrative expenses and \$107,471,434 in benefits paid to participants and beneficiaries, and \$0 in other expenses. A total of 7,100 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$1,365,357,512 as of the end of the plan year, compared to \$1,182,698,633 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$182,658,879. This change includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$290,512,785, including employer contributions of \$27,361,381, employee contributions of \$38,297,071, gains/(losses) of \$19,100,248 from the sale of assets, and earnings from investments of \$200,272,525.

### Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- an accountant's report;
- financial information;
- information on payments to service providers;
- assets held for investment;
- transactions in excess of 5 % of the plan assets; and
- information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office of SCANA Corporation in care of Tami Haselden, at 220 Operation Way, B134, Cayce, SC 29033-3701 and phone number, 803-217-9465.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan: SCANA Corporation, 220 Operation Way, B134, Cayce, SC 29033-3701, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.



Active Employee

# Term Life Insurance

Summary Plan Description  
January 1, 2016



This booklet is intended to comply with the disclosure requirements of the regulations issued by the U.S. Department of Labor under the Employee Retirement Income Security Act (ERISA) of 1974. ERISA requires that you be given a "Summary Plan Description" which describes the plan and informs you of your rights under it.

#### Reservation of Rights

Although SCANA Corporation currently intends to continue the plan indefinitely, SCANA Corporation reserves the right in its sole discretion to modify, amend or terminate any and all provisions of the plan, or any coverages under the plan, at any time. No employee or other individual has any vested right to any benefit or coverage under the plan.

The Company and/or any claims fiduciaries have the discretion and authority to determine eligibility and claims for benefits and interpret the terms of the Plan.

The Plan shall not be deemed to constitute a contract between the Company and any Participant or Employee.



## Standard Insurance Company

A Stock Life Insurance Company 900 SW Fifth Avenue  
Portland, Oregon 97204-1282  
(503) 321-7000

### Certificate and Summary Plan Description Group Life Insurance

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Policyholder:	SCANA Corporation
Policy Number:	753245-A
Effective Date:	January 1, 2016

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A Group Policy has been issued to the Policyholder. We certify that you will be insured as provided by the terms of the Group Policy. If your coverage is changed by an amendment to the Group Policy, we will provide the Policyholder with a revised Certificate or other notice to be given to you.

This policy includes an Accelerated Benefit. Death benefits will be reduced if an Accelerated Benefit is paid. The receipt of this benefit may be taxable and may affect your eligibility for Medicaid or other government benefits or entitlements. However, if you meet the definition of "terminally ill individual" according to the Internal Revenue Code Section 101, your Accelerated Benefit may be non-taxable. You should consult your personal tax and/or legal advisor before you apply for an Accelerated Benefit.

Possession of this Certificate does not necessarily mean you are insured. You are insured only if you meet the requirements set out in this Certificate. If the terms of the Certificate differ from the Group Policy, the terms stated in the Group Policy will govern.

"We", "us" and "our" mean Standard Insurance Company. "You" and "your" mean the Member. All other defined terms appear with the initial letter capitalized. Section headings, and references to them, appear in boldface type.



Chairman, President and CEO



## General Plan Information

Plan Name:	SCANA Corporation Health and Welfare Benefits Plan
Plan Number:	520
Employer Identification Number:	57-0784499
Plan Year:	January 1 – December 31
Type of Plan:	Group term life and accidental death and dismemberment insurance.
Name and Address of Employer:	SCANA Corporation 220 Operation Way MC C124 Cayce, SC 29033
Plan Administrator:	Vice President of Human Resources SCANA Corporation 220 Operation Way MC C124 Cayce, SC 29033 Phone: 803-217-4444  Please note that the Standard Insurance Company is the claims fiduciary for all benefits under the SPD which are provided through contracts of insurance. The name, address and phone number of the Standard is described in the attached or previously distributed SPD.
Type of Administration:	Fully Insured
Agent for Service of Legal Process:	Corporation Service Company 1703 Laurel Street Columbia, SC 29201

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## Coverage Features

This section contains many of the features of your group life insurance. Other provisions, including exclusions and limitations, appear in other sections. Please refer to the text of each section for full details. The Table of Contents and the Index of Defined Terms help locate sections and definitions.

## General Policy Information

Group Policy Number:	753245-A
Type of Insurance Provided:	
Life Insurance:	Yes
Dependents Life Insurance:	Yes
Accidental Death and Dismemberment (AD&D) Insurance:	Yes
Policyholder:	SCANA Corporation
Employer(s):	SCANA Corporation
Group Policy Effective Date:	January 1, 2016
Policy Issued in:	South Carolina

## Becoming Insured

Employees are eligible to participate and become insured under the life insurance and AD&D benefit as described in this "Becoming Insured" section. An Employee is any individual employed by SCANA Corporation or any of its affiliates (the "Company") listed on Appendix A incorporated herein by reference. However, an Employee shall not mean: (i) any leased employee or any person classified as a leased employee by the Company regardless of whether such person is later determined, whether by the Company or otherwise, to be a common law employee of the Company; (ii) any person who is classified by the Company as an independent contractor or sub-contractor for purposes of withholding and payment of employment taxes, even if such person is later determined, whether by the Company or otherwise, to be a common law employee of the Company; or (iii) any person who is classified by the Company as a temporary, limited-term, borrowed or on-call employee on the Company's payroll records, regardless of the number of hours such person works for the Company or duration of employment with the Company

To become insured for Life Insurance you must: (a) Be a Member; (b) Complete your Eligibility Waiting Period; and (c) Meet the requirements in **Life Insurance** and **Active Work Provisions**. The requirements for becoming insured for coverages other than Life Insurance are set out in the text.

Definition of Member:

You are a Member if you are one of the following:

- A. An active employee of the Employer who is regularly working at least 32 hours each week; or
- B. An employee of the Employer who was insured under the Employer's life insurance benefit plan on the day before benefits became payable under the Employer's group long term disability benefit plan, and who is receiving benefits under the Employer's group long term disability benefit plan.

You are not a Member if you are:

1. A temporary or seasonal employee.



2. A leased employee.
3. An independent contractor.
4. A full time member of the armed forces of any country.

Class Definition:

Class 1:

Active Members other than First Responders who were hired prior to January 1, 2013.

Class 2:

Active Members other than First Responders who were hired on or after January 1, 2013.

Class 3:

Members with a long term disability claim with an effective date prior to 1/1/12.

Class 4:

Members with a long term disability claim with an effective date of 1/1/12 or later who were hired prior to 1/1/13.

Class 5:

Members with a long term disability claim with an effective date of 1/1/13 or later and who were hired on or after 1/1/13. (This class is effective March 1, 2016)

Class 6:

Active First Responder Members who were hired prior to January 1, 2013.

Class 7:

Active First Responder Members who were hired on or after January 1, 2013.

Eligibility Waiting Period:  
Of Insurability:

You are eligible on the date you become an employee. Evidence Required:

- a. For late application for Contributory insurance.
- b. For reinstatements if required.
- c. For Members and Dependents eligible but not insured under the Prior Plan.
- d. For any Plan 2 (additional) Life Insurance Benefit in excess of the Guarantee Issue Amount of the lesser of a) \$500,000 and b) 2 times your Annual Earnings. However, this requirement will be waived on the Group Policy Effective Date for an amount equal to the amount of additional life insurance under the Prior Plan on the day before the Group Policy Effective Date, if you apply on or before the Group Policy Effective Date.
- e. For any Dependents Life Insurance Benefit for your Spouse in excess of the Guarantee Issue Amount of \$20,000. However, this requirement will be waived on the Group Policy Effective Date for an amount equal to the amount of dependents life insurance under the Prior Plan on the day before the Group Policy Effective Date, if you apply on or before the Group Policy Effective Date.

- f. For any increase resulting from a plan or option change you elect.
- g. For Dependents who do not apply within 31 days of the date a confinement ends or the date the Dependent is able to perform normal activities.

\*Note: Evidence of Insurability is never required for Dependent Children.

**Certain Evidence Of Insurability Requirements Will Be Waived.** Your insurance is subject to all other terms of the Group.

**One Time Open Enrollment Period: October 12, 2015 through October 23, 2015**

If you were eligible for or insured for under the Prior Plan on the day before the Group Policy Effective Date, certain Evidence Of Insurability requirements will be waived with respect to Life Insurance.

If you are insured for an amount less than the Guarantee Issue Amount, requirement f. above will be waived if you apply for an increase in your Plan 2 (additional) Life Insurance by no more than 1 Annual Earnings increment, up to \$500,000 during your Employer's One Time Open Enrollment Period. However, Evidence Of Insurability is required to become insured for any Plan 2 Life Insurance Benefit that exceeds \$500,000.

**During Your Employer's Annual Enrollment Period**

During your Employer's Annual Enrollment Period certain Evidence Of Insurability requirements will be waived with respect to Plan 2 (additional) Life Insurance.

If you are insured for an amount less than the Guarantee Issue Amount, requirement f. above will be waived if you apply for an increase in your Plan 2 (additional) Life Insurance by no more than 1 Annual Earnings increment, up to the Guarantee Issue Amount during the Annual Enrollment Period. However, Evidence Of Insurability is required to become insured for any Plan 2 (additional) Life Insurance Benefit that exceeds the Guarantee Issue Amount.

Annual Enrollment Period means the period designated each year by your Employer when you may change insurance elections.

**For a Family Status Change**

1. If you are eligible but not insured, you may elect an amount of Plan 2 (additional) Life Insurance within 31 days of a Family Status Change; however, Evidence Of Insurability is required.
2. If you are insured for an amount of Plan 2 (additional) Life Insurance, you may elect to increase your Plan 2 (additional) Life Insurance within 31 days of a Family Status Change; however, Evidence Of Insurability is required.
3. If your Spouse is eligible but not insured for Dependents Life Insurance, requirement(s) a. and c. above will be waived for your Spouse if you apply for Dependents Life Insurance for your Spouse up to the Guarantee Issue Amount within 31 days of a Family Status Change.

Family Status Change means any of the following events:

1. Your marriage or divorce.
2. The birth of your Child.
3. The adoption of a Child by you.
4. The death of your Spouse and/or Child.
5. The commencement or termination of your Spouse's employment.
6. A change in employment from full-time to part-time by you or your Spouse.

## Premium Contributions

### Life Insurance:

Plan 1 (basic): Noncontributory

Plan 2 (additional): Contributory

### AD&D Insurance:

Plan 1 (basic): Noncontributory

Plan 2 (additional): Contributory

### Dependents Life Insurance:

Spouse: Contributory

Child: Contributory

## Schedule of Insurance

### Schedule of Life Insurance

#### For you:

#### Life Insurance Benefit:

You will become insured under Plan 1 (basic) Life Insurance if you meet the requirements to become insured under the Group Policy.

If you are insured under Plan 1 (basic), you may also become insured under any one option of Plan 2 (additional) if you meet the requirements to become insured under Plan 2 (additional) Life Insurance under the Group Policy. Plan 2 (additional) Life Insurance is a Contributory plan requiring premium contributions from Members.

You may be insured under Plan 1 (basic) and any one option of Plan 2 (additional) Life Insurance at any one time.

#### Plan 1 (basic):

Classes 1 and 6: 2 times your Annual Earnings, rounded to the next lower multiple of \$1,000, if not already a multiple of \$1,000.  
The maximum amount is \$1,250,000.

Classes 2 and 7: 1 times your Annual Earnings, rounded to the next lower multiple of \$1,000, if not already a multiple of \$1,000.  
The maximum amount is \$1,250,000.

Class 3: The retiree life insurance benefit in effect on the date you became disabled.

Class 4: 2 times your Annual Earnings, rounded to the next lower multiple of \$1,000, if not already a multiple of \$1,000.  
The maximum amount is \$1,250,000.

Class 5: 1 times your Annual Earnings, rounded to the next lower multiple of \$1,000, if not already a multiple of \$1,000.  
The maximum amount is \$1,250,000.



Plan 2 (additional):

Classes 1, 2, 6 and 7:

Your choice of one of the following options:

- Option 1: 1 times your Annual Earnings
- Option 2: 2 times your Annual Earnings
- Option 3: 3 times your Annual Earnings
- Option 4: 4 times your Annual Earnings
- Option 5: 5 times your Annual Earnings
- Option 6: 6 times your Annual Earnings

The amount of your Plan 2 (additional) Life Insurance Benefit is rounded to the next lower multiple of \$1,000, if not already a multiple of \$1,000. The maximum amount is \$1,250,000 when combined with your Plan 1 (basic) Life Insurance.

Classes 3, 4, and 5:  
Dependents Life Insurance Benefit:  
For your Spouse:

None

Classes 1, 2, 6 and 7:

You may elect one of the following options:

- Option 1: \$10,000
- Option 2: \$20,000
- Option 3: \$50,000
- Option 4: \$100,000

Classes 3, 4, and 5:  
For your Child:

None

Classes 1, 2, 6 and 7:

\$10,000

Classes 3, 4, and 5:

None

Schedule of AD&D Insurance  
For you:

AD&D Insurance Benefit:

Plan 1 (basic):

Class 1:

2 times your Annual Earnings, rounded to the next lower multiple of \$1,000, if not already a multiple of \$1,000.  
The maximum amount is \$500,000.\*

Class 2:

1 times your Annual Earnings, rounded to the next lower multiple of \$1,000, if not already a multiple of \$1,000.  
The maximum amount is \$500,000.\*

Class 6:

2 times your Annual Earnings, rounded to the next lower multiple of \$1,000, if not already a multiple of \$1,000.  
The maximum amount is \$500,000.\*

Plus an additional 1 times your Annual Earnings, rounded to the next lower multiple of \$1,000, if not already a multiple of \$1,000.  
The maximum amount is \$150,000.\*



Class 7:	1 times your Annual Earnings, rounded to the next lower multiple of \$1,000, if not already a multiple of \$1,000. The maximum amount is \$500,000.*  Plus an additional 1 times your Annual Earnings, rounded to the next lower multiple of \$1,000, if not already a multiple of \$1,000. The maximum amount is \$150,000.*
Classes 3, 4, and 5: Plan 2 (additional):	None
Classes 1, 2, 6 and 7:	Your choice of one of the following options: Option 1: 1 times your Annual Earnings* Option 2: 2 times your Annual Earnings* The amount of your Plan 2 (additional) AD&D Insurance Benefit is rounded to the next lower multiple of \$1,000, if not already a multiple of \$1,000. The maximum amount is \$500,000 when combined with your Plan 1 (basic) AD&D Insurance.*

Classes 3, 4, and 5:                      None

\*The amount payable for certain Losses is less than 100% of the AD&D Insurance Benefit. See AD&D Table Of Losses.

Seat Belt Benefit:	The amount of the Seat Belt Benefit is the lesser of (1) \$10,000 or (2) 10% of the amount of AD&D Insurance Benefit payable for loss of life.
Air Bag Benefit:	The amount of the Air Bag Benefit is the lesser of (1) \$10,000; or (2) 10% of the amount of AD&D Insurance Benefit payable for Loss of your life.
Career Adjustment Benefit:	The tuition expenses for training incurred by your Spouse within 36 months after the date of your death, exclusive of board and room, books, fees, supplies and other expenses, but not to exceed \$5,000 per year, or the cumulative total of \$10,000 or 25% of the AD&D Insurance Benefit, whichever is less.
Child Care Benefit:	The total child care expense incurred by your Spouse within 36 months after the date of your death for all Children under age 13, but not to exceed \$5,000 per year, or the cumulative total of \$10,000 or 25% of the AD&D Insurance Benefit, whichever is less.
Higher Education Benefit:	The tuition expenses incurred per Child within 4 years after the date of your death at an accredited institution of higher education, exclusive of board and room, books, fees, supplies and other expenses, but not to exceed \$5,000 per year, or the cumulative total of \$20,000 or 25% of the AD&D Insurance Benefit, whichever is less.
Occupational Assault Benefit:	The lesser of (1) \$25,000; or (2) 50% of the amount of the AD&D Insurance Benefit otherwise payable for the Loss.
Public Transportation Benefit:	The lesser of (1) \$200,000; or (2) 100% of the amount of the AD&D Insurance Benefit otherwise payable for the Loss of your life.

### AD&D Table of Losses

The amount payable is a percentage of the AD&D Insurance Benefit in effect on the date of the accident and is determined by the Loss suffered as shown in the following table:

Loss:	Percentage Payable:
a. Life	100%
b. One hand or one foot	50%
c. Sight in one eye, speech, or hearing in both ears	50%
d. Two or more of the Losses listed in b. and c. above	100%
e. Thumb and index finger of the same hand	25% *
f. Quadriplegia	100%**
g. Hemiplegia	50% **
h. Paraplegia	75% **

**No more than 100% of your AD&D Insurance will be paid for all Losses resulting from one accident.**

**\* No AD&D Insurance Benefit will be paid for Loss of thumb and index finger of the same hand if an AD&D Insurance Benefit is payable for the Loss of that entire hand.**

**\*\* No AD&D Insurance Benefit will be paid for loss of a hand or foot if an AD&D Insurance Benefit is payable for Quadriplegia, Hemiplegia, or Paraplegia involving that same hand or foot.**

## Reductions in Insurance

If you reach an age shown below, the amount of your insurance will be calculated by multiplying your applicable Increment of Annual Earnings by the appropriate percentage below then rounding down to the next lower multiple of \$1,000 if not already a multiple of \$1,000:

Life and AD&D Insurance:	Percentage
Age Of Member As of the January 1 following birthdate	
65 or over	65%

## Other Benefits

Waiver Of Premium: No

Accelerated Benefit: Yes



## Other Provisions

Limits on Right To Convert if  
Group Policy terminates  
or is amended:

Minimum Time Insured:

5 years

Maximum Conversion Amount:

\$10,000

Suicide Exclusion:

Applies to:

- a. Plan 2 (additional) Life Insurance
- b. Dependents Life Insurance on your Spouse
- c. AD&D Insurance

Leave Of Absence Period:

26 weeks

Insurance Eligible For Portability:

For you:

Life Insurance

Yes

Minimum amount:

\$10,000

Maximum amount:

The lesser of a) \$1,250,000 and b) 5 times your  
Annual earnings

AD&D Insurance

Yes

Minimum amount:

\$10,000

Maximum amount:

The lesser of a) \$500,000 and b) 5 times your  
Annual earnings

For your Spouse:

Dependents Life Insurance

Yes

Minimum amount:

\$5,000

Maximum amount:

\$100,000

For your Child:

Dependents Life Insurance

Yes

Minimum amount:

\$1,000

Maximum amount:

\$10,000

Annual Earnings based on:

Earnings in effect on your last full day of Active Work

Earnings Period for Commissions  
(see **Definitions**):

The preceding 12 calendar months



## Life Insurance

### A. Insuring Clause

If you die while insured for Life Insurance, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

### B. Amount Of Life Insurance

See the **Coverage Features** for the Life Insurance schedule.

### C. Changes In Life Insurance

#### 1. Increases

You must apply in writing for any elective increase in your Life Insurance.

Subject to the **Active Work Provisions**, an increase in your Life Insurance becomes effective as follows:

##### a. Increases Subject To Evidence Of Insurability

An increase in your Life Insurance subject to Evidence Of Insurability becomes effective on the date we approve your Evidence Of Insurability.

##### b. Increases Not Subject To Evidence Of Insurability

An increase in your Life Insurance not subject to Evidence Of Insurability becomes effective on:

- i. The beginning of the pay period that coincides with or next follows the date you apply for an elective increase or the date of change in your classification or Annual Earnings.
- ii. The January 1 following the date of a change in your age.
- iii. The later of the date you apply or the date of the Family Status Change, if you apply within 31 days of a Family Status Change.
- iv. The beginning of the next plan year following the date you apply, if you apply during an Annual Enrollment Period.

#### 2. Decreases

A decrease in your Life Insurance because of a change in your classification, or Annual Earnings becomes effective the beginning of the pay period that coincides with or next follows the date of the change.

A decrease in your Life Insurance because of a change in your age becomes effective on the January 1 following the date of a change in your age.

Any other decrease in your Life Insurance becomes effective on the first day of the calendar month coinciding with or next following the date the Policyholder or your Employer receives your written request for the decrease.

### D. Repatriation Benefit

The amount of the Repatriation Benefit is shown in the **Coverage Features**. We will pay a Repatriation Benefit if all of the following requirements are met.

1. A Life Insurance Benefit is payable because of your death.
2. You die more than 200 miles from your primary place of residence.

3. Expenses are incurred to transport your body to a mortuary near your primary place of residence.

E. Suicide Exclusion: Life Insurance

If your death results from suicide or other intentionally self-inflicted Injury, while sane or insane, 1 and 2 below apply.

1. The amount payable will exclude the amount of your Life Insurance which is subject to this suicide exclusion and which has not been continuously in effect for at least 2 years on the date of your death. In computing the 2-year period, we will include time you were insured under the Prior Plan.
2. We will refund all premiums paid for that portion of your Life Insurance which is excluded from payment under this suicide exclusion.

F. When Life Insurance Becomes Effective

The **Coverage Features** states whether your Life Insurance is Contributory or Noncontributory. Subject to the **Active Work Provisions**, your Life Insurance becomes effective as follows:

1. Life Insurance subject to Evidence Of Insurability

Life Insurance subject to Evidence Of Insurability becomes effective on the date we approve your Evidence Of Insurability.

2. Life Insurance not subject to Evidence Of Insurability

a. Noncontributory Life Insurance

Noncontributory Life Insurance not subject to Evidence Of Insurability becomes effective on the date you become eligible.

b. Contributory Life Insurance

You must apply in writing for Contributory Life Insurance and agree to pay premiums. Contributory Life Insurance not subject to Evidence Of Insurability becomes effective on:

- i. The date you become eligible if you apply on or before that date.
- ii. The date you apply if you apply within 31 days after you become eligible.
- iii. The later of the date you apply or the date of the Family Status Change, if you apply within 31 days of a Family Status Change.
- iv. The beginning of the next plan year following the date you apply, if you apply during the Annual Enrollment Period.

Late application: Evidence Of Insurability is required if you apply more than 31 days after you become eligible.

3. Takeover Provision

- a. If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, your Eligibility Waiting Period is waived on the effective date of your Employer's coverage under the Group Policy.
- b. You must submit satisfactory Evidence Of Insurability to become insured for Life Insurance if you were eligible under the Prior Plan for more than 31 days but were not insured.

G. When Life Insurance Ends

Life Insurance ends automatically on the earliest of:

1. The date the last period ends for which a premium was paid for your Life Insurance;

2. The date the Group Policy terminates;
3. Classes 3, 4, and 5: The date your long term disability benefits end;
4. The date your employment terminates, unless you are covered as a retired Member; and
5. The date you cease to be a Member. However, if you cease to be a Member because you are working less than the required minimum number of hours, your Life Insurance will be continued with premium payment during the following periods, unless it ends under 1 through 4 above.
  - a. While your Employer is paying you at least the same Annual Earnings paid to you immediately before you ceased to be a Member.
  - b. While your ability to work is limited because of Sickness, Injury, or Pregnancy.
  - c. During the first 60 days of:
    - (1) A temporary layoff; or
    - (2) A strike, lockout, or other general work stoppage caused by a labor dispute between your collective bargaining unit and your Employer.
  - d. During a leave of absence if continuation of your insurance under the Group Policy is required by a state-mandated family or medical leave act or law.
  - e. During any other scheduled leave of absence approved by your Employer in advance and in writing and lasting not more than the period shown in the **Coverage Features**.

#### H. Reinstatement Of Life Insurance

If your Life Insurance ends, you may become insured again as a new Member. However, 1 through 4 below will apply.

1. If your Life Insurance ends because you cease to be a Member, and if you become a Member again within 90 days, the Eligibility Waiting Period will be waived.
2. If your Life Insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
3. If you exercised your Right To Convert, you must provide Evidence Of Insurability to become insured again.
4. If your Life Insurance ends because you are on a federal or state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state-mandated family or medical leave act or law.



## Dependents Life Insurance

### A. Insuring Clause

If your Dependent dies while insured for Dependents Life Insurance, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

### B. Amount Of Dependents Life Insurance

See the **Coverage Features** for the amount of your Dependents Life Insurance.

### C. Changes In Dependents Life Insurance

#### 1. Increases

You must apply in writing for any elective increase in your Dependents Life Insurance.

Subject to the **Active Work Provisions**, an increase in your Dependents Life Insurance becomes effective as follows:

##### a. Increases Subject To Evidence Of Insurability

An increase in your Dependents Life Insurance subject to Evidence Of Insurability becomes effective on the date we approve that Dependent's Evidence Of Insurability.

##### b. Increases Not Subject To Evidence Of Insurability

An Increase in your Dependents Life Insurance not subject to Evidence Of Insurability becomes effective on:

- i. The first day of the calendar month coinciding with or next following the date you apply if you apply for an elective increase.
- ii. The date your Life Insurance increases if your Dependents Life Insurance increases because of an increase in your Life Insurance.
- iii. The later of the date you apply or the date of the Family Status Change, if you apply within 31 days of a Family Status Change.
- iv. The beginning of the next plan year following the date you apply, if you apply during an Annual Enrollment Period.

#### 2. Decreases

A decrease in your Dependents Life Insurance because of a decrease in your Life Insurance becomes effective on the date your Life Insurance decreases.

### D. Definitions For Dependents Life Insurance

Dependent means your Spouse or Child. Dependent does not include a person who is a full-time member of the armed forces of any country.

### E. Becoming Insured For Dependents Life Insurance

#### 1. Eligibility

You become eligible to insure your Dependents on the later of:

- a. The date you become eligible for Life Insurance; and

- b. The date you first acquire a Dependent.

A Member may not be insured as both a Member and a Dependent. A Child may not be insured by more than one Member.

## 2. Effective Date

The **Coverage Features** states whether your Dependents Life Insurance is Contributory or Noncontributory. Subject to the **Active Work Provisions**, your Dependents Life Insurance becomes effective as follows:

### a. Dependents Life Insurance Subject To Evidence Of Insurability

Dependents Life Insurance subject to Evidence Of Insurability becomes effective on the later of:

1. The date your Life Insurance becomes effective; and
2. The first day of the calendar month coinciding with or next following the date we approve the Dependent's Evidence Of Insurability.

### b. Dependents Life Insurance Not Subject To Evidence Of Insurability

#### 1. Noncontributory Dependents Life Insurance

Noncontributory Dependents Life Insurance not subject to Evidence Of Insurability becomes effective on the later of:

- i. The date your Life Insurance becomes effective; and
- ii. The date you first acquire a Dependent.

#### 2. Contributory Dependents Life Insurance

You must apply in writing for Contributory Dependents Life Insurance and agree to pay premiums. Contributory Dependents Life Insurance not subject to Evidence Of Insurability becomes effective on the latest of:

- i. The date your Life Insurance becomes effective if you apply on or before that date;
- ii. The date you become eligible to insure your Dependents if you apply on or before that date;
- iii. The date you apply if you apply within 31 days after you become eligible;
- iv. The later of the date you apply or the date of the Family Status Change, if you apply within 31 days of a Family Status Change; and
- v. The beginning of the next plan year following the date you apply, if you apply during the Annual Enrollment Period.

Late Application: Evidence Of Insurability is required for each Dependent if you apply more than 31 days after you become eligible.

### c. Dependent Deferred Effective Date If Confined

Dependents Life Insurance will not become effective for your Dependent who is confined to a Hospital or Nursing Home; the home; or otherwise is unable to perform, unaided, the normal activities of a person in good health of the same age and gender on the day before the scheduled effective date of your Dependents Life Insurance.



You may apply in writing and agree to pay premiums for Contributory Dependents Life Insurance within 31 days of the date the confinement ends or the date your Dependent is able to perform normal activities without submitting Evidence Of Insurability. If you do not apply within this period, your application will be treated as late. If the application is late, Dependents Life Insurance for your Dependent becomes effective on the first day of the calendar month coinciding with or next following the date we approve that Dependent's Evidence Of Insurability.

Dependents Life Insurance for which timely application was made for your Dependent will become effective on the date you apply. However, this section will not apply to a newborn Child or Child who is Disabled. This section will not apply to Dependents Life Insurance equal to the amount of dependents life insurance in effect under the Prior Plan on the day before the Group Policy Effective Date.

Note: This section only applies when the Dependents Life Insurance is Contributory.

d. While your Dependents Life Insurance is in effect, each new Child becomes insured immediately.

e. Takeover Provision

Each Dependent who was eligible under the Prior Plan for more than 31 days but was not insured must submit satisfactory Evidence Of Insurability to become insured for Dependents Life Insurance.

#### F. When Dependents Life Insurance Ends

Dependents Life Insurance ends automatically on the earliest of:

1. Five months after you die (no premiums will be charged for your Dependents Life Insurance during this time);
2. The date your Life Insurance ends;
3. The date the Group Policy terminates, or the date Dependents Life Insurance terminates under the Group Policy;
4. The date the last period ends for which you made a premium contribution, if your Dependents Life Insurance is Contributory;
5. For your Spouse, the date of your divorce;
6. For any Dependent, the date the Dependent ceases to be a Dependent.

## Accidental Death and Dismemberment Insurance

### A. Insuring Clause

If you have an accident, including accidental exposure to adverse weather conditions, while insured for AD&D Insurance, and the accident results in a Loss, we will pay benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

### B. Definition Of Loss For AD&D Insurance

Loss means loss of life, hand, foot, sight, speech, hearing in both ears, thumb and index finger of the same hand and Quadriplegia, Hemiplegia or Paraplegia which meets all of the following requirements:

1. Is caused solely and directly by an accident.
2. Occurs independently of all other causes.
3. Occurs within 365 days after the accident.



4. With respect to Loss of life, is evidenced by a certified copy of the death certificate.
5. With respect to all other Losses, is certified by a Physician in the appropriate specialty as determined by us.

With respect to Loss of life, death will be presumed if you disappear and the disappearance:

1. Is caused solely and directly by an accident that reasonably could have caused Loss of life;
2. Occurs independently of all other causes; and
3. Continues for a period of 365 days after the date of the accident, despite reasonable search efforts.

With respect to a hand or foot, Loss means actual and permanent severance from the body at or above the wrist or ankle joint, whether or not surgically reattached.

With respect to sight, Loss means entire, uncorrectable, and irrecoverable loss of sight.

With respect to speech, Loss means entire, uncorrectable, and irrecoverable loss of audible speech.

With respect to hearing, Loss means entire, uncorrectable, and irrecoverable loss of hearing in both ears.

With respect to thumb and index finger of the same hand, Loss means actual and permanent severance from the body at or above the metacarpophalangeal joints.

With respect to Quadriplegia, Hemiplegia, and Paraplegia, Loss must be permanent, complete, and irreversible.

Quadriplegia means total paralysis of both upper and lower limbs. Hemiplegia means total paralysis of the upper and lower limbs on the same side of the body. Paraplegia means total paralysis of both lower limbs.

#### C. Amount Payable

See **Coverage Features** for the AD&D Insurance schedule. The amount payable is a percentage of the AD&D Insurance Benefit in effect on the date of the accident and is determined by the Loss suffered. See AD&D Table Of Losses in the **Coverage Features**.

#### D. Changes in AD&D Insurance

Changes in your AD&D Insurance will become effective on the date your Life Insurance changes.

#### E. AD&D Insurance Exclusions

No AD&D Insurance benefit is payable if the accident or Loss is caused or contributed to by any of the following:

1. War or act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature.
2. Suicide or other intentionally self-inflicted injury, while sane or insane.
3. Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot while performing your official duties.
4. The voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a Physician.
5. Sickness or Pregnancy existing at the time of the accident.
6. Heart attack or stroke.

7. Medical or surgical treatment for any of the above.

F. Additional AD&D Benefits

Seat Belt Benefit

The amount of the Seat Belt Benefit is shown in the **Coverage Features**.

We will pay a Seat Belt Benefit if all of the following requirements are met:

1. You die as a result of an Automobile accident for which an AD&D Insurance Benefit is payable for Loss of your Life; and
2. You are wearing and properly utilizing a Seat Belt System at the time of the accident, as evidenced by a police accident report.

Seat Belt System means a properly installed combination lap and shoulder restraint system that meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration. Seat Belt System will include a lap belt alone, but only if the Automobile did not have a combination lap and shoulder restraint system when manufactured. Seat Belt System does not include a shoulder restraint alone.

Automobile means a motor vehicle licensed for use on public highways.

Air Bag Benefit

The amount of the Air Bag Benefit is shown in the **Coverage Features**. We will pay an Air Bag Benefit if all of the following requirements are met:

1. You die as a result of an Automobile accident for which a Seat Belt Benefit is payable for Loss of your life.
2. The Automobile is equipped with an Air Bag System that was installed as original equipment by the Automobile manufacturer and has received regular maintenance or scheduled replacement as recommended by the Automobile or Air Bag manufacturer.
3. You are seated in the driver's or a passenger's seating position intended to be protected by the Air Bag System and the Air Bag System deploys, as evidenced by a police accident report.

Air Bag System means an automatically inflatable passive restraint system that is designed to provide automatic crash protection in front or side impact Automobile accidents and meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration.

Automobile means a motor vehicle licensed for use on public highways.

Career Adjustment Benefit

The amount of the Career Adjustment Benefit is shown in the **Coverage Features**.

We will pay a Career Adjustment Benefit to your Spouse if all of the following requirements are met:

1. You are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
3. Your Spouse is, within 36 months after the date of your death, registered and in attendance at an accredited institution of higher education or trades training program for the purpose of obtaining employment or increasing earnings.

No Career Adjustment Benefit will be paid if you have no surviving Spouse.

#### Child Care Benefit

The amount of the Child Care Benefit is shown in the **Coverage Features**.

We will pay a Child Care Benefit to your Spouse if all of the following requirements are met:

1. You are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
3. Your Spouse pays a licensed child care provider who is not a member of your family for child care provided to your Child(ren) under age 13 within 36 months of your death.
4. The child care is necessary in order for your Spouse to work or to obtain training for work or to increase earnings.

No Child Care Benefit will be paid if you have no surviving Spouse.

#### Higher Education Benefit

The amount of the Higher Education Benefit is shown in the **Coverage Features**.

We will pay a Higher Education Benefit to your Child if all of the following requirements are met:

1. You are insured for AD&D Insurance under the Group Policy.
2. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
3. Your Child is, within 12 months after the date of your death, registered and in full-time attendance at an accredited institution of higher education beyond high school.

The Higher Education Benefit will be paid to each Child who meets the requirements of item 3 above, for a maximum of 4 consecutive years beginning on the date of your death. No Higher Education Benefit will be paid if there is no Child eligible to receive it.

#### Occupational Assault Benefit

The amount of the Occupational Assault Benefit is shown in the **Coverage Features**.

We will pay an Occupational Assault Benefit if all of the following requirements are met:

1. While Actively At Work you suffer a Loss for which an AD&D Insurance Benefit is payable.
2. The Loss is the result of an act of physical violence against you that is punishable by law and is evidenced by a police report.

#### Public Transportation Benefit

The amount of the Public Transportation Benefit is shown in the **Coverage Features**.

We will pay a Public Transportation Benefit if all of the following requirements are met:

1. You die as a result of an accident for which an AD&D Insurance Benefit is payable for Loss of your life.
2. The accident occurs while you are riding as a fare-paying passenger on Public Transportation.

Public Transportation means a public passenger conveyance operated by a licensed common carrier for the

transportation of the general public for a fare and operating on regular passenger routes with a definite schedule of departures and arrivals.

G. Becoming Insured For AD&D Insurance

1. Eligibility

You become eligible for AD&D Insurance on the date your Life Insurance is effective.

2. Effective Date

The **Coverage Features** states whether AD&D Insurance is Contributory or Noncontributory. Subject to the **Active Work Provisions**, AD&D Insurance becomes effective as follows:

a. Noncontributory AD&D Insurance

Noncontributory AD&D Insurance becomes effective on the date you become eligible.

b. Contributory AD&D Insurance

You must apply in writing for Contributory AD&D Insurance and agree to pay premiums. Contributory AD&D Insurance becomes effective on the later of:

- i. The date you become eligible if you apply on or before that date.
- ii. The first day of the calendar month coinciding with or next following the date you apply, if you apply after you become eligible.

H. When AD&D Insurance Ends

AD&D Insurance ends automatically on the earlier of:

1. The date your Life Insurance ends.
2. The date AD&D Insurance terminates under the Group Policy.
3. The date the last period ends for which a premium was paid for your AD&D Insurance.

## Active Work Provisions

If you are incapable of Active Work because of Sickness, Injury or Pregnancy on the day before the scheduled effective date of your insurance or an increase in your insurance, your insurance or increase will not become effective until the day after you complete one full day of Active Work as an eligible Member.

Active Work and Actively At Work mean performing the material duties of your own occupation at your Employer's usual place of business. You will also meet the Active Work requirement if:

1. You were absent from Active Work because of a regularly scheduled day off, holiday, or vacation day;
2. You were Actively At Work on your last scheduled work day before the date of your absence; and
3. You were capable of Active Work on the day before the scheduled effective date of your insurance or increase in your insurance.

## Continuity of Coverage

### A. Waiver Of Active Work Requirement

If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, you can become insured on the effective date of your Employer's coverage without meeting the Active Work requirement. See Active Work Provisions.

### B. Payment Of Benefit

The benefits payable before you meet the Active Work requirement will be:

1. The benefits which would have been payable under the terms of the Prior Plan if it had remained in force; reduced by
2. Any benefits payable under the Prior Plan.

## Portability of Insurance

### A. Portability Of Insurance

If your insurance under the Group Policy ends because your insurance under the Group Policy terminates, you may be eligible to buy portable group insurance coverage as shown in the **Coverage Features** for yourself and your Dependents without submitting Evidence Of Insurability. To be eligible you must satisfy the following requirements:

1. On the date your insurance under the Group Policy terminates, you must be able to perform with reasonable continuity the material duties of at least one gainful occupation for which you are reasonably fitted by education, training and experience.

(If you are unable to meet this requirement, see the **Right To Convert** provision for other options that may be available to you under the Group Policy.)

2. On the date your insurance under the Group Policy terminates, you are under age 80.
3. On the date your insurance under the Group Policy terminates, you must have been continuously insured under the Group Policy for at least 12 consecutive months. In computing the 12 consecutive month period, we will include time insured under the Prior Plan.
4. You must apply in writing and pay the first premium directly to us at our Home Office within 60 days after the date your insurance under the Group Policy terminates. You must purchase portable group life insurance coverage for yourself in order to purchase any other insurance eligible for portability.

This portable group insurance will be provided under a master Group Life Portability Insurance Policy we have issued to the Standard Insurance Company Group Insurance Trust. If approved, the certificate you will receive will be governed under the terms of the Group Life Portability Insurance Policy and will contain provisions that differ from your Employer's coverage under the Group Policy.

### B. Amount Of Portable Insurance

The minimum and maximum amounts that you are eligible to buy under the Group Life Portability Insurance Policy are shown in the **Coverage Features**. You may buy less than the maximum amounts in increments of \$1,000.

The combined amounts of insurance purchased under this **Portability Of Insurance** provision and the **Right To Convert** provision cannot exceed the amount in effect under the Group Policy on the day before your insurance under the Group Policy terminates.

C. When Portable Insurance Becomes Effective

Portable group insurance will become effective the day after your insurance under the Group Policy terminates, if you apply within 60 days after the date your insurance under the Group Policy terminates.

If death occurs within 60 days after the date insurance ends under the Group Policy, life insurance benefits, if any, will be paid according to the terms of the Group Policy in effect on the date your insurance under the Group Policy terminates and not the terms of the Group Life Portability Insurance Policy. AD&D benefits, if any, will be paid according to the terms of the Group Policy or the Group Life Portability Insurance Policy, but not both. In no event will the benefits paid exceed the amount in effect under the Group Policy on the day before your insurance under the Group Policy terminates.

## Continuation of Insurance During Total Disability

A. Continuation Of Insurance During Total Disability Benefit

Insurance will be continued with payment of premiums by the Policyholder while you are Totally Disabled if:

1. You become Totally Disabled while insured under the Group Policy and while under age 60;
2. You apply and are approved for the Continuation Of Insurance During Total Disability Benefit; and
3. You give us Proof Of Loss.

B. Definitions For Continuation Of Insurance During Total Disability

1. Insurance means your Life Insurance under the Group Policy.
2. Totally Disabled means that, as a result of Sickness, accidental Injury, or Pregnancy, you are unable to perform with reasonable continuity the material duties of any gainful occupation for which you are reasonably fitted by education, training and experience.

C. Amount Of Insurance

The amount of Insurance continued is the amount in effect on the day before you become Totally Disabled, subject to the following:

1. Insurance will be reduced or terminated according to the Group Policy provisions in effect on the day before you become Totally Disabled.
2. If you receive an Accelerated Benefit, Insurance will be reduced according to the **Accelerated Benefit** provision.

D. When Continuation Of Insurance During Total Disability Ends Continuation Of Insurance During Total Disability ends on the earliest of:

1. The date you cease to be Totally Disabled.
2. 90 days after the date we mail you a request for additional Proof Of Loss, if it is not given.
3. The date you fail to attend an examination or cooperate with the examiner.
4. With respect to the amount of Insurance which an insured has converted, the effective date of the individual life insurance policy issued to the insured.
5. The last day of the last period for which the required premium contribution is paid by the Policyholder.

6. For Noncontributory Insurance, the date you reach age 65.
7. For Contributory Insurance, 26 weeks from the date you become Totally Disabled.
8. The date the Group Policy terminates.

## Accelerated Benefit

### A. Accelerated Benefit

If you or your Spouse give us satisfactory proof of having a Qualifying Medical Condition while you are insured under the Group Policy, you may have the right to receive during your lifetime a portion of your Insurance as an Accelerated Benefit. You must have at least \$10,000 of Insurance in effect to be eligible.

If your Insurance is scheduled to end within 24 months following the date you apply for the Accelerated Benefit, you will not be eligible for the Accelerated Benefit.

Qualifying Medical Condition means you are terminally ill as a result of an illness or physical condition which is reasonably expected to result in death within 12 months.

We may have you examined at our expense in connection with your claim for an Accelerated Benefit. Any such examination will be conducted by one or more Physicians of our choice.

### B. Application For Accelerated Benefit

You must apply for an Accelerated Benefit. To apply you must give us satisfactory Proof Of Loss on our forms. Proof Of Loss must include a statement from a Physician that you have a Qualifying Medical Condition.

### C. Amount Of Accelerated Benefit

You may receive an Accelerated Benefit of up to 90% of your Insurance. The maximum Accelerated Benefit is \$500,000. The minimum Accelerated Benefit is \$5,000 or 10% of your Insurance, whichever is greater.

If the amount of your Insurance is scheduled to reduce within 24 months following the date you apply for the Accelerated Benefit, your Accelerated Benefit will be based on the reduced amount.

The Accelerated Benefit will be paid to you once in your lifetime in a lump sum. If you recover from your Qualifying Medical Condition after receiving an Accelerated Benefit, we will not ask you for a refund.

### D. Effect On Insurance And Other Benefits

For any purpose other than premium payment, the amount of your Insurance after payment of the Accelerated Benefit will be the greater of the amounts in (1) and (2) below; however, if you assign your rights under the Group Policy, the amount of your Insurance will be the amount in (2) below.

1. 10% of the amount of your Insurance as if no Accelerated Benefit had been paid; or
2. The amount of your Insurance as if no Accelerated Benefit had been paid; minus  
The amount of the Accelerated Benefit; minus  
An interest charge calculated as follows:

$A \text{ times } B \text{ times } C \text{ divided by } 365 = \text{interest charge.}$

A = The amount of the Accelerated Benefit.



B = The monthly average of our variable policy loan interest rate.

C = The number of days from payment of the Accelerated Benefit to the earlier of (1) the date you die, and (2) the date you have a Right To Convert.

The amount of your AD&D Insurance, if any, is not affected by payment of the Accelerated Benefit.

Note: If you assign your rights under the Group Policy, the amount of your Insurance after payment of the Accelerated Benefit will be the amount in (2) above.

E. Exclusions

No Accelerated Benefit will be paid if:

1. All or part of your Insurance must be paid to your Child(ren), or your Spouse or former Spouse as part of a court approved divorce decree, separate maintenance agreement, or property settlement agreement.
2. You are married and live in a community property state unless you give us a signed written consent from your Spouse.
3. You have made an assignment of all or part of your Insurance unless you give us a signed written consent from the assignee.
4. You have filed for bankruptcy, unless you give us written approval from the Bankruptcy Court for payment of the Accelerated Benefit.
5. You are required by a government agency to use the Accelerated Benefit to apply for, receive, or continue a government benefit or entitlement.
6. You have previously received an Accelerated Benefit under the Group Policy.

f. Definitions For Accelerated Benefit

Insurance means your Life Insurance Benefit under the Group Policy.

## Right to Convert

A. Right To Convert

You may buy an individual policy of life Insurance without Evidence Of Insurability if:

1. Your Insurance ends or is reduced due to a Qualifying Event; and
2. You apply in writing and pay us the first premium during the Conversion Period.

Except as limited under C. Limits On Right To Convert, the maximum amount you have a Right To Convert is the amount of your Insurance which ended.

B. Definitions For Right To Convert

1. Conversion Period means the 60-day period after the date of any Qualifying Event.
2. Insurance means all your insurance under the Group Policy, but excluding AD&D Insurance.

3. Qualifying Event means termination or reduction of your Insurance for any reason except:
  - a. The Member's failure to make a required premium contribution.
  - b. Payment of an Accelerated Benefit.
4. You and your mean any person insured under the Group Policy.

C. Limits On Right To Convert

If your Insurance ends or is reduced because of termination or amendment of the Group Policy, 1 and 2 below will apply.

1. You may not convert Insurance which has been in effect for less than the Minimum Time Insured. See **Coverage Features**.
2. The maximum amount you have a Right To Convert is the lesser of:
  - a. The amount of your Insurance which ended, minus any other group life insurance for which you become eligible during the Conversion Period; and
  - b. The Maximum Conversion Amount. See **Coverage Features**.

D. The Individual Policy

You may select any form of individual life Insurance policy we issue to persons of your age, except:

1. A term insurance policy;
2. A universal life policy;
3. A policy with disability, accidental death, or other additional benefits; or
4. A policy in an amount less than the minimum amount we issue for the form of life insurance you select.

The individual policy of life insurance will become effective on the day after the end of the Conversion Period. We will use our published rates for standard risks to determine the premium.

E. Death During The Conversion Period

If you die during the Conversion Period, we will pay a death benefit equal to the maximum amount you had a Right To Convert, whether or not you applied for an individual policy. The benefit will be paid according to the **Benefit Payment** and **Beneficiary Provisions**.

## Claims

A. Filing A Claim

Claims should be filed on our forms. If we do not provide our forms within 15 days after they are requested, the claim may be submitted in a letter to us.

B. Time Limits On Filing Proof Of Loss

Proof Of Loss must be provided within 90 days after the date of the loss. If that is not possible, it must be provided as soon as reasonably possible, but not later than one year after that 90-day period.

If Proof Of Loss is filed outside these time limits, the claim will be denied. These limits will not apply while the Member or Beneficiary lacks legal capacity.

C. Proof Of Loss

Proof Of Loss means written proof that a loss occurred:

1. For which the Group Policy provides benefits;
2. Which is not subject to any exclusions; and
3. Which meets all other conditions for benefits.

Proof Of Loss includes any other information we may reasonably require in support of a claim. Proof Of Loss must be in writing and must be provided at the expense of the claimant. No benefits will be provided until we receive Proof Of Loss satisfactory to us.

D. Investigation Of Claim

We may have you examined at our expense at reasonable intervals. Any such examination will be conducted by specialists of our choice.

We may have an autopsy performed at our expense, except where prohibited by law.

E. Time Of Payment

We will pay benefits within 60 days after Proof Of Loss is satisfied.

F. Notice Of Decision On Claim

We will evaluate a claim for benefits promptly after we receive it. With respect to all claims (or other benefits based on disability), within 90 days after we receive the claim we will send the claimant: (a) a written decision on the claim; or (b) a notice that we are extending the period to decide the claim for an additional 90 days.

If we extend the period to decide the claim, we will notify the claimant of the following: (a) the reasons for the extension; (b) when we expect to decide the claim; (c) an explanation of the standards on which entitlement to benefits is based; (d) the unresolved issues preventing a decision; and (e) any additional information we need to resolve those issues.

If we request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, we may decide the claim based on the information we have received.

If we deny any part of the claim, we will send the claimant a written notice of denial containing:

1. The reasons for our decision.
2. Reference to the parts of the Group Policy on which our decision is based.
3. A description of any additional information needed to support the claim.
4. Information concerning the claimant's right to a review of our decision.
5. Information concerning the right to bring a civil action for benefits under section 502(a) of ERISA if the claim is denied on review.

## G. Review Procedure

If all or part of a claim is denied, the claimant may request a review. The claimant must request a review in writing; within 60 days after receiving notice of the denial of any other claim.

The claimant may send us written comments or other items to support the claim. The claimant may review and receive copies of any non-privileged information that is relevant to the request for review. There will be no charge for such copies. Our review will include any written comments or other items the claimant submits to support the claim.

We will review the claim promptly after we receive the request. With respect to all claims within 60 days after we receive the request for review we will send the claimant: (a) a written decision on review; or (b) a notice that we are extending the review period for 60 days.

If an extension is due to the claimant's failure to provide information necessary to decide the claim on review, the extended time period for review of the claim will not begin until the claimant provides the information or otherwise responds.

If we extend the review period, we will notify the claimant of the following: (a) the reasons for the extension; (b) when we expect to decide the claim on review; and (c) any additional information we need to decide the claim.

If we request additional information, the claimant will have 45 days to provide the information. If the claimant does not provide the requested information within 45 days, we may conclude our review of the claim based on the information we have received.

If we deny any part of the claim on review, the claimant will receive a written notice of denial containing:

1. The reasons for our decision.
2. Reference to the parts of the Group Policy on which our decision is based.
3. Information concerning the claimant's right to receive, free of charge, copies of non-privileged documents and records relevant to the claim.
4. Information concerning the right to bring a civil action for benefits under section 502(a) of ERISA.

The Group Policy does not provide voluntary alternative dispute resolution options. However, you may contact your local U.S. Department of Labor Office and your State Insurance regulatory agency for assistance.

## Assignment

If the amount of your Life Insurance is less than \$25,000, you may not make an assignment. If the amount of your Life Insurance is \$25,000 or more, you may make an absolute assignment of all your Life and AD&D Insurance, subject to 1 through 8 below.

1. All insurance under the Group Policy, including AD&D Insurance, is assignable. Dependents Life Insurance is not assignable.
2. You may not make a collateral assignment.
3. The assignment must be absolute and irrevocable. It must transfer all rights, including:
  - a. The right to change the Beneficiary;
  - b. The right to buy an individual life insurance policy on your life under Right To Convert; and
  - c. The right to receive accidental dismemberment benefits.

- e. The right to apply for and receive an Accelerated Benefit.
- 4. The assignment will apply to all of your Life and AD&D Insurance in effect on the date of the assignment or becoming effective after that date.
- 5. The assignment may be to any person permitted by law.
- 6. The assignment will have no effect unless it is: made in writing, signed by you, and delivered to the Policyholder or Employer in your lifetime. Neither we, the Policyholder, nor the Employer are responsible for the validity, sufficiency or effect of the assignment.
- 7. All accidental dismemberment benefits will be paid to the assignee. All death benefits will be paid according to the beneficiary designation on file with the Policyholder or Employer, and the **Benefit Payment** and **Beneficiary Provisions**.
- 8. The assignment will not change the Beneficiary, unless the assignee later changes the Beneficiary. Any payment we make according to the beneficiary designation on file with the Policyholder or Employer, and the **Benefit Payment** and **Beneficiary Provisions** will fully discharge us to the extent of the payment.

You may not make an assignment which is contrary to the rules in 1 through 8 above.

## Benefit Payment and Beneficiary Provisions

### A. Payment Of Benefits

- 1. Except as provided in item 5 below, benefits payable because of your death will be paid to the Beneficiary you name. See B through E of this section.
- 2. AD&D Insurance benefits payable for Losses other than Loss of Life will be paid to the person who suffers the Loss for which benefits are payable. Any such benefits remaining unpaid at that person's death will be paid according to the provisions for payment of a death benefit.
- 3. The benefits below will be paid to you if you are living.
  - a. AD&D Insurance benefits payable because of the death of your Dependent.
  - b. Dependents Life Insurance benefits.
  - c. Accelerated Benefits.
- 4. Dependents Life Insurance benefits and AD&D Insurance benefits payable because of the death of your Dependent which are unpaid at your death will be paid in equal shares to the first surviving class of the classes below.
  - a. The children of the Dependent.
  - b. The parents of the Dependent.
  - c. The brothers and sisters of the Dependent.
  - d. Your estate.
- 5. Additional Benefits will be paid as follows:

The Child Care Benefit will be paid to your surviving Spouse. No Child Care Benefit will be paid if you have no Spouse.

The Career Adjustment Benefit will be paid to your Spouse. No Career Adjustment Benefit will be paid if you have no Spouse.

The Higher Education Benefit will be paid to each eligible Child. No Higher Education Benefit will be paid if there is no Child eligible to receive it.

The Repatriation Benefit will be paid to the person who incurs the transportation expenses.

#### B. Naming A Beneficiary

Beneficiary means a person you name to receive death benefits. You may name one or more Beneficiaries.

If you name two or more Beneficiaries in a class:

1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.

You may name or change Beneficiaries at any time without the consent of a Beneficiary.

Your Beneficiary designation must be the same for Life Insurance and AD&D Insurance death benefits.

You may name or change Beneficiaries in writing. Writing includes a form signed by you; or a verification from us, or our designated agent, the Policyholder, the Policyholder's designated agent, the Employer, or the Employer's designated agent of an electronic or telephonic designation made by you.

Your designation:

1. Must be dated;
2. Must be delivered to us, our designated agent, the Policyholder, the Policyholder's designated agent, the Employer, or the Employer's designated agent; during your lifetime.
3. Must relate to the insurance provided under the Group Policy; and
4. Will take effect on the date it is delivered or, if a telephonic or electronic designation, verified by us, our designated agent, the Policyholder, the Policyholder's designated agent, the Employer, or the Employer's designated agent.

If we approve it, a designation, which meets the requirements of a Prior Plan, will be accepted as your Beneficiary designation under the Group Policy.

#### C. Simultaneous Death Provision

If a Beneficiary or a person in one of the classes listed in Item D. No Surviving Beneficiary dies on the same day you die, or within 15 days thereafter, benefits will be paid as if that Beneficiary or person had died before you, unless Proof Of Loss with respect to your death is delivered to us before the date of the Beneficiary's death.

#### D. No Surviving Beneficiary

If you do not name a Beneficiary, or if you are not survived by one, benefits will be paid in equal shares to the first surviving class of the classes below.

1. Your Spouse. (See **Definitions**)
2. Your children.

3. Your parents.
4. Your brothers and sisters.
5. Your estate.

E. Methods Of Payment

Recipient means a person who is entitled to benefits under this **Benefit Payment** and **Beneficiary Provisions** section.

1. Lump Sum

If the amount payable to a Recipient is less than \$25,000, we will pay it in a lump sum.

2. Standard Secure Access Checking Account

If the amount payable to a Recipient is \$25,000, or more, we will deposit it into a Standard Secure Access checking account which:

- a. Bears interest at a rate equal to the 13-week Treasury Bill (T-Bill) auction rate, but not to exceed 5%;
- b. Is owned by the Recipient;
- c. Is subject to the terms and conditions of a confirmation certificate which will be given to the Recipient; and
- d. Is fully guaranteed by us.

3. Installments

Payment to a Recipient may be made in installments if:

- a. The amount payable is \$25,000 or more;
- b. The Recipient chooses; and
- c. We agree.

To the extent permitted by law, the amount payable to the Recipient will not be subject to any legal process or to the claims of any creditor or creditor's representative.

## Allocation of Authority

Except for those functions which the Group Policy specifically reserves to the Policyholder, we have full and exclusive authority to control and manage the Group Policy, to administer claims, and to interpret the Group Policy and resolve all questions arising in the administration, interpretation, and application of the Group Policy.

Our authority includes, but is not limited to:

1. The right to resolve all matters when a review has been requested;
2. The right to establish and enforce rules and procedures for the administration of the Group Policy and any claim under it;
3. The right to determine:
  - a. Eligibility for insurance;
  - b. Entitlement to benefits;

- c. Amount of benefits payable;
- d. Sufficiency and the amount of information we may reasonably require to determine a., b. or c., above.

Subject to the review procedures of the Group Policy any decision we make in the exercise of our authority is conclusive and binding.

## **Time Limits on Legal Actions**

No action at law or in equity may be brought until 60 days after we have been given Proof Of Loss. No such action may be brought more than three years after the earlier of:

1. The date we receive Proof Of Loss; and
2. The time within which Proof Of Loss is required to be given.

## **Incontestability Provisions**

### **A. Incontestability Of Insurance**

Any statement made to obtain or to increase insurance is a representation and not a warranty. No misrepresentation will be used to reduce or deny a claim unless:

1. The insurance would not have been approved if we had known the truth; and
2. We have given you or any other person claiming benefits a copy of the signed written instrument which contains the misrepresentation.

We will not use a misrepresentation to reduce or deny a claim after the insured's insurance has been in effect for two years during the lifetime of the insured.

### **B. Incontestability Of Group Policy**

Any statement made by the Policyholder or Employer to obtain the Group Policy is a representation and not a warranty.

No misrepresentation by the Policyholder or Employer will be used to deny a claim or to deny the validity of the Group Policy unless:

1. The Group Policy would not have been issued if we had known the truth; and
2. We have given the Policyholder or Employer a copy of a written instrument signed by the Policyholder or Employer which contains the misrepresentation.

The validity of the Group Policy will not be contested after it has been in force for two years, except for nonpayment of premiums.

## **Clerical Error and Misstatement**

### **A. Clerical Error**

Clerical error by the Policyholder, your Employer, or their respective employees or representatives will not:



1. Cause a person to become insured;
  2. Invalidate insurance under the Group Policy otherwise validly in force; or
  3. Continue insurance under the Group Policy otherwise validly terminated.
- B. The Policyholder and your Employer act on their own behalf as your agent, and not as our agent.
- C. Misstatement Of Age

If a person's age has been misstated, we will make an equitable adjustment of premiums, benefits, or both. The adjustment will be based on:

1. The amount of insurance based on the correct age; and
2. The difference between the premiums paid and the premiums which would have been paid if the age had been correctly stated.

## Termination or Amendment of The Group Policy

The Group Policy may be terminated by us or the Policyholder according to its terms. It will terminate automatically for nonpayment of premium. The Policyholder may terminate the Group Policy in whole, and may terminate insurance for any class or group of Members, at any time by giving us written notice.

Benefits under the Group Policy are limited to its terms, including any valid amendment. No change or amendment will be valid unless it is approved in writing by one of our executive officers and given to the Policyholder for attachment to the Group Policy. If the terms of the Certificate differ from the Group Policy, the terms stated in the Group Policy will govern. The Policyholder, your Employer, and their respective employees or representatives have no right or authority to change or amend the Group Policy or to waive any of its terms or provisions without our signed written approval.

We may change the Group Policy in whole or in part when any change or clarification in law or governmental regulation affects our obligations under the Group Policy, or with the Policyholder's consent.

Any such change or amendment of the Group Policy may apply to current or future Members or to any separate classes or groups thereof.

## Definitions

AD&D Insurance means accidental death and dismemberment insurance, if any, under the Group Policy.

Annual Earnings means your annual rate of earnings from your Employer. Your Annual Earnings will be based on your earnings in effect on your last full day of Active Work unless a different date applies (see the **Coverage Features**). Annual Earnings includes:

1. Contributions you make through a salary reduction agreement with your Employer to:
  - a. An Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), or 457 deferred compensation arrangement; or
  - b. An executive nonqualified deferred compensation arrangement.
2. Commissions averaged over the Earnings Period shown in the **Coverage Features** or over the period of your employment if less than the Earnings Period.
3. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.

Annual Earnings does not include:

1. Bonuses.
2. Overtime pay.
3. Shift differential pay.
4. Stock options or stock bonuses.
5. Your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan.
6. Any other extra compensation.

Child means:

1. Your child from live birth through age 23; or
2. Your Disabled child who is continuously incapable of self-sustaining employment because of mental or physical handicap; and chiefly dependent upon you for support and maintenance or institutionalized because of mental retardation or physical handicap.

Child includes any of the following, if they otherwise meet the definition of Child:

- i. Your adopted child; or
- ii. Your stepchild and the child of your Spouse, if living in your home.
- iii. A child living in your home for whom you are the court appointed legal guardian.

Contributory means you pay all or part of the premium for insurance.

Dependents Life Insurance means dependents life insurance, if any, under the Group Policy.

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance.

See **Coverage Features**.

Evidence Of Insurability means an applicant must:

1. Complete and sign our medical history statement;
2. Sign our form authorizing us to obtain information about the applicant's health;
3. Undergo a physical examination, if required by us, which may include blood testing; and
4. Provide any additional information about the applicant's insurability that we may reasonably require.

Group Policy means the group life insurance policy issued by us to the Policyholder and identified by the Group Policy Number.

Injury means an injury to your body.

Life Insurance means life insurance under the Group Policy.

L.L.C. Owner-Employee means an individual who owns an equity interest in an Employer and is actively employed in the conduct of the Employer's business.

Noncontributory means the Policyholder or Employer pays the entire premium for insurance.

P.C. Partner means the sole active employee and majority shareholder of a professional corporation in partnership with the Policyholder.

Physician means a licensed M.D. or D.O., acting within the scope of the license. Physician does not include you or your spouse, or the brother, sister, parent or child of either you or your spouse.

Pregnancy means your pregnancy, childbirth, or related medical conditions, including complications of pregnancy.

Prior Plan means your Employer's group life insurance plan in effect on the day before the effective date of your Employer's coverage under the Group Policy and which is replaced by the Group Policy.

Sickness means your sickness, illness, or disease.

Spouse means a person to whom you are legally married. However, for purposes of insurance under the Group Policy, Spouse does not include a person who is a full-time member of the armed forces of any country or a person from whom you are divorced.

## ERISA Information and Notice of Rights

The following information and notice of rights and protections is furnished by the Plan Administrator as required by the Employee Retirement Income Security Act of 1974 (ERISA).

### A. General Plan Information

The General Plan Information required by ERISA is shown in the **Coverage Features**.

### B. Statement Of Your Rights Under ERISA

#### 1. Right To Examine Plan Documents

You have the right to examine all Plan documents, including any insurance contracts or collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration. These documents may be examined free of charge at the Plan Administrator's office.

#### 2. Right To Obtain Copies Of Plan Documents

You have the right to obtain copies of all Plan documents, including any insurance contracts or collective bargaining agreements, a copy of the latest annual report (Form 5500 Series), and updated summary plan description upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for these copies.

#### 3. Right To Receive A Copy Of Annual Report

The Plan Administrator must give you a copy of the Plan's summary annual financial report, if the Plan was required to file an annual report. There will be no charge for the report.

#### 4. Right To Review Of Denied Claims

If your claim for a Plan benefit is denied or ignored, in whole or in part, you have the right: a) to know why this was done; b) to obtain copies of documents relating to the decision, without charge; and c) to have your claim reviewed and reconsidered, all within certain time schedules.

C. Obligations Of Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate the Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of all Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a Plan benefit or exercising your rights under ERISA.

D. Enforcing ERISA Rights

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

E. Plan And ERISA Questions

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

## Appendix A

- Affiliate Companies
- South Carolina Electric and Gas Company
- Public Service Company of North Carolina, Inc.
- SCANA Services, Inc.
- SCANA Energy Marketing, Inc.
- Service Care, Inc.
- SCANA Energy (GA)







SCANA Corporation Health and Welfare Plan  
Summary Plan Description

# Short-Term Disability Benefits Long-Term Disability Benefits

Effective January 1, 2016





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## Introduction

This booklet is the summary plan description (SPD) for SCANA's disability benefits for disabilities beginning on or after January 1, 2016, including:

- Short-Term Disability (STD) benefits, and
- Long-Term Disability (LTD) benefits.

Both the STD and LTD benefits are provided under the SCANA Corporation Health and Welfare Plan (Plan) and the operation of this SPD is governed by the official Plan document. If there is any inconsistency between the official Plan document and any oral representation or any other written communication (such as this SPD), the official Plan document will always govern. Metropolitan Life Insurance Company (MetLife) administers both STD and LTD benefits on behalf of the Plan, and, acting as Claims Fiduciary, makes benefit determinations, case reviews, approvals and denials in accordance with the rules of the Plan.

## The Difference between Short-Term and Long-Term Disability

**STD benefits** help replace a portion of your income during the initial weeks of a disability and pays a bi-weekly benefit from SCANA's payroll department.

**LTD benefits** help replace a portion of your income for an extended period of time and pays a monthly benefit from MetLife.

## Disability Defined Under the Plan

You are considered disabled for purposes of short-term and long-term disability benefits if, due to sickness, pregnancy, or a direct result of accidental injury, you are receiving and complying with appropriate care and treatment that, for STD, prevents you from performing the material and substantial duties of your **own occupation**, and in addition for LTD, prevents you from earning more than 66-2/3% of your pre-disability earnings at your **own occupation** for the first 24 months of the disability.

For purposes of STD benefits, you are also considered disabled if, due to a medical condition certified by a physician to be life threatening or progressive and severely debilitating, you require intermittent absences from your own occupation ("Intermittent Absence Disability"). You must receive medically necessary treatment administered by a licensed health care provider (no self-administered treatment, even if at the health care provider's direction) at a medical facility at least once during each period of time you are out of work due to the Intermittent Absence Disability. Treatments requiring intermittent absences include, but are not limited to, chemotherapy, radiation therapy, and dialysis.

Following 24 months under the **own occupation** provision for LTD, you are considered disabled if, due to sickness, pregnancy or a direct result of accidental injury, you are receiving appropriate care and treatment and complying with the requirements of treatment and you are unable to earn 60% of your pre-disability earnings at any **gainful occupation** for which you are reasonably qualified taking into account your training, education and experience.

For persons who have 18 or more years of service with the Company, the **own occupation** provision will always apply even after the first 24 months of disability.

If your occupation requires a license, the fact that you lose your license for any reason will not, in itself, constitute disability.

Appropriate Care and Treatment means medical care that is:

- Given by a physician whose medical training and clinical specialty are appropriate for treating your disability;
- Consistent in type, frequency and duration of treatment with relevant guidelines of national medical research, health care coverage organizations and governmental agencies;
- Consistent with a physician's diagnosis of your disability; and
- Intended to maximize your medical and functional improvement.



## Coordination with Other Benefits

Disability benefits are coordinated with other benefits offered by SCANA including Paid Time Off (PTO), transition bank time (for employees hired prior to January 1, 2000), workers' compensation benefits, and Family Medical Leave (FML) as provided under the Family and Medical Leave Act. However, your rights to PTO, transition bank time, workers' compensation benefits, and FML are different from those described in this summary. You should refer to the applicable plan documents or policies for a complete description of your rights and responsibilities regarding such benefits.

## Eligibility and Participation

All SCANA employees regularly scheduled to work at least 32 hours per week are eligible to participate in the STD and LTD benefits portions of the Plan. Participation for STD and LTD automatically begins on the first day after completing six (6) months of Company service. Eligible employees must be Actively at Work which means the employee is performing all of the usual and customary duties of his or her job on a full-time basis at the employer's place of business, an alternate place approved by the employer or a place to which the employer's business requires the employee to travel. The employee is deemed to be actively at work during weekends or employer-approved vacations, holidays or business closures if actively at work on the last scheduled work day preceding such time off.

Full time and reduced full time employees of the following SCANA subsidiaries are eligible to participate in both the STD and LTD benefit programs:

- South Carolina Electric and Gas Company
- Public Service Company of North Carolina, Inc.
- SCANA Services, Inc.
- SCANA Energy Marketing, Inc.
- Service Care, Inc.
- SCANA Energy (GA)

SCANA and the above adopting subsidiaries are collectively referred to in this booklet as the "Company."

The following individuals are **not eligible** to participate in either the STD or LTD programs:

- Any employee who is not regularly scheduled to work at least 32 hours per week (such as a regular part-time employee regularly scheduled to work less than 32 hours per week);
- Leased employees (as defined by the Internal Revenue Code);
- Employees covered by a collective bargaining agreement, unless the collective bargaining agreement provides for participation in Disability Benefits;
- Persons who do not receive payment for services directly from the Company's payroll, and employees of third-party employment agencies which are not affiliated with the Company;
- Any person whose services are rendered pursuant to a written arrangement that provides that the person is not eligible to participate in Disability Benefits; and
- Independent contractors or any person not classified as an employee of the Company, notwithstanding any subsequent reclassification by any entity.
- Any employee who is a participant in a Company-sponsored executive disability plan that is paid for entirely by the Company is not eligible for the LTD portion of this plan.
- Any employee who submits an application to retire and such individual's employment ends on the retirement date indicated on the application.

Your participation in the STD and LTD benefits portion of the Plan will end on the earlier of the following. However, if you are receiving LTD benefits at the time of the event below, your participation in the LTD benefits portion of the Plan will continue until LTD benefits are terminated (see Termination of Benefits section below):

- The day you are no longer an eligible employee (i.e., you are regularly scheduled to work less than 32 hours per week);
- The day your employment with the Company terminates (unless, for purposes of LTD benefits only, such termination is due to



- your disability as determined by the claims administrator);
- With respect to the STD benefits program, the day you become covered by a collective bargaining agreement that does not expressly provide for participation in the STD benefits;
- With respect to the LTD benefits program, the end of the month following the day you begin a leave of absence unless MetLife determines that you have suffered a disability before the beginning of your leave of absence;
- The day you transfer to an employer that has not adopted the Plan; or
- The day the Plan terminates.

## Participation Levels and Enrollment

Participation in the STD and LTD benefits portion of the Plan shall automatically begin for eligible employees on the first day after completing six months of Company service. However, you are required to choose one of the two different levels of participation described below. Each level of participation provides you with a different amount of Benefits that may be payable to you if you become Disabled and are approved for benefits. Depending on the participation level you choose, you may be required to contribute a fixed dollar amount per payroll period to pay for the additional benefits selected.

Short-Term Disability (STD)	Long-Term Disability (LTD)
<p>The two levels of participation available for election are:</p> <ul style="list-style-type: none"> <li>• Option One – 66-2/3% base salary replacement for a maximum of 180 calendar days, which equals 26 weeks (not including any elimination periods).</li> <li>• Option Two – 100% base salary replacement for the first six weeks (not including any elimination periods), of each new STD case, followed by 66-2/3% base salary replacement for the balance of the approved absence.</li> </ul>	<p>The two levels of participation available for election are:</p> <ul style="list-style-type: none"> <li>• <b>Option One</b> - 50% of your monthly base pay;</li> <li>• <b>Option Two</b> - 66-2/3% of your monthly base pay.</li> </ul>

Regardless of the number or type of periods of disability and whether or not the causes of your disability are related, you will receive a maximum of 26 weeks of STD Benefit payments (not including any elimination periods) – for all disability events combined - in any rolling 52-week period. If you are out of work for a portion of a work day due to a disability, it will be counted as an entire day of disability. If your compensation for the day is split – some hours regular pay and some hours STD – you will still have used one day of disability toward your 26 weeks benefit. STD benefit payments will end sooner than the maximum period described above if you recover from your Disability.

Your **base salary** or "**pre-disability income**" is based on the total bi-weekly base pay that you were earning from the Company on the day before you became disabled plus any pay increases that take effect while you are out on STD, as determined by the payroll records of the Company. Base salary does not include bonuses, overtime pay, or any other special kinds of payments received from the Company. Base pay for LTD Benefits purposes is limited to the dollar limit imposed under section 401(a)(17) of the Internal Revenue Code.

For commissioned employees with little or no base pay, base pay will include regular earnings, gas sales commissions, and sales commissions for the 12-month period prior to the day you become disabled.

An employee may only enroll during the annual open enrollment period or within 31 days of employment. If you do not specify either option during your initial enrollment period, you will be deemed to have elected option one in both the STD and LTD plans. Your election can only be changed during the annual open enrollment period. If you do not change your election during the annual open enrollment period, the option you last selected will remain in effect until you change your election in a subsequent annual open enrollment period. If you are out of work due to disability during annual open enrollment, your previously selected options will remain in effect.



Participants who terminate employment and are rehired within 30 days of the termination will resume participation in the disability portion of the Plan at the same participation level in effect prior to the termination. Participants who are rehired more than 30 days after termination must satisfy the requirements in the ELIGIBILITY AND PARTICIPATION section of this document to become a participant in the disability portion of the Plan.

## Cost of Participation

The Company will pay the entire cost of option one benefits for STD. You will be required to contribute an amount each payroll period to "buy up" to option two coverage for STD. The cost for option two coverage is determined annually by your base pay and will be displayed for you online during annual enrollment.

The Company will pay the entire cost of option one benefits for LTD. All employees with at least 6 months of service will have the option to "buy up" to option two. The cost for option two coverage is determined annually by your base pay and years of service and will be displayed for you online during annual enrollment.

Required contributions are paid with pre-tax dollars that will be automatically deducted from your paycheck. Company contributions toward the cost of your coverage are not a guarantee of future benefits. Although the Company intends to continue to pay some portion of the cost of such coverage, it may, in its sole discretion, reduce or eliminate its contributions.

## Commencement of Disability Benefits

The disability period begins on the first day you become eligible for benefits, and your application for STD or LTD is approved by MetLife.

**Proof of Disability.** To begin receiving STD or LTD benefits, you must be under the care of a physician who must certify that your absence from work is due to a disability as defined above, and you must apply and be approved for STD or LTD benefits and satisfy any applicable elimination period. The application and claims procedures are described in detail in the sections below entitled "Applying for STD Benefits" and "Claims Review Procedure."

You may be asked to re-certify that you continue to be eligible for disability benefits as often as is deemed necessary by MetLife. Any information required in conjunction with this certification process must be provided at your own expense. For LTD Benefits, re-certification may be done as often as is deemed necessary by MetLife. Any medical condition(s) you develop subsequent to your initial approval for LTD Benefits will be taken into account in determining if you remain disabled during the proof of disability process.

**Intermittent Absence Disability** may be approved for employees that require intermittent absences from work to receive treatment for qualifying conditions. The condition must be certified by a physician to be life threatening, or progressive and severely debilitating. The employee using the Intermittent Absence Disability benefit must receive medically necessary treatment administered by a licensed health care provider (no self-administered treatment, even if at the physician's direction) at a medical facility at least once during each period of time they are out of work due to the disability. Treatments requiring intermittent absences include, but are not limited to, chemotherapy, radiation therapy, and dialysis. The elimination period will apply unless it was already been satisfied already by a continuous absence for the same condition within the past 30 days. If the approved intermittent absence is not preceded by a continuous absence, the five work days (or forty work hours) elimination period can be satisfied with non-consecutive work day absences to receive treatment for the qualifying condition.

**Holidays.** Employees who are receiving disability benefits do not receive holiday payment for a recognized company holiday, nor is the length of STD coverage extended because of a company holiday beyond what the employee's physician has approved. If you return to work on a part-time basis, you may be eligible to receive holiday pay up to the amount of the holiday not covered by STD Benefits.

**STD Elimination Period and Commencement of Benefits.** If your claim for STD benefits is approved, your STD benefits will commence after you have been disabled and out of work for five consecutive work days (or forty consecutive work hours, not to



include holidays). These five work days are referred to as the "**Elimination Period**." You are not eligible for holiday pay if one occurs during the elimination period. You will be required to use Transition Bank or PTO on an hour for hour basis for the elimination period. To the extent you do not have PTO or Transition Bank hours available, the days will be unpaid.

The only exception to meeting the elimination period requirement is if your injury is due to an **Accident**. An accident is an action or event that occurs unexpectedly, unintentionally, and causes injury that renders you unable to perform the material and substantial duties of your own occupation. Treatment must commence within 31 days of the action or event in order to be considered an accident. If an action or event is caused by, or contributed to by any condition, disease or disorder of the body or mind, the action or event will be deemed to be caused by illness and will be subject to the STD elimination period. Short-term disability will begin on the first day of an approved absence, if your accidental injury renders you:

1. unable to perform the material and substantial duties of your own occupation, or
2. able to return to work with restrictions that SCANA cannot accommodate.

If you return to work after you are approved for STD benefits but need additional time off for recovery, you may not need to again satisfy the elimination period to continue to receive STD benefits. Specifically, if you return to work for fewer than 31 consecutive calendar days and your physician verifies that you are unable to continue working due to the same or related disability, your STD benefits will resume without you having to meet the elimination period again. However, if you return to work for more than 30 consecutive calendar days and you incur another disability event (whether or not that event is due to the same or related causes as your prior disability event), you will be required to reapply for STD benefits and satisfy a new elimination period.

#### STD Benefits in Summary:

- Your first date of approved STD absence is your date of disability.
- You are eligible for a maximum of 26 weeks of company paid STD benefits (not including the elimination periods) beginning on your date of disability (first day of absence).
- In cases requiring an elimination period, company paid STD benefits will begin on the 6th day of absence.
- The elimination period can be satisfied by using either transition bank or PTO hours. If neither is available, the elimination period will be without pay.
- You have the option to buy-up to 100% compensation for 6 weeks of STD benefits. If the case requires an elimination period, 100% STD compensation begins after the elimination period is satisfied, and continues for the remainder of the approved absence up to 6 weeks. If there is no elimination period, the 100% buy-up begins on first day of disability.
- You have the option to supplement any company paid STD benefits (66 2/3) with transition bank or PTO hours.
- Transition Bank hours cannot be used unless you are out on an approved STD case.
- No case is opened with MetLife unless you are out six or more days.

**LTD Elimination Period and Commencement of Benefits.** The elimination period for LTD benefits is satisfied after you have exhausted 26 weeks in a rolling 52-week period (taken consecutively or intermittently) of STD benefits provided by the Company or Workers' Compensation benefits, or a combination of both for the condition that you contend makes you eligible for LTD benefits. If you are approved for LTD, LTD benefits become payable on the first day after the LTD elimination period, and are paid monthly until terminated or suspended. If you have experienced multiple STD or Workers' Compensation absences in a rolling 52 week period, you could potentially exhaust your paid STD benefits and experience a gap in coverage before you have been disabled for 26 weeks from the condition that would make you eligible for LTD.

## Amount of Disability Benefits

### Amount of STD Benefits

If you are approved for STD benefits, your STD payments will be calculated based on your rate of pay in effect on your last day of work (your "pre-disability income"), based on your election of option one or two, and will be reduced or "offset" by payments received from other benefits provided under any workers' compensation law, occupational disease law, or similar legislation. Please note that you must notify MetLife when you are approved for benefits from such sources.





Your STD benefit payments will not be reduced by any disability benefits payable to you under any individual or group policy paid for entirely by you.

**Coordination with Workers' Compensation.** STD benefits are to be provided only if the disabling injury or illness is not work-related and is otherwise eligible for payment. If the injury or illness is work related, any remedy for the injury or illness falls under workers' compensation and your request for STD benefits will be denied.

If you file for workers' compensation, the Company may deny your request for workers' compensation benefits. Whether or not you are approved for workers' compensation you should also file a claim for FML. If your workers' compensation claim is denied, you may file a claim for STD benefits in accordance with the **Applying for STD Benefits/Continuing Benefits** section below.

If a case occurs in which you receive STD benefits, but contest the denial of your workers' compensation claim, and succeed in having the injury or illness classified as work-related and covered by workers' compensation, STD benefits paid to you in this or any other situation are considered as salary continuation payments "in lieu of" compensation. Further, the STD benefits paid in this situation are intended to satisfy SCANA's liability under workers' compensation law in the event the injury is ultimately found to be work related and covered by workers' compensation. As a result, if you receive STD benefits for a period of absence from work and also receive workers' compensation payments or award for the same period of absence, SCANA will seek recovery from you, through an offset in any workers' compensation award, direct payment from you, payroll deduction or otherwise.

**Supplementing STD Benefits.** You may be eligible to supplement your STD benefits to achieve 100% of your pre-disability income. STD benefits may be supplemented by using days from your transition bank if you have any, and days from your PTO Bank (including any carryover PTO Bank days), if any. Employees who are receiving STD benefits do not receive holiday payment for a recognized company holiday, nor is the length of STD coverage extended because of a company holiday beyond what the employee's physician has approved. If you return to work on a part-time basis, you may be eligible to receive holiday pay up to the amount of the holiday not covered by STD benefits.

**STD Transition Bank** was established as a one-time allocation of hours to certain employees in the year 2000 when the sick leave benefit was replaced with Short Term Disability (STD). The only ways STD transition bank hours can be used are to **satisfy an STD elimination period or to supplement the STD benefit for full pay replacement** for approved STD cases. The chart below shows how transition bank hours coordinate with the STD benefit.

<p><b>Week 1</b> <i>Elimination period</i></p>	<p>When SCANA employees are approved for STD, the <b>40-hour elimination period</b> must be satisfied one of three ways, in this order:</p>	<ol style="list-style-type: none"> <li>1. <b>Transition bank hours</b>, if available, must be used first. <b>Eight (8) hours of transition bank</b> will be used each day.</li> <li>2. Once transition bank hours are depleted, <b>PTO</b> must be used. <b>PTO</b> will be used <b>hour for hour</b>.</li> <li>3. If PTO is exhausted, the elimination period is <b>without pay</b>.</li> </ol>
<p><b>Weeks 2 – 7</b> <i>Buy up options</i></p>	<p>SCANA provides 66-2/3 percent pay replacement for STD. Employees can voluntarily choose to supplement the basic coverage to receive 100 percent pay for six weeks. <b>Available options</b> include:</p>	<ol style="list-style-type: none"> <li>1. Employees can purchase the <b>buy up</b> option during annual benefits open enrollment to receive 100% pay, OR</li> <li>2. For employees that didn't buy up, <b>eight (8) hours of transition bank</b>, or 2.7 hours of PTO will be used each day, if available, to supplement for full pay replacement unless the employee chooses not to supplement.</li> </ol>



<b>Weeks 8 – 26 Supplementing</b>	Employees can <b>continue to supplement</b> their income during this period.	<ol style="list-style-type: none"> <li>1. <b>Eight (8) hours of transition bank</b>, if available, can be used each day to supplement for full pay replacement, OR</li> <li>2. <b>2.7 hours of PTO</b> can be used each day to supplement for full pay replacement.</li> </ol>
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If you elect to supplement your STD benefit through transition bank, eight hours of transition bank are required to supplement each day of STD benefit. If you return to work for one-half days while receiving STD for one-half days, four hours of transition bank are required to supplement a one-half day of STD. Transition bank as a supplement can only be used in four-or eight-hour increments.

If your PTO Bank is used to supplement your STD benefit, 2.7 hours of PTO is required to supplement each day of STD benefit. If returning to work for one-half day while receiving STD for one-half day, 1.4 hours of PTO is required to supplement one-half day of STD.

Subject to the approval of your physician and supervisor, you may also supplement your STD benefits by electing to return to work on a part-time basis. You may earn up to a maximum of 100% of your pre-disability income. However, if the sum of your STD benefit and the pay you receive for services rendered to SCANA exceed 100% of your pre-disability income, your STD benefit will be reduced by the excess. The pay you receive for services rendered to the Company while disabled will not be reduced.

### Amount of LTD Benefits

If you are approved for LTD benefits, you will receive LTD payments calculated based on your rate of pay in effect on your last day of work prior to the initiation of STD or Workers' Compensation (pre-disability income). Your monthly benefit will be equal to 50% or 66-2/3% of your pre-disability income, depending on whether you selected option one or two and will be reduced or "offset" by all amounts payable or attributable to you (including any amounts allocated, paid or payable for attorney's fees) from one or more of the following sources:

- Salary or wages or any other payments deemed by the Company to be wages or salary;
- Other remuneration (e.g. paid time off, holiday and transition bank, bonuses, and commissions);
- Retirement benefits or other benefits for which another employer has paid any part of the cost;
- Social Security benefits for which the employee may be eligible (including disability benefits for employees as a result of the employee's disability, whether or not the employee applies for such benefits), but not for benefit increases due to any change in the Social Security Act which becomes effective while you are disabled;
- Other benefits or payments provided under any workers' compensation law, occupational disease law, or other similar legislation; and
- Other benefits or payments provided by law other than benefits provided on account of military service.

Please note that you must notify MetLife when you are approved for other Income benefits from such sources. You must provide proof of your application for SSDI benefits and/or a notice of approval or denial of benefits by Social Security. Otherwise, your LTD benefits may be reduced by an estimated offset amount or delayed until MetLife receives this required documentation. You are also required to submit to MetLife all relevant annual tax forms for you and your family that indicate your other income sources. Failure to comply with a request for such tax information may result in suspension of your LTD benefits until the required documentation is received.

Your LTD benefit payments will **not** be offset by:

- Amounts you receive from any retirement account, including but not limited to, the SCANA Corporation Stock Purchase Savings Plan (commonly referred to as the "401(k) Plan"), other 401(k) accounts, or individual retirement accounts (note, however, that taking a distribution from the SCANA Corporation Retirement Plan (commonly referred to as the "defined benefit plan" or the "pension plan") will terminate your receipt of disability benefits); or
- Any disability benefits payable to you under any individual or group policy paid for entirely by you.



**Overpayments.** The Plan has the right to recover any LTD amounts overpaid to you due to:

- fraud;
- an error in processing your claim; or
- your receipt of other income amounts.

If it is determined that you have been overpaid, you are required to repay the Plan in full. The Plan administrator will determine the method by which you make repayment. Any overpayments may be recovered from your estate, your eligible survivors, heirs or devisees. If it becomes necessary to take legal action to recover the overpayments, you must also pay any related reasonable attorney fees and court costs.

## Deductions and Income Tax Implications to Employee-Payee

**STD** payments are made by SCANA's payroll department on a **bi-weekly** basis.

- All scheduled deductions will be taken from your STD benefit payments.
- All payments of STD benefits under the Plan are included in your gross income for income tax purposes. Thus, the Company is required to withhold applicable income and employment taxes from any payment of STD benefits to you.

**LTD** payments are made by MetLife on a monthly basis.

- Deductions will be taken from your LTD benefit payments on an after-tax basis for your applicable medical premium, if available.
- All payments of LTD Benefits under the Plan, paid to you by MetLife, are includable in your gross income for income tax purposes.
- You will have the option of having MetLife withhold applicable income taxes from any LTD benefits paid to you.
- Consult your tax advisor for further information about how disability income is treated for federal and state income tax purposes.

## Maximum Duration of LTD Benefits

The maximum duration of your LTD benefits will be until age 65 or the date you are no longer disabled under the Plan, whichever is earlier; or

If your disability begins on or after age 60, your LTD benefits will continue for the shorter of:

- 60 months; or
- The date you are no longer disabled under the Plan.

## Exclusions and Limitations

Disability benefits are not paid for any STD or LTD disability:

- due to war, declared or undeclared, or any act of war;
- due to intentionally self-inflicted injuries, whether you are sane or insane;
- due to active participation in a riot;
- due to your being involved in illegal activity deemed to be a felony under applicable law;
- due to the commission of or attempt to commit a felony;
- during which you are incarcerated for the commission of a felony;
- during which you are not under the regular care of a physician (unless, solely for purposes of LTD, there is no doubt that you are permanently disabled and your physician feels that the maximum point of recovery has been reached and that further treatment would be useless);
- due to cosmetic surgery or treatment primarily to change appearance;
- due to sex-change surgery;
- due to reversal of sterilization;
- due to liposuction;



- due to elective visual correction surgery;
  - due to in vitro fertilization; embryo transfer procedure; or artificial insemination (however, pregnancies and complications of any of these procedures will be treated as a sickness);
  - due to an occupational injury compensable under Workers' Compensation law, occupational disease law, or similar legislation
- Pre-Existing Condition Exclusion.** A pre-existing condition limitation applies to LTD benefits for newly eligible employees. A pre-existing condition is a sickness or injury for which medical expenses of any kind, including but not limited to physicians fees, hospital fees, prescribed medication, diagnostic tests or x-rays, fees for inpatient or outpatient surgery, and fees for treatment at a licensed treatment facility, were incurred during the 90-day period immediately preceding your date of eligibility for LTD benefits. You will not be eligible for benefit payments due to a pre-existing condition until 12 months have elapsed after the date you first became a participant in the LTD benefits portion of the Plan, and you have also had a continuous 90-day period during which you incurred no medical expenses of any kind for this condition.

**Mental Illness.** If you are determined to be disabled because of mental illness that results from any cause or from any condition that may result from mental illness, then LTD benefits will be payable for a total of 24 months for all such disabilities during your lifetime.

## Termination of Disability Benefits

Payment of **STD benefits** will terminate on the first to occur of:

- the date your disability ends;
- the date on which your 26 weeks of STD benefits during a rolling 52-week period are exhausted;
- the date you commence receiving LTD benefits;
- the date you fail to certify or re-certify your disability when requested to do so by MetLife;
- the date you refuse a request that you submit to an examination by a physician, or you refuse to comply with a reasonable request made by your STD case manager;
- the date you refuse to receive recommended treatment that is generally acknowledged by physicians to cure, correct or limit the disabling condition;
- the date the Plan terminates; or
- the date you are no longer a participant under the STD portion of the Plan.

Payment of **LTD Benefits** will terminate on the first to occur of:

- the date you are no longer disabled as defined in this document;
- the date you fail to certify or re-certify your disability when requested to do so by MetLife;
- the date you are no longer under the regular care of a physician, or you refuse a request that you submit to an examination by a physician, or you refuse to comply with a reasonable request made by your LTD case manager;
- the date you refuse to receive recommended treatment that is generally acknowledged by physicians to cure, correct or limit the disabling condition;
- the date you die;
- the date determined in the "Maximum Duration of LTD Benefits" section;
- the date you are no longer a participant under the LTD portion of the Plan;
- the date the Plan terminates;
- the date you receive a distribution from the SCANA Corporation Retirement Plan.

## Applying for Disability Benefits/Continuing Benefits

To initially receive STD or LTD benefits, you must (1) be under the care of a licensed, medical physician and your physician must certify that your absence from work is due to a disability that prevents you from performing the material and substantial duties of your job; (2) timely submit properly completed forms to make a claim for STD or LTD benefits as required by MetLife; and (3) be approved for STD or LTD benefits by MetLife. In addition, to receive STD benefits for an intermittent absence disability, you must receive medically necessary treatment administered by a physician (self-administered treatment at the direction of a physician is not sufficient) at a medical facility at least once during each period of time you are out of work due to a disability. MetLife will review



your claim for STD benefits and, in its sole discretion, determine whether you are eligible for STD benefits.

1. First, contact MetLife. MetLife can establish your claim over the phone (**1-877-638-8262**), or you can initiate a claim online at **[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)**.
2. To start the process you will need to verify your personal information (name, address, job specifics, etc.) and provide contact information for your treatment provider. Remember to have your application considered, you must apply within 15 days of your first absence.
3. MetLife will contact your doctor to discuss and gather medical information concerning your claim, so you should inform your health care provider that you authorize the release of your medical information to the MetLife claims office. This information will help determine the approval of your request.
4. MetLife may mail an "Authorization to Disclose Information About Me" form to you after you file your claim. You should sign and return this form as soon as possible to expedite the processing of your claim.
5. Once MetLife has reviewed your information you will be notified by mail of the determination regarding your application.
6. If your application is approved, you should expect ongoing contact with your MetLife case manager or leave coordinator regarding your disability and your expected return to work date.
7. If you anticipate missing time from work, promptly notify your supervisor.

In all cases, your claim for STD benefits must be submitted within 15 days of the first date of absence due to disability. If your claim for STD benefits is not received within 15 days of the first date of absence due to disability, your claim will be denied unless MetLife, in its sole discretion, determines that given the circumstances of your situation, it was not feasible for you to meet the 15-day deadline. If it is unfeasible for you to meet the 15-day deadline, you should submit your claim for STD benefits as soon as feasible given your circumstances, otherwise your claim will be denied. MetLife, in its sole discretion, will determine if your claim was submitted in a timely fashion given your circumstances.

The elimination period for LTD is the STD benefit period. As you approach the end of your STD benefit period, MetLife will typically initiate the application process for LTD. In all cases, however, your claim for LTD benefits must be submitted within 90 days of satisfying the LTD elimination period. If your claim for LTD benefits is not received within 90 days of satisfying the LTD elimination period, your claim for LTD benefits will be denied.

**You may be asked to provide certification supporting the continuance of your STD or LTD benefits as often as is deemed necessary. If you fail to submit documentation required to certify or re-certify your disability, or you fail to comply with a reasonable request made by MetLife, your STD or LTD benefits may be suspended until you comply, or your disability benefits may be terminated. This information must be completed and provided at your own expense. Neither SCANA, the Plan nor the Plan administrator will incur any cost associated with obtaining the necessary documentation.**

## Recovery, Rehabilitation, Return to Work

When you are ill or injured for a long time, MetLife believes you need more than a supplement to your income. You have access to return-to-work services, and financial incentives and assistance in obtaining Social Security disability benefits to help you get the maximum benefits from your coverage. (Please note – this assistance is only offered if you are approved for LTD benefits).

Your disability coverage includes several rehabilitation incentives which were designed to assist you in getting back to work. The rehabilitation incentives include:

- **Rehabilitation Benefit** — You can increase the amount of your disability benefit by as much as 10% when you participate in a MetLife approved rehabilitation program.
- **Family Care Benefit** — You can get reimbursed for eligible expenses incurred for each family member, such as child care, if you work or participate in a MetLife approved rehabilitation program.



- **Work Benefit** — You may receive up to 100% of your pre-disability earnings when combining the disability benefit, return-to-work earnings, rehabilitation incentives and other income benefits such as State disability benefits and Social Security disability benefits.
- **Moving Expense Benefit** — You may be reimbursed for moving expenses to a new residence if the move is recommended as part of MetLife approved rehabilitation program.

## Claims Review Procedure

The Plan administrator for the Plans is the Vice President of Human Resources for the Company. You can reach the Plan administrator by contacting the Plan sponsor at the address and phone number provided under the section entitled "PLAN INFORMATION" on page 14.

In general, the Plan administrator is the sole judge of the application and interpretation of the Plans, and has the discretionary authority to construe the provisions of the Plan, to resolve disputed issues of fact, and to make determinations regarding eligibility for benefits. However, the Plan administrator has the authority to delegate certain of its powers and duties to a third party. The Plan administrator has delegated the authority to administer STD and LTD benefit claims under the Plans to MetLife.

The decisions of the Plan administrator in all matters relating to the Plans (including, but not limited to, eligibility for benefits, interpretations, and disputed issues of fact) will be final and binding on all parties.

## Plan Amendment or Termination

### Initial Determination

After you submit a claim for disability benefits to MetLife, MetLife will review your claim and notify you of its decision to approve or deny your claim. Such notification will be provided to you within a reasonable period, not to exceed 45 days from the date you submitted your claim; except for situations requiring an extension of time because of matters beyond the control of the Plan, in which case MetLife may have up to two (2) additional extensions of 30 days each to provide you such notification.

If MetLife needs an extension, it will notify you prior to the expiration of the initial 45-day period (or prior to the expiration of the first 30 day extension period if a second 30 day extension period is needed), state the reason why the extension is needed, and state when it will make its determination. If an extension is needed because you did not provide sufficient information or filed an incomplete claim, the time from the date of MetLife's notice requesting further information and an extension until MetLife receives the requested information does not count toward the time period MetLife is allowed to notify you as to its claim decision. You will have 45 days to provide the requested information from the date you receive the extension notice requesting further information from MetLife.

If MetLife denies your claim in whole or in part, the notification of the claims decision will state the reason why your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. Further, if an internal rule, protocol, guideline or other criteria was relied upon in making the denial, the claims decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that you may request a copy free of charge. The notification also will include a description of the review procedures and the time limits applicable to the procedures, including a statement of your right to bring a civil action under the Employee Retirement Income Security Act of 1974, as amended ("ERISA") after receiving an adverse benefit determination on appeal.

### Appealing the Initial Determination

If MetLife denies your claim, you may appeal the decision. Upon your written request, MetLife will provide you free of charge with copies of documents, records and other information relevant to your claim. You must submit your appeal to MetLife at the address indicated on the claim form within 180 days of receiving MetLife's decision. Appeals must be in writing and must include at least the following information:

- Name of employee



- Name of the Plan
- Reference to the initial decision
- An explanation why you are appealing the initial determination

As part of your appeal, you may submit any written comments, documents, records, or other information relating to your claim. After MetLife receives your written request appealing the initial determination, MetLife will conduct a full and fair review of your claim. Deference will not be given to the initial denial, and MetLife's review will look at the claim anew. The review on appeal will take into account all comments, documents, records, and other information that you submit relating to your claim without regard to whether such information was submitted or considered in the initial determination. The person who will review your appeal will not be the same person as the person who made the initial decision to deny your claim. In addition, the person who is reviewing the appeal will not be a subordinate of the person who made the initial decision to deny your claim. If the initial denial is based in whole or in part on a medical judgment, MetLife will consult with a health care professional with appropriate training and experience in the field of medicine involved in the medical judgment. This health care professional will not have consulted on the initial determination, and will not be a subordinate of any person who was consulted on the initial determination.

MetLife will notify you in writing of its final decision within a reasonable period of time, but no later than 45 days after MetLife's receipt of your written request for review, except that under special circumstances MetLife may have up to an additional 45 days to provide written notification of the final decision. If such an extension is required, MetLife will notify you prior to the expiration of the initial 45 day period, state the reason(s) why such an extension is needed, and state when it will make its determination. If an extension is needed because you did not provide sufficient information, the time period from MetLife's notice to you of the need for an extension to when MetLife receives the requested information does not count toward the time MetLife is allowed to notify you of its final decision. You will have 45 days to provide the requested information from the date you receive the notice from MetLife. If MetLife denies the claim on appeal, MetLife will send you a final written decision that states the reason(s) why the claim you appealed is being denied and references any specific Plan provision(s) on which the denial is based. If an internal rule, protocol, guideline or other criteria was relied upon in denying the claim on appeal, the final written decision will state the rule, protocol, guideline or other criteria or indicate that such rule, protocol, guideline or other criteria was relied upon and that you may request a copy free of charge. Upon written request, MetLife will provide you free of charge with copies of documents, records and other information relevant to your claim.

You have the right to bring a civil action under ERISA if you are not satisfied with the outcome of the claims review procedure. In most instances, you may not initiate legal action against the Plan until you have completed the claims review procedure. Any legal action against the STD or LTD portion of the Plan, regarding a claim for benefits, must be brought within one year of exhausting the claims review procedure.

#### **Discretionary Authority of Plan Administrator and Other Plan Fiduciaries**

In carrying out their respective responsibilities under the Plan, the Plan administrator and other Plan fiduciaries shall have discretionary authority to interpret the terms of the Plan and to determine eligibility for and entitlement to Plan benefits in accordance with the terms of the Plan. Any interpretation or determination made pursuant to such discretionary authority shall be given full force and effect, unless it can be shown that the interpretation or determination was arbitrary and capricious.

## **Statement of ERISA Rights**

The following statement is required by federal law and regulation. As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all participants shall be entitled to:

#### **Receive Information About Your Plan and Benefits**

- Examine, without charge, at the Plan administrator's office and at other specified locations, all Plan documents, including insurance contracts and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration,



- Obtain, upon written request to the Plan administrator, copies of documents governing the operation of the Plan, including insurance contracts and copies of the latest annual report (Form 5500 Series) and updated summary plan descriptions. The administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report. The Plan administrator is required by law to furnish each participant with a copy of this summary annual report.

### **Prudent Actions by Plan Fiduciaries**

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

### **Enforce Your Rights**

If your claim for a welfare benefit is denied or ignored in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court after exhausting your available remedies under the Plan and prior to the limitations period for filing a lawsuit against the Plan (see the "Claims Review Procedure" section of this SPD). In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in a Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court prior to the applicable limitations period under the Plan. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees; for example, if it finds your claim is frivolous.

### **Assistance with Your Questions**

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

### **Future Of The Plan**

It is hoped that the Plan, including the STD and LTD benefit portions of the Plan, will be continued indefinitely, but SCANA reserves the right to change or terminate the Plan in the future. Any such action would be taken only after careful consideration. The Plan administrator shall be empowered to amend or terminate the Plan or any benefit under the Plan at any time.



## Plan Information

### Disability Benefits

<b>Plan Name</b>	SCANA Corporation Health and Welfare Plan
<b>Plan Sponsor / Employer</b>	SCANA Corporation 220 Operation Way Cayce, SC 29033 803-217-4444
<b>Employer ID Number</b>	57-0784499
<b>Type of Plan</b>	Welfare benefit plan providing short-term and long-term disability benefits
<b>Plan Number</b>	520
<b>Plan Fiscal Year</b>	January 1 - December 31
<b>Plan Effective Date</b>	This summary plan description is effective January 1, 2016
<b>Plan Administrator and Named Fiduciary</b>	Vice President of Human Resources SCANA Corporation Mail Code C124 220 Operation Way Cayce, SC 29033 803-217-4444  The plan administrator shall have the full discretionary authority and power to control and manage all aspects of the Plan and determine eligibility for benefits under the Plan in accordance with its terms and all applicable laws. The plan administrator may allocate or delegate its responsibilities for the administration of the Plan to others and employ others to carry out or give advice with respect to its responsibilities under the Plan. The plan administrator has delegated various aspects of the Plan administration to Metropolitan Life Insurance Company.
<b>Claims Administration and Funding</b>	SCANA Corporation has entered into an administrative services agreement with Metropolitan Life Insurance Company under which MetLife provides case management and administrative services with respect to the STD and certain LTD Benefits available under the Plan, and fully insured services for certain other LTD Benefits under the plan.
<b>Claims Fiduciary</b>	Metropolitan Life Insurance Company 200 Park Avenue New York, NY 10166 www.metlife.com (877) 638-8262
<b>Agent for Service of Process</b>	Corporation Service Company 1703 Laurel Street Columbia, SC 29201
<b>Plan Trustee</b>	None
<b>Reservation of Rights</b>	Although SCANA currently intends to continue the Plan indefinitely, SCANA reserves the right to modify, amend or terminate any and all provisions of the Plan at any time. No employee has any vested right to any benefit or coverage under the Plan. SCANA intends that any changes to the Plan will apply to all participants receiving benefits under the Plan on the effective date of the change.









SCANA Corporation Health and Welfare Plan

# Active Employee Healthcare Summary Plan Description

Amended and Restated Effective  
January 1, 2016

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## INTRODUCTION

SCANA Corporation provides health and welfare benefits through the SCANA Corporation Health and Welfare Plan. This summary plan description describes the medical, pharmacy, dental, and vision benefits offered through the SCANA Corporation Health and Welfare Plan to active SCANA employees and their eligible dependents, as well as coverage available through COBRA (see page 53) continuation. The benefits described herein are referred to collectively in this summary plan description as the "Plan" or "benefits."

The operation of this summary plan description is governed by the official plan document for the SCANA Corporation Health and Welfare Plan. If there is any inconsistency between the official plan documents and any oral representation or any other written communication (such as this one), the official plan document will always govern. SCANA reserves the right to amend or terminate any of its employee benefits plans, in whole or in part, at any time for any reason. SCANA does not guarantee indefinite continuation of this Plan and does not have any responsibility for the tax, legal or other implications of any employee's participation in any employee benefit plan.

Throughout this document, please note that "You" refers to you, an active SCANA employee and/or your eligible dependent(s) – any covered person for whom a claim might be filed. SCANA refers to SCANA Corporation and its participating affiliates.

The medical and pharmacy and dental benefits described in this summary plan description are self-insured by SCANA, which is responsible for their payment. The vision benefits described in this summary plan is a fully-insured group plan sponsored by SCANA. Nothing in this summary plan description creates or is intended to create a contract between you and SCANA or the Plan Administrator.

The benefits are administered by BlueCross BlueShield of South Carolina (Blue-Cross)<sup>1</sup> and its contractors. Caremark<sup>2</sup> provides prescription services on behalf of BlueCross and EyeMed provides vision benefits. Please see telephone numbers for these providers on the next page.

### **Important Information about Your Health Coverage**

Under the Plan, the benefits you receive will depend on whether the provider of medical services is an in-network or out-of-network provider. You will receive the maximum benefits that can be paid if you use in-network providers and you get preauthorization, when required, before getting medical care. The amount you have to pay for services and supplies will increase when you do not use in-network providers and may further increase if you do not get preauthorization.

BlueCross attempts to contract with providers that practice at in-network hospitals. For various reasons, some providers may elect not to contract as in-network providers. Out-of-network providers will be paid at the out-of-network provider level of benefits with no protection from balance billing from the provider.

The BlueCross networks offer access to physicians and hospitals throughout the nation. This national coverage is available through the BlueCard<sup>®</sup> PPO Program in which all BlueCross Plans participate. For more provider information visit [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or call the customer service number on the back of your member ID card.

The Patient Protection and Affordable Care Act (PPACA) requires most people to have medical coverage that qualifies as providing "minimal essential coverage." The SCANA medical plan provides minimal essential coverage. The Affordable Care Act also establishes a "minimum value standard" requiring plans to cover at least 60 percent of the total allowed costs of benefits provided under the plan. The SCANA medical coverage meets the minimum value standard.

<sup>1</sup>BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

<sup>2</sup>Caremark is an independent company that provides prescription drug benefits on behalf of BlueCross.



## BENEFIT RESOURCES

### Online Resources

The BlueCross website at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) provides:

- A **Provider Directory** updated nightly;
- A list of **Network Pharmacies** through Caremark;
- **My Health Toolkit**<sup>®</sup> where you can view the status of claims, how much has been applied toward your deductible and out-of-pocket expenses, authorization statuses, eligibility requirements, and order ID cards;
- You can use the **Ask Customer Service** feature to get a response from a BlueCross representative.

### Telephone Resources

BlueCross BlueShield of SC (BCBS) SCANA Service Center.....	877-705-5428
BCBS BlueCard Access .....	800-810-2583
Precertification – Inpatient, Outpatient, Durable Medical Equipment .....	800-334-7287
Precertification – Outpatient MRIs, MRAs, CT or PET Scans.....	866-500-7664
Mental Health, Substance Abuse, and EAP .....	800-790-5770
Health Management Programs .....	855-838-5897
BCBS Dental .....	800-222-7156
EyeMed.....	866-723-0513
Caremark Prescription Services & Mail Order Pharmacy.....	888-963-7290
Caremark CVS Specialty Pharmacy.....	800-237-2767
SCANA Pharmacy.....	803-217-9173
Employee Resource Center (ERC) and BlueCross Onsite Representatives.....	803-217-4444



## ELIGIBILITY

### Employee Eligibility

You are eligible for coverage in this Plan on the day you become a regular, full-time employee scheduled to work at least 32 hours per week (Eligible Employee). Eligible Employees who were participants in this Plan immediately prior to becoming disabled (as defined under the terms of the SCANA short-term disability plan) will remain eligible for coverage under this Plan while receiving short-term disability benefits under the SCANA Corporation Health and Welfare Plan. Only individuals receiving long-term disability benefits under the SCANA Corporation Health and Welfare Plan are eligible to participate in the LTD Share plan option. However, if such individual retires from SCANA, the individual will not be eligible for the LTD Share plan. If already a participant in the LTD Share plan, you will be dropped from the LTD Share plan upon retirement or termination of employment from SCANA.

### The Following Types Of Individuals Are Not Eligible For Coverage:

You are not eligible for coverage under this Plan if you are a temporary employee who is working for a limited duration under the terms of a written contract; an individual who is designated by SCANA or otherwise considered a leased employee; a person designated and classified by SCANA as an independent contractor notwithstanding any subsequent reclassification by any entity; a person paid by a third party unrelated to SCANA, or an employee whose employment is governed by the terms of a collective bargaining agreement between employee representatives and SCANA under which this Plan was the subject of good faith bargaining between the parties, unless such agreement expressly provides for coverage by this Plan. Individuals receiving long-term disability benefits under the Plan are not eligible for dental benefits.

### Eligibility for Dependent Coverage

When you become eligible for coverage and make the election to participate in this Plan, you may also elect to cover your dependents. In this case, your dependents will share your coverage effective date. Your dependents will not be denied enrollment for medical coverage due to health status. For dependent coverage, you will have to pay part of the cost of this coverage. You will be required to provide evidence of your dependents' eligibility for coverage.

If you die as an active, full-time SCANA employee and enrolled in the health plan, your covered dependents will continue to have coverage through the end of the month of your death. After that time, they will have the ability to extend their coverage through COBRA benefits, described later in this summary plan description under the Continuation of Group Health Coverage Rights section. If you were eligible for retiree health benefits at the time of your death, your surviving spouse and covered dependents will be offered retiree health benefit options.

Your eligible dependents include the following. For your non-spouse who meets one or more of the criteria below, dependent status applies regardless of whether coverage is available through another employer and regardless of student or marital status:

1. Your lawful spouse pursuant to a valid marriage under the laws of the state in which the marriage was performed. Divorced spouses are not eligible for coverage under the Plan even if the employee is ordered by the court to provide health coverage. Spousal coverage is available only if the SCANA participant's spouse does not have access to employer sponsored group health care through his or her former or current employer.
2. Your child who is your biological son or daughter under the age of 26 for medical coverage and under age 23 for dental coverage.
3. The biological or legally adopted son or daughter under the age of 26 (or age 23 for dental coverage) of your current spouse if your spouse has physical and legal custody of the child by a decreed court order.
4. An individual who is 26 years of age or older, is primarily supported by you, and is incapable of self-sustaining employment because of a mental or physical disability.

You should provide proof of the individual's condition and dependence to the SCANA Benefits team within 31 days after the individual's 26th birthday. During the next two years, the Plan may, from time to time, ask for proof of continuation of the condition and dependence. After that, the Plan may require proof no more than once a year.

5. An individual for whom you have legal guardianship, who lives with you and depends on you for support, and who is under age 26 for medical coverage or under age 23 for dental coverage.





6. An individual who is part of a qualified medical child support order.
7. Any child under the age of 26 whom you adopt, including a child who is placed with you for adoption, will be eligible for dependent insurance upon the date of placement with you. A child will be considered placed for adoption when you become legally obligated to support that child, totally or partially, prior to that child's adoption being finalized. If a child placed for adoption is not adopted, all health coverage ceases when the placement ends, and will not be continued.

### **Eligibility for Coverage Under a Qualified Medical Child Support Order**

If a qualified medical child support order is issued for your child and you are an eligible employee, that child will be eligible for coverage as required by the order. You must notify SCANA and elect coverage for that child and yourself, if you are not already enrolled, within 31 days of a valid order being issued.

A qualified medical child support order is a judgment, decree or order (including approval of a settlement agreement), or administrative notice, which is issued pursuant to a state domestic relations law (including a community property law), or to an administrative process, which provides for child support or provides for health benefit coverage to such child and relates to benefits under the group health plan, and satisfies all of the following: (A copy of the Plan's Qualified Medical Child Support Order procedures may be obtained by contacting the Employee Resource Center (ERC) Benefits Care Line at 803-217-4444).

- The order recognizes or creates a child's right to receive group health benefits for which a participant or beneficiary is eligible;
- The order specifies your name and last known address, and the child's name and last known address, except that the name and address of an official of a state or political subdivision may be substituted for the child's mailing address;
- The order provides a description of the coverage to be provided, or the manner in which the type of coverage is to be determined;
- The order states the period to which it applies; and
- If the order is a National Medical Support Notice completed in accordance with the Child Support Performance and Incentive Act of 1998, such Notice meets the requirements above.
- The qualified medical child support order may not require the health insurance Plan to provide coverage for any type or form of benefit or option not otherwise provided under the Plan.

## **ENROLLING FOR COVERAGE**

### **When Coverage Begins**

Coverage for eligible employees under the Plan will begin as follows:

- On the date you first become eligible for coverage, provided you enroll in the Plan within 31 days of first becoming eligible and you pay the required cost of coverage; or
- If you do not enroll within 31 days of first becoming eligible, you will be automatically enrolled in the SCANA Choice plan medical coverage employee only, and will not be able to change your coverage until the next annual open enrollment unless you have a family status change or special enrollment event after 31 days of first becoming eligible. Your coverage will become effective January 1 following your enrollment during the annual open enrollment period; or
- On the date of your family status change or special enrollment event, provided you notify the SCANA Benefits team and enroll in the Plan within 31 days (60 days in the event of a Medicaid or Children's Health Insurance Program (CHIP) special enrollment) of the family status change or special enrollment event and pay the required cost of coverage; or
- If you currently participate in the Plan and do not enroll during the annual open enrollment period, you will be automatically enrolled in your previous year's coverage, provided it is still available. You will not be able to change your coverage until the next open enrollment unless you have a family status change or special enrollment.



Coverage for dependents under the Plan will begin as follows:

- On the date your coverage with the Plan begins if you enroll the dependent at that time and provide proof of dependent status; or
- If you do not enroll your dependent and provide proof of dependent status within 31 days of when you first become eligible, you cannot enroll your dependent until the next annual open enrollment unless you have a family status change or special enrollment event after 31 days of you first becoming eligible. The dependent coverage will become effective January 1 following his or her enrollment during the annual open enrollment period; or
- On the date you experience a family status change or special enrollment event that is consistent with your request to add your dependent, provided you notify the SCANA Benefits team, provide proof of dependent status and enroll your dependent in the Plan within 31 days (60 days in the event of a Medicaid or CHIP special enrollment) of the family status change or special enrollment event and pay the required cost of coverage; or
- On the later of the date specified in a qualified medical child support order (QMCSO), or the date the Plan administrator determines that the order is a QMCSO.

### Changing Coverage

Normally, you may enroll yourself and your eligible dependents only when you first become eligible to participate in the Plan or during the annual open enrollment period and you cannot make changes during the Plan year. However, you can enroll in the Plan or make changes to your election if you have certain qualifying change in status events, including a family status change or special enrollment event. If you are enrolled in the Plan, you will only be able to make changes to the tier of coverage which corresponds to your qualifying change in status event. You will not be allowed to change benefit Plan options unless your qualifying change in status event results in the loss of primary coverage for you. The permitted events upon which a change may be made are described below:

**Family Status Changes.** A change in coverage is allowed due to the following family status changes: a) change in your legal marital status due to marriage, death of a spouse, divorce, annulment or legal separation; b) change in number of your dependents due to birth, adoption, placement for adoption or death of a dependent; c) change in employment status of employee, spouse or dependent due to retirement, termination or start of employment, strike, lockout, beginning or end of unpaid leave of absence, including under Family and Medical Leave Act (FMLA) or change in worksite; d) changes in employment status of employee, spouse or dependent resulting in eligibility or ineligibility for coverage; e) change in residence of employee, spouse or dependent; f) changes which cause a dependent to become eligible or ineligible for coverage; and g) commencement or termination of adoption proceedings.

Changes in coverage must pertain directly to the change in status and you must notify the ERC of your election to change coverage or enroll within 31 days of your change in status. Following timely notification and timely submission of election, your election would be effective as of the date of the change in status.

**Special Enrollment Rights.** A federal law known as HIPAA (the Health Insurance Portability and Accountability Act of 1996) may give you or your dependents special enrollment rights. If you and/or your dependents are entitled to special enrollment rights under the Plan, you may change your election to correspond with the special enrollment right. Thus, for example, if you declined enrollment in medical coverage for yourself or your eligible dependents because of outside medical coverage but eligibility for that coverage is subsequently lost due to certain reasons (for example, due to legal separation, divorce, death, termination of employment, reduction in hours, or exhaustion of COBRA continuation coverage), you may be able to elect medical coverage under the Plan for yourself and your eligible dependents who lost coverage, provided that you request enrollment within 31 days after the other coverage ends. Also, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may also be able to enroll yourself and your newly acquired dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

In addition, if you or a dependent is eligible but not enrolled for coverage under the Plan, you or your dependent may enroll for coverage under the terms of the Plan if either of the following conditions are met: (a) you or your dependent is covered under a Medicaid plan or a state child health plan under the Children's Health Insurance Program ("CHIP") and coverage under the Medicaid or CHIP plan is terminated as a result of a loss of eligibility for such coverage, and you request coverage under this Plan no later



than 60 days after termination of the Medicaid or CHIP coverage, or (b) you or your dependent become eligible for a premium assistance program (that could be used toward the Plan costs) under a Medicaid or state child health plan under CHIP (including any waiver or demonstration project conducted under or in relation to such a plan), and you request coverage under this Plan no later than 60 days after the date you or your dependent is determined to be eligible for the premium assistance.

**Certain Judgments and Orders.** If a judgment, decree, or order from a divorce, separation, annulment, or custody change requires you to cover your child under this Plan, you may change your election to provide coverage for the child. If the order requires that your former spouse cover the child under his or her plan, you may change your election to revoke coverage for the child. However, coverage for your spouse under this Plan is not allowed based on a judgment, decree, or order from a divorce, separation or annulment.

**Entitlement to Medicare or Medicaid.** If you or your dependent becomes entitled to Medicare or Medicaid, you may cancel that person's health coverage.

**Significant Changes in Cost or Coverage.** If there are significant increases in premiums or significant reductions of coverage, you may revoke your prior elections under this Plan and elect coverage under another Plan option with similar coverage, provided that you notify the ERC within 31 days of receiving written notice of the change.

**Minor Mid-Year Premium Increase.** The amount of your premium payments under the Plan will be automatically increased to reflect any minor mid-year premium increases.

**Changes in Coverage Attributable to Spouse's Employment.** If there is a significant change in your or your spouse's health coverage which is attributable to your spouse's employment, you may change your election under the Plan, provided that the change is on account of and consistent with the change in coverage, as determined by the Plan administrator (in its sole discretion).

**Prevention of Discrimination.** To prevent the Plan from becoming discriminatory under the Internal Revenue Code, the Plan administrator may modify your election(s) downward during the Plan year if you are a highly compensated individual.

## OVERVIEW OF YOUR HEALTH CARE OPTIONS

The health care plans described below are designed to help protect you and your family from financial loss due to health care problems. Your benefits also encourage cost-conscious health care choices and emphasize preventive care and healthy lifestyles. Below is an overview of each benefit, dependent on whether you are an **active employee** or a **LTD participant**.

- **SCANA Choice plan** for active employees: After you meet your annual deductible, you will pay 20% of the allowable cost of medical services from in-network providers, until you reach your annual out-of-pocket maximum. Prescription drug benefits are combined with the SCANA Choice plan deductibles, coinsurance and maximums.
- **LTD Share plan** for participants receiving long-term disability benefits: After you meet your annual deductible, you will pay 20% of the allowable cost of medical services from in-network providers, until you reach your annual out-of-pocket maximum. Prescription drug benefit or maximums do not count toward the LTD Share plan deductible, coinsurance or maximums.

Expenses that do not count toward the medical benefit option's out-of-pocket expenses maximum, will not be covered at 100% when the maximum is met.

### Your Prescription Drug Benefits

Prescription drug benefits are automatic when you enroll in a medical benefit option. You can use your prescription benefits at the SCANA Pharmacy, retail pharmacies, Caremark Mail Order Pharmacy and Caremark Specialty Pharmacy.

### Your Vision Benefits

The vision plan is a separate benefit administered by EyeMed Vision Care, which provides a nationwide network of providers. The vision benefit provides a free annual comprehensive eye exam and an allowance amount for most other services, lenses, contacts and frames through an in-network provider. Services through an out-of-network provider are generally reimbursed up to a fixed amount.



### **Your Dental Benefits**

Dental benefits are only available for active employees separately. These expenses do not integrate with or apply to medical benefits. SCANA offers a Comprehensive dental benefit option for active employees. LTD participants are not eligible for dental benefits.

### **Tiers of Coverage**

You may elect the appropriate coverage for your family needs:

- Employee Only
- Employee + Spouse
- Employee + Dependents (up to age 26 for medical; up to age 23 for dental)
- Family

**You and SCANA** will share the cost of your coverage. You will be notified of the cost of your coverage at least annually. SCANA reserves the right to change the amount you pay for coverage each year. SCANA also reserves the right to charge appropriate surcharges and fees, in addition to your premium, for administering the Plan.

### **Provider Access**

You have access to in-network or out-of-network providers.

When using the "in-network" benefits:

- Your care is coordinated by your in-network physician or specialist (You do not need a referral to see a specialist. You may select a participating network specialist and receive in-network benefits);
- The Plan pays a more substantial portion of the cost for routine office visits, inpatient or outpatient surgery, and hospital expenses after the annual deductible has been met.
- There are no claim forms to file;
- If you need to be hospitalized, your in-network physician will handle the authorization request for your hospital stay;
- Preventive care is covered at 100% as defined by the United States Preventive Services Task Force (USPSTF), such as physical exams, routine mammograms, well-baby checkups, and immunizations.

If you or your dependents need medical care while away from home, you also have access to a national network of in-network providers through the BlueCross BlueShield BlueCard program. There are two easy ways to identify in-network providers. The directory of providers is located on the internet at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com). You can also call the number on the back of your member ID card: 1-800-810-2583.

### **Unable to Locate an In-Network Provider**

If there are no in-network providers within a 50-mile radius of your home, you can call the number on the back of your ID card to obtain authorization to use a particular out-of-network provider at the in-network level of benefits. The plan will pay 80% and you will pay 20% of billed charges, after you meet the in-network benefit year deductible. Billed charges will likely exceed the negotiated allowable charges from in-network providers.

The service(s) received may also require prior authorization. The out-of-network provider has no obligation to pre-authorize services you may receive. It is your responsibility to obtain authorization from BlueCross BlueShield for any services that require prior authorization.



## MANAGING YOUR CARE

**Prior Authorization.** The term prior authorization means the approval that an in-network provider must receive from a BCBS medical review organization prior to services being rendered, in order for certain services and benefits to be covered under this Plan. Services that require prior authorization include, but are not limited to:

- Inpatient hospital services
- Inpatient services at any other participating health care facility
- Outpatient facility services
- Advanced radiological imaging
- Transplant services
- Hospice service
- Durable medical equipment for purchases over \$1,000
- Inpatient rehabilitation and habilitation services
- Inpatient mental health services and substance abuse services (MHSA).

**Inpatient Certification Requirements for Hospital Confinement.** The certification process is designed to help ensure that recommended services are medically necessary before they are given. BlueCross has a medical review organization, staffed by registered nurses, licensed mental health and substance abuse professionals, and other trained staff members. The BCBS medical review organization performs the certification process in conjunction with consultant physicians. For some services, BlueCross contracts with external review organizations.

The certification process occurs at two different points to support your care:

- Preadmission certification (PAC)
- Continued stay review (CSR)

These two reviews refer to the processes used to certify the medical necessity and length of a hospital stay when you require treatment in a hospital:

- As a registered bed patient;
- For a partial hospitalization for the treatment of mental health or substance abuse;
- For the treatment of substance abuse in a substance abuse intensive outpatient therapy program; and
- For mental health or substance abuse residential treatment services.

### **Inpatient Certification**

Your physician (in-network only) is responsible for obtaining prior certification before any non-emergency admission to a hospital. Failure to do so will result in denial of room and board. If you need to stay in the hospital longer than originally certified, your physician should request a continued stay review.

If you use an out-of-network provider, you are responsible for making sure the prior certification is done. If you fail to obtain prior certification, you will incur a penalty of \$500 that does not contribute to your deductible or out-of-pocket maximum.



In any case, those expenses incurred for which payment is excluded by the terms set forth above will not be considered as expenses incurred for the purpose of any other part of this Plan, except for the "Coordination of Benefits" section.

**Emergency Admissions.** In the case of an emergency admission, contact the BCBS medical review organization within 24 hours after the admission. If you are in network the facility will contact BlueCross.

**Outpatient Certification Requirements.** Outpatient certification refers to the process used to certify the medical necessity of outpatient diagnostic testing and some outpatient procedures, including, but not limited to, advanced radiological imaging (CAT scans, MRI, MRA or PET scans) sclerotherapy, septoplasty, any potentially cosmetic procedure, and hysterectomies performed in an outpatient, free-standing surgical facility, other health care facility or a physician's office. Outpatient certification is performed through a utilization review program by a BCBS medical review organization with which BlueCross has contracted. Outpatient certification should only be requested for non-emergency procedures or services, and should be requested by your physician (in-network provider only) prior to having the procedure performed or the service rendered.

Your physician should call the toll-free number on the back of your ID card to determine if outpatient certification is required prior to any outpatient diagnostic testing or procedures.

If you use an out-of-network provider, you are responsible for making sure you have the appropriate certifications. If you fail to obtain certification for outpatient treatment, no benefits are paid, unless it's medically necessary. You will incur a penalty of \$500 that does not contribute to your deductible or out-of-pocket maximum.

In any case, those expenses incurred for which payment is excluded by the terms set forth above will not be considered as expenses incurred for the purpose of any other part of this Plan, except for the "Coordination of Benefits" section.

**Case Management.** Case management is a service provided through the BCBS medical review organization, which assists you when treatment becomes extraordinarily complex, costly or difficult to manage. This is most often beyond short-term hospital care. The goal of case management is to ensure that you receive appropriate care in the most effective setting possible whether at home, as an outpatient, or an inpatient in a hospital or specialized facility.

If you need case management, a professional will work closely with you and your physician to determine appropriate treatment options which will best meet your needs and help to keep costs manageable. The case manager will help coordinate the treatment program and arrange for necessary resources. Case managers are also available to answer questions and provide ongoing support for your family in times of medical crisis.

You, your dependent or an attending physician can request case management services by calling the toll-free care line number shown on the back of your ID card during normal business hours, Monday through Friday.

**Coverage for Maternity Hospital Stay.** Group health plans and health insurance issuers generally may not, under a federal law known as the "Newborns' and Mothers' Health Protection Act," restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section, or require that a provider obtain authorization from the Plan or insurance issuer for prescribing a length of stay not in excess of the above periods.

The law generally does not stop an attending provider of the mother or newborn, in consultation with the mother, from discharging the mother or newborn earlier than 48 or 96 hours, as applicable. Please review page 20 of this SPD for further details on the specific coverage available to you.

**Women's Health and Cancer Rights Act (WHCRA).** The Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Call member services at the toll-free number listed on your ID card for more information.



## MEDICAL HEALTH CARE OPTIONS – SCHEDULE OF BENEFITS

The benefits schedules that follow are brief outlines describing the benefits which may be payable under each of the medical benefit options offered under the Plan. For further detail on covered expenses, limitations and exclusions, refer to the appropriate sections of this summary plan description or contact BlueCross at 1-877-705-5428.

The medical benefit options provide coverage for care in-network and out-of-network. To receive medical benefits, you and your dependents may be required to pay a portion of the covered expenses for services and supplies. That portion is the deductible or coinsurance.

### **Deductibles**

The amount you pay toward medical expenses each year before the plan starts paying benefits. Once the deductible maximum in the Schedule of Benefits has been reached, you and your family need not satisfy any further medical deductible for the rest of that year.

### **Coinsurance**

The term coinsurance means the percentage of charges for covered expenses that you or your dependent is required to pay under the Plan, after you meet the deductible.

### **Out-of-Pocket Expenses**

Out-of-pocket expenses are covered expenses incurred for in-network and out-of-network charges that are not paid by the benefit Plan because of any deductible and coinsurance.

When the out-of-pocket maximum shown in the Schedule of Benefits is reached, benefits are payable at 100% except for non-compliance penalties and provider charges in excess of the allowable charge.

### **Accumulation of Plan Deductibles and Out-of-Pocket Maximums**

Expenses incurred for either in-network provider or out-of-network provider charges will be used to satisfy both the in-network provider deductibles and out-of-pocket maximums and the out-of-network provider deductibles and out-of-pocket maximums simultaneously, until the in-network provider deductibles and out-of-pocket maximums have been satisfied. However, only expenses incurred for out-of-network provider charges will be used to satisfy the remainder of the out-of-network provider deductibles and out-of-pocket maximums. All other plan maximums and service-specific maximums (dollar and occurrence) cross-accumulate between in- and out-of-network, unless otherwise noted.

### **Calendar Year**

Your benefit maximums and limits accumulate on a calendar year basis.



## Medical Health Care Options SCHEDULE OF BENEFITS

Benefit Provision	SCANA CHOICE		LTD SHARE	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Care <i>See Reference Guide</i>	100% Coverage	Deductible and coinsurance apply	100% Coverage	Deductible and coinsurance apply
Deductible Individual/Family	\$1,500 \$3,000**	\$3,000 \$6,000	\$1,000 \$2,000	\$2,000 \$4,000
Office Visits – <i>all types</i> Outpatient Care Inpatient Care	20% <i>After deductible</i>	40% <i>After deductible</i>	20% <i>After deductible</i>	40% <i>After deductible</i>
Emergency/ Urgent Care/Ambulance <i>For true emergencies*</i>	20% <i>After in-network deductible</i>		20% <i>After in-network deductible</i>	
Annual Out of Pocket Maximum <i>Deductible &amp; Coinsurance</i>	\$3,000 Single \$6,000 Family <i>Includes Rx</i>	\$6,000 Single \$12,000 Family <i>Includes Rx</i>	\$3,000 Single \$6,000 Family	\$6,000 Single \$12,000 Family

*\*If not emergency, out-of-network benefits apply.*

*\*\*Individual deductible only applies if there are no dependents on the policy. For policies with dependents all members will contribute to the deductible until the \$3,000 limit is met.*

- Allowable charges are paid at 100% after the out-of-pocket maximum is met.
- Covered expenses that are applied to the out-of-pocket maximum shall contribute to both the in-network and out-of-network provider out-of-pocket maximums.
- If the claim pays secondary, coinsurance and benefit year deductible amounts will accumulate toward the out-of-pocket maximum.

Benefit year deductibles must be met before any covered expenses can be paid, with the exception of preventive care from in-network providers.

For all services listed below, received **from in-network providers**, SCANA **pays 80%** of the allowable charge after the benefit year deductible. **You pay the remaining 20%** of the allowable charge after meeting your benefit year deductible.

For all services listed below, received from **out-of-network providers**, SCANA **pays 60%** of the allowable charge after the benefit year deductible. **You pay the remaining 40%** of the allowable charge after meeting your benefit year deductible. You must pay the balance of the provider's charges.





### SCHEDULE OF BENEFITS (continued)

Hospital charges for room and board related to admissions	Preauthorization is required for hospital admission
All other benefits in a hospital during an admission (including for example, facility charges related to the administration of anesthesia, obstetrical services <sup>1</sup> including labor and delivery rooms, drugs, medicine,	
Inpatient physical rehabilitation services	Preauthorization is required
Skilled nursing, rehabilitation and sub-acute facilities admissions	Preauthorization is required, limited to combined 120 days per participant per benefits year; No prior hospitalization required
Hospital and ambulatory surgical center charges for benefits provided on an outpatient basis, including: lab, X-ray and other diagnostic services	Preauthorization is required for outpatient surgery
Surgical services, when rendered in a physician's office	
Physician services in a hospital	
Physician services for treatment in a hospital outpatient department or ambulatory surgical center	
Services in the physician's office including contraceptives, contraceptive devices and family planning	
Physician services in the participant's home	
Second surgical opinion	
All other physician services	
Durable medical equipment, prosthetics and orthopedic devices	Preauthorization is required if purchase or rental of durable medical equipment is \$1,000 or more
Medical supplies	
Maternity care	Employee or spouse only; no dependents <sup>1</sup>
Advanced radiological imaging (at all places of service) MRI, MRA, CAT scans, PET scans	Preauthorization is required
Radiation therapy, cancer chemotherapy, respiratory therapy	Preauthorization is required
Urgent care when not filed as emergency care	
Emergency room and urgent care filed as an emergency treated as in-network regardless of the provider status	
Hospice care, limited to 6 months per episode, including bereavement counseling	Preauthorization is required
Short-term habilitation or rehabilitative therapy including cardiac rehabilitation, physical therapy, speech therapy, occupational therapy, pulmonary rehabilitation and cognitive therapy	Limited to 60 visits combined per participant per benefit year; see "outpatient rehabilitation" in the covered expenses section
Home health care	Preauthorization is required; unlimited visits, 16 hours per day maximum
Allergy injections	
Chiropractic devices, including modalities and office visits	Limited to 12 visits per participant per benefit year
Infertility services for initial testing performed specifically to determine the cause of infertility. Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed.	

Oral Surgery including removal of impacted teeth	Preauthorization required only if performed in an outpatient surgery center, not physician's office. In and out-of-network benefits apply
Temporomandibular Joint Disorder (TMJ) including treatment, excluding appliances and orthodontic treatment	Preauthorization is required for surgical and non-surgical and subject to medical necessity
Orthognathic surgery	Preauthorization is required
Treatment of morbid obesity including surgical procedures and bariatric surgery office visits <sup>2</sup>	See "Bariatric Exclusions" in the exclusions section of the Plan, page 26
Routine foot care/podiatry <sup>3</sup>	
Inpatient hospital charges for mental health services and substance abuse services	Preauthorization is required
Outpatient hospital or clinic charges for mental health services and substance abuse services	Preauthorization is required except for office visits
Inpatient physician charges for mental health services and substance abuse services	Preauthorization is required
Outpatient physician charges for mental health services and substance abuse services	Preauthorization is required except for office visits
Residential treatment center and services	Preauthorization is required
Office physician charges for mental health services and substance abuse services	

<sup>1</sup> No maternity or obstetrical services or supplies are covered for a participant who is a dependent child, except for life-threatening pregnancy complications to either the mother or fetus and for recommended preventive services related to pregnancy, such as preconception and prenatal care. BlueCross provides medical review to determine what constitutes a "life threatening" complication and recommended preventive services related to pregnancy. An elective abortion is not considered to be a complication of pregnancy.

<sup>2</sup> Treatment of clinically severe obesity as defined by body mass index (BMI) is covered only at approved Blue Distinction Centers through the precertification process.

<sup>3</sup> Only covered in the case of diabetes or peripheral vascular disease, when medically necessary.

**Important notes about preauthorization:**

- In-network providers are required to precertify all hospital admissions, outpatient surgical procedures, some radiological imaging, and durable medical equipment (DME) that exceeds \$1,000. In-network providers incur a penalty for non-emergency services that are not precertified.
- If you use an out-of-network provider, precertification is your responsibility, and you are responsible for paying the penalty if you fail to precertify.

*For more information about precertification/preauthorization, see pages 9-10.*



**HUMAN ORGAN AND TISSUE TRANSPLANT SERVICES  
(EXCLUDING DRUGS)**

<b>Blue Distinction Center of Excellence</b>	Transplants performed by a Blue Distinction Center of Excellence are covered at 100% after the benefit year deductible is met.	
<b>In-Network Provider</b>	SCANA pays 80% of the allowable charge after the benefit year deductible You pay the remaining 20% of the allowable charge after meeting the benefit year deductible	
<b>Out-of-Network Provider</b>	SCANA pays 60% of the allowable charge after the benefit year deductible, up to the per transplant lifetime maximum below:	
	Bone Marrow	\$130,000
	Heart	\$150,000
	Heart/Lung	\$185,000
	Lung	\$185,000
	Liver	\$230,000
	Pancreas	\$ 50,000
	Pancreas/Kidney	\$ 80,000
	Kidney	\$ 80,000

**PREVENTIVE BENEFITS**

The services below are covered at 100% when received from an in-network provider.

The benefit year deductible and applicable coinsurance does apply when services are received from out-of-network providers.

**Preventive Benefits under Patient Protection Affordable Care Act Act** (Refer to [www.healthcare.gov](http://www.healthcare.gov) for guidelines):

- Routine annual benefits rely on the United States Preventive Services Task Force guidelines for age limits. They include: immunizations, routine screening mammogram, PSA, Pap smear, colonoscopies and associated wellness exam.
- Specific laboratory tests and X-rays are covered at 100% if billed by physician's office or by any separate provider or facility in conjunction with a wellness exam.
- A diagnosis indicating family history will allow preventive screenings to be paid at 100%, regardless of age.

**Contraceptives and contraceptive devices as provided under PPACA:**

- Contraceptives: generic oral contraceptives, generic injections, Mirena IUD, Nexplanon implant, Ortho Evra Patch, Nuvaring, Ortho Flex, Ortho Coil, Ortho Flat, Wide-seal, Omniflex, Prentif and Femcap-vaginal - covered under the medical or pharmacy benefits at no cost to the member.
- All non-generic contraceptives are paid at the preferred brand and non-preferred brand drug payment levels, unless a generic contraceptive is unavailable.

**Preventive Generic Medication**

- A defined list of generic medications are available at no cost to the employee through the SCANA Pharmacy, and not subject to the deductible at in-network retail pharmacies. The list includes medications for the treatment of high blood pressure, high cholesterol, heart disease, diabetes, asthma, COPD, osteoporosis and prenatal vitamins.

## COVERED EXPENSES

Expenses incurred for services listed below are considered covered expenses if the services or supplies provided are recommended by a physician and are medically necessary for the care and treatment of an injury or a sickness, as determined by BlueCross. Any applicable deductibles or limits are shown in the Schedule of Benefits.

### ALLERGY INJECTIONS

The Plan will pay covered expenses for allergy injections as set forth below:

1. For patients with demonstrated hypersensitivity that cannot be managed by medications or avoidance; and,
2. To ensure the potency and efficacy of the antigens, the provision of multiple dose vials is restricted to sufficient antigen for the lesser of a twelve (12) week or twenty-four (24) week dose; and,
3. When any of the following conditions are met:
  - a. The patient has symptoms of allergic rhinitis and/or asthma after natural exposure to the allergen; or,
  - b. The patient has a life-threatening allergy to insect stings or food; or,
  - c. The patient has a skin test and/or serologic evidence of a potent extract of the antigen; or,
  - d. Avoidance or pharmacological (drug) therapy cannot control allergic symptoms.

### AMBULANCE

The Plan will pay covered expenses for ambulance transportation (including air ambulance when necessary) when used:

1. Locally to or from a hospital providing medically necessary services in connection with an accidental injury or as the result of an emergency medical condition; and,
2. To or from a hospital in connection with an admission.

### BIARIATRIC SURGERY OFFICE VISIT

The Plan will pay covered expenses for bariatric surgery office visit as set forth on the Schedule of Benefits.

### CHIROPRACTIC SERVICES

The Plan will pay covered expenses for services and medical supplies required in connection with the detection and correction, by manual or mechanical means, of structural imbalance, distortion, or subluxation in the human body, for purposes of removing nerve interference and the effects of such nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.

### CLEFT LIP OR PALATE

The Plan will pay covered expenses for the care and treatment of a congenital cleft lip or palate, or both, and any physical condition or illness that is related to or developed as a result of a cleft lip or palate.

Benefits shall include, but not be limited to:

1. Oral and facial surgical services, surgical management and follow-up care; and
2. Prosthetic device treatment such as obturators, speech appliances and feeding appliances; and
3. Orthodontic treatment and management; and
4. Prosthodontia treatment and management; and
5. Otolaryngology treatment and management; and



6. Audiological assessment, treatment, and management, including surgically implanted amplification devices; and
7. Physical therapy assessment and treatment.

Benefits for a cleft lip or palate must be preauthorized. If a participant with a cleft lip or palate is covered by a dental policy, then teeth capping, prosthodontics, and orthodontics shall be covered by the dental policy to the limit of coverage provided under such dental policy prior to coverage under this Plan. Covered expenses for any excess medical expenses after coverage under any dental policy is exhausted shall be provided as for any other condition or illness under the terms and conditions of this Plan.

#### **CLINICAL TRIALS**

The Plan will pay for routine member costs for items and services related to approved clinical trials when:

1. The member has cancer or other life-threatening disease or condition as determined by BlueCross; and
2. The referring provider is a participating provider that has concluded that the member's participation in such trial would be appropriate, or the member provides medical and scientific information establishing that the member's participation in such trial would be appropriate; and
3. The services are furnished in connection with an approved clinical trial.

An approved clinical trial is one that is 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 approved or funded through the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), the Agency for Health Care Research and Quality (AHRQ), the Centers for Medicare & Medicaid services (CMS), the Department of Defense (DOD), the Department of Veterans Affairs (VA), a qualified non-governmental research entity identified in the guidelines issued by the NIH or is conducted under an investigational new drug application reviewed by the Food and Drug Administration (FDA).

Routine member costs for purposes of an approved clinical trial include items and services typically provided under the plan for a participant not enrolled in a clinical trial. However, such items and services do not include (a) the investigational item, device or service itself; (b) items and services not included in the direct clinical management of the patient, but instead provided in connection with data collection and analysis; or (c) a service clearly not consistent with widely accepted and established standards of care for the particular diagnosis.

#### **DENTAL CARE FOR ACCIDENTAL INJURY**

The Plan will pay covered expenses for dental services to natural teeth required because of accidental injury. For purposes of this section, an accidental injury is defined as an injury caused by a traumatic force, such as a car accident or a blow by a moving object. No covered expenses will be paid for injuries that occur while you are in the act of chewing or biting. Services for conditions that are not directly related to the accidental injury are not covered. The first visit to a dentist does not require preauthorization; however, the dentist must submit a plan for any future treatment to BlueCross for review and preauthorization before such treatment is rendered if covered expenses are to be paid. Benefits are limited to treatment for only one (1) year from the date of the accidental injury.

#### **DIABETES EDUCATION**

The Plan will pay covered expenses for outpatient self-management training and education for participants with diabetes mellitus provided that such training and educational benefits are rendered by a provider whose program is recognized by the American Diabetes Association.

#### **DISEASE MANAGEMENT PROGRAM (HEALTH MANAGEMENT)**

The Plan will offer participants who have an appropriate diagnosis the option to participate in the Plan Disease Management Program. A participant's participation in the Disease Management Program is voluntary.

#### **DURABLE MEDICAL EQUIPMENT**

The Plan will pay covered expenses for durable medical equipment, when the required precertification is obtained. The Plan will decide (in its sole discretion) whether to buy or rent equipment and whether to repair or replace damaged or worn durable



medical equipment. The Plan will not pay covered expenses for durable medical equipment that is solely used by a participant in a hospital or that the Plan determines (in its sole discretion) is included in any hospital room charge. Many items are rented for a few months and re-evaluated for effectiveness and medical necessity. The purchase price of the equipment typically equals ten months of rental.

#### **EMERGENCY MEDICAL CARE**

The Plan will pay covered expenses for care that is necessary as a result of an emergency medical condition.

#### **HEMOPHILIA SERVICE**

Must have care coordinated through a designated hemophilia treatment center at least once per benefit year or coverage of services for treatment of hemophilia will be reduced to 50%.

#### **HOME HEALTH CARE**

The Plan will pay covered expenses for preauthorized home health care when rendered to a homebound participant in the participant's current place of residence.

#### **HOSPICE CARE**

The Plan will pay covered expenses for preauthorized hospice care provided in an outpatient setting, including bereavement counseling.

#### **HOSPITAL SERVICES**

The Plan will pay covered expenses for admissions as follows:

1. Semi-private room, board, and general nursing care; and,
2. Private room, at semi-private rate as determined by the Plan; and,
3. Services performed in a special care unit when it is medically necessary that such services be performed in such unit rather than in another portion of the hospital; and,
4. Ancillary services and medical supplies, including services performed in operating, recovery and delivery rooms; and,
5. Diagnostic services, including interpretation of radiological and laboratory examinations, electrocardiograms, and electroencephalograms; and,

Benefits for admissions are subject to the requirements for preadmission review, emergency admission review, and continued stay review.

The day on which a participant leaves a hospital, with or without permission, is treated as a day of discharge and will not be counted as a day of admission, unless such participant returns to the hospital by midnight of the same day. The day a participant enters a hospital is treated as a day of admission. The days during which a participant is not physically present for inpatient care are not counted as admission days.

#### **HUMAN ORGAN AND TISSUE TRANSPLANTS**

1. The Plan will pay covered expenses for certain preauthorized human organ and tissue transplants. To be covered, such transplants must be provided from a human donor to a participant, and provided at a transplant center approved by SCANA's group health Plan. Covered expenses shall only be provided for the human organ and tissue transplants in the amounts set forth on the Schedule of Benefits.
2. The payment of covered expenses for living donor transplants will be subject to the following conditions:
  - a. When both the transplant recipient and the donor are participants, covered expenses will be paid for both.



- b. When the transplant recipient is a participant and the donor is not, covered expenses will be paid for both the recipient and the donor to the extent that covered expenses to the donor are not provided by any other source.
  - c. When the donor is a participant and the transplant recipient is not, no covered expenses will be paid to either the donor or the recipient.
3. Benefits for human organ and tissue transplants are subject to the benefit year deductible amount and will be provided according to the percentage and/or dollar maximum specified on the Schedule of Benefits.
  4. Human organ and tissue transplant coverage includes expenses incurred for legal donor organ and tissue procurement and all inpatient and outpatient hospital and medical expenses for the transplant procedure and related preoperative and postoperative care, including immunosuppressive drug therapy and air ambulance expenses.
  5. Transplants of tissue as set forth below (rather than whole major organs) are benefits under the Plan, subject to all of the provisions of the Plan as follows:
    - a. Blood transfusions; and,
    - b. Autologous parathyroid transplants; and,
    - c. Corneal transplants; and,
    - d. Bone and cartilage grafting; and,
    - e. Skin grafting.

#### **IMPACTED TOOTH REMOVAL**

The Plan will pay covered expenses for services and medical supplies for the removal of impacted teeth.

#### **IN-HOSPITAL MEDICAL SERVICE**

The Plan will pay covered expenses for physician's visits to a participant during a medically necessary admission for treatment of a condition other than that for which surgical service or obstetrical service is required as follows:

1. In-hospital medical benefits primarily for mental health services and substance abuse services; and,
2. In-hospital medical benefits in a skilled nursing facility will be provided for visits of a physician, limited to one visit per day, not to exceed the number of visits set forth on the Schedule of Benefits.
3. Where two (2) or more physicians render in-hospital medical visits on the same day, payment for such services will be made only to one (1) physician.
4. Concurrent medical and surgical benefits for in-hospital medical services are only provided:
  - a. When the condition for which in-hospital medical services requires medical care not related to surgical services or obstetrical service and does not constitute a part of the usual, necessary, and related preoperative or postoperative care, but requires supplemental skills not possessed by the attending surgeon or his/her assistant; and,
  - b. When the surgical procedure performed is designated by the employer's group health plan as a warranted diagnostic procedure or as a minor surgical procedure.
5. When the same physician renders different levels of care on the same day, benefits will only be provided for the highest level of care.

#### **INFERTILITY**

Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed, and for initial testing performed specifically to determine the cause of infertility.



### **MAMMOGRAPHY TESTING**

The Plan will pay 100% for one (1) screening mammography test per benefit year regardless of medical necessity for female participants who are within the appropriate age guidelines. The Plan will pay covered expenses for additional mammograms during a benefit year based on medical necessity.

### **MEDICAL SUPPLIES**

The Plan will pay covered expenses for medical supplies, provided that the supplies are not covered by some other benefit.

### **MENTAL HEALTH SERVICES**

The Plan will pay covered expenses for the inpatient and outpatient treatment for mental health services.

### **OBESITY RELATED PROCEDURES**

The plan will pay covered expenses for the treatment of clinically severe obesity as defined by the body mass index (BMI). Covered only at approved Blue Distinction Centers through the precertification process.

### **OBSTETRICAL SERVICES**

The Plan will pay covered expenses for preauthorized obstetrical services. Notwithstanding the preceding sentence, no maternity or obstetrical services or supplies are covered for a participant who is a dependent child, except for life-threatening pregnancy complications to either the mother or fetus. BlueCross provides medical review to determine what constitutes a "life-threatening" complication. An elective abortion is not considered to be a complication of pregnancy.

Midwives licensed and practicing in compliance with the Nurse Practices Act in a hospital will be covered under this benefit.

Under the terms of the Newborn and Mother's Health Act of 1996, the Plan generally may not restrict covered expenses for any hospital length of 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, the Plan may not require that a provider obtain authorization from the Plan for prescribing a length of stay not in excess of forty-eight (48) or ninety-six (96) hours as applicable. However, preauthorization is required to use certain providers or facilities, or to reduce out-of-pocket costs.

### **ORAL SURGERY**

Charges for care of the mouth, teeth, gum and alveolar processes will be covered under your medical benefits only if that care is for the following procedures:

- Excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of mouth.
- Emergency repair due to injury to sound, natural teeth made within 12 months from the date of an accident.
- Surgery needed to correct accidental injuries to the jaws, cheeks, lips, tongue, floor and roof of mouth done within 12 months from the date of an accident.
- Excision of benign bony growths of the jaw and hard palate.
- External excision and drainage of cellulitis.
- Incision of sensory sinuses, salivary glands or ducts.
- Extraction of impacted wisdom teeth.
- Dental implants as a result of an accidental injury to sound, natural teeth as long as treatment for the injury began within 12 months of the accident.



#### **ORTHOGNATHIC SURGERY**

The Plan will pay covered expenses for any service related to the treatment of malpositions or deformities of the jaw bone(s), dysfunction of the muscles of mastication, or orthognathic deformities.

#### **ORTHOPEDIC DEVICES**

The Plan will pay covered expenses for preauthorized orthotic devices that are not available on an over-the-counter basis.

#### **ORTHOTIC DEVICES**

The Plan will pay covered expenses for preauthorized orthotic devices that are not available on an over-the-counter basis.

#### **OUTPATIENT HOSPITAL AND AMBULATORY SURGICAL CENTER SERVICES**

The Plan will pay covered expenses for surgical services and diagnostic services, including radiological examinations, laboratory tests, and machine tests, performed in an outpatient hospital setting or an ambulatory surgical center. Preauthorization is required.

#### **OUTPATIENT REHABILITATION SERVICES**

The Plan will pay covered expenses, subject to the following paragraph, for physical therapy, occupational therapy, speech therapy and rehabilitation services as set forth on the Schedule of Benefits.

Covered expenses for outpatient rehabilitation services will be paid only following an acute incident involving disease, trauma or surgery that requires such care.

#### **OXYGEN**

The Plan will pay covered expenses for preauthorized oxygen. Durable medical equipment for oxygen use in a participant's home is covered under the durable medical equipment benefit.

#### **PAP SMEAR**

The Plan will pay covered expenses for a single pap smear as part of the annual gynecological examination benefit, regardless of medical necessity. The Plan will pay covered expenses for additional pap smears during a benefit year based on medical necessity.

#### **PHYSICAL EXAMINATION**

The Plan will pay covered expenses for a single annual physical examination each benefit year for participants who are within the appropriate age guidelines, regardless of medical necessity.

#### **PHYSICIAN SERVICES**

The Plan will pay covered expenses for physician services provided that when different levels of physician services are provided on the same day, covered expenses for such benefits will only be paid for the highest level of physician services.

#### **PRESCRIPTION DRUGS**

1. The Plan will pay covered expenses for prescription drugs (as specified on the Schedule of Benefits) that are used to treat a condition for which benefits are otherwise available. Any coinsurance percentage for prescription drugs is based on the allowable charge at the in-network pharmacy, and does not change due to receipt of any credits by the Plan.
2. Insulin shall be treated as a prescription drug whether injectable or otherwise.
3. The Plan may, in its sole discretion, place quantity limits on prescription drugs.
4. Over-the-counter medications used in compounded drugs are covered, and the liquid version of Zantac, at the appropriate drug tier.



### **PREVENTIVE SERVICES**

The Plan will pay for preventive health services required under PPACA as follows:

1. Evidence-based services that have a rating of A or B in the current United States Preventive Services Task Force (USPSTF) recommendations;
2. Immunizations as recommended by the Centers for Disease Control and Prevention (CDC); and
3. Preventive care and screenings for children and women as recommended by the Health Resources and Services Administration (HRSA).

These benefits are provided without any cost-sharing by the participant when the services are provided by an in-network provider. Any other covered preventive screenings will be provided as specified in the Schedule of Benefits.

### **PROSTATE EXAMINATION**

The Plan will pay covered expenses for one (1) prostate examination per benefit year, regardless of medical necessity, as set forth in the Schedule of Benefits for participants that are within the appropriate age guidelines. The Plan will pay covered expenses for additional prostate examinations during a benefit year based on medical necessity.

### **PROSTHETIC DEVICES**

The Plan will only pay covered expenses for a prosthetic device, other than a dental or cranial prosthetic, which is a replacement for a body part and which meets minimum specifications for the body part it is replacing regardless of the functional activity level. Coverage is provided for the cost of the standard, non-luxury item only (as determined by the employer's group health Plan).

Components that are considered deluxe or upgraded over a standard model are not a covered service. Except as provided below, benefits are provided for only the initial temporary prosthesis and one (1) permanent prosthesis. No benefits are provided for repair, replacement or duplicates, nor are benefits provided for services related to the repair or replacement of such prosthetics except when necessary due to a change in the member's medical condition, and with prior authorization from the corporation.

Prosthetic devices do not include bioelectric, microprocessor or computer programmed prosthetic components.

### **RECONSTRUCTIVE SURGERY FOLLOWING MASTECTOMIES**

In the case of a participant who is receiving covered expenses in connection with a mastectomy, the Plan will pay covered expenses for preauthorized services for each of the following (if requested by such participant):

1. Reconstruction of the breast on which the mastectomy has been performed; and
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prosthetic devices and physical complications at all stages of the mastectomy, including lymphedema.

### **REHABILITATION**

The Plan will pay covered expenses for participation in a multidisciplinary team rehabilitation program only following severe neurologic or physical impairment as specified on the Schedule of Benefits if the following criteria are met:

1. All such treatment must be ordered by a medical doctor; and
2. All such treatment requires preauthorization and must be performed by a provider and at a location designated by the Plan; and
3. The documentation that accompanies a request for rehabilitation benefits must contain a detailed participant evaluation from a medical doctor that documents that to a degree of medical certainty the participant has rehabilitation potential such that there is an expectation that the participant will achieve an ability to provide self-care and perform activities of daily living; and



4. All such rehabilitation benefits are subject to periodic review by the Plan.

After the initial rehabilitation period, continuation of rehabilitation benefits will require documentation that the participant is making substantial progress and that there continues to be significant potential for the achievement of the established rehabilitation goals.

#### **RESIDENTIAL TREATMENT CENTER AND SERVICES**

The Plan will pay covered expenses for residential treatment center and services as set forth on the Schedule of Benefits.

#### **ROUTINE FOOT CARE/PODIATRY**

The Plan will pay covered expenses for routine foot care/podiatry as set forth on the Schedule of Benefits.

#### **SHORT TERM HABILITATION AND REHABILITATIVE THERAPY**

The Plan will pay covered expenses for therapy as set forth on the Schedule of Benefits. Therapy days provided as part of home health care accumulate to the therapy maximum.

#### **SKILLED NURSING FACILITY SERVICES**

The Plan will pay covered expenses for admissions in a skilled nursing facility as follows:

1. Semi-private room, board, and general nursing care;
2. Private room, at semi-private rate as determined by the Plan;
3. Services performed in a special care unit when it is medically necessary that such services be performed in such unit;
4. Ancillary services and medical supplies including services performed in operating, recovery and delivery rooms;
5. Diagnostic services including interpretation of radiological and laboratory examinations, electrocardiograms, and electroencephalograms;
6. In a long-term acute care hospital.

Benefits for admissions are subject to the requirements for preadmission review, emergency admission review, and continued stay review.

The day on which a participant leaves a skilled nursing facility, with or without permission, is treated as a day of discharge and will not be counted as a day of admission, unless such participant returns to the skilled nursing facility by midnight of the same day. The day a participant enters a skilled nursing facility is treated as a day of admission. The days during which a participant is not physically present for inpatient care are not counted as admission days.

#### **SPECIALTY DRUGS**

The Plan will pay covered expenses for specialty drugs through Caremark Specialty Pharmacy. Covered expenses for specialty drugs dispensed to a participant shall not exceed the quantity and benefits maximum set by the Plan. Specialty drugs may be considered medical benefits. For any specialty drugs paid as medical benefits the benefits year deductible, out-of-pocket maximum and/or benefits maximum will apply. The participant may obtain a list of specialty drugs by contacting the Plan at the number listed on the ID card or at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).

Any coinsurance percentage for specialty drugs is based on the allowable charge at the in-network pharmacy and does not change due to receipt of any credits by the Plan. Specialty drugs are not available at the SCANA Pharmacy.

#### **SUBSTANCE ABUSE SERVICES**

The Plan will pay covered expenses for substance abuse services as set forth on the Schedule of Benefits.



## SURGICAL SERVICES

The Plan will pay covered expenses for surgical services performed by a medical doctor or oral surgeon for treatment and diagnosis of disease or injury or for obstetrical services, as follows:

1. Surgical services, subject to the following:
  - a. If two (2) or more operations or procedures are performed at the same time, through the same surgical opening or by the same surgical approach, the total amount covered for such operations or procedures will be the allowable charge for the major procedure only.
  - b. If two (2) or more operations or procedures are performed at the same time, through different surgical openings or by different surgical approaches, the total amount covered will be the allowable charge for the operation or procedure bearing the highest allowable charge, plus one-half of allowable charge 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 the allowable charge for the procedure bearing the highest allowable charge, fifty (50%) percent for the procedure bearing the second and third highest allowable charges, twenty-five (25%) percent for the procedures bearing the fourth through the eighth highest allowable charges, and, ten (10%) percent for all other procedures provided. However, if the operation consists of the excision of multiple malignant lesions, the total amount covered will be the allowable charge for the procedure bearing the highest allowable charge, and fifty (50%) percent of the charge for each subsequent procedure.
  - d. If an operation or procedure is performed in two (2) or more steps or stages, coverage for the entire operation or procedure will be limited to the allowable charge set forth for such operation or procedure.
  - e. If two (2) or more medical doctors or oral surgeons perform operations or procedures in conjunction with one another, other than as an assistant surgeon or anesthesiologist, the allowable charge, subject to the above paragraphs, will be coverage for the services of only one (1) medical doctor or oral surgeon (as applicable) or will be prorated between them by the Plan when so requested by the medical doctor or oral surgeon in charge of the case.
  - f. Certain surgical procedures are designated as separate procedures by the Plan, and the allowable charge is payable when such procedure is performed as a separate and single entity; however, when a separate procedure is performed as an integral part of another surgical procedure, the total amount covered will be the allowable charge for the major procedure only.
2. Surgical assistant services, that consist of the medically necessary service of one (1) medical doctor or oral surgeon who actively assists the operating surgeon when a covered surgical service is performed in a hospital, and when such surgical assistant service is not available by an intern, resident, physician's assistant or in-house physician. The Plan will pay charges at the percentage of the allowable charge set forth on the Schedule of Benefits for the surgical service, not to exceed the medical doctor's or oral surgeon's (as applicable) actual charge.
3. Anesthesia services that consists of services rendered by a medical doctor, oral surgeon or a certified registered nurse anesthetist, other than the attending surgeon or his or her assistant, and includes the administration of spinal or rectal anesthesia, or a drug or other anesthetic agent by injection or inhalation, except by local infiltration, the purpose and effect of which administration is the obtaining of muscular relaxation, loss of sensation, or loss of consciousness. Additional benefits will not be provided for preoperative anesthesia consultation.

## TELEMEDICINE

The plan will pay covered expenses for telemedicine consultation when the following exist. The use of medical information about a patient is exchanged from one eligible referring provider ("Referring Physician") site to another eligible consulting provider site ("Consulting Physician") via two-way, real-time, interactive, secured and HIPAA compliant, electronic audio and video telecommunications systems to provide medical care to a patient in circumstances in which in person, face-to-face contact with the consulting physician is not necessary. Telemedicine includes consultation, diagnostic, and treatment services. Telemedicine is not an expansion of covered services but an option for delivery of certain covered services. Such a service delivery option can, in some cases, provide increased access to specialists, better continuity of care, and elimination of the



hardship of traveling extended distances. Quality of health care delivery must be maintained, regardless of the mode of delivery. A referring physician must have determined that medical care can be provided via electronic communication with no loss in the quality or efficacy of the care

#### **TEMPOROMANDIBULAR JOINT (TMJ) DISORDER**

The Plan will pay covered expenses for any service for the treatment of dysfunctions or derangements of the temporomandibular joint, including orthognathic surgery for the treatment of dysfunctions or derangements of the temporomandibular joint.

#### **TOBACCO CESSATION TREATMENT**

The Plan will pay covered expenses for tobacco cessation treatment as described in the Wellness Programs section of the Plan.

#### **URGENT CARE**

The Plan will pay covered expenses for urgent care as set forth on the Schedule of Benefits.

### **EXCLUSIONS AND LIMITATIONS**

REGARDLESS OF LANGUAGE CONTAINED ELSEWHERE IN THIS PLAN OF BENEFITS, THE FOLLOWING ARE NOT BENEFITS UNDER THIS PLAN OF BENEFITS. THE ONLY EXCEPTIONS TO THIS ARE AS FOLLOWS: (1) WHERE SUCH ITEMS ARE SPECIFICALLY INCLUDED (UP TO THE CORRESPONDING DOLLAR AMOUNT AND/OR COVERAGE PERCENTAGE) IN THE SCHEDULE OF BENEFITS OR IN ARTICLE III-BENEFITS, (2) SERVICES RENDERED BY A HEALTH CARE PROVIDER AS PART OF A PHYSICIAN INCENTIVE PROGRAM (E.G. PATIENT-CENTERED MEDICAL HOME PROGRAM), AN ACCOUNTABLE CARE ORGANIZATION OR EPISODE-BASED ARRANGEMENT OR (3) AS THE LAW REQUIRES (I.E. INTENTIONAL OR UNREASONABLE INJURIES OR ILLNESSES THAT RESULT FROM MEDICAL CONDITIONS OR DOMESTIC VIOLENCE). SUBJECT TO THE ABOVE-LISTED EXCEPTIONS, THE EMPLOYER'S GROUP HEALTH PLAN WILL NOT PAY ANY AMOUNT FOR THE FOLLOWING:

#### **ACUPUNCTURE**

Acupuncture treatment or services.

#### **ACTS OF WAR**

Illness contracted or injury sustained as a result of a participant's participation as a combatant in a declared or undeclared war, or any act of war, or while in military service.

#### **ADMISSIONS THAT ARE NOT PREAUTHORIZED**

If Preauthorization is not received for an otherwise covered expense related to an admission, penalties will be applied (up to and including denial of the covered expenses) as set forth on the Schedule of Benefits.

#### **BARIATRIC EXCLUSIONS**

Medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity, unless medically necessary.

Weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision.

#### **BEHAVIORAL, EDUCATIONAL OR ALTERNATE THERAPY PROGRAMS**

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

1. Animal assisted therapy
2. Applied behavioral analysis therapy
3. Developmental Individual-Difference Relationship-based model (DIR)
4. Facilitated communication
5. Floor time



6. Higashi schools/daily life
7. Holding therapy
8. Movement therapies
9. Music therapy
10. Relationship Development Intervention (RDI)
11. Teaching, Expanding, Appreciating, Collaborating and Holistic (TEACCH) programs

#### **BENEFITS PROVIDED BY STATE OR FEDERAL PROGRAMS**

Any service or charge for a service to the extent that the participant is entitled to payment or benefits relating to such service under any state or federal program that provides health care benefits, including Medicare, but only to the extent that benefits are paid or are payable under such programs.

#### **BENEFITS PROVIDED UNDER ANY LAW**

Any service or charge for a service to the extent a participant is entitled to receive payment or benefits pursuant to any local, state or federal law. This exclusion applies whether or not the participant has applied for or received payment for the service. This exclusion includes, but is not limited to, benefits provided by the Veterans Administration for a service-related disability, or any state or federal hospital services for which the participant is not legally obligated to pay.

#### **BIO-FEEDBACK SERVICES**

Bio-feedback when related to psychological services.

#### **COMPLICATIONS FROM FAILURE TO COMPLETE TREATMENT**

Complications that occur because a participant did not follow the course of treatment prescribed by a provider, including complications that occur because a participant left a hospital against medical advice.

#### **COMPLICATIONS FROM NON-COVERED SERVICES**

Complications arising from a participant's receipt or use of either services or medical supplies or other treatment that are not benefits, including complications arising from a participant's use of discount services.

#### **COPYING CHARGES**

Fees for copying or production of medical records and/or claims filing.

#### **COSMETIC SERVICES**

1. This Plan of benefits excludes cosmetic or reconstructive procedures, and any related services or medical supplies, which alter appearance but do not restore or improve impaired physical function. Examples of services that are cosmetic and are not covered are:
  - a. Rhinoplasty (nose);
  - b. Mentoplasty (chin);
  - c. Rhytidoplasty (face lift);
  - d. Glabellar rhytidoplasty (forehead lift);
  - e. Surgical planing (dermabrasion);
  - f. Blepharoplasty (eyelid);



- g. Mammoplasty (reduction, suspension or augmentation of the breast);
  - h. Superficial chemosurgery (chemical peel of the face); and,
  - i. Rhytidectomy (abdomen, legs, hips, buttocks, or elsewhere including lipectomy or adipectomy).
2. A cosmetic service may, under certain circumstances, be considered restorative in nature. In order for benefits to be available for such restorative surgery, the following requirements must be met:
- a. The service must be necessary to correct a loss of physical function or alleviate significant pain; or,
  - b. The service must be necessary due to a malappearance or deformity that was caused by physical trauma, surgery or congenital anomaly; and,
  - c. The proposed surgery or treatment must be preauthorized.

#### **CUSTODIAL OR LONG-TERM CARE SERVICES**

Admissions, or portions thereof, for custodial care or long-term care, including:

- 1. Rest care;
- 2. Long-term acute or chronic psychiatric care;
- 3. 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);
- 4. Care in a sanitarium;
- 5. Custodial or long-term care; or,
- 6. Psychiatric or substance abuse residential treatment, including: residential treatment centers, therapeutic schools, wilderness/boot camps, therapeutic boarding homes, half-way houses, and therapeutic group homes.

#### **DENTAL SERVICES**

Any dental procedures involving tooth structures, excision or extraction of teeth, gingival tissue, alveolar process, dental X-rays, preparation of mouth for dentures, or other procedures of dental origin. However, that such procedures may be preauthorized if the need for dental services results from an accidental injury within one (1) year prior to the date of such services and the participant is not covered by other health or dental insurance.

#### **DISCOUNT SERVICES**

Any charges that result from the use of discount services, including charges related to any injury or illness that results from a participant's use of discount services. Discount services are not covered under the Plan of benefits, and participants must pay for discounted services.

#### **EYEGASSES**

Eyeglasses or contact lenses of any type, even though dispensed by a prescription (except after cataract surgery).

#### **FOOD SUPPLEMENTS**

Unless such item has a percentage or dollar amount associated with it on the Schedule of Benefits, orthomolecular therapy including infant formula, nutrients, vitamins and food supplements. Enteral feedings when not a sole source of nutrition.



#### **GROWTH HORMONE THERAPY**

Unless such item has a percentage or dollar amount associated with it on the Schedule of Benefits, growth hormone therapy for patients over 18 years of age. Growth hormone therapy for patients 18 years of age or younger is excluded unless for documented growth hormone deficiency.

#### **HEARING AIDS**

Hearing aids or examinations for the prescription or fitting of hearing aids.

#### **HUMAN ORGAN AND TISSUE TRANSPLANTS**

Human organ and tissue transplants that are not:

1. Preauthorized; or,
2. Performed by a provider as designated by the corporation; or,
3. Listed as a covered transplant on the Schedule of Benefits.

#### **IMPOTENCE**

Services or supplies related to any treatment for impotence, unless deemed medically necessary through the precertification process.

#### **INCAPACITATED DEPENDENTS**

Any service, supply or charge for an incapacitated dependent that is not enrolled by the maximum dependent child age listed on the Schedule of Benefits.

#### **INJURY OR ILLNESS RESULTING FROM CRIMINAL ACTIVITY**

Illness contracted or injury sustained as a result of a riot or insurrection, or while engaged in the commission of a felony or an illegal occupation.

#### **INPATIENT DIAGNOSTIC AND EVALUATIVE PROCEDURES**

Inpatient care and related physician services rendered in conjunction with an admission, which is principally for diagnostic studies or evaluative procedures that could have been performed on an outpatient basis are not covered unless the participant's medical condition alone required admission.

#### **INVESTIGATIONAL OR EXPERIMENTAL SERVICES**

Services or supplies or drugs that are investigational or experimental.

#### **LIFESTYLE IMPROVEMENT SERVICES**

Services or supplies relating to lifestyle improvements including, but not limited to, nutrition counseling or physical fitness programs.

#### **MEMBERSHIP DUES AND OTHER FEES**

Services or supplies relating to lifestyle improvements including, but not limited to, nutrition counseling or physical fitness programs.

#### **MISSED PROVIDER APPOINTMENTS**

Charges for a participant's appointment with a provider that the participant did not attend.

#### **NO LEGAL OBLIGATION TO PAY**

Any service, supply or charge the participant is not legally obligated to pay.

#### **NOT MEDICALLY NECESSARY SERVICES OR SUPPLIES**

Any service or supply that is not medically necessary. However, if a service is determined to be not medically necessary because



it was not rendered in the least costly setting, covered expenses will be paid in an amount equal to the amount payable had the service been rendered in the least costly setting.

#### **PAIN MANAGEMENT PROGRAMS**

Chronic pain management programs or multi-disciplinary pain management programs including TENS (Transcutaneous Electrical Nerve Stimulation), unless medically necessary.

#### **PHYSICAL THERAPY ADMISSIONS**

All admissions solely for physical therapy, except as provided in the covered expenses section under rehabilitation benefits.

#### **PHYSICIAN CHARGES**

Charges by a physician for blood and blood derivatives and for charges for prescription drugs that are not consumed at the physician's office.

#### **PRE-MARITAL AND PRE-EMPLOYMENT EXAMINATIONS**

Charges for services, supplies or fees for premarital or pre-employment examinations.

#### **PREGNANCY OF A DEPENDENT CHILD**

A covered dependent child's pregnancy, including childbirth, except for life-threatening pregnancy complications to either the mother or fetus and recommended preventive services related to the pregnancy, such as preconception and prenatal care. BlueCross provides medical review to determine what constitutes a life-threatening complication and recommended preventive services related to pregnancy.

#### **PREOPERATIVE ANESTHESIA CONSULTATION**

Charges for preoperative anesthesia consultation.

#### **PROSTHETIC DEVICES**

Prosthetic Devices do not include bioelectric, microprocessor or computer programmed prosthetic components.

#### **PSYCHOLOGICAL AND EDUCATIONAL TESTING**

Psychological or educational diagnostic testing to determine job or occupational placement, school placement or for other educational purposes, or to determine if a learning disability exists.

#### **RADIOLOGY MANAGEMENT**

All charges for MRIs, MRAs, CAT scans or PET scans in an office or outpatient facility when the required preauthorization is not obtained.

#### **RELATIONSHIP COUNSELING**

Relationship counseling, including marriage counseling, for the treatment of premarital, marital or relationship dysfunction.

#### **SERVICES FOR CERTAIN DIAGNOSES OR DISORDERS**

Unless such item has a percentage or dollar amount associated with it on the Schedule of Benefits, medical supplies or services or charges for the diagnosis or treatment of learning disabilities, developmental speech delay, perceptual disorders, mental retardation, vocational rehabilitation, animal assisted therapy, or TMS, eye movement desensitization and reprocessing (EMDR), behavioral therapy for solitary maladaptive habits, or rapid opiate detoxification.

#### **SERVICES FOR COUNSELING OR PSYCHOTHERAPY**

Counseling and psychotherapy services for the following conditions:

1. Feeding and eating disorders in early childhood and infancy;
2. Tic disorders except when related to Tourette's disorder;
3. Elimination disorders;

4. Mental disorders due to a general medical condition;
5. Sexual function disorders;
6. Sleep disorders;
7. Medication induced movement disorders; or
8. Nicotine dependence unless specifically listed as a benefit in this Plan or on the Schedule of Benefits.

#### **SERVICES NOT LISTED AS COVERED BENEFITS**

Medical supplies or services or other items not specifically listed as a covered expense in the covered expenses section of this Plan or on the Schedule of Benefits.

#### **SERVICES PRIOR TO MEMBER EFFECTIVE DATE OR PLAN OF BENEFITS EFFECTIVE DATE**

Any charges for medical supplies or services rendered to the participant prior to the participant's effective date, the employer's effective date, or after the participant's coverage terminates, except as provided in the COBRA and ERISA rights sections. (see pages 52 and 65)

#### **SERVICES RENDERED BY FAMILY**

Any medical supplies or services rendered by a participant to him or herself or rendered by a participant's immediate family (parent, child, spouse, brother, sister, grandparent or in-law).

#### **SERVICES RESULTING FROM INTOXICATION OR DRUG USE**

Any service (other than substance abuse services), medical supplies, charges or losses resulting from a participant being intoxicated or under the influence of any drug or other substance; abusing alcohol, drugs, or other substance; or, taking some action the purpose of which is to create a euphoric state or alter consciousness, unless taken on the advice of a physician.

#### **TRAVEL**

Travel, whether or not recommended by a physician, unless directly related to human organ or tissue transplants when preauthorized.

#### **VISION CARE SERVICES**

Any medical supply or service rendered to a participant for vision care.

#### **WHEELCHAIRS OR POWER OPERATED VEHICLES**

Unless such item has a percentage or dollar amount associated with it on the Schedule of Benefits, manual or motorized wheelchairs or power-operated vehicles such as scooters for mobility outside of the home setting. Coverage for these devices to assist with mobility in the home setting is subject to the establishment of medical necessity by the corporation.

#### **WORKERS' COMPENSATION**

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; failed to timely file a claim for workers' compensation benefits; or, the participant sought treatment for the injury or illness from a provider which is not authorized by the participant's employer.



**PRESCRIPTION DRUG HEALTH CARE OPTIONS  
SCHEDULE OF BENEFITS**

SCANA Choice deductible must be met before benefits apply, except for preventive generic medications.  
LTD Share participants do not have to meet the deductible for prescription benefits.

	<b>SCANA Pharmacy</b>	<b>In Network Retail or Mail Order</b>	<b>Per Rx Out-of-Pocket Maximum</b>
Preventive Generic Medications <sup>1</sup>	Free	30%	\$100/31-day \$250/90-day
Non-preventive Generic Medications <i>and</i> Preferred Brand Medication	25%	30%	
Non-Preferred Brand	50%		None
Specialty Medications <i>31 day supply only</i>	Caremark Specialty Pharmacy ONLY 50%		\$250/31-day
<p><b>90-day Prescriptions:</b> Only available at the <b>SCANA Pharmacy</b> or <b>Caremark Mail Order Pharmacy</b></p> <p><b>Over-the-Counter (OTC) Medications:</b> Not covered under the prescription benefit if available OTC (except Zantac liquid).</p> <p><b>Out-of-Network Benefits:</b> Only available with <b>50%</b> coinsurance for <b>generic and preferred brand</b> only.</p> <p><b>Choice plan</b> has a <b>combined medical and prescription out-of-pocket maximum</b> amount of \$3,000 for individual coverage and \$6,000 for family coverage.</p> <p><b>LTD Share plan</b> has an <b>annual prescription out-of-pocket maximum</b> amount of \$5,000 for individual coverage and \$10,000 for family coverage.</p>			

<sup>1</sup> Specific generic medications included can change without notice.

**PRESCRIPTION DRUG BENEFITS**

Most medicines are available in a generic form, which cost less than their brand name counterparts. By law, both brand name and generic medicines must meet the same standards for safety, purity, strength, and quality. You can determine if your prescription drug is generic, preferred brand or non-preferred by visiting [SouthCarolinaBlues.com](http://SouthCarolinaBlues.com) or calling the toll free number shown on the back of your ID card.

A generic medicine has the same indications, cautions and instructions as a brand name; however, generics cost less, because their manufacturers do not have to pay the initial startup costs for the medicine. This savings enables you to enjoy lower coinsurance for generic medicines.

Certain medications may require preauthorization. You may call the number on your ID card for additional information.

**PRESCRIPTION DRUG COVERED EXPENSES**

If you incur expenses for pharmacy charges for medically necessary prescription drugs ordered by a physician, SCANA will pay that portion of the expenses remaining after you meet the required deductible or have paid the required coinsurance as shown in the Schedule of Benefits. Coverage also includes prescription drugs dispensed by a pharmacy for a prescription issued to you by a licensed dentist for the prevention of infection or pain in conjunction with an invasive dental procedure.

When you are issued a prescription for a prescription drug as part of emergency services and that prescription cannot reasonably be filled by an in-network pharmacy, the prescription will be covered by the Plan, as if filled by an in-network pharmacy.

Benefits include coverage of insulin, insulin needles and syringes, insulin pens, glucose test strips and lancets. Coverage also includes injectable drugs or medicines.

You may experience a cost savings when you opt to use the SCANA Pharmacy. The SCANA Pharmacy is staffed with licensed pharmacists and located at the SCANA Corporate Headquarters. Employees and their dependents who elect SCANA medical coverage may use the pharmacy to have prescriptions filled.



### Limitations

Each prescription order or refill shall be limited as follows:

- Up to a consecutive thirty-one (31)-day supply at a retail pharmacy, unless limited by the drug manufacturer's packaging; or
- Up to a consecutive ninety (90)-day supply at a mail order in-network pharmacy or the SCANA Pharmacy, unless limited by the drug manufacturer's packaging or by law; or
- Up to a dosage limit as determined by the BlueCross provider organization's Pharmacy and Therapeutics Committee (P&T Committee).
- A thirty-one (31)-day supply only for specialty prescriptions.

### Prior Authorization Required for Certain Drugs

The Plan may require special prior authorization to fill certain types of drugs. If your pharmacist tells you that a prescription medicine prescribed by your doctor requires prior authorization, ask your pharmacist or doctor to call BlueCross. You can inquire if your prescription drug is part of this group of medications by calling the toll-free number shown on the back of your ID card or by visiting [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).

### Quantity Management

The quantity management program promotes the safe use of medications and limits the amount of some medications your benefit plan covers. The limits are based on U.S. Food and Drug Administration and manufacturer dosing guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit plans. The limits only affect the amount of medication your benefit plan covers. You and your doctor make the final decision about the amount of medication that is right for you.

When a treatment regimen contains more than one type of drug and the drugs are packaged together for your convenience, a coinsurance will apply to each type of drug.

### PRESCRIPTION DRUG EXCLUSIONS

No payment will be made for the following expenses:

1. Prescription drugs that have not been prescribed by a physician;
2. Prescription drugs not approved by the U.S. Food and Drug Administration;
3. Prescription drugs for non-covered therapies, services, or conditions;
4. 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;
5. 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;
6. 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 benefits manager, whichever is lower;
7. Prescription drugs used for or related to cosmetic purposes, including hair growth, unless otherwise specified on the Schedule of Benefits;
8. Prescription drugs related to any treatment for infertility, including but not limited to, fertility drugs;
9. 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;



10. With the exception of compound drugs and liquid version Zantac, any medication available over the counter is not covered under the prescription benefit, regardless of dose or formulation. This includes, but is not limited to, the list below:
  - a. Omeprazole (Prilosec)
  - b. Omeprazole/Sodium Bicarbonate (Zegerid);
  - c. Lansoprazole (Prevacid)
  - d. Esomeprazole (Nexium)
  - e. Ranitidine (Zantac)
  - f. Famotidine (Pepcid)
  - g. Loratadine (Claritin)
  - h. Cetirizine (Zyrtec)
  - i. Fexofenadine (Allegra)
  - j. Ibuprofen (Motrin)
  - k. Naproxen (Naprosyn, Aleve, Anaprox)
  - l. Vitamins (except prenatal and Vitamin D 50,000 i.u.);
11. Prescription drugs that are being prescribed for a specific medical condition that are not approved by the U.S. Food and Drug Administration for treatment of that condition (except for prescription drugs for a specific medical condition that has at least two (2) formal clinical studies or 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);
12. 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;
13. Prescription drugs or services that require preauthorization by the corporation and preauthorization is not obtained;
14. 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);
15. Prescription drugs that are not medically necessary;
16. Prescription drugs that are not authorized when part of a Step Therapy Program, excluding PPI and NSA classes of drugs.
17. U.S. Food and Drug Administration (FDA)-approved drugs used for purposes other than those approved by the FDA, unless the drug is recognized for the treatment of the particular indication in one of the standard reference compendia (The United States Pharmacopoeia Drug Information, the American Medical Association Drug Evaluations, or The American Hospital Formulary service Drug Information) or in medical literature. Medical literature means scientific studies published in a peer reviewed national professional medical journal;
18. Any prescription and non-prescription supplies (such as ostomy supplies), devices, and appliances;



19. Implantable contraceptive products (these devices may be available through the Family Planning benefit under the medical plan);
20. Any prescription vitamins (other than pre-natal vitamins and Vitamin D 50,000 i.u), dietary supplements and fluoride products;
21. Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
22. Replacement of prescription drugs and related supplies due to loss or theft;
23. Drugs used to enhance athletic performance;
24. Drugs which are to be taken by or administered to a member while the member is a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;

Other limitations are shown in the "General Limitations" section.

#### **Reimbursement/Filing a Claim: Prescription Drugs**

When you purchase your prescription drugs through an in-network pharmacy, you pay only the pharmacy coinsurance amount, after applicable deductible, as shown in the Schedule of Benefits at the time of purchase. You do not need to file a claim form.

For participants in all Plans, if you purchase your prescription drugs through an out-of-network pharmacy in conjunction with emergency services, you pay the full cost at the time of purchase. You must submit a claim form to be reimbursed at the in-network pharmacy level of benefits. For non-emergency prescriptions, if you purchase your prescription drugs through any out-of-network pharmacy, you pay the full cost at the time of purchase and then you must submit a claim form to be reimbursed at the out-of-network pharmacy level of benefits.

Contact BlueCross at 877-705-5428 or [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) to obtain the appropriate claim form.

To purchase prescription drugs from the Caremark Mail-Order Pharmacy, refer to the customer service phone number on your ID card.

## **VISION BENEFITS**

SCANA Corporation has arranged, through a fully-insured plan, access to quality vision care and prescription eyewear through a network of in-network providers. If you choose to visit an out-of-network provider, you will receive the out-of-network benefit reimbursements, provided you pay the provider in full at the time of service and then submit a completed out-of-network claim form and copy of your receipt to EyeMed Vision Care at:

EyeMed Vision Care  
Attn: OON Claims  
P.O. Box 8504  
Mason, Ohio 45040  
888-362-7463



### Vision Benefit Frequency

Exam: Once every 12 months

Frames: Once every 24 months

Lenses or Contact Lenses: Once every 12 months

Vision Care Services	In-Network	Out-of-Network
Exam with Dilation as Necessary	\$0 Copayment	Up to \$60
<b>Contact Lens Fit and Follow-Up:</b>		
Standard Contact Lens Fit and Follow-up Visits*	\$55 Copayment	Non-Covered
Premium Contact Lens Fit and Follow-up Visits **	10% off retail price	Non-Covered
<b>Frames</b> (Any available frame at provider location)	\$135 allowance, 20% off balance over \$135	Up to \$82
<b>Standard Plastic Lenses:</b>		
Single Vision	\$0 Copayment	Up to \$78
Bifocal	\$0 Copayment	Up to \$97
Trifocal	\$0 Copayment	Up to \$107
Lenticular	\$0 Copayment	Up to \$150
Standard Progressive Lens	\$0 Copayment	Up to \$149
Premium Progressive lens	\$120 allowance, 80% off balance over \$120	Up to \$149
Progressive Vision Allowance	\$0 Copayment	Up to \$149
<b>Lens Options:</b>		
Tint (Solid and Gradient)	\$15	Non-Covered
Standard Plastic Scratch-Resistance	\$15	Non-Covered
Standard Polycarbonate – Adults	\$40	Non-Covered
Standard Polycarbonate – Children under 19	\$0	Non-Covered
Standard Anti-Reflective Coating	\$45	Non-Covered
Polarized	20% off retail price	
Other Add-Ons and Services	20% off retail price	Non-Covered
<b>Additional Pairs Benefit:</b>		
Completed Pair of eyeglasses	40% off retail price	Non-Covered
Conventional Contact Lenses once the funded benefit is used	15% off retail price	Non-Covered
<b>Contact Lenses:</b>		
Conventional	\$0 Copayment, \$135 allowance, 15% off balance over \$135	Up to \$125
Disposable	\$0 Copayment, \$135 allowance, plus balance over \$135	Up to \$125
Medically Necessary	\$0 Copayment, Paid-in-Full	Up to \$210

\* Standard Contact Lens Fitting - spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.)

\*\* Premium Contact Lens Fitting - all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)

**Additional discounts:**

- Participants will receive a 20% discount on items not covered by the plan at in-network providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services, or contact lenses. Retail prices may vary by location.
- Discounts do not apply for benefits provided by other group benefit plans. Allowances are one-time use benefits; no remaining balance.
- Lost or broken materials are not covered.
- Participants also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.
- Participants also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA vision. Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization please call 1-877-5LASER6.
- After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at [www.EyeMedVisionCare.com](http://www.EyeMedVisionCare.com). The contact lens benefit allowance is not applicable to this service.

**Plan Limitations/ Exclusions:**

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses;
- Medical and/or surgical treatment of the eye, eyes or supporting structures;
- Any eye or vision examination, or any corrective eyewear required by a policyholder as a condition of employment; including safety eyewear;
- Services provided as a result of any workers' compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
- Plano (non-prescription) lenses and/or contact lenses;
- Non-prescription sunglasses;
- Two pair of glasses in lieu of bifocals;
- Services or materials provided by any other group benefit plan providing vision care;
- Services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order.
- Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next benefits frequency when vision materials would next become available.

**DENTAL BENEFITS**

SCANA provides a Comprehensive dental plan for active employees and their covered dependants. When you select an in-network provider, the dental plan pays a greater share of the cost than if you were to select an out-of-network provider.





To locate an in-network dentist go to [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and log in to My Health Toolkit, click "Find a doctor or hospital," then choose "Dental Care" from the menu.

- Select "Dental Network" for South Carolina providers

The dollars you spend toward meeting your dental plan deductible and calendar year or lifetime maximum costs for in-network services cross-accumulate and apply toward meeting your dental deductible and calendar year or lifetime maximum costs for out-of-network services. They do not apply to your medical/pharmacy deductible or out-of-pocket maximum.

- Comprehensive Dental Plan: covers the four main types of dental expenses, including preventive and basic, as well as major treatments. The Plan also provides orthodontia for your covered dependents under age 19.

### SCANA Dental Preferred Provider Plans

Schedule of benefits apply to in-network and out-of-network providers  
Reimbursement levels based on reasonable and customary allowances

	<b>Comprehensive Plan</b>
<b>Calendar Year Maximum</b> (Class I, II and III expenses)	\$1,500 per person
<b>Annual Deductible</b>	
Individual Coverage	\$50
Family Coverage	\$150
<b>Class 1 – Preventive &amp; Diagnostic Care</b> <ul style="list-style-type: none"> <li>• Oral Exams (two per year)</li> <li>• Routine cleanings (two per year)</li> <li>• Perio cleanings (2 per calendar year in addition to regular cleanings, when medically necessary)</li> <li>• Full mouth x-rays or Panoramic x-ray (One complete set every three years)</li> <li>• Bitewing x-rays (two per year)</li> <li>• Fluoride Application (Two per year)</li> <li>• Sealants (limited to posterior tooth for a person age 6-18/one treatment per tooth every three years)</li> <li>• Space Maintainers (Limited to non-orthodontic treatment)</li> <li>• Emergency Care to relieve pain</li> </ul>	100%
<b>Class II – Basic Restorative Care</b> <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Root Canal Therapy</li> <li>• Osseous Surgery</li> <li>• Periodontal Consult, Scaling and Root Planing</li> <li>• Denture Adjustments and Repairs</li> <li>• Extractions</li> <li>• Oral Surgery (see oral surgery section under the medical plan)</li> </ul>	80% Subject to annual deductible
<b>Class III – Major Restorative Care</b> <ul style="list-style-type: none"> <li>• Crowns • Dental Implants (up to Plan maximum)</li> <li>• Dentures</li> <li>• Bridges</li> </ul>	50% Subject to annual deductible
<b>Class IV – Orthodontia</b> (Limited to dependent children under the age of 19)	
<ul style="list-style-type: none"> <li>• \$1,500 lifetime limit</li> <li>• Payments for orthodontia are made in monthly installments.</li> </ul>	50% Subject to annual deductible
Pretreatment review is suggested when dental work in excess of \$300 is proposed.	

#### Dental Plan Payments

No payment will be made for expenses incurred by you or any one of your dependents to the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. SCANA will take into account any adjustment option chosen under such part by you or by any one of your dependents.



If you incur covered expenses, SCANA will:

- Deduct any dental deductible that applies from the covered expenses first incurred in a calendar year; and
- Pay for the other covered expenses incurred in that calendar year up to the maximum determined from the dental plan schedule for each dental service subject to the alternate benefits provision.

### **Maximum Benefits Provision**

The total amount payable for all expenses for other than orthodontics incurred for a person in a calendar year will not be more than the maximum benefits as shown in the benefits schedule.

### **Covered Expenses**

The term covered expenses means expenses incurred by or on behalf of you or any one of your dependents for charges made by a dentist for the performance of a dental service listed in the dental services schedule.

Covered expenses will include only those expenses incurred for such charges when the dental service:

- Is performed by or under the direction of a dentist;
- Is essential for the necessary care of the teeth;
- The service is within the scope of coverage limitations;
- The deductible amount in the schedule has been met;
- The maximum benefit in the schedule has not been exceeded;
- The charge does not exceed the amount allowed under the alternate benefits provision;
- For Class I, II or III the service is started and completed while coverage is in effect.

Any portion of charges for a dental service that exceeds the maximum covered expense shown for that service in the dental services schedule is not included.

### **Alternate Benefits Provision**

When more than one dental service could provide suitable treatment based on common dental standards, BlueCross will determine the dental service on which payment will be based and the expenses that will be included as covered expenses. Benefits will be provided for treatment rendered in accordance with accepted dental standards for adequate and appropriate care. You and your dentist are free to apply this benefit payment to the treatment of your choice; however, you are responsible for the expenses incurred which exceed covered expenses. For this reason, BlueCross strongly recommends the use of predetermination of benefits when major dental services are needed, so that you and your dentist know in advance what the Plan will cover before any treatment begins.

### **Predetermination of Benefits**

The term predetermination of benefits means a review by BlueCross of a dentist's description of planned treatment and expected charges, including those for diagnostic x-rays. This review should be made whenever extensive dental work is proposed. The information should be sent to BlueCross before the dental work is started. If there is a major change in the treatment plan, a revised plan should be sent to BlueCross at the address listed on the reverse of your ID card. The expenses that will be included as covered expenses will be determined by BlueCross and are subject to the alternate benefits provision. When there has not been a predetermination of benefits, BlueCross will determine the expenses that will be included as covered expenses at the time the claim is received.

Predetermination of benefits does not guarantee payment. The estimate of benefits payable may change based on the benefits, if any, for which a person qualifies at the time services are completed



**Covered dental expenses will include expenses incurred for dental services listed in this Schedule. BlueCross may agree to accept, as covered dental expenses, expenses for services not listed. To be considered, services should be identified in terms of the American Dental Association Uniform Code on Dental Procedures and Nomenclature and/or by description and submitted to BlueCross.**

BlueCross will determine the maximum covered expense for services that it accepts. The maximum covered expense so determined will be consistent with the maximums listed.

A temporary dental service is included in the allowance for the final dental service and is not a separate dental service. A dental service is deemed to start when the actual performance of the service starts except that:

- For fixed bridgework and full or partial dentures, it starts when the first impressions are taken and/or abutment teeth are fully prepared;
- For a crown, inlay or onlay, it starts on the first date of preparation of the tooth involved;
- For root canal therapy, it starts when the pulp chamber of the tooth is opened.

**Orthodontia Provision.** The total amount payable for all expenses incurred for orthodontics for a dependent child less than 19 years of age during his lifetime will not be more than the orthodontia maximum as shown in the benefits schedule.

Payments for comprehensive full-banded orthodontic treatments are made in installments. Payment of benefits will be made monthly. The first payment becomes payable when the appliance is installed. In determining the first installment, BlueCross assigns 25% of the charge for the entire course of treatment to the appliance. The rest of such charge is prorated over the estimated duration of such treatment. These payments are made only for services performed while such child is insured.

#### **Expenses Not Covered**

Covered expenses will not include, and no payment will be made for, expenses incurred for:

- Services performed solely for cosmetic reasons;
- Replacement of a lost or stolen appliance;
- Replacement of a bridge, crown or denture within five years after the date it was originally installed unless: (a) such replacement is made necessary by the placement of an original opposing full denture or the necessary extraction of natural teeth; or (b) the bridge, crown or denture, while in the mouth, has been damaged beyond repair as a result of an injury received while a person is insured for these benefits, if replacement is made within 90 days of the loss or later, if medically necessary;
- Any replacement of a bridge, crown or denture which is or can be made useable according to common dental standards;
- Procedures, appliances or restorations (except full dentures) whose main purpose is to: (a) change vertical dimension; (b) diagnose or treat conditions or dysfunction of the temporomandibular joint; (c) stabilize periodontally involved teeth; or (d) restore occlusion;
- Orthodontic services or supplies for any person other than a dependent child less than 19 years of age;
- Porcelain or acrylic veneers of crowns or pontics on or replacing the upper and lower first, second and third molars;
- Bite registrations; precision or semi-precision attachments; or splinting;
- Instruction for plaque control, oral hygiene and diet;
- Dental services that do not meet common dental standards;

- Services that are deemed to be medical services;
- Services and supplies received from a hospital;
- Services for which benefits are not payable according to the "General Limitations" section.
- In addition, these benefits will be reduced so that the total payment under the items below will not be more than 100% of the charge made for the dental service if benefits are provided for that service under:
  - This Plan; and
  - Any medical expense plan or prepaid treatment program sponsored or made available by your employer.

### **General Limitations**

No payment will be made for expenses incurred for you or any one of your dependents:

- For or in connection with an injury arising out of, or in the course of, any employment for wage or profit;
- For or in connection with a sickness which is covered under any workers' compensation or similar law;
- For charges made by a hospital owned or operated by or which provides care or performs services for the U. S. Government, if such charges are directly related to a military service connected condition;
- To the extent that payment is unlawful where you reside when the expenses are incurred;
- For charges which you are not legally required to pay;
- To the extent that they are more than either the applicable maximum reimbursable charges or applicable scheduled amounts;
- For charges for unnecessary care, treatment or surgery;
- To the extent that you are in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid; or
- For or in connection with experimental procedures or treatment methods not approved by the American Dental Association or the appropriate dental specialty society.

### **COORDINATING WITH OTHER PLANS**

If you are covered under more than one plan, this section provides an overview of how benefits payable from all such plans will be coordinated. You should file all claims with each plan. Coverage coordinated between this Plan and another plan or plans may not guarantee 100% total reimbursement.

When this Plan is a primary plan, its benefits are determined before those of the other plan without considering the other plan's benefits. When this Plan is a secondary plan, its benefits are determined after those of the other plan. You may either receive reduced benefits or no benefit because of the other plan's benefits.

When processing a claim under this Plan as secondary, BlueCross will determine the amount this Plan would have paid for an allowable expense if it were primary. If this amount is greater than the benefit that the actual primary plan did pay, it would be reduced by the amount paid by the actual primary plan and this plan, as secondary, would pay you the difference. If the benefit paid by the primary plan is the same or more for an allowable expense than this Plan would have paid as primary, no further benefit will be paid under this Plan.



	Primary Plan	Secondary	Plan Result
<b>Example 1</b>	Primary plan covers a service at <b>80%</b> of the allowable	Covers a service at <b>80%</b> of the allowable	Secondary plan pays nothing; member pays <b>20%</b>
<b>Example 2</b>	Primary plan covers a service at <b>60%</b> of the allowable	Covers a service at <b>80%</b> of the allowable	Secondary plan pays <b>20%</b> of the allowable; member pays <b>20%</b>
<b>Example 3</b>	Primary plan doesn't cover the service	Covers the service at <b>80%</b> of the allowable	Secondary plan pays <b>80%</b> ; member pays <b>20%</b>
<b>Example 4</b>	Primary plan covers the service at <b>80%</b> of the allowable	Secondary plan doesn't cover the service	Secondary Plan pays nothing; member pays <b>20%</b>

### Determining Primary/Secondary Coverage

The following guidelines will help you to determine which plans provide primary coverage and which plans provide secondary coverage for you and your family:

- If you are enrolled in the SCANA Plan and you have coverage under a plan other than SCANA's Plan, the SCANA Plan is primary unless the other plan is provided by your current employer, in which case, the SCANA Plan will be secondary and the other plan will be primary;
- If you and your dependents are enrolled in the SCANA Plan, and you are not covered under any other insurance plan, then the SCANA Plan is your primary plan;
- If your spouse has coverage through a plan other than SCANA's, that coverage is primary for your spouse and the SCANA Plan is secondary for your spouse, if you are carrying SCANA coverage on you and your spouse. Plus, if your spouse covers you through his/her primary plan, your spouse's plan is secondary for you;
- Primary coverage for dependent children is determined by the "birthday rule" when both parents cover the child under separate coverage. The plan of the parent whose birthday comes first in the calendar year, regardless of the year of birth, is primary for dependent children. In the event that both parents have the same birth date, the plan of the parent who has been employed the longest will be primary for the dependent children. A plan that does not use maintenance/coordination of benefits is automatically primary for your dependent children;
- Special rules may apply in cases of multiple coverage not addressed by these rules, such as divorced parents, or conflicting coordination of benefits provisions.

SCANA Corporation or BlueCross will annually request "other insurance" information from you regarding other group health insurance coverage you may carry for yourself and/or any of your eligible dependents. This request may occur in connection with a submitted claim; if so, you will be advised that the other insurance information (including an Explanation of Benefits from the other insurance carrier) is required before the submitted claim will be processed for payment. If no response is received within 90 days, the claim will be denied. If the requested information is subsequently received by our claim administrator, the claim will be processed.

### Recovery of Excess Benefits

If this Plan pays charges for services and supplies that should have been paid by the actual primary plan, BlueCross will have the right to recover such payments.

BlueCross will have sole discretion to seek such recovery from any person to, or for whom, or respect to whom, such services were provided or such payments made by any insurance company, healthcare plan or other organization. If requested, you may be required to deliver to BlueCross such instruments and documents necessary to secure the right of recovery.



### **Right to Receive and Release Information**

BlueCross, without consent or notice to you, may obtain information from and release information to any other plan in order to coordinate your benefits. If requested, you must provide BlueCross with claim related information determined necessary to coordinate your benefits.

## **WELLNESS PROGRAMS**

### **Health Management:**

You have access to **Health Management**, a disease management program for participants with any of the following diseases:

- Asthma
- COPD (Chronic Obstructive Pulmonary Disease or chronic lung problems)
- Diabetes
- Heart failure
- Coronary artery disease (Heart Disease)
- Hypertension (High Blood Pressure)
- Hyperlipidemia (High Cholesterol)
- Migraine

The purpose of this program is to help you understand your risk factors and treatment options, explore healthy lifestyle choices, set and reach realistic health goals and learn to successfully self-manage your condition. You may receive educational resources periodically, and you can call health coaches for additional support and information at 1-855-838-5897.

## **CLAIMS PROCEDURES**

### **ELIGIBILITY CLAIMS PROCEDURES**

1. Decisions on eligibility to participate in the Plan are reviewed by SCANA and decided in a uniform and non-discriminatory manner. If you were denied enrollment in the Plan and believe that you are entitled to participate, you may file a claim in writing with the benefits manager. The benefits manager will make a determination and notify you of that determination within ninety (90) days after receipt of your claim. If special circumstances require up to another ninety (90) days to process the claim, the benefits manager will notify you that an extension is needed within the initial ninety (90) days. This notice of extension will describe the special circumstances requiring an extension and the date the benefits manager expects to issue her determination.
2. If you disagree with the decision of the benefits manager, you can appeal in writing to the plan administrator within sixty (60) days of the claim denial. The plan administrator will notify you of the decision on appeal within sixty (60) days after receipt of your appeal, unless special circumstances require an extension of time of up to sixty (60) days for processing the appeal. If an extension is required, the plan administrator will notify you before the expiration of the initial 60-day period that explains the special circumstances that require an extension of time and includes the date by which the plan administrator expects to issue his or her determination on the appeal.

### **CLAIMS FILING PROCEDURES**

1. Where a network provider renders services, generally the network provider will file the claim on a Participant's behalf. However, 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 BlueCross, at its address listed in the benefit 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, BlueCross 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 BlueCross 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 the time fixed for filing proof of loss.
3. For Benefits not provided by a network provider, the Participant is responsible for filing claims with BlueCross BlueShield. When filing the claims, the Participant will need the following:
  - a. A claim form for each Participant. Participants can get claim forms from a Participant services representative at the telephone number indicated on the Identification Card or via BlueCross BlueShield's website, [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).
  - b. Itemized bills from the network provider(s). These bills should contain all the following:
    - 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; and,
    - 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 should also attach a copy of the other Plan's EOB notice.
    - i. 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 BlueCross BlueShield's address listed on the claim form.
4. BlueCross BlueShield 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 that 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 BlueCross will be deemed written proof of loss and will serve as written authorization from the participant to BlueCross to obtain any medical or financial records and documents useful to BlueCross. BlueCross, 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 BlueCross 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 BlueCross 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. BlueCross will make a determination for each type of claim within the following time periods:

i. Pre-Service Claim

- (1) 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.
- (2) 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.
- (3) An extension of fifteen (15) days is permitted if BlueCross (on behalf of the Plan) determines that, for reasons beyond the control of BlueCross, an extension is necessary. If an extension is necessary BlueCross 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 BlueCross 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 BlueCross does not receive the required information within the forty-five (45) day time period, the claim will be denied. BlueCross will make its determination within fifteen (15) days of receipt of the requested information, or, if earlier, the deadline to submit the information. If BlueCross 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.

ii. Urgent Care Claim

- (1) 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.
- (2) 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 will then 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.
- (3) 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.

iii. Post-Service Claim

- (1) A determination will be sent within a reasonable time period, but no later than thirty (30) days from receipt of the claim.
- (2) An extension of fifteen (15) days may be necessary if BlueCross (on behalf of the Plan) determines that, for reasons beyond the control of BlueCross BlueShield, an extension is necessary. If an extension is necessary, BlueCross 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 BlueCross 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 BlueCross does not receive the required information within the forty-five (45) day time period, the claim will be denied. BlueCross will make its determination within fifteen (15) days of receipt of the requested information, or, if earlier, the deadline to submit the information. If BlueCross 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.

iv. Concurrent Care Claim

- (1) 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.





## NOTICE OF DETERMINATION

7. If the participant's claim is filed properly, and the claim is in part or wholly denied, the participant will receive notice of an adverse benefit determination in a culturally and linguistically appropriate manner, that will:
  - a. Include information sufficient to identify the claim involved including date of service, health care provider, claim amount if applicable and a statement describing the availability, upon request, of the diagnosis and treatment codes and their corresponding meanings;
  - b. State the specific reason(s) for the adverse benefit determination, including the denial code and its corresponding meaning, as well as a description of the standard (if any) that was used in denying the claim;
  - c. 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 participant's claim;
  - d. Reference the specific Plan of Benefits provisions on which the determination is based;
  - e. Describe additional material or information, if any, needed to complete the claim and the reasons such material or information is necessary;
  - f. Describe the claims review procedures and the Plan 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;
  - g. 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);
  - h. If the reason for denial is based on a lack of medical necessity or investigational or experimental 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);
  - i. Provide a description of available internal appeals and external review processes, including information regarding how to initiate such appeals;
  - j. Disclose the availability of, and contact information for, any applicable office of health insurance consumer assistance or ombudsman established under section 2793 of the Public Health Service Act to assist individuals with the internal claims and appeals and external review processes ERISA.
  - k. Participant will be provided, as soon as practicable upon request, the diagnosis and treatment codes and their corresponding meanings, associated with the adverse benefit determination.
  - l. No decisions regarding hiring, compensation, termination, promotion, or other similar matters with respect to any individual will be made based upon the likelihood that the individual will support the denial of Benefits.
  - m. The participant will also receive a notice if the claim is approved.

## APPEAL PROCEDURES FOR AN ADVERSE BENEFIT DETERMINATION

1. Participant has one-hundred-eighty (180) days from receipt of an adverse benefits determination to file an appeal. An appeal must meet the following requirements:
  - a. An appeal must be in writing; and,



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

BlueCross BlueShield of South Carolina  
Claims Service Center  
Post Office Box 100300  
Columbia, SC 29202

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

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

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

a. Pre-Service Claim

BlueCross (on behalf of the 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. If the participant disagrees with BlueCross' decision, the participant can submit a second appeal within ninety (90) days after receipt of the final decision of the first appeal. BlueCross (on behalf of the Plan) will decide the second appeal within a reasonable period of time, taking into account the medical circumstances, but no later than fifteen (15) days after receipt of the second 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 BlueCross (on behalf of the Plan) will communicate with the Participant by telephone or facsimile. BlueCross (on behalf of the Plan) 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

BlueCross (on behalf of the Plan) will decide the appeal within a reasonable period of time, but no later than sixty (60) days after receipt of the appeal. If the participant disagrees with BlueCross' decision, the participant can submit a second appeal within ninety (90) days after receipt of the final decision of the first appeal. BlueCross (on behalf of the Plan) will decide the second appeal within a reasonable period of time, but no later than thirty (30) days after receipt of the second appeal.

d. Concurrent Care Claim

BlueCross BlueShield (on behalf of the Plan) will decide the appeal of concurrent care claims within the time frames set forth in Article XI(B)(4)(a-c) depending on whether such claim is also a pre-service claim, an urgent care claim or a post-service claim.



## 6. Notice of Final Internal Appeals Determination

- a. If a participant's appeal is denied in whole or in part, the participant will receive notice of an adverse benefit determination, in a culturally and linguistically appropriate manner, that will:
  - i. Include information sufficient to identify the claim involved (including date of service, health care provider, claim amount (if applicable), and a statement describing the availability, upon request, of the diagnosis and treatment codes and their corresponding meanings;
  - ii. State specific reason(s) for the adverse benefit determination, including the denial code and its corresponding meaning, as well as a description of the standard (if any) that was used in denying the claim and a discussion of the decision;
  - iii. Reference specific provision(s) of the Plan of Benefits on which the benefit determination is based;
  - iv. State that the 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;
  - v. Describe any mandatory or voluntary appeal procedures offered by BlueCross (on behalf of the Plan) and the participant's right to obtain such information;
  - vi. Disclose any internal rule, guideline, or protocol relied on in making the adverse benefit determination (or state that such information is available free of charge upon request);
  - vii. If the reason for an adverse benefit determination on appeal is based on a lack of medical necessity, investigational or experimental 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);
  - viii. Include a statement regarding the participant's right to bring an action under section 502(a) of ERISA.
7. The participant will also receive, free of charge, any new or additional evidence considered, relied upon, or generated in connection with the claim. This evidence will be provided as soon as possible and sufficiently in advance of the date on which the notice of adverse benefit determination is received, to give the participant a reasonable opportunity to respond prior to that date.
8. If the adverse benefit determination is based on a new or additional rationale, then the participant will be provided with the rationale, free of charge. The rationale will be provided as soon as possible and sufficiently in advance of the date of the adverse benefit determination to give the participant a reasonable opportunity to respond prior to that date.
9. The participant will be provided, as soon as practicable upon request, the diagnosis and treatment codes and their corresponding meanings, associated with the adverse benefit determination.
10. No decisions regarding hiring, compensation, termination, promotion, or other similar matters with respect to any individual will be made based upon the likelihood that the individual will support the denial of benefits.
11. A participant's claim and appeals will be decided pursuant to a good faith interpretation of the Plan, in the best interest of the participant, without taking into account either the amount of the benefits that will be paid to the participant or the financial impact on the Plan.
  - a. The participant will also receive a notice if the claim on appeal is approved.
12. SCANA has retained BlueCross to make the initial claims determination as well as determinations on appeal as the claims fiduciary. Accordingly, the Plan administrator has delegated to BlueCross discretionary authority to construe and interpret questions of related to claims for benefits under the terms of the Plan. The Plan administrator delegates to BlueCross



discretionary authority to make utilization review and precertification determinations for the purpose of making claim decisions under the Plan and to interpret and construe the Plan as necessary to make such determinations. It is understood and agreed that the BlueCross is a fiduciary with respect to its exercise of such discretionary authority. In making its decision, BlueCross will rely on the Plan, its internal procedures and will rely on eligibility data provided by the Company. BlueCross will undertake the responsibility for providing the initial and appellate reviews and final determination of claims that have been denied in whole or in part in accordance with the rules set forth in ERISA Section 503 and the regulations there under.

#### **VOLUNTARY LEVEL APPEAL PROCEDURES**

1. The participant shall have sixty (60) calendar days from receipt of a second level appeal adverse benefits determination to file an appeal to the Plan administrator. This appeal is completely voluntary but must be filed and completed prior to any external review process is initiated. An appeal must meet the following requirements:
  - a. An appeal must be in writing;
  - b. The appeal must be sent to the Plan administrator at the address in the Plan information section of this document;
  - c. The appeal must include the name, address of the participant, and all relevant information in support of the appeal.
2. The Plan administrator will review the appeal and make a determination within a reasonable period of time, but no later than ninety (90) days after receipt of the voluntary appeal. If additional information is needed, as determined by the Plan administrator, the time to decide the appeal will be suspended until such information is reviewed.

#### **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 BlueCross 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 because:
  - a. It does not meet the requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness; or,
  - b. It is an investigational or experimental service and it involves a life-threatening or seriously disabling condition.
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 BlueCross' decision on the participant's appeal. In order to receive an external review, the participant will be required to authorize the release of such participant's medical records (if needed in the review for the purpose of reaching a decision on participant's claim).
3. Within five (5) business days of the date of receipt of a participant's request for an external review, BlueCross will respond by either:
  - a. Assigning the participant's request for an external review to an independent BCBS medical review organization and forwarding the participants records to such organization; or,
  - b. Notifying the participant in writing that the participant's request does not meet the requirements for an external review and the reasons for the Corporation's decision.
4. The external BCBS medical 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 the Corporation.



5. Expedited external reviews are available if the participant's provider certifies that the participant has a serious medical condition. A serious medical condition, as used in this Article XI(C)(5), means one that requires immediate medical attention to avoid serious impairment to body functions, serious harm to an organ or body part, or that 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 BlueCross' decision if BlueCross' denial of benefits involves emergency medical care and the participant has not been discharged from the treating hospital. The independent BCBS medical review organization must make its decision within seventy-two (72) hours after it receives the request for expedited review.

### **Suit On A Claim**

You have the right to bring a civil action under section 502(a) of ERISA if you are not satisfied with the outcome of the appeals procedure. In most instances, you may not initiate a legal action against the Plan until you have completed the Level One and Level Two appeal processes. If your appeal is expedited, there is no need to complete the Level Two process prior to bringing legal action. No action will be brought at all unless brought within one (1) year after the time within which proof of loss is required.

### **SUBROGATION RIGHT OF REIMBURSEMENT**

As a condition to receiving benefits under this Plan, you must:

- Reimburse the Plan for any such benefits paid or payable to you, or on your behalf, when said benefits are recovered, in any form, regardless of how classified or characterized including but not limited to amounts allocated to attorney's fees, from any person, corporation, entity, no-fault carrier, uninsured motorist carrier, underinsured motorist carrier, other insurance policies or funds; and
- Refrain from releasing any party, person, corporation, entity, insurance company, insurance policies or funds that may be liable for or obligated to you for the injury or condition without obtaining the Plan's written approval; and
- Without limiting the preceding, subrogate the Plan to any and all claims, causes of action or rights that they have or that may arise against any person, corporation and/or other entity and to any coverage, no-fault coverage, uninsured motorist coverage, underinsured motorist coverage, other insurance policies or funds ("Coverage") for which you claim an entitlement to benefits under this Plan, regardless of how classified or characterized.

In the event you settle, recover or are reimbursed by any third party or coverage, you must hold any such funds received in trust for the benefit of the Plan, and to reimburse the Plan for all benefits paid or that will be paid as a result of the injury or condition. The Plan's subrogation rights shall be considered a first priority claim and shall be paid in full before any other claims for you as the result of the illness or injury, regardless of whether you are made whole. If you fail to reimburse the Plan for all benefits paid or to be paid, as a result of the injury or condition, out of any recovery or reimbursement received, you will be liable for any and all expenses (whether fees or costs) associated with the Plan's attempt to recover such money from you. If you fail to reimburse the Plan for all benefits paid or to be paid, as a result of the injury or condition, the Plan may withhold payment of future benefits until such amounts are repaid in full.

You are required to execute and return all required documents to the plan administrator and shall supply other reasonable information and assistance as requested by the plan administrator regarding the claim or potential claim. If the required documentation is not executed and returned or if information and assistance is not provided to the plan administrator upon request, no benefits will be payable under the Plan with respect to costs incurred in connection with such illness or injury. Failure to obtain the requested information, however, will not preclude the plan administrator from pursuing the Plan's subrogation and reimbursement rights.

If you (or your guardian or estate) decide to pursue a third party or any coverage available to them as a result of an injury or condition, you must include the Plan's subrogation claim in that action and if there is failure to do so, the Plan will be legally presumed to be included in such action or recovery. In the event you decide not to pursue any and all third parties or coverage, you authorize the Plan to pursue, sue, compromise or settle any such claims in their name, to execute any and all documents necessary to pursue said claims in their name, and agrees to fully cooperate with the Plan in the prosecution of any such claims. You (or your guardian or estate) agree to take no prejudicial actions against the subrogation rights of the Plan or to in any way impede the action taken by the Plan to recover its subrogation claim. Such cooperation shall include a duty to provide information, execute and deliver any acknowledgment and other legal instruments documenting the Plan's subrogation rights and take such action as requested by the Plan to secure the subrogation claim. Such cooperation shall include a duty to provide information, execute and deliver any



acknowledgment and other legal instruments documenting the Plan's subrogation rights and take such action as requested by the Plan to secure the subrogation rights of the Plan.

The Plan will not pay or be responsible, without its written consent, for any fees or costs, including but not limited to attorney's fees, associated with your pursuing a claim against any coverage or third party. The plan administrator retains sole and final discretion for interpreting the terms and conditions of this Plan document. The plan administrator may amend the Plan in its sole discretion at any time without notice. This right of subrogation and reimbursement applies to you, your guardian(s), estate, executor, personal representative, and heir(s).

In the event of any overpayment of benefits by this Plan, the Plan will have the right to recover the overpayment. If you are paid a benefit greater than allowed in accordance with the provisions of the Plan, you will be requested to refund the overpayment. If payment is made on your behalf to a hospital, physician or other provider of health care, and that payment is found to be an overpayment, the Plan will request a refund, the Plan will then request the overpayment from you. If the refund is not received from the provider or you, the amount of the overpayment will be deducted from future benefits for you.

For the purposes of implementing the terms of this Plan, the plan administrator retains the right to request any medical information from any insurance company or provider of service it deems necessary to properly process a claim. Any person claiming benefits under this Plan shall furnish to the plan administrator such information as may be necessary to implement this provision.

## LEAVES OF ABSENCE

Generally, if your active service ends due to an authorized leave of absence or temporary layoff, you may only continue coverage through the last day of the month during which you were last actively employed subject to your continuation of coverage rights under COBRA. However, the following rules shall apply with respect to family and medical leaves, military service leaves and leaves during which you are receiving short-term disability (STD) benefit payments from SCANA's short-term disability benefits plan, provided you otherwise continue to meet the eligibility requirements for coverage.

**Family and Medical Leaves.** If you are covered by the federal Family and Medical Leave Act ("FMLA") and your active service ends due to a family or medical leave (FML) covered by the FMLA, you may revoke your election of coverage under the Plan and reinstate coverage when you return from the FML leave.

If you elect to maintain your coverage under the Plan during your absence and your leave is a paid leave, payroll deductions will continue in accordance with your election. If you wish to maintain your coverage under these programs and your leave is unpaid, you must pay the premiums for the coverage using the following method:

- Catch-up payments. Your premiums will be held in arrears until you return to work. The amount of your salary reduction will be increased when you return to work to catch up on the premiums that were due during the leave of absence.

**Military Leaves.** If your active service ends due to active military duty that is covered by the federal Uniformed Services Employment and Reemployment Rights Act ("USERRA"), your right to continued participation in the Plan will be as follows:

If you are absent for less than thirty-one (31) days, your coverage under the Plan will be continued at active employee rates.

If you are absent for more than thirty (30) days, you may elect to continue the coverage under the Plan in effect on the day immediately prior to the start of your leave for up to twenty-four (24) months or the period of your military service, whichever is shorter. You may be required to pay up to 102% of the normal premium for this continued coverage. If you elect not to continue coverage under the Plan during your military leave, your coverage will be reinstated to the extent required under USERRA upon your return to employment. Upon reinstatement of the coverage, any expenses related to an illness or injury incurred or aggravated during the military leave will not be covered under the Plan.

**Payment of Premiums During Unpaid Leave.** If your active service ends and you are on unpaid leave for any reason and you remain covered under the Plan, you must timely pay the premium, unless the leave is covered under the FMLA, in which case premiums are held in arrears. If you fail to timely make the required premium payment, your coverage will be terminated retroactive to the date for the coverage period for which the premium was unpaid.



**Leave While Receiving STD Benefits.** If your active service ends and you are receiving short-term disability benefit payments under SCANA's short-term disability (STD) benefits plan, you may continue coverage under the Plan until the last day of the period for which you receive STD benefit payments, provided you continue to make your active employee premium payments for coverage under the Plan via payroll deduction in accordance with your election. If you are on an FMLA leave while receiving STD benefits and you revoke your election for coverage under the Plan, or if you fail to make any required premium payment under the Plan at any time, your coverage will end.

If you do not return to work at the end of the period for which you are receiving STD benefits and you are not on any other authorized leave of absence, your coverage will end, subject to your continuation of coverage rights under COBRA (see page 53).

Your contributions under the Plan, while on an approved leave of absence, must be made via payroll deduction if a SCANA payroll check or amount is generated, or in the absence of such a payroll check or amount sufficient to cover the contributions due, made by certified check, personal check, cashier's check or money order.

If such amounts are not paid when due, coverage under the Plan will end as of the last day of the month for which contributions were made, subject to continuation of coverage rights, if any, under COBRA.

## WHEN YOUR COVERAGE ENDS

### Termination of Coverage - Employees

Your coverage will cease on the earliest date below; subject to the continuation of coverage provisions under COBRA and the leave of absence section above.

- The end of the month following the date you cease to be an eligible employee or cease to qualify for the coverage;
- The end of the month following the last day for which you have made any required contribution for the coverage;
- The date the Plan is terminated;
- The end of the month following the date your active service ends except as described in the leave of absence and eligibility sections;
- The date you submit a false claim or are involved in any other form of fraudulent act related to the Plan.
- With respect to an eligible employee who is age 65 or over, the date the ERC is notified in writing that he or she does not want coverage under the Plan to continue and has enrolled in Medicare for health insurance coverage. Such notice must be provided within thirty-one (31) days of enrolling in Medicare.

### Retirement (for Medical Coverage)

If your active service ends because you retire, your coverage will be continued through the end of the month in which you retire.

### Termination of Coverage – Dependents

Your coverage for all of your dependents will cease on the earliest date below; subject to the continuation of coverage provisions under COBRA and the leave of absence section above.

- The date coverage for the eligible employee ceases;
- The end of the month following the last day you cease to be eligible for dependent coverage;
- The end of the month following the last day for which you have made any required contribution for the coverage;
- The end of the month following the last day the eligible employee predeceases his or her spouse, unless otherwise provided under the Plan.



### **Rescission of Coverage**

Your coverage under the Plan may be rescinded for fraud, intentional misrepresentation of a material fact, or material omission after the Plan provides you with thirty (30) days advance written notice of that rescission of coverage. The Plan administrator has the right to determine, in its sole discretion, whether there has been fraud, an intentional misrepresentation of fact, or a material omission. A rescission of coverage is a retroactive cancellation of coverage, which means the cancellation will be effective back to the time that you should not have been covered by the Plan. However, the following situations will not be considered rescissions of coverage and do not require the Plan to give you thirty (30) days advance written notice:

- Retroactive cancellation of coverage due to an administrative delay after your termination of employment and no premiums are paid for coverage after your termination;
- Retroactive cancellation of coverage due to your failure to notify the Plan of your divorce and payment of the full COBRA premium associated with the divorce has not been made;
- Retroactive cancellation of coverage due to your failure to timely pay required premiums or contributions toward the cost of coverage.

For any other unintentional mistakes or errors under which you or your dependents were covered by the Plan when you should not have been covered, your coverage will be cancelled prospectively, once the mistake is identified. Such a cancellation will not be considered a rescission of coverage and does not require that you be provided with thirty (30) days advance written notice.

## **CONTINUATION OF GROUP HEALTH COVERAGE RIGHTS (COBRA)**

The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires employers providing group health plan coverage to offer covered participants the opportunity to temporarily extend their coverage at group rates in certain instances when coverage under the Plan would otherwise end.

### **General**

If you are a qualified beneficiary, you have the right to continue your coverage under this Plan if you lose that coverage due to a qualifying event. If you are an employee, you are a qualified beneficiary if you are covered by this Plan on the day prior to a qualifying event that is your termination of employment (for reasons other than gross misconduct) or a reduction in your hours of employment. If you are the spouse or dependent child of an employee, you are a qualified beneficiary if you are covered by this Plan on the day prior to a qualifying event. A child born to or placed for adoption with an employee during a period of COBRA coverage is also a qualified beneficiary. Employees who are nonresident aliens with no U.S.-source income, and the spouse or dependent children of such employees, are not qualified beneficiaries.

A qualifying event means each of the following events, if it causes a qualified beneficiary to lose coverage under this Plan:

- The employee's hours of employment are reduced;
- The employee's employment ends for any reason other than gross misconduct (as defined below);
- The death of the employee;
- The employee's entitlement to Medicare benefits;
- Divorce or legal separation between the employee and his or her spouse; or
- For a dependent child, the child's ceasing to satisfy the definition of a dependent under the terms of the Plan.

If you are a qualified beneficiary and you lose coverage under the Plan due to the first four qualifying events listed above, you will automatically receive a qualifying event notice from the Plan administrator of your right to elect COBRA continuation coverage. However, if you are a qualified beneficiary and you lose coverage under the Plan due to a divorce or legal separation, or due to a child's loss of dependency status, you must notify the Plan administrator of the event within sixty (60) days after the qualifying event occurs or you will lose your right to elect COBRA continuation coverage.





As indicated previously, an employee's termination of employment for gross misconduct is not considered a qualifying event. Gross misconduct means conduct that could have an adverse impact on the business of the company, including but not limited to theft, embezzlement, and serious violations of company policy that subject an employee to dismissal.

**Electing COBRA Coverage.** If you are a qualified beneficiary and you experience a qualifying event, you will receive a qualifying event notice from the Plan administrator describing your rights to elect COBRA continuation coverage, as well as an election form you can use to apply for that coverage. Remember, if the qualifying event is a divorce, legal separation, or a child's loss of dependency status, you must first notify the Plan administrator of the event before this notice will be sent to you. If you do not receive a qualifying event notice and election form within thirty (30) days of your qualifying event (or within fourteen (14) days of the date you notified the Plan administrator of a qualifying event, if applicable), you should contact the Plan administrator.

Although each qualified beneficiary has an independent right to elect COBRA coverage, the qualifying event notice and election form will usually only be sent to the employee and spouse, at the employee's address shown in the records of the Plan. However, if the records of the Plan show that the employee and spouse live at different locations, or that a dependent child lives at a different location, separate notices will be sent. For this reason, it is very important that you keep the Plan administrator informed of your current address and the addresses of your spouse and covered dependents. Again, each qualified beneficiary has an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA coverage will be provided only if it is elected by a qualified beneficiary during the COBRA election period. The COBRA election period begins on the date of the qualifying event and ends sixty (60) days after the date a qualifying event notice is sent to the qualified beneficiary or, if later, the date the qualified beneficiary would otherwise lose coverage as a result of the qualifying event. For elections sent by mail, the postmark date is used to determine whether an election was made prior to the end of the COBRA election period.

If elected, COBRA coverage begins on the date coverage would otherwise have been lost. The Plan does not permit you to waive COBRA coverage during the election period and then revoke the waiver before the end of the election period in order to elect coverage as of a date other than the date coverage was initially lost.

Prior to the time a qualified beneficiary elects COBRA coverage, his or her coverage under the Plan will be terminated. However, the coverage will be retroactively reinstated to the date coverage was lost following a timely election of COBRA coverage and the timely payment by the qualified beneficiary of the first premium payment. This means that, until you elect COBRA coverage, any provider who asks will be told that your coverage has been terminated, but may be retroactively reinstated if you timely elect and pay for COBRA coverage.

**Paying for COBRA Coverage.** Qualified beneficiaries must pay for each one-month period of COBRA coverage on a monthly basis. A period of COBRA coverage runs from the first day of the month through the end of that month, except that the initial period of coverage runs from the date coverage was lost due to the qualifying event, through the end of the month in which the qualifying event occurred.

The cost for each one-month period of COBRA coverage depends on the type of coverage that is being continued. The cost will be communicated to you in the qualifying event notice sent to you by the Plan administrator. The cost may change at the beginning of each Plan year. Any changes will be communicated to you.

The first payment for COBRA coverage must be postmarked or received by the Plan no later than forty-five (45) days after the date you elect COBRA coverage. The first payment must include payment for all one-month periods of coverage that have begun between the date coverage was lost and the date the first premium payment is received. If the payment is not postmarked or received within forty-five (45) days of the date you elected COBRA coverage, you will lose your right to COBRA coverage.

Payments for subsequent one-month periods are due on the first day of those periods and should be sent to the Plan administrator. You will have a thirty (30) day grace period to send in these payments, but they must be postmarked or received no later than thirty (30) days after the first day of the coverage period or your COBRA coverage will be terminated retroactively to the first day of that period and cannot be reinstated. Any payment that is less than the full premium payment due will not be accepted unless the balance is paid prior to the end of the normal grace period. In some cases, however, if your payment is not significantly less than the applicable premium, you will have thirty (30) days following the date you are notified of the shortfall to make up the balance.



If payment for a period of COBRA coverage is made after the first day of that period, your coverage will be continued but will be subject to retroactive termination if payment for that period is not received during the grace period. However, any claims incurred prior to payment will not be processed until payment is made. This means that, until you pay for COBRA coverage, any health care provider who asks will be told that your coverage is in force, but may be retroactively terminated if you do not timely pay for COBRA coverage. In addition, you will be required to reimburse the Plan for any claims that are paid if you do not subsequently send in timely payment.

SCANA will pay up to thirty-six (36) months of the full COBRA premium for your surviving spouse and dependent(s) if you die in the line of duty as determined based on eligibility criteria under the workers' compensation laws of the state of your residence.

**Application of Deductibles and Other Plan Limits.** If COBRA coverage begins during the middle of a Plan year, the qualified beneficiary's deductibles for the remainder of the Plan year will be administered as follows:

Each qualified beneficiary who elects COBRA coverage will receive credit for any expenses previously applied during the Plan year to his or her individual deductible.

If the qualified beneficiary was previously part of a family unit, only those expenses incurred by family members electing COBRA coverage will be credited. If the qualifying event results in more than one family unit (for example, due to a divorce), the expenses incurred by the members assigned to a given family unit following the COBRA election shall be credited as of the date coverage begins.

Other plan limits will be applied consistent with the rules applicable for deductibles.

**Duration of COBRA Coverage.** COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of thirty-six (36) months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than eighteen (18) months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until thirty-six (36) months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare eight (8) months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to thirty-six (36) months after the date of Medicare entitlement, which is equal to twenty-eight (28) months after the date of the qualifying event (36 months minus 8 months).

When the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of eighteen (18) months. There are two ways in which this eighteen (18) month period of COBRA continuation coverage can be extended.

1. If you or anyone in your family covered under a group health plan is determined by the Social Security Administration ("SSA") to be disabled and you notify the plan administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional eleven (11) months of COBRA continuation coverage, for a total of twenty-nine (29) months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. You must make sure that the plan administrator is notified of the SSA's determination before the end of the eighteen (18) month period of COBRA continuation coverage and not later than sixty (60) days after the latest of (i) the date of the disability determination by the SSA, (ii) the date on which a qualifying event occurs, or (iii) the date on which you or another qualified beneficiary loses (or would lose) coverage under the program as a result of the qualifying event. If a qualified beneficiary who was previously determined by the SSA to be disabled is subsequently determined by the SSA to be no longer disabled, you must notify the plan administrator of that determination within thirty (30) days of the date you receive the determination from the SSA.
2. In addition, if your family experiences another qualifying event while receiving COBRA continuation coverage, the spouse and dependent children in your family can get up to eighteen (18) additional months of COBRA continuation coverage, for a maximum of thirty-six (36) months, if notice of the second qualifying event is properly given to the Plan. This extension may be available only if the second event would have caused the spouse or dependent child to lose coverage under the Plan



had the first qualifying event not occurred. In all of these cases, you must make sure that the plan administrator is notified of the second qualifying event within sixty (60) days of the event. Only individuals who were qualified beneficiaries in connection with the first qualifying event and who are still qualified beneficiaries at the time of the second qualifying event are eligible for this extension.

COBRA coverage will end prior to the 18-, 29- or 36-month period described above under the following circumstances:

- The first day of a coverage period for which timely payment is not made;
- The date the company ceases to provide any group health plan to any employee;
- The date, after the date a COBRA election is made, upon which the qualified beneficiary first becomes covered under another group health plan that does not contain any exclusion or limitation with respect to any preexisting condition of the qualified beneficiary;
- The date, after the date a COBRA election is made, upon which a qualified beneficiary first becomes entitled to Medicare
- The first day of the coverage period that is more than thirty (30) days after the date a qualified beneficiary entitled to a disability extension is finally determined to not be disabled;

or

- The date coverage is terminated for cause.

If the COBRA coverage of a qualified beneficiary terminates early, the Plan administrator will send a notice regarding the termination of COBRA Coverage to you as soon as practicable.

**How to Notify the Plan Administrator.** You must send written notice of a qualifying event that is a divorce, a legal separation, or a child's loss of dependent status, to the Plan administrator within sixty (60) days of the event. Also, if you elect COBRA coverage and you are eligible for an eleven (11) month extension of that coverage due to the disability of a qualified beneficiary, or for an eighteen (18) month extension of that coverage due to the occurrence of a second qualifying event, you must provide written notice of the disability determination or the second qualifying event to the Plan administrator. Notice must be sent by first-class mail or other nationally-recognized courier service; by fax; e-mail; or by hand delivery. Oral notice will not be accepted. Contact information for the Plan administrator is located in the Plan Information section of this document. Your notice must include your name and the names of other affected family members, the type of qualifying event and written documentation of the event that identifies the date on which the event occurred. You should keep a copy, for your records, of any notices you send to the Plan administrator.

Any notices required to be provided to the Plan administrator may be provided by the employee, a qualified beneficiary with respect to the qualifying event, or any representative acting on behalf of either of them, and will be sufficient for all beneficiaries affected by the same qualifying event.

**If You Have Questions.** Questions concerning the Plan or your COBRA continuation coverage rights should be addressed to the Plan administrator. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act ("HIPAA"), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's employee benefits Security Administration ("EBSA") in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)



## DEFINITIONS

You will find terms throughout this SPD. To help you understand your benefits, most of these terms are defined in the following definitions section.

### **Charges**

The term charges means the actual billed charges submitted by a provider. The allowed charges are what the provider has contracted directly or indirectly with BlueCross to receive.

### **Claimant**

A covered participant or covered dependent or provider, to whom payment for services may be assigned, who is making claims for services under this Plan.

### **Coinsurance**

The term coinsurance means the percentage of charges for covered expenses that a covered person is required to pay under the Plan.

### **Cross Accumulation**

The dollars you spend toward meeting your plan deductible and maximum out-of-pocket costs for in-network services apply toward meeting your deductible and maximum out-of-pocket costs for out-of-network services.

Likewise, the dollars you spend toward meeting your plan deductible and maximum out-of-pocket costs for out-of-network services apply toward meeting your deductible and maximum out-of-pocket costs for in-network services. However, only expenses incurred for out-of-network provider charges will be used to satisfy the remainder of the out-of-network provider deductibles and out-of-pocket maximums.

### **Custodial Services**

The term custodial services means any services which are not intended primarily to treat a specific injury or sickness (including mental illness, alcohol or drug abuse). Custodial services include, but shall not be limited to:

- Services related to watching or protecting a person;
- Services related to performing or assisting a person in performing any activities of daily living, such as: (a) walking; (b) grooming; (c) bathing; (d) dressing; (e) getting in or out of bed; (f) toileting; (g) eating; (h) preparing foods; or (i) taking medications that can usually be self-administered; and
- Services not required to be performed by trained or skilled medical or paramedical personnel.

### **Deductible**

The amount you pay toward medical expenses each year before the Plan starts paying benefits.

### **Dentist**

The term dentist means a person practicing dentistry or oral surgery within the scope of his license. It will also include a physician operating within the scope of his license when he performs any of the dental services described in this booklet.

### **Durable Medical Equipment:**

Medical equipment that:

1. Can withstand repeated use; and,
2. Is medically necessary; and,
3. Is customarily used for the treatment of a member's illness, injury, disease or disorder; and,
4. Is appropriate for use in the home; and



5. Is not useful to a member in the absence of illness or injury; and,
6. Does not include appliances that are provided solely for the member's comfort or convenience; and,
7. Is a standard, non-luxury item (as determined by the employer's group health Plan); and,
8. Is ordered by a medical doctor, oral surgeon, podiatrist, or osteopath.

Prosthetic devices, orthopedic devices and orthotic devices are considered durable medical equipment when the required preauthorization is obtained.

### **Emergency Services**

Emergency services are medical, psychiatric, surgical, hospital and related health care services and testing, including ambulance service, which are required to treat a sudden, unexpected onset of a bodily injury or serious sickness which could reasonably be expected by a prudent layperson to result in serious medical complications, loss of life or permanent impairment to bodily functions in the absence of immediate medical attention.

Examples of emergency situations include uncontrolled bleeding, seizures or loss of consciousness, shortness of breath, chest pains or severe squeezing sensations in the chest, suspected overdose of medication or poisoning, sudden paralysis or slurred speech, burns, cuts and broken bones. The symptoms that led you to believe you needed emergency care, as coded by the provider and recorded by the hospital on the UB92 claim form, or its successor, or the final diagnosis, whichever reasonably indicated an emergency medical condition, will be the basis for the determination of coverage, provided such symptoms reasonably indicate an emergency.

"Emergency Medical Condition" means a medical condition which manifests 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 a) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; b) serious impairment to bodily functions; or c) serious dysfunction of any bodily organ or part.

"Emergency services" means, with respect to an emergency medical condition: (a) a medical screening examination that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate the emergency medical condition; and (b) such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the hospital, to stabilize the patient.

### **Employer**

The term employer means SCANA Corporation, the Plan sponsor of benefits described in this Plan, on whose behalf BlueCross and EyeMed is providing claim administration services.

### **Expense Incurred**

An expense is incurred when the service or the supply for which it is incurred is provided.

### **Family Status Change**

An event that allows you to make a change in your benefits choices including: a) change in your legal marital status due to marriage, death of a spouse, divorce, annulment or legal separation; b) change in number of your dependents due to birth, adoption, placement for adoption or death of a dependent; c) change in employment status of employee, spouse or dependent due to retirement, termination or start of employment, strike, lockout, beginning or end of unpaid leave of absence, including under Family and Medical Leave Act (FMLA) or change in worksite; d) changes in employment status of employee, spouse or dependent resulting in eligibility or ineligibility for coverage; e) change in residence of employee, spouse or dependent resulting in eligibility or ineligibility for coverage; and f) changes which cause a dependent to become eligible or ineligible for coverage.



**Free-Standing Surgical Facility**

The term free-standing surgical facility means an institution that meets all of the following requirements:

- It has a medical staff of physicians, nurses and licensed anesthesiologists;
- It maintains at least two operating rooms and one recovery room;
- It maintains diagnostic laboratory and X-ray facilities;
- It has equipment for emergency care;
- It has a blood supply;
- It maintains medical records;
- It has agreements with hospitals for immediate acceptance of patients who need hospital confinement on an inpatient basis; and
- It is licensed in accordance with the laws of the appropriate legally authorized agency.

**Home Health Aide**

The term home health aide means a person who: (a) provides care of a medical or therapeutic nature; and (b) reports to and is under the direct supervision of a home health care agency.

**Home Health Care Agency**

The term home health care agency means a hospital or a non-profit or public home health care agency which:

- Primarily provides skilled nursing services and other therapeutic services under the supervision of a physician or a registered graduate nurse;
- Is run according to rules established by a group of professional persons;
- Maintains clinical records on all patients;
- Does not primarily provide custodial care or care and treatment of the mentally ill;
- But only if, in those jurisdictions where licensure by statute exists, that home health care agency is licensed and run according to the laws that pertain to agencies which provide home health care.

**Home Health Care Plan**

The term home health care plan means a plan for care and treatment of a person in his home. To qualify, the plan must be established and approved in writing by a physician who certifies that the person would require confinement in a hospital or skilled nursing facility if he did not have the care and treatment stated in the plan.

**Hospice Care Program**

The term hospice care program means:

- A coordinated, interdisciplinary program to meet the physical, psychological, spiritual and social needs of dying persons and their families;
- A program that provides palliative and supportive medical, nursing and other health services through home or inpatient care during the illness.



**Hospice Care Services**

The term hospice care services means any services provided by: (a) a hospital, (b) a skilled nursing facility or a similar institution, (c) a home health care agency, (d) a hospice facility, or (e) any other licensed facility or agency under a hospice care program.

**Hospice Facility**

The term hospice facility means an institution or part of it which:

- Primarily provides care for terminally ill patients;
- Is accredited by the National Hospice Organization;
- Meets standards established by BlueCross; and
- Fulfills any licensing requirements of the state or locality in which it operates.
- A program for persons who have a terminal illness and for the families of those persons.

**Hospital**

The term hospital means:

- An institution licensed as a hospital, which: (a) maintains, on the premises, all facilities necessary for medical and surgical treatment; (b) provides such treatment on an inpatient basis, for compensation, under the supervision of physicians; and (c) provides 24-hour service by registered graduate nurses;
- An institution which qualifies as a hospital, a psychiatric hospital or a tuberculosis hospital, and a provider of services under Medicare, if such institution is accredited as a hospital by the Joint Commission on the Accreditation of hospitals; or
- An institution which: (a) specializes in treatment of mental illness, alcohol or drug abuse or other related illness; (b) provides residential treatment programs; and (c) is licensed in accordance with the laws of the appropriate legally authorized agency.

The term hospital will not include an institution which is primarily a place for rest, a place for the aged, or a nursing home.

**Hospital Inpatient or Confined in a Hospital**

A person will be considered confined in a hospital if he is:

- A registered bed patient in a hospital upon the recommendation of a physician; or
- Receiving treatment for mental health and substance abuse services in a partial hospitalization program;
- Receiving treatment for substance abuse in a substance abuse intensive therapy program;
- Receiving treatment in a mental health residential treatment center.

**Injury**

The term injury means an accidental bodily injury.

**Maximum Payment**

The maximum amount the Plan will pay 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 BlueCross in its discretion:

1. The actual charge submitted to BlueCross for the service, procedure, supply or equipment by a provider; or
2. An amount based upon the reimbursement rates established by the Plan sponsor in its benefits checklist; or



3. An amount that has been agreed upon in writing by a provider and BlueCross or a member of the Blue Cross and Blue Shield Association; or
4. An amount established by BlueCross, 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 circumstances giving rise to the need for the service, procedure, supply or equipment; or
5. The lowest amount of reimbursement BlueCross allows for the same or similar service, procedure, supply or equipment when provided by a participating in-network/contracting provider.

**Medicaid**

The term Medicaid means a state program of medical aid for needy persons established under Title XIX of the Social Security Act of 1965, as amended.

**Medically Necessary**

The term medically necessary means a service or supply which is determined by BlueCross to be required for the treatment or evaluation of a medical condition which is consistent with the diagnosis, and which would not have been omitted under generally accepted medical standards, or provided in a less intensive setting.

**Medical Necessity**

Health care services and supplies which are determined by BlueCross to be: (a) no more than required to meet the basic health needs of the covered participant; (b) consistent with the diagnosis of the condition for which they are required; (c) consistent in type, frequency and duration of treatment with scientifically based guidelines as determined by medical research; (d) required for purposes other than the comfort and convenience of the patient or their physician; (e) rendered in the least intensive setting that is appropriate for the delivery of health care; and (f) of demonstrated medical value.

**Medicare**

The term Medicare means the program of medical care benefits provided under Title XVIII of the Social Security Act of 1965 as amended.

**Necessary Services and Supplies**

The term necessary services and supplies includes:

- Any charges, except charges for room and board, made by a hospital on its own behalf for medical services and supplies actually used during hospital confinement;
- Any charges, by whomever made, for licensed ambulance service to or from the nearest hospital where the needed medical care and treatment can be provided; and
- Any charges, by whomever made, for the administration of anesthetics during hospital confinement.

The term necessary services and supplies will not include any charges for special nursing fees, dental fees or medical fees.

**Nurse**

The term nurse means a registered graduate nurse, a licensed practical nurse or a licensed vocational nurse who has the right to use the abbreviation "R.N.," "L.P.N." or "L.V.N."

**Ophthalmologist**

A physician operating within the scope of his license when he performs any of the vision care services described in this booklet.

**Optometrist**

A physician operating within the scope of his license when he performs any of the vision care services described in this booklet.





**Out-of-Pocket Expenses**

Out-of-pocket maximums limit the amount of money you pay in one calendar year for services and protect you against the financial burden of a serious illness or injury. Once you reach the out-of-pocket maximum, the Plan may pay 100% of covered expenses for the remainder of the year. Out-of-pocket expenses apply to charges from both in-network and out-of-network providers.

**Participant**

A participant is a SCANA employee or his/her dependent(s) who has elected to participate in the Plan.

**Participating In-Network Pharmacy**

In-network pharmacy means the SCANA in-house pharmacy, a retail pharmacy or mail-order pharmacy which has contracted with BlueCross either directly or indirectly to provide prescription services to its covered participants.

**Participating In-Network Provider**

The term in-network provider means:

- An institution, facility or agency which has entered into a contract with a Preferred Provider Organization (referred to as the PPO) to provide medical services at a predetermined cost in accordance with the agreement between BlueCross and the PPO.
- A health care professional who has entered into a contract with a PPO to provide medical services at predetermined fees as negotiated by BlueCross and that PPO.

The providers qualifying as in-network providers may change from time to time. A list of the current in-network providers is available through the internet at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).

**Pharmacy**

The term pharmacy means your SCANA in-house pharmacy, a retail pharmacy, or a mail-order pharmacy.

**Pharmacy & Therapeutics (P&T) Committee**

A committee of provider organization participants comprised of medical providers, pharmacists, medical directors and pharmacy directors, which reviews medications for safety and efficacy. The P&T Committee evaluates medications for potential addition to or deletion from the formulary and may also set dosage and dispensing limits on medications.

**Physician**

The term physician means a licensed medical practitioner who is practicing within the scope of his license and who is licensed to prescribe and administer drugs or to perform surgery. It will also include any other licensed medical practitioner whose services are required to be covered by law in the locality where coverage is provided if he is:

- Operating within the scope of his license; and
- Performing a service for which benefits are provided under this Plan when performed by a physician.

**Prescription Drug**

Prescription drug means; (a) a drug which has been approved by the Food and Drug Administration for safety and efficacy; or (b) certain drugs approved under the Drug Efficacy Study Implementation review; or (c) drugs marketed prior to 1938 and not subject to review, and which can, under federal or state law, be dispensed only pursuant to a prescription order; or (d) injectable insulin.

**Prescription Drug List**

Prescription drug list means a listing of approved prescription drugs and related supplies. The prescription drugs and related supplies included in the prescription drug list have been approved in accordance with parameters established by the P&T Committee. The prescription drug list is regularly reviewed and updated.

**Prescription Order**

Prescription order means the lawful authorization for a prescription drug or related supply by a physician who is duly licensed to make such authorization within the course of such physician's professional practice or each authorized refill thereof.



**Primary Care Physician**

The term primary care physician means a physician: (a) who qualifies as a in-network provider in general practice, internal medicine, family practice or pediatrics; and (b) who has been selected by you, as authorized by the provider organization, to provide or arrange for medical care for you or any of your insured dependents.

**Preventive Services**

Preventive services means preventive care services provided on an outpatient basis at a physician's office or a hospital that have been recommended to be effective in either the early detection of disease or in the prevention of disease. The Plan covers items and services in the following preventive care categories in accordance with federal law:

- evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive services Task Force;
- immunizations as recommended from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;
- with respect to infants, children and adolescents, preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
- with respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and services Administration.

For a detailed list of the covered services, please contact BlueCross at the Customer service number on the member ID card or see the government website <http://www.healthcare.gov/law/about/provisions/services/lists.html>.

**Proper Verification**

Proper verification refers to the documentation necessary to substantiate a qualifying change in status. Examples of proper verification include but are not limited to marriage license, affidavit of common law marriage, birth certificate, divorce decree, and verification of other coverage.

**Provider Organization**

The term provider organization refers to a network of in-network providers.

**Psychologist**

The term psychologist means a person who is licensed or certified as a clinical psychologist. Where no licensure or certification exists, the term psychologist means a person who is considered qualified as a clinical psychologist by a recognized psychological association. It will also include: (1) any other licensed counseling practitioner whose services are required to be covered by law in the locality where coverage is provided if he is: (a) operating within the scope of his license; and (b) performing a service for which benefits are provided under this Plan when performed by a psychologist; and (2) any psychotherapist while he is providing care authorized by the provider organization if he is: (a) state licensed or nationally certified by his professional discipline; and (b) performing a service for which benefits are provided under this Plan when performed by a psychologist.

**Related Supplies**

Related supplies means diabetic supplies (insulin needles and syringes, lancets and glucose test strips), needles and syringes for injectables covered under the pharmacy plan, and spacers for use with oral inhalers.

**Review Organization**

The term BCBS medical review organization refers to an affiliate of BlueCross or another entity to which BlueCross has delegated responsibility for performing utilization review services. The BCBS medical review organization is an organization with a staff of clinicians which may include physicians, registered graduate nurses, licensed mental health and substance abuse professionals, and other trained staff participants who perform utilization review services.



**Room and Board**

The term room and board includes all charges made by a hospital on its own behalf for room and meals and for all general services and activities needed for the care of registered bed patients.

**Sickness - For Medical Insurance**

The term sickness means a physical or mental illness. It also includes pregnancy for employees and spouses. Expenses incurred for routine hospital and pediatric care of a newborn child prior to discharge from the hospital nursery will be considered to be incurred as a result of sickness.

**Skilled Nursing Facility**

The term skilled nursing facility means a licensed institution (other than a hospital, as defined) which specializes in:

- Physical rehabilitation on an inpatient basis; or
- Skilled nursing and medical care on an inpatient basis;
- but only if that institution: (a) maintains on the premises all facilities necessary for medical treatment; (b) provides such treatment, for compensation, under the supervision of physicians; and (c) provides nurses' services.

**Special Injectables**

Injectable drugs are medications that may be physician-administered or self-administered via an injection. These drugs require prior authorization. These drugs do not include immunizations, insulin or any medications administered intravenously on a continuous basis for a period of time.

**Specialist**

The term specialist means a physician who provides specialized services, and is not engaged in general practice, family practice, internal medicine, obstetrics/gynecology or pediatrics.

**Spouse**

Spouse means an individual who is the spouse of a participant pursuant to a valid marriage under the laws of the state in which the marriage was performed.

**Surviving Spouse**

A person you have been legally married to as of your date of death.

**Terminal Illness**

A terminal illness will be considered to exist if a person becomes terminally ill with a prognosis of six months or less to live, as diagnosed by a physician.

**Urgent Care**

Urgent care is medical, surgical, hospital or related health care services and testing which are not emergency services, but which are determined by BlueCross, in accordance with generally accepted medical standards, to have been necessary to treat a condition requiring prompt medical attention. This does not include care that could have been foreseen before leaving the immediate area where you ordinarily receive and/or were scheduled to receive services. Such care includes, but is not limited to, dialysis, scheduled medical treatments or therapy, or care received after a physician's recommendation that the covered participant should not travel due to any medical condition.

**Urgent Care Center**

The term urgent care center means a medical facility where ambulatory patients can be treated for urgent care conditions.

**You (or your)**

A person in the eligible group, including the employee and any dependents.



## Plan Information

Active Employee Healthcare

<b>Plan Name</b>	SCANA Corporation Health and Welfare Plan
<b>Plan Sponsor / Employer</b>	SCANA Corporation 220 Operation Way Cayce, SC 29033 803-217-4444
<b>Employer ID Number</b>	57-0784499
<b>Type of Plan</b>	Self-insured welfare benefit plan providing medical, dental, pharmacy and vision benefits.
<b>Plan Number</b>	520
<b>Plan Fiscal Year</b>	January 1 - December 31
<b>Plan Effective Date</b>	This summary plan description is effective January 1, 2016
<b>Plan Administrator and Named Fiduciary</b>	Vice President of Human Resources SCANA Corporation Mail Code C124 220 Operation Way Cayce, SC 29033 803-217-4444  The plan administrator shall have the full discretionary authority and power to control and manage all aspects of the Plan and determine eligibility for benefits under the Plan in accordance with its terms and all applicable laws. The plan administrator may allocate or delegate its responsibilities for the administration of the Plan to others and employ others to carry out or give advice with respect to its responsibilities under the Plan. The plan administrator has delegated various aspects of the Plan administration to BlueCross BlueShield of South Carolina.
<b>Claims Administration and Funding</b>	The plan administrator shall have the full discretionary authority and power to control and manage all aspects of the Plan and determine eligibility for benefits under the Plan in accordance with its terms and all applicable laws. The plan administrator may allocate or delegate its responsibilities for the administration of the Plan to others and employ others to carry out or give advice with respect to its responsibilities under the Plan. The plan administrator has delegated various aspects of the Plan administration to BlueCross BlueShield of South Carolina.
<b>Claims Fiduciary</b>	BlueCross BlueShield of South Carolina – medical and dental benefits PO Box 100300 Columbia, SC 29202  Caremark – prescription drug benefits PO Box 94467 Palatine, IL 60094-4467  EyeMed Vision Care – vision care benefits 4000 Luxottica Place Mason, Ohio 45040 866-723-0513
<b>Agent for Service of Process</b>	Corporation Service Company 1703 Laurel Street Columbia, SC 29201
<b>Reservation of Rights</b>	Although SCANA currently intends to continue the Plan indefinitely, SCANA reserves the right to modify, amend or terminate any and all provisions of the Plan at any time. No employee has any vested right to any benefit or coverage under the Plan. SCANA intends that any changes to the Plan will apply to all participants receiving benefits under the Plan on the effective date of the change.



## ERISA RIGHTS

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

### Receive Information About Your Plan and Benefits

- Examine, without charge, at the plan administrator's office and at other specified locations such as worksites and union halls, all documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U. S. Department of Labor and available at the Public Disclosure Room of the employee benefits Security Administration;
- Obtain, upon written request to the plan administrator, copies of documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) and updated SPDs. The plan administrator may make a reasonable charge for the copies; and
- Receive a summary of the Plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

### Continue Group Health Plan Coverage

- Continue health care coverage for yourself, spouse and/or dependents if there is a loss of coverage under the Plan as a result of a family status change. You may have to pay for such coverage. Review this SPD and the documents governing the Plan on the rules governing your federal continuation coverage rights;
- Reduction or elimination of exclusionary periods of coverage for pre-existing conditions under your group health plan.

### Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon the people responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may terminate you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

### Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored in whole or in part, you may file suit in a state or Federal court after you have exhausted all administrative remedies.

In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U. S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

### Assistance with Your Questions

If you have any questions about your plan, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the employee benefits Security Administration, U.S. Department of Labor, listed in your telephone directory, or the Division of Technical Assistance and Inquiries, employee benefits Security Administration, U.S. Department of Labor, 200



Constitution Avenue N.W., Washington, D. C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

**HIPAA Amendment**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that, in part, requires group health plans to protect the privacy and security of your confidential health information. As an employee welfare plan under ERISA, the Plan is subject to the HIPAA privacy and security rules. Pursuant to the HIPAA request a description of the Plan's uses and disclosures of your protected health information and your rights and protections under the HIPAA privacy and security rules as set forth in the plan's Notice of Privacy Practices, the Plan will not use or disclose your protected health information without your Authorization, except for purposes of payment, health care operations, Plan administration or as required or permitted by law. You may request a description of the Plan's uses and disclosures of your protected health information and your rights and protections under the HIPAA privacy rules as set forth in the plan's Notice of Privacy Practices, by contacting:

SCANA Privacy Officer  
SCANA Corporation  
Mail Code B111  
220 Operation Way  
Cayce, SC 29033





**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-54:**

Provide a side by side comparison of each of the plans listed in the preceding question, indicate which plan does or will provide SCE&G employees better benefits, and provide the present cost per employee of each plan.

**RESPONSE 4-54:**

Please reference side by side benefits comparison. See Attachment ORS 4-54. As referenced in Response 4-52, integration plans have not been determined.

Responsible persons: Matt Stanton (SCANA/SCE&G) and Carmen Anderson (Dominion Energy)





**B e n e f i t s   C o m p a r i s o n**  
Rates and amounts shown for 2018

<b>Holidays</b>	<ul style="list-style-type: none"> <li>10 observed plus 1 floating</li> </ul>	<ul style="list-style-type: none"> <li>11 observed (including Veteran’s Day) plus 1 personal plus 1 paid day of volunteer time (term “floating holiday” is used when employees work on an observed holiday)</li> </ul>																															
<b>Medical/Prescription</b>	<ul style="list-style-type: none"> <li>BCBSSC</li> <li>Caremark</li> </ul>	<ul style="list-style-type: none"> <li>Anthem BCBS</li> <li>Express Scripts</li> </ul>																															
	<ul style="list-style-type: none"> <li>SCANA Choice Plan with HSA Option</li> <li>Seed money: \$400 individual / \$800 family</li> <li>Bi-weekly premiums:</li> </ul> <table border="1"> <tr> <td>Employee Only</td> <td>\$10.35</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$38.84</td> </tr> <tr> <td>Employee + Dependent</td> <td>\$34.95</td> </tr> <tr> <td>Family Coverage</td> <td>\$64.72</td> </tr> </table>	Employee Only	\$10.35	Employee + Spouse	\$38.84	Employee + Dependent	\$34.95	Family Coverage	\$64.72	<ul style="list-style-type: none"> <li><b>Option A</b> – Consumer Driven Plan with HSA</li> <li>Seed money: \$500 individual / \$1,000 family</li> <li>Can earn Premium Credit up to \$800 through wellness initiative</li> </ul> <table border="1"> <thead> <tr> <th>Bi-Weekly Contributions</th> <th>Option A</th> <th>Option B</th> <th>Option C</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$13.00</td> <td>\$22.62</td> <td>\$50.01</td> </tr> <tr> <td>Employee and Child(ren)</td> <td>\$54.97</td> <td>\$74.19</td> <td>\$128.98</td> </tr> <tr> <td>Employee and spouse</td> <td>\$67.97</td> <td>\$94.82</td> <td>\$160.56</td> </tr> <tr> <td>Employee and family</td> <td>\$97.20</td> <td>\$141.24</td> <td>\$231.64</td> </tr> <tr> <td>Domestic Partner</td> <td>\$214.69</td> <td>\$235.84</td> <td>\$263.24</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Must earn <b>premium credit</b> through wellness initiative or rates increase \$15.38 or \$30.77 bi-weekly</li> <li>Two additional plan options exist (both are PPOs)</li> </ul>	Bi-Weekly Contributions	Option A	Option B	Option C	Employee Only	\$13.00	\$22.62	\$50.01	Employee and Child(ren)	\$54.97	\$74.19	\$128.98	Employee and spouse	\$67.97	\$94.82	\$160.56	Employee and family	\$97.20	\$141.24	\$231.64	Domestic Partner	\$214.69	\$235.84
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	<ul style="list-style-type: none"> <li>Deductible: \$1,500 individual / \$3,000 family</li> <li>OOP Maximum: \$3,000 individual / \$6,000 family</li> </ul>	<ul style="list-style-type: none"> <li><b>Option A</b> Deductible: \$1,860 employee only / \$3,720 family</li> <li><b>Option A</b> OOP Maximum: \$4,238 employee only / \$6,850 individual / \$8,476 family</li> <li><b>Option B</b> Deductible: \$1,051 individual / \$2,102 family</li> <li><b>Option B</b> OOP Maximum: \$4,207 individual / \$8,414 family</li> <li><b>Option C</b> Deductible: \$524 individual / \$1,048 family</li> <li><b>Option C</b> OOP Maximum: \$2,103 individual / \$4,206 family</li> </ul>																															
<b>HSA</b>	<ul style="list-style-type: none"> <li>HSA Bank</li> <li>SCANA pays fees</li> </ul>	<ul style="list-style-type: none"> <li>HSA Bank</li> <li>Dominion Energy pays monthly maintenance fee</li> </ul>																															
<b>FSA</b>	<ul style="list-style-type: none"> <li>Healthcare FSA available - \$2,600 maximum</li> <li>Dependent Care FSA available - \$5,000 maximum</li> <li>Carry over of \$500 allowed</li> </ul>	<ul style="list-style-type: none"> <li>Healthcare FSA available - \$2,600 maximum</li> <li>Day Care FSA available - \$5,000 maximum</li> <li>Two and one-half month grace period allowed</li> </ul>																															

<p><b>Vision</b></p>	<ul style="list-style-type: none"> <li>Separate election:                     <table border="1" data-bbox="394 204 1087 345"> <tr> <td>Employee Only</td> <td>\$0.91 bi-weekly</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$1.74</td> </tr> <tr> <td>Employee + Dependent</td> <td>\$1.83</td> </tr> <tr> <td>Family Coverage</td> <td>\$2.69</td> </tr> </table> </li> </ul>	Employee Only	\$0.91 bi-weekly	Employee + Spouse	\$1.74	Employee + Dependent	\$1.83	Family Coverage	\$2.69	<ul style="list-style-type: none"> <li>Separate election:                     <table border="1" data-bbox="1234 204 1896 354"> <tr> <td>Employee only</td> <td>\$0.93 bi-weekly</td> </tr> <tr> <td>Employee and child(ren)</td> <td>\$1.87</td> </tr> <tr> <td>Employee and spouse</td> <td>\$2.10</td> </tr> <tr> <td>Employee and family</td> <td>\$2.56</td> </tr> <tr> <td>Domestic partner</td> <td>\$1.86 after tax</td> </tr> </table> </li> </ul>	Employee only	\$0.93 bi-weekly	Employee and child(ren)	\$1.87	Employee and spouse	\$2.10	Employee and family	\$2.56	Domestic partner	\$1.86 after tax																					
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<p><b>STD/Sick</b></p>	<p><b>STD</b></p> <ul style="list-style-type: none"> <li>26 weeks per disability; subject to 40 hour elimination period</li> <li>Recurrent claims within 90 days without a new elimination period</li> <li>66% pay continuation or buy up to 100% for first 6-weeks</li> <li>Buy-up rate is \$.30 per \$100 salary</li> </ul>	<p><b>Sickness/Disability</b></p> <ul style="list-style-type: none"> <li>Pay continuation for personal illness or injury (non-Workers Compensation)</li> <li>40 hours annually to care for dependents</li> <li>Employees have 26 weeks available to them as follows:</li> </ul> <table border="1" data-bbox="1182 1052 2001 1333"> <thead> <tr> <th rowspan="2">Yrs of Service</th> <th colspan="2">Full-Time</th> <th colspan="2">Part-Time</th> </tr> <tr> <th>100% of pay</th> <th>70% of pay</th> <th>100% of pay</th> <th>70% of pay</th> </tr> </thead> <tbody> <tr> <td>0 – 4</td> <td>4 weeks</td> <td>22 weeks</td> <td>2 weeks</td> <td>11 weeks</td> </tr> <tr> <td>5 – 8</td> <td>8 weeks</td> <td>18 weeks</td> <td>4 weeks</td> <td>9 weeks</td> </tr> <tr> <td>9 – 14</td> <td>12 weeks</td> <td>14 weeks</td> <td>6 weeks</td> <td>7 weeks</td> </tr> <tr> <td>15 – 19</td> <td>16 weeks</td> <td>10 weeks</td> <td>8 weeks</td> <td>5 weeks</td> </tr> <tr> <td>20 – 24</td> <td>20 weeks</td> <td>6 weeks</td> <td>10 weeks</td> <td>3 weeks</td> </tr> <tr> <td>25+</td> <td>26 weeks</td> <td>0 weeks</td> <td>13 weeks</td> <td>0 weeks</td> </tr> </tbody> </table>	Yrs of Service	Full-Time		Part-Time		100% of pay	70% of pay	100% of pay	70% of pay	0 – 4	4 weeks	22 weeks	2 weeks	11 weeks	5 – 8	8 weeks	18 weeks	4 weeks	9 weeks	9 – 14	12 weeks	14 weeks	6 weeks	7 weeks	15 – 19	16 weeks	10 weeks	8 weeks	5 weeks	20 – 24	20 weeks	6 weeks	10 weeks	3 weeks	25+	26 weeks	0 weeks	13 weeks	0 weeks
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<p><b>LTD</b></p>	<ul style="list-style-type: none"> <li>• MetLife</li> <li>• 180-day elimination period from last day worked</li> <li>• Coverage is 50% of base pay, with option to buy up to 66⅔ % level</li> <li>• Buy-up rate is \$.30 per \$100 salary</li> </ul>	<ul style="list-style-type: none"> <li>• Unum</li> <li>• 180-day elimination period from last day worked</li> <li>• Coverage is 50% of base pay, with option to buy up to 60% or 70% levels</li> <li>• 65% after-tax benefit is also an option (employee pays full cost)</li> <li>• Buy up rate is \$.058 per \$100 salary for 60% option, \$.139 per \$100 salary for 70% option and \$.509 per \$100 salary for 65% option</li> </ul>
<p><b>Life Insurance</b></p>	<ul style="list-style-type: none"> <li>• SCANA provides two-times annual base salary if hired prior to 1/1/2013; one-time base salary for employees hired on or after 1/1/2013.</li> <li>• Employees can purchase additional coverage for self (up to 6x pay), spouse or dependents.</li> </ul>	<ul style="list-style-type: none"> <li>• Dominion provides one-time annual base salary (rounded to the next \$1,000)</li> <li>• Employees can purchase additional coverage for self (up to 10x pay), spouse or dependents.</li> </ul>
<p><b>AD&amp;D</b></p>	<ul style="list-style-type: none"> <li>• SCANA provides two-times annual base salary if hired prior to 1/1/2013; one-time base salary for employees hired on or after 1/1/2013.</li> <li>• Employees can purchase supplemental coverage up to 2-times annual base pay</li> </ul>	<ul style="list-style-type: none"> <li>• Dominion provides coverage in the same amount as your total life insurance coverage.</li> </ul>
<p><b>R e t i r e m e n t   B e n e f i t s   C o m p a r i s o n</b></p>		
<p><b>Retiree Health Benefits</b></p>	<ul style="list-style-type: none"> <li>• Available only for employees hired before 1/1/2011.</li> <li>• Must be at least age 55 at time of retirement with at least 20 years of service.</li> <li>• Grandfathered pre-1994 retirees receive Medicare supplement through AmWins, cost of coverage subsidized by company at 80/20. Also maintain a fully insured subsidized dental plan for this group of retirees.</li> <li>• Pre-65 post 1993 retirees have choice of subsidized company retiree medical plan (PPO) administered by BCBS <u>or</u> access to Health Reimbursement Account (HRA)</li> <li>• All post-65, post 1993 retirees have access to Health Reimbursement Account (HRA) through One Exchange.</li> <li>• Subsidy not adjusted for inflation and account balance does not roll forward.</li> </ul>	<ul style="list-style-type: none"> <li>• Available only for employees hired before 10/1/2015</li> <li>• Must (1) be at least age 58 with 10 years of pension service when you retire from active employment with Dominion; or (2) have been age 55 or older with at least 10 years of pension service as of December 31, 2011;</li> <li>• Subsidized pre-65 retiree medical. Coverage similar to active medical option C.</li> <li>• Post-65 retiree medical through a private exchange with a Health Reimbursement Account (HRA) subsidy that increases annually for medical inflation and the ability to carry forward unused balances.</li> <li>• Amount of HRA subsidy for retiree and eligible spouse based on years of service.</li> </ul>
<p><b>Retiree Life Benefits</b></p>	<ul style="list-style-type: none"> <li>• Available only for employees hired before 1/1/2011</li> <li>• Must be at least age 55 at time of retirement with at least 20 years of service</li> <li>• Amount varies based on hire date, retirement date and subsidiary</li> </ul>	<ul style="list-style-type: none"> <li>• Available only for employees hired before 1/1/2005</li> <li>• Amount varies based on age at 1/1/2005</li> </ul>

<p><b>Pension</b></p>	<p><b>Employees Hired On or After 7/1/2000 and Before 1/1/2014</b></p> <ul style="list-style-type: none"> <li>On 7/1/2000, employees given a choice to remain with traditional FAE formula or move to cash balance formula. Approximately 613 actives remain in FAE formula option.</li> <li>Cash balance formula provides monthly credits of 5% of Retirement Eligible Compensation (REC) plus an additional 5% of REC over the Social Security Wage Base.</li> <li>Earning compensation credits will cease on 12/31/23.</li> </ul> <p><b>Employees Hired On or After 1/1/2014</b></p> <ul style="list-style-type: none"> <li>Not eligible for participation in pension plan</li> </ul>	<p><b>Employees Hired Before 12/31/2007</b></p> <ul style="list-style-type: none"> <li>Traditional defined benefit pension formula using FAE and years of service</li> <li>Includes 2% base pay contribution to Supplemental Retirement Account</li> </ul> <p><b>Employees Hired 1/1/2008 and After</b></p> <ul style="list-style-type: none"> <li>Defined benefit cash balance pension formula</li> <li>Provides monthly credits ranging from 4-7% of base pay depending on length of service</li> </ul>
<p><b>401K</b></p>	<ul style="list-style-type: none"> <li>SCANA's 401K plan matches 100% of the employee's contribution up to 6% of base pay.</li> </ul>	<p><b>Employees Hired Before 12/31/2007</b></p> <ul style="list-style-type: none"> <li>Matches 50-66.67%, depending on length of service, of the employee's contribution of up to 6% base pay for a maximum of 3-4% employer contribution</li> </ul> <p><b>Employees Hired 1/1/2008 and After</b></p> <ul style="list-style-type: none"> <li>Matches 100% of the employee's contribution from 4-7% of base pay depending on length of service.</li> </ul>

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-55:**

Describe how Applicants plan to address employees whose positions are eliminated as a result of the merger. Address whether SCANA and SCE&G employees will be given special consideration for positions at Dominion and its affiliates? Also, address planned severance packages.

**RESPONSE 4-55:**

As part of the Merger, Dominion Energy has agreed that if an employee's position is eliminated prior to 12/31/2019, they will be eligible for either benefits under the Dominion Energy Severance Program or base pay continuation through 12/31/2019 whichever provides the greater amount of severance pay based on length of service. When a position is eliminated, the employee can apply for jobs as an internal candidate until the last day of their advance notice period. The Dominion Energy Severance Program provides base pay for up to 12 months (based on years of service), plus a two-month advance notice period during which employees receive pay. Executives are covered by separate change in control plans.

Responsible Person: Carmen Anderson

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-56:**

Describe any plans to guarantee positions for a limited period of time following the merger for current SCANA, SCANA Services, and SCE&G employees. If so, describe those plans in detail.

**RESPONSE 4-56:**

Specific positions are not guaranteed. There will be some redundancies in centralized areas and reviewing these staffing numbers will be part of the Merger integration process. Dominion Energy does not expect significant involuntary job reductions. Dominion Energy has agreed to provide certain severance benefits in the event that positions are eliminated, as described in Response 4-55.

Responsible Person: Carmen Anderson

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-57:**

Describe how the SCANA 401(k) plan and pension plans will be integrated into the Dominion plans and provide the following information:

- a. Will Dominion assume the SCANA 401(k) and pension plans or terminate the plans and transfer assets to the Dominion plans?
- b. Describe how rollovers will take place for SCANA employee investments in their 401K plan and pension plans.
- c. What is the Dominion vesting period?
- d. Will vested employees of SCANA be immediately vested in the Dominion system?
- e. Will vested employees of SCANA be able to rollover employer matching contributions?

**RESPONSE 4-57:**

As referenced in Response 4-52, integration plans are not available at this time. Dominion Energy can state that Dominion Energy's 401(k) and pension plan have a vesting period of 3 years.

Responsible Person: Carmen Anderson

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-58:**

Please identify and describe all bargaining units at Dominion, DES, SCANA, SCANA Services, and SCE&G, and describe the employees that are covered by such bargaining agreements.

**RESPONSE 4-58:**

Dominion Energy:

<b>Unions</b>	<b>State Locations</b>	<b># Employees Covered</b>	<b>Type of Employees Covered</b>
UWUA Local G-555 East Ohio Gas	Ohio	1,168	Clerical Customer Relations Physical
IUOE Local 420 Kewaunee	Wisconsin	8	Plant Operations Instrument & Control Maintenance - Electrical
UWUA Local 69 Transmission / Hope Gas	West Virginia, New York, Pennsylvania, Ohio, Virginia, Maryland	893	Clerical Physical – Field Operations
UWUA Local 310 – Manchester Street Station	Rhode Island	26	Chemistry Services Combined Cycle Operations Mechanical Maintenance I&E Maintenance Plant Services Stores
IBEW Local 50 VA/NC Power	Virginia, North Carolina, West Virginia	3,030	Electric Production System Service Shop Electric Construction and Operations System Commercial Operations Stores System Transportation Materials & Metering Services Transmission Engineering & Operations

Responsible Person: Carmen Anderson (Dominion Energy)



SCANA/SCE&G:

<b>Union</b>	<b>State</b>	<b>Number of Employees*</b>	<b>Primary Job Categories</b>
International Brotherhood of Electrical Workers (IBEW)	South Carolina	795	Electricians, Gas Man, Material Handler-Stores, Lineman, Mechanics, Asst. Plant Operators, Meter Reader/ Connectors, and Service Reps
International Chemical Workers (ICW)	North Carolina	273	Crew Leaders, Locators/ First Responders, Pipe Layers, Installation Specialists, Welders, Field Service Techs, and Operators

\*As of March 14, 2018

Responsible person: Denise Schelble (SCANA/SCE&G)

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-59:**

Provide a copy of all bargaining agreements at SCANA, SCANA Services, and SCE&G.

**RESPONSE 4-59:**

Please see attached.

Responsible person: Denise Schelble

LABOR CONTRACT  
PUBLIC SERVICE COMPANY OF NORTH CAROLINA, INC.  
AND  
INTERNATIONAL CHEMICAL WORKERS UNION COUNCIL OF THE UFCW  
AND ITS  
LOCALS 297-C (Raleigh), 298-C (Durham), and 528-C (Asheville, Iredell, **Concord**).

THIS AGREEMENT, made and entered into this **2nd day December, 2017**, by and between PUBLIC SERVICE COMPANY OF NORTH CAROLINA, INC., a corporation organized and doing business in the state of North Carolina, its successors and assigns, hereinafter referred to as the Company and the INTERNATIONAL CHEMICAL WORKERS UNION COUNCIL OF THE UFCW, and its LOCALS 297-C, 298-C, and 528-C, hereinafter referred to as the Union.

WITNESSETH: It is the purpose of the parties hereto that, through the provisions and procedures provided by this Agreement, there be promoted and preserved an amicable relationship between the Company and Union to the end, that there be no voluntary cessation of work or preventable interruption or diminution of service, and that the public, the Company, and the employees shall be guarded against unnecessary loss, inconvenience, or hazard.

NOW, THEREFORE, the parties hereto contract and agree as follows:

**ARTICLE I  
RECOGNITION AND REPRESENTATION**

**Section (1)** The Company hereby recognizes the Union as the exclusive representative for the purpose of collective bargaining in respect to rates of pay, wages, hours of employment and other conditions of employment for all **service** department employees and construction and maintenance department employees in what were formerly known as the Company's RALEIGH, DURHAM, ASHEVILLE, STATESVILLE and CONCORD Union locals, but excluding all office and clerical workers, professional employees, guards, and supervisors as defined in the Act.

**Section (2)** In the Raleigh, Durham, and Asheville locals, supervisors may not take the place of any worker or perform any of the work of the employees covered by this contract except in the case of an emergency, after failure of reasonable efforts to call out such employee, **to train new employees, to provide occasional, limited assistance with initial job coordination and minor corrections, or when assistance is requested.**

**Section (3)** The Company will recognize Shop Stewards duly designated by the Union. The Union will furnish the Company with the names of Shop Stewards and Executive Board Members and notify the Company in writing of any changes immediately, as such changes are made.

**Section (4)** The term "employee" or "employees" as hereinafter used in this Agreement shall refer to an employee or employees in the Bargaining Unit as in Section (1) of this Article I defined.

**Section (5)** When an applicant is hired to fill a regular assignment with the Company, he shall be placed on probation for six (6) months and during the said six (6) months period the terms of this Agreement, except as to hours of labor and rates of pay, shall not apply to him.

**Section (6)** Employees covered by this Agreement will participate in the following corporate benefit programs on the same terms and conditions as other participants, including any changes to such programs implemented by management during the term of the Agreement: Retirement Plan, Corporate Incentive Bonus Plan, Stock Purchase Savings Plan, Medical and Dental Insurance, Life Insurance, Disability Plans, Jury Duty and Funeral Pay.

## **ARTICLE II BULLETIN BOARD**

The Company agrees to provide space at a convenient location, not accessible to the general public, on which the Local Union President or the Local Union Secretary may post notices concerning official union business. It is specifically understood that this shall not permit the use of such space for any type political propaganda.

## **ARTICLE III LEAVE OF ABSENCE**

**Section (1)** The Company reserves the prerogative of granting leaves of absence, upon written request by the employee, depending on the employee's need for such leave of absence, and provided that the Company's daily operations are not adversely affected.

**Section (2)** Upon a thirty (30) day (whenever possible) advance written notice by the Union, the Company shall grant a leave of absence, without pay, up to fifteen (15) man-weeks for any union purpose per year.

## **ARTICLE IV STRIKES AND LOCKOUTS**

**Section (1)** Neither the International Chemical Workers Union Council of the UFCW, nor its Local, will cause nor encourage a strike, slowdown, or work stoppage during the term of this Agreement, and the Company will not during the term of this Agreement conduct any lockout.

**Section (2)** The Company agrees there shall be no liability on the part of the International Chemical Workers Union Council of the UFCW because of any strike, slowdown or work stoppage, provided that the International Chemical Workers Union Council of the UFCW shall within twenty-four (24) hours after receipt of notice from the Company to the International Headquarters, Akron, Ohio, of the commencement of any such strike, slowdown, or work stoppage, follow the procedure as set forth in Section (3) hereof.

**Section (3)**

**(a)** Publicly declare that the strike is unauthorized.

- (b) Order its members to return to work notwithstanding the existence of any wildcat picket line.
- (c) In good faith use every reasonable effort to terminate such unauthorized strike.

**Section (4)** Except as provided in Article IX hereof, Union activities shall not be conducted by employees or by the Union on Company property on Company time, or elsewhere on Company time, but may be conducted on Company property on employees' time, provided, however, that the Union may not hold mass meetings on Company property, and there shall be no interference with employees on duty. The Company will not conduct any anti-Union activities or discussions on Company property or Company time.

## **ARTICLE V MANAGEMENT RIGHTS**

Except as expressly modified or restricted by a specific provision of this Agreement, all statutory and inherent managerial rights, prerogatives, and functions are retained and vested exclusively in the Company, including, but not limited to, the rights, in accordance with its sole and exclusive judgment and discretion; to reprimand, suspend, discharge, or otherwise discipline employees for cause; to determine the number of employees to be employed; to hire employees, determine their qualifications and assign and direct their work; to promote, demote, transfer, lay off, recall to work, and retire employees; to set the standards of productivity, and/or the services to be rendered; to determine the amount and forms of compensation for employees; to maintain the efficiency of operations; to determine the personnel, methods, means, and facilities by which operations are conducted; to set the starting and quitting time and the number of hours and shifts to be worked; to use temporary employees and independent contractors to perform work or services; to subcontract, contract out, close down, or relocate the Company's facility(ies) or any part thereof, to expand, reduce, alter, combine, transfer, assign, or cease any job, department, operation, or service; to control and regulate the use of facilities, equipment, and other property of the Company; to introduce new or improved methods of operation and equipment; to determine the number, location and operation of departments, divisions, and all other units of the Company; to issue, amend and revise policies, rules, regulations, and practices; and to take whatever action is either necessary or advisable to determine, manage and fulfill the mission of the Company and to direct the Company's employees. The Company's failure to exercise any right, prerogative, or function hereby reserved to it, or the Company's exercise of any such right, prerogative, or function in a particular way, shall not be considered a waiver of the Company's right to exercise such right, prerogative, or function or preclude it from exercising the same in some other way not in conflict with the express provisions of this Agreement.

## **ARTICLE VI SENIORITY**

**Section (1)** Company seniority is the period of continuous service with the Company that regular, full-time employees enjoy measured from his date of hire, or, if seniority has been broken, from his date of rehire.

**Section (2)** An employee who is hired, or rehired, shall be considered as probationary until he has been in the employ of the Company for a period of six (6) months. During this probationary period, an employee may be released by the Company without cause and without

recourse to the grievance procedure by the Union or the employee. Upon satisfactory completion of the probationary period, an employee's company seniority shall revert to his most recent date of hire.

**Section (3)** Company seniority shall be broken and the employment relationship deemed terminated when an employee:

1. Quits;
2. Is discharged for just cause;
3. Is absent from work for three (3) days without notification to the Company;
4. Fails to return from layoff within seven (7) days after notice of recall by the Company;
5. Uses a leave of absence or an excused absence from work for purposes other than for which granted;
6. Remains in layoff status for a period of time in excess of the employee's uninterrupted length of service with the Company, up to a maximum of two (2) years;
7. Accepts or holds other employment which interferes or conflicts with his work at the Company;
8. Fails to return to work upon the expiration of a leave of absence, unless impossible due to sickness or accident; or
9. Refuses to take work offered upon recall from layoff as set forth in Article VIII, Section (2).

## ARTICLE VII

### JOB POSTING

**Section (1)** In posting job openings in the Bargaining Unit, it is the intent of the parties hereto that the individual selected be qualified to do the work entailed in such job opening and that the best-qualified individual be selected.

**(a)** When the Company determines that a job vacancy exists in any classification covered by this Agreement, it shall post notice of such vacancy internally and/or externally on SCANA's intranet on a company-wide basis. **The standard period for job postings is fourteen (14) days, however, postings may run for up to four (4) weeks for entry-level or hard-to-fill jobs based on the needs of the business unit. The goal is to ensure that job postings run long enough for effective recruitment, thereby avoiding delays due to reposting.** The notice shall set forth the location, job title, qualifications required, date of posting, and instructions for applying.

**(b)** The Company will accept job bids from employees for such vacancies via the SCANA intranet on the E-recruit form provided by the Company, including a statement of qualifications of the bidder and further provided that such job bids are received within the time

limits specified on the posting.

**(c)** The factors to be accorded weight in determining qualifications for the job are work attendance record, punctuality in reporting for work, relative knowledge, skill, ability, and efficiency and actual experience with respect to the skills required in the job opening, ability to produce satisfactorily as demonstrated in other jobs held in the Company, education and special training related to the job opening, and the employee's record with respect to adherence to Company rules and policies. If, in the judgment of management, the qualifications of two or more bidders are relatively equal, seniority shall be the determining factor in filling the job.

**(d)** Local management will provide the name of the successful bidder to the local union representative after the bidder has accepted the posted position.

**(e)** A successful bidder will be assigned as soon as possible to the position to which he has bid. If the employee is not transferred within forty-five (45) working days from the acceptance of the position, he will be paid the rate of pay for the position to which he bid.

**(f)** Selections will be made by the Company in accordance with this section of the Agreement and the SCANA employment guidelines, and grievances concerning the filling of job openings by the Company under this procedure shall be limited to the question of whether the Company has fairly applied the provisions of this Article of the Agreement.

**(g)** If an employee transfers from any position above a III level position, he will transfer into a III level position and may test into a II level position once all qualifications are met. Once employee has moved into the II level position, normal time in position applies prior to any additional advancement. Any employee transferring between construction and maintenance and field service below a II level position, will transfer over based on time in department. This will recognize that the individual transferring possesses company knowledge and skills that are beneficial, even if they are not directly applicable to the new position. For transfers of other bargaining unit job levels or non-bargaining unit personnel into the bargaining unit positions, the Company will continue to evaluate knowledge and skills in determining the transfer job level.

**(h)** Welder (Welder's test). When an employee successfully bids to a Welder position, the incumbent's present position will be held open for six (6) months while the employee qualifies as a Welder (Welder's test). The incumbent's title will be changed to Welder-Trainee and he will receive his current rate of pay or Welder-Trainee pay, whichever is greater, until he passes the Welder B or A test or exits the Welder Trainee program. The employee must pass the SP Welder test within 6 months of becoming a Welder Trainee to remain in the Welder Trainee Program. If the employee fails to pass the Welder SP test within six (6) months, the employee will be returned to his prior position. The employee has up to 12 months after becoming a Welder-Trainee to successfully pass the Welder B or A test; however, the employee's previous position will only be preserved for the first 6 months of the employee becoming a Welder-Trainee.

**(i)** When transferred or promoted to Construction and Maintenance Department positions, employees will be given six (6) months from the effective date of the change to obtain a Commercial Driver's License (CDL).

**(j)** When operating characteristics change in a local area or region that results in a restructuring (promoting/transferring an existing employee in a local office with no addition to headcount), the Company and the Bargaining Unit agree to post said position in the affected

area only. Applications for said posting will only be accepted from the affected area. For other job openings or vacancies, the guidelines set forth in Article VII – Job Posting in the labor contract will apply.

(k) An employee who moves into the Operator III or Locator III position can move when ready in position if they acquire all of their OQ, other training requirements, and demonstrate technical competency.

(l) Service – Highest level at which an outside applicant can be hired = Installation Specialist IV (will be credited with 6 months experience in position for advancement purposes, but not years of service with the Company for any other reason). **Applicants hired in to an Installer level IV position as a result of relevant skills and experience can be promoted to Installer III once required operator qualifications (OQ) have been obtained and the employee is deemed ready by the supervisor.**

Construction – Highest level at which an outside applicant can be hired = Pipe Layer IV (will be given 30 months experience in position for advancement purposes, but not years of service with the Company for any other reason)

## ARTICLE VIII LAYOFF AND RECALL

**Section (1)** When the Company decides to reduce the complement of employees for a period longer than three (3) days, employees will be laid off by Company seniority within each construction and maintenance department, and within each **service** department in each Company operating region, the youngest in Company seniority being laid off first, provided the remaining employees are presently qualified to perform the available work.

**Section (2)** The Company and Union agree, in full acknowledgement of Article V, “Management Rights”, of the Labor Contract, that affected employees can be transferred to other Union-affiliated Company facilities within the Company operating region in which they are assigned, provided that legitimate job needs exist at those other Company facilities as determined by management.

**Section (3)** Employees affected under this Agreement shall have the privilege to apply for open positions or to displace (“bump”) Union employees in classifications who possess less region seniority than the transferring employees, provided the transferring employees have sufficient previous experience in the relevant classification and are qualified to perform the essential duties of the classification, with or without reasonable accommodation, as determined by management.

**Section (4)** Employees so displaced (“bumped”) as a result of the provisions of this Article, likewise, shall have the privilege to displace Union employees at other Union-affiliated Company facilities within the Company operating region in which they are assigned who possess less region seniority than themselves, provided the displacing (“bumping”) employees have sufficient previous experience in the relevant classification, and are qualified to perform



the essential duties of the classification, with or without reasonable accommodation, as determined by management.

**Section (5)** Recalls from layoff will be made in reverse order of layoff, provided the employee to be recalled is presently qualified to perform the available work.

**Section (6)** When work is not available for certain jobs because of an emergency or lack of available work for other reasons, layoffs may be made without regard to this Article for periods of time of three (3) days or less.

**Section (7)** A "region" is defined as a Union-affiliated Company location covered by the Labor Agreement.

**Section (8)** No regular employee shall be laid off while work that he is trained and qualified to do is being done by contract forces, provided the regular employee (or group of employees if work is required by crews) can perform that work with equal or better efficiency and lower overall cost. Nothing herein shall restrict the right of the Company to cease any business or activity nor shall anything herein operate to cause the employer to violate or breach any contract in force at the time.

## **ARTICLE IX GRIEVANCES AND ARBITRATION**

**Section (1)** It is the intent of the parties to this Agreement that the procedure hereby established shall serve as the means for the prompt disposition and amicable settlement of all disputes, controversies and grievances that may arise between the parties hereto, or between the Company and any of its employees covered by this Agreement, with respect to the application or violation of any provisions of this Agreement. When any such dispute, controversy, or grievance shall arise, there shall be no suspension of work as provided by Article IV, Section (1), on that account by the Union or its members, and an earnest effort shall be made to effect a satisfactory settlement as set forth in this Article.

**STEP 1:** An employee having a grievance shall first orally present it to his immediate supervisor in the presence of the Union Representative (Shop Steward or Executive Board member). This should be done as soon as practicable, without interrupting work assignments, after the employee has knowledge of the facts constituting his grievance, but in no event longer than ten (10) workdays after such knowledge. There shall be a discussion between the employee, the Union Representative, and the immediate supervisor as soon as practicable without interrupting work assignments, and collectively, this group shall make every reasonable effort to effect a settlement. The supervisor shall render an oral decision within two (2) workdays. If the decision is not satisfactory:

**STEP 2:** The Union Representative shall, within two (2) workdays of the previous step, present the grievance in writing citing the rationale and/or the article violated for the grievance to the appropriate management representative in the presence of the aggrieved employee, if available; the management representative shall render a written decision within two (2) workdays. If the decision is not satisfactory:

**STEP 3:** The Union Representative shall within two (2) workdays of the previous step, submit the written grievance to the regional management representative representing the **service** department or the regional management representative representing the construction

and maintenance department, who shall render a written decision within two (2) workdays. If the decision is not satisfactory:

**STEP 4:** The grievance shall, within five (5) workdays of the previous step, be submitted by the Union Representative to the appropriate General Manager or his designated representative, who shall render a written decision within five (5) workdays. If the decision is not satisfactory:

**Section (2)** If the fourth step response does not satisfactorily resolve the grievance, then, within ten (10) working days of receipt of written notice, the matter may be submitted to an alternative dispute resolution mechanism or arbitration at the written request of either party.

**Section (3)** The parties agree they will consider alternative dispute resolution mechanisms and, upon mutual agreement, submit unresolved grievances to such alternative dispute resolution mechanisms, provided such alternative dispute resolution mechanisms would result in cost savings to both parties. The parties further agree that consideration of any such alternative dispute resolution mechanism shall extend the time for applying for arbitration under this article and, furthermore, that neither party shall comment upon the refusal of the other party to any alternative dispute resolution mechanism in any arbitration proceeding.

**Section (4)** Disputes, controversies or grievances involving Fitness for Duty and failure to respond to an emergency call are not subject to arbitration.

**Section (5)** If the matter is submitted to arbitration, the Arbitrator shall be chosen from a panel of seven (7) arbitrators provided by the Federal Mediation and Conciliation Service and shall be selected by alternate elimination by the Company and the Union. Both the Union and the Company have the right to reject an entire panel as unacceptable one (1) time in each arbitration case. The expenses of the Arbitrator shall be borne equally by the Company and the Union.

**Section (6)** The Arbitrator shall not add to or subtract from or modify any of the terms of this Agreement or any supplemental agreement hereto executed by proper Company and Union officials.

**Section (7)** Upon selection, the Arbitrator shall hold a hearing as soon thereafter as possible and shall render a written decision within thirty (30) days of the close of the hearing. The decision of the Arbitrator shall be final and binding upon all parties to this Agreement.

**Section (8)** In the event the Company regards itself as the aggrieved party in any matter coming within the terms of this Agreement, it shall first present its grievance to the appropriate representative of the Union within ten (10) workdays after knowledge of the matter. Failing a satisfactory disposition thereof, the matter may be submitted to arbitration as provided herein.

**Section (9)** The Company shall compensate any employee designated by the Union, at his regular rate of pay, for the time spent in the handling of grievances, during his regular scheduled working hours provided advance notification has been given to his supervisor. This allowed time shall not be included in the hours worked during the workday or the work-week for the purpose of calculating overtime and likewise shall not be paid for at overtime rates.

**Section (10)** The Union reserves the right to call the International Representative into the grievance procedure at any step. The Company reserves the right to call an Executive Officer of the Company into the grievance procedure at any step.

**Section (11)** Should the Grievant(s), the Union, or the Company fail to proceed within the time limits provided herein, the grievance shall be forfeited. However, the time intervals in the above steps may be lengthened for specific grievances by mutual agreement in writing by the representatives of the parties involved in the particular step.

**Section (12)** The Company and the Union agree to provide information relevant to a grievance within a reasonable amount of time following a written request.

## **ARTICLE X GENERAL PROVISIONS**

**Section (1)** The Company will notify the Secretary of the Union and the appropriate Shop Steward of any change in the classification or pay of any employee in the Bargaining Unit at the time such change is made.

**Section (2)** The Company will provide the Union with a current list of covered employees during the month of January, containing the following information: Name, address, date of employment, job classification, rate of pay, date of last change in classification, and date of last raise in pay.

**Section (3)** It is agreed that, upon request of either party, Company representatives will meet with two **union** representatives of each **company region** to discuss methods of enhancing efficiency and productivity and other matters of concern to either party. Such meetings shall be held (if requested) at least every six (6) months.

**Section (4)** The Company shall compensate, as designated by the Union, up to **three (3)** employees for up to five (5) days, at their regular rate of pay, for actual negotiations of either a new contract or modification of an existing contract. If any such designated employee performs his regularly assigned job duties during a week in which he participates in negotiations, time spent negotiating shall be considered as hours worked for the purpose of calculating overtime. The parties will split the cost of conference rooms used for negotiations.

**Section (5)** An employee who works three (3) continuous hours immediately following his regular eight (8) hour shift will receive **\$15.00** for a meal, unless otherwise provided by the Company. This will be done by utilizing a special meal code on his time sheet.

**Section (6)** An employee who is absent from work on one (1) or more days within the statutory seven (7) calendar day waiting period following an injury or illness reported by the employee to have resulted from his work with the Company, shall be compensated by the Company at his straight time rate for each day of such absence from regularly scheduled work. If, during the period of such absence, the claimed injury or illness is determined non-compensable under workers' compensation provisions, the Company shall discontinue such payments for any remainder of the statutory seven (7) calendar day waiting period.



Monday	- 10 hours	10 hours straight time
Tuesday	- 10 hours	10 hours straight time
Wednesday	- 11 hours	10 hours straight time, 1 hour OT
Thursday	- 10 hours	10 hours straight time

Alternative schedule B: 3-12 hour days and 1-4 hour day

	<u>Worked</u>	<u>Paid</u>
Tuesday	- 12 hours	12 hours straight time
Wednesday	- 13 hours	12 hours straight time, 1 hour OT
Thursday	- 12 hours	12 hours straight time
Friday	- 4 hours	4 hours straight time

**Section (2) Overtime and Allowed Time -**

(a) The workweek shall consist of any seven (7) consecutive days regularly used by the Company for the determination of the pay of the employees (which may or may not coincide with a week beginning at 12:01 a.m. Saturday or at the shift-changing hour nearest to that time).

(b) Overtime Rates: Employees shall be compensated at time and one-half their regular hourly rate for:

1. Hours worked in excess of eight (8) hours within the twenty-four (24) hour period commencing with the time the employee begins work.
2. Hours worked in excess of forty (40) regular hours in a week.

(c) Premium Rates: Employees shall be compensated for two (2) times their regular rate for:

1. Hours worked beyond sixteen (16) consecutive hours in a twenty-four (24) hour period starting at the time the employee began work until he has been released from work at least eight (8) consecutive hours, except that when an employee has two (2) shifts start within a twenty-four (24) hour period, hours worked in the latter shift shall not be counted toward the sixteen (16) consecutive hour limit from the previous shift.
2. Hours worked on Sunday.
3. Hours worked on holidays in accordance with Article XII, Section 2.
4. Callouts in accordance with Article XI, Section 3(d).

(d) Overtime pay and premium pay shall not be duplicated for the same hours worked under any of the terms of this Agreement.

1. Overtime hours paid on a daily basis shall not be duplicated on a weekly basis.
2. Premium pay fixed for Sunday work, holiday work and other times will not be duplicated by overtime pay. An employee will be paid on only one basis, that giving him the larger amount.

3. To the extent that hours are compensated for at rates under one provision, they shall not be counted as hours worked in determining overtime under the same or any other provision; provided, however, that when a holiday occurs on any day for which overtime would not otherwise be paid, the hours worked on such holiday shall be counted as hours worked in determining overtime under the provision of subsection (b) above.

(e) All hours paid for Paid Time Off (PTO), Funeral Leave, and Jury Duty count toward overtime rates in Section 2 (b), but do not count toward premium pay in Section 2 (c).

**Section (3) Conditions Pertaining to Allowed Time:**

(a) Employees who are scheduled or who are notified to report and who do actually report for work at the start of a shift, and work less than four (4) hours, or are assigned or reassigned by Management to other work, shall be paid for a minimum of four (4) hours. Should the employee refuse such work, he shall be paid for the actual time worked.

(b) Allowed time under paragraph 3(a) shall not be included in the hours worked during the workday or the week for the purpose of calculating overtime and likewise shall not be paid for at overtime rates. Hours actually worked under paragraph 3(a) shall be paid for at overtime rates only when they constitute overtime under Section (2)(b).

(c) The provisions of Section (3) do not apply in event Management gives notice at least ninety (90) minutes prior to the employee's work time of a change in schedule. This notice is to be given to the employee or his residence. In case of 'act of God', this notice requirement will not apply.

(d) Payment will be made at two (2) times the regular rate for all callouts off-schedule (off the clock) with a minimum of one (1) hour at such rate for each callout, except that callouts between 12:00 a.m. and 6:00 a.m. shall be at a two (2) hour minimum. These minimums shall apply except to the extent such callouts overlap or merge into the called out employee's regular working hours. Callouts start when the employee is contacted either by beeper, by phone or directly by the appropriate company representative and will end when the employee returns home.

(e) When an employee is scheduled to respond to customer service calls in addition to his scheduled normal workday, and is required to remain available to answer promptly such calls at hours when an employee is not regularly scheduled, he shall be paid two (2) hours per day **at straight time rates** for such standby, except that when such standby occurs on a holiday, the employee shall be paid four (4) hours per day for such standby. This allowed time of two (2) hours or four (4) hours shall not be included in the hours worked during the workday or workweek for the purpose of calculating overtime; nor shall it be used for the purpose to fill out the regular workday or workweek; however, such standby time shall be paid for at **straight time rates**.

**ARTICLE XII**

**HOLIDAYS**

**Section (1)** The following holidays shall be observed by the Company:

New Year's Day  
Martin Luther King, Jr. Day  
Good Friday  
Memorial Day  
Independence Day  
Labor Day  
Thanksgiving Day  
Friday after Thanksgiving  
Christmas Eve Day  
Christmas Day

When a holiday falls on Saturday, the preceding Friday shall be observed; when a holiday falls on Sunday, the following Monday shall be observed; except that when Christmas Day falls on a Saturday it shall be observed on the following Monday and when it falls on Monday, Christmas Eve will be observed on Monday and Christmas Day on Tuesday.

All regular employees shall receive eight (8) hours pay at straight time rates for the holiday.

**Section (2)** Employees will be paid an additional two (2) times the regular rate for any time worked:

- (a) on any calendar day observed as a holiday by the Company.
- (b) on Christmas Day when December 25 occurs on Saturday.
- (c) on Christmas Eve Day when December 24 occurs on Saturday.

**Section (3)** Hours paid but not worked on holidays shall be considered as hours worked for the purpose of computing overtime.

**Section (4)** Employees will receive one (1) day to be used as a Floating Holiday. Floating Holiday must be scheduled in advance, does not carryover from year-to-year, and will not be paid out upon termination of employment.

### ARTICLE XIII Paid Time Off (PTO)

**Section (1)** Employees covered by this Agreement who shall have continuous service with the Company as set forth below as of January 1 of a calendar year shall be **allotted** on that date with Paid Time Off (PTO) from work during that calendar year, as indicated, for purposes such as vacation, personal sickness or injury, family sickness or injury, medical or dental appointments, or personal matters:

<u>Continuous Service</u>	<u>PTO</u>
Under 1 year, and employed in:	
January	120 hours
February	110 hours
March	100 hours
April	90 hours
May	80 hours
June	70 hours
July	60 hours

August	50 hours
September	40 hours
October	30 hours
November	20 hours
December	10 hours
1-5 years:	120 hours
6-13 years:	160 hours
14-21 years:	200 hours
22 years and over:	240 hours

**Section (2)** An employee whose **first, sixth, fourteenth, or twenty-second** anniversary of continuous employment with the Company shall occur during the calendar year shall be **allotted** on January 1 with the corresponding allocation of PTO for the calendar year in which such anniversary occurs.

**Section (3)** Continuous service is the employee's period of uninterrupted service beginning with his most recent date of employment with the Company.

**Section (4)** Payment for PTO taken shall be at the employee's regular straight time rate of pay.

**Section (5)** An employee desiring PTO must arrange such with his immediate supervisor in advance, if possible, in order to avoid undue disruption to the Company's operational requirements.

**Section (6)** Holidays recognized by the Company under this Agreement, which occurs within an employee's scheduled PTO, shall not count as PTO.

**Section (7)** No employee may demand pay in lieu of PTO, nor may more than five (5) days of PTO be carried from one calendar year into the next. Carryover PTO hours are to be used prior to other allocated PTO. **Upon termination of employment, employees will be paid at their regular hourly rate for all remaining hours in the carryover bank and accrued, unused PTO from the current year allotment.**

**During the year an employee terminates from PSNC Energy, PTO hours will be deemed to have accrued, pro-rata, on a monthly basis for time worked, up to the date of termination.**

**Except upon retirement or employee death, payment for unused PTO in the year of termination will be limited to this accrued, pro-rata amount, less any PTO used during the year, as described below:**

**PTO Payout Calculation and Instructions**

<b>Annual PTO Allotment</b>	<b>Per Month Accrual Amount</b>
<b>120 hours</b>	<b>10.00 hrs/month</b>
<b>160 hours</b>	<b>13.33 hrs/month</b>
<b>200 hours</b>	<b>16.67 hrs/month</b>



240 hours	20.00 hrs/month
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**Subject to the termination of employment provisions above, January 1st of each calendar year is the date the new PTO allowance is allotted. The Company's practice is to allow employee access to their full allowance of PTO on January 1 each year.**

Employees who voluntarily quit are requested to give the Company two weeks' advance notice. Such notice, however, may be waived by the Company.

**Section (8)** In the final quarter of a calendar year (October, November, December), an employee having no remaining PTO for that year may borrow up to five (5) days of PTO scheduled for allocation the next calendar year in the event of emergency such as legitimate personal or family illness.

**Section (9)** An employee who is taking scheduled PTO, and who is recalled from such PTO for work, shall be compensated for all hours worked during such scheduled PTO from which he was recalled at two (2) times his regular straight time hourly rate.

**Section (10)** On January 1 of each calendar year, or as soon thereafter as feasible, the Company will inform employees of PTO benefits to which they are entitled during that calendar year. In determining PTO schedules for employees, the Company will respect the wishes of employees as to their request for PTO, provided the Company's daily operations are not adversely affected.

**Section (11)** For all time lost on account of injury on the job not caused by fault or failure or violation of law by the employee concerned, the Company will pay the difference between the normal straight time wage of the employee and his accident compensation during the first fifty (50) working days; then for the remainder of his worker's compensation, the employee has the option of using available transition bank and/or PTO time hour for hour to supplement the difference between normal straight time gross wages and his accident compensation. It is agreed that the benefits stated above are the maximum benefits for any one accident. This agreement is based upon worker's compensation not dropping below fifty percent (50%). Nothing herein contained, however, shall deny the Company the right to give individual consideration to injury cases where such consideration appears justified. To be eligible for any benefits under this section, an employee must have been continuously in the service of the Company for not less than six (6) months at the time of the accident.

#### **ARTICLE XIV WAGES**

**Section (1)** The rates of pay of the employees covered by this Agreement are those rates appearing in Schedule "A" attached hereto.

**Section (2)** Employees who are regularly scheduled to start their eight (8) hour shift after 11:59 am shall be paid an additional one dollar (\$1.00) per hour above the employee's established rate.

**Section (3)** All employees in the Bargaining Unit shall be paid bi-weekly and the Company will make every reasonable effort to pay employees during working hours or immediately upon the completion of their workday. The workweek will begin at 12:01 a.m. on Saturday.

**Section (4) Dual Rate:** Should an employee be away from work for at least an eight continuous hour period, a qualified employee in a lesser position may perform said duties in an acting capacity. Only one member per crew may receive dual rate compensation for performing absent member duties. Employee will receive an additional **\$1.00 per hour** for a continuous eight hour period or when alternative work schedule applies as shown in Article XI, Section (1) (g).

#### **ARTICLE XV UNION MEMBERSHIP/CHECK-OFF OF DUES**

The company agrees to deduct Union dues the first pay period of each month from the wages of its employees who belong to the Union and who individually and voluntarily certify in writing that they authorize such deductions. The Company further agrees to remit said dues monthly to the Financial Secretary-Treasurer of the union with a list of names of each employee from whom dues were deducted and those from whom dues were not deducted and the reason thereof.

Such written authorizations shall remain effective for the life of the contract between the parties, provided the Agreement is in full force and effect for that length of time and the employees are still employed in the collective Bargaining Unit for which the Union is the collective bargaining agency.

During each term of this Agreement there shall be a period of thirty (30) consecutive days, to wit: November 9 through December 8, and in each year after the year 1996, during which this Agreement may continue in effect, within which any member of the Union may at any time notify the Company and the Union in writing of his desire not to be bound by the provisions of this Article.

The Union accepts full responsibility for the legality of the authorization check-off used by it in connection with this Agreement, and shall save, insure and indemnify the Company from any and all liability which may arise in law from said authorization.

#### **ARTICLE XVI NON-DISCRIMINATION**

Neither the Company nor the Union in carrying out their obligations under this contract shall discriminate in the matters of hiring, training, promotion, transfer, layoff, discharge, or otherwise, because of race, color, sex, gender, sexual orientation, age, religion, national origin, marital status, pregnancy, disability, military status, or any other basis prohibited by federal, state, or local law. It is understood that where a masculine pronoun is used in this agreement, it shall refer to and mean both genders.

## ARTICLE XVII DISCIPLINE AND DISCHARGE

**Section (1)** The Company shall continue to have and exercise the right to make and enforce rules and regulations to insure orderly and efficient operations, to maintain discipline, and to provide for the safety of personnel and equipment, provided such rules do not conflict with the terms of this Agreement.

(a) The Company shall maintain on a permanent bulletin board a copy of such rules and regulations and all changes therein.

(b) The Union will be furnished a copy of any rule change before such change or new rule is placed on the bulletin board.

(c) Should the Union wish to contest a rule as being in conflict with this Agreement, the Union must, within a ten (10) workday period, protest the specific rule, indicate the specific provision of the Agreement with which the proposed rule is allegedly in conflict, and request an immediate discussion with the Company. In such cases the rule and regulation shall not become effective until discussion has taken place between the Company and the Union.

**Section (2) (a)** Violation of any rule or regulation by an employee may be deemed just, sufficient, and reasonable cause for discipline up to and including discharge as so provided. Such disciplinary action as taken shall be subject to the contract Grievance Procedure.

(b) No record of disciplinary action twenty-four (24) months or older for non-safety related issues will be used against any covered employee in any connection with a reprimand, demotion, or discharge; nor will it be used as a deterrent against him in promotions. Safety related disciplinary actions shall **be limited to seven (7) years**.

**Section (3) Suspension/Discharge:** The Company may suspend or discharge an employee for any just cause. In the event of the suspension or discharge of an employee covered by this Agreement, the affected employee shall be given the reason for the action, and the Company shall notify the employee in the presence of the Shop Steward. In instances where an employee is notified by letter of his suspension or discharge, a copy of the letter will be forwarded to the Shop Steward at the same time. When an employee believes that the action taken was not for sufficient and reasonable cause, such action and reason therefore shall constitute a grievance subject to review and final determination in accordance with the procedure for adjusting controversies provided in Article IX of this Agreement.

Any complaint relative to suspension or discharge must be filed with the Company within ten (10) workdays of the time that the Shop Steward is notified of the action, or the matter will be considered closed.

## ARTICLE XVIII SAFETY

The Company will provide an allowance up to \$125 every two (2) years for the purchase of safety prescription glasses. If prescription safety glasses are broken or become unserviceable through normal work-related use, they will be replaced or repaired at that time in

accordance with the corporate policy for payment allowances for same. Employee should take the unserviceable pair to their supervisor and arrange for replacement.

The Company shall also provide an allowance up to **\$125** every calendar year toward the purchase of work boots.

The employee should take the receipt for the purchase of prescription safety glasses and/or work boots to his supervisor to arrange for reimbursement.

## **ARTICLE XIX ENTIRE AGREEMENT**

**Section (1)** This represents the entire agreement of the parties, it being understood that there is no other agreement or understanding, either oral or written. This Agreement may not be modified in any respect except by writing subscribed to by the parties. This Agreement supersedes all previous agreements, commitments or practices, oral or written, between the Employer and the Union or the employees and expresses all of the obligations of and restrictions imposed upon each of the respective parties during its terms. The parties hereby mutually release each other from any and all other obligations to each other or the employees. The waiver of any provision of the contract or any breach of the contract by either party during the term of the contract shall not constitute a precedent for the future waiver of any breach or provision.

**Section (2)** The parties acknowledge that during the negotiations that resulted in this Agreement, each had the unlimited right and opportunity to make demands and proposals with respect to any subject or matter not removed by laws from the area of collective bargaining, and that the understandings and agreements arrived by the parties, after exercise of that right and opportunity, are set forth in this Agreement. No other matter, whether covered by this Agreement or not shall be subject to further collective bargaining during the continuance of this Agreement without the written consent of both parties to this Agreement. If that consent is given but no agreement on the matter or matters is reached, then the previously existing terms and conditions of the Agreement will continue in full force and effect. Article IV shall remain in effect during the entire duration of the Agreement as defined in Article XXI.

## **ARTICLE XX SKILL PROGRESSION PROGRAM**

**Section (1)** The Company and the Union agree to the Skills Progression Program as outlined in Appendixes A and B. Appendixes A and B define posted positions and the minimum timeframe for advancement of non-posted positions.

Skill Development Profiles define the skill, knowledge and training requirements for employee progression.

**Section (2)** Upon successful completion of the requirements of the Skill Development Profile and meeting the minimum timeframe for progression, the employee will advance to the next higher level of non-posted position. The job anniversary date will be used to calculate the time for the next progression. The job anniversary date will begin on the first day of the current

pay period if it occurs on or before the first Friday of the current pay period. Otherwise, the job anniversary date will begin on the first day of the next pay period.

**Section (3)** If an employee possessed an operator qualification task and lost qualification status, employee cannot advance until said operator qualification task is brought back to qualified status.

**Section (4)** Discipline will be handled on a case-by-case basis as it relates to progressions and will be administered as warranted with respect to improper action(s).

**Section (5)** An employee may deny the opportunity to advance.

**Section (6)** This program terminates on **December 2, 2022** unless continued through mutual agreement of both parties.

#### ARTICLE XXI DURATION OF AGREEMENT

**Section (1)** This agreement shall become effective **December 2, 2017** and remain in full force and effect for **five (5) years** through and including **December 2, 2022 with a wage reopener on December 4, 2020 and continues** from year to year thereafter unless sixty (60) to ninety (90) days prior to the expiration date of this contract or any anniversary thereof, notice in writing is given by either party to negotiate any of the terms of the Agreement, or to terminate the same. **\*During the wage reopener, Article IV – Strikes and Lockouts, Section 1 does not apply.**

In WITNESS WHEREOF, the parties here to have caused this Agreement to be signed by their duly authorized representatives this \_\_\_\_\_(day) of \_\_\_\_\_, **2017**.

**Accepted for the Company:**

**Witness:**

By: \_\_\_\_\_  
President – PSNC Energy

By: \_\_\_\_\_  
Corporate Secretary

**Witness:**

**Accepted for International Chemical  
Workers Union Council of the UFCW:**

**Local 297-C**

By: \_\_\_\_\_

By: \_\_\_\_\_  
**Local 298-C**

By: \_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_

**Local 528-C**

By: \_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_

**Approved by International Chemical Witness  
Workers Union Council of the UFCW:**

By: \_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_

**Schedule A  
Service Department**

Title	Hourly Rate Effective		Hourly Rate Effective		Hourly Rate Effective
	12/2/2017 (3.0%)	12/1/2018 (3.0%)	12/7/2019 (3.0%)		
Field Service Technician*	\$32.42	\$33.39	\$34.39		
Field Service Representative I	30.69	31.61	32.56		
Field Service Representative II***	28.04	28.88	29.75		
Installation Specialist I	27.21	28.03	28.87		
Installation Specialist II***	25.01	25.76	26.53		
Installation Specialist III***	22.72	23.40	24.10		
Installation Specialist IV***	18.39	18.94	19.51		
Trainee-Service ***	16.75	16.75	16.75		

\*Positions will be eliminated once incumbents leave positions.

\*\*\*Progression to next higher level after completion of time in classification and successful evaluation of knowledge/skills requirements (See Skill Progression Program).

**Service Department employees who attain a NC Plumbing (P-1) and/or Heating (H-3) license and list it in the Company's name will receive a one-time, net bonus payment of \$500. This includes employees who currently hold either a P-1 and/or H-3 license and are listed on the Company's license as of December 2, 2017. Employees are eligible for only one, one-time payment regardless of the number of licenses held.**

**Schedule A  
Construction & Maintenance Department**

Title	Hourly Rate Effective		Hourly Rate Effective		Hourly Rate Effective
	12/2/2017	12/1/2018	12/1/2018	12/7/2019	
	(3.0%)		(3.0%)		(3.0%)
Senior Crew Leader/Welder*/#	\$32.82	\$33.80	\$33.80	\$34.81	
Crew Leader I# 30.52	31.44	32.38			
Crew Leader II**/**/# 29.14	30.01	30.91			
Crew Leader III***/# 27.76	28.59	29.45			
Welder-A 29.58	30.47	31.38			
Welder-B 28.64	29.50	30.39			
Welder-Trainee***## 21.75	22.40	23.07			
Operator I 26.34	27.13	27.94			
Operator II*** 24.02	24.74	25.48			
Operator III 22.99	23.68	24.39			
Locator First Responder I 26.34	27.13	27.94			
Locator First Responder II*** 24.02	24.74	25.48			
Locator First Responder III 22.99	23.68	24.39			
Pipe Layer I 22.99	23.68	24.39			
Pipe Layer II*** 22.38	23.05	23.74			
Pipe Layer III*** 21.75	22.40	23.07			
Pipe Layer IV*** 20.87	21.50	22.15			
Pipe Layer V*** 19.98	20.58	21.20			
Pipe Layer VI*** 18.47	19.02	19.59			
Trainee – Construction & Maintenance***	16.75	16.75	16.75	16.75	

\*Positions will be eliminated once incumbents leave positions.

\*\*Position has incumbents with two (2) different pay rates as a result of mapping (12/03/2005). Pay differences will be eliminated once incumbents leave positions or pay is in line with Schedule A.

\*\*\*Progression to next higher level after completion of time in classification and successful evaluation of knowledge/skills requirements (See Skill Progression Program).

#\$1.85 per hour premium pay for Welder "A" certification.

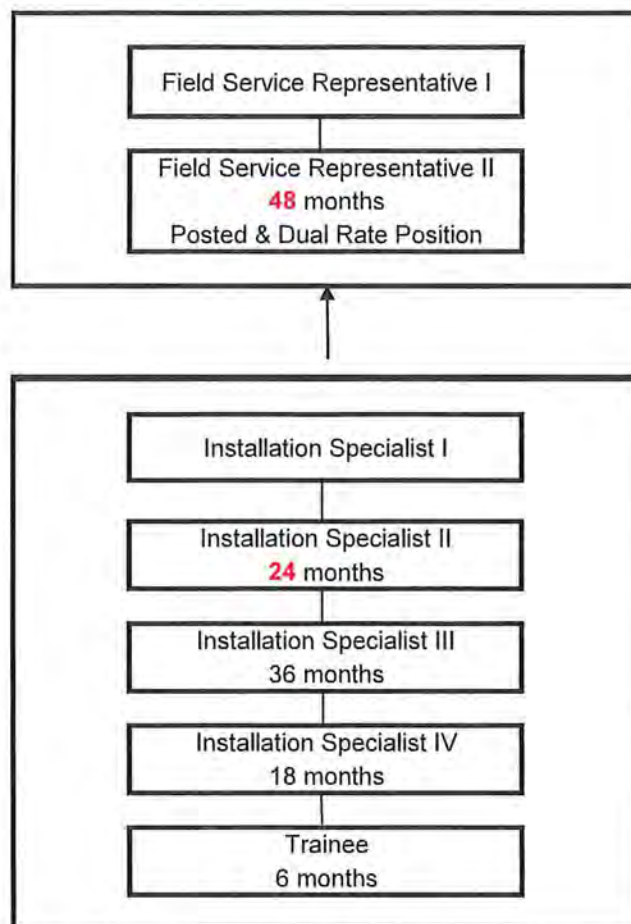
## Incumbent Welder Trainee will receive Welder Trainee pay or current rate of pay, whichever is greater, for up to 12 months or until he passes the Welder B or A test or exits the Welder Trainee program.





## APPENDIX A

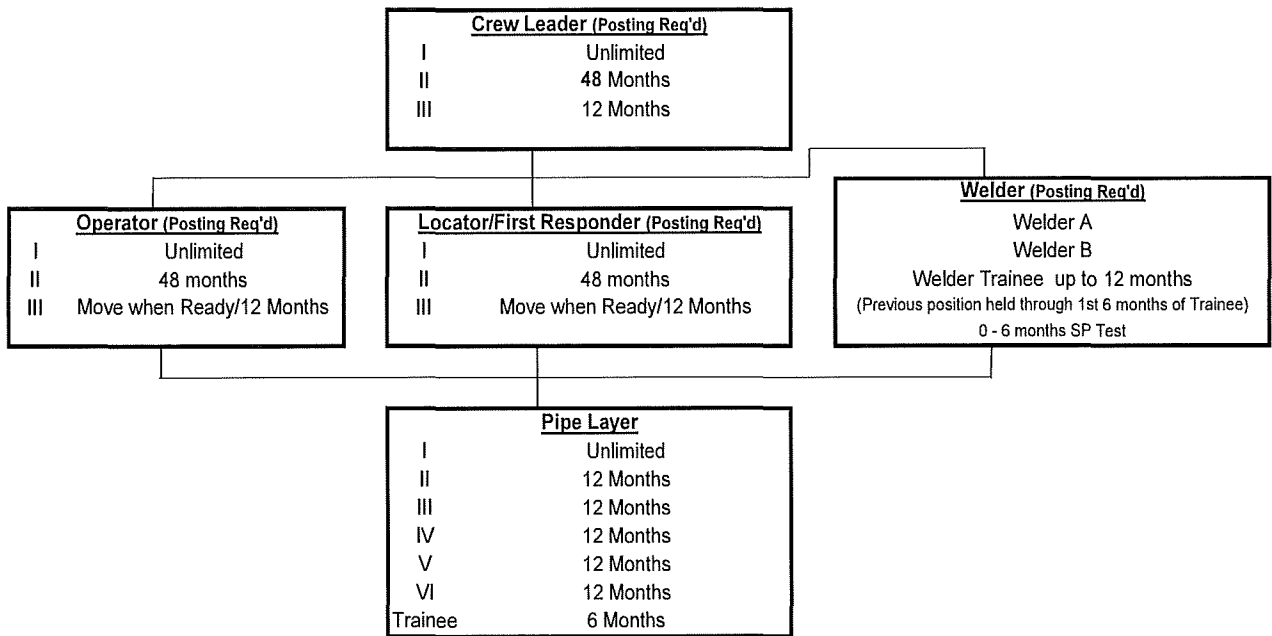
### Service Structure



Revised 12/2/2017

## APPENDIX B

### Construction and Maintenance Structure



Revised 12/2/2017

## MEMORANDUM OF AGREEMENT

This Agreement made and entered into on this 1st day of February, 2015, by and between the South Carolina Electric & Gas Company, a SCANA Company, a corporation of the State of South Carolina, hereinafter called the "Company," party of the first part, and Local Unions No. 398 of Charleston and No. 772 of Columbia of the International Brotherhood of Electrical Workers, hereinafter called the "Union," party of the second part.

WITNESSETH: That for the purpose of facilitating the peaceful adjustments of disputes which may from time to time arise, and promoting harmony and efficiency in all the departments of the Company where members of the Union are employed, the parties hereto contract and agree with each other as follows, to wit:

### ARTICLE I

#### BARGAINING - REPRESENTATION

1. The Company recognizes the right of its employees to bargain collectively through representatives of their own choosing, and recognizes the Union as the exclusive representative of the employees in the sections covered by this Agreement for the purpose of collective bargaining in respect to rates of pay, wages, hours, and other conditions of employment herein provided for.

### ARTICLE II

#### SCOPE

1. This Agreement shall only apply to regular employees of the Company working in the classifications specifically listed in the individual exhibits attached hereto.
2. All new employees hired to fill any of the classifications covered by this Agreement shall be considered as on trial for the first six (6) months of their employment. During this trial period such employees must show an aptitude for the work in which they are engaged and the ability and desire to advance to the skilled classifications. During this trial period the Company may, at its option, transfer, lay off, or dismiss such employees.
3. Any and all employees, working in classifications represented by the respective Local Unions, as described above, shall have the right to join the Union, as they individually prefer, it being agreed by the Company that there shall be no discrimination for or against any such employees of the Company on account of membership in the Union, or interference with any such employee in joining or desiring to join the Union; and likewise, it is agreed by the Union that no such employee of the Company shall be discriminated against for non-membership in the Union, and that neither the Union nor any employees of the Company who are members of the Union, shall attempt to coerce any such employees of the Company into joining the Union against their will, or interfering with them in any way because of failure or refusal on their part to join the Union.
  - a. If the present Federal and/or State statutes respecting Union membership should be repealed or amended so as to permit the inclusion of Union security clauses in union-management agreements, then the Company agrees that upon written request of the Union, it will, within thirty (30) days thereafter, meet with representatives of the Union

to negotiate with respect to a new clause to replace this section. Such negotiations would be without prejudice to any article or section of this Agreement and any clause agreed to by both parties would not be made retroactive beyond the date upon which agreement was reached.

4. In accordance with the policy of the Company and of the Union, it is agreed that neither party will discriminate against any employee or applicant on the basis of race, color, religion, sex, age, disability, national origin or status as a Vietnam era veteran. Any reference made herein to the male gender shall be deemed to include the female gender.

### ARTICLE III

#### HOURS

1. For all employees of the Company covered by this Agreement, wages at the rates shown on the Schedules attached hereto and made a part hereof shall be paid for forty (40) hours per workweek, hereinafter called regular rates.
  - a. The following groups of employees to work five (5) consecutive days of eight (8) hours (excluding meal time which will not exceed one (1) hour) each per work week, Monday through Friday, between the limits of 6:00 a.m. and 6:00 p.m. daily: Line crews; Substation construction and maintenance crews; Electric Meter Department; Stores Department; and Columbia and Aiken Gas Distribution crews and Power Plant Maintenance crews. Working foremen in these areas are also covered.
  - b. Service Representatives may be scheduled to work five (5) consecutive days of eight (8) hours each per week, Monday through Saturday, between the daily limits of 7:00 A.M. and 12:00 midnight.
  - c. Changes in regular schedules for employees listed in Article III 1(a) may be made within the daily hour limits shown above, provided twelve (12) hours advance notice is given, with the exception of service truck replacement due to temporary absences, in which case there will be twenty-four (24) hours notice, with five (5) day duration replacement at employee's option. First attempt to fill any vacancy on service trucks will be done on a voluntary basis. The twelve- (12) hour advance notice will have a frequency of no more than two (2) occurrences per month after volunteers are first considered.
    - (1) During emergency situations involving off-system restoration efforts, the notification requirements of Article III 1. c. does not apply and it is understood that the employees will revert to hours under Article III 1. a. All other contract language applies.
  - d. A Gas Turbine Operator/ Repairman may be rescheduled for shift work with as much advance notice as possible, but no less than twelve (12) hours.
  - e. Power Plant maintenance crews may be rescheduled for shift work with as much advance notice as possible, but no less than thirty (30) hours, Monday through Friday. Breakdowns, overhauls or maintenance of equipment that would result in a unit derating will be excluded from the duration limitations set forth above. This is not intended to apply to non-critical or routine maintenance items.
    - (1) When power plants commence extended scheduled or unscheduled outages, the following applies to Fossil/Hydro employees only:
      - a) Fossil/Hydro employees who **volunteer** support power plants outages **at another location** will adopt the work schedule specified for the outage regardless of their work schedule at their normal work location, not to exceed twelve (12) hours. Schedules are subject to change as the outage progresses and any changes will be communicated with no less than a twenty (20) hour notice during the outage.

- b) Overtime will be paid for hours worked outside the outage schedule or hours worked in excess of forty (40) hours per workweek, for which overtime has not already been paid.
- c) Meals will be provided/paid (via timesheet) after working more than one and one half (1½) hour outside the outage schedule and at five and one-half (5½) hour intervals thereafter.
- d) Any necessary training will be as specified for the specific task and will normally be completed prior to the start of the outage.
- e) If the additional one-way travel time exceeds thirty (30) minutes over the employee's normal one-way travel time to work, the employee will be paid at the appropriate rate for all additional travel time beyond the employee's normal travel time. (Travel time will not apply to the meal provision.)
- f) If the travel distance is over ninety (90) miles, the Company will provide room and board. The Company will endeavor to provide single room occupancy if the employee so desires. If the employee chooses to travel back and forth, then there will be no mileage reimbursement nor will the employee be paid for travel.
- g) Employees who elect to travel back and forth to the temporary work location will not be entitled to the meal provisions of Article IV, paragraph 10.
- f. All other employees including shift employees **and gas service trucks working shifts other than those included in Article III.1.a** will work five (5) eight (8) hour days, consecutive where possible, provided, however, that regular schedules may be changed upon twelve (12) hours advance notice.
- g. Employees shall be paid wages at one and one-half (1½) times the regular rate of pay per hour for hours worked as follows:
- (1) Any hours worked in excess of eight (8) hours in a twenty-four (24) hour period beginning at the time of day the employee begins his scheduled work period (except when such excess hours worked are incidental to scheduled periodic changing or relieving of shifts; however, if an employee is required to work sixteen (16) consecutive hours in such changes, hours worked in excess of eight (8) shall be paid at the applicable overtime rate.)
  - (2) Any hours worked in excess of forty (40) hours per workweek for which one and one-half (1½) times the regular rate of pay per hour has not already been earned.
  - (3) Any hours worked on an employee's rest day.
- h. Meter reader/connectors may be scheduled to work five (5) consecutive days of eight (8) hours each per week, Monday through Friday, between the daily limits of 6:00 a.m. and 9:00 p.m.
- i. Employees except those listed in Article III, Section 1.a may from time to time be assigned to temporary or permanent shift or shifts working outside of their regular working hours, and when this is necessary, they will be given at least twenty-four (24) hours previous notice of the desire to have them work on such shift or shifts.
2. There shall be no compounding or duplicating of payment for any hours worked. It is mutually understood that the maximum rate of pay for each hour of work performed, including hours credited as "hours worked" in call-outs, shall be limited to two (2) times the regular hourly rate of pay and that the maximum rate applicable to hours paid for but not worked shall be limited to the regular straight time hourly rate of pay.

When an employee is required to work sixteen (16) or more hours in **any** consecutive twenty-four (24) hour period, all hours of labor thereafter shall be paid for at two (2) times the regular hourly rate until he has received a rest period of at

least eight (8) consecutive hours. Should the employee elect or be directed to return to his home to rest for the eight (8) hour period (if an employee feels that he needs rest in excess of eight (8) hours in order to work safely, it is his responsibility to bring this to the attention of his supervisor; additional unpaid rest will be granted in such cases), then any regularly scheduled time lost thereby shall be paid for by the Company.

**When an employee has eight (8) consecutive hours off (excluding 'off' days, though not paid), this resets the twenty-four (24) hour clock used to calculate whether an employee is paid at two (2) times the regular rate of pay.**

For purposes of the 16-hour clause, "off" days, though not paid, will be considered as if the employee had worked and count toward the accumulation of hours for the 16-hour clause. "Off Days" shall include scheduled days off, PTO, STD, funeral, jury duty and holidays.

3. It is understood, however, that when work is rescheduled in accordance with Article IV, the resulting off days shall not be construed to be days laid off to offset overtime. Emergencies will require work outside of regular periods. All pre-arranged overtime shall be distributed as nearly equal as practicable among employees in their respective classifications. All call-out overtime shall be separately distributed as nearly equal as practicable among the employees in their respective classifications. For purposes of balancing overtime, all overtime of hourly paid employees will be posted monthly (by plant or department) on the bulletin board at the employee's work location.
4. Wages shall be paid bi-weekly.
  - a. 40 hours times 52 weeks equals 2,080 working hours per year; monthly salary times 12 equals yearly salary; yearly salary divided by 2,080 equals hourly rate to the nearest one-half cent to be applied to the working hours to be adjusted in a pay period, and as a basis for payment of overtime hours.
5. Any employee called out to work after he has been released from duty shall be credited with a minimum of two (2) hours as "hours worked," or from the time elapsed between leaving his home (not to exceed thirty (30) minutes travel time) and dismissal from emergency duty should this time exceed two (2) hours. An employee who completes his assignment in less than two (2) hours and returns home will receive the full two (2) hours guarantee but if an additional call-out occurs within the same guarantee period, he shall only be credited with the actual time worked during the call-out that exceeds the minimum guarantee. If he is called out before his regular starting time and works through his regular work period, then only the time actually worked shall be allowed.
  - a. If an employee is recalled for work within one (1) hour after his normal quitting time, but before leaving Company property, he shall be paid for time elapsed starting with his normal quitting time and ending with his release from duty, or he shall be paid actual working time but no less than two (2) hours.
  - b. Any employee reporting for work on pre-arranged overtime shall be credited with a minimum of two (2) hours as hours worked. If he reports for work on pre-arranged overtime before his regular starting time and works through his regular work period, then only the time actually worked shall be allowed.
  - c. Any employee called in to relieve for a regularly scheduled shift and who works the full regular schedule shall not receive credit for time elapsing between leaving his home and the actual start of the regular scheduled period.
  - d. Any employee called in to relieve for a shift and who cannot reasonably be expected to arrive on the job in time for the scheduled start of the work period and any employees called in to relieve for a portion of a shift that may be vacated due to illness or other reasons shall be credited with reasonable time elapsing between leaving his home and reporting on the job, but such reporting time plus the actual hours of work shall not exceed the regularly scheduled time.
  - e. Any employee transferred, or employed shall be paid the rates covered by this contract for the classification to which he is assigned, if he is qualified at time of assignment. This provision shall not apply to necessary training periods for an employee to qualify in the duties of a classification, where a specific training grade is not established in the wage schedules.

6. It is the Company's policy that all work on Sundays and holidays shall be kept at such a minimum as, in the opinion of the Company, is consistent with the proper maintenance and operation of its facilities in providing efficient, continuous service to the public.



7. Subject to the conditions set forth below, the following holidays shall be observed: New Year's Day, **Martin Luther King's birthday**, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, the Friday after Thanksgiving Day, Christmas Eve Day, Christmas Day and a floating holiday. The floating holiday must be scheduled in advance and will not be paid out upon termination.
- a. Whenever any of these holidays shall fall on Sunday, the following Monday shall be observed as the holiday; and whenever any of these holidays shall fall on Saturday, the preceding Friday shall be observed as the holiday. When consecutive holidays fall on Friday and Saturday or on Saturday and Sunday, the holidays will be observed on Friday and Monday. When consecutive holidays fall on Sunday and Monday, the holidays will be observed on Monday and Tuesday. For shift employees, the day to be observed as the holiday will be the calendar day on which the holiday falls except for Memorial Day which will be observed as noted in the annual letter published by the Company.
  - b. Employees who are excused from duty on any of the above days observed as a holiday shall receive a holiday allowance of eight (8) hours at their normal straight time hourly rate.
  - c. Employees working on any of the above holidays shall receive their holiday allowance and, in addition, will be paid at one and one-half (1½) times their straight time hourly rate for all hours actually worked within their normal schedule. All hours worked on such holidays outside of regular schedule shall be paid for at two (2) times the straight time hourly rate.
  - d. Shift employees whose off day occurs on a holiday observed by non-shift employees shall receive the holiday allowance for that day.

#### ARTICLE IV

#### WORKING CONDITIONS

1. Active employees covered by this Agreement who shall have continuous service with the Company as set forth below as of January 1 of a calendar year shall be credited on that date with Paid Time Off (PTO) from work during that calendar year, as indicated, for purposes such as vacation, personal sickness or injury, family sickness or injury, medical or dental appointments, or any personal matters:

<u>Employed in:</u>	<u>Will Receive PTO of:</u>
January	120 hours
February	110 hours
March	100 hours
April	90 hours
May	80 hours
June	70 hours
July	60 hours
August	50 hours
September	40 hours
October	30 hours
November	20 hours
December	10 hours

<u>Continuous Service</u>	<u>PTO</u>
1 – 5 years:	120 hours
6 – 13 years:	160 hours
14 – 21 years:	200 hours
22 years and over	240 hours

- a. New employees are eligible to use PTO immediately upon being hired. For terminations other than retirement, payout for PTO becomes hours accrued minus hours taken; however, employees must have successfully completed their probationary period in order to be paid for unused PTO. Former employees who are re-employed are regarded as new employees when determining PTO allowances.
  - b. Employees are responsible for managing their Paid Time Off. PTO should be scheduled in advance whenever possible. Scheduled PTO will be on the basis of Company service. PTO shall be taken at such time as to interfere as little as possible with the operations of the Company, and as can be mutually arranged between the Company and the employee. The Company reserves the right to require a doctor's certificate, for valid reason. It is understood that the employee will be given advance notice of this requirement, but when the employee initially reports his illness, notice may be given at that time.
  - c. During the last quarter of the year, an employee who has depleted his/her PTO allowance may borrow up to forty (40) hours (or five (5) days) from the upcoming year's anticipated PTO. Borrowing is allowed for illness or emergency situations only and is subject to supervisor's approval.
  - d. At the end of each calendar year, up to forty (40) hours (or five (5) days) of an employee's unused PTO may be transferred to a separate "carryover" bank. These days can be used for any reason after the employee has exhausted his or her PTO bank. In addition, these days can be carried over from year to year until exhausted. However, the number of days in the carryover bank can never exceed five (5) days, and these days will not be paid if the employee leaves the Company.
2. Provided all other conditions and requirements of continued employment with the Company are satisfied, employees on an approved short-term disability (STD) leave will have the right to reinstatement to their original position at the expiration of their short-term disability (STD).
    - a. The Company's Short Term Disability Plan is the reference document for this section.
    - b. To be eligible for STD, an employee must have completed his probationary period.
  3. The Company policy with respect to the Family Medical Leave Act of 1993 (FMLA) is contained in the Employee handbook and will govern the application of leave under the Act.
  4. For all time lost on account of injury on the job not caused by fault or failure or violation of law by the employees concerned, the Company will pay the difference between the normal straight time weekly wage of the employee and his accident compensation during the first fifty (50) working days; then for the remainder of his worker's compensation, the employee has the option of using available transition bank and/or PTO time hour for hour to supplement the difference between normal straight time gross weekly wages and his accident compensation. It is agreed that the benefits stated above are the maximum benefits for any one accident. This agreement is based upon worker's compensation not dropping below fifty percent (50%). Nothing herein contained, however, shall deny the Company the right to give individual consideration to injury cases where such consideration appears justified. To be eligible for any benefits under this section, an employee must have been continuously in the service of the Company for not less than six (6) months at the time of the accident, and must satisfy a physician, acceptable to the Company, of his inability to work at some task which the Company finds available for him.

5. Employees serving on jury duty will be paid at their regular rate of pay for straight time lost from their regular schedule while serving. An employee excused from jury duty at a time when he can reasonably be expected to report back on the job for the remainder of the day, or to fill his scheduled shift, must do so or he loses the benefits of this section.
6. Any employee having a death in his or her family (by blood or marriage), may have time off with pay to attend to the affairs of the deceased and to attend the deceased's funeral, provided the time off does not exceed the number of consecutive days below:

Husband, wife, parent, child - three (3) days;  
Stepparents and stepchildren - three (3) days (if the employee and the deceased have lived together in a normal parent/child relationship);  
Sister, brother, grandparent or grandchild - two (2) days;  
Aunt or uncle - one (1) day.

In cases involving one way distances of five hundred (500) miles or more, each allowance may be increased by one (1) day.

7. Left blank intentionally.
8. Employees will be notified at least twelve (12) hours ahead of time when required to work away from their headquarters in order to bring lunch for the noon day meal and shall only take thirty (30) minutes for lunch. If not so notified, the Company shall provide the lunch. When employees are required to work away from their regular headquarters for more than one day, and the travel distance as defined in paragraph 9.e is met, the Company shall provide lodging and meals.
9. When the Company deems temporary headquarters reassignment necessary:
  - a. There will be a minimum of two (2) days and a maximum of ninety (90) days (with a mutually agreed upon additional ninety (90) days).
  - b. The Company will provide as much notice as possible but no less than twenty-four (24) hours.
  - c. The Company will pay mileage at the IRS rate between home and the new location with no minimum miles.
  - d. If the mileage is greater than forty (40) but less than ninety (90) from home to the temporary headquarters, the employee has the option of staying overnight at Company expense or driving home and being paid mileage at the current IRS rate.
  - e. If the travel distance is ninety (90) miles or greater from home to the temporary headquarters, the Company will provide room and board. If the employee chooses to travel back and forth, then there will be no mileage reimbursement nor will the employee be paid for travel time.
10. *Call Out and Extension of the Day* - When employees are called out to work more than one and one-half hour (1½) before their regular starting time and miss a meal or meals thereby, the Company will provide such meals. When employees continue to work after their regular quitting time for more than one and one-half (1½) hour and at five and one-half (5½) hour intervals thereafter, the Company will provide meals. If employees are called out within one and one-half (1½) hour of their regular starting time, no meals will be provided. The Company will provide all meals missed on an employee's normal off day.
  - a. If the employees are required to continue work after these meals are provided, then such meals shall be eaten on Company time and only such time shall be taken as is reasonably necessary to obtain and eat the meals.

- b. *Pre-arranged Overtime* - If an employee is given sixteen (16) hours or greater notice to report to work at a certain time that work shall be considered prearranged overtime. If prearranged overtime is less than one and one-half (1½) hour prior to the start of the employee's regular shift, then no meals will be provided. If the prearranged overtime is greater than one and one-half (1½) hour of the start of the employee's regular shift, the Company will provide one meal. All meals inside the employee's regular schedule will be the responsibility of the employee. If any meals are missed after working one and one half (1½) hour outside the prearranged overtime, the Company will provide meals and at five and one-half (5½) hour intervals, thereafter. Hours spent working pre-arranged overtime are not considered call-out and will not be used for the purpose of calculating call-out hours.
  - c. Meals provided under the terms of this Article will be reasonable in cost with the Company reserving the right to refuse payment for meals, which are unreasonably expensive.
  - d. When meals are not provided, the Company will pay a meal allowance of **fifteen dollars (\$15.00)** to the employee provided it is coded on the time sheet and approved by the supervisor.
- 11. Shift employees of the same classification may, by agreement between themselves, exchange shifts within the same workweek, provided that prior approval is obtained from their supervisors and provided also that such exchange does not involve the payment of premium rates.
  - 12. Employees covered by this Agreement shall be given forty-eight (48) hours advance notice of pre-arranged overtime work in cases where the Company has equal or greater knowledge.
  - 13. Any journeyman assigned as lead person and responsible for a crew consisting of three (3) or more men or responsible for two (2) or more contract crews **shall be paid one dollar and ten cents (\$1.10)** per hour in addition to the journeyman rate when so assigned. This differential will be paid to the meter reader/connector who has the added responsibility of coordinating the work of other meter reader/connectors to include the processing of daily meter reading data. This will be paid as an add-on pay. (See Note 11)
  - 14. Any employee temporarily relieving or substituting for another employee in a higher classification shall be paid at the rate of the higher classification, provided he works in the higher classification for more than sixty (60) consecutive minutes during any eight (8) hour period. In such cases, the rate of the higher classification shall apply to all hours actually worked in the higher classification. When an employee temporarily relieves or substitutes for an employee in a lower classification, he shall continue to receive the pay of his classification.
- After working an accumulated 2080 hours in a dual-rated position with progression steps, the employee shall be moved up to the next higher step within the classification while being dual rated. At the Company's discretion, an employee who works six (6) months in a dual-rated position will be considered for reclassification to the higher position.
- 15. The Company agrees to pay, in addition to the applicable wage rate, a shift premium to employees working on regularly scheduled shifts in accordance with the following:
    - a. Where the majority of the schedule hours worked is between 3:00 p.m. and 6:00 a.m. **one dollar (\$1.00) will be added** for all hours actually worked.
    - b. The above benefit will apply only to regular established shifts and will not apply to temporary, short-term rearrangements of work schedules. On major breakdowns or overhauls in plants, all maintenance employees assigned to regular shifts extending five (5) or more days will be paid the applicable shift premium.

16. Employees doing electric service work in all areas will be classified as journeyman lineman on a service truck. These positions will be filled by qualified personnel in each work location. Selection will be based on qualifications and seniority. If no qualified personnel in the work location are interested in the job, it will be posted district wide, then company-wide. Exception of City of Columbia and Metro Charleston (Mt. Pleasant, Leeds Avenue, Savage Road, Ashley Phosphate, and James Island).
  - a. A lineman in each work location will be assigned to the service truck when:
    - (1) the lineman on the service truck is on PTO, STD, attending training classes, etc., or
    - (2) The existing service truck lineman is assigned to work on the line crew for refresher training, gloving training, or new equipment training (up to four (4) weeks per calendar year).
17. The Company and the Union agree to the implementation of a work schedule of four (4) ten (10) hour days in work units where the majority of the employees in the unit and the unit supervisor agree to work the schedule. When working a four (4) ten (10) hour day schedule, the following is applicable:
  - a. The regular work period will be a fixed ten (10) hour, four (4) consecutive day schedule, Monday through Friday, between the limits of 6:00 a.m. and 6:00 p.m. daily;
  - b. For gas employees not covered under III 1a, the regular work period will be a fixed ten (10) hour work schedule, not to exceed ten (10) hours per day and forty (40) hours per seven (7) day work week. Any scheduled ten (10) hour shift on Saturday and/or Sunday must be upon the mutual consent of the employee(s) working the shift and the unit supervisor.
  - c. Employees working on a ten (10) hour, four (4) day schedule will receive ten (10) hours pay per day at the regular straight time rate;
  - d. PTO shall be charged in hours; or in portions thereof i.e., an employee scheduled for a ten (10) hour work period shall be charged ten (10) hours PTO.
  - e. Weeks in which a holiday falls shall revert to the normal five (5) day, eight (8) hour schedule.
  - f. The "four (4) ten (10)" schedule will revert to the regular schedule when requested by the majority of employees in the unit or the unit supervisor.
18. Guidelines for Twelve Hour Shifts - Power Production

PTO will not normally be allowed in increments less than four (4) hours with the approval of the Shift Supervisor on duty. All other PTO will be scheduled according to Article IV, Paragraph 1.b and plant work rules.

  - a. PTO will be posted a minimum of two (2) weeks in advance.
  - b. A single day of PTO will consist of twelve (12) hours.
  - c. For PTO of less than forty-eight (48) hours involving a holiday, the employee will be required to arrange his relief for that holiday only.
  - d. PTO will be covered by personnel of the same job classification, except when there are dual-rated personnel available to cover the vacancy.
  - e. Personnel reporting that they will be out sick should notify the Shift Supervisor a minimum of two (2) hours before shift exchange.
  - f. No one will work more than sixteen (16) continuous hours unless absolutely necessary.

- g. Exchanging shift with other personnel will be permitted only in special situations, and only then, with the supervisor's approval. Exchanging of shifts shall only occur within the same pay period.
- h. The first off-shift person called in for a shift vacancy will be the person that has been off the longest and has the least overtime.
- i. Overtime pay will be paid after twelve (12) hours per day or forty (40) hours worked in a one (1) week period per Payroll Department.
- j. Funeral leave will be given in accordance with Article IV, Paragraph 6.
- k. Jury duty will be given in accordance to Article IV, Paragraph 5.
- l. Shift differential applies in accordance with Article IV, Paragraph 15.
- m. Holiday Pay:
  - (1) If a holiday is worked within an employee's regular schedule, employee will be paid eight- (8) hours holiday allowance (8-HA) and twelve- (12) hours' holiday inside schedule (12-HI).
  - (2) If a holiday is worked on an employee's off day, employee will be paid eight- (8) hours holiday allowance (8-HA) and twelve- (12) hours' holiday outside schedule (12-HO).
  - (3) If a holiday falls on employees off day, employee will be paid eight- (8) hours holiday allowance (8-HA).
  - (4) If a holiday falls on an employee's PTO, the employee will be paid eight- (8) hour's holiday allowance and has the option of using four (4) hours of PTO.
  - (5) If a holiday falls on the shift employee's built-in overtime schedule, the employee will code twelve (12) hours inside schedule (12-HI), four (4) hours of holiday allowance (4-HA) and four (4) hours of holiday allowance for built-in overtime (4-HOT).

**19. Bonus Programs**

- a. Recognition bonuses may be paid to individual IBEW bargaining unit employees. The Company will notify the Business Manager who will receive the bonus and why it is awarded.
- b. IBEW agrees to participate in SCANA/SCE&G's and/or Business Unit's Incentive Bonus Programs, if available.

**20. Service Truck Relief**

- a. Linemen relieving for a service truck schedule, or portion thereof, with hours not worked between 6:00 a.m. to 6:00 p.m., Monday through Friday, per Article III.1.a. for less than a week or the complete shift for that week will be compensated at the applicable overtime rate of pay. For all assignments that exceed a week or a complete schedule, compensation will be at their straight-time regular rate provided they have not worked extended hours beyond the schedule or more than forty (40) hours in the week.
- b. Lineman regularly assigned or in temporary relief of one of the service trucks are not considered shift workers for the purpose of determining holiday observance. They will observe the holidays according to the contract Article III, Paragraph 7.a, which is also contained in an annual letter published by the Company. The actual day when it may occur on a weekend when they are scheduled to work will not be observed. Employees will receive the appropriate shift premium for the schedule worked.
- c. Method of assignment for a service truck relief includes volunteers, seniority choice or seniority forced (low man) within the headquarters. A qualified apprentice or thereafter may relieve as the second individual only on a two-man truck between the hours of 6:00 a.m. to 6:00 p.m., Monday through Friday, when journeyman

resources are not available or previous business commitments have been scheduled. When an assignment will be expected to exceed or actually does exceed thirty (30) days due to an extended absence by the employee normally assigned to a particular service truck, the method to fill that vacancy will be a temporary bid or pick process.

**21. Benefits Clause**

- a. Employees covered by this Agreement will participate in the following corporate benefit programs on the same terms and conditions as other participants, including any changes to such programs implemented by management during the term of the Agreement: Pension Plans, Corporate Incentive Bonus Plan, Stock Purchase Plan, Medical and Dental Insurance, Life Insurance and Disability Plans. The Company agrees to communicate to the Union representative any changes that are made to the aforementioned plans.
- b. For LTD, two (2) year "own occupation" provision is waived at eighteen (18) years of service of the date LTD begins.

**ARTICLE V**

**PROMOTION-TRANSFER-DEMOTION-LAYOFF**

- 1. For the purpose of this Agreement, service, seniority, efficiency, promotion, transfer, and recognized lines of progression are as follows:
  - a. Service is measured by an employee's length of continuous employment by this Company, its predecessor companies, and by companies merged with it.
    - (1) Continuous employment shall be calculated from the date of first employment or reemployment following a break in continuous service. Any of the following shall be considered as a break in continuous employment:
      - (a) Where an employee has voluntarily quit his employment.
      - (b) Where an employee has been justifiably discharged.
      - (c) Where an employee is absent without notification to the Company and without proper excuse for not so notifying for a period of five (5) consecutive working days.
      - (d) where a laid-off employee fails to report for duty (or fails to notify the Company that he is unable to report for duty because of illness) within fourteen (14) days after both he and the Union have been notified by registered mail to the employee's address of record. An employee who fails to report for duty as the result of illness and who gives the Company the required notice shall be allowed an additional thirty (30) days in which to report for duty.
      - (e) Where an employee fails to report for work at the time specified for his return from a bona fide leave of absence. A bona fide leave of absence is one granted in accordance with the Company rules, or in accordance with the Articles of this Agreement.
  - b. Seniority is measured by an employee's length of continuous employment within a particular job classification, including his apprenticeship. The seniority date of all employees, who were employed prior to January 1, 1970, shall be in accordance with the Combined Seniority List dated January 1, 1970. Seniority of all subsequently hired employees shall be determined by the date of employment within their respective job classifications. An employee's seniority in a particular classification shall be retained, but not accrued; when changing classifications while still employed by the Company.

- c. Efficiency shall be determined by considering the following:
    - (1) Ability in the present job in doing the work as the Company expects it to be done, as safely and economically as possible under the circumstances, and ability to perform the duties of a new job or to accept increased responsibilities.
    - (2) Cooperating with supervisors in doing the work.
    - (3) Protecting the lawful interests of the Company.
    - (4) Promptness and regularity in reporting for all work and observing all lawful rules and regulations of the Company.
    - (5) Record of availability in time of emergency.
  - d. Promotion is the reclassification of an employee to a higher paying job in the recognized line of progression of the job he held before reclassification.
  - e. Transfer is the reclassification of an employee to a job outside of a recognized line of progression. A transfer shall also be considered as a permanent change within a department or between departments without any change in job classification.
  - f. Recognized lines of progression are indicated in the attached wage schedules.
  - g. All meter reader/connectors are eligible for advancement to any posted service representative position or chief meter reader position based on the employees' records of efficiency, as defined in Article V, Paragraph 1.c. If their records of efficiency are reasonably equal, then length of service will be determinative.
2. The Company agrees to furnish the Union, on an annual basis, a list indicating seniority dates and service dates for employees covered by this Agreement. The Company agrees to provide the Union with sufficient copies of these rosters as is necessary for distribution to designated bulletin boards located at crew headquarters and plants.
3. If an employee becomes permanently unable to perform the normal duties of his job, due to advanced years or other disability, the Company may, after consultation with the Union, create a temporary job for him, or may allow him to perform only such of the duties of his present job as he is able to accomplish. The Company will not be held to have established a precedent or created a new job, which may be bid on by any other member of the bargaining unit. Upon such employee's retirement or removal from the payroll, the job will be abolished unless the Company finds that some other employee is similarly unable to perform his normal duties and assigns this employee to the job.
4. Workforce Reduction
- a. If the Company finds it necessary to reduce its working force in any of the classifications covered by this Agreement, the Company shall give fourteen (14) days notice to the Union and to those employees concerned. Service of the employee shall govern the order of layoff.
  - b. An employee about to be laid off shall have the right, within one (1) week after notice, to bump into an equal or lower paying classification in his normal line of progression.
  - c. Where there is no lower paying classification available within his normal line of progression into which a laid-off employee may bump, he shall have the right to bump into any other equal or lower paying job covered by this Agreement. This will be done only if the bumping employee has greater service than the employee bumped, along with having the efficiency to perform the duties of the classification into which he moves.
  - d. No regular employee shall be laid off while work that he could reasonably be expected to do is being done by contract forces.



5. **An employee who is laid off will be subject to recall for a twelve month period commencing on the official date of departure. Employees will be subject to recall for any open positions within the business unit they previously worked.**

**The business unit will contact the employee about the open position prior to posting. The employee will be evaluated for "reasonable potential" to be successfully trained and for slotting into the progression and starting rate of pay. If the employee is offered a job different from the job classification prior to lay-off, the employee may elect to decline the position and remain on recall. Should the employee interview and successfully complete an assessment with a job offer being extended, the employee must accept the position. Should the employee decline the position, the employee will be taken off recall status. If the employee is offered the same position held prior to layoff and declines the job, the employee will be taken off recall.**

**If the employee's length of layoff has been for less than twelve (12) consecutive months, his service and seniority shall remain unbroken.**

6. **Filling of vacancies:**

- a. **In filling of vacancies in the grade of journeyman, qualified apprentices shall be given first consideration. In the grade of Apprentice, qualified Helpers shall be given first consideration.**
- b. **In filling of vacancies on the electric service truck, Journeyman Linemen will be given first consideration. However, if no such described employees are available, then second consideration shall be given to qualified Apprentice Linemen.**
- c. **Employees may bid to fill the posted classifications covered by this Agreement. These classifications are so indicated in the attached wage schedules.**

**1) The Company will give notice to the Union promptly of all such vacancies which are to be filled and post such notice for two (2) weeks on designated bulletin boards of crew headquarters and plants where members are employed.**

**2) Employees must apply on company's electronic job line within the time limits.**

**3) The Company will make every effort to fill such vacancies within a reasonable time frame.**

**4) It is the responsibility of the employee to notify their respective human resource representative of any changes to their local representation and/or classification to a non-represented job. A monthly report will also be generated to human resources to show these changes and reported to the union.**

- d. **When two or more employees are being considered for the filling of a vacancy, either by promotion or transfer, selection shall be on the basis of the employees' records of efficiency. If their records of efficiency are reasonably equal, then length of service will be determinative. Upon promotion or transfer, the Company and the Union will evaluate the employee's ability to perform in the new capacity and assign to him a wage rate within that classification.**
- e. **If the Company selects a junior employee, it shall notify the senior employee(s) concerned and the Union, giving the reason for its action.**

7. **The Company will notify the Union monthly of each promotion, demotion or transfer.**

8. Upon promotion or transfer, an employee will be given a reasonable period, not to exceed sixty (60) days, in which to qualify for the job. Should the employee fail to meet the job requirements within the qualification period, he shall return to the classification from which he came and immediately resume the wage rate and seniority position he held prior to his promotion or transfer.
9. When filling entry-level jobs above the semi-skilled grade, the Company normally shall first consider employees currently in semi-skilled jobs. Transfers from semi-skilled levels will not be considered as establishing precedent and the Company reserves the right to fill any entry level job or jobs from a list of current non-employee applicants.

#### ARTICLE VI

(Left intentionally blank.)

#### ARTICLE VII

(Left intentionally blank.)

#### ARTICLE VIII

##### GENERAL

1. Meetings shall be handled as follows:
  - a. Employees of the Company, who are elected or appointed representatives of the Local Union, will be allowed reasonable time off to attend meetings with Company officials to discuss matters covered by this Agreement. They shall give their foreman or superintendent reasonable notice in advance of their desire to attend such meetings. Such employees will be compensated at their regular hourly rate for time lost from their regular work spent in meetings called by the Company. Business Managers of the Local Unions will not be compensated for meetings requested or called by the Local Union to discuss Union business matters.
  - b. If a Business Manager of a Local Union request the presence of a company employee at a meeting with a Company official, and if such Company official agrees to the presence of such employee, such employee will be compensated by the Company at their regular hourly rate from time lost from their regular work spent in such meeting.
  - c. The Company shall pay for up to four (4) employees for up to four (4) days for actual negotiations of either a new contract or modification of an existing contract.
2. If an employee is elected or appointed officer in the International Brotherhood of Electrical Workers which requires his absence from duty with the Company, he shall be granted a leave of absence without pay, by the Company, upon due and timely notice and shall not lose any seniority or other rights during his term of office with the Brotherhood. Upon application for reinstatement, filed within thirty (30) days after expiration of his term of office with the Brotherhood, he shall be reinstated to his former position, or to one as nearly comparable as possible, if his former position has been abolished. It is understood and agreed, however, that such an employee must possess the mental and physical ability to do the work to which assigned.

3. Attendance at lectures, meetings, training programs and similar activities will not be counted as working time if the following four criteria are met:
  - a. Attendance is outside of the employee's regular working hours;
  - b. Attendance is, in fact, voluntary;
  - c. The course, lecture, or meeting is not directly related to the employee's job, and
  - d. The employee does not perform any productive work during such attendance.

Compensation for attending such meetings as outlined above shall be on a straight time basis and will not be considered as hours of labor when computing overtime pay.

4. The Company agrees to deduct voluntary IBEW-COPE contributions and to transmit those contributions to the Financial Secretary of each respective Local. These transmittals will occur monthly and will be accompanied by a list of the names of those employees for whom such deductions were made and the amount deducted for each employee. COPE deductions will be in accordance with individually signed authorization cards.

## ARTICLE IX

### SAFETY

1. In the handling of all work, supervisors or others in a lead role are required to see that sufficient and experienced workers, equipped with the necessary safety devices, are on the job to properly and safely handle the work and recognize that each individual is responsible for safety. This includes decisions related to inclement weather.
2. The Company shall furnish safety equipment (to include rubber gloves, rubber goods, hard hats, safety glasses, medical kits, burn kits, raincoats, rain hats, hip boots or leg protectors, and work gloves) necessary for safety and the safe handling of hazardous conditions. There shall be a medical kit properly equipped at all times on each and every truck and one shall be placed in a convenient place in each and every department of the Company covered by this Agreement. Such equipment shall remain the property of the Company, shall not be diverted to personal use, and shall be turned in or kept on the trucks when not in use. Supervisors or others in a lead role shall be responsible for the above.
  - a. If prescription safety glasses are broken or become unserviceable through normal work-related use, they will be replaced or repaired at that time in accordance with the corporate policy for payment allowances for same. Employee should take the unserviceable pair to their supervisor and arrange for replacement.
  - b. New employees, in Fossil/Hydro only, will be initially provided with two (2) pairs of 100% cotton coveralls. Coveralls will be replaced every other year or when a pair becomes unserviceable or too worn out to wear. It is the responsibility of the employee to request coveralls from his/her supervisor and the employee must bring the worn out coveralls to the supervisor when requesting replacements.
  - c. The employee will adhere to the current foot protection policy of the area where he is working.
3. Employees covered by this Agreement shall on rainy days perform no outside work except in a case of emergency. Meter Reader/Connectors are expected to read meters in moderately inclement weather.

**ARTICLE X**

**MANAGEMENT**

1. Except as provided otherwise in this Agreement, the parties agree that management retains the normal and traditional rights to make all decisions affecting the employer's business and operations; including decisions regarding the size, composition and direction of the workforce. The right to hire and discharge employees and the management of the properties are reserved by and shall be vested exclusively in the Company. The Company shall have the right to determine how many employees it will employ or retain, together with the right to exercise full control and discipline in the interest of the proper service and conduct of its business.

**ARTICLE XI**

**RIGHT OF APPEAL**

1. No employee shall be discharged unless, after having been given adequate instruction and training on the job, he fails to meet the Company's standards of performance, or unless he repeatedly, or willfully, or deliberately violates rules, or refuses or neglects to obey the lawful instructions of his supervisors, or otherwise shows himself unfit for employment by the Company.
2. Any employee covered by this Agreement who has been suspended or discharged shall have the right to appeal such action. The appeal must be made within ten (10) working days of the discharge or suspension and will be made by the Local Union involved to the manager of the department involved. If no satisfactory solution is found within five (5) working days, then at the earliest possible time, not to exceed ten (10) working days, the appeal shall be pursued in accordance with Article XIV, paragraph 1(c). In such cases where it is found that an employee who has been suspended or discharged was not at fault, such employee shall be reinstated to his former position and paid at wages to which he would have been entitled, had he continued in the Company's employment during the period of suspension or discharge.
3. No employee shall be disciplined or otherwise censured for an act concerning which he had not been reasonably well trained by the Company or for an act that the Company knowingly permits another person of the same or better skill to do in its behalf. When members of the Union are called in by the Company for reprimand or discipline in connection with the performance of their duties or their conduct on the job, they may if they so desire, have the Job Steward or Business Manager present.

**ARTICLE XII**

**LOYALTY AND EFFICIENCY**

1. Employees of the Company, members of the Union, agree that they will perform loyal and efficient work and service; that they will use their influence and best endeavors to protect the property of the Company and its interests; that they will cooperate with the Company in promoting and advancing the welfare and prosperity of the same at all times. The Union recognizes that as a public utility it is of great importance for the Company to have good public relations and will continue to encourage and influence Union members to make themselves available for emergency work and at all times deal with the public in a courteous manner.

### ARTICLE XIII

#### NO STRIKES OR LOCKOUTS

1. The Union agrees that no strike, intentional slow-down, concerted failure to report to work, work stoppage, or other similar action upon the part of a member or members in the unit will be authorized or otherwise fostered or engaged in by itself or its international affiliate; and the Company agrees that it will not engage in a lock-out or other similar action during the period of this Agreement. Any member or group of members engaging in any of the foregoing activities shall be subject to immediate discharge by the Company. The Company agrees that it will not bring any suit against the Union for damages as a result of any strike or other interruption of work above set forth, provided the Union complies with the provisions of this section, and provided, further, that it publicly disavows such action on the part of its members. Nothing in this section shall be deemed to limit or waive any of the provisions of Article XV of this Agreement, which establishes the procedure for arbitrating a controversy arising under this Agreement.

### ARTICLE XIV

#### GRIEVANCES

1. If any disagreement or dispute arises between the parties hereto, as to the meaning or interpretation of the terms of this Agreement, or as to the rights of either party hereunder, the matter shall be handled in the simplest and most direct manner, and unless the procedure, or any part thereof, is waived by mutual consent, the matter shall be taken up as follows:
  - a. Within five (5) working days after the action complained of takes place, between the employee and/or the job steward and the employee's immediate supervisor and/or manager. If no satisfactory solution is found within five (5) working days, then the aggrieved party (Company or Union) shall within five (5) working days submit the matter in writing to the department vice president with one copy to the business manager of the Local Union and one copy to the Labor Relations Department.
  - b. Within five (5) working days of receipt of the written grievance, a meeting, to be arranged by the department vice president, will be held between the department vice president and the business manager of the respective Local Union where a written response will be rendered within the next five (5) working days. This procedure will be repeated at each successive department officer level.
  - c. If no satisfactory solution is reached at the second step (paragraph "b") then within five (5) working days of receipt of the written response the aggrieved party must give written notice to the President of the Company. Within ten (10) working days of receipt of the written notice, the President, or his designated representative(s), will meet with the Union representative(s) to hear the grievance and a written response will be rendered within ten (10) days thereafter.
  - d. If the third step response (paragraph "c") does not satisfactorily resolve the grievance, then, within ten (10) working days of receipt of written notice, the matter may be submitted to alternative dispute resolution mechanism or arbitration at the written request of either party. **The union has ten (10) days to make a decision to go to arbitration after: 1) the ADR decision has been issued or 2) after request to proceed to ADR has been declined by either party.**
  - e. The parties agree they will consider alternative dispute resolution mechanisms and, upon mutual agreement, submit unresolved grievances to such alternative dispute resolution mechanisms, provided such alternative dispute resolution mechanisms will result in cost savings to both parties. The parties further agree that consideration of any such alternative dispute resolution mechanism shall extend the time for applying for arbitration under this article and, furthermore, that neither party shall comment upon the refusal of the other party to agree to any alternative dispute resolution mechanism in any arbitration proceeding.

- f. If either party fails to comply in the manner and/or time limits above, or fails to or refuses to meet with the other party, the grievance shall be forfeited to the other party and no further action shall be taken by either party. Working days referred to above shall include every day of the week except Sundays and holidays (as listed in Article III, paragraph 7 of this Agreement). The time limits referred to above may be extended by mutual agreement between the parties.

## ARTICLE XV

### ARBITRATION

1. In the event a matter is submitted to arbitration, then upon ten (10) working days of receipt of written notice the Company and the Union shall jointly request the Federal Mediation and Conciliation Service to submit a list of seven (7) persons from which the selection of an arbitrator shall be made.
2. Within five (5) working days after receipt of the list submitted, the representatives of the Company and of the Union shall meet and choose an arbitrator by alternately striking from the list. The Company and the Union reserve the right to strike an entire panel of arbitrators no more than one time. The arbitrator shall hold a hearing at the earliest possible date to receive evidence in the case and render a decision thereon within thirty (30) days.
3. The Company and the Union shall each pay the expense of their representatives and one-half (½) the expense of the arbitrator.
4. When the dispute involves wages, any decision rendered shall be retroactive to the date on which the dispute originated.
5. If either party fails to act during the time limitations set forth above for the accomplishment of a particular step or steps within this procedure without the consent of the other party, then the party failing to act shall forfeit the case to the other party and no further action shall be taken.

**ARTICLE XVI**  
**TERMS OF AGREEMENT**

1. This Agreement shall become effective only when signed by the Company and the Union and approved by the International Office of the Union, and provisions herein shall continue in full force from **February 1, 2015 through January 31, 2020 with a wage re-opener on February 1, 2017** and continues from year to year thereafter until either party notifies the other party in writing not less than sixty (60) days prior to the expiration of the Agreement or each extension thereof, of a desire to negotiate a new Agreement. Such notification must be accompanied by a specific request in writing of all changes desired by either party. It is further agreed that only those provisions for which specific written request is made will be changed and that all other provisions of the contract shall continue in full force and effect. **Wage increases will be effective February 1, 2015 and February 1, 2016.**
  
2. This Agreement shall be subject to amendment at any time by mutual consent of the parties hereto. Such amendment shall be reduced to writing, stating the effective date of the amendment, be executed in the same manner as this Agreement, and be approved by the International Office of the Union.

3. This Agreement constitutes the sole and entire existing Agreement between the parties and supersedes all prior Agreements and commitments whether oral or written between the Company and the Union.
4. IN WITNESS WHEREOF, the Company and the Union have each caused these present to be executed in their respective names and behalf by their proper officials thereunto duly authorized this 9th day of February, 2015.

Signed For:

**INTERNATIONAL BROTHERHOOD OF  
ELECTRICAL WORKERS**

**Local Union No. 398**

By: D. Mark Corn  
Business Manager

By: Chuck Kimmons  
President

**Local Union No. 772**

By: Scott Fulmer  
Business Manager

By: Jacob Jackson

President

Signed For:

**SOUTH CAROLINA ELECTRIC  
& GAS COMPANY**

By: Keller Kissam  
President

By: Gina Champion  
Corporate Secretary

By: Anmarie Higgins  
Vice President-Human Resources



#### DEFINITIONS

1. It is understood that a regular employee is one who has successfully completed a probationary period of not less than six (6) months.
2. Helpers will not, when first employed, necessarily have any previous experience in their respective work. However, new employees in this classification should be qualified and have the desire for advancement to higher classifications.
3. Apprentices when first placed in this classification will not necessarily have much experience, and will require considerable supervision. Employees in or promoted to apprentice classification should be qualified to learn to do the work of a journeyman. Journeymen must be skilled in safely handling all phases of the work on which they are employed, with only general supervision.
4. Foremen must be skilled in safely handling all phases of the work on which they are employed.
5. The classification of all employees is determined by the length of service, the ability of the employee, and by nature of the work to be done. Employees may be working in a lower classification who are competent to handle work in a higher classification; however, the number of jobs in each classification is limited by the amount and nature of the work to be done and promotion to higher classification can only be made when vacancies occur, or when additional employees are required in the higher classification, due to expansion of work.
6. "Shift Employees" are defined as those employees in jobs which are now, or which may be manned seven (7) days per week, regardless of the number of shifts per day scheduled for such jobs.
7. "Headquarters" as referred to in this Agreement shall be defined as an employee's normal place of assembly at the start of his workday.
8. PTO - Paid Time Off
9. STD - Short Term Disability
10. Transition Bank - An employee as of December 31, 2000 with accumulated sick leave hours will have those hours transferred to his Transition Bank. Transition Bank hours can be used according to respective articles contained herein.

**EXHIBIT "A"**  
**SCHEDULE OF WAGES**  
**RATES APPLICABLE TO CLASSIFICATIONS**  
**REPRESENTED BY IBEW LOCAL UNIONS NO. 398 & NO. 772**  
**JOB TITLES AND RATES OF PAY EFFECTIVE**  
***FEBRUARY 1, 2015 and February 1, 2016***

\* - Classifications to be posted.

\*\* - Classifications in normal line of progression.

**RETAIL ELECTRIC GROUP**  
**(Electric Operations, Power Delivery)**

<u>JOB TITLES</u>	<u>RATE OF PAY</u>	<u>RATE OF PAY</u>
	<u>EFF</u> <u>ECTI</u> <u>VE</u> <u>FEBRUARY 1,</u> <u>2015</u>	<u>EF</u> <u>FE</u> <u>CT</u> <u>IV</u> <u>E</u> <u>FEBRUARY 1,</u> <u>2016</u>
Working Foreman – Lineman	33.73	34.55
Journeyman Lineman**	32.63	33.45
Apprentice Lineman		
1 <sup>st</sup> Six Months	17.98	18.43
2 <sup>nd</sup> Six Months	20.39	20.90
3 <sup>rd</sup> Six Months	21.37	21.90
4 <sup>th</sup> Six Months	22.33	22.89
5 <sup>th</sup> Six Months	23.68	24.27
6 <sup>th</sup> Six Months	24.58	25.19
7 <sup>th</sup> Six Months	26.20	26.86
Thereafter	28.31	29.02
Cable Splicer	33.43	34.27
Local Superintendent A*	34.01	34.86
Transformer Repairman A	32.23	33.04
Transformer Repairman B		
Step 1	24.39	25.00
Step 2	24.75	25.37

<u>JOB TITLES</u>	<u>RATE OF PAY</u> <u>EFF</u> <u>ECTI</u> <u>VE</u> <u>FEBRUARY 1,</u> <u>2015</u>	<u>RATE OF PAY</u> <u>EF</u> <u>FE</u> <u>CT</u> <u>IV</u> <u>E</u> <u>FEBRUARY 1,</u> <u>2016</u>
Line Helper		
1 <sup>st</sup> Six Months	16.96	17.38
2 <sup>nd</sup> Six Months	17.88	18.33
3 <sup>rd</sup> Six Months	19.22	19.70
4 <sup>th</sup> Six Months	20.22	20.73
Thereafter	21.95	22.50
Journeyman Inspector	32.63	33.45
Working Foreman-Substation Electrician	33.73	34.55
Journeyman Electrician**	32.63	33.45
Apprentice Electrician		
1 <sup>st</sup> Six Months	17.98	18.43
2 <sup>nd</sup> Six Months	20.39	20.90
3 <sup>rd</sup> Six Months	21.37	21.90
4 <sup>th</sup> Six Months	22.33	22.89
5 <sup>th</sup> Six Months	23.68	24.27
6 <sup>th</sup> Six Months	24.58	25.19
7 <sup>th</sup> Six Months	26.20	26.86
Thereafter	28.31	29.02
Substation Inspector	26.50	27.16
Electrician Helper		
1 <sup>st</sup> Six Months	17.24	17.67
2 <sup>nd</sup> Six Months	18.17	18.62
3 <sup>rd</sup> Six Months	19.54	20.03
4 <sup>th</sup> Six Months	20.55	21.06
Thereafter	22.33	22.89
Journeyman Tool Repairman	29.13	29.86
Customer Service Inspector & Inspector & Installer*	32.23	33.04
Mechanic Recloser	25.32	25.95
Mechanic-Recloser-Helper		
1 <sup>st</sup> Six Months	18.13	18.58
2 <sup>nd</sup> Six Months	19.97	20.47
Thereafter	21.91	22.46

<u>JOB TITLES</u>	<u>RATE OF PAY</u>	<u>RATE OF PAY</u>
	<u>EFF</u> <u>ECTI</u> <u>VE</u> <u>FEBRUARY 1,</u> <u>2015</u>	<u>EF</u> <u>FE</u> <u>CT</u> <u>IV</u> <u>E</u> <u>FEBRUARY 1,</u> <u>2016</u>
Materials Tester		
1 <sup>st</sup> Six Months	18.24	18.70
2 <sup>nd</sup> Six Months	19.26	19.74
3 <sup>rd</sup> Six Months	20.34	2085
4 <sup>th</sup> Six Months	21.50	22.04
5 <sup>th</sup> Six Months	22.66	23.23
6 <sup>th</sup> Six Months	23.95	24.55
7 <sup>th</sup> Six Months	25.32	25.95
Streetlight Repairman	22.86	23.43
Journeyman Meterman**	32.63	33.45
Apprentice Meterman		
1 <sup>st</sup> Six Months	17.98	18.43
2 <sup>nd</sup> Six Months	20.39	20.90
3 <sup>rd</sup> Six Months	21.37	21.90
4 <sup>th</sup> Six Months	22.33	22.89
5 <sup>th</sup> Six Months	23.68	24.27
6 <sup>th</sup> Six Months	24.58	25.19
7 <sup>th</sup> Six Months	26.20	26.86
Thereafter	28.31	29.02
Warehouse Assistant		
1 <sup>st</sup> Six Months	13.14	13.47
2 <sup>nd</sup> Six Months	14.63	15.00
3 <sup>rd</sup> Six Months	16.12	16.52
Journeyman Service Representative**	27.57	28.26
Service Representative		
1 <sup>st</sup> Six Months	23.13	23.71
2 <sup>nd</sup> Six Months	23.71	24.30
3 <sup>rd</sup> Six Months	24.29	24.90
4 <sup>th</sup> Six Months	24.82	25.44
5 <sup>th</sup> Six Months	25.98	26.63
6 <sup>th</sup> Six Months	26.85	27.52
Chief Meter Reader	25.87	26.52



<u>JOB TITLES</u>	<u>RATE OF PAY</u> <u>EFF</u> <u>ECTI</u> <u>VE</u> <u>FEBRUARY 1,</u> <u>2015</u>	<u>RATE OF PAY</u> <u>EF</u> <u>FE</u> <u>CT</u> <u>IV</u> <u>E</u> <u>FEBRUARY 1,</u> <u>2016</u>
Journeyman Meter Reader/Connector	24.82	25.44
<i><u>Steps for New Hires from 2012 and Beyond</u></i>		
Meter Reader/Connector		
1 <sup>st</sup> Six Months	14.16	14.51
2 <sup>nd</sup> Six Months	15.69	16.08
3 <sup>rd</sup> Six Months	17.21	17.64
4 <sup>th</sup> Six Months	18.73	19.20
5 <sup>th</sup> Six Months	20.26	20.77
6 <sup>th</sup> Six Months	21.77	22.31
7 <sup>th</sup> Six Months	23.30	23.88
<i><u>Steps for Transition for Grandfathered MRC</u></i>		
Meter Reader/Connector		
1 <sup>st</sup> Six Months	23.13	23.71
2 <sup>nd</sup> Six Months	23.71	24.30
3 <sup>rd</sup> Six Months	24.29	24.90
Material Handler – Stores - RE		
1 <sup>st</sup> Six Months	18.87	19.34
2 <sup>nd</sup> Six Months	21.23	21.76
Thereafter	23.57	24.16
Sr. Material Handler – Stores - RE	24.67	25.29
Material Handler – Investment Recovery		
1 <sup>st</sup> Six Months	18.87	19.34
2 <sup>nd</sup> Six Months	21.23	21.76
Thereafter	23.57	24.16
Working Foreman – Investment Recovery	24.67	25.29
Deliveryman		
1 <sup>st</sup> Six Months	17.08	19.34
2 <sup>nd</sup> Six Months	19.14	21.76
Thereafter	20.62	24.16
Deliveryman – Transformer Services		
1 <sup>st</sup> Six Months	18.87	19.34
2 <sup>nd</sup> Six Months	21.23	21.76

Thereafter

23.57

24.16

**COLUMBIA AND AIKEN  
GAS DISTRIBUTION AND SERVICE**

<u>JOB TITLES</u>	<u>RATE OF PAY</u>	<u>RATE OF PAY</u>
	<u>EFF</u> <u>ECTI</u> <u>VE</u> <u>FEBRUARY 1,</u> <u>2015</u>	<u>EF</u> <u>FE</u> <u>CTI</u> <u>VE</u> <u>FEBRUARY 1,</u> <u>2016</u>
Working Foreman - Gas	29.74	30.46
Journeyman Gas Man**	28.64	29.36
Apprentice Gas Man		
1 <sup>st</sup> Six Months	15.79	16.18
2 <sup>nd</sup> Six Months	16.76	17.18
3 <sup>rd</sup> Six Months	17.76	18.20
4 <sup>th</sup> Six Months	18.87	19.34
5 <sup>th</sup> Six Months	20.00	20.50
6 <sup>th</sup> Six Months	21.23	21.76
7 <sup>th</sup> Six Months	22.52	23.08
Thereafter	23.87	24.47
Line Locator		
1 <sup>st</sup> Six Months	14.16	14.51
2 <sup>nd</sup> Six Months	15.01	15.39
3 <sup>rd</sup> Six Months	15.87	16.27
4 <sup>th</sup> Six Months	16.74	17.16
Sr. Line Locator		
1 <sup>st</sup> Six Months	18.43	18.89
2 <sup>nd</sup> Six Months	20.15	20.65
Gas Meter Mechanic-Helper	15.79	16.18
Gas Meter Mechanic	22.52	23.08
Sr. Gas Meter Mechanic	28.64	29.36
Pipe Welder A*	29.26	29.99



CHARLESTON GARAGE

<u>JOB TITLES</u>	<u>RATE OF PAY</u>	<u>RATE OF PAY</u>
	<u>EFF</u> <u>ECTI</u> <u>VE</u> <u>FEBRUARY 1,</u> <u>2015</u>	<u>EFF</u> <u>EC</u> <u>TIV</u> <u>E</u> <u>FEBRUARY 1,</u> <u>2016</u>
Working Foreman	29.71	30.42
Mechanic A** <i>Shall be a Journeyman in his classification with at Least four- (4) years' experience and shall be able To repair all types of company-owned automotive Equipment with only general supervision.</i>	28.21	28.92
Mechanic B <i>Shall have at least three (3) years' experience and Although does not necessarily have the ability Possessed by the Class A, must be capable of making Ordinary repairs and adjustments to company-owned Automotive equipment.</i>	26.24	26.90
Apprentice Mechanic	14.81	15.18
1 <sup>st</sup> Six Months	17.11	17.54
2 <sup>nd</sup> Six Months	18.38	18.84
3 <sup>rd</sup> Six Months	19.65	20.14
4 <sup>th</sup> Six Months	21.15	21.68
5 <sup>th</sup> Six Months	22.45	23.01
6 <sup>th</sup> Six Months	23.74	24.33
7 <sup>th</sup> Six Months	25.27	25.90
Thereafter		
Painter/Body Repairman A** <i>Shall be a Journeyman in his classification and shall Have at least four- (4) years' experience.</i>	28.21	28.92
Apprentice Painter/Body Repairman		
1 <sup>st</sup> Six Months	14.81	15.18
2 <sup>nd</sup> Six Months	17.11	17.54
3 <sup>rd</sup> Six Months	18.38	18.84
4 <sup>th</sup> Six Months	19.65	20.14
5 <sup>th</sup> Six Months	21.15	21.68
6 <sup>th</sup> Six Months	22.45	23.01
7 <sup>th</sup> Six Months	23.74	24.33
Thereafter	25.27	25.90
Parts Handler	26.59	27.25
Material Handler – Fleet Maintenance	23.27	23.85
Mechanic Helper	18.78	19.25

Tireman

19.38

19.86

<u>JOB TITLES</u>	<u>RATE OF PAY</u> <u>EFF</u> <u>ECTI</u> <u>VE</u> <u>FEBRUARY 1,</u> <u>2015</u>	<u>RATE OF PAY</u> <u>EFF</u> <u>EC</u> <u>TIV</u> <u>E</u> <u>FEBRUARY 1,</u> <u>2016</u>
Propane Delivery Truck Operator		
1 <sup>st</sup> Six Months	16.33	16.74
2 <sup>nd</sup> Six Months	18.40	18.86

**UTILITY MEN WORKING IN DEPARTMENTS  
COVERED BY THIS AGREEMENT**

<u>JOB TITLES</u>	<u>RATE OF PAY</u> <u>EFF</u> <u>ECTI</u> <u>VE</u> <u>FEBRUARY 1,</u> <u>2015</u>	<u>RATE OF PAY</u> <u>EFF</u> <u>EC</u> <u>TIV</u> <u>E</u> <u>FEBRUARY 1,</u> <u>2016</u>
Utility Man		
1 <sup>st</sup> Six Months	15.49	15.88
2 <sup>nd</sup> Six Months	16.59	17.00
Thereafter	17.20	17.63
Utility Man A**	18.15	18.60
Maintenance Man	11.95	12.25
<i>Employees in this classification will perform General ground maintenance and janitorial duties</i>		

FOSSIL/HYDRO

<u>JOB TITLE</u>	<u>RATE OF PAY</u>	
	<u>EFF</u> <u>ECTI</u> <u>VE</u> <u>FEBRUARY 1,</u> <u>2015</u>	<u>EFF</u> <u>EC</u> <u>TIV</u> <u>E</u> <u>FEBRUARY 1,</u> <u>2016</u>
Assistant Plant Operator		
Entry	20.02	20.52
Step 1	22.01	22.56
Step 2	23.42	24.01
Step 3	24.57	25.18
Step 4	25.88	26.53
Step 5	26.64	27.31
Step 6	27.90	28.60
Step 7	29.24	29.97
Step 8	30.39	31.15
Step 9	31.31	32.09
Working Foreman – I & C	33.14	33.94
Journeyman I & C**	32.04	32.84
Apprentice I & C		
1 <sup>st</sup> Six Months	22.41	22.97
2 <sup>nd</sup> Six Months	23.39	23.97
3 <sup>rd</sup> Six Months	24.45	25.06
4 <sup>th</sup> Six Months	25.51	26.15
5 <sup>th</sup> Six Months	26.64	27.31
6 <sup>th</sup> Six Months	27.84	28.54
7 <sup>th</sup> Six Months	29.08	29.81
Thereafter	30.36	31.12
Working Foreman E & I	33.14	33.94
Journeyman E & I**	32.04	32.84
Apprentice E & I		
1 <sup>st</sup> Six Months	22.41	22.97
2 <sup>nd</sup> Six Months	23.39	23.97
3 <sup>rd</sup> Six Months	24.45	25.06
4 <sup>th</sup> Six Months	25.51	26.15
5 <sup>th</sup> Six Months	26.64	27.31
6 <sup>th</sup> Six Months	27.84	28.54
7 <sup>th</sup> Six Months	29.08	29.81
Thereafter	30.36	31.12

<u>JOB TITLE</u>	<u>RATE OF PAY</u>	
	<u>EFF</u> <u>ECTI</u> <u>VE</u> <u>FEBRUARY 1,</u> <u>2015</u>	<u>EFF</u> <u>EC</u> <u>TIV</u> <u>E</u> <u>FEBRUARY 1,</u> <u>2016</u>
Working Foreman – Mechanical & Electrical	32.30	33.08
Certified Journeyman Plant Mechanic	32.04	32.84
Journeyman Plant Mechanic**	31.20	31.98
Apprentice Plant Mechanic		
1 <sup>st</sup> Six Months	21.82	22.37
2 <sup>nd</sup> Six Months	22.79	23.36
3 <sup>rd</sup> Six Months	23.80	24.40
4 <sup>th</sup> Six Months	24.86	25.48
5 <sup>th</sup> Six Months	25.96	26.61
6 <sup>th</sup> Six Months	27.10	27.78
7 <sup>th</sup> Six Months	28.30	29.01
Thereafter	29.57	30.31
Journeyman Plant Electrician**	31.20	31.98
Apprentice Plant Electrician		
1 <sup>st</sup> Six Months	21.82	22.37
2 <sup>nd</sup> Six Months	22.79	23.36
3 <sup>rd</sup> Six Months	23.80	24.40
4 <sup>th</sup> Six Months	24.86	25.48
5 <sup>th</sup> Six Months	25.96	26.61
6 <sup>th</sup> Six Months	27.10	27.78
7 <sup>th</sup> Six Months	28.30	29.01
Thereafter	29.57	30.31
Journeyman-Insulator	21.87	22.42
Diesel Mechanic – A - Fossil/Hydro	28.21	28.92
Diesel Mechanic – B – Fossil/Hydro	26.24	26.90
Mechanic Helper	18.78	19.25
Locomotive Operator <i>(See Note 13)</i>	26.12	26.77
Coal Equipment Operator <i>(See Note 13)</i>	24.59	25.20
Working Foreman - Fuel	24.17	24.75
Material Handler – Fuel		
Entry	17.48	17.92
Step 1	19.23	19.71
Step 2	21.28	21.81
Step 3	23.07	23.65

Step 4	25.61	26.25
<u>JOB TITLE</u>	<u>RATE OF PAY</u> <u>EFF</u> <u>ECTI</u> <u>VE</u> <u>FEBRUARY 1,</u> <u>2015</u>	<u>RATE OF PAY</u> <u>EFF</u> <u>EC</u> <u>TIV</u> <u>E</u> <u>FEBRUARY 1,</u> <u>2016</u>
Helper-Facilities-F/H	21.87	22.42
Material Handler-Stores-F/H		
1 <sup>st</sup> Six Months	18.68	19.15
2 <sup>nd</sup> Six Months	20.92	21.44
3 <sup>rd</sup> Six Months	22.54	23.10
Sr. Material Handler-Stores-F/H		
1 <sup>st</sup> Six Months	24.77	25.39
2 <sup>nd</sup> Six Months	27.25	27.93
Working Foreman – Gas Turbines	33.28	34.08
Gas Turbine Operator/Repairman Journeyman**	32.18	32.98
Apprentice Gas Turbine Operator/Repairman		
1 <sup>st</sup> Six Months	22.52	23.08
2 <sup>nd</sup> Six Months	23.51	24.10
3 <sup>rd</sup> Six Months	24.57	25.18
4 <sup>th</sup> Six Months	25.66	26.30
5 <sup>th</sup> Six Months	26.77	27.44
6 <sup>th</sup> Six Months	27.94	28.64
7 <sup>th</sup> Six Months	29.18	29.91
Thereafter	30.50	31.26
Working Foreman – Hydro	32.30	33.08
Hydro Operator/Repairman*	31.20	31.98
*Upon completion of the Hydro Operator/ Repairman training		
Apprentice Hydro Operator/Repairman		
1 <sup>st</sup> Six Months	21.82	22.37
2 <sup>nd</sup> Six Months	22.79	23.36
3 <sup>rd</sup> Six Months	23.80	24.40
4 <sup>th</sup> Six Months	24.86	25.48
5 <sup>th</sup> Six Months	25.96	26.61
6 <sup>th</sup> Six Months	27.10	27.78
7 <sup>th</sup> Six Months	28.30	29.01
Thereafter	29.57	30.31



**PARR HDYRO**

<u>JOB TITLE</u>	<u>RATE OF PAY</u>		<u>RATE OF PAY</u>	
	<u>EFF</u>	<u>ECTI</u>	<u>EFF</u>	<u>ECTI</u>
	<u>VE</u>	<u>VE</u>	<u>VE</u>	<u>VE</u>
	<u>FEBRUARY 1,</u>	<u>FEBRUARY 1,</u>	<u>FEBRUARY 1,</u>	<u>FEBRUARY 1,</u>
	<u>2015</u>	<u>2015</u>	<u>2016</u>	<u>2016</u>
Turbine & Switchboard Operator	27.30		27.98	
Working Foreman-Hydro Oper/Repairman-CT	32.74		33.53	
Hydro Operator/Repairman – CT**	31.64		32.43	
Apprentice Hydro Operator/Repairman – CT				
1 <sup>st</sup> Six Months	21.82		22.37	
2 <sup>nd</sup> Six Months	22.79		23.36	
3 <sup>rd</sup> Six Months	23.81		24.41	
4 <sup>th</sup> Six Months	24.86		25.48	
5 <sup>th</sup> Six Months	25.96		26.61	
6 <sup>th</sup> Six Months	27.10		27.78	
7 <sup>th</sup> Six Months	28.30		29.01	
Thereafter	29.57		30.31	

**STEVENS CREEK**

<u>JOB TITLE</u>	<u>RATE OF PAY</u>		<u>RATE OF PAY</u>	
	<u>EFF</u>	<u>ECTI</u>	<u>EFF</u>	<u>ECTI</u>
	<u>VE</u>	<u>VE</u>	<u>TIV</u>	<u>TIV</u>
	<u>FEBRUARY 1,</u>	<u>FEBRUARY 1,</u>	<u>E</u>	<u>E</u>
	<u>2015</u>	<u>2015</u>	<u>FEBRUARY 1,</u>	<u>FEBRUARY 1,</u>
			<u>2016</u>	<u>2016</u>
Switchboard Operator				
1 <sup>st</sup> Six Months	26.17		26.82	
Thereafter	27.31		27.99	
Assistant Switchboard Operator				
1 <sup>st</sup> Six Months	21.71		22.25	
Thereafter	22.85		23.42	



<b>JOB TITLE</b>	<b><u>RATE OF PAY</u> <u>EFFECTIVE</u> <u>FEBRUARY 1,</u> <u>2015</u></b>	<b><u>RATE OF PAY</u> <u>EFFECTIVE</u> <u>FEBRUARY 1,</u> <u>2016</u></b>
Hydro Repairman**	31.20	31.98
Apprentice Hydro Repairman		
1 <sup>st</sup> Six Months	21.82	22.37
2 <sup>nd</sup> Six Months	22.79	23.36
3 <sup>rd</sup> Six Months	23.80	24.40
4 <sup>th</sup> Six Months	24.86	25.48
5 <sup>th</sup> Six Months	25.96	26.61
6 <sup>th</sup> Six Months	27.10	27.78
7 <sup>th</sup> Six Months	28.30	29.01
Thereafter	29.57	30.31

**WATEREE STATION**

<b><u>JOB TITLE</u></b>	<b><u>RATE OF PAY</u> <u>EFF</u> <u>ECTI</u> <u>VE</u> <u>FEBRUARY 1,</u> <u>2015</u></b>	<b><u>RATE OF PAY</u> <u>EFF</u> <u>EC</u> <u>TIV</u> <u>E</u> <u>FEBRUARY 1,</u> <u>2016</u></b>
Lab Analyst**	32.70	33.52
Apprentice Lab Analyst		
1 <sup>st</sup> Six Months	18.08	18.53
2 <sup>nd</sup> Six Months	19.53	20.02
3 <sup>rd</sup> Six Months	21.01	21.54
4 <sup>th</sup> Six Months	22.46	23.02
5 <sup>th</sup> Six Months	23.92	24.52
6 <sup>th</sup> Six Months	25.39	26.02
7 <sup>th</sup> Six Months	26.86	27.53
8 <sup>th</sup> Six Months	28.31	29.02
9 <sup>th</sup> Six Months	29.78	30.52
Thereafter	31.25	32.03

- Note 1.** Journeyman Lineman is one having at least four (4) years' experience and who is fully capable of handling wires of any voltage and performing overhead line construction of any class.
- Note 2.** Local Superintendent A may answer house trouble calls and do work thereon including closing secondary breakers and refusing transformers where such trouble is found as a result of a house call. They will not be sent out where it is known that the trouble is in the transformer,
- Note 3.** There shall not be more than one Apprentice Lineman or Line Helper to every two Journeymen. Apprentices under two years' experience shall not handle wires carrying a voltage of over 500-volt. When patrolling lines at night after dark, there shall be two (2) employees when necessary to prevent accidents. Linemen and Line Helpers assigned to Electric Service shall have the qualifications of and receive the rates of pay for their classifications. They shall be selected according to seniority and competency; competency being reasonably equal, seniority shall prevail.
- Note 4.** Pipe Welder "A" possesses all the qualifications of a Pipe Welder and, in addition, is able to lay out and fabricate meter and regulator stations, and is also capable of welding pipe made of special alloys. Employees in this classification must qualify under Department of Transportation regulations, Subpart E, Paragraph 192.227, "Qualifications of Welder." In the event a Welder A does not qualify under the above regulation, his hourly rate of pay will be reduced by four (4%) percent until he does qualify.
- Note 5.** No employee shall be required to work on complicated or hazardous jobs without proper instructions and a qualified helper and such supervision as may be necessary. For the purpose of this section, a "qualified helper" shall be interpreted to mean one who possesses at least the qualifications of an apprentice in his last year of Apprentice training, provided, however, that apprentices in their third (3rd) year will work primary and under voltages with a Journeyman. Complicated or hazardous work on electrical lines and equipment shall, for the purpose of this section, be interpreted to mean lines or equipment energized at more than 600 volts and shall not be interpreted to apply to regular operating duties, such as switching, refusing distribution transformers, or section fuses, or such street lamp replacements as can be done without undue hazard.
- Note 6.** The time stated for Apprentice and Helper classifications means time spent on the job, including PTO or leave of absence of less than thirty (30) days. If any absence is in excess of thirty (30) days, the entire absence, less paid PTO, will be deducted from the time used as the basis of computing assignment to the next higher step.
- Note 7.** There shall be not more than one (1) Apprentice or Helper to every two (2) Journeymen - this ratio to be applied by classifications company-wide, provided, however, that it will not be necessary for the Company to lay off or discharge any Apprentices to reach this ratio, but it shall be something toward which the Company will work; and provided, further, that if after the ratio is reached, the Company is, for any reason, unable to hire the requisite ratio of acceptable Journeymen, it shall not be bound by the ratio in that classification until it can secure such acceptable Journeymen. In this connection, the Company will notify the Brotherhood when it has gone off the ratio due to its inability to secure additional Journeymen, and will not hire additional Apprentices for seventy-two (72) hours except in the case of emergency.
- Note 8.** It is mutually agreed that Linemen assigned to service trucks in the City of Columbia (Piney Woods, Metro, and Blythewood) and Metro Charleston (Mt. Pleasant, Ashley Phosphate, Savage Road, Hollywood and Metro) shall be selected on the basis of seniority and competency; competency being reasonably equal, seniority shall prevail.

Also in an effort to promote specialized resources for the Metropolitan Columbia Network System, the Union and the Company agree to exclude Metro Columbia Network from the Metro Columbia service truck pick in the crew quarters of Metro Columbia, Piney Woods, and Blythewood.

**Note 9.** When doing service work, a journeyman shall have a qualified helper when working on floor furnaces or other central space heating devices, where necessary.

**Note 10. Training Outside of Classification - November 11, 1997**

The Fossil & Hydro SBU encourages hourly craft employees to apply for an area of interest in the training outside of their Craft (Core) Training Program.

The program will be administered in the following manner:

1. Employees who apply for training outside of their current classification should submit a formal request to their supervisor, cost center head, IBEW, and human resources representative.
2. The supervisor will evaluate the employee's formal request as to the following conditions:
  - a. Can the business afford the employee, the opportunity? and
  - b. Is the request beneficial for the employee and business?

If the request meets these conditions, it will be forwarded to the appropriate personnel for approval consideration.

3. In addition, the supervisor/training coordinator will ensure that the employee meets the following performance requirements:
  - a. satisfactory performance in their current classification, and
  - b. prerequisite skills for success in the training outside classification role.
4. In honoring the request, the employee will enter into a formal agreement whereby the following items will be addressed:
  - a. specific job task(s) to be performed
  - b. performance measures related to the task(s)
  - c. duration required to train and initially perform the task(s)
  - d. wages during assignment
5. During the training period, the employee will retain their primary classification title, classification seniority rights, and receive progression increases if pertinent.
6. Each individual agreement will be reviewed and approved by the IBEW and Fossil & Hydro management.

7. The employee will receive a written response to their submittal within thirty (30) days after submittal.

**Note 11.** The purpose of this memo is to clarify the payment of "J" and "C" time.

The lead (J-time) rate will apply when:

1. Assigned as lead person responsible for a crew consisting of three (3) or more people.
2. Assigned as leader of a crew of three (3) or more with one (1) person absent (PTO, etc.) and continuing to perform the same job (a temporary condition).
3. Due to unforeseen circumstances, additional people are temporarily assigned to the crew and the work assignments remain the same.

4. The crew is in the yard loading materials as part of regular daily activities.

5. A crew must perform work outside the perimeter of the assigned plant site. Plant site includes all property and facilities in which there is no physical separation. Example: (1) Parr Gas Turbines and Parr Hydro = one plant site; (2) McMeekin and Saluda Hydro = one plant site.

The lead rate (J-time) will not automatically apply when:

1. The crew is involved in assigning daily activities or during meetings at the crew quarters or other central locations. \*

\*The supervisor of a location can pay for lead pay if the lead person takes lead roles during meetings or rainy days.

The relief supervisor's (C-time) rate will apply when:

1. A crew of four (4) or more is performing complicated work (\*) and there is no supervisor on the job.
2. When the Supervisor deems it necessary to relinquish the daily running of the crew quarter to the relief supervisor in their absence.
3. In order to avoid the potential for conflict of interest, a Business Manager of a Local Union who is offered and accepts the position of relief supervisor under paragraph 2 above shall immediately resign the position of Business Manager. This limitation shall not prevent said individual from receiving the "C" rate of pay in accordance with paragraph 1 above.

\*Complicated work is defined as jobs that will be worked where energized primary conductors will be handled, but not to include straight line poles, angle poles, and other simple primary construction. Beyond these conditions, simple, practical good judgment should be used between supervisor and lead lineman.

**Note 12.** The incumbents in the classifications of Locomotive Operator (4), Car Dump Operator (2) & Coal Equipment Operator (8) will maintain those classifications until they transfer to another job. These classifications will not be filled when an incumbent leaves.

### **Lineman's Helper**

Lineman's helper will be a 1½-year program, which will allow an associate to perform the following tasks in support of field operation and construction.

- 1\* Work voltages up to 600 volts
- 2\* Switch underground in support of linemen
- 3\* Terminate underground primary after properly switched and grounded
- 4\* Switch overhead system under direction of dispatcher
- 5\* Operate line truck
- 6\* Operate boom truck
- 7\* Operate trencher/backhoe
- 8\* Operate forklift
- 9\* Climb and work off ladder in secondary position
- 10\* Perform other tasks in support of line construction and maintenance (overhead and underground)

The lineman's helper position will complete weeks 2, 3, 4, 5, and 6 of the apprentice training. When the lineman's helper successfully completes this training, he will be qualified to fill a vacancy of an apprentice and move into the 4th 6 months step of the apprentice program.

The lineman's helper position will be combined with the underground helper's position. The pay of this classification will be in line with the apprentice step classification, and be referred to as a lineman's helper.

### **Electrician's Helper**

This position is responsible for assisting Substation Electricians in the construction, maintenance and operation of electrical substations. Construction duties include assisting with the following tasks: installation of foundations, conduit, ground grids, structural steel erection, bus work, and the assembly, placement, and testing of station equipment.

Maintenance responsibilities include assisting Substation Electricians in the testing and maintenance of power transformers, LTC's, power circuit breakers, regulators and other station equipment.

Operation responsibilities include assisting Substation Electricians with the following tasks: taking load readings, monitoring equipment, inspections, switching (at the direction of a qualified operator), and the testing of equipment.

This position does not work in the primary position or operate power-operated equipment that could reasonably contact energized facilities.

This position works at the direction of a Substation Electrician, Supervisor, or Engineer when the work is in proximity to energized substation equipment.

**Program for Assistant Plant Operator**

CURRENT PROGRAM/STEP	NEW PROGRAM/ STEP
Auxiliary Operator	Assistant Plant Operator
Entry	Entry
Complete step 1	Completion of step 1
Complete step 2	Completion of step 2
Complete step 3	Completion of step 3
Top Pay	Completion of step 4
	Completion of step 5
	Completion of step 6
Assistant Control Room Operator	Completion of step 7
Assistant Operator	Completion of Step 8
Assistant Plant Operator Top Pay	Completion of Step 9

Notes for Assistant Plant Operator program:

- 1) Must be currently dual rated Assistant Control Room Operator to obtain Step 7 pay.
- 2) Must be currently at Assistant Control Room Operator level to obtain Step 9 pay.
- 3) The number of assistant operators eligible to reach Step 9 will only be limited by the individual's performance and accomplishing the required training. Failure to meet step 9 training requirements will result in a performance issue and remedial training, up to and including movement to Step 6 of pay scale. However existing incumbents effective at the ratification of this agreement that fail to meet the training requirement will be moved to the current Step 7, provided they are capable of performing at step 6.
- 4) Any assistant plant operator who has met all qualifications and progressed to Step 9 of this program will be dual rated while individually operating the control panel.
- 5) The Auxiliary Operator position and Assistant Control Room Operator position will cease to exist at the acceptance of this operator-training program.

**Program for Material Handler-Fuel**

STEP	TRAINING CRITERIA	PAY
ENTRY	HS Diploma, Moss/Poss Test >70, Targeted Selection	
Completion of Step 1	1.0 Locate, Identify and Describe Equipment And Safety Aspects Crushers Separators Conveyors Moving Equipment 2.0 Walk Through Checkout of Equipment 3.0 Identify cleaning & lubrication Requirements for equipment. 4.0 Begin Power Plant Fundamentals	
Completion of Step 2	Identify Safety Issues and Develop Skills on the following equipment: 1.0 Railroad cars 2.0 Track/Switches/Slope 3.0 Conveyors/Belts 4.0 Tripper 5.0 M.H. Switchgear 6.0 Bunker/Silo Equip. 7.0 Power Plant Fundamental Completion 8.0 Coal Sampling procedures and equipment 9.0 Shaker Operation	
Completion of Step 3	Identify Safety Issues and Develop Skills for the Following: 1.0 Stacker/Reclaimer 2.0 Heavy Equipment (Dozer, Locomotive) Operator & Maintenance 3.0 Car Dumper Operation 4.0 Positioner Operation 5.0 Data Entry and Fuel Management	Entry based on dual rated into at least two of: Heavy equipment/Car Dumper, Locomotive Operator, Positioner
Completion of Step 4.0	Complete advanced training requirements in at least one of the following: 1.0 Successfully Pass MOSS test a. Mechanical Course and Associated Task b. Electrical Course & Associated Tasks 2.0 Successfully pass POSS test. a. Complete Fuel handling related training and tasks associated with Operations	

Notes for Material Handler-Fuel program:

- 1) Incumbents or employees currently dual rated into more than one of the following will be adjusted to the market rate at Step 3 (Heavy Equipment/Car Dumper/Positioner, Locomotive, Operator position).
- 2) Step 4 requires completion of new training requirements as specified in the new Material Handling-training program. This training will be based on the development of tasks associated with the above disciplines through a team effort of discipline experts and the training staff.
- 3) Step 4 may be further broken into additional pay steps based on the results of the tasks being identified in the task review.



**New Program for Certified Journeyman Plant Mechanic**

The union and the company agree to the following certification program for the certified journeyman plant mechanic.

Fossil Hydro Mechanics can achieve Certified Journeyman Plant Mechanic level by obtaining certifications as defined:

**A. Certified welder completing (WPS=Welding Procedure Specifications):**

- WPS-2A= carbon steel to carbon steel (GTAW Process only).
- WPS-2B= carbon steel to carbon steel (GTAW & SMAW process).
- WPS-2C= carbon steel to carbon steel (GTAW & SMAW process and unlimited thickness range).
- WPS-44B= 1 ¼ % chrome to 1 ¼ % chrome (GTAW & SMAW process and unlimited thickness range).
- WPS-18D= 2 ¼ % chrome to 2 ¼ % chrome (GTAW & SMAW process and unlimited thickness range).
- WPS-8B= Stainless to Stainless (GTAW process only).
- WPS-9A= Stainless to Stainless (GTAW & SMAW process).
- WPS-13A=Stainless to Carbon (GTAW process only).
- WPS-45A=Alloy 20 to Alloy 20 (GTAW process only. Special steel designed for sulfuric acid).
- WPS-58B= 2 ¼ % chrome to Stainless steel (GTAW process only, using Inconel weld wire).

**OR**

**B. Basic welder certification and NCCER certified telescopic boom crane/rough terrain/all terrain crane operator.**

- WPS-2A= carbon steel to carbon steel (GTAW Process only).
- WPS-2B= carbon steel to carbon steel (GTAW & SMAW process).
- WPS-2C= carbon steel to carbon steel (GTAW & SMAW process and unlimited thickness range).
- WPS-44B= 1 ¼ % chrome to 1 ¼ % chrome (GTAW & SMAW process and unlimited thickness range).
- WPS-18D= 2 ¼ % chrome to 2 ¼ % chrome (GTAW & SMAW process and unlimited thickness range).

**AND EITHER**

- a. Obtaining NCCER certification for telescopic boom crane/rough terrain/all terrain crane operator, **OR**
- b. Obtaining NCCER certification for:
  - 1. Intermediate level rigging
  - 2. Advanced level rigging

**OR**

**C. Completing NCCER certification for:**

- 1. Telescopic boom crane/rough terrain/all terrain certification
- 2. Intermediate level rigging
- 3. Advanced level rigging

Employees will be limited to three attempts at each of these certifications.

**STD GUIDELINES REGARDING  
FIVE-DAY ELIMINATION PERIOD**

The company is willing to agree to implement the following guidelines regarding the five day STD elimination period for off the job accidents only:

1. The company will review, determine, and develop a list of jobs within the company that are defined as manually engaged. At a minimum these jobs will require degrees of physical exertion that go beyond a normal office environment.
2. Employees, whether union or non-union, who fall within these job classifications will be subject to the following parameters regarding STD qualification:
  - a. If an off the job accident occurs, then the employee will not be required to take 5 days of PTO prior to going on STD due to work requirements and the inability of the work place to accommodate the employee's condition.
  - b. If the company is able to find light duty for the employee based upon medical review and documentation, then the employee must report for duty immediately and perform such light duty.
  - c. Any employee experiencing an accident that results from a documented case of alcohol or drug usage will be required to take 5 days of PTO to account for the elimination period until STD begins.
3. The company reserves the right to send any employee for a fitness for duty test (functional capacity exam) at any time to determine the employee's ability to perform either full duty, light duty, or no duty.
4. Abuse of these provisions will result in disciplinary action up to and including termination.
5. The company and the union agree to review this issue upon re-opening the IBEW contract for negotiations for wages to evaluate the effectiveness of this process.

	3.00%	3.00%	3.00%
	Rate of Pay	Rate of Pay	Rate of Pay
<u>JOB TITLES</u>	1-Feb-17	1-Feb-18	1-Feb-19
Working Foreman – Lineman	35.55	36.58	37.64
Journeyman Lineman**	34.45	35.48	36.54
Apprentice Lineman			
1 <sup>st</sup> Six Months	18.98	19.55	20.14
2 <sup>nd</sup> Six Months	21.53	22.18	22.85
3 <sup>rd</sup> Six Months	22.56	23.24	23.94
4 <sup>th</sup> Six Months	23.58	24.29	25.02
5 <sup>th</sup> Six Months	25.00	25.75	26.52
6 <sup>th</sup> Six Months	25.95	26.73	27.53
7 <sup>th</sup> Six Months	27.67	28.50	29.36
Thereafter	29.89	30.79	31.71
Cable Splicer	35.30	36.36	37.45
Local Superintendent A*	35.91	36.99	38.10
Transformer Repairman A	34.03	35.05	36.10
Transformer Repairman B			
Step 1	25.75	26.52	27.32
Step 2	26.13	26.91	27.72
Line Helper			
1 <sup>st</sup> Six Months	17.90	18.44	18.99
2 <sup>nd</sup> Six Months	18.88	19.45	20.03
3 <sup>rd</sup> Six Months	20.29	20.90	21.53
4 <sup>th</sup> Six Months	21.35	21.99	22.65
Thereafter	23.18	23.88	24.60
Journeyman Inspector	34.45	35.48	36.54
Working Foreman-Substation Electrician	35.55	36.58	37.64
Journeyman Electrician**	34.45	35.48	36.54
Apprentice Electrician			
1 <sup>st</sup> Six Months	18.98	19.55	20.14
2 <sup>nd</sup> Six Months	21.53	22.18	22.85
3 <sup>rd</sup> Six Months	22.56	23.24	23.94
4 <sup>th</sup> Six Months	23.58	24.29	25.02
5 <sup>th</sup> Six Months	25.00	25.75	26.52
6 <sup>th</sup> Six Months	25.95	26.73	27.53
7 <sup>th</sup> Six Months	27.67	28.50	29.36
Thereafter	29.89	30.79	31.71
Substation Inspector	27.97	28.81	29.67
Electrician Helper			
1 <sup>st</sup> Six Months	18.20	18.75	19.31
2 <sup>nd</sup> Six Months	19.18	19.76	20.35
3 <sup>rd</sup> Six Months	20.63	21.25	21.89
4 <sup>th</sup> Six Months	21.69	22.34	23.01
Thereafter	23.58	24.29	25.02

	3.00%	3.00%	3.00%
	Rate of Pay	Rate of Pay	Rate of Pay
<u>JOB TITLES</u>	1-Feb-17	1-Feb-18	1-Feb-19
Journeyman Tool Repairman	30.76	31.68	32.63
Customer Service Inspector & Inspector & Installer*	34.03	35.05	36.10
Mechanic Recloser	26.73	27.53	28.36
Mechanic-Recloser-Helper			
1 <sup>st</sup> Six Months	19.14	19.71	20.30
2 <sup>nd</sup> Six Months	21.08	21.71	22.36
Thereafter	23.13	23.82	24.53
Materials Tester			
1 <sup>st</sup> Six Months	19.26	19.84	20.44
2 <sup>nd</sup> Six Months	20.33	20.94	21.57
3 <sup>rd</sup> Six Months	21.48	22.12	22.78
4 <sup>th</sup> Six Months	22.70	23.38	24.08
5 <sup>th</sup> Six Months	23.93	24.65	25.39
6 <sup>th</sup> Six Months	25.29	26.05	26.83
7 <sup>th</sup> Six Months	26.73	27.53	28.36
Streetlight Repairman	24.13	24.85	25.60
Journeyman Meterman**	34.45	35.48	36.54
Apprentice Meterman			
1 <sup>st</sup> Six Months	18.98	19.55	20.14
2 <sup>nd</sup> Six Months	21.53	22.18	22.85
3 <sup>rd</sup> Six Months	22.56	23.24	23.94
4 <sup>th</sup> Six Months	23.58	24.29	25.02
5 <sup>th</sup> Six Months	25.00	25.75	26.52
6 <sup>th</sup> Six Months	25.95	26.73	27.53
7 <sup>th</sup> Six Months	27.67	28.50	29.36
Thereafter	29.89	30.79	31.71
Warehouse Assistant			
1 <sup>st</sup> Six Months	13.87	14.29	14.72
2 <sup>nd</sup> Six Months	15.45	15.91	16.39
3 <sup>rd</sup> Six Months	17.02	17.53	18.06
Journeyman Service Representative**	29.11	29.98	30.88
Service Representative			
1 <sup>st</sup> Six Months	24.42	25.15	25.90
2 <sup>nd</sup> Six Months	25.03	25.78	26.55
3 <sup>rd</sup> Six Months	25.65	26.42	27.21
4 <sup>th</sup> Six Months	26.20	26.99	27.80
5 <sup>th</sup> Six Months	27.43	28.25	29.10
6 <sup>th</sup> Six Months	28.35	29.20	30.08
Chief Meter Reader	27.32	28.14	28.98

	3.00%	3.00%	3.00%
	Rate of Pay	Rate of Pay	Rate of Pay
<u>JOB TITLES</u>	1-Feb-17	1-Feb-18	1-Feb-19
Journeyman Meter Reader/Connector	26.20	26.99	27.80
<u>(Steps for 2012 and Beyond for New Hires)</u>			
Meter Reader/Connector			
1 <sup>st</sup> Six Months	14.95	15.40	15.86
2 <sup>nd</sup> Six Months	16.56	17.06	17.57
3 <sup>rd</sup> Six Months	18.17	18.72	19.28
4 <sup>th</sup> Six Months	19.78	20.37	20.98
5 <sup>th</sup> Six Months	21.39	22.03	22.69
6 <sup>th</sup> Six Months	22.98	23.67	24.38
7 <sup>th</sup> Six Months	24.60	25.34	26.10
<u>(Steps for Transition for Grandfathered MRC)</u>			
Meter Reader/Connector			
1 <sup>st</sup> Six Months	24.42	25.15	25.90
2 <sup>nd</sup> Six Months	25.03	25.78	26.55
3 <sup>rd</sup> Six Months	25.65	26.42	27.21
<u>Material Handler – Stores - RE</u>			
1 <sup>st</sup> Six Months	19.92	20.52	21.14
2 <sup>nd</sup> Six Months	22.41	23.08	23.77
Thereafter	24.88	25.63	26.40
Sr. Material Handler – Stores - RE	26.05	26.83	27.63
<u>Material Handler – Investment Recovery</u>			
1 <sup>st</sup> Six Months	19.92	20.52	21.14
2 <sup>nd</sup> Six Months	22.41	23.08	23.77
Thereafter	24.88	25.63	26.40
Working Foreman – Investment Recovery	26.05	26.83	27.63
<u>Deliveryman</u>			
1 <sup>st</sup> Six Months	19.92	20.52	21.14
2 <sup>nd</sup> Six Months	22.41	23.08	23.77
Thereafter	24.88	25.63	26.40
<u>Deliveryman – Transformer Services</u>			
1 <sup>st</sup> Six Months	19.92	20.52	21.14
2 <sup>nd</sup> Six Months	22.41	23.08	23.77
Thereafter	24.88	25.63	26.40

	3.00%	3.00%	3.00%
	Rate of Pay	Rate of Pay	Rate of Pay
<u>JOB TITLES</u>	1-Feb-17	1-Feb-18	1-Feb-19
<b>COLUMBIA AND AIKEN GAS DISTRIBUTION AND SERVICE</b>			
Working Foreman - Gas	31.34	32.25	33.18
Journeyman Gas Man**	30.24	31.15	32.08
Apprentice Gas Man			
1 <sup>st</sup> Six Months	16.67	17.17	17.69
2 <sup>nd</sup> Six Months	17.70	18.23	18.78
3 <sup>rd</sup> Six Months	18.75	19.31	19.89
4 <sup>th</sup> Six Months	19.92	20.52	21.14
5 <sup>th</sup> Six Months	21.12	21.75	22.40
6 <sup>th</sup> Six Months	22.41	23.08	23.77
7 <sup>th</sup> Six Months	23.77	24.48	25.21
Thereafter	25.20	25.96	26.74
Journeyman-Repairman-Gas Meters	30.24	31.15	32.08
Line Locator			
1 <sup>st</sup> Six Months	14.95	15.40	15.86
2 <sup>nd</sup> Six Months	15.85	16.33	16.82
3 <sup>rd</sup> Six Months	16.76	17.26	17.78
4 <sup>th</sup> Six Months	17.67	18.20	18.75
Sr. Line Locator			
1 <sup>st</sup> Six Months	19.46	20.04	20.64
2 <sup>nd</sup> Six Months	21.27	21.91	22.57
Gas Meter Mechanic-Helper	16.67	17.17	17.69
Gas Meter Mechanic	23.77	24.48	25.21
Sr. Gas Meter Mechanic	30.24	31.15	32.08
Pipe Welder A*	30.89	31.82	32.77

	3.00%	3.00%	3.00%
	Rate of Pay	Rate of Pay	Rate of Pay
<u>JOB TITLES</u>	1-Feb-17	1-Feb-18	1-Feb-19
<b>CHARLESTON GARAGE</b>			
Working Foreman	31.29	32.18	33.10
Mechanic A**	29.79	30.68	31.60
<i>Shall be a Journeyman in his classification with at Least four- (4) years' experience and shall be able To repair all types of company-owned automotive Equipment with only general supervision.</i>			
Mechanic B	27.71	28.54	29.40
<i>Shall have at least three (3) years' experience and Although does not necessarily have the ability Possessed by the Class A, must be capable of Ordinary repairs and adjustments to company-Automotive equipment.</i>			
Apprentice Mechanic			
1 <sup>st</sup> Six Months	15.64	16.11	16.59
2 <sup>nd</sup> Six Months	18.07	18.61	19.17
3 <sup>rd</sup> Six Months	19.41	19.99	20.59
4 <sup>th</sup> Six Months	20.74	21.36	22.00
5 <sup>th</sup> Six Months	22.33	23.00	23.69
6 <sup>th</sup> Six Months	23.70	24.41	25.14
7 <sup>th</sup> Six Months	25.06	25.81	26.58
Thereafter	26.68	27.48	28.30
Painter/Body Repairman A**	29.79	30.68	31.60
<i>Shall be a Journeyman in his classification and Have at least four- (4) years' experience.</i>			
Apprentice Painter/Body Repairman			
1 <sup>st</sup> Six Months	15.64	16.11	16.59
2 <sup>nd</sup> Six Months	18.07	18.61	19.17
3 <sup>rd</sup> Six Months	19.41	19.99	20.59
4 <sup>th</sup> Six Months	20.74	21.36	22.00
5 <sup>th</sup> Six Months	22.33	23.00	23.69
6 <sup>th</sup> Six Months	23.70	24.41	25.14
7 <sup>th</sup> Six Months	25.06	25.81	26.58
Thereafter	26.68	27.48	28.30
Parts Handler	28.07	28.91	29.78
Material Handler – Fleet Maintenance	24.57	25.31	26.07
Mechanic Helper	19.83	20.42	21.03
Tireman	20.46	21.07	21.70
Propane Delivery Truck Operator			
1 <sup>st</sup> Six Months	17.24	17.76	18.29
2 <sup>nd</sup> Six Months	19.43	20.01	20.61

	3.00%		3.00%		3.00%
	Rate of Pay		Rate of Pay		Rate of Pay
<u>JOB TITLES</u>	1-Feb-17		1-Feb-18		1-Feb-19
<b>UTILITY MEN WORKING IN DEPARTMENTS COVERED BY THIS AGREEMENT</b>					
Utility Man					
1 <sup>st</sup> Six Months	16.36		16.85		17.36
2 <sup>nd</sup> Six Months	17.51		18.04		18.58
Thereafter	18.16		18.70		19.26
Utility Man A**	19.16		19.73		20.32
Maintenance Man	12.62		13.00		13.39
<i>Employees in this classification will perform</i>					
<i>General ground maintenance and janitorial duties</i>					
<i>Services</i>					



	3.00%	3.00%	3.00%
	Rate of Pay	Rate of Pay	Rate of Pay
<u>JOB TITLES</u>	1-Feb-17	1-Feb-18	1-Feb-19
<b>FOSSIL/HYDRO</b>			
Assistant Plant Operator			
Entry	21.14	21.77	22.42
Step 2	23.24	23.94	24.66
Step 3	24.73	25.47	26.23
Step 4	25.94	26.72	27.52
Step 5	27.33	28.15	28.99
Step 6	28.13	28.97	29.84
Step 7	29.46	30.34	31.25
Step 8	30.87	31.80	32.75
Step 9	32.08	33.04	34.03
Step 10	33.05	34.04	35.06
Working Foreman – I & C	34.93	35.94	36.99
Journeyman I & C**	33.83	34.84	35.89
Apprentice I & C			
1 <sup>st</sup> Six Months	23.66	24.37	25.10
2 <sup>nd</sup> Six Months	24.69	25.43	26.19
3 <sup>rd</sup> Six Months	25.81	26.58	27.38
4 <sup>th</sup> Six Months	26.93	27.74	28.57
5 <sup>th</sup> Six Months	28.13	28.97	29.84
6 <sup>th</sup> Six Months	29.40	30.28	31.19
7 <sup>th</sup> Six Months	30.70	31.62	32.57
Thereafter	32.05	33.01	34.00
Working Foreman E & I	34.93	35.94	36.99
Journeyman E & I**	33.83	34.84	35.89
Apprentice E & I			
1 <sup>st</sup> Six Months	23.66	24.37	25.10
2 <sup>nd</sup> Six Months	24.69	25.43	26.19
3 <sup>rd</sup> Six Months	25.81	26.58	27.38
4 <sup>th</sup> Six Months	26.93	27.74	28.57
5 <sup>th</sup> Six Months	28.13	28.97	29.84
6 <sup>th</sup> Six Months	29.40	30.28	31.19
7 <sup>th</sup> Six Months	30.70	31.62	32.57
Thereafter	32.05	33.01	34.00
Working Foreman – Certified Plant Mechanic	34.93	35.94	36.99
Certified Journeyman Plant Mechanic	33.83	34.84	35.89

	3.00%		3.00%		3.00%
	Rate of Pay		Rate of Pay		Rate of Pay
<b>JOB TITLES</b>	<b>1-Feb-17</b>		<b>1-Feb-18</b>		<b>1-Feb-19</b>
Working Foreman – Mechanical & Electrical	34.04		35.03		36.05
Journeyman Plant Mechanic**	32.94		33.93		34.95
Apprentice Plant Mechanic					
1 <sup>st</sup> Six Months	23.04		23.73		24.44
2 <sup>nd</sup> Six Months	24.06		24.78		25.52
3 <sup>rd</sup> Six Months	25.13		25.88		26.66
4 <sup>th</sup> Six Months	26.24		27.03		27.84
5 <sup>th</sup> Six Months	27.41		28.23		29.08
6 <sup>th</sup> Six Months	28.61		29.47		30.35
7 <sup>th</sup> Six Months	29.88		30.78		31.70
Thereafter	31.22		32.16		33.12
Journeyman Plant Electrician**	32.94		33.93		34.95
Apprentice Plant Electrician					
1 <sup>st</sup> Six Months	23.04		23.73		24.44
2 <sup>nd</sup> Six Months	24.06		24.78		25.52
3 <sup>rd</sup> Six Months	25.13		25.88		26.66
4 <sup>th</sup> Six Months	26.24		27.03		27.84
5 <sup>th</sup> Six Months	27.41		28.23		29.08
6 <sup>th</sup> Six Months	28.61		29.47		30.35
7 <sup>th</sup> Six Months	29.88		30.78		31.70
Thereafter	31.22		32.16		33.12
Journeyman-Insulator	23.09		23.78		24.49
Diesel Mechanic – A - Fossil/Hydro	29.79		30.68		31.60
Diesel Mechanic – B – Fossil/Hydro	27.71		28.54		29.40
Mechanic Helper	19.83		20.42		21.03
Locomotive Operator (See Note 13)	27.57		28.40		29.25
Coal Equipment Operator (See Note 13)	25.96		26.74		27.54
Working Foreman - Fuel	25.46		26.19		26.94
Material Handler – Fuel					
Entry	18.46		19.01		19.58
Step 1	20.30		20.91		21.54
Step 2	22.46		23.13		23.82
Step 3	24.36		25.09		25.84
Step 4	27.04		27.85		28.69
Helper-Facilities-F/H	23.09		23.78		24.49
Material Handler-Stores-F/H					
1 <sup>st</sup> Six Months	19.72		20.31		20.92
2 <sup>nd</sup> Six Months	22.08		22.74		23.42
3 <sup>rd</sup> Six Months	23.79		24.50		25.24

	3.00%	3.00%	3.00%
	Rate of Pay	Rate of Pay	Rate of Pay
<b>JOB TITLES</b>	<b>1-Feb-17</b>	<b>1-Feb-18</b>	<b>1-Feb-19</b>
Sr. Material Handler-Stores-F/H			
1 <sup>st</sup> Six Months	26.15	26.93	27.74
2 <sup>nd</sup> Six Months	28.77	29.63	30.52
Working Foreman – Gas Turbines	35.07	36.09	37.14
Gas Turbine Operator/Repairman Journeyman**	33.97	34.99	36.04
Apprentice Gas Turbine Operator/Repairman			
1 <sup>st</sup> Six Months	23.77	24.48	25.21
2 <sup>nd</sup> Six Months	24.82	25.56	26.33
3 <sup>rd</sup> Six Months	25.94	26.72	27.52
4 <sup>th</sup> Six Months	27.09	27.90	28.74
5 <sup>th</sup> Six Months	28.26	29.11	29.98
6 <sup>th</sup> Six Months	29.50	30.39	31.30
7 <sup>th</sup> Six Months	30.81	31.73	32.68
Thereafter	32.20	33.17	34.17
Working Foreman – Hydro	34.04	35.03	36.05
Hydro Operator/Repairman*	32.94	33.93	34.95
<i>*Upon completion of the Hydro Operator/ Repairman training</i>			
Apprentice Hydro Operator/Repairman			
1 <sup>st</sup> Six Months	23.04	23.73	24.44
2 <sup>nd</sup> Six Months	24.06	24.78	25.52
3 <sup>rd</sup> Six Months	25.13	25.88	26.66
4 <sup>th</sup> Six Months	26.24	27.03	27.84
5 <sup>th</sup> Six Months	27.41	28.23	29.08
6 <sup>th</sup> Six Months	28.61	29.47	30.35
7 <sup>th</sup> Six Months	29.88	30.78	31.70
Thereafter	31.22	32.16	33.12

	3.00%	3.00%	3.00%
	Rate of Pay	Rate of Pay	Rate of Pay
<u>JOB TITLES</u>	1-Feb-17	1-Feb-18	1-Feb-19
<b>PARR HDYRO</b>			
Turbine & Switchboard Operator	28.82	29.68	30.57
Working Foreman-Hydro Oper/Repairman-CT	34.50	35.50	36.53
Hydro Operator/Repairman – CT**	33.40	34.40	35.43
Apprentice Hydro Operator/Repairman – CT			
1 <sup>st</sup> Six Months	23.04	23.73	24.44
2 <sup>nd</sup> Six Months	24.06	24.78	25.52
3 <sup>rd</sup> Six Months	25.13	25.88	26.66
4 <sup>th</sup> Six Months	26.24	27.03	27.84
5 <sup>th</sup> Six Months	27.41	28.23	29.08
6 <sup>th</sup> Six Months	28.61	29.47	30.35
7 <sup>th</sup> Six Months	29.88	30.78	31.70
Thereafter	31.22	32.16	33.12
<b>STEVENS CREEK</b>			
Switchboard Operator			
1 <sup>st</sup> Six Months	27.62	28.45	29.30
Thereafter	28.83	29.69	30.58
Assistant Switchboard Operator			
1 <sup>st</sup> Six Months	22.92	23.61	24.32
Thereafter	24.12	24.84	25.59
Hydro Repairman**	32.94	33.93	34.95
Apprentice Hydro Repairman			
1 <sup>st</sup> Six Months	23.04	23.73	24.44
2 <sup>nd</sup> Six Months	24.06	24.78	25.52
3 <sup>rd</sup> Six Months	25.13	25.88	26.66
4 <sup>th</sup> Six Months	26.24	27.03	27.84
5 <sup>th</sup> Six Months	27.41	28.23	29.08
6 <sup>th</sup> Six Months	28.61	29.47	30.35
7 <sup>th</sup> Six Months	29.88	30.78	31.70
Thereafter	31.22	32.16	33.12

	3.00%		3.00%		3.00%
	Rate of Pay		Rate of Pay		Rate of Pay
<u>JOB TITLES</u>	1-Feb-17		1-Feb-18		1-Feb-19
Lab Analyst**	34.53		35.57		36.64
Apprentice Lab Analyst					
1 <sup>st</sup> Six Months	19.09		19.66		20.25
2 <sup>nd</sup> Six Months	20.62		21.24		21.88
3 <sup>rd</sup> Six Months	22.19		22.86		23.55
4 <sup>th</sup> Six Months	23.71		24.42		25.15
5 <sup>th</sup> Six Months	25.26		26.02		26.80
6 <sup>th</sup> Six Months	26.80		27.60		28.43
7 <sup>th</sup> Six Months	28.36		29.21		30.09
8 <sup>th</sup> Six Months	29.89		30.79		31.71
9 <sup>th</sup> Six Months	31.44		32.38		33.35
Thereafter	32.99		33.98		35.00

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-60:**

Describe how Dominion will transition the SCANA and SCE&G bargaining agreements to Dominion and DES and whether the bargaining units and agreements will be amended in any manner to accommodate the transition.

**RESPONSE 4-60:**

Dominion Energy has not had any discussion with the bargaining units about changes to the collective bargaining agreements following the Merger. Before implementing modifications, Dominion Energy would bargain with the applicable unions in good faith, as required by law.

Responsible Person: Carmen Anderson

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST  
DOCKET NO. 2017-207-E (5th Continuing AIR)  
DOCKET NO. 2017-305-E (4th Continuing AIR)  
DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST NO. 4-61:**

Provide a schedule showing the SCE&G CWIP balance of the NND costs for each month from January 2015 through the date at which construction on the units was terminated. Separate the CWIP balance into directs and AFUDC.

**RESPONSE NO. 4-61:**

Please see Attachment 4-61.

Responsible person: Rachel Robinson

**South Carolina Electric & Gas Company**  
**Office of Regulatory Staff's Continuing**  
**Audit Information Request**  
**Docket No. 2017-207-E (5th Continuing AIR)**  
**Docket No. 2017-305-E (4th Continuing AIR)**  
**Docket No. 2017-370-E (4th Continuing AIR)**

Response No. 4-61

**VCS 2 and 3 CWIP**  
(\$000)

	<u>Dec-14</u>	<u>Jan-15</u>	<u>Feb-15</u>	<u>Mar-15</u>	<u>Apr-15</u>	<u>May-15</u>	<u>Jun-15</u>	<u>Jul-15</u>	<u>Aug-15</u>	<u>Sep-15</u>	<u>Oct-15</u>	<u>Nov-15</u>
<b>WO 17 - NND only*</b>												
Direct Expenditures		\$ 43,764	\$ 63,248	\$ 37,876	\$ 45,888	\$ 32,123	\$ 32,511	\$ 38,452	\$ 30,218	\$ 29,265	\$ 35,508	\$ 52,144
AFUDC		\$ 854	\$ 941	\$ 1,229	\$ 1,515	\$ 1,654	\$ 1,845	\$ 2,038	\$ 2,195	\$ 2,374	\$ 2,355	\$ 437
CWIP for Period		\$ 44,617	\$ 64,189	\$ 39,105	\$ 47,403	\$ 33,777	\$ 34,355	\$ 40,491	\$ 32,413	\$ 31,640	\$ 37,863	\$ 52,582
Balance to Date	\$ 2,742,371	\$ 2,786,988	\$ 2,851,177	\$ 2,890,282	\$ 2,937,685	\$ 2,971,462	\$ 3,005,817	\$ 3,046,308	\$ 3,078,721	\$ 3,110,361	\$ 3,148,224	\$ 3,200,806
<b>Transmission WO's</b>												
Direct Expenditures		\$ 2,738	\$ 4,473	\$ 3,170	\$ 3,665	\$ 3,153	\$ 5,155	\$ 4,676	\$ 4,452	\$ 5,357	\$ 4,876	\$ 2,924
AFUDC		\$ 224	\$ 240	\$ 261	\$ 279	\$ 298	\$ 320	\$ 343	\$ 369	\$ 393	\$ 412	\$ 164
CWIP for Period		\$ 2,961	\$ 4,712	\$ 3,431	\$ 3,945	\$ 3,451	\$ 5,475	\$ 5,019	\$ 4,821	\$ 5,751	\$ 5,288	\$ 3,088
Balance to Date	\$ 199,221	\$ 202,182	\$ 206,895	\$ 210,326	\$ 214,271	\$ 217,721	\$ 223,196	\$ 228,216	\$ 233,037	\$ 238,787	\$ 244,076	\$ 247,163
<b>Total BLRA</b>												
Direct Expenditures		\$ 46,501	\$ 67,720	\$ 41,046	\$ 49,553	\$ 35,276	\$ 37,666	\$ 43,129	\$ 34,670	\$ 34,623	\$ 40,384	\$ 55,068
AFUDC		\$ 1,077	\$ 1,181	\$ 1,491	\$ 1,795	\$ 1,951	\$ 2,164	\$ 2,381	\$ 2,564	\$ 2,768	\$ 2,767	\$ 601
CWIP for Period		\$ 47,579	\$ 68,901	\$ 42,537	\$ 51,348	\$ 37,228	\$ 39,830	\$ 45,510	\$ 37,235	\$ 37,390	\$ 43,151	\$ 55,669
Balance to Date	\$ 2,941,592	\$ 2,989,171	\$ 3,058,072	\$ 3,100,608	\$ 3,151,956	\$ 3,189,183	\$ 3,229,013	\$ 3,274,524	\$ 3,311,758	\$ 3,349,149	\$ 3,392,300	\$ 3,447,969
	<u>Dec-15</u>	<u>Jan-16</u>	<u>Feb-16</u>	<u>Mar-16</u>	<u>Apr-16</u>	<u>May-16</u>	<u>Jun-16</u>	<u>Jul-16</u>	<u>Aug-16</u>	<u>Sep-16</u>	<u>Oct-16</u>	<u>Nov-16</u>
<b>WO 17 - NND only*</b>												
Direct Expenditures	\$ 163,799	\$ 55,918	\$ 40,921	\$ 32,911	\$ 52,738	\$ 48,956	\$ 44,315	\$ 50,810	\$ 46,449	\$ 170,371	\$ 83,374	\$ 109,336
AFUDC	\$ 1,276	\$ 567	\$ 1,058	\$ 1,334	\$ 2,031	\$ 2,480	\$ 2,944	\$ 3,479	\$ 4,014	\$ 619	\$ 2,656	\$ 3,660
CWIP for Period	\$ 165,075	\$ 56,486	\$ 41,979	\$ 34,246	\$ 54,769	\$ 51,436	\$ 47,259	\$ 54,289	\$ 50,463	\$ 170,990	\$ 86,030	\$ 112,996
Balance to Date	\$ 3,365,881	\$ 3,422,366	\$ 3,464,346	\$ 3,498,591	\$ 3,553,360	\$ 3,604,797	\$ 3,652,055	\$ 3,706,344	\$ 3,756,807	\$ 3,927,798	\$ 4,013,828	\$ 4,126,824
<b>Transmission WO's</b>												
Direct Expenditures	\$ 6,943	\$ 2,092	\$ 3,516	\$ 3,451	\$ 5,574	\$ 2,697	\$ 2,817	\$ 5,694	\$ 2,362	\$ 2,600	\$ 1,281	\$ 2,435
AFUDC	\$ 186	\$ 216	\$ 231	\$ 249	\$ 269	\$ 290	\$ 306	\$ 325	\$ 344	\$ 358	\$ 368	\$ 377
CWIP for Period	\$ 7,128	\$ 2,308	\$ 3,747	\$ 3,699	\$ 5,844	\$ 2,987	\$ 3,123	\$ 6,019	\$ 2,706	\$ 2,958	\$ 1,649	\$ 2,812
Balance to Date	\$ 254,292	\$ 256,600	\$ 260,347	\$ 264,046	\$ 269,889	\$ 272,877	\$ 276,000	\$ 282,019	\$ 284,725	\$ 287,683	\$ 289,332	\$ 292,144
<b>Total BLRA</b>												
Direct Expenditures	\$ 170,741	\$ 58,010	\$ 44,437	\$ 36,362	\$ 58,312	\$ 51,653	\$ 47,132	\$ 56,504	\$ 48,811	\$ 172,971	\$ 84,656	\$ 111,771
AFUDC	\$ 1,462	\$ 783	\$ 1,289	\$ 1,583	\$ 2,300	\$ 2,770	\$ 3,250	\$ 3,804	\$ 4,357	\$ 977	\$ 3,024	\$ 4,037
CWIP for Period	\$ 172,203	\$ 58,794	\$ 45,726	\$ 37,945	\$ 60,613	\$ 54,423	\$ 50,382	\$ 60,308	\$ 53,168	\$ 173,948	\$ 87,679	\$ 115,808
Balance to Date	\$ 3,620,172	\$ 3,678,966	\$ 3,724,692	\$ 3,762,637	\$ 3,823,250	\$ 3,877,673	\$ 3,928,055	\$ 3,988,364	\$ 4,041,532	\$ 4,215,480	\$ 4,303,160	\$ 4,418,968



**South Carolina Electric & Gas Company**  
**Office of Regulatory Staff's Continuing**  
**Audit Information Request**  
**Docket No. 2017-207-E (5th Continuing AIR)**  
**Docket No. 2017-305-E (4th Continuing AIR)**  
**Docket No. 2017-370-E (4th Continuing AIR)**

Response No. 4-61

**VCS 2 and 3 CWIP**  
(\$000)

	<u>Dec-16</u>	<u>Jan-17</u>	<u>Feb-17</u>	<u>Mar-17</u>	<u>Apr-17</u>	<u>May-17</u>	<u>Jun-17</u>	<u>Jul-17</u>	<u>Aug-17</u>	<u>Sep-17</u>	<u>Totals</u>
<b>WO 17 - NND only*</b>											
Direct Expenditures	\$ 79,187	\$ 48,702	\$ 51,083	\$ 15,306	\$ 86,861	\$ 82,031	\$ 110,707	\$ 70,203	\$ 18,140	\$ 20,965	\$1,924,082
AFUDC	\$ 2,523	\$ 3,082	\$ 3,247	\$ 3,602	\$ 4,105	\$ 4,511	\$ 1,250	\$ 4,569	\$ -	\$ (6,713)	\$ 63,731
CWIP for Period	\$ 81,710	\$ 51,784	\$ 54,329	\$ 18,907	\$ 90,966	\$ 86,542	\$ 111,958	\$ 74,772	\$ 18,140	\$ 14,252	\$1,987,813
Balance to Date	\$4,208,534	\$4,260,318	\$4,314,647	\$4,333,555	\$4,424,521	\$4,511,063	\$4,623,020	\$4,697,792	\$4,715,932	\$4,730,184	
<b>Transmission WO's</b>											
Direct Expenditures	\$ 2,473	\$ 1,555	\$ 1,795	\$ 1,565	\$ 1,604	\$ 2,722	\$ 1,392	\$ 2,797	\$ 4,959	\$ 1,430	\$ 108,393
AFUDC	\$ 118	\$ 133	\$ 142	\$ 151	\$ 159	\$ 169	\$ 180	\$ 190	\$ (358)	\$ 181	\$ 7,886
CWIP for Period	\$ 2,591	\$ 1,688	\$ 1,937	\$ 1,715	\$ 1,763	\$ 2,891	\$ 1,572	\$ 2,986	\$ 4,601	\$ 1,612	\$ 116,280
Balance to Date	\$ 294,735	\$ 296,423	\$ 298,360	\$ 300,076	\$ 301,839	\$ 304,729	\$ 306,301	\$ 309,288	\$ 313,889	\$ 315,501	
<b>Total BLRA</b>											
Direct Expenditures	\$ 81,660	\$ 50,257	\$ 52,878	\$ 16,870	\$ 88,465	\$ 84,753	\$ 112,099	\$ 72,999	\$ 23,099	\$ 22,395	\$2,032,475
AFUDC	\$ 2,642	\$ 3,215	\$ 3,389	\$ 3,753	\$ 4,263	\$ 4,680	\$ 1,430	\$ 4,759	\$ (358)	\$ (6,532)	\$ 71,618
CWIP for Period	\$ 84,302	\$ 53,472	\$ 56,266	\$ 20,623	\$ 92,729	\$ 89,432	\$ 113,529	\$ 77,759	\$ 22,741	\$ 15,863	\$2,104,093
Balance to Date	\$4,503,270	\$4,556,742	\$4,613,008	\$4,633,631	\$4,726,360	\$4,815,792	\$4,929,321	\$5,007,080	\$5,029,821	\$5,045,684	

*\*Does not reflect impairment charges related to VCS 2 and VCS 3.*

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-62:**

Provide the SCE&G accounting entries to record the reclassification of the NND costs from CWIP to regulatory assets, maintaining the separation of the CWIP balance between directs and AFUDC provided in response to the immediately preceding question.

**RESPONSE 4-62:**

The reclassification of NND costs from CWIP to regulatory assets was effected through a top-side journal entry to SCE&G's September 30, 2017 and December 31, 2017 balance sheets as follows:

September:

Regulatory Assets	\$4,520,183,565	
CWIP		\$4,520,183,565

December:

Regulatory Assets	\$3,975,520,191	
CWIP		\$3,975,520,191

The use of the top-side entry rather than recording a general ledger entry was necessary in order to maintain SCE&G's ability to utilize the reporting functionality that exists within its project management system (PowerPlant). Upon the receipt of a specific regulatory recovery determination from the Public Service Commission of South Carolina, a final adjustment of the balance and the related reclassification of that balance will be recorded in the general ledger.

The determination of the estimated impairment loss, and the related reclassification of project costs from CWIP to regulatory assets, was computed on a total project cost basis. The impairment was not separately assigned to direct charges and AFUDC. Below is an estimate of that assignment based on ratable figures. Of note, impairment of the regulatory asset which had been properly established with respect

to deferred income taxes related to equity AFUDC was also considered and was recorded separately.

	<b>As of September 30, 2017</b>			
	<b>Total Project</b>	<b>Percent</b>	<b>Allocation of</b>	<b>Regulatory Asset</b>
	<b><u>Costs</u></b>	<b>to</b>	<b><u>Impairment</u></b>	<b><u>Balance</u></b>
		<b><u>Total</u></b>		
Direct Charges	\$4,546,878,827	96.12%	\$201,862,050	\$4,345,016,777
Equity AFUDC	\$111,037,795	2.35%	\$4,929,605	\$106,108,190
Debt AFUDC	\$61,334,797	1.30%	\$2,723,004	\$58,611,793
Debt Carry Cost in August and September	\$10,932,146	0.23%	\$485,341	\$10,446,805
<b>Total Charges</b>	<b><u>\$4,730,183,565</u></b>		<b><u>\$210,000,000</u></b>	<b><u>\$4,520,183,565</u></b>

	<b>As of December 31, 2017</b>			
	<b>Total Project</b>	<b>Percent</b>	<b>Allocation of</b>	<b>Regulatory Asset</b>
	<b><u>Costs</u></b>	<b>to</b>	<b><u>Impairment</u></b>	<b><u>Balance</u></b>
		<b><u>Total</u></b>		
Direct Charges	\$4,461,317,670	96.03%	\$643,433,397	\$3,817,884,273
Equity AFUDC	\$111,914,142	2.41%	\$16,140,814	\$95,773,328
Debt AFUDC	\$61,356,233	1.32%	\$8,849,101	\$52,507,132
Debt Carry Cost in August and September	\$10,932,146	0.24%	\$1,576,688	\$9,355,458
<b>Total Charges</b>	<b><u>\$4,645,520,191</u></b>		<b><u>\$670,000,000</u></b>	<b><u>\$3,975,520,191</u></b>

Responsible Person: Keith Coffey

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST  
DOCKET NO. 2017-207-E (5th Continuing AIR)  
DOCKET NO. 2017-305-E (4th Continuing AIR)  
DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST NO. 4-63:**

Provide the calculations of AFUDC on the NND costs for each month from January 2015 through the date at which construction on the units was terminated. Provide the calculations in live electronic spreadsheet format with all formulas intact.

**RESPONSE NO. 4-63:**

AFUDC calculations are performed by the PowerPlant system each month. Periodically, manual entries are also made to adjust AFUDC amounts as needed for true-ups related to rate changes and other adjustments.

Standard AFUDC calculations apply a FERC defined debt and equity AFUDC rate to a balance calculated as a prior period balance plus  $\frac{1}{2}$  of the current period balance. AFUDC for New Nuclear is not compounded and is not applied on any balances where carrying costs are already collected through rates.

See Attachments 4-63 on the enclosed CD for AFUDC on the NND Costs for each month requested.

Responsible person: Rachel Robinson

**South Carolina Electric & Gas Company**  
**Office of Regulatory Staff's Continuing**  
**Audit Information Request**  
**Docket No. 2017-207-E (5th Continuing AIR)**  
**Docket No. 2017-305-E (4th Continuing AIR)**  
**Docket No. 2017-370-E (4th Continuing AIR)**

Response No. 4-63

**WO 17 AFUDC - January 2015 through September 2017**

Busines Unit	Account	Operating Unit	Department	Resource Code	Work Order	Activity	Customer	Debit/Credit	Amount	Month Number	GL Category	Source	Amount Type
NU	1070100	VCS2	0727	903	170000	7004	4NU	DR	\$ 557,560.00	201501	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		CR	\$ (270,000.26)	201501	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	7004	4NU	DR	\$ 608,378.00	201501	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		CR	\$ (42,379.40)	201501	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 317,301.03	201502	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 623,438.04	201502	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 414,067.72	201503	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 815,001.97	201503	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 510,479.69	201504	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 1,004,767.90	201504	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 557,158.42	201505	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 1,096,644.79	201505	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 621,417.71	201506	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 1,223,125.18	201506	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 686,743.84	201507	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 1,351,705.41	201507	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 739,607.30	201508	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 1,455,755.60	201508	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 799,950.79	201509	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 1,574,528.59	201509	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 793,329.92	201510	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 1,561,496.86	201510	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 147,331.29	201511	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 289,989.51	201511	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	7004	4NU	CR	\$ (65,266.00)	201512	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 138,906.62	201512	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	7004	4NU	DR	\$ 928,791.00	201512	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 273,407.38	201512	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	7004	4NU	DR	\$ 65,266.00	201601	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 140,495.46	201601	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	7004	4NU	CR	\$ (928,791.00)	201601	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 1,290,415.05	201601	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 383,696.76	201602	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 674,343.86	201602	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 488,367.75	201603	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 845,977.67	201603	0103SG	Plant Journals	Actuals

**South Carolina Electric & Gas Company**  
**Office of Regulatory Staff's Continuing**  
**Audit Information Request**  
**Docket No. 2017-207-E (5th Continuing AIR)**  
**Docket No. 2017-305-E (4th Continuing AIR)**  
**Docket No. 2017-370-E (4th Continuing AIR)**

Response No. 4-63

**WO 17 AFUDC - January 2015 through September 2017**

Busines Unit	Account	Operating Unit	Department	Resource Code	Work Order	Activity	Customer	Debit/ Credit	Amount	Month Number	GL Category	Source	Amount Type
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 736,524.83	201604	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 1,294,436.25	201604	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 899,361.06	201605	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 1,580,619.57	201605	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 1,067,543.08	201606	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 1,876,198.08	201606	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 1,261,740.28	201607	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 2,217,498.04	201607	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 1,455,508.04	201608	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 2,558,043.27	201608	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	7004	4NU	DR	\$ 976,981.00	201609	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	903	170000	7004	4NU	CR	\$ (2,175,735.00)	201609	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 1,535,634.86	201609	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	7004	4NU	CR	\$ (4,383,226.00)	201609	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	932	170000	7004	4NU	DR	\$ 1,966,843.00	201609	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 2,698,865.48	201609	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	7004	4NU	CR	\$ (497,683.00)	201610	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 1,616,725.44	201610	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	7004	4NU	CR	\$ (1,304,432.00)	201610	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 2,841,381.51	201610	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	7004	4NU	CR	\$ (265,626.00)	201611	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 1,654,570.80	201611	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	7004	4NU	CR	\$ (636,684.00)	201611	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 2,907,894.42	201611	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	7004	4NU	DR	\$ 265,626.00	201612	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	903	170000	7004	4NU	CR	\$ (976,981.00)	201612	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	903	170000	7004	4NU	CR	\$ (2,027,750.00)	201612	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	903	170000	7004	4NU	DR	\$ 2,673,418.00	201612	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		DR	\$ 1,011,282.02	201612	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	932	170000	7004	4NU	DR	\$ 636,684.00	201612	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	932	170000	7004	4NU	CR	\$ (1,966,843.00)	201612	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	932	170000	7004	4NU	DR	\$ 5,687,658.00	201612	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	932	170000	7004	4NU	CR	\$ (4,557,209.00)	201612	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	932	170000	ACJV		DR	\$ 1,777,319.73	201612	0103SG	Plant Journals	Actuals
NU	1070100	VCS2	0727	903	170000	7004	4NU	DR	\$ 2,027,750.00	201701	0103MN	Manual Journals	Actuals
NU	1070100	VCS2	0727	903	170000	ACJV		CR	\$ (842,402.36)	201701	0103SG	Plant Journals	Actuals



AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Jan - 2015

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<u>NU - 1 Electric</u>												
168106	424,962.75	(424,181.00)	.00	.00	781.75	.00159530	1.25	.00314000	2.45	3.70	.00	.00
168107	1,732,629.60	(991,855.77)	104,583.74	.00	845,357.57	.00159530	1,348.60	.00314000	2,654.42	4,003.02	.00	.00
168800	1,015,909.02	(995,068.77)	.00	.00	20,840.25	.00159530	33.25	.00314000	65.44	98.69	.00	.00
168801	718,969.32	(705,228.98)	.00	.00	13,740.34	.00159530	21.92	.00314000	43.14	65.06	.00	.00
168802	639,198.37	(624,873.83)	132.88	.00	14,457.42	.00159530	23.06	.00314000	45.40	68.46	.00	.00
169104	4,423.13	.00	431.19	12.58	4,866.90	.00159530	7.76	.00292590	14.24	22.00	.00	.00
169106	8,317.47	.00	1,447.20	105.36	9,870.03	.00159530	15.75	.00292590	28.88	44.63	.00	.00
170000	2,588,855,470.47	(2,414,244,996.07)	5,643,858.24	.00	180,254,332.64	.00159530	(270,000.26)	.00314000	(42,379.40)	(312,379.66)	(557,560.00)	(608,378.00)
<u>NU - 1 Electric</u>												
Total:	2,774,898,129.76	(2,463,785,834.15)	8,427,580.23	4,027,397.79	323,510,469.23		(240,092.15)		162,263.80	(77,828.35)	(754,414.00)	(819,702.00)
<u>Nuclear</u>												
Total:	2,774,898,129.76	(2,463,785,834.15)	8,427,580.23	4,027,397.79	323,510,469.23		(240,092.15)		162,263.80	(77,828.35)	(754,414.00)	(819,702.00)



AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Feb - 2015

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<u>NU - 1 Electric</u>												
168800	1,015,909.02	(995,068.77)	.00	.00	20,840.25	.00159530	33.25	.00314000	65.44	98.69	.00	.00
168801	718,969.32	(705,228.98)	.00	.00	13,740.34	.00159530	21.92	.00314000	43.14	65.06	.00	.00
168802	639,464.12	(624,873.83)	.00	.00	14,590.29	.00159530	23.28	.00314000	45.81	69.09	.00	.00
169104	5,298.09	.00	15,097.56	.00	20,395.65	.00159530	32.54	.00292590	59.68	92.22	.00	.00
169106	11,317.22	.00	572.23	.00	11,889.45	.00159530	18.97	.00292590	34.79	53.76	.00	.00
170000	2,600,143,186.95	(2,414,244,996.07)	14,457,873.83	.00	200,356,064.71	.00159530	317,301.03	.00314000	623,438.04	940,739.07	(2,327.00)	(5,680.00)
<u>NU - 1 Electric</u>												
Total:	2,796,546,310.00	(2,463,784,625.57)	10,798,788.68	.00	343,560,473.11		546,754.66		1,044,834.82	1,591,589.48	(1,321.00)	(3,722.00)
<u>Nuclear</u>												
Total:	2,796,546,310.00	(2,463,784,625.57)	10,798,788.68	.00	343,560,473.11		546,754.66		1,044,834.82	1,591,589.48	(1,321.00)	(3,722.00)

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Mar - 2015

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<u>NU - 1 Electric</u>												
168103	2,010,241.26	(1,916,523.23)	(1,782.88)	.00	92,935.15	.00159530	148.26	.00314000	291.82	440.08	.00	.00
168104	1,154,869.60	(1,085,510.68)	(769.43)	.00	68,589.49	.00159530	109.42	.00314000	215.37	324.79	.00	.00
168105	2,742,528.71	(2,676,117.30)	1,442.35	.00	67,853.76	.00159530	108.25	.00314000	213.06	321.31	.00	.00
168106	424,962.75	(424,181.00)	.00	.00	781.75	.00159530	1.25	.00314000	2.45	3.70	.00	.00
168107	1,992,785.61	(991,855.77)	(3,705.16)	.00	987,224.68	.00159530	1,574.92	.00314000	3,099.89	4,674.81	.00	.00
168800	1,015,909.02	(995,068.77)	.00	.00	20,840.25	.00159530	33.25	.00314000	65.44	98.69	.00	.00
168801	718,969.32	(705,228.98)	.00	.00	13,740.34	.00159530	21.92	.00314000	43.14	65.06	.00	.00
168802	639,464.12	(624,873.83)	(363.07)	.00	14,227.22	.00159530	22.70	.00314000	44.67	67.37	.00	.00
169104	35,493.21	.00	1,272.03	.00	36,765.24	.00159530	58.65	.00292590	107.57	166.22	.00	.00
169106	12,461.68	.00	3,897.77	.00	16,359.45	.00159530	26.10	.00292590	47.87	73.97	.00	.00
170000	2,629,058,934.60	(2,414,244,996.07)	44,740,829.56	.00	259,554,768.09	.00159530	414,067.72	.00314000	815,001.97	1,229,069.69	.00	.00
<u>NU - 1 Electric</u>												
Total:	2,819,482,728.68	(2,463,785,834.15)	47,441,334.46	.00	403,138,228.99		641,053.93		1,231,584.29	1,872,638.22	(1,046.05)	(1,905.32)
<u>Nuclear</u>												
Total:	2,819,482,728.68	(2,463,785,834.15)	47,441,334.46	.00	403,138,228.99		641,053.93		1,231,584.29	1,872,638.22	(1,046.05)	(1,905.32)

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Apr - 2015

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<u>NU - 1 Electric</u>												
168103	2,006,675.51	(1,915,523.23)	2,725.94	.00	93,678.22	.00159530	149.76	.00314000	294.78	444.54	.00	.00
168104	1,153,330.75	(1,085,510.68)	1,226.54	.00	69,046.61	.00159530	110.15	.00314000	216.81	326.96	.00	.00
168105	2,745,413.40	(2,676,117.30)	3,051.25	.00	72,347.35	.00159530	115.42	.00314000	227.17	342.59	.00	.00
168106	424,962.75	(424,181.00)	.00	.00	781.75	.00159530	1.25	.00314000	2.45	3.70	.00	.00
168107	1,975,375.29	(991,855.77)	36,121.27	.00	1,019,640.79	.00159530	1,626.63	.00314000	3,201.67	4,828.30	.00	.00
168800	1,015,909.02	(995,068.77)	.00	.00	20,840.25	.00159530	33.25	.00314000	65.44	98.69	.00	.00
168801	718,969.32	(705,228.98)	.00	.00	13,740.34	.00159530	21.92	.00314000	43.14	65.06	.00	.00
168802	638,737.99	(624,873.83)	.00	.00	13,864.16	.00159530	22.12	.00314000	43.53	65.65	.00	.00
169104	38,037.26	.00	87,479.98	.00	125,517.24	.00159530	200.24	.00292590	367.25	567.49	.00	.00
169105	.00	.00	1,036.84	.00	1,036.84	.00159530	1.65	.00292590	3.03	4.68	.00	.00
169106	20,257.22	.00	349.45	.00	20,606.67	.00159530	32.87	.00292590	60.29	93.16	.00	.00
170000	2,718,540,593.71	(2,414,244,996.07)	15,694,179.37	.00	319,989,777.01	.00159530	510,479.69	.00314000	1,004,767.90	1,515,247.59	.00	.00
<u>NU - 1 Electric</u>												
Total:	2,912,924,618.13	(2,463,785,834.15)	18,251,617.96	.00	467,390,401.94		745,627.90		1,436,508.81	2,182,136.71	.00	.00
<u>Nuclear</u>												
Total:	2,912,924,618.13	(2,463,785,834.15)	18,251,617.96	.00	467,390,401.94		745,627.90		1,436,508.81	2,182,136.71	.00	.00

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: May - 2015

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<u>NU - 1 Electric</u>												
168101	4,091,436.25	(4,083,407.28)	4,189.68	.00	12,218.65	.00159530	19.49	.00314000	38.37	57.86	.00	.00
168102	7,422,467.21	(6,609,938.38)	123,766.26	.00	936,295.09	.00159530	1,493.67	.00314000	2,939.97	4,433.64	.00	.00
168103	2,012,127.39	(1,915,523.23)	4,518.27	.00	101,122.43	.00159530	161.32	.00314000	317.52	478.84	.00	.00
168104	1,155,783.83	(1,085,510.68)	7,501.94	.00	77,775.09	.00159530	124.07	.00314000	244.21	368.28	.00	.00
168105	2,751,515.89	(2,676,117.30)	4,549.38	.00	79,947.97	.00159530	127.54	.00314000	251.04	378.58	.00	.00
168106	424,962.75	(424,181.00)	(639.89)	.00	141.86	.00159530	.23	.00314000	.45	.68	.00	.00
168107	2,047,617.83	(991,855.77)	81,013.29	.00	1,136,775.35	.00159530	1,813.50	.00314000	3,569.47	5,382.97	.00	.00
168800	1,015,909.02	(995,068.77)	.00	.00	20,840.25	.00159530	33.25	.00314000	65.44	98.69	.00	.00
168801	718,969.32	(705,228.98)	.00	.00	13,740.34	.00159530	21.92	.00314000	43.14	65.06	.00	.00
168802	638,737.99	(624,873.83)	322.67	.00	14,186.83	.00159530	22.63	.00314000	44.55	67.18	.00	.00
169104	212,997.21	.00	501.38	.00	213,498.59	.00159530	340.59	.00292590	624.68	965.27	.00	.00
169105	2,073.67	.00	685.39	.00	2,759.06	.00159530	4.40	.00292590	8.07	12.47	.00	.00
169106	20,956.11	.00	76.67	.00	21,032.78	.00159530	33.55	.00292590	61.54	95.09	.00	.00
170000	2,749,928,952.44	(2,414,244,996.07)	13,565,975.69	.00	349,249,932.06	.00159530	557,158.42	.00314000	1,096,644.79	1,653,803.21	.00	.00
<u>NU - 1 Electric</u>												
Total:	2,946,987,190.43	(2,463,785,834.15)	15,936,031.02	.00	499,137,387.30		796,252.83		1,535,683.46	2,331,936.29	.00	.00
<u>Nuclear</u>												
Total:	2,946,987,190.43	(2,463,785,834.15)	15,936,031.02	.00	499,137,387.30		796,252.83		1,535,683.46	2,331,936.29	.00	.00

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Jun - 2015

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<u>NU - 1 Electric</u>												
168102	7,669,999.73	(6,609,938.38)	18,070.65	.00	1,078,132.00	.00159530	1,719.94	.00314000	3,385.33	5,105.27	.00	.00
168103	2,021,163.93	(1,915,523.23)	(403.10)	.00	105,237.60	.00159530	167.89	.00314000	330.45	498.34	.00	.00
168104	1,170,787.70	(1,085,510.68)	1,907.06	.00	87,184.08	.00159530	139.08	.00314000	273.76	412.84	.00	.00
168105	2,760,614.64	(2,676,117.30)	2,601.65	.00	87,098.99	.00159530	138.95	.00314000	273.49	412.44	.00	.00
168106	423,682.97	(424,181.00)	1,987.00	.00	1,488.97	.00159530	2.38	.00314000	4.68	7.06	.00	.00
168107	2,209,644.40	(991,855.77)	9,934.89	.00	1,227,723.52	.00159530	1,958.59	.00314000	3,855.05	5,813.64	.00	.00
168800	1,015,909.02	(995,068.77)	.00	.00	20,840.25	.00159530	33.25	.00314000	65.44	98.69	.00	.00
168801	718,969.32	(705,228.98)	.00	.00	13,740.34	.00159530	21.92	.00314000	43.14	65.06	.00	.00
168802	639,383.32	(624,873.83)	.00	.00	14,509.49	.00159530	23.15	.00314000	45.56	68.71	.00	.00
169104	213,999.97	.00	3,631.19	.00	217,631.16	.00159530	347.19	.00292590	636.77	963.96	.00	.00
169105	3,444.44	.00	1,948.59	.00	5,393.03	.00159530	8.60	.00292590	15.78	24.38	.00	.00
169106	21,109.45	.00	9,559.66	.00	30,669.11	.00159530	48.93	.00292590	89.73	138.66	.00	.00
170000	2,777,060,903.81	(2,414,244,996.07)	26,714,404.62	.00	389,530,312.36	.00159530	621,417.71	.00314000	1,223,125.18	1,844,542.89	.00	.00
<u>NU - 1 Electric</u>												
Total:	2,977,377,863.84	(2,463,785,834.15)	18,576,834.62	.00	532,168,864.31		826,422.21		1,599,700.89	2,426,123.10	.00	.00
<u>Nuclear</u>												
Total:	2,977,377,863.84	(2,463,785,834.15)	18,576,834.62	.00	532,168,864.31		826,422.21		1,599,700.89	2,426,123.10	.00	.00

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Jul - 2015

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<b><u>NU - 1 Electric</u></b>												
168103	2,020,357.73	(1,915,523.23)	(8,331.82)	.00	96,502.66	.00159530	153.95	.00314000	303.02	456.97	.00	.00
168104	1,174,601.81	(1,085,510.68)	(3,520.98)	.00	85,570.15	.00159530	136.51	.00314000	268.69	405.20	.00	.00
168105	2,765,817.94	(2,676,117.30)	(13,628.36)	.00	76,072.26	.00159530	121.36	.00314000	238.87	360.23	.00	.00
168106	427,656.97	(424,181.00)	281.31	.00	3,757.28	.00159530	5.99	.00314000	11.80	17.79	.00	.00
168107	2,229,514.18	(991,855.77)	19,158.37	.00	1,256,816.78	.00159530	2,005.00	.00314000	3,946.40	5,951.40	.00	.00
168800	1,015,909.02	(995,068.77)	.00	.00	20,840.25	.00159530	33.25	.00314000	65.44	98.69	.00	.00
168801	718,969.32	(705,228.98)	.00	.00	13,740.34	.00159530	21.92	.00314000	43.14	65.06	.00	.00
168802	639,383.32	(624,873.83)	.00	.00	14,509.49	.00159530	23.15	.00314000	45.56	68.71	.00	.00
169104	217,998.05	.00	4,864.27	2,797.16	225,659.48	.00159530	359.99	.00292590	660.26	1,020.25	.00	.00
169105	7,242.30	.00	15,784.21	41.53	23,068.04	.00159530	36.80	.00292590	67.49	104.29	.00	.00
169106	40,216.58	.00	390.78	499.27	41,106.63	.00159530	65.58	.00292590	120.27	185.85	.00	.00
170000	2,830,489,713.04	(2,414,244,996.07)	14,234,713.32	.00	430,479,430.29	.00159530	686,743.84	.00314000	1,351,705.41	2,038,449.25	.00	.00
<b><u>NU - 1 Electric</u></b>												
<b>Total:</b>	<b>3,013,897,573.09</b>	<b>(2,463,785,834.15)</b>	<b>19,195,953.22</b>	<b>3,347,429.24</b>	<b>572,652,354.46</b>		<b>913,301.26</b>		<b>1,767,811.46</b>	<b>2,681,112.72</b>	<b>.00</b>	<b>.00</b>
<b><u>Nuclear</u></b>												
<b>Total:</b>	<b>3,013,897,573.09</b>	<b>(2,463,785,834.15)</b>	<b>19,195,953.22</b>	<b>3,347,429.24</b>	<b>572,652,354.46</b>		<b>913,301.26</b>		<b>1,767,811.46</b>	<b>2,681,112.72</b>	<b>.00</b>	<b>.00</b>
<b>Grand Total:</b>	<b>3,013,897,573.09</b>	<b>(2,463,785,834.15)</b>	<b>19,195,953.22</b>	<b>3,347,429.24</b>	<b>572,652,354.46</b>		<b>913,301.26</b>		<b>1,767,811.46</b>	<b>2,681,112.72</b>	<b>.00</b>	<b>.00</b>

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Aug - 2015

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<b>NU - 1 Electric</b>												
168102	7,655,514.45	(6,609,938.38)	72,518.11	.00	1,118,094.18	.00159530	1,783.70	.00314000	3,510.82	5,294.52	.00	.00
168103	2,003,694.10	(1,915,523.23)	24,692.91	.00	112,863.78	.00159530	180.05	.00314000	354.39	534.44	.00	.00
168104	1,167,559.85	(1,085,510.88)	8,859.49	.00	90,908.66	.00159530	145.03	.00314000	285.45	430.48	.00	.00
168105	2,738,561.23	(2,676,117.30)	29,732.89	.00	92,176.82	.00159530	147.05	.00314000	289.44	436.49	.00	.00
168106	428,219.58	(424,181.00)	.00	.00	4,038.58	.00159530	6.44	.00314000	12.68	19.12	.00	.00
168107	2,267,830.91	(991,855.77)	34,110.19	.00	1,310,085.33	.00159530	2,089.98	.00314000	4,113.67	6,203.65	.00	.00
168800	1,015,909.02	(995,058.77)	4.00	.00	20,844.25	.00159530	33.25	.00314000	65.45	98.70	.00	.00
168801	718,969.32	(705,228.98)	.00	.00	13,740.34	.00159530	21.92	.00314000	43.14	65.06	.00	.00
168802	639,383.32	(624,873.83)	3,946.37	.00	18,455.86	.00159530	29.44	.00314000	57.95	87.39	.00	.00
169104	230,523.75	.00	(10,824.46)	.00	219,699.29	.00159530	350.49	.00292590	642.82	993.31	.00	.00
169105	38,852.24	.00	17,666.21	.00	56,518.45	.00159530	90.16	.00292590	165.37	255.53	.00	.00
169106	.00	.00	.00	.00	.00	.00159530	(275.05)	.00292590	(510.80)	(785.85)	.00	.00
170000	2,858,959,139.68	(2,414,244,996.07)	18,902,289.26	.00	463,616,432.87	.00159530	739,607.30	.00314000	1,455,755.60	2,195,362.90	.00	.00
<b>NU - 1 Electric</b>												
<b>Total:</b>	<b>3,053,907,854.22</b>	<b>(2,459,702,426.87)</b>	<b>23,514,929.57</b>	<b>.00</b>	<b>617,720,356.92</b>		<b>984,642.25</b>		<b>1,905,768.79</b>	<b>2,890,411.04</b>	<b>.00</b>	<b>.00</b>
<b>Nuclear</b>												
<b>Total:</b>	<b>3,053,907,854.22</b>	<b>(2,459,702,426.87)</b>	<b>23,514,929.57</b>	<b>.00</b>	<b>617,720,356.92</b>		<b>984,642.25</b>		<b>1,905,768.79</b>	<b>2,890,411.04</b>	<b>.00</b>	<b>.00</b>
<b>Grand Total:</b>	<b>3,053,907,854.22</b>	<b>(2,459,702,426.87)</b>	<b>23,514,929.57</b>	<b>.00</b>	<b>617,720,356.92</b>		<b>984,642.25</b>		<b>1,905,768.79</b>	<b>2,890,411.04</b>	<b>.00</b>	<b>.00</b>

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Sep - 2015

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<u>NU - 1 Electric</u>												
168100	3,598,765.77	(3,559,888.39)	(84.78)	.00	38,792.60	.00159530	61.89	.00314000	121.81	183.70	.00	.00
168102	7,800,550.67	(6,609,938.38)	(1,299.46)	.00	1,189,312.83	.00159530	1,897.31	.00314000	3,734.44	5,631.75	.00	.00
168103	2,053,079.92	(1,915,523.23)	(622.68)	.00	136,934.01	.00159530	218.45	.00314000	429.97	648.42	.00	.00
168104	1,185,278.83	(1,085,510.68)	2,024.86	.00	101,793.01	.00159530	162.39	.00314000	319.63	482.02	.00	.00
168105	2,798,027.00	(2,676,117.30)	(1,521.27)	.00	120,388.43	.00159530	192.06	.00314000	378.02	570.08	.00	.00
168106	428,219.58	(424,181.00)	.00	.00	4,038.58	.00159530	6.44	.00314000	12.68	19.12	.00	.00
168107	2,336,051.28	(991,855.77)	(1,139.77)	.00	1,343,055.74	.00159530	2,142.58	.00314000	4,217.20	6,359.78	.00	.00
168800	1,015,917.01	(995,068.77)	1,206.95	.00	22,055.19	.00159530	35.18	.00314000	69.25	104.43	.00	.00
168801	718,969.32	(705,228.98)	1,206.95	.00	14,947.29	.00159530	23.85	.00314000	46.93	70.78	.00	.00
168802	647,276.06	(624,873.83)	(2,446.82)	.00	19,955.41	.00159530	31.83	.00314000	62.66	94.49	.00	.00
169104	208,874.83	.00	94,684.50	.00	303,559.33	.00159530	484.27	.00292590	888.18	1,372.45	.00	.00
169105	74,184.66	.00	53,229.78	.00	127,414.44	.00159530	203.26	.00292590	372.80	576.06	.00	.00
170000	2,896,763,718.20	(2,414,244,996.07)	18,923,505.20	.00	501,442,227.33	.00159530	799,950.79	.00314000	1,574,528.59	2,374,479.38	.00	.00
<u>NU - 1 Electric</u>												
<b>Total:</b>	<b>3,097,561,558.18</b>	<b>(2,457,933,064.97)</b>	<b>23,032,101.68</b>	<b>.00</b>	<b>662,660,594.89</b>		<b>1,057,142.44</b>		<b>2,046,884.71</b>	<b>3,104,027.15</b>	<b>.00</b>	<b>.00</b>
<u>Nuclear</u>												
<b>Total:</b>	<b>3,097,561,558.18</b>	<b>(2,457,933,064.97)</b>	<b>23,032,101.68</b>	<b>.00</b>	<b>662,660,594.89</b>		<b>1,057,142.44</b>		<b>2,046,884.71</b>	<b>3,104,027.15</b>	<b>.00</b>	<b>.00</b>
<b>Grand Total:</b>	<b>3,097,561,558.18</b>	<b>(2,457,933,064.97)</b>	<b>23,032,101.68</b>	<b>.00</b>	<b>662,660,594.89</b>		<b>1,057,142.44</b>		<b>2,046,884.71</b>	<b>3,104,027.15</b>	<b>.00</b>	<b>.00</b>



AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Oct - 2015

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<u>NU - 1 Electric</u>												
162696	.00	.00	10,631.99	.00	10,631.99	.00159530	16.96	.00292590	31.11	48.07	.00	.00
162698	.00	.00	17,495.39	.00	17,495.39	.00159530	27.91	.00292590	51.19	79.10	.00	.00
162699	.00	.00	10,468.11	.00	10,468.11	.00159530	16.70	.00292590	30.63	47.33	.00	.00
168003	2,561,806.64	(2,528,212.80)	574.14	.00	34,167.98	.00159530	54.51	.00314000	107.29	161.80	.00	.00
168100	3,598,596.22	(3,559,888.39)	(1,360.94)	.00	37,346.89	.00159530	59.58	.00314000	117.27	176.85	.00	.00
168102	7,797,951.75	(6,609,938.38)	(10,914.69)	.00	1,177,098.68	.00159530	1,877.83	.00314000	3,696.09	5,573.92	.00	.00
168103	2,051,834.57	(1,915,523.23)	(2,627.57)	.00	133,683.77	.00159530	213.27	.00314000	419.77	633.04	.00	.00
168104	1,189,328.54	(1,085,510.68)	(642.79)	.00	103,175.07	.00159530	164.60	.00314000	323.97	488.57	.00	.00
168105	2,794,984.47	(2,676,117.30)	(4,333.33)	.00	114,533.84	.00159530	182.72	.00314000	359.64	542.36	.00	.00
168106	428,219.58	(424,181.00)	.00	.00	4,038.58	.00159530	6.44	.00314000	12.68	19.12	.00	.00
168107	2,333,771.75	(991,855.77)	1,370.21	.00	1,343,286.19	.00159530	2,142.94	.00314000	4,217.92	6,360.86	.00	.00
168800	1,018,330.91	(995,068.77)	503.98	.00	23,766.12	.00159530	37.91	.00314000	74.63	112.54	.00	.00
168801	721,383.22	(705,228.98)	503.98	.00	16,658.22	.00159530	26.57	.00314000	52.31	78.88	.00	.00
168802	642,382.42	(624,873.83)	503.98	.00	18,012.57	.00159530	28.74	.00314000	56.56	85.30	.00	.00
169104	398,243.83	.00	7,796.03	.00	406,039.86	.00159530	647.76	.00292590	1,188.03	1,835.79	.00	.00
169105	180,644.21	.00	50,312.76	.00	230,956.97	.00159530	368.45	.00292590	675.76	1,044.21	.00	.00
170000	2,934,610,728.60	(2,447,985,505.69)	✓10,666,771.19	.00	497,291,994.10	.00159530	793,329.92	.00314000	1,561,496.86	2,354,826.78	.00	.00
<u>NU - 1 Electric</u>												
Total:	3,141,869,939.47	(2,491,673,574.59)	13,142,760.66	.00	663,339,125.54		1,058,214.46		2,047,958.62	3,106,173.08	.00	.00
<u>Nuclear</u>												
Total:	3,141,869,939.47	(2,491,673,574.59)	13,142,760.66	.00	663,339,125.54		1,058,214.46		2,047,958.62	3,106,173.08	.00	.00

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Nov - 2015

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<u>NU - 1 Electric</u>												
162674	12,875.39	.00	.00	.00	12,875.39	.00159530	10.27	.00292590	18.84	29.11	.00	.00
162683	7,219.73	.00	.00	.00	7,219.73	.00159530	11.52	.00292590	21.12	32.64	.00	.00
162685	.00	.00	17,264.38	.00	17,264.38	.00159530	27.54	.00292590	50.51	78.05	.00	.00
162686	904,563.63	.00	246,336.23	.00	1,150,899.86	.00159530	1,836.03	.00292590	3,367.42	5,203.45	.00	.00
162693	.00	.00	.00	.00	.00	.00159530	(2.97)	.00292590	(5.44)	(8.41)	.00	.00
162696	21,263.97	.00	(201.08)	.00	21,062.89	.00159530	33.60	.00292590	61.93	95.23	.00	.00
162698	.00	.00	.00	.00	.00	.00159530	(13.96)	.00292590	(25.60)	(39.56)	.00	.00
162699	20,936.22	.00	(197.98)	.00	20,738.24	.00159530	33.08	.00292590	60.66	93.76	.00	.00
168003	2,562,954.92	(2,559,635.35)	.00	.00	3,319.57	.00159530	5.30	.00314000	10.42	15.72	.00	.00
168100	3,595,874.35	(3,592,692.47)	4,915.35	.00	8,097.23	.00159530	12.92	.00314000	25.43	38.35	.00	.00
168102	7,776,122.37	(7,773,656.00)	44,700.91	.00	47,167.28	.00159530	75.25	.00314000	148.11	223.36	.00	.00
168103	2,046,579.44	(2,043,633.60)	9,250.64	.00	12,196.48	.00159530	19.46	.00314000	38.30	57.76	.00	.00
158104	1,188,042.96 ✓	(1,188,893.37)	3,061.75 ✓	.00	2,211.34 ✓	.00159530	3.53 ✓	.00314000	6.94 ✓	10.47 ✓	.00	.00
168105	2,786,317.62	(2,786,548.43)	15,406.24	.00	15,175.63	.00159530	24.21	.00314000	47.65	71.86	.00	.00
168107	2,336,512.16	(2,266,953.66)	16,214.53	.00	85,773.03	.00159530	136.83	.00314000	269.33	406.16	.00	.00
168800	1,019,338.87	(1,015,909.02)	.00	.00	3,429.85	.00159530	5.47	.00314000	10.77	16.24	.00	.00
168801	722,391.18	(718,969.32)	.00	.00	3,421.86	.00159530	5.46	.00314000	10.74	16.20	.00	.00
168802	643,390.37	(639,383.32)	.00	.00	4,007.05	.00159530	6.39	.00314000	12.58	18.97	.00	.00
169104	413,835.88	.00	221,383.09	.00	635,218.97	.00159530	1,013.36	.00292590	1,858.59	2,871.95	.00	.00
169105	281,269.73	.00	298.53	.00	281,568.26	.00159530	449.19	.00292590	823.84	1,273.03	.00	.00
170000	2,955,944,270.97	(2,881,512,429.30)	17,921,505.50 <i>R</i>	.00	92,353,347.17	.00159530	147,331.29 <i>R</i>	.00314000	289,989.51 <i>R</i>	437,320.80 <i>CF</i>	.00	.00
<u>NU - 1 Electric</u>												
Total:	3,167,723,100.98	(2,927,670,373.61)	25,109,068.35	.00	265,161,795.72		422,985.37		795,599.47	1,218,584.84	.00	.00
<u>Nuclear</u>												
Total:	3,167,723,100.98	(2,927,670,373.61)	25,109,068.35	.00	265,161,795.72		422,985.37		795,599.47	1,218,584.84	.00	.00

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Dec - 2016

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<b>NU - 1 Electric</b>												
162664	271,826.92	.00	71,030.51	.00	342,857.43	.00159530	546.96	.00292590	1,003.17	1,550.13	.00	.00
162671	23,989.55	.00	(1,334.40)	.00	22,655.15	.00159530	36.14	.00292590	66.29	102.43	.00	.00
162672	557.02	.00	22,742.76	.00	23,299.78	.00159530	37.17	.00292590	68.17	105.34	.00	.00
162685	34,528.75	.00	(311.80)	.00	34,216.95	.00159530	54.59	.00292590	100.12	154.71	.00	.00
162686	1,397,236.08 ✓	.00	158,639.93 ✓	.00	1,555,876.01 ✓	.00159530	1,241.04 ✓	.00292590	2,276.17 ✓	3,517.21 ✓	.00	.00
162696	20,861.81	.00	(4,289.70)	.00	16,572.11	.00159530	26.44	.00292590	48.49	74.93	.00	.00
162699	.00	.00	.00	.00	.00	.00159530	(16.54)	.00292590	(30.34)	(46.88)	.00	.00
162722	.00	.00	631.92	.00	631.92	.00159530	1.01	.00292590	1.85	2.86	.00	.00
166003	2,562,954.92	(2,559,635.35)	.00	.00	3,319.57	.00159530	5.30	.00314000	10.42	15.72	.00	.00
166100	3,605,705.05	(3,592,692.47)	3,706.17	.00	16,718.75	.00159530	26.67	.00314000	52.50	79.17	.00	.00
166102	7,865,524.18	(7,773,655.00)	89,764.07	.00	181,632.25	.00159530	289.76	.00314000	570.33	860.09	.00	.00
166103	2,065,080.72	(2,043,633.60)	10,011.16	.00	31,458.28	.00159530	50.19	.00314000	98.78	148.97	.00	.00
166104	1,194,166.46	(1,188,893.37)	2,318.85	.00	7,591.94	.00159530	12.11	.00314000	23.84	35.95	.00	.00
166105	2,817,130.30	(2,786,548.43)	14,073.62	.00	44,655.49	.00159530	71.24	.00314000	140.22	211.46	.00	.00
166107	2,368,941.21	(2,266,953.66)	172,361.85	.00	274,349.40	.00159530	437.67	.00314000	861.46	1,299.13	.00	.00
166800	1,019,338.87	(1,015,909.02)	.00	.00	3,429.85	.00159530	5.47	.00314000	10.77	16.24	.00	.00
166801	722,391.18	(718,969.32)	.00	.00	3,421.86	.00159530	5.46	.00314000	10.74	16.20	.00	.00
166802	643,390.37	(639,383.32)	.00	.00	4,007.05	.00159530	6.39	.00314000	12.58	18.97	.00	.00
169104	856,802.05	.00	75,168.92	.00	931,770.97	.00159530	1,486.45	.00292590	2,726.27	4,212.72	.00	.00
169105	281,866.79	.00	18,553.47	.00	300,420.26	.00159530	479.26	.00292590	879.00	1,358.26	.00	.00
170000	2,991,787,281.96	(2,881,512,429.30)	(23,202,437.57) R	.00	87,072,415.09 R	.00159530	138,906.62 f	.00314000	273,407.38 R	412,314.00	.00	.00
<b>NU - 1 Electric</b>												
Total:	3,209,751,170.98	(2,929,439,735.51)	(16,213,872.57)	.00	264,097,562.90		320,571.60		604,676.08	925,247.68	.00	.00
<b>Nuclear</b>												
Total:	3,209,751,170.98	(2,929,439,735.51)	(16,213,872.57)	.00	264,097,562.90		320,571.60		604,676.08	925,247.68	.00	.00

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Jan - 2016

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<u>NU - 1 Electric</u>												
169104	1,011,246.98	.00	22,204.39	12,306.47	1,045,757.84	.00180200	1,884.46	.00297270	3,108.72	4,993.18	.00	.00
169105	318,973.73	.00	85.40	4,611.38	323,670.51	.00180200	583.25	.00297270	962.18	1,545.43	.00	.00
170000	2,945,330,082.05	(2,881,512,429.30)	50,367,395.84	.00	114,185,048.59	.00180200	140,495.46	.00316700	1,290,415.05	1,430,910.51	(65,266.00)	928,791.00
<u>NU - 1 Electric</u>												
Total:	3,142,082,877.55	(2,929,439,735.51)	54,251,719.65	3,480,872.54	270,375,280.38		336,353.34		1,987,477.55	2,323,830.89	(92,582.00)	1,257,528.00
<u>Nuclear</u>												
Total:	3,142,082,877.55	(2,929,439,735.51)	54,251,719.65	3,480,872.54	270,375,280.38		336,353.34		1,987,477.55	2,323,830.89	(92,582.00)	1,257,528.00

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Feb - 2016

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<u>NU - 1 Electric</u>												
170000	3,046,064,873.73	(2,881,512,429.30)	48,375,835.17	.00	212,928,279.60	.00180200	383,696.76	.00316700	674,343.86	1,058,040.62	.00	.00
<u>NU - 1 Electric</u>												
Total:	3,212,143,883.86	(2,922,704,458.35)	49,798,465.90	.00	339,237,891.41		598,152.21		1,026,635.34	1,624,787.55	.00	.00
<u>Nuclear</u>												
Total:	3,212,143,883.86	(2,922,704,458.35)	49,798,465.90	.00	339,237,891.41		598,152.21		1,026,635.34	1,624,787.55	.00	.00

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Mar - 2016

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<b>NU - 1 Electric</b>												
170000	3,142,816,544.07	(2,884,525,365.85)	52,792,352.38	.00	311,083,530.60	.00180200	488,367.75	.00316700	845,977.67	1,334,345.42	(72,204.77)	(139,223.87)
<b>Total:</b>	3,309,536,507.95	(2,925,717,394.90)	56,280,429.91	.00	440,099,542.96		717,838.36		1,224,486.16	1,942,324.52	(72,204.77)	(139,223.87)
<b>Nuclear</b>												
<b>Total:</b>	3,309,536,507.95	(2,925,717,394.90)	56,280,429.91	.00	440,099,542.96		717,838.36		1,224,486.16	1,942,324.52	(72,204.77)	(139,223.87)
<b>Grand Total:</b>	3,309,536,507.95	(2,925,717,394.90)	56,280,429.91	.00	440,099,542.96		717,838.36		1,224,486.16	1,942,324.52	(72,204.77)	(139,223.87)

AFUDC Calculation Report

Business Segment	SCANA					Selected Month: Apr - 2016						
	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<u>NU - 1 Electric</u>												
170000	3,248,401,248.83 ✓	(2,884,525,365.85) ✓	44,850,435.25 ✓	00	408,726,319.23 ✓	00180200	736,524.83 ✓	00316700	1,294,436.25 ✓	2,030,961.08 ✓	00	00
<u>NU - 1 Electric</u>												
Total:	3,455,046,419.28	(2,934,187,861.29)	48,056,391.56	00	568,914,949.55		964,819.80		1,671,269.84	2,636,089.64	00	00
<u>Nuclear</u>												
Total:	3,455,046,419.28	(2,934,187,861.29)	48,056,391.56	.00	568,914,949.55		964,819.80		1,671,269.84	2,636,089.64	00	00

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: May - 2016

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj	Input Equity Adj.
<u>NU - 1 Electric</u>												
162616	65,847.47	00	(26.79)	00	65,820.68	00180200	118.61	00297270	195.67	314.28	00	00
162625	261,489.64	00	1.72	00	261,491.36	00180200	471.21	00297270	777.34	1,248.55	.00	00
162635	35,671.36	.00	692.82	00	36,364.18	00180200	65.53	00297270	108.10	173.63	00	00
162646	19,532.86	00	311.99	00	19,844.65	00180200	35.76	00297270	58.99	94.75	.00	00
162648	14,654.20	00	(187.65)	00	14,466.55	00180200	26.07	00297270	43.00	69.07	00	.00
162652	1,509,691.66	00	10,168.88	.00	1,519,860.54	00180200	2,738.79	.00297270	4,518.09	7,256.88	00	.00
162666	767,631.54	00	144,553.35	00	912,184.89	00180200	1,643.76	00297270	2,711.65	4,355.41	00	00
162671	46,070.23	00	436.14	00	46,506.37	00180200	83.80	00297270	138.25	222.05	00	.00
162702	.00	.00	00	00	00	00180200	(12.67)	00297270	(21.22)	(34.09)	00	.00
162709	208,595.19	.00	57,612.84	00	266,208.03	.00180200	479.71	00297270	791.36	1,271.07	.00	.00
162713	173,010.96	00	104,965.78	00	277,976.74	00180200	500.91	00297270	826.34	1,327.25	.00	00
162718	9,323.00	00	21,298.36	.00	30,621.36	00180200	55.18	00297270	91.03	146.21	00	00
162730	(21,695.53)	00	24,885.25	00	3,189.72	00180200	5.75	00297270	9.48	15.23	00	00
162740	.00	00	439.26	00	439.26	00180200	.79	00297270	1.31	2.10	.00	.00
162750	102,906.20	00	6,522.88	00	109,429.08	00180200	197.19	00297270	325.30	522.49	00	.00
162760	00	00	13,195.22	00	13,195.22	00180200	23.78	00297270	39.23	63.01	.00	00
168003	2,562,954.92	(2,559,635.35)	00	.00	3,319.57	00180200	5.98	.00316700	10.51	16.49	00	00
168100	3,615,893.70	(3,592,692.47)	933.13	00	24,134.36	00180200	43.49	00316700	76.43	119.92	00	00
168102	8,150,798.94	(7,773,656.00)	33,198.69	00	410,341.63	00180200	739.44	.00316700	1,299.55	2,038.99	00	00
168103	2,082,858.19	(2,043,633.60)	1,106.52	00	40,331.11	.00180200	72.68	00316700	127.73	200.41	00	.00
168104	1,199,935.48	(1,188,893.37)	1,040.16	00	12,082.27	00180200	21.77	00316700	38.26	60.03	00	.00
168105	2,847,016.63	(2,786,548.43)	4,603.66	00	65,071.86	.00180200	117.26	.00316700	206.05	323.34	00	00
168107	2,898,962.51	(2,266,953.66)	15,574.92	00	647,583.77	00180200	1,166.95	00316700	2,050.90	3,217.85	00	00
168800	1,019,193.37	(1,015,909.02)	00	.00	3,284.35	.00180200	5.92	00316700	10.40	16.32	00	00
168801	722,391.18	(718,969.32)	00	00	3,421.86	.00180200	6.17	.00316700	10.84	17.01	.00	.00
168802	643,390.37	(639,383.32)	00	00	4,007.05	00180200	7.22	00316700	12.69	19.91	00	00
169104	1,182,092.73	00	3,777.27	.00	1,185,870.00	.00180200	2,136.94	00297270	3,525.24	5,662.18	00	00
169105	406,304.80	00	(521.43)	00	405,783.37	.00180200	731.22	00297270	1,206.27	1,937.49	00	00
170000	3,338,102,043.70	(2,884,525,365.85)	45,513,803.84	00	499,090,467.69	00180200	899,361.06	00316700	1,580,619.57	2,479,980.63	00	00

NU - 1 Electric

Total: 3,505,602,961.81 (2,925,751,567.57) 47,726,492.63 00 627,577,886.87 1,130,882.52 1,962,788.65 3,093,671.17 00 00

Nuclear

Total: 3,505,602,961.81 (2,925,751,567.57) 47,726,492.63 00 627,577,886.87 1,130,882.52 1,962,788.65 3,093,671.17 00 00



AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Jun - 2016

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj	Input Equity Adj.
<u>NU - 1 Electric</u>												
162610	172,800.09	.00	20,810.40	00	193,610.49	.00180200	1,069.22	00297270	1,851.30	2,920.52	720.33	1,275.75
162615	62,903.98	00	(1.37)	00	62,902.61	.00180200	113.35	00297270	186.99	300.34	00	00
162625	261,493.08	00	32,750.00	00	294,243.08	.00180200	530.23	00297270	874.70	1,404.93	00	00
162635	37,056.99	00	351.58	00	37,408.57	.00180200	67.41	00297270	111.20	176.61	00	00
162646	20,156.64	00	(15,076.35)	00	5,080.29	.00180200	(181.39)	.00297270	(302.61)	(484.20)	(181.39)	(302.61)
162648	14,278.90	00	8,263.37	00	22,542.27	.00180200	40.62	00297270	67.01	107.63	00	00
162652	1,530,029.42	00	6,373.86	00	1,536,403.28	.00180200	2,768.60	.00297270	4,567.27	7,335.87	00	00
162666	1,056,736.24	00	307,605.36	00	1,364,343.60	.00180200	2,458.55	00297270	4,055.78	6,514.33	00	00
162671	00	00	00	00	00	.00180200	(41.90)	00297270	(69.13)	(111.03)	00	00
162709	323,820.86	00	17,759.86	00	341,580.72	.00180200	615.53	00297270	1,015.42	1,630.95	00	00
162713	382,942.51	00	89,198.13	00	472,140.64	.00180200	850.80	00297270	1,403.53	2,254.33	00	00
162718	51,919.71	00	2,715.56	00	54,635.27	.00180200	98.45	00297270	162.41	260.86	00	00
162730	28,074.97	00	5,608.81	00	33,683.78	.00180200	60.70	.00297270	100.13	160.83	00	00
162740	878.51	00	7,636.00	00	8,514.51	.00180200	15.34	00297270	25.31	40.65	00	00
162750	115,951.96	00	3,455.22	00	119,407.18	.00180200	215.17	00297270	354.96	570.13	00	00
162760	00	00	00	00	00	.00180200	(11.89)	00297270	(19.62)	(31.51)	00	00
168003	2,562,954.92	(2,559,535.35)	00	00	3,319.57	.00180200	5.98	00316700	10.51	16.49	00	00
168100	3,617,759.96	(3,592,692.47)	3,046.56	00	28,114.05	.00180200	50.66	00316700	89.04	139.70	00	00
168102	6,217,196.32	(7,773,656.00)	5,869.60	00	449,409.92	.00180200	809.84	00316700	1,423.28	2,233.12	00	00
168103	2,085,071.23	(2,043,633.60)	9,008.50	00	50,446.13	.00180200	90.90	00316700	159.76	250.66	00	00
168104	1,202,015.79	(1,188,893.37)	667.00	.00	13,789.42	.00180200	24.85	00316700	43.67	68.52	00	00
168105	2,856,223.95	(2,786,548.43)	4,742.32	00	74,417.84	.00180200	134.10	00316700	235.68	369.78	00	00
168107	2,930,112.35	(2,266,953.66)	46,370.78	00	709,529.47	.00180200	1,278.57	00316700	2,247.08	3,525.65	00	00
168800	1,019,193.37	(1,015,909.02)	00	00	3,284.35	.00180200	5.92	00316700	10.40	16.32	00	00
168801	722,391.18	(718,969.32)	00	00	3,421.86	.00180200	6.17	00316700	10.84	17.01	00	00
168802	643,390.37	(639,383.32)	00	00	4,007.05	.00180200	7.22	00316700	12.69	19.91	00	00
169104	00	00	00	00	00	.00180200	(12,070.77)	00297270	(20,280.32)	(32,351.09)	00	00
169105	00	00	00	00	00	.00180200	(3,851.43)	00297270	(6,483.38)	(10,334.81)	00	00
170000	3,429,129,663.37	(2,884,525,365.85)	47,816,948.08	00	592,421,245.60	.00180200	1,067,543.08	00316700	1,876,198.08	2,943,741.16	00	00
<u>NU - 1 Electric</u>												
Total	3,598,903,277.14	(2,925,751,567.57)	50,266,792.33	00	723,418,501.90		1,284,828.39		2,234,323.77	3,519,152.16	(181.39)	(302.61)
<u>Nuclear</u>												
Total	3,598,903,277.14	(2,925,751,567.57)	50,266,792.33	00	723,418,501.90		1,284,828.39		2,234,323.77	3,519,152.16	(181.39)	(302.61)

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Jul - 2016

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<b>NU - 1 Electric</b>												
162636	.00	.00	.00	1,009.47	.00	.00180200	(33.71)	.00297270	(55.60)	(89.31)	.00	.00
162637	44,327.82	.00	9,442.27	1,190.42	54,960.51	.00180200	99.04	.00297270	183.38	262.42	.00	.00
162648	30,805.63	.00	(204.90)	211.68	30,812.41	.00180200	55.52	.00297270	91.60	147.12	.00	.00
162652	1,542,777.13	.00	3,502.40	36,519.57	1,582,799.10	.00180200	2,852.20	.00297270	4,705.19	7,557.39	.00	.00
162666	1,671,948.96	.00	142,251.05	18,108.88	1,832,308.89	.00180200	3,301.82	.00297270	5,446.90	8,748.72	.00	.00
162709	359,340.58	.00	103,413.40	6,493.45	469,247.43	.00180200	845.58	.00297270	1,394.93	2,240.51	.00	.00
162713	561,338.76	.00	41,624.58	4,377.48	607,340.92	.00180200	1,094.43	.00297270	1,805.44	2,899.87	.00	.00
162718	57,350.82	.00	(1,271.71)	444.21	56,523.32	.00180200	101.86	.00297270	168.03	269.89	.00	.00
162730	39,292.58	.00	26,343.86	176.06	65,812.60	.00180200	118.59	.00297270	195.64	314.23	.00	.00
162740	16,150.51	.00	1,653.94	42.75	17,847.20	.00180200	32.16	.00297270	53.05	85.21	.00	.00
162750	.00	.00	.00	1,338.29	.00	.00180200	(458.72)	.00297270	(756.74)	(1,215.46)	.00	.00
162756	(30,648.18)	.00	41,991.31	.00	11,343.13	.00180200	20.44	.00297270	33.72	54.16	.00	.00
162768	.00	.00	2,695.91	.00	2,695.91	.00180200	4.86	.00297270	8.01	12.87	.00	.00
168003	2,562,954.92	(2,559,635.35)	.00	.00	3,319.57	.00180200	5.98	.00316700	10.51	16.49	.00	.00
168100	3,623,853.08	(3,592,692.47)	211.59	.00	31,372.20	.00180200	56.53	.00316700	99.36	155.89	.00	.00
168102	8,228,935.51	(7,773,656.00)	(16,919.69)	.00	438,359.82	.00180200	789.92	.00316700	1,388.29	2,178.21	.00	.00
168103	2,103,088.22	(2,043,633.60)	(802.47)	.00	58,652.15	.00180200	105.69	.00316700	185.75	291.44	.00	.00
168104	1,203,349.78	(1,188,893.37)	144.99	.00	14,601.40	.00180200	26.31	.00316700	46.24	72.55	.00	.00
168105	2,865,708.56	(2,786,548.43)	700.35	.00	79,860.50	.00180200	143.91	.00316700	252.92	396.83	.00	.00
168107	3,022,853.91	(2,266,953.66)	(5,101.03)	.00	750,799.22	.00180200	1,352.94	.00316700	2,377.78	3,730.72	.00	.00
168800	1,019,193.37	(1,015,909.02)	.00	.00	3,284.35	.00180200	5.92	.00316700	10.40	16.32	.00	.00
168801	722,391.18	(718,969.32)	.00	.00	3,421.86	.00180200	6.17	.00316700	10.84	17.01	.00	.00
168802	643,390.37	(639,383.32)	.00	.00	4,007.05	.00180200	7.22	.00316700	12.69	19.91	.00	.00
170000	3,524,763,559.52	(2,884,525,365.85)	59,950,642.73 ✓	.00	700,186,836.40 ✓	.00180200	1,261,740.28 ✓	.00316700	2,217,498.04 ✓	3,479,238.32 ✓	.00	.00

**NU - 1 Electric**

Total: 3,699,146,652.98 (2,925,751,567.57) 61,803,194.71 3,327,391.43 838,516,823.20 1,510,025.88 2,627,356.28 4,137,382.16 .00 .00

**Nuclear**

Total: 3,699,146,652.98 (2,925,751,567.57) 61,803,194.71 3,327,391.43 838,516,823.20 1,510,025.88 2,627,356.28 4,137,382.16 .00 .00

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Aug - 2016

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<b>NU - 1 Electric</b>												
162709	572,660.82	.00	35,163.23	.00	607,824.05	.00180200	1,095.30	.00297270	1,806.88	2,902.18	.00	.00
162713	648,965.60	.00	17,228.17	.00	666,193.77	.00180200	600.24	.00297270	990.20	1,590.44	.00	.00
162718	55,251.61	.00	21,363.38	.00	76,614.99	.00180200	138.06	.00297270	227.75	365.81	.00	.00
162730	92,156.35	.00	(3,689.00)	.00	88,467.35	.00180200	159.42	.00297270	262.99	422.41	.00	.00
162740	19,501.14	.00	2,975.28	.00	22,476.42	.00180200	40.50	.00297270	66.82	107.32	.00	.00
162756	53,334.44	.00	38,734.90	.00	92,069.34	.00180200	165.91	.00297270	273.69	439.60	.00	.00
162768	5,391.81	.00	95.85	.00	5,487.76	.00180200	9.89	.00297270	16.31	26.20	.00	.00
162773	.00	.00	8,333.34	.00	8,333.34	.00180200	15.02	.00297270	24.77	39.79	.00	.00
162780	.00	.00	2,709.03	.00	2,709.03	.00180200	4.88	.00297270	8.05	12.93	.00	.00
162781	.00	.00	39,938.61	.00	39,938.61	.00180200	71.97	.00297270	118.73	190.70	.00	.00
168003	2,562,954.92	(2,559,635.35)	.00	.00	3,319.57	.00180200	5.98	.00316700	10.51	16.49	.00	.00
168100	3,624,276.25	(3,592,692.47)	.00	.00	31,583.78	.00180200	56.91	.00316700	100.03	156.94	.00	.00
168102	8,195,096.14	(7,773,656.00)	(5,829.56)	.00	415,610.58	.00180200	748.93	.00316700	1,316.24	2,065.17	.00	.00
168103	2,101,483.29	(2,043,633.60)	4,441.57	.00	62,291.26	.00180200	112.25	.00316700	197.28	309.53	.00	.00
168104	1,203,639.75	(1,188,893.37)	.00	.00	14,746.38	.00180200	26.57	.00316700	45.70	73.27	.00	.00
168105	2,867,109.28	(2,786,548.43)	.00	.00	80,560.85	.00180200	145.17	.00316700	255.14	400.31	.00	.00
168107	3,012,651.86	(2,266,953.66)	(971.54)	.00	744,726.66	.00180200	1,342.00	.00316700	2,358.55	3,700.55	.00	.00
168800	1,019,193.37	(1,015,909.02)	.00	.00	3,284.35	.00180200	5.92	.00316700	10.40	16.32	.00	.00
168801	722,391.18	(718,969.32)	.00	.00	3,421.86	.00180200	6.17	.00316700	10.84	17.01	.00	.00
168802	643,390.37	(639,383.32)	.00	.00	4,007.05	.00180200	7.22	.00316700	12.69	19.91	.00	.00
170000	3,644,654,844.97	(2,884,525,365.35)	47,578,635.47	.00	807,718,114.59	.00180200	1,455,508.04	.00316700	2,558,043.27	4,013,551.31	.00	.00
<b>NU - 1 Electric</b>												
<b>Total:</b>	<b>3,791,457,374.25</b>	<b>(2,925,751,567.57)</b>	<b>50,498,768.04</b>	<b>.00</b>	<b>921,051,097.17</b>		<b>1,350,025.84</b>		<b>2,381,574.50</b>	<b>3,731,600.34</b>	<b>.00</b>	<b>.00</b>
<b>Nuclear</b>												
<b>Total:</b>	<b>3,791,457,374.25</b>	<b>(2,925,751,567.57)</b>	<b>50,498,768.04</b>	<b>.00</b>	<b>921,051,097.17</b>		<b>1,350,025.84</b>		<b>2,381,574.50</b>	<b>3,731,600.34</b>	<b>.00</b>	<b>.00</b>

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Sep - 2016

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<u>NU - 1 Electric</u>												
162709	642,987.28	.00	82,837.83	.00	725,825.11	.00180200	1,307.94	.00297270	2,157.66	3,465.60	.00	.00
162718	97,978.37	.00	(24,488.60)	.00	73,489.77	.00180200	132.43	.00297270	218.46	350.89	.00	.00
162730	84,778.35	.00	34,345.60	.00	119,123.95	.00180200	214.66	.00297270	354.12	568.78	.00	.00
162740	25,451.70	.00	1,482.51	.00	26,934.21	.00180200	48.54	.00297270	80.07	128.61	.00	.00
162756	130,804.24	.00	492.21	.00	131,296.45	.00180200	236.60	.00297270	390.30	626.90	.00	.00
162768	.00	.00	.00	.00	.00	.00180200	(12.32)	.00297270	(20.32)	(32.64)	.00	.00
162773	16,666.67	.00	938.22	.00	17,604.89	.00180200	31.72	.00297270	52.33	84.05	.00	.00
162780	5,418.06	.00	64.15	.00	5,482.20	.00180200	9.88	.00297270	16.30	26.18	.00	.00
162781	79,877.21	.00	945.80	.00	80,823.01	.00180200	145.64	.00297270	240.26	385.90	.00	.00
168003	2,562,954.92	(2,559,635.35)	.00	.00	3,319.57	.00180200	5.98	.00316700	10.51	16.49	.00	.00
168100	3,624,276.25	(3,592,692.47)	.00	.00	31,583.78	.00180200	56.91	.00316700	100.03	156.94	.00	.00
168102	8,183,437.03	(7,773,656.00)	5,189.15	.00	414,970.18	.00180200	747.78	.00316700	1,314.21	2,061.99	.00	.00
168103	2,110,366.42	(2,043,633.60)	1,285.01	.00	68,017.83	.00180200	122.57	.00316700	215.41	337.98	.00	.00
168104	1,203,639.75	(1,188,893.37)	.00	.00	14,746.38	.00180200	26.57	.00316700	46.70	73.27	.00	.00
168105	2,867,109.28	(2,786,548.43)	.00	.00	80,560.85	.00180200	145.17	.00316700	255.14	400.31	.00	.00
168107	3,010,708.78	(2,286,953.66)	(6,709.83)	.00	737,045.29	.00180200	1,328.16	.00316700	2,334.22	3,662.38	.00	.00
168800	1,019,193.37	(1,015,909.02)	.00	.00	3,284.35	.00180200	5.92	.00316700	10.40	16.32	.00	.00
168801	722,391.18	(718,969.32)	.00	.00	3,421.86	.00180200	6.17	.00316700	10.84	17.01	.00	.00
168802	643,390.37	(639,383.32)	.00	.00	4,007.05	.00180200	7.22	.00316700	12.69	19.91	.00	.00
170000	3,739,822,115.91	(2,884,525,365.85)	(3,113,144.97)	.00	852,183,605.09	.00180200	1,535,634.86	.00316700	2,698,865.48	4,234,500.34	.00	.00
<u>NU - 1 Electric</u>												
Total:	3,890,690,925.66	(2,920,905,045.12)	(1,443,632.29)	.00	968,342,248.25		1,716,934.57		2,998,032.80	4,714,967.37	.00	.00
<u>Nuclear</u>												
Total:	3,890,690,925.66	(2,920,905,045.12)	(1,443,632.29)	.00	968,342,248.25		1,716,934.57		2,998,032.80	4,714,967.37	.00	.00

AFUDC Calculation Report

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	SCANA Nuclear		AFUDC Debt	Equity Rate	AFUDC Equity	Selected Month: Oct - 2016		
					Total AFUDC Base	Debt Rate				Total AFUDC	Input Debt Adj.	Input Equity Adj.
<u>NU - 1 Electric</u>												
162740	28,416.71	.00	1,217.41	.00	29,634.12	.00180200	53.40	.00297270	88.09	141.49	.00	.00
162756	131,788.65	.00	467.07	.00	132,255.72	.00180200	238.32	.00297270	393.16	631.48	.00	.00
162772	(7,331.41)	.00	13,900.51	.00	6,569.10	.00180200	11.84	.00297270	19.53	31.37	.00	.00
162773	18,543.10	.00	27,864.25	.00	46,407.35	.00180200	83.63	.00297270	137.96	221.59	.00	.00
162777	.00	.00	6,066.67	.00	6,066.67	.00180200	10.93	.00297270	18.03	28.96	.00	.00
162780	.00	.00	.00	.00	.00	.00180200	(4.94)	.00297270	(8.15)	(13.09)	.00	.00
162781	.00	.00	.00	.00	.00	.00180200	(181.63)	.00297270	(299.63)	(481.26)	.00	.00
162790	.00	.00	10,877.16	.00	10,877.16	.00180200	19.60	.00297270	32.33	51.93	.00	.00
162804	.00	.00	3,293.26	.00	3,293.26	.00180200	5.93	.00297270	9.79	15.72	.00	.00
168003	2,562,954.92	(2,559,635.35)	.00	.00	3,319.57	.00180200	5.98	.00316700	10.51	16.49	.00	.00
168100	3,624,276.25	(3,592,692.47)	.00	.00	31,583.78	.00180200	56.91	.00316700	100.03	156.94	.00	.00
168102	8,193,815.32	(7,773,656.00)	73,275.80	.00	493,435.12	.00180200	889.17	.00316700	1,562.71	2,451.88	.00	.00
168103	2,112,936.43	(2,043,633.60)	(1,390.92)	.00	67,911.91	.00180200	122.38	.00316700	215.08	337.46	.00	.00
168104	1,203,639.75	(1,188,893.37)	.00	.00	14,746.38	.00180200	26.57	.00316700	46.70	73.27	.00	.00
168105	2,867,109.28	(2,786,548.43)	.00	.00	80,560.85	.00180200	145.17	.00316700	255.14	400.31	.00	.00
168107	2,997,289.13	(2,266,953.66)	(2,035.41)	.00	728,300.06	.00180200	1,312.40	.00316700	2,306.53	3,618.93	.00	.00
168800	1,019,193.37	(1,015,909.02)	.00	.00	3,284.35	.00180200	5.92	.00316700	10.40	16.32	.00	.00
168801	722,391.18	(718,969.32)	.00	.00	3,421.86	.00180200	6.17	.00316700	10.84	17.01	.00	.00
168802	643,390.37	(639,383.32)	.00	.00	4,007.05	.00180200	7.22	.00316700	12.69	19.91	.00	.00
170000	3,733,595,825.97	(2,884,525,365.85)	48,113,469.80	.00	897,183,929.92	.00180200	1,616,725.44	.00316700	2,841,381.51	4,458,106.95	.00	.00
<u>NU - 1 Electric</u>												
Total:	3,888,452,886.51	(2,920,905,045.12)	50,067,762.01	.00	1,017,615,603.40		1,833,556.77		3,199,358.92	5,032,915.69	.00	.00
<u>Nuclear</u>												
Total:	3,888,452,886.51	(2,920,905,045.12)	50,067,762.01	.00	1,017,615,603.40		1,833,556.77		3,199,358.92	5,032,915.69	.00	.00

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Nov - 2016

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<u>NU - 1 Electric</u>												
162756	132,722.78	.00	9,492.28	.00	142,215.06	.00180200	256.27	.00297270	422.76	679.03	.00	.00
162771	(23,716.30)	.00	51,541.65	.00	27,825.35	.00180200	50.14	.00297270	82.72	132.86	.00	.00
162772	.00	.00	.00	.00	.00	.00180200	(5.92)	.00297270	(9.77)	(15.69)	.00	.00
162773	74,271.59	.00	1,297.60	.00	75,569.19	.00180200	136.18	.00297270	224.64	360.82	.00	.00
162777	12,133.33	.00	(5,681.09)	.00	6,452.24	.00180200	11.63	.00297270	19.18	30.81	.00	.00
162790	.00	.00	.00	.00	.00	.00180200	(9.80)	.00297270	(16.17)	(25.97)	.00	.00
162799	.00	.00	3,280.45	.00	3,280.45	.00180200	5.91	.00297270	9.75	15.66	.00	.00
162802	.00	.00	2,294.87	.00	2,294.87	.00180200	4.14	.00297270	6.82	10.96	.00	.00
162804	.00	.00	.00	.00	.00	.00180200	(2.97)	.00297270	(4.90)	(7.87)	.00	.00
168003	2,562,954.92	(2,559,635.35)	.00	.00	3,319.57	.00180200	5.98	.00316700	10.51	16.49	.00	.00
168100	3,624,276.25	(3,592,692.47)	.00	.00	31,583.78	.00180200	56.91	.00316700	100.03	156.94	.00	.00
168102	8,340,366.91	(7,773,656.00)	2,549.56	.00	569,260.47	.00180200	1,025.81	.00316700	1,802.85	2,828.66	.00	.00
168103	2,110,154.60	(2,043,633.60)	2,451.95	.00	68,972.95	.00180200	124.29	.00316700	218.44	342.73	.00	.00
168104	1,203,639.75	(1,188,893.37)	.00	.00	14,746.38	.00180200	26.57	.00316700	46.70	73.27	.00	.00
168105	2,867,109.28	(2,786,548.43)	.00	.00	80,560.85	.00180200	145.17	.00316700	255.14	400.31	.00	.00
168107	2,993,218.32	(2,266,953.66)	(7,604.77)	.00	718,659.89	.00180200	1,295.03	.00316700	2,276.00	3,571.03	.00	.00
168800	1,019,193.37	(1,015,909.02)	.00	.00	3,284.35	.00180200	5.92	.00316700	10.40	16.32	.00	.00
168801	722,391.18	(718,969.32)	.00	.00	3,421.86	.00180200	6.17	.00316700	10.84	17.01	.00	.00
168802	643,390.37	(639,363.32)	.00	.00	4,007.05	.00180200	7.22	.00316700	12.69	19.91	.00	.00
170000	3,829,763,651.11	(2,957,520,895.46)	45,943,040.66	.00	918,185,796.31	.00180200	1,654,570.80	.00316700	2,907,894.42	4,562,465.22	.00	.00
<u>NU - 1 Electric</u>												
Total:	3,989,853,350.28	(2,995,635,763.96)	46,048,068.69	.00	1,040,265,655.01		1,782,682.36		3,152,496.17	4,935,178.53	(93,191.85)	(120,766.16)
<u>Nuclear</u>												
Total:	3,989,853,350.28	(2,995,635,763.96)	46,048,068.69	.00	1,040,265,655.01		1,782,682.36		3,152,496.17	4,935,178.53	(93,191.85)	(120,766.16)

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Dec - 2016

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<u>NU - 1 Electric</u>												
162770	16,182.48	.00	23,239.51	.00	39,421.99	.00180200	71.04	.00297270	117.19	188.23	.00	.00
162771	79,366.99	.00	(3,350.05)	.00	76,016.94	.00180200	136.98	.00297270	225.98	362.96	.00	.00
162773	76,866.78	.00	12,295.21	.00	89,161.99	.00180200	160.67	.00297270	265.05	425.72	.00	.00
162777	771.15	.00	16,030.45	.00	16,801.60	.00180200	30.28	.00297270	49.95	80.23	.00	.00
162799	6,560.90	.00	163.25	.00	6,724.15	.00180200	12.12	.00297270	19.99	32.11	.00	.00
162802	4,589.73	.00	33,266.23	.00	37,855.96	.00180200	68.22	.00297270	112.53	180.75	.00	.00
162810	.00	.00	2,045.48	.00	2,045.48	.00180200	3.69	.00297270	6.08	9.77	.00	.00
168102	8,345,466.03	(8,275,587.83)	3,895.25	.00	73,773.45	.00180200	132.94	.00316700	233.64	366.58	.00	.00
168103	2,115,058.49	(2,107,437.84)	769.80	.00	8,390.45	.00180200	15.12	.00316700	26.57	41.69	.00	.00
170000	3,921,649,732.43	(3,377,461,678.58)	17,011,736.08	.00	561,199,789.93	.00180200	1,011,282.02	.00316700	1,777,319.73	2,788,601.75	.00	.00
<u>NU - 1 Electric</u>												
Total:	4,065,606,608.06	(3,399,638,108.98)	21,339,851.73	.00	687,308,350.81		1,238,529.64		2,152,218.64	3,390,748.28	.00	.00
<u>Nuclear</u>												
Total:	4,065,606,608.06	(3,399,638,108.98)	21,339,851.73	.00	687,308,350.81		1,238,529.64		2,152,218.64	3,390,748.28	.00	.00

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Jan - 2017

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<u>NU - 1 Electric</u>												
162740	16,441.19	.00	1,639.89	743.55	18,824.63	.00196650	37.02	.00307800	57.94	94.96	.00	.00
162756	154,631.26	.00	20,366.70	3,162.51	178,160.47	.00196650	350.35	.00307800	548.38	898.73	.00	.00
162758	(14,122.00)	.00	21,183.00	.00	7,061.00	.00196650	13.89	.00307800	21.73	35.62	.00	.00
162766	.00	.00	18,129.59	.00	18,129.59	.00196650	35.65	.00307800	55.80	91.45	.00	.00
162770	62,661.49	.00	797.65	188.23	63,647.37	.00196650	125.16	.00307800	195.91	321.07	.00	.00
162771	72,666.90	.00	(5,261.47)	495.82	67,901.25	.00196650	133.53	.00307800	209.00	342.53	.00	.00
162773	101,457.19	.00	46.62	1,131.97	102,635.78	.00196650	201.83	.00307800	315.91	517.74	.00	.00
162775	(82,280.00)	.00	123,420.00	.00	41,140.00	.00196650	80.90	.00307800	126.63	207.53	.00	.00
162777	32,832.05	.00	19,013.91	140.00	51,985.96	.00196650	102.23	.00307800	160.01	262.24	.00	.00
162783	.00	.00	11,316.34	.00	11,316.34	.00196650	22.25	.00307800	34.83	57.08	.00	.00
162802	71,122.18	.00	832.23	191.71	72,146.12	.00196650	141.88	.00307800	222.07	363.95	.00	.00
162810	4,090.95	.00	839.62	9.77	4,940.34	.00196650	9.72	.00307800	15.21	24.93	.00	.00
162814	(105,333.34)	.00	156,666.67	.00	51,333.33	.00196650	100.95	.00307800	158.00	258.95	.00	.00
168102	8,353,256.53	(8,275,587.83)	21,244.76	.00	98,913.46	.00196650	194.51	.00314710	311.29	505.80	.00	.00
168103	2,116,598.09	(2,107,437.84)	1,439.81	.00	10,600.06	.00196650	20.85	.00314710	33.36	54.21	.00	.00
168107	2,993,691.64	(3,033,088.13)	84,821.23	.00	45,424.74	.00196650	89.33	.00314710	142.96	232.29	.00	.00
170000	3,955,673,204.59	(3,377,368,643.33)	24,465,661.36	.00	602,770,222.62	.00196650	(842,402.36)	.00314710	(2,660,230.83)	(3,502,633.19)	(2,027,750.00)	(4,557,209.00)

NU - 1 Electric

Total: 4,102,853,746.00 (3,402,578,161.86) 29,373,824.20 3,315,380.47 732,704,296.48 (1,015,095.23) (3,179,195.23) (4,194,290.46) (2,447,511.00) (5,462,186.00)

Nuclear

Total: 4,102,853,746.00 (3,402,578,161.86) 29,373,824.20 3,315,380.47 732,704,296.48 (1,015,095.23) (3,179,195.23) (4,194,290.46) (2,447,511.00) (5,462,186.00)



AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Feb - 2017

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<u>NU - 1 Electric</u>												
162770	64,445.01	.00	17,938.08	.00	82,383.09	.00196650	162.01	.00307800	253.58	415.59	.00	.00
162771	62,639.79	.00	8,262.57	.00	70,902.36	.00196650	139.43	.00307800	218.24	357.57	.00	.00
162773	102,682.39	.00	.00	.00	102,682.39	.00196650	201.92	.00307800	316.06	517.98	.00	.00
162775	164,560.00	.00	27.43	.00	164,587.43	.00196650	323.66	.00307800	506.60	830.26	.00	.00
162777	70,999.86	.00	(280.46)	.00	70,719.40	.00196650	139.07	.00307800	217.67	356.74	.00	.00
162782	.00	.00	23,735.42	.00	23,735.42	.00196650	46.68	.00307800	73.06	119.74	.00	.00
162783	22,632.68	.00	485.14	.00	23,117.82	.00196650	45.46	.00307800	71.16	116.62	.00	.00
162802	72,978.35	.00	8.72	.00	72,987.07	.00196650	143.53	.00307800	224.65	368.18	.00	.00
162810	5,779.96	.00	523.46	.00	6,303.42	.00196650	12.40	.00307800	19.40	31.80	.00	.00
162814	208,000.00	.00	(290.68)	.00	207,709.32	.00196650	408.46	.00307800	639.33	1,047.79	.00	.00
162828	.00	.00	26,349.11	.00	26,349.11	.00196650	51.82	.00307800	81.10	132.92	.00	.00
162829	.00	.00	16,772.87	.00	16,772.87	.00196650	32.98	.00307800	51.63	84.61	.00	.00
168101	4,143,382.29	(4,145,546.73)	.00	.00	2,835.56	.00196650	5.58	.00314710	8.92	14.50	.00	.00
168102	8,395,746.04	(8,275,587.83)	2,510.97	.00	122,699.16	.00196650	241.23	.00314710	386.05	627.28	.00	.00
168103	2,119,477.71	(2,107,437.84)	201.56	.00	12,241.43	.00196650	24.07	.00314710	38.53	62.60	.00	.00
168107	3,163,334.10	(3,033,088.13)	8,786.68	.00	139,032.65	.00196650	273.41	.00314710	437.55	710.96	.00	.00
170000	4,004,601,183.30	(3,377,368,643.33)	7,655,477.54	.00	634,888,017.51	.00196650	1,248,507.29	.00314710	1,998,056.08	3,246,563.37	.00	.00
<u>NU - 1 Electric</u>												
Total:	4,168,762,459.22	(3,406,723,708.59)	9,398,816.10	.00	771,437,566.73		1,517,010.06		2,418,339.19	3,935,349.25	(14.99)	(24.65)
<u>Nuclear</u>												
Total:	4,168,762,459.22	(3,406,723,708.59)	9,398,816.10	.00	771,437,566.73		1,517,010.06		2,418,339.19	3,935,349.25	(14.99)	(24.65)

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Mar - 2017

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<b>NU - 1 Electric</b>												
162777	70,438.95	.00	7,057.24	.00	77,496.19	.00196650	152.40	.00307800	238.53	390.93	.00	.00
162782	47,470.84	.00	(66.81)	.00	47,404.03	.00196650	93.22	.00307800	145.91	239.13	.00	.00
162802	72,995.79	.00	5,329.09	.00	78,324.88	.00196650	154.03	.00307800	241.08	395.11	.00	.00
162810	6,826.88	.00	9,798.85	.00	16,625.73	.00196650	32.69	.00307800	51.17	83.86	.00	.00
162814	207,418.65	.00	1,007.92	.00	208,426.57	.00196650	409.87	.00307800	641.54	1,051.41	.00	.00
162823	(7,022.36)	.00	135,738.92	.00	128,716.56	.00196650	253.12	.00307800	396.19	649.31	.00	.00
162824	(2,739.30)	.00	37,184.14	.00	34,444.84	.00196650	67.74	.00307800	106.02	173.76	.00	.00
162828	52,698.21	.00	(74.16)	.00	52,624.05	.00196650	103.49	.00307800	161.98	265.47	.00	.00
162829	33,545.73	.00	(47.21)	.00	33,498.52	.00196650	65.87	.00307800	103.11	168.98	.00	.00
162833	.00	.00	3,323.11	.00	3,323.11	.00196650	6.53	.00307800	10.23	16.76	.00	.00
168101	4,148,382.29	(4,145,546.73)	.00	.00	2,835.56	.00196650	5.58	.00314710	8.92	14.50	.00	.00
168102	8,400,767.97	(8,275,587.83)	60,595.10	.00	185,775.24	.00196650	365.33	.00314710	584.65	949.98	.00	.00
168103	2,119,880.83	(2,107,437.84)	(194.31)	.00	12,248.68	.00196650	24.09	.00314710	38.55	62.64	.00	.00
168107	3,180,907.45	(3,033,088.13)	(32,575.40)	.00	115,243.92	.00196650	226.63	.00314710	352.68	589.31	.00	.00
170000	4,019,912,138.37	(3,377,368,643.33)	61,789,747.85	.00	704,333,242.89	.00196650	1,385,071.32	.00314710	2,216,607.15	3,601,678.47	.00	.00
<b>NU - 1 Electric</b>												
Total:	4,177,295,204.38	(3,406,723,708.59)	64,512,806.87	.00	835,084,302.66		1,605,339.21		2,560,931.36	4,166,270.57	.00	.00
<b>Nuclear</b>												
Total:	4,177,295,204.38	(3,406,723,708.59)	64,512,806.87	.00	835,084,302.66		1,605,339.21		2,560,931.36	4,166,270.57	.00	.00

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Apr - 2017

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<b>NU - 1 Electric</b>												
162815	(123,275.61)	.00	197,407.27	.00	74,131.66	.00196650	145.78	.00307800	228.18	373.96	.00	.00
162823	264,455.47	.00	3,042.13	.00	267,497.60	.00196650	526.03	.00307800	823.36	1,349.39	.00	.00
162824	71,628.98	.00	12,537.28	.00	84,166.26	.00196650	165.51	.00307800	259.06	424.57	.00	.00
162825	.00	.00	170.04	.00	170.04	.00196650	.33	.00307800	.52	.85	.00	.00
162833	6,646.22	.00	(37.79)	.00	6,608.43	.00196650	13.00	.00307800	20.34	33.34	.00	.00
162844	.00	.00	60,926.47	.00	60,926.47	.00196650	119.81	.00307800	187.53	307.34	.00	.00
162846	.00	.00	12,487.51	.00	12,487.51	.00196650	24.56	.00307800	38.44	63.00	.00	.00
162847	.00	.00	5,668.19	.00	5,668.19	.00196650	11.15	.00307800	17.45	28.60	.00	.00
162850	.00	.00	7,896.64	.00	7,896.64	.00196650	15.53	.00307800	24.31	39.84	.00	.00
162852	.00	.00	9,094.43	.00	9,094.43	.00196650	17.88	.00307800	27.99	45.87	.00	.00
162853	.00	.00	6,762.93	.00	6,762.93	.00196650	13.30	.00307800	20.82	34.12	.00	.00
168101	4,148,382.29	(4,145,546.73)	.00	.00	2,835.56	.00196650	5.58	.00314710	8.92	14.50	.00	.00
168102	8,521,958.17	(8,275,587.83)	2,611.68	.00	248,982.02	.00196650	489.62	.00314710	783.57	1,273.19	.00	.00
168103	2,119,492.21	(2,107,437.84)	.00	.00	12,054.37	.00196650	23.70	.00314710	37.94	61.64	.00	.00
168107	3,115,756.66	(3,033,088.13)	17,118.47	.00	99,787.00	.00196650	196.23	.00314710	314.04	510.27	.00	.00
170000	4,143,491,634.07	(3,377,368,643.33)	36,606,697.83	.00	802,729,688.57	.00196650	1,578,587.93	.00314710	2,526,270.60	4,104,838.53	.00	.00
<b>NU - 1 Electric</b>												
Total:	4,306,607,120.42	(3,406,723,708.59)	38,191,038.47	.00	938,074,450.30		1,844,723.39		2,942,886.91	4,787,610.30	.00	.00
<b>Nuclear</b>												
Total:	4,306,607,120.42	(3,406,723,708.59)	38,191,038.47	.00	938,074,450.30		1,844,723.39		2,942,886.91	4,787,610.30	.00	.00

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: May - 2017

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<u>NU - 1 Electric</u>												
162814	209,797.32	.00	19,466.67	.00	229,263.99	.00196650	450.85	.00307800	705.67	1,156.52	.00	.00
162815	271,538.93	.00	.00	.00	271,538.93	.00196650	533.98	.00307800	835.80	1,369.78	.00	.00
162823	270,539.73	.00	32,174.27	.00	302,714.00	.00196650	595.29	.00307800	931.75	1,527.04	.00	.00
162824	96,703.53	.00	26,932.35	.00	123,635.88	.00196650	243.13	.00307800	380.55	623.68	.00	.00
162825	340.07	.00	8,398.25	.00	8,738.32	.00196650	17.18	.00307800	26.90	44.08	.00	.00
162833	.00	.00	.00	.00	.00	.00196650	(16.27)	.00307800	(25.46)	(41.73)	.00	.00
162838	(367.13)	.00	1,166.77	.00	799.64	.00196650	1.57	.00307800	2.46	4.03	.00	.00
162844	121,852.93	.00	327.45	.00	122,180.38	.00196650	120.13	.00307800	188.04	308.17	.00	.00
162846	.00	.00	.00	.00	.00	.00196650	(12.28)	.00307800	(19.22)	(31.50)	.00	.00
162847	.00	.00	.00	.00	.00	.00196650	(5.58)	.00307800	(8.73)	(14.31)	.00	.00
162850	.00	.00	.00	.00	.00	.00196650	(7.77)	.00307800	(12.16)	(19.93)	.00	.00
162852	18,188.86	.00	48.88	.00	18,237.74	.00196650	35.86	.00307800	56.14	92.00	.00	.00
162853	.00	.00	.00	.00	.00	.00196650	(6.65)	.00307800	(10.41)	(17.06)	.00	.00
162855	.00 ✓	.00	6,457.85 ✓	.00	6,457.85 ✓	.00196650	12.70 ✓	.00307800	19.88 ✓	32.58 ✓	.00	.00
162857	.00	.00	31,819.17	.00	31,819.17	.00196650	62.57	.00307800	97.94	160.51	.00	.00
162862	.00	.00	1,030.34	.00	1,030.34	.00196650	2.03	.00307800	3.17	5.20	.00	.00
162863	.00	.00	298,749.90	.00	298,749.90	.00196650	587.49	.00307800	919.55	1,507.04	.00	.00
168101	4,148,382.29	(4,145,546.73)	.00	.00	2,835.56	.00196650	5.58	.00314710	8.92	14.50	.00	.00
168102	8,527,181.52	(8,275,587.83)	57,280.77	.00	308,874.46	.00196650	607.40	.00314710	972.06	1,579.46	.00	.00
168103	2,119,492.21	(2,107,437.84)	.00	.00	12,054.37	.00196650	23.70	.00314710	37.94	61.64	.00	.00
168107	3,149,993.60 ✓	(3,033,088.13) ✓	34,656.28 ✓	.00	151,561.75 ✓	.00196650	298.05 ✓	.00314710	476.98 ✓	775.03 ✓	.00	.00
170000	4,216,705,029.72 ✓	(3,377,368,643.33) ✓	42,756,870.21 ✓	.00	882,093,256.60 ✓	.00196650	1,734,636.39 ✓	.00314710	2,776,036.69 ✓	4,510,672.08 ✓	.00	.00
<u>NU - 1 Electric</u>												
Total:	4,382,063,859.47	(3,406,723,708.59)	47,643,166.91	.00	1,022,983,317.79		2,011,528.00		3,209,464.14	5,220,992.14	.00	.00
<u>Nuclear</u>												
Total:	4,382,063,859.47	(3,406,723,708.59)	47,643,166.91	.00	1,022,983,317.79		2,011,528.00		3,209,464.14	5,220,992.14	.00	.00

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Jun - 2017

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<u>NU - 1 Electric</u>												
162823	334,888.26	.00	7,117.91	.00	342,006.17	.00196650	672.56	.00307800	1,052.69	1,725.25	.00	.00
162824	150,568.22	.00	2,650.80	.00	153,219.02	.00196650	301.31	.00307800	471.61	772.92	.00	.00
162825	17,136.56	.00	10,494.81	.00	27,631.37	.00196650	54.34	.00307800	85.05	139.39	.00	.00
162837	.00	.00	987.91	.00	987.91	.00196650	1.94	.00307800	3.04	4.98	.00	.00
162838	1,956.41	.00	1,600.87	.00	3,567.28	.00196650	7.02	.00307800	10.98	18.00	.00	.00
162855	12,915.70	.00	(7.53)	.00	12,908.17	.00196650	25.38	.00307800	39.73	65.11	.00	.00
162857	63,638.33	.00	35,790.62	.00	99,428.95	.00196650	195.53	.00307800	306.04	501.57	.00	.00
162862	2,060.68	.00	(1.20)	.00	2,059.48	.00196650	4.05	.00307800	6.34	10.39	.00	.00
162863	597,499.79	.00	29,424.15	.00	626,923.94	.00196650	1,232.85	.00307800	1,929.67	3,162.52	.00	.00
168101	4,148,382.29	(4,145,546.73)	.00	.00	2,835.56	.00196650	5.58	.00314710	8.92	14.50	.00	.00
168102	8,641,743.06	(8,275,587.83)	23,837.59	.00	389,992.82	.00196650	766.92	.00314710	1,227.35	1,994.27	.00	.00
168103	2,119,492.21	(2,107,437.84)	.00	.00	12,054.37	.00196650	23.70	.00314710	37.94	61.64	.00	.00
168107	3,219,306.15	(3,033,088.13)	4,463.91	.00	190,681.93	.00196650	374.98	.00314710	600.10	975.08	.00	.00
170000	4,302,218,770.14	(3,377,368,643.33)	47,834,494.81	.00	972,684,621.62	.00196650	1,912,784.31	.00314710	3,061,135.77	4,973,920.08	.00	.00
<u>NU - 1 Electric</u>												
Total:	4,477,168,829.08	(3,406,723,708.59)	51,917,026.46	.00	1,122,362,146.95		2,150,608.97		3,433,424.20	5,584,033.17	.00	.00
<u>Nuclear</u>												
Total:	4,477,168,829.08	(3,406,723,708.59)	51,917,026.46	.00	1,122,362,146.95		2,150,608.97		3,433,424.20	5,584,033.17	.00	.00

AFUDC Calculation Report

SCANA  
Nuclear

Selected Month: Jul - 2017

Business Segment	Begin AFUDC Base	Base Adjustments	1/2 Current Month Chgs	Compound AFUDC	Total AFUDC Base	Debt Rate	AFUDC Debt	Equity Rate	AFUDC Equity	Total AFUDC	Input Debt Adj.	Input Equity Adj.
<u>NU - 1 Electric</u>												
162823	349,124.08	.00	3,884.44	5,250.99	358,259.51	.00196650	704.52	.00307800	1,102.72	1,807.24	.00	.00
162824	155,869.82	.00	(6,731.83)	1,994.93	151,132.92	.00196650	297.20	.00307800	465.19	762.39	.00	.00
162825	38,126.17	.00	437.82	184.32	38,748.31	.00196650	76.20	.00307800	119.27	195.47	.00	.00
162831	(16,078.00)	.00	24,117.00	.00	8,039.00	.00196650	15.81	.00307800	24.74	40.55	.00	.00
162837	1,975.81	.00	.00	4.98	1,980.79	.00196650	3.90	.00307800	6.10	10.00	.00	.00
162838	5,168.14	.00	1,223.04	22.03	6,413.21	.00196650	12.61	.00307800	19.74	32.35	.00	.00
162852	.00	.00	.00	137.87	.00	.00196650	(17.93)	.00307800	(28.07)	(46.00)	.00	.00
162855	.00	.00	.00	97.69	.00	.00196650	(12.69)	.00307800	(19.87)	(32.56)	.00	.00
162857	135,219.57	.00	104,342.17	662.08	240,223.82	.00196650	472.40	.00307800	739.41	1,211.81	.00	.00
162862	.00	.00	.00	15.59	.00	.00196650	(2.03)	.00307800	(3.17)	(5.20)	.00	.00
162863	.00	.00	.00	4,669.56	.00	.00196650	(616.43)	.00307800	(964.84)	(1,581.27)	.00	.00
168101	4,148,382.29	(4,145,546.73)	.00	.00	2,835.56	.00196650	5.58	.00314710	8.92	14.50	.00	.00
168102	8,689,418.24	(8,275,587.83)	11,427.27	.00	425,257.68	.00196650	836.27	.00314710	1,338.33	2,174.60	.00	.00
168103	2,119,492.21	(2,107,437.84)	.00	.00	12,054.37	.00196650	23.70	.00314710	37.94	61.64	.00	.00
168107	3,228,233.97	(3,033,088.13)	5,118.84	.00	200,264.68	.00196650	393.82	.00314710	630.25	1,024.07	.00	.00
170000	4,397,887,759.76	(3,377,368,643.33)	40,194,208.30	.00	1,060,713,324.73	.00196650	2,085,892.75	.00314710	3,338,170.90	5,424,063.65	.00	.00
<u>NU - 1 Electric</u>												
Total:	4,512,615,412.84	(3,406,723,708.59)	40,717,913.28	2,502,042.89	1,150,860,693.97		2,252,531.02		3,599,040.25	5,851,571.27	.00	.00
<u>Nuclear</u>												
Total:	4,512,615,412.84	(3,406,723,708.59)	40,717,913.28	2,502,042.89	1,150,860,693.97		2,252,531.02		3,599,040.25	5,851,571.27	.00	.00

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST  
DOCKET NO. 2017-207-E (5th Continuing AIR)  
DOCKET NO. 2017-305-E (4th Continuing AIR)  
DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-64:**

Provide the SCE&G ADIT by temporary difference related to the NND costs for each month from January 2015 through the most recent month available. Separate the ADIT related to the NND costs included in revised rates and the ADIT related to the NND impairment writeoffs in September 2017 and December 2017. Provide all calculations of these temporary differences and the related ADIT, including all workpapers and electronic spreadsheets in live format with all formulas intact.

**RESPONSE 4-64:**

Please see Attachment ORS 4-64 on the enclosed CD.

Analyses in that attachment address the following accounts:

- 190.0408 & 190.0409 – ADIT related to Toshiba Settlement
- 190.0410 & 190.0411 – ADIT related to Book Impairment Prior to Consideration of Tax Abandonment
- 190.0412 & 190.0413 – ADIT related to nuclear fuel impairment
- 282.0017 & 282.0020 – ADIT related to FAS 109 for Equity AFUDC
- 282.0030 & 282.0034 – ADIT related to tax interest capitalized versus book Debt AFUDC for NND (amounts not currently in rates)
- 282.0084 & 282.0085 – ADIT related to accelerated deductions including 174 research and experimentation deductions (amounts not currently in rates)
- 282.0086 & 282.0087 – ADIT related to tax interest capitalized versus book Debt AFUDC for NND (amounts currently in rates)
- 282.0088 & 282.0089 – ADIT related to accelerated deductions including 174 research and experimentation deductions (amounts currently in rates)
- 282.0101 & 282.0102 – ADIT related to 174 research and experimentation deductions under the Pilot model rules
- 283.0163 & 283.0164 – ADIT related to tax abandonment and book impairment

The additional information responsive to this request is confidential information and will be provided to ORS after execution of a Confidentiality Agreement.

Responsible persons: Chad Burgess (legal matters) and Virginia Smith



**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST  
DOCKET NO. 2017-207-E (5th Continuing AIR)  
DOCKET NO. 2017-305-E (4th Continuing AIR)  
DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-65:**

Provide the SCE&G accounting entries for each month through the most recent month available to record costs and income incurred after construction termination, including, but not limited to, contract cancellation costs, liquidated damages costs, employee severance costs, site demobilization costs, and salvage income, if any. Provide all estimates and/or calculations relied on for these accounting entries, including all workpapers and electronic spreadsheets in live format with all formulas intact.

**RESPONSE 4-65:**

Please see Attachment 4-65 on the enclosed CD.

Responsible person: Kevin Kochems

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)  
DOCKET NO. 2017-305-E (4th Continuing AIR)  
DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-66:**

Provide the SCE&G accounting entries for the impairment losses recorded in September 2017 and December 2017, including the related income tax effects, along with all calculations, including workpapers and electronic spreadsheets in live format with all formulas intact. For each of the impairment losses, separate the losses into directs and AFUDC.

**RESPONSE 4-66:**

The attached pdf file contains a summary worksheet of the impairment losses recorded in 2017 cross-referenced with journal entries and supporting documentation. Working Excel files are also attached as applicable. Please note that certain information set forth in the attached pdf file contains confidential and sensitive pricing information; therefore, SCE&G has redacted this information from its response. Due to the confidential and sensitive nature of the redacted information, SCE&G will make the unredacted version of its response available to ORS for review inspection at SCE&G's administrative offices after execution of a confidentiality agreement.

The determination of the estimated impairment of project costs was computed on a total project cost basis and was not separately assigned to direct charges and AFUDC. Below is an estimate of that assignment based on ratable figures. AFUDC was not applicable to the remaining impairments, except that the impairment of the regulatory asset which had been properly established with respect to deferred income taxes related to equity AFUDC was also considered and was recorded separately as part of the write-off of project related regulatory assets.

	As of September 30, 2017			
	Total Project	Percent	Allocation of	Regulatory Asset
	<u>Costs</u>	<u>to</u>	<u>Impairment</u>	<u>Balance</u>
Direct Charges	\$4,546,878,827	96.12%	\$201,862,050	\$4,345,016,777
Equity AFUDC	\$111,037,795	2.35%	\$4,929,605	\$106,108,190
Debt AFUDC	\$61,334,797	1.30%	\$2,723,004	\$58,611,793
Debt Carry Cost in August and September	\$10,932,146	0.23%	\$485,341	\$10,446,805
<b>Total Charges</b>	<b><u>\$4,730,183,565</u></b>		<b><u>\$210,000,000</u></b>	<b><u>\$4,520,183,565</u></b>

	<b>As of December 31, 2017</b>			
	<b>Total Project</b>	<b>Percent</b>	<b>Allocation of</b>	<b>Regulatory Asset</b>
	<b>Costs</b>	<b>to</b>	<b>Impairment</b>	<b>Balance</b>
	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>
Direct Charges	\$4,461,317,670	96.03%	\$643,433,397	\$3,817,884,273
Equity AFUDC	\$111,914,142	2.41%	\$16,140,814	\$95,773,328
Debt AFUDC	\$61,356,233	1.32%	\$8,849,101	\$52,507,132
Debt Carry Cost in August and September	\$10,932,146	0.24%	\$1,576,688	\$9,355,458
<b>Total Charges</b>	<b><u>\$4,645,520,191</u></b>		<b><u>\$670,000,000</u></b>	<b><u>\$3,975,520,191</u></b>

Responsible person: Keith Coffey

**New Nuclear Abandonment Loss Impact**  
**Account 426.5090**  
**As of December 31, 2017**

<b>Reference</b>	<b>September Amount</b>	<b>December Amount</b>	<b>Year to Date Amount</b>
A Capital Cost Impairment	\$210,000,000	\$280,000,000	\$490,000,000
B Impairment for Value of Columbia Energy Center		\$180,000,000	\$180,000,000
C Write Off Swap Losses		\$173,506,180	\$173,506,180
C Write Off ADIT Carrying Costs		\$51,017,740	\$51,017,740
C Write Off Deferred Tax Strategy Fees		\$10,734,412	\$10,734,412
D Write Down Carry Value of Unit 2 and 3 Fuel		\$86,830,845	\$86,830,845
E Write Off Tax Equity AFC		\$69,323,396	\$69,323,396
E Write Off Lost DPAD		\$19,058,800	\$19,058,800
E Adjust FIN 48		\$37,632,419	\$37,632,419
2 [ Taxes on Loss	(\$78,439,300)	(\$347,349,700)	(\$425,789,000)
True Up September Taxes to 38.25%		(\$1,885,700)	(\$1,885,700)
Net of Tax Impact	<u>\$131,560,700</u>	<u>\$558,868,392</u>	<u>\$690,429,092</u>
		Pre-tax impairment	\$1,118,103,792
		Tax impact	<u>(\$427,674,700)</u>
		Net of tax impact	<u>\$690,429,092</u>

1 \$126,014,615 - Agrees to account 426.5090 on attached journals referenced as E.

2 Taxes calculated at applicable federal and state statutory tax rates.



PeopleSoft Financials  
Journal Entry Detail Report

Run Date 3/14/2018  
Run Time 8:40AM

Header Business Unit: NU  
Journal ID: 0916MN0257  
Journal Date: 9/30/2017  
Fiscal Year: 2017  
Accounting Period: 9

Ledger Group: ACTUAL  
Source: ONL  
Reversal: N  
Reversal Date:  
Journal Status: P

Created By: LG16179  
Submitted By: LG16179  
Approved By: KC17158  
Attachments: Y

Description: Impairment - To record New Nuclear Generation Impairment. (Details maintained in Property Accounting) Prepared by Lydia Gortman

Business Unit: NU

Line #	BU	Account	Opr Unit	Dept.	Res Code	Workorder	Activity	Cust	Serv	Event	Amount	Reference	Description
1	NU	1070100	VCS2	0727	901	170000	7004	4NU			-210,000,000.00		Constr Work In Prog Elec
11	NU	4265090	VCS2	0005	901		7004	4NU			210,000,000.00		New Nuclear Abandonment

Total Lines: 2

Total Debits: \$210,000,000.00

Total Credits: \$210,000,000.00

A - .sept.

**Calculation of New Nuclear Generation Estimated Impairment  
As of September 30, 2017**

Balance in New Nuclear Generation Work Order (WO No. 170000) at September 30, 2017	4,730,183,565	
Less: Amount Reflected in BLRA Revised Rates as of September 30, 2017	<u>3,512,217,704</u>	
Amount Not Yet Considered by the SCPSC in a Revised Rates Proceeding		1,217,965,861
Monetization of Toshiba Guaranty Recorded as a Regulatory Liability as of September 30, 2017	(1,095,230,291)	
Less: Estimated Amount Necessary to Satisfy Project Liens {1}	<u>85,566,355</u>	
Toshiba Guaranty Funds Available to Offset Abandonment Costs		(1,009,663,936)
Estimated Impairment		<u><u>208,301,925</u></u> will be rounded to \$210M

**Note:** As documented under separate memo, the Company has concluded that an impairment loss on the new nuclear abandonment costs is probable. The estimated loss calculation above represents project costs expended to date which have not yet been considered by the SCPSC in a revised rates proceeding under the BLRA and therefore not yet determined to have been prudently incurred under those provision. In determining the estimated loss, these costs have been offset by amounts received through the monetization of the Toshiba Guaranty, net of estimated amounts which may be utilized for the satisfaction of project liens.

{1} Total liens as of September 30, 2017 were \$280,681,173 at 100%. SCANA believes it has a legal defense in that as an owner payments were made to the contractor without knowledge of the existence of the liens. Therefore, it is the Company's position that it should not be responsible for these amounts. However, \$155,575,190 of payments were made directly to WEC during the Interim Assessment Agreement period and vendors could claim that those payments were made with knowledge of the existence of the liens and that SCANA is responsible for those liens. Therefore, the estimate for liens of \$85,566,355 included in this estimated loss calculation represents SCANA's 55% share of the payments made to WEC during the Interim Assessment Agreement period.

A - SEPT.



PeopleSoft Financials  
Journal Entry Detail Report

Run Date 3/14/2018  
Run Time 8:43AM

Header Business Unit: NU  
Journal ID: 0916MN0254  
Journal Date: 12/31/2017  
Fiscal Year: 2017  
Accounting Period: 12

Ledger Group: ACTUAL  
Source: ONL  
Reversal: N  
Reversal Date:  
Journal Status: P

Created By: LG16179  
Submitted By: LG16179  
Approved By: MW41537  
Attachments: Y

Description: Impairment - To impair project costs in accordance with the proposed NND settlement that SCE&G put forth. (Details maintained in Property Accounting)  
Prepared by Lydia Gortman

Business Unit: NU

Line #	BU	Account	Opr Unit	Dept.	Res Code	Workorder	Activity	Cust	Serv	Event	Amount	Reference	Description
1	NU	1070100	VCS2	0727	901	170000	7004	4NU			-280,000,000.00		Constr Work In Prog Elec
11	NU	4265090	VCS2	0005	901		7004	4NU			280,000,000.00		New Nuclear Abandonment

Total Lines: 2

Total Debits: \$280,000,000.00

Total Credits: \$280,000,000.00

Header Business Unit: NU Journal ID: 0916MN0254 Journal Date: 2017-12-31

Description: Impairment - To impair project costs in accordance with the proposed NND settlement that SCE&G put forth. (Details maintained in Property Accounting) Prepared by Lydia Gortman

A - Dec.



PeopleSoft Financials  
Journal Entry Detail Report

Run Date 3/14/2018  
Run Time 8:46AM

Header Business Unit: NU  
Journal ID: 0916MN0255  
Journal Date: 12/31/2017  
Fiscal Year: 2017  
Accounting Period: 12

Ledger Group: ACTUAL  
Source: ONL  
Reversal: N  
Reversal Date:  
Journal Status: P

Created By: LG16179  
Submitted By: LG16179  
Approved By: MW41537  
Attachments: Y

Description: Impairment - To impair the project costs for the value of the proposed purchase of Cola Energy Ctr for which rate recovery will be forgone as part of the proposed NND settlement that SCE&G put forth. (Details maintained in Prop Acctg) Lydia Gortman

Business Unit: NU

Line #	BU	Account	Opr Unit	Dept.	Res Code	Workorder	Activity	Cust	Serv	Event	Amount	Reference	Description
1	NU	1070100	VCS2	0727	901	170000	7004	4NU			-180,000,000.00		Constr Work In Prog Elec
11	NU	4265090	VCS2	0005	901		7004	4NU			180,000,000.00		New Nuclear Abandonment

Total Lines: 2

Total Debits: \$180,000,000.00

Total Credits: \$180,000,000.00

Header Business Unit: NU Journal ID: 0916MN0255 Journal Date: 2017-12-31

Description: Impairment - To impair the project costs for the value of the proposed purchase of Cola Energy Ctr for which rate recovery will be forgone as part of the proposed NND settlement that SCE&G put forth. (Details maintained in Prop Acctg) Lydia Gortman



**SCE&G**

**New Nuclear Impairment Analysis**

**Based on November 16, 2017 SCANA Proposal**

**As of December 31, 2017**

Total Proposed Company Write Off	810,000,000	
Less Impairment Taken in Q3	(210,000,000)	
Less Write Off of Regulatory Assets		
Swap Losses	(173,506,180)	
ADIT Carrying Costs	(51,017,740)	
Tax Strategy Fees	(10,734,412)	
Tax Equity AFC	(69,323,396)	
Lost DPAD	<u>(19,058,800)</u>	
		<u>(323,640,528)</u>
Incremental Capital Costs Write Off	276,359,472	will be rounded to \$280.0
Value of Foregone Rate Recovery of and on Columbia Energy Center	180,000,000	
Total Incremental Impairment to be Recognized in December 2017		<u><u>456,359,472</u></u> will be rounded to \$460.0

A-Dec. /  
B



PeopleSoft Financials  
Journal Entry Detail Report

Run Date 3/14/2018  
Run Time 8:52AM

Header Business Unit: EG  
Journal ID: 0010MN0013  
Journal Date: 12/31/2017  
Fiscal Year: 2017  
Accounting Period: 12

Ledger Group: ACTUAL  
Source: ONL  
Reversal: N  
Reversal Date:  
Journal Status: P

Created By: LH18352  
Submitted By: LH18352  
Approved By: LB12840  
Attachments: Y

Description: To write off the losses associated with the termination of the interest rate swaps that no longer have a planned debt issue associated with them, as well as balances in accounts 1823096, and 1823072.

Business Unit: EG

Line #	BU	Account	Opr Unit	Dept.	Res Code	Workorder	Activity	Cust	Serv	Event	Amount	Reference	Description
4	EG	1823378	EGCO	0998	901		ACJV				-36,856,916.00	①	Reg Asset Wff #217
5	EG	1823379	EGCO	0998	901		ACJV				-37,388,250.00		Reg Asset Ms #227
6	EG	1823380	EGCO	0998	901		ACJV				-36,980,500.00		Reg Asset Boa #222
7	EG	1823395	EGCO	0998	901		ACJV				-3,965,000.00		Reg Asset M Stanley #256
8	EG	1823396	EGCO	0998	901		ACJV				-2,002,000.00		Reg Asset Wf #257
9	EG	1823397	EGCO	0998	901		ACJV				-2,983,840.00		Reg Asset Boa #258
10	EG	1823072	EGCO	0998	901		ACJV				-51,017,740.00		Reg Asset Nnd Carrying Costs
11	EG	1823076	EGCO	0998	901		ACJV				-7,230,000.00	①	Reg Asset - Ubs #252
12	EG	1823077	EGCO	0998	901		ACJV				-7,829,838.00		Reg Asset - Boa #249
13	EG	1823078	EGCO	0998	901		ACJV				-17,867,000.00		Reg Asset-morgan Stanley #251
14	EG	1823079	EGCO	0998	901		ACJV				-6,910,757.50		Reg Asset - Boa - Swap #250
15	EG	1823080	EGCO	0998	901		ACJV				-6,464,828.00		Reg Asset - Us Bank Swap #254
16	EG	1823081	EGCO	0998	901		ACJV				-4,226,125.00		Reg Asset - Union Bank Swap #2
17	EG	1823082	EGCO	0998	901		ACJV				-4,300,000.00		Reg Asset-morgan Stanley-reg A
19	EG	1823096	EGCO	0998	901		ACJV				-10,734,411.69		Reg Asset Nnd Acct Fees/interere
20	EG	2540087	EGCO	0998	901		ACJV				931,882.80		Reg Liab Swap#265 Morgan Stanl
21	EG	2540088	EGCO	0998	901		ACJV				566,991.70	②	Reg Liab Swap #266 Boa
29	EG	1310901	EGCO	0001	916		ACJV				235,258,331.69		Csh Tmfr Btwn Eg & Gen Eag

Total Lines: 18

Total Debits: \$236,757,206.19

Σ① = 173,506,180

Total Credits: \$236,757,206.19

Business Unit: NU

Line #	BU	Account	Opr Unit	Dept.	Res Code	Workorder	Activity	Cust	Serv	Event	Amount	Reference	Description
27	NU	4265090	VCS2	0005	901		ACJV	4NU			235,258,331.69		New Nuclear Abandonment
28	NU	1310901	VCS2	0005	916		ACJV				-235,258,331.69		Csh Tmfr Btwn Eg & Gen Eag

Total Lines: 2

Total Debits: \$235,258,331.69

Total Credits: \$235,258,331.69

Header Business Unit: EG Journal ID: 0010MN0013 Journal Date: 2017-12-31

Description: To write off the losses associated with the termination of the interest rate swaps that no longer have a planned debt issue associated with them, as well as balances in accounts 1823096, and 1823072.

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Header Business Unit: EG Journal ID: 0010MN0013 Journal Date: 2017-12-31

Description: To write off the losses associated with the termination of the interest rate swaps that no longer have a planned debt issue associated with them, as well as balances in accounts 1823096, and 1823072.

**SCEG  
UNHEDGED SWAP INVENTORY**

ACCOUNT #	THIRD PARTY COUNTERPARTY	LINK	COMPANY	ISSUE	TRADE DATE	EFFECTIVE DATE	SETTLEMENT DATE	AMOUNT	STATUS
<b>SWAPS SETTLED BUT NOT APPLIED</b>									
182.3378	WELLS FARGO	217	SCEG	100,000,000.00	11/13/13	11/30/2015	11/23/15	36,856,916.00	SETTLED
182.3380	BOA	222	SCEG	100,000,000.00	12/04/13	11/30/2015	11/23/15	36,980,500.00	SETTLED
182.3379	MORGAN STANLEY	227	SCEG	100,000,000.00	12/17/13	11/30/2015	11/23/15	37,388,250.00	SETTLED
182.3078	MORGAN STANLEY	261	SCEG	100,000,000.00	07/01/15	12/30/2016	11/15/16	17,867,000.00	SETTLED
182.3079	BANK OF AMERICA	250	SCEG	50,000,000.00	07/01/15	12/30/2016	11/15/16	6,910,757.50	SETTLED
182.3077	BANK OF AMERICA	249	SCEG	50,000,000.00	7/1/2015	12/29/2017	12/15/2017	7,829,838.00	SETTLED
182.3076	UBS	252	SCEG	50,000,000.00	7/1/2015	12/31/2017	12/14/2017	7,230,000.00	SETTLED
182.3082	MORGAN STANLEY	253	SCEG	50,000,000.00	8/4/2015	12/31/2017	12/18/2017	4,300,000.00	SETTLED
182.3080	US BANK	254	SCEG	50,000,000.00	7/27/2015	12/31/2017	12/14/2017	6,464,828.00	SETTLED
182.3081	UNION BANK	255	SCEG	50,000,000.00	7/27/2015	12/31/2017	12/14/2017	4,226,125.00	SETTLED
182.3395	MORGAN STANLEY	256	SCEG	100,000,000.00	11/23/15	12/31/2017	12/18/2017	3,965,000.00	SETTLED
182.3396	WELLS FARGO	257	SCEG	100,000,000.00	11/23/15	12/31/2017	12/12/2017	2,002,000.00	SETTLED
182.3397	BANK OF AMERICA	258	SCEG	100,000,000.00	11/23/15	12/31/2017	12/15/2017	2,983,840.00	SETTLED
				1,000,000,000.00					
								175,005,054.50	
<b>ACTIVE SWAPS</b>									
254.0079	UNION BANK	260	SCEG	50,000,000.00	6/24/2016	12/31/2018	ACTIVE		ACTIVE
254.0084	TD BANK	261	SCEG	100,000,000.00	6/24/2016	12/31/2018	ACTIVE		ACTIVE
254.0085	RBC	262	SCEG	200,000,000.00	6/24/2016	12/31/2018	ACTIVE		ACTIVE
254.0086	CREDIT SUISSE	263	SCEG	200,000,000.00	6/24/2016	12/31/2018	ACTIVE		ACTIVE
254.0087	MORGAN STANLEY	265	SCEG	100,000,000.00	11/15/16	12/31/2018	ACTIVE	(931,882.80)	ACTIVE
254.0088	BANK OF AMERICA	266	SCEG	50,000,000.00	11/15/16	12/31/2018	ACTIVE	(566,991.70)	ACTIVE
				700,000,000.00				(1,498,874.50)	
								173,506,180.00	

C3



PeopleSoft Financials  
Journal Entry Detail Report

Run Date 1/5/2018  
Run Time 4:41PM

Header Business Unit: NU  
Journal ID: 0001MN0410  
Journal Date: 12/31/2017  
Fiscal Year: 2017  
Accounting Period: 12  
Description: Accting Dept Transfer- To record impairment on value of NND Related Nuclear Fuel held on SCFC Books. Impairment expense to be recorded in BTL Account of NU Books. MStone x54430

Ledger Group: ACTUAL  
Source: ONL  
Reversal: N  
Reversal Date:  
Journal Status: V

Created By: MB41229  
Submitted By:  
Approved By:  
Attachments: N

Business Unit: NU

Line #	BU	Account	Opr Unit	Dept.	Res Code	Workorder	Activity	Cust	Serv	Event	Amount	Reference	Description
24	NU	1310000	VCS2	0005	916		ACJV				-50,879,634.13	VCS2 FUEL	Impairment - NND Abandonment
25	NU	1310000	VCS2	0005	916		ACJV				-35,951,211.28	VCS3 FUEL	Impairment - NND Abandonment
26	NU	4265090	VCS2	0005	807		ACJV	2NU			50,879,634.13	VCS2 FUEL	Impairment - NND Abandonment
27	NU	4265090	VCS2	0005	807		ACJV	3NU			35,951,211.28	VCS3 FUEL	Impairment - NND Abandonment

Total Lines: 4

Total Debits: \$86,830,845.41

Total Credits: \$86,830,845.41

Business Unit: SCFC

Line #	BU	Account	Opr Unit	Dept.	Res Code	Workorder	Activity	Cust	Serv	Event	Amount	Reference	Description
15	SCFC	1202002	SVC2	0982	807		ACJV				-31,103,402.81	VCS2 CONV	Impairment - NND Abandonment
16	SCFC	1202003	SVC2	0982	807		ACJV				-16,234,056.04	VCS2 ENRIC	Impairment - NND Abandonment
17	SCFC	1202004	SVC2	0982	807		ACJV				-889,502.88	VCS2 FABR	Impairment - NND Abandonment
18	SCFC	1202005	SVC2	0982	807		ACJV				-2,652,672.40	VCS2 AFUDC	Impairment - NND Abandonment
19	SCFC	1310000	SCFA	0004	916		ACJV				50,879,634.13	VCS2 FUEL	Impairment - NND Abandonment
20	SCFC	1202003	SVC3	0982	807		ACJV				-33,678,362.26	VCS3 ENRIC	Impairment - NND Abandonment
21	SCFC	1202004	SVC3	0982	807		ACJV				-811,860.71	VCS3 FABR	Impairment - NND Abandonment
22	SCFC	1202005	SVC3	0982	807		ACJV				-1,460,988.31	VCS3 AFUDC	Impairment - NND Abandonment
23	SCFC	1310000	SCFA	0004	916		ACJV				35,951,211.28	VCS3 FUEL	Impairment - NND Abandonment

Total Lines: 9

Total Debits: \$86,830,845.41

Total Credits: \$86,830,845.41

Header Business Unit: NU Journal ID: 0001MN0410 Journal Date: 2017-12-31  
Description: Accting Dept Transfer- To record impairment on value of NND Related Nuclear Fuel held on SCFC Books. Impairment expense to be recorded in BTL Account of NU Books. MStone x54430

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Unit 2 Fuel			
			Expected
	Possible	Probability	Undiscounted
<u>Course of Action</u>	<u>Cash Flows</u>	<u>Assessment</u>	<u>Cash Flows</u>
Sell	21,509,712.85	50%	10,754,856.42
Exchange	23,971,595.73	50%	11,985,797.86
			22,740,654.29
	Current Carrying Value		73,620,288.42
			(50,879,634.13)



Unit 3 Fuel			
			Expected
	Possible	Probability	Undiscounted
<u>Course of Action</u>	<u>Cash Flows</u>	<u>Assessment</u>	<u>Cash Flows</u>
Sell	19,904,218.24	50%	9,952,109.12
Exchange	22,182,345.08	50%	11,091,172.54
			21,043,281.66
	Current Carrying Value		56,994,492.93
			(35,951,211.28)



**Total Impairment** (86,830,845.41)

This estimate is for 100% of Initial Core material

Option 1: Evolution Markets Estimated Market Value:			
	KgU Feed	SWU	
1) Unit 2:	499,113	260,384	
2) Unit 3:	422,939	310,083	
	922,052	570,467	
Current Price for UF6 is : \$67.50 per KgU \$38.00 per SWU			
Slippage in price for immediate sell: \$60.75 per KgU \$34.20 per SWU			
Estimated Approximate Value: \$62,238,510.00 per KgU \$21,677,746.00 per SWU			
Estimated Immediate Value: \$56,014,658.00 per KgU \$18,888,871.40 per SWU			
Brokerage Fee: (0.3% of sell price)			

Option 2: Urenco Trade Option	
Proposed Trade with Urenco: email dated December 8th, 2017 from Sarah Reidel to Tim Bussey	
1) Estimated Approximate Value is similar to Option 1	
2) Estimated Cost of Transaction is \$5.2 million (\$2.6 million/unit)	
2) Assumed assay is 4.85%	
3) \$49/SWU non-binding Offer	

Assumptions:

- 1) This estimate is for 100% of the Core Material
- 2) Unit 2 Initial core material is currently unsellable/tradable due to DOC restrictions.

	w/o slippage	w/ slippage	
unit 2	\$43,584,719.50	\$39,226,247.55	
unit 3	\$40,331,536.50	\$36,298,382.85	
total	\$83,916,256.00	\$75,524,630.40	
with brokerage fee			
unit 2	\$43,453,965.34	\$39,108,568.81	x 55% \$ 41,413,931
unit 3	\$40,210,541.89	\$36,189,487.70	
total	\$83,664,507.23	\$75,298,056.51	

# 46,153,941

	Market Price	Transaction Cost	Final Value
unit 2	\$43,584,719.50	\$2,600,000.00	\$46,184,719.50
unit 3	\$40,331,536.50	\$2,600,000.00	\$42,931,536.50
total	\$83,916,256.00	\$5,200,000.00	\$89,116,256.00

Notes: The transaction costs are for additional processing in order to get the material in a useable form for unit 1. For an apples to apples comparison of what we are "giving up" in an exchange it should be excluded.

Current Initial Core Enrichments

VC Summer Unit 2				
Product Assay	Tails Assay	kgU	kgU Feed	S.W.U.
0.711	0.30	8.660	8.660	-
1.500	0.30	27.960	87.067	29.078
3.200	0.30	13.215	93.244	60.045
3.200	0.30	3.543	25.000	13.418
3.400	0.30	4.275	32.246	17.750
3.600	0.30	3.337	28.414	16.346
3.800	0.30	6.815	58.040	33.389
4.000	0.30	3.325	29.932	17.543
4.200	0.30	3.206	30.422	18.133
4.400	0.30	2.973	29.656	17.953
4.400	0.30	4.924	49.124	29.737
4.800	0.30	2.494	27.307	16.984
		84.727	499,113	260,384

VC Summer Unit 3				
Product Assay	Tails Assay	kgU	kgU Feed	S.W.U.
1.500	0.22	27.960	77.449	36.180
3.200	0.22	16.753	101.704	75.629
3.400	0.22	4.275	27.689	21.114
3.800	0.22	10.152	74.018	58.882
4.000	0.22	3.325	25.599	20.735
4.200	0.22	3.206	25.988	21.397
4.400	0.22	7.897	67.227	56.187
4.800	0.22	2.494	23.264	19.959
		76.067	422,939	310,083

21,509,712.85  
19,904,218.24  
41,413,931 (A)

23,971,595.73  
22,182,345.08  
\$ 46,153,941 (B)

BUS Unit	FERC	ACCOUNT	Batch	OPER UNIT	Fuel Acct Balance	Weight	Impairment	Value to remain on SCFC
SCFC	1202	1202002	00	SVC2	45,005,069.81	0.61	(31,103,402.81)	13,901,667.00
SCFC	1202	1202003	00	SVC2	23,489,867.97	0.32	(16,234,056.04)	7,255,811.93
SCFC	1202	1202004	00	SVC2	1,287,066.22	0.02	(889,502.88)	397,563.34
SCFC	1202	1202005	00	SVC2	3,838,284.42	0.05	(2,652,672.40)	1,185,612.02
<b>SVC2 Total</b>					<b>73,620,288.42</b>		<b>(50,879,634.13)</b>	<b>22,740,654.29</b>
SCFC	1202	1202003	00	SVC3	53,391,279.79	0.94	(33,678,362.26)	19,712,917.53
SCFC	1202	1202004	00	SVC3	1,287,066.21	0.02	(811,860.71)	475,205.50
SCFC	1202	1202005	00	SVC3	2,316,146.93	0.04	(1,460,988.31)	855,158.62
<b>SVC3 Total</b>					<b>56,994,492.93</b>		<b>(35,951,211.28)</b>	<b>21,043,281.66</b>
<b>Grand Total</b>					<b>130,614,781.35</b>		<b>(86,830,845.41)</b>	<b>43,783,935.95</b>

Estimated Impairment	
VCS Unit 2	50,879,634.13
VCS Unit 3	35,951,211.28
<b>Total Impairment</b>	<b>86,830,845.41</b>



**Region # TBD V.C. Summer #2  
Nuclear Fuel Initial Load Cycle 1**

<b>BATCH XX IN-PROCESS</b>	<b>SCPSA 45%</b>	<b>SCE&amp;G 55%</b>	<b>100%</b>
U308 Cost	0.00	0.00	0.00
Conversion Cost	36,822,329.84	45,005,069.81	81,827,399.65
Enrichment Cost	19,218,982.87	23,489,867.97	42,708,850.84
Fabrication Cost	1,053,054.18	1,287,066.22	2,340,120.40
<b>Total Direct Costs</b>	<b>57,094,366.89</b>	<b>69,782,004.00</b>	<b>\$126,876,370.89</b>
AFUDC Costs	0.00	3,838,284.42	3,838,284.42
<b>Total Batch Costs</b>	<b>\$57,094,366.89</b>	<b>\$73,620,288.42</b>	<b>\$130,714,655.31</b>

**PRELIM**

Prepared by V C Summer Accounting  
01/05/18

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South Carolina Fuel Company, Inc.  
Nuclear Fuel Materials— Quantities VCS2 Batch #TBD  
100% Summary Page

Batch #TBD Nuclear Fuel Suppliers	(1) Date Invoice Number	(2) Equivalent lbs. of u3o8	(3) KGS Natural UF6	(4) SWU of Enrichment	(5) Assemblies Fabricated
1	Energy Resources of Austria, Ltd.	06/01/11 E18/11			
2	Energy Resources of Austria, Ltd.	12/01/11 E47/11			
3	Energy Resources of Australia, Ltd.	06/01/12 E14/12			
4	Energy Resources of Australia, Ltd.	06/08/12 E17/1, E18/122			
5	Energy Resources of Australia, Ltd.	06/20/12 E19/12			
6	Energy Resources of Australia, Ltd.	12/03/12 E42/12			
7	Energy Resources of Australia, Ltd.	12/07/12 E43/12			
8	Commonwealth of Kentucky (Kentucky 2012 property tax for uranium in inventory @ USEC)				
9	Energy Resources of Australia, Ltd.	06/03/13 E11/13			
10	United States Enrichment Corp.	06/01/13 92266			
11	United States Enrichment Corp. - Credit Price Adjustment	09/30/13 92310			
12	Commonwealth of Kentucky (Kentucky 2013 property tax for uranium in inventory @ USEC)				
13	Westinghouse (detail on page 5)				
14	Energy Resources of Australia, Ltd.	12/02/13 E27/13			
15	Energy Resources of Australia, Ltd.	12/12/13 E19/13			
16	Energy Resources of Australia, Ltd.	12/12/13 E29/13			
17	Commonwealth of Kentucky (Kentucky 2014 property tax for uranium in inventory @ USEC)	11/28/14 29442			
18	United States Enrichment Corp. - Credit Price Adjustment	1/23/15			
19	United States Enrichment Corp. - Credit Price Adjustment	1 of 2 Per CLP50007 7/2/15			
20	Commonwealth of Kentucky (Kentucky 2015 property tax for uranium in inventory @ USEC)	2 of 2 Per CLP50007 11/2/15 5532			
21	ConverDyn	11/30/16 054-16-9120			
			0.000		

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Nuclear Fuel Component Costs-- VCS 2 Batch #TBD  
100% Summary Page

Batch #TBD	(6)	(7)	(8)	(9)	(10)
Nuclear Fuel Suppliers	U308	Conversion	Enrichment	Fabrication	AFUDC
1 Energy Resources of Australia, Ltd.		\$19,237,500.00			
2 Energy Resources of Australia, Ltd.		\$19,408,500.00			
3 Energy Resources of Australia, Ltd.		\$10,615,250.00			
4 Energy Resources of Australia, Ltd. (Regulatory cost pass through charges)		\$57,000.00			
5 Energy Resources of Australia, Ltd. (Regulatory cost pass through charge)		\$18,810.00			
6 Energy Resources of Australia, Ltd.		\$10,701,750.00			
7 Energy Resources of Australia, Ltd. (Regulatory cost pass through charge)		\$18,810.00			
8 Commonwealth of Kentucky (Kentucky 2012 property tax for uranium in inventory @ USEC)		\$8,012.49			
9 Energy Resources of Australia, Ltd.		\$10,787,250.00			
10 United States Enrichment Corp.			\$43,821,585.87		
11 United States Enrichment Corp. - Credit Price Adjustment			(\$124,984.28)		
12 Commonwealth of Kentucky (Kentucky 2013 property tax for uranium in inventory @ USEC)		\$10,347.16			
13 Westinghouse (detail on page 5)				\$2,340,120.40	
14 Energy Resources of Australia, Ltd.		\$10,872,750.00			
15 Energy Resources of Australia, Ltd. (Regulatory cost pass through charge)		\$30,210.00			
16 Energy Resources of Australia, Ltd. (Regulatory cost pass through charge)		\$30,210.00			
17 Commonwealth of Kentucky (Kentucky 2014 property tax for uranium in inventory @ USEC)			\$10,813.20		
18 United States Enrichment Corp. - Credit Price Adjustment			(\$500,000.00)		
19 United States Enrichment Corp. - Credit Price Adjustment			(\$500,000.00)		
20 Commonwealth of Kentucky (Kentucky 2015 property tax for uranium in inventory @ USEC)			\$1,436.05		
21 ConverDyn	11/30/16 054-16-9120	\$16,500.00			
<b>AFUDC Batch #TBD thru July 2017</b>					<b>\$3,838,284.42</b>
	<b>\$0.00</b>	<b>\$81,813,899.65</b>	<b>\$42,708,850.84</b>	<b>\$2,340,120.40</b>	<b>\$3,838,284.42</b>

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VCS2 Batch #TBD  
Conversion Component  
Account Number 120.1002

Booked	Transaction & Description	KGS Quantity	Invoice Number	100% \$ Amount	SCE&G 120.1002 55% \$ Amount
Jun-11	Energy Resources of Australia, Ltd.		E18/11	19,237,500.00	10,580,625.00
Dec-11	Energy Resources of Australia, Ltd.		E47/11	19,408,500.00	10,674,675.00
Jun-12	Energy Resources of Australia, Ltd.		E14/12	10,616,250.00	5,838,937.50
Jun-12	Energy Resources of Australia, Ltd.		E17/12, E18/12	57,000.00	31,350.00
Jul-12	Energy Resources of Australia, Ltd.		E19/12	18,810.00	10,345.50
Nov-12	Commonwealth of Kentucky (Kentucky 2012 property tax for uranium in inventory @ USEC)		28197	8,012.49	4,406.87
Dec-12	Energy Resources of Australia, Ltd.		E42/12	10,701,750.00	5,885,962.50
Dec-12	Energy Resources of Australia, Ltd.		E43/12	18,810.00	10,345.50
Jun-13	Energy Resources of Australia, Ltd.		E11/13	10,787,250.00	5,932,987.50
Nov-13	Commonwealth of Kentucky (Kentucky 2013 property tax for uranium in inventory @ USEC)		29323	10,347.16	5,690.94
Dec-13	Energy Resources of Australia, Ltd.		E27/13	10,872,750.00	5,980,012.50
Dec-13	Energy Resources of Australia, Ltd.		E19/13, E29/13	60,420.00	33,231.00
Dec-16	ConverDyn		054-16-9120	30,000.00	16,500.00
				<u>\$81,827,399.65</u>	<u>\$45,005,069.81</u>

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VCS2 Batch #TBD  
Enrichment Component  
Account Number 120.1003

Booked	Transaction & Description	SWU Quantity	Invoice Number	100% \$ Amount	SCE&G 120.1003 55% \$ Amount
Jun-13	United States Enrichment Corp.		92266	43,821,585.87	24,101,872.23
Oct-13	United States Enrichment Corporation		92310	(124,984.28)	(68,741.35)
Feb-15	United States Enrichment Corporation		CLP 50007	(500,000.00)	(275,000.00)
Jui-15	United States Enrichment Corporation		CLP 50007	(500,000.00)	(275,000.00)
	United States Enrichment Corporation				0.00
Nov-14	Commonwealth of Kentucky (Kentucky 2014 property tax for uranium in inventory @ USEC)		29442	10,813.20	5,947.26
Nov-15	Commonwealth of Kentucky (Kentucky 2015 property tax for uranium in inventory @ USEC)		5532	1,436.05	789.83
				<u>\$42,708,850.84</u>	<u>\$23,489,867.97</u>

D9

VCS2 Batch #TBD  
Fabrication Component  
Account Number 120.1004

Date Booked	Fabrication Invoices Westinghouse, Inc.	Pymt No.	Invoice Date	Invoice Number	100% \$ Amount	SCE&G 120.1004 55% \$ Amount
May-12	Core Engineering	1	04/04/11	90194029	228,178.00	125,496.80
Apr-12	Core Engineering	2	04/27/12	90224973	462,495.20	254,372.36
Mar-13	Core Engineering	3	4/9/2013	90245375	464,689.20	255,579.06
Mar-14	Core Engineering	4	3/10/14	90269605	594,299.75	326,864.86
Mar-15	Core Engineering	5	3/18/15	90294038	590,460.25	324,753.14

Fabrication Contract Totals....

<b>2,340,120.40</b>	<b>51,287,066.22</b>
---------------------	----------------------

D10

**Region # TBD V.C. Summer #3  
Nuclear Fuel Initial Load Cycle 1**

<b>BATCH XX IN-PROCESS</b>	<b>SCPSA 45%</b>	<b>SCE&amp;G 55%</b>	<b>100%</b>
U3O8 Cost	0.00	0.00	0.00
Conversion Cost	0.00	0.00	0.00
Enrichment Cost	46,510,257.21	53,391,279.79	99,901,537.00
Fabrication Cost	1,053,054.19	1,287,066.21	2,340,120.40
<b>Total Direct Costs</b>	<b>47,563,311.40</b>	<b>54,678,346.00</b>	<b>\$102,241,657.40</b>
AFUDC Costs	0.00	2,316,146.93	2,316,146.93
<b>Total Batch Costs</b>	<b>\$47,563,311.40</b>	<b>\$56,994,492.93</b>	<b>\$104,557,804.33</b>

**PRELIM**

Prepared by V.C. Summer Accounting  
01/05/16

G:\VCS Accounting\FUEL- DOE, etc\Fuel\Fuel Costs Analysis by Batch\BATCH#TBD - VCS3.xlsx\A

D11

South Carolina Fuel Company, Inc.  
Nuclear Fuel Materials--- Quantities VCS3 Batch #TBD  
100% Summary Page

	(1) Date	(2) Equivalent lbs. of u3o8	(3) KGS Natural UF6	(4) SWU of Enrichment	(5) Assemblies Fabricated
Batch #TBD Nuclear Fuel Suppliers	Invoice Number				
1	Energy Resources of Austria, Ltd.				
2	Energy Resources of Austria, Ltd.				
3	Energy Resources of Australia, Ltd.				
4	Energy Resources of Australia, Ltd.				
5	Energy Resources of Australia, Ltd.				
6	United States Enrichment Corp.				
7	United States Enrichment Corp.				
8					
9	Westinghouse (detail on page 5)				TBD
10					
11					
12					
13					
14					
15					
		0.000	0.000	0.000	0

D12



Nuclear Fuel Component Costs-- VCS 3 Batch #TBD  
100% Summary Page

	(6)	(7)	(8)	(9)	(10)
Batch #TBD Nuclear Fuel Suppliers	U308	Conversion	Enrichment	Fabrication	AFUDC
1 Energy Resources of Austria, Ltd.					
2 Energy Resources of Austria, Ltd.					
3 Energy Resources of Australia, Ltd.					
4 Energy Resources of Australia, Ltd. (Regulatory cost pass through charges)					
5 Energy Resources of Australia, Ltd. (Regulatory cost pass through charge)					
6 United States Enrichment Corp.					
7 United States Enrichment Corp.					
8					
9 Westinghouse (detail on page 5)				\$2,340,120.40	
10					
11					
12					
13					
14					
<b>AFUDC Batch #TBD thru July 2017</b>					\$2,316,146.93
Includes AFUDC booked on AUAM invoice \$1,554,565.56					
	\$0.00	\$0.00	\$0.00	\$2,340,120.40	\$2,316,146.93

D13

VCS3 Batch #TBD  
Conversion Component  
Account Number 120.1002

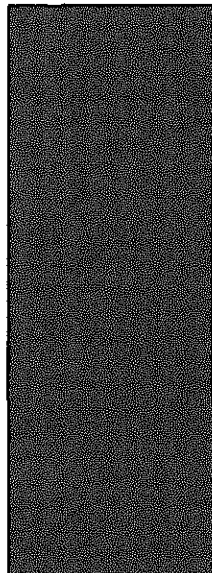
Booked	Transaction & Description	KGS Quantity	Invoice Number	100% \$ Amount	SCE&G 120.1002 55% \$ Amount
	Jun-11 Energy Resources of Australia, Ltd.				0.00
	Dec-11 Energy Resources of Australia, Ltd.				0.00
	Jun-12 Energy Resources of Australia, Ltd.				0.00
	Jun-12 Energy Resources of Australia, Ltd.				0.00
	Jul-12 Energy Resources of Australia, Ltd.				0.00

0.000

\$0.00      \$0.00

D14

VCS3 Batch #TBD  
Enrichment Component  
Account Number 120.1003

Booked	Transaction & Description	SWU Quantity	Invoice Number	100% \$ Amount	SCE&G 120.1003 55% \$ Amount
	United States Enrichment Corporation				0.00
	United States Enrichment Corporation				0.00
	United States Enrichment Corporation				0.00
	United States Enrichment Corporation				0.00
	AUAM (Advance Uranium Asset Management) Adj invoice amount by AFUDC amount (included page 2)		SCE01	99,901,537.00	54,945,845.35 (1,554,565.56) 0.00
				<u>\$99,901,537.00</u>	<u>\$53,391,279.79</u>

D15

VCS3 Batch #TBD  
Fabrication Component  
Account Number 120.1004

Date Booked	Fabrication Invoices Westinghouse, Inc.	Pymt No.	Invoice Date	Invoice Number	100% \$ Amount	SCE&G
						120.1004 55% \$ Amount
May-12	Core Engineering	1	04/04/11	90194033	228,176.00	125,496.80
Apr-12	Core Engineering	2	04/27/12	90224978	462,495.20	254,372.36
Mar-13	Core Engineering	3	4/9/2013	90245378	464,689.20	255,579.06
Mar-14	Core Engineering	4	3/10/14	90269607	594,299.75	326,864.86
Mar-15	Core Engineering	5	3/18/15	90294041	590,460.25	324,753.13

Fabrication Contract Totals....

2,340,120.40	\$1,287,066.21
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D16



PeopleSoft Financials  
Journal Entry Detail Report

Run Date 1/18/2018  
Run Time 9:07PM

Header Business Unit: SH  
Journal ID: 0812MN4400  
Journal Date: 12/31/2017  
Fiscal Year: 2017  
Accounting Period: 12  
Description: Tax and Depreciation Journal - To record tax receivable from abandonment NOL carryback. JV for V Smith

Ledger Group: ACTUAL  
Source: ONL  
Reversal: N  
Reversal Date:  
Journal Status: P

Created By: CF44858  
Submitted By: CF44858  
Approved By: VS40559  
Attachments: Y

Business Unit: EG

Line #	BU	Account	Opr Unit	Dept.	Res Code	Workorder	Activity	Cust	Serv	Event	Amount	Reference	Description
56	EG	1430060	EGCO	0001	901						197,889,327.00		Federal Inc Tax Receivable
61	EG	1310901	EGCO	0001	916						-197,889,327.00		Csh Tmfr Btwn Eg & Gen Eag

Total Lines: 2

Total Debits: \$197,889,327.00

Total Credits: \$197,889,327.00

Business Unit: NU

Line #	BU	Account	Opr Unit	Dept.	Res Code	Workorder	Activity	Cust	Serv	Event	Amount	Reference	Description
52	NU	2360002	VCS2	0005	901						-206,463,215.00		Taxes Accr Current Fed Inc
53	NU	4091001	VCS2	0005	901						8,573,888.00		Inc Tx Fed Elec Util
54	NU	4265090	VCS2	0005	901						13,884,839.00		New Nuclear Abandonment
59	NU	4091001	VCS2	0005	901						-13,884,839.00		Inc Tx Fed Elec Util
60	NU	1310901	VCS2	0005	916						197,889,327.00		Csh Tmfr Btwn Eg & Gen Eag

Total Lines: 5

Total Debits: \$220,348,054.00

Total Credits: \$220,348,054.00

Header Business Unit: SH Journal ID: 0812MN4400 Journal Date: 2017-12-31  
Description: Tax and Depreciation Journal - To record tax receivable from abandonment NOL carryback. JV for V Smith

6  
11

JE 0812MN4400

CASH tax receivabls w/ DPAD, before non-refundable credits	197,889,327
DPAD add-back	<u>24,496,822</u>
x 35%	8,573,888
Tax receivable via 2017 abandonment NOL carryback	206,463,215

3  
E

**Form 1120** U.S. Corporation Income Tax Return  
For calendar year 2015 or tax year beginning ending  
OMB No. 1545-0123  
2015

1 Check box:  1a Consolidated return (attach Form 951)  1b Health care credit return  2 Personal holding co. (attach Form 970)  3 Personal service corp. (see instructions)  4 Schedules 1-9 attached  5 Check box:  Initial return  Final return  Home charge  Address change

Name: **SCANA CORPORATION** Employer identification number: **57-0784699**  
 Location, if not, and room or suite no. if a P.O. box, see instructions: **225 OPERATIONS WAY** City or town, state, or province, country, and ZIP or foreign postal code: **10/01/2008**  
 City or town, state, or province, country, and ZIP or foreign postal code: **GREENVILLE SC 29601-3701** Total assets (see instructions): **16,789,459,184**

1a	Gross receipts or sales	1a	4,733,235,737
1b	Returns and allowances	1b	
2	Balance. Subtract line 1b from line 1a	2	4,733,235,737
3	Cost of goods sold (attach Form 1125-A)	3	2,468,413,541
4	Gross profit. Subtract line 3 from line 2	4	2,264,822,196
5	Dividends (Schedule C, line 10)	5	288,021
6	Interest	6	4,428,851
7	Gross rents	7	15,869,608
8	Gross royalties	8	
9	Capital gain net income (attach Schedule D (Form 1120))	9	145,167,238
10	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	10	329,357,550
11	Other income (see instructions—attach statement) (see 4797, 1)	11	38,753,671
12	Total income. Add lines 3 through 11	12	2,793,469,890
13	Compensation of officers (see instructions—attach Form 1125-E)	13	31,893,341
14	Salaries and wages (less employment credits)	14	82,769,216
15	Repairs and maintenance	15	257,510,775
16	Bad debts	16	33,178,403
17	Rents	17	3,428,037
18	Taxes and licenses (see 4797, 2)	18	282,485,784
19	Interest	19	342,889,969
20	Charitable contributions	20	10,185,294
21	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	21	429,149,399
22	Depletion	22	
23	Advertising	23	12,100,383
24	Research, profit-sharing, etc. plans	24	1,437,241
25	Employee benefit programs	25	59,192,611
26	Domestic production activities deduction (attach Form 990)	26	24,496,822
27	Other deductions (attach statement) (see 4797, 3)	27	145,532,193
28	Total deductions. Add lines 12 through 28	28	2,157,846,619
29	Taxable income before net operating loss deduction and special deductions. Subtract line 28 from line 11.	29	736,623,271
30a	Net operating loss deduction (see instructions)	30a	
30b	Special deductions (Schedule C, line 20)	30b	198,815
30c	Add lines 30a and 30b	30c	198,815
31	Taxable income. Subtract line 30c from line 29 (see instructions)	31	736,424,456
32	Total tax (Schedule J, Part I, line 11)	32	236,793,407
33	Total payments and refundable credits (Schedule J, Part II, line 21)	33	490,420,215
34	Estimated tax penalty (see instructions). Check if Form 2220 is attached	34	
35	Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	35	NONE
36	Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	36	145,827,764
37	Enter amount from line 35 you want credited to 2016 estimated tax (see instructions). Enter amount from line 36 you want refunded (see instructions). Enter amount of overpayment you want applied to 2016 estimated tax (see instructions) (see instructions) (see instructions)	37	145,827,764

Sign Here: *[Signature]* Date: 12/13/2016 Controller

Preparer Use Only: **TERRY S. HUSTON** Date: 02/11/2016 Firm's name: **ERNST & YOUNG US LLP** Firm's EIN: **31-8555186**  
 Firm's address: **2 WEST WASHINGTON STREET GREENVILLE SC 29601** Phone no.: **(864) 242-5748**

SCANA CORPORATION Form 1120 (2015) 57-0784699 Page 3

**Schedule M Tax Computation and Payment (see instructions)**

Part I—Tax Computation

1	Check if the corporation is a member of a controlled group (attach Schedule D (Form 1120))	<input type="checkbox"/>	
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	
3	Alternative minimum tax (attach Form 4626)	3	257,748,546
4	Add lines 2 and 3	4	257,748,546
5a	Foreign tax credit (attach Form 1118)	5a	1,491
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	23,458,248
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8812	5e	
6	Total credits. Add lines 5a through 5e	6	23,459,739
7	Subtract line 6 from line 4	7	234,288,807
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8811)	9b	
c	Interest due under the look-back method—completed long-term contracts (attach Form 8897)	9c	
d	Interest due under the look-back method—income forecast method (attach Form 8658)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Other (see instructions—attach statement)	9f	
10	Total. Add lines 9a through 9f	10	NONE
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	234,288,807

Part II—Payments and Refundable Credits

12	2014 overpayment credited to 2015	12	129,897,414
13	2015 estimated tax payments	13	145,000,000
14	2015 refund applied for on Form 4466	14	
15	Combine lines 12, 13, and 14	15	274,897,414
16	Tax deposited with Form 7004	16	121,020,600
17	Withholding (see instructions)	17	
18	Total payments. Add lines 15, 16, and 17	18	395,918,014
19	Refundable credits from:		
a	Form 2439	19a	
b	Form 4120	19b	227,435
c	Form 8827, line 8c	19c	
d	Other (attach statement—see instructions)	19d	
20	Total credits. Add lines 19a through 19d	20	227,435
21	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32	21	423,355,449

FL

<b>1139</b> Form (Rev. November 2014) Department of the Treasury Internal Revenue Service		<b>Corporation Application for Tentative Refund</b> Information about Form 1139 and its separate instructions is at <a href="http://www.irs.gov/form1139">www.irs.gov/form1139</a> . Do not file with the corporation's income tax return - file separately. Keep a copy of this application for your records.		OMB No. 1545-0123			
Name <b>SCANA CORPORATION</b>		Employer identification number 57-0784499					
Number, street, and room or suite no. (if a P.O. box, see instructions) <b>220 OPERATION WAY</b>		Date of incorporation 10/01/1984					
City or town, state, and ZIP code <b>CAYCE, SC 29033-3701</b>		Daytime phone number (803) 217-9000					
1 Reason(s) for filing See instructions - a. Net operating loss (NOL) . . . . . <b>57,112,028.</b>		c. Unused general business credit. <b>36,403,280.</b>					
b. Net capital loss . . . . .		d. Other . . . . .					
2 Return for year of loss, unused credit, or overpayment under section 1341(b)(1) . . . . . <b>12/31/201609/28/2017</b>		a. Tax year ended . . . . . b. Date tax return filed . . . . . c. Service center where filed . . . . .					
3 If this application is for an unused credit created by another carryback, enter ending date for the tax year of the first carryback . . . . .							
4 Did a loss result in the release of a foreign tax credit, or is the corporation carrying back a general business credit that was released because of the release of a foreign tax credit (see instructions)? If "Yes," the corporation must file an amended return to carry back the released credits . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
5a Was a consolidated return filed for any carryback year or did two corporations join a consolidated group (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
5b If "Yes," enter the tax year ending date and the name of the common parent and its EIN, if different from above (see instructions) . . . . .							
6a If Form 1139 has been filed, was an extension of time granted for filing the return for the tax year of the NOL? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
b If "Yes," enter the date to which extension was granted . . . . . c Enter the date Form 1139 was filed . . . . .							
7 Unpaid tax for which Form 1139 is in effect . . . . . <b>3</b>							
8 If the corporation changed its accounting period, enter the date permission to change was granted . . . . .							
9 If this is an application for a dissolved corporation, enter date of dissolution . . . . .							
10 Has the corporation filed a petition in Tax Court for the year or years in which the carryback is to be applied? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
11 If any part of the decrease in tax due to a loss or credit resulting from a reportable transaction required to be disclosed? If Yes, attach Form 8885 . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Computation of Decrease in Tax See instructions.		2nd preceding tax year ended <b>12/31/2014</b>		1st preceding tax year ended <b>12/31/2015</b>		preceding tax year ended	
Note: If only filing for an unused general business credit (line 1c, step 10a 11 through 15)		(a) Before carryback		(b) After carryback		(c) Before carryback	
11 Taxable income from tax return . . . . .		327491408.		332631490.		736424416.	
12 Capital loss carryback (see instructions) . . . . .		332631490.		736424416.		736424416.	
13 Subtract line 12 from line 11 . . . . .		57112028.		57112028.		57112028.	
14 NOL deduction (see instructions) . . . . .		275519462.		275519462.		275519462.	
15 Taxable income. Subtract the 14 from line 13 . . . . .		114621993.		96431812.		257748546.	
16 Income tax . . . . .		96431812.		257748546.		257748546.	
17 Alternative minimum tax . . . . .		114621993.		96431812.		257748546.	
18 Add lines 16 and 17 . . . . .		11207491.		11207491.		23454248.	
19 General business credit (see instructions) . . . . .		11207491.		11207491.		58857528.	
20 Other credits (see instructions) . . . . .		1.691.		1.691.		1.691.	
21 Total credits. Add lines 19 and 20 . . . . .		11207491.		11207491.		23454248.	
22 Subtract line 21 from line 18 . . . . .		103414502.		85224321.		197889327.	
23 Personal holding company tax (see Form 1139) . . . . .		103414502.		85224321.		197889327.	
24 Other taxes (see instructions) . . . . .		103414502.		85224321.		197889327.	
25 Total tax liability. Add lines 23 through 24. Enter amount from "After carryback" column on line 25 for each year . . . . .		85224321.		197889327.		197889327.	
26 Decrease in tax. Subtract line 25 from line 22 . . . . .		18190161.		36403280.		36403280.	
27 Overpayment of tax due to a claim of right adjustment under section 1341(b)(1) (attach computation) . . . . .		18190161.		36403280.		36403280.	
Under penalties of perjury, I declare that I have examined this application and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.							
Sign Here Signature of officer <b>JAMES E. RYAN IV</b>		Date <b>10/18/2017</b>		Title <b>CONTROLLER</b>			
Paid Preparer Use Only Preparer's name Preparer's signature Preparer's EIN Preparer's address Preparer's phone no.		Preparer's signature Date Preparer's EIN Preparer's address Preparer's phone no.		Check <input type="checkbox"/> if self-employed Preparer's EIN Preparer's address Preparer's phone no.			





PeopleSoft Financials  
Journal Entry Detail Report

Run Date 1/18/2018  
Run Time 9:14PM

Header Business Unit: SH  
Journal ID: 0812MN4490  
Journal Date: 12/31/2017  
Fiscal Year: 2017  
Accounting Period: 12  
Description: Tax and Depreciation Journal - To remove abandonment NOL carryback from impairment account. See prior JE at 0812MN4400. JV for V Smith

Ledger Group: ACTUAL  
Source: ONL  
Reversal: N  
Reversal Date:  
Journal Status: P

Created By: CF44858  
Submitted By: CF44858  
Approved By: VS40559  
Attachments: N

Business Unit: EG

Line #	BU	Account	Opr Unit	Dept	Res Code	Workorder	Activity	Cust	Serv	Event	Amount	Reference	Description
56	EG	1430060	EGCO	0001	901						0.00		Federal Inc Tax Receivable
61	EG	1310901	EGCO	0001	916						0.00		Csh Tmfr Btwn Eg & Gen Eag

Total Lines: 2

Total Debits: \$0.00

Total Credits: \$0.00

Business Unit: NU

Line #	BU	Account	Opr Unit	Dept	Res Code	Workorder	Activity	Cust	Serv	Event	Amount	Reference	Description
52	NU	2360002	VCS2	0005	901						0.00		Taxes Accr Current Fed Inc
53	NU	4091001	VCS2	0005	901						0.00		Inc Tx Fed Elec Util
54	NU	4265090	VCS2	0005	901						-13,884,839.00		New Nuclear Abandonment
59	NU	4091001	VCS2	0005	901						13,884,839.00		Inc Tx Fed Elec Util
60	NU	1310901	VCS2	0005	916						0.00		Csh Tmfr Btwn Eg & Gen Eag

Total Lines: 5

Total Debits: \$13,884,839.00

Total Credits: \$13,884,839.00

Header Business Unit: SH Journal ID: 0812MN4490 Journal Date: 2017-12-31  
Description: Tax and Depreciation Journal - To remove abandonment NOL carryback from impairment account. See prior JE at 0812MN4400. JV for V Smith

E5



PeopleSoft Financials  
Journal Entry Detail Report

Run Date 1/18/2018  
Run Time 9:09PM

Header Business Unit: SH  
Journal ID: 0812MN4402  
Journal Date: 12/31/2017  
Fiscal Year: 2017  
Accounting Period: 12  
Description: Tax and Depreciation Journal - To record impact of afudc to impairment. JV for V Smith

Ledger Group: ACTUAL  
Source: ONL  
Reversal: N  
Reversal Date:  
Journal Status: P

Created By: CF44858  
Submitted By: CF44858  
Approved By: VS40559  
Attachments: Y

Business Unit: NU

Line #	BU	Account	Opr Unit	Dept	Res Code	Workorder	Activity	Cust	Serv	Event	Amount	Reference	Description
54	NU	4285090	VCS2	0005	901						68,780,496.00		New Nuclear Abandonment
59	NU	4091001	VCS2	0005	901						-68,780,496.00		Inc Tx Fed Elec Util

Total Lines: 2

Total Debits: \$68,780,496.00

Total Credits: \$68,780,496.00

E6

13

**NND Fas 109 Calculation**

WO 17 Equity AFUDC	111,037,795
Federal @ 33.25%	36,920,067
State @ 5%	5,551,890
Gross Up Factor	1.619433
Federal	59,789,582
State	8,990,915
	68,780,496

Federal Rate	35%
State Rate	5%



PeopleSoft Financials  
Journal Entry Detail Report

Run Date 1/18/2018  
Run Time 9:10PM

Header Business Unit: NU  
Journal ID: 0812MN4410  
Journal Date: 12/31/2017  
Fiscal Year: 2017  
Accounting Period: 12  
Description: Tax and depreciation journal - To record entry to recognize abandonment of NND.

Ledger Group: ACTUAL  
Source: ONL  
Reversal: N  
Reversal Date:  
Journal Status: P

Created By: JR45653  
Submitted By: JR45653  
Approved By: VS40559  
Attachments: Y

Business Unit: EG

Line #	BU	Account	Opr Unit	Dept	Res Code	Workorder	Activity	Cust	Serv	Event	Amount	Reference	Description
5	EG	2380015	EGCO	0001	901						4,675,200.00		Taxes Accrd Fed Fin 48 (origin
8	EG	2360016	EGCO	0001	901						9,707,700.00		Taxes Accrd St Fin 48 (origina
14	EG	2820030	EGCO	0998	901						-263,549,500.00		Adit Fed New Nucl Int Dif
16	EG	2820034	EGCO	0001	901			4NU			464,000.00		Adit St New Nucl Int Dif
22	EG	2820084	EGCO	0001	901						84,878,900.00		Adit Fed Nnd Basis Diff (orig
23	EG	2820085	EGCO	0001	901						12,783,700.00		Adit St Nnd Basis Diff (orig C
24	EG	2820086	EGCO	0001	901						-37,171,300.00		Adit Fed Nnd Rate Base (orig C
25	EG	2820087	EGCO	0001	901						-5,589,700.00		Adit St Nnd Rate Base (orig Cl
26	EG	2820088	EGCO	0001	901						6,312,400.00		Adit Fed Nnd 174 Rate Base (or
27	EG	2820089	EGCO	0001	901						949,400.00		Adit St Nnd 174 Rate Base (ori
37	EG	2830179	EGCO	0001	901						15,787,100.00		Adit Fed Nnd Carrying Cost-reg
39	EG	2830184	EGCO	0001	901						2,374,000.00		Adit St Nnd Carrying Cost-reg
51	EG	1310901	EGCO	0001	916						168,398,100.00		Csh Trmfr Btwn Eg & Gen Eag

Total Lines: 13

Total Debits: \$306,310,500.00

Total Credits: \$306,310,500.00

Business Unit: FH

Line #	BU	Account	Opr Unit	Dept	Res Code	Workorder	Activity	Cust	Serv	Event	Amount	Reference	Description
2	FH	1900410	FWAT	0625	901						-68,185,800.00		Adit Fed Impairment Charge
3	FH	1900411	FWAT	0625	901						-10,253,500.00		Adit St Impairment Charge
6	FH	2360015	FWAT	0625	901						25,417,800.00		Taxes Accrd Fed Fin 48 (origin
9	FH	2360016	FWAT	0625	901						4,001,900.00		Taxes Accrd St Fin 48 (origina
19	FH	2820065	FWAT	0625	901						-25,859,800.00		Adit Fed Fin 48 (original Clai
21	FH	2820066	FWAT	0625	901						-4,001,900.00		Adit St Fin 48 (original Claim
46	FH	4112000	FWAT	0625	901						68,185,800.00		Def Fed Tx Cr
47	FH	4112001	FWAT	0625	901						10,253,500.00		Def St Tx Cr
52	FH	1310901	FADM	0002	916						442,000.00		Csh Trmfr Btwn Eg & Gen Eag

Total Lines: 9

Total Debits: \$108,301,000.00

Total Credits: \$108,301,000.00

Header Business Unit: NU Journal ID: 0812MN4410 Journal Date: 2017-12-31  
Description: Tax and depreciation journal - To record entry to recognize abandonment of NND.

ES

## Business Unit: NU

Line #	BU	Account	Opr Unit	Dept	Res Code	Workorder	Activity	Cust	Serv	Event	Amount	Reference	Description
1	NU	1823095	VCS2	0993	901			4NU			-19,058,800.00		Reg Asset Nnd 41/199 (pilot)
4	NU	2360015	VCS2	0993	901			4NU			6,181,300.00		Taxes Accrd Fed Fin 48 (origina
7	NU	2360016	VCS2	0993	901			4NU			-8,292,500.00		Taxes Accrd St Fin 48 (origina
10	NU	2360018	VCS2	0993	901			4NU			262,587,200.00		Taxes Accrd Fed Fin 48 (pilot)
11	NU	2360019	VCS2	0993	901			4NU			43,044,800.00		Taxes Accrd St Fin 48 (pilot)
13	NU	2820030	VCS2	0993	901			4NU			3,085,200.00		Adit Fed New Nucl Int Dif
17	NU	2820034	EGCO	0993	901			4NU			-39,630,900.00		Adit St New Nucl Int Dif
18	NU	2820065	VCS2	0993	901			4NU			-10,578,600.00		Adit Fed Fin 48 (original Clai
20	NU	2820066	VCS2	0993	901			4NU			-1,415,400.00		Adit St Fin 48 (original Claim
28	NU	2820101	VCS2	0993	901			4NU			472,160,900.00		Adit Fed Nnd Basis Diff (pilot
29	NU	2820102	VCS2	0993	901			4NU			71,001,700.00		Adit St Nnd Basis Diff (pilot)
30	NU	2820103	VCS2	0993	901			4NU			-286,255,300.00		Adit Fed Fin 48 (pilot)
31	NU	2820104	VCS2	0993	901			4NU			-43,044,800.00		Adit St Fin 48 (pilot)
32	NU	2830166	VCS2	0993	901			4NU			6,337,100.00		Adit Fed Pilot Fasb 109
33	NU	2830167	VCS2	0993	901			4NU			952,900.00		Adit St Pilot Fasb 109
34	NU	2830168	VCS2	0993	901			4NU			3,565,700.00		Adit Fed Pilot Interest/prof F
35	NU	2830169	VCS2	0993	901			4NU			536,300.00		Adit St Pilot Interest/prof Fe
36	NU	2830179	VCS2	0005	901			NUC			1,176,300.00		Adit Fed Nnd Carrying Cost-reg
38	NU	2830184	VCS2	0005	901			NUC			176,900.00		Adit St Nnd Carrying Cost-reg
40	NU	4091001	VCS2	0993	901			4NU			-1,394,121,000.00		Inc Tx Fed Elec Util
41	NU	4091005	VCS2	0993	901			4NU			-209,602,700.00		Inc Tx St Elec Util
42	NU	4101004	VCS2	0993	901			4NU			992,079,300.00		Def Fed Tx Elec Depr
43	NU	4101007	VCS2	0993	901			4NU			142,273,800.00		Def St Tx Elec Depr
44	NU	4111025	VCS2	0993	901			4NU			298,880,800.00		Def Fed Tx Cr Elec Depr
45	NU	4111029	VCS2	0993	901			4NU			90,329,100.00		Def St Tx Cr Elec Depr
48	NU	4265090	VCS2	0005	901			4NU			57,387,700.00		New Nuclear Abandonment
49	NU	2830163	VCS2	0993	901			4NU			-1,307,093,600.00		Adit Fed Nnd Reg Asset Basis D
50	NU	2830164	VCS2	0993	901			4NU			-196,555,500.00		Adit St Nnd Reg Asset Basis Di
53	NU	1310901	VCS	0005	916						-168,840,100.00		Csh Tmfr Btwn Eg & Gen Eag
54	NU	2360002	VCS2	0993	916						1,071,591,400.00		Taxes Accr Current Fed Inc
55	NU	2360003	VCS2	0993	916						161,140,800.00		Taxes Accr State Inc Tax

Total Lines: 31

Total Debits: \$3,684,489,200.00

Total Credits: \$3,684,489,200.00

Abandonment Journal Entry

Reg Asset NND 41/99 (Pilot)

Account Description	Account	Beginning Balance	Pending Dec. Entries	dr	(cr)	Ending Balance	Journal Entry dr/(cr)
182xxxx (Reg Asset Fed NND Adit Elec)	182xxxx	-	-	-	-	-	-
182xxxx (Reg Asset State NND Adit Elec)	182xxxx	-	-	-	-	-	-
Reg Asset NND Acct Fees/Interest	1823096	10,733,745	667	-	-	10,734,412	-
Reg Asset NND 41/99 (Pilot)	1823095	19,004,400	54,460	38,328,900	(57,387,700)	-	(19,058,800)
1900408 (Adit Fed Toshiba Settlement)	1900408	364,164,100	-	-	-	364,164,100	-
1900409 (Adit St Toshiba Settlement)	1900409	54,761,500	-	-	-	54,761,500	-
1900410 (Adit Fed Abandonment Write-off)	1900410	68,185,800	-	-	(68,185,800)	-	(68,185,800)
1900411 (Adit St Toshiba Settlement)	1900411	10,253,500	-	-	(10,253,500)	-	(10,253,500)
2360002 (Fed Payable)	2360002	(358,111,200)	-	1,312,004,800	(240,413,400)	713,480,200	1,071,591,400
2360003 (St Payable)	2360003	(29,491,223)	-	190,097,300	(28,956,500)	131,649,577	161,140,800
2360015 (Taxes Accrd Fed Fin 48 Orig.)	2360015	(34,383,400)	(73,900)	38,170,200	(1,895,900)	1,817,000	36,274,300
2360016 (Taxes Accrd St Fin 48 Orig.)	2360016	(15,125,000)	210,600	5,417,100	-	(9,497,300)	5,417,100
2360018 (Taxes Accrd Fed Fin 48 Pilot)	2360018	(290,766,900)	(1,138,900)	262,587,200	-	(29,318,600)	262,587,200
2360019 (Taxes Accrd State Fin 48 Pilot)	2360019	(85,298,000)	(347,900)	43,044,800	-	(42,601,100)	43,044,800
2820030 (Adit Fed New Nucl Int Dif)	2820030	276,980,800	(67,900)	20,393,900	(280,858,200)	16,448,600	(260,464,300)
2820034 (Adit St New Nucl Int Dif)	2820034	41,650,800	(10,200)	3,066,900	(42,233,800)	2,473,700	(39,166,900)
2820065 (ADIT Fed Fin 48 - Orig. Claim)	2820065	36,438,400	-	1,896,000	(38,334,400)	-	(36,438,400)
2820066 (Adit St. Fin 48 - Orig. Claim)	2820066	5,417,300	-	-	(5,417,300)	-	(5,417,300)
2820084 (ADIT Fed NND Basis Diff - Orig. Claim)	2820084	(84,878,900)	-	84,878,900	-	-	84,878,900
2820085 (ADIT St NND Basis Diff - Orig. Claim)	2820085	(12,763,700)	-	12,763,700	-	-	12,763,700
2820086 (Adit Fed Nnd Rate Base Orig. Claim)	2820086	37,171,300	-	-	(37,171,300)	-	(37,171,300)
2820087 (Adit St Nnd Rate Base Orig. Claim)	2820087	5,589,700	-	-	(5,589,700)	-	(5,589,700)
2820088 (Adit Fed Nnd 174 Rate Base Orig. Claim)	2820088	(6,312,400)	-	6,312,400	-	-	6,312,400
2820089 (Adit St Nnd 174 Rate Base Orig. Claim)	2820089	(949,400)	-	949,400	-	-	949,400
2820101 (Adit Fed Nnd Basis Diff Pilot)	2820101	(470,307,900)	(1,853,000)	472,160,900	-	-	472,160,900
2820102 (Adit St Nnd Basis Diff Pilot)	2820102	(70,723,100)	(278,600)	71,001,700	-	-	71,001,700
2820103 (Adit Fed Fin 48 Pilot)	2820103	285,145,700	1,109,600	15,065,700	(301,321,000)	-	(286,255,300)
2820104 (Adit St Fin 48 Pilot)	2820104	47,878,000	166,800	-	(43,044,800)	-	(43,044,800)
Adit Fed Pilot Fasb 109	2830166	(6,319,000)	(18,100)	19,081,500	(12,744,400)	-	6,337,100
Adit St Pilot Fasb 109	2830167	(950,200)	(2,700)	2,869,300	(1,916,400)	-	952,900
Adit Fed Pilot Interest/prof F	2830168	(3,565,700)	-	3,565,700	-	-	3,565,700
Adit St Pilot Interest/prof Fe	2830169	(536,300)	-	536,300	-	-	536,300
Adit Fed Nnd Carrying Cost-reg	2830170	(16,967,100)	(1,946,700)	18,968,800	-	-	16,963,400
Adit St Nnd Carrying Cost-reg	2830171	(2,461,000)	(870,700)	2,550,900	-	-	2,550,900
283xxxx (Adit Fed NND Reg Asset Basis Diff)	2830163	-	-	270,627,800	(1,577,721,400)	(1,307,093,600)	(1,307,093,600)
283xxxx (Adit St NND Reg Asset Basis Diff)	2830164	-	-	33,500,000	(230,055,500)	(196,555,500)	(196,555,500)
283xxxx (Adit Fed NND Elec Fasb 109)	283xxxx	-	-	-	-	-	-
283xxxx (Adit State NND Elec Fasb 109)	283xxxx	-	-	-	-	-	-
4091001 (Inc Tx Fed Elec Util)	4091001	-	-	257,375,000	(1,651,496,000)	(1,394,121,000)	(1,394,121,000)
4091005 (Inc Tx St Elec Util)	4091005	-	-	28,956,500	(238,559,200)	(209,602,700)	(209,602,700)
4092000 (Fed BTL Tax Exp)	4092000	-	-	-	-	-	-
4092001 (St BTL Tax Exp)	4092001	-	-	-	-	-	-
4101004 (Def Fed Tx Elec Depr)	4101004	-	-	993,975,300	(1,896,000)	992,079,300	992,079,300
4101007 (Def St Tx Elec Depr)	4101007	-	-	142,273,800	-	142,273,800	142,273,800
4102000 (Def Fed Tax Exp)	4102000	-	-	-	-	-	-
4102001 (Def St Tax Exp)	4102001	-	-	-	-	-	-
4111025 (Def Fed Tx Elec Depr)	4111025	-	-	657,684,900	(358,804,100)	298,880,800	298,880,800
4111029 (Def St Tx Elec Depr)	4111029	-	-	96,285,600	(5,956,500)	90,329,100	90,329,100
4112000 (Def Fed Tax Cr)	4112000	-	-	68,185,800	-	68,185,800	68,185,800
4112001 (Def St Tax Cr)	4112001	-	-	10,253,500	-	10,253,500	10,253,500
4190000 (Interest and Dividend Income)	4190000	-	-	-	-	-	-
New Nuclear Abandonment	4265090	214,049,568	-	57,387,700	-	271,437,268	57,387,700
4310000 (Other Interest Expense)	4310000	-	-	-	-	-	-
		(16,886,011)	(2,935,133)	5,240,212,800	(5,240,212,800)	(19,821,144)	-

check

E 10



PeopleSoft Financials  
Journal Entry Detail Report

Run Date 1/18/2018  
Run Time 9:13PM

Header Business Unit: NU  
Journal ID: 0812MN4411  
Journal Date: 12/31/2017  
Fiscal Year: 2017  
Accounting Period: 12  
Description: Tax and depreciation journal - To record entry to recognize abandonment of NND.

Ledger Group: ACTUAL  
Source: ONL  
Reversal: N  
Reversal Date:  
Journal Status: P

Created By: JR45653  
Submitted By: JR45653  
Approved By: VS40559  
Attachments: Y

Business Unit: NU

Line #	BU	Account	Opr Unit	Dept.	Res Code	Workorder	Activity	Cust	Serv	Event	Amount	Reference	Description
40	NU	4091001	VCS2	0993	901			4NU			-3,900.00		Inc Tx Fed Elec Util
41	NU	4091005	VCS2	0993	901			4NU			-600.00		Inc Tx St Elec Util
42	NU	4101004	VCS2	0993	901			4NU			4,100.00		Def Fed Tx Elec Depr
43	NU	4101007	VCS2	0993	901			4NU			600.00		Def St Tx Elec Depr
44	NU	4111025	VCS2	0993	901			4NU			-180,700.00		Def Fed Tx Cr Elec Depr
45	NU	4111029	VCS2	0993	901			4NU			-27,200.00		Def St Tx Cr Elec Depr
49	NU	2830163	VCS2	0993	901			4NU			-295,300.00		Adit Fed Nnd Reg Asset Basis D
50	NU	2830164	VCS2	0993	901			4NU			-44,400.00		Adit St Nnd Reg Asset Basis Di
54	NU	2360002	VCS2	0993	916						3,900.00		Taxes Accr Current Fed Inc
55	NU	2360003	VCS2	0993	916						600.00		Taxes Accr State Inc Tax
56	NU	4265090	VCS2	0005	901			4NU			542,900.00		New Nuclear Abandonment

Total Lines: 11

Total Debits: \$552,100.00

Total Credits: \$552,100.00

E11

X:\groupdir\812\@\_LTR Income Taxes\New Nuclear\Journal Entries\6\_NND Abandonment JE

Abandonment Journal Entry

Reg Asset NND 41/99 (Pilot)		Beginning Balance	Pending Dec. Entries	dr	(cr)	Ending Balance	Updated Journal Entry dr/(cr)	Journal Entry at 1st Pass dr/(cr)	Journal Entry at 2nd Pass dr/(cr)
Account Description	Account								
182xxxx (Reg Asset Fed NND Adit Elec)	182xxxx	-	-	-	-	-	-	-	-
182xxxx (Reg Asset State NND Adit Elec)	182xxxx	-	-	-	-	-	-	-	-
Reg Asset NND Acct Fees/Interest	1823096	10,733,745	667	-	-	10,734,412	-	-	-
Reg Asset NND 41/99 (Pilot)	1823095	19,004,400	54,400	38,328,900	(57,387,700)	-	(19,058,800)	(19,058,800)	-
1900408 (Adit Fed Toshiba Settlement)	1900408	364,164,100	-	-	-	364,164,100	-	-	-
1900409 (Adit St Toshiba Settlement)	1900409	54,761,500	-	-	-	54,761,500	-	-	-
1900410 (Adit Fed Abandonment Write-off)	1900410	68,185,800	-	-	(68,185,800)	-	(68,185,800)	(68,185,800)	-
1900411 (Adit St Toshiba Settlement)	1900411	10,253,500	-	-	(10,253,500)	-	(10,253,500)	(10,253,500)	-
2360002 (Fed Payable)	2360002	(358,111,200)	-	1,312,008,900	(240,413,600)	713,484,100	1,071,595,300	1,071,591,400	3,900
2360003 (St Payable)	2360003	(29,491,223)	-	190,097,900	(28,956,500)	131,650,177	161,141,400	161,140,800	600
2360015 (Taxes Accrd Fed Fin 48 Orig.)	2360015	(34,383,400)	(73,900)	38,170,200	(1,895,900)	1,817,000	36,274,300	36,274,300	-
2360016 (Taxes Accrd St Fin 48 Orig.)	2360016	(15,125,000)	210,600	5,417,100	-	(9,497,300)	5,417,100	5,417,100	-
2360018 (Taxes Accrd Fed Fin 48 Pilot)	2360018	(290,766,900)	(1,138,900)	262,587,200	-	(29,318,600)	262,587,200	262,587,200	-
2360019 (Taxes Accrd State Fin 48 Pilot)	2360019	(85,298,000)	(347,900)	43,044,800	-	(42,601,100)	43,044,800	43,044,800	-
2820030 (Adit Fed New Nucl Int Dif)	2820030	276,980,800	(67,900)	20,393,900	(280,858,200)	16,448,600	(260,464,300)	(260,464,300)	-
2820034 (Adit St New Nucl Int Dif)	2820034	41,650,800	(10,200)	3,066,900	(42,233,800)	2,473,700	(39,166,900)	(39,166,900)	-
2820065 (ADIT Fed Fin 48 - Orig. Claim)	2820065	36,438,400	-	1,896,000	(38,334,400)	-	(36,438,400)	(36,438,400)	-
2820066 (Adit St Fin 48 - Orig. Claim)	2820066	5,417,300	-	-	(5,417,300)	-	(5,417,300)	(5,417,300)	-
2820084 (ADIT Fed NND Basis Diff - Orig. Claim)	2820084	(84,878,900)	-	84,878,900	-	-	84,878,900	84,878,900	-
2820085 (ADIT St NND Basis Diff - Orig. Claim)	2820085	(12,763,700)	-	12,763,700	-	-	12,763,700	12,763,700	-
2820086 (Adit Fed Nnd Rate Base Orig. Claim)	2820086	37,171,300	-	-	(37,171,300)	-	(37,171,300)	(37,171,300)	-
2820087 (Adit St Nnd Rate Base Orig. Claim)	2820087	5,589,700	-	-	(5,589,700)	-	(5,589,700)	(5,589,700)	-
2820088 (Adit Fed Nnd 174 Rate Base Orig. Claim)	2820088	(6,312,400)	-	6,312,400	-	-	6,312,400	6,312,400	-
2820089 (Adit St Nnd 174 Rate Base Orig. Claim)	2820089	(949,400)	-	949,400	-	-	949,400	949,400	-
2820101 (Adit Fed Nnd Basis Diff Pilot)	2820101	(470,307,900)	(1,853,000)	472,160,900	-	-	472,160,900	472,160,900	-
2820102 (Adit St Nnd Basis Diff Pilot)	2820102	(70,723,100)	(278,600)	71,001,700	-	-	71,001,700	71,001,700	-
2820103 (Adit Fed Fin 48 Pilot)	2820103	285,145,700	1,109,600	15,065,700	(301,321,000)	-	(286,255,300)	(286,255,300)	-
2820104 (Adit St Fin 48 Pilot)	2820104	42,878,000	166,800	-	(43,044,800)	-	(43,044,800)	(43,044,800)	-
Adit Fed Pilot Fasb 109	2830166	(6,319,900)	(18,100)	19,081,500	(12,744,400)	-	6,337,100	6,337,100	-
Adit St Pilot Fasb 109	2830167	(950,200)	(2,700)	2,869,300	(1,916,400)	-	952,900	952,900	-
Adit Fed Pilot Interest/prof F	2830168	(3,565,700)	-	3,565,700	-	-	3,565,700	3,565,700	-
Adit St Pilot Interest/prof Fe	2830169	(536,300)	-	536,300	-	-	536,300	536,300	-
Adit Fed Nnd Carrying Cost reg	2830170	(11,861,000)	(179,000)	11,861,000	-	-	16,963,400	16,963,400	-
Adit St Nnd Carrying Cost reg	2830174	(2,441,200)	(83,700)	1,750,900	-	-	2,550,900	2,550,900	-
(Adit Fed NND Reg Asset Basis Diff)	2830163	-	-	270,628,000	(1,578,016,900)	(1,307,388,900)	(1,307,388,900)	(1,307,093,600)	(295,300)
(Adit St NND Reg Asset Basis Diff)	2830164	-	-	33,500,000	(230,099,900)	(196,599,900)	(196,599,900)	(196,555,500)	(44,400)
283xxxx (Adit Fed NND Elec Fasb 109)	283xxxx	-	-	-	-	-	-	-	-
283xxxx (Adit State NND Elec Fasb 109)	283xxxx	-	-	-	-	-	-	-	-
4091001 (Inc Tx Fed Elec Util)	4091001	-	-	257,375,200	(1,651,500,100)	(1,394,124,900)	(1,394,124,900)	(1,394,121,000)	(3,900)
4091005 (Inc Tx St Elec Util)	4091005	-	-	28,956,500	(238,559,800)	(209,603,300)	(209,603,300)	(209,602,700)	(600)
4092000 (Fed BTL Tax Exp)	4092000	-	-	-	-	-	-	-	-
4092001 (St BTL Tax Exp)	4092001	-	-	-	-	-	-	-	-
4101004 (Def Fed Tx Elec Depr)	4101004	-	-	993,979,400	(1,896,000)	992,083,400	992,083,400	992,079,300	4,100
4101007 (Def St Tx Elec Depr)	4101007	-	-	142,274,400	-	142,274,400	142,274,400	142,273,800	600
4102000 (Def Fed Tax Exp)	4102000	-	-	-	-	-	-	-	-
4102001 (Def St Tax Exp)	4102001	-	-	-	-	-	-	-	-
4111025 (Def Fed Tx Elec Depr)	4111025	-	-	657,684,900	(358,984,800)	298,700,100	298,700,100	298,880,800	(180,700)
4111029 (Def St Tx Elec Depr)	4111029	-	-	96,285,600	(5,983,700)	90,301,900	90,301,900	90,329,100	(27,200)
41112000 (Def Fed Tax Cr)	4112000	-	-	68,185,800	-	68,185,800	68,185,800	68,185,800	-
41112001 (Def St Tax Cr)	4112001	-	-	10,253,500	-	10,253,500	10,253,500	10,253,500	-
4190000 (Interest and Dividend Income)	4190000	-	-	-	-	-	-	-	-
New Nuclear Abandonment	4265090	214,049,568	-	57,930,600	-	271,980,168	57,930,600	57,387,700	542,900
4310000 (Other Interest Expense)	4310000	-	-	-	-	-	-	-	-
		(16,886,011)	(2,935,133)	5,240,765,500	(5,240,765,500)	(19,821,144)	-	-	-

E12



JE to recognize WO 17 Tax Abandonment Deduction (Federal)			
		dr	(cr)
4091001 (Inc Tx Fed Elec Util)	4091001	-	(957,051,800)
2360002 (Fed Payable)	2360002	957,051,800	-
(Adit Fed NND Reg Asset Basis Diff)	2830163	-	(957,051,800)
4101004 (Def Fed Tx Elec Depr)	4101004	957,051,800	-
		1,914,103,600	(1,914,103,600)
JE to recognize WO 17 Tax Abandonment Deduction (State)			
		dr	(cr)
4091005 (Inc Tx St Elec Util)	4091005	-	(136,721,400)
2360003 (St Payable)	2360003	136,721,400	-
2830164 (Adit St NND Reg Asset Basis Diff)	2830164	-	(136,721,400)
4101007 (Def St Tx Elec Depr)	4101007	136,721,400	-
4091001 (Inc Tx Fed Elec Util)	4091001	47,852,600	-
2360002 (Fed Payable)	2360002	-	(47,852,600)
(Adit Fed NND Reg Asset Basis Diff)	2830163	47,852,600	-
4111025 (Def Fed Tx Elec Depr)	4111025	-	(47,852,600)
		369,148,000	(369,148,000)

dr	(cr)	dr	(cr)
-	(957,055,200)	-	3,400
957,055,200	-	(3,400)	-
-	(957,055,200)	-	3,400
957,055,200	-	(3,400)	-
1,914,110,400	(1,914,110,400)	(6,800)	6,800
dr	(cr)	dr	(cr)
-	(136,721,900)	-	500
136,721,900	-	(500)	-
-	(136,721,900)	-	500
136,721,900	-	(500)	-
47,852,800	-	(200)	-
-	(47,852,800)	-	200
47,852,800	-	(200)	-
-	(47,852,800)	-	200
369,149,400	(369,149,400)	(1,400)	1,400

E13

JE to record WO 17 AFUDC Debt incurred in December		dr	(cr)
2360002 (Fed Payable)	2360002	7,500	-
4091001 (Inc Tx Fed Elec Util)	4091001	-	(7,500)
4101004 (Def Fed Tx Elec Depr)	4101004	7,500	-
(Adit Fed NND Reg Asset Basis Diff)	2830163	-	(7,500)
2360003 (St Payable)	2360003	1,100	-
4091005 (Inc Tx St Elec Util)	4091005	-	(1,100)
4101007 (Def St Tx Elec Depr)	4101007	1,100	-
(Adit St NND Reg Asset Basis Diff)	2830164	-	(1,100)
2360002 (Fed Payable)	2360002	-	(400)
4091001 (Inc Tx Fed Elec Util)	4091001	400	-
4111025(Def Fed Tx Elec Depr)	4111025	-	(400)
(Adit Fed NND Reg Asset Basis Diff)	2830163	400	-
		18,000	(18,000)

dr	(cr)	dr	(cr)
-	-	7,500	-
-	-	-	(7,500)
-	-	7,500	-
-	-	-	(7,500)
-	-	1,100	-
-	-	-	(1,100)
-	-	1,100	-
-	-	-	(1,100)
-	-	-	(400)
-	-	400	-
-	-	-	(400)
-	-	400	-
-	-	18,000	(18,000)

JE to record AFUDC Equity Change in WO 17		dr	(cr)
4111025(Def Fed Tx Elec Depr)	4111025	-	(180,500)
4111029 (Def St Tx Elec Depr)	4111029	-	(27,200)
New Nuclear Abandonment	4265090	542,900	-
Adit Fed Pilot Fasb 109	2830166	-	(291,400)
Adit St Pilot Fasb 109	2830167	-	(43,800)
		542,900	(542,900)

dr	(cr)	dr	(cr)
-	-	-	(180,500)
-	-	-	(27,200)
-	-	542,900	-
-	-	-	(291,400)
-	-	-	(43,800)
-	-	542,900	(542,900)



PeopleSoft Financials  
Journal Entry Detail Report

Run Date 1/18/2018  
Run Time 9:15PM

Header Business Unit: EG  
Journal ID: 0812MN4503  
Journal Date: 12/31/2017  
Fiscal Year: 2017  
Accounting Period: 12  
Description: Tax and Depreciation Journal - FIN48 - To book interest expense related to pilot strategy. Jv by J Ridenhour

Ledger Group: ACTUAL  
Source: ONL  
Reversal: N  
Reversal Date:  
Journal Status: P

Created By: JR45653  
Submitted By: JR45653  
Approved By: VS40559  
Attachments: Y

Business Unit: NU

Line #	BU	Account	Opr Unit	Dept.	Res Code	Workorder	Activity	Cust	Serv	Event	Amount	Reference	Description
5	NU	4285090	VCS2	0005	901			4NU			-696,481.00		New Nuclear Abandonment
7	NU	2530159	VCS2	0005	901			4NU			696,481.00		Ap Fin 48 Int Exp
11	NU	4112000	VCS2	0005	901			4NU			231,600.00		Def Fed Tx Cr
12	NU	2830157	VCS2	0005	901			4NU			-231,600.00		Adit Fed Elec Pilot Fin48 Int
83	NU	4112001	VCS2	0005	901			4NU			34,800.00		Def St Tx Cr
84	NU	2830158	VCS2	0005	901			4NU			-34,800.00		Adit St Elec Pilot Fin48 Int E

Total Lines: 6

Total Debits: \$962,881.00

Total Credits: \$962,881.00

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**Interest Calculation on all Tax Years (Federal)**  
Thru 12/31/2017

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Date	Amount	Rate	Interest
<b>2008 Amended Return</b>	<b>2,638,722</b>	-	-
3/15/2009 - 3/31/2009	2,638,722	2.50%	2,893
4/1/2009 - 6/30/2009	2,641,615	1.50%	9,897
7/1/2009 - 9/30/2009	2,651,512	1.50%	10,044
10/1/2009 - 12/31/2009	2,661,556	1.50%	10,082
1/1/2010 - 3/15/2010	2,671,638	1.50%	8,137
<b>2009 Amended Return</b>	<b>6,940,365</b>	-	-
3/16/2010 - 3/31/2010	9,620,140	1.50%	6,328
4/1/2010 - 6/30/2010	9,626,467	1.50%	36,067
7/1/2010 - 9/30/2010	9,662,534	1.50%	36,601
10/1/2010 - 12/31/2010	9,699,135	1.50%	36,739
1/1/2011 - 3/15/2011	9,735,874	0.50%	9,874
<b>2010 Amended Return</b>	<b>13,220,214</b>	-	-
3/16/2011 - 3/31/2011	22,965,963	0.50%	5,034
4/1/2011 - 6/30/2011	22,970,997	1.50%	86,064
7/1/2011 - 9/30/2011	23,057,061	1.50%	87,338
10/1/2011 - 12/31/2011	23,144,399	0.50%	29,186
1/1/2012 - 3/15/2012	23,173,585	0.50%	23,821
<b>2011 Amended Return</b>	<b>13,941,096</b>	-	-
3/16/2012 - 3/31/2012	37,138,502	0.50%	8,141
4/1/2012 - 6/30/2012	37,146,643	0.50%	46,335
7/1/2012 - 9/30/2012	37,192,977	0.50%	46,903
10/1/2012 - 12/31/2012	37,239,880	0.50%	46,962
1/1/2013 - 3/15/2013	37,286,842	0.50%	37,817
<b>2012 Amended Return</b>	<b>14,113,678</b>	-	-
3/16/2013 - 3/31/2013	51,438,336	0.50%	11,275
4/1/2013 - 6/30/2013	51,449,611	0.50%	64,175
7/1/2013 - 9/30/2013	51,513,787	0.50%	64,962
10/1/2013 - 12/31/2013	51,578,749	0.50%	65,044
1/1/2014 - 3/15/2014	51,643,793	0.50%	52,377
<b>2013 Tax Return</b>	<b>(6,162,240)</b>	-	-
3/16/2014 - 3/31/2014	45,533,930	0.50%	9,981
4/1/2014 - 6/30/2014	45,543,911	0.50%	56,809
7/1/2014 - 9/30/2014	45,600,720	0.50%	57,505
10/1/2014 - 12/31/2014	45,658,225	0.50%	57,578
1/1/2015 - 3/15/2015	45,715,803	0.50%	46,365
<b>2014 Tax Return</b>	<b>(7,095,997)</b>	-	-
3/16/2015 - 3/31/2015	38,666,171	0.50%	8,476
4/1/2015 - 6/30/2015	38,674,647	0.50%	48,241
7/1/2015 - 9/30/2015	38,722,887	0.50%	48,832
10/1/2015 - 12/31/2015	38,771,719	0.50%	48,893
1/1/2016 - 3/15/2016	38,820,613	0.50%	38,840
<b>2015 Return (Pilot)</b>	<b>(67,279,397)</b>	-	-
<b>2015 Return (Original)</b>	<b>(1,023,568)</b>	-	-
<b>2015 - Overpayment</b>	<b>165,927,704</b>	-	-
3/16/2016 - 3/31/2016	136,484,191	0.50%	29,917
4/1/2016 - 6/30/2016	136,514,109	1.50%	511,471
7/1/2016 - 9/30/2016	137,025,579	1.50%	519,039
10/1/2016 - 11/21/2016	137,544,618	1.50%	294,239
<b>2015 - Refund</b>	<b>(167,567,352)</b>	-	-
11/22/2016 - 12/31/2016	(29,728,494)	4.00%	(130,596)
1/1/2017 - 3/31/2017	(29,859,090)	4.00%	(295,941)

Rates for Overpayment	
Period	Rate
1/1/2009 - 3/31/2009	2.50%
4/1/2009 - 12/31/2010	1.50%
1/1/2011 - 3/31/2011	0.50%
4/1/2011 - 9/30/2011	1.50%
10/1/2011 - 3/31/2016	0.50%
4/1/2016 - 12/31/2017	1.50%

Rates for Underpayment	
Period	Rate
12/31/2016 - 3/31/2016	3.00%
4/1/2016 - 12/31/2017	4.00%

Fin 48 Reserve on pilot claim included on the 2015 return

Fin 48 Reserve on original claim

Refund due to SCANA on 2015 return

Receipt of 2015 return refund and interest on refund

E16

X:\groupdirs\812\@\_LTR-Income Taxes\New Nuclear\Journal Entries\Pilot Journal Entry\2017.12.31\_2017 Pilot Model Entries

				Tax Int. Program	Difference
4/1/2017 - 4/18/2017	(30,155,031)	4.00%	(59,539)		
2016 Return (Pilot)	(145,163,208)	-	-		Fin 48 Reserve on pilot claim included on the 2016 return
2016 Carryforwards	56,630,356				Carryforwards generated by the pilot claim
2016 return (Original)	(1,626,491)	-	-		Fin 48 Reserve on original claim
4/19/2017 - 6/30/2017	(120,373,914)	4.00%	(966,800)		
7/1/2017 - 9/30/2017	(121,340,714)	4.00%	(1,229,501)		
9/30/2017 - 12/31/2017	(122,570,215)	4.00%	(1,241,959)		
	Total		(1,306,055)	(1,309,068)	3,013
	2016 ES Underpayment Penalty		(723,921)	(723,481)	(440)
	2017 ES Underpayment Penalty		-		
	Total Federal Interest Expense		(2,029,976)		
	November '16 Refund of Interest		1,639,648		
	Total Interest Income/(expense) for all tax years		(3,669,624)		
	Interest income under original strategy		2,263,391		
	Federal Interest Expense Under Pilot Strategy		(5,933,015)		
	SC Interest Expense Under Pilot Strategy		(2,397,962)		
	Total Interest Expense After Adjustment to Fin48 reserve		(8,330,977)		
	Interest Expense previously recorded (Acct. 2530159)		(9,027,458)		
	Adjustment to Fin48 Interest Expense		696,481		

Journal Entry: 0812MN4503	DR	CR
4265090 New Nuclear Abandonment	-	(696,481)
2530159 AP Fin 48 Int Exp	696,481	-
4111025 Def Fed Tx Cr Elec Depr	231,600	-
2830157 Adit Fed Elec Pilot Fin48 Int	-	231,600
4111029 Def st Tx Cr Elec Depr	34,800	-
2830158 Adit St Elec Pilot Fin48 Int E	-	34,800

Journal Entry: 0812MN4106	DR	CR
4310000 Other Interest Expense	-	-
1823096 Reg Asset Nnd Acct Fees/Int	-	-
4101004 Def Fed Tx Elec Depr	-	-
2830168 Adit Fed Pilot Interest/Prof F	-	-
4101007 Def St Tx Elec Depr	-	-
2830169 Adit St Pilot Interest/prof Fe	-	-

No longer required since reg asset was written off under impairment.

E17

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**Interest Expense Calculation on Pilot NND R&D Strategy (State)**

Thru 12/31/2017

AFTER FIN48 UPDATE			
Date	Amount	Rate	Interest
2015 Return	20,679,985	-	-
3/15/2016 - 3/31/2016	20,679,985	3.00%	27,212
4/1/2016 - 6/30/2016	20,707,198	4.00%	207,526
7/1/2016 - 9/30/2016	20,914,724	4.00%	211,921
10/1/2016 - 12/31/2016	21,126,645	4.00%	214,068
1/1/2017 - 3/31/2017	21,340,714	4.00%	211,514
4/1/2017 - 4/18/2017	21,552,227	4.00%	42,554
2016 Return	40,814,449	-	-
2016 Carryforwards	(17,385,588)	-	-
4/19/2017 - 6/30/2017	45,023,642	4.00%	361,614
7/1/2017 - 9/30/2017	45,385,256	4.00%	459,872
10/1/2017 - 12/31/2017	45,845,128	4.00%	464,532
<b>TOTAL</b>			<b>2,200,813</b>
2016 ES Underpayment Penalty			197,149
2017 ES Underpayment Penalty			-
<b>Total Interest Expense</b>			<b>2,397,962</b>

Rates for Underpayment	
Period	Rate
1/1/2015- 3/31/2016	3.00%
4/1/2016 - 12/31/2017	4.00%

Fin 48 Reserve on pilot claim included on the 2016 return  
Carryforwards per 2016 return

TaxInterest	Diff.
2,198,905	1,908
195,753	1,396

E18

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-67:**

Provide the SCE&G accounting entries related to the Toshiba guarantee payments, including, but not limited to, the recording of the receivable, the receipt of the first payment, the sale of the receivable to Citibank, and the discount due to the monetization from the sale of the receivable to Citibank. In addition, provide the related income tax accounting entries, including the calculations and workpapers used for this purpose.

**RESPONSE 4-67:**

The entry to record the \$1,015,891,470 receipt from Citibank on September 27, 2017 was recorded via SCE&G's automated Treasury Workstation interface. In addition, in September's business SCE&G accrued its 55% share, or \$82,500,000, of the payment received from Toshiba on October 2, 2017.

SCE&G incurred a Claim Sale Fee and expenses of \$3,161,178.53 related to the sale to Citibank. This amount was paid to Ducera Securities LLC, via wire transfer, on September 29, 2017, and was recorded as an offset to the above receipts in the Toshiba payment regulatory liability via SCE&G's automated Treasury Workstation interface.

SCE&G recorded current taxes payable of \$418,925,600 and a related deferred tax asset associated with the receipt of these net proceeds.

The attached pdf file contains the following:

- Wire confirmation of the \$1,015,891,470 payment from Citibank on September 27, 2017
- Journal entry to record the \$82,500,000 accrual in September of SCE&G's 55% share of the October payment
- Wire confirmation of the \$150,000,000 payment from Toshiba on October 2, 2017
- Wire confirmation of the \$67,500,000 payment to Santee Cooper on October 2, 2017 for their 45% share of the payment from Toshiba
- Wire confirmation of the \$3,161,178.53 payment to Ducera Securities LLC on September 29, 2017
- Invoice from Ducera Securities LLC
- Journal entry to record the \$418,925,600 income tax effect in September 2017

Responsible person: Keith Coffey



## Wire Transfer Detail Report

Custom

As of 09/27/2017

CUSTOMER ID: SCANA156

OPERATOR ID: JTEVANS1

Commercial Electronic Office®

SCANA CORP

09/27/2017 02:21 PM ET

Treasury Information Reporting

Currency: USD  
Bank: 121000248  
Account: [REDACTED]

WELLS FARGO BANK, N.A.  
SCE&G MASTER

Credit Wire Amount	Process Date Time	From	Corresponding Bank:	Status
1,015,891,470.00	09/27/2017 01:02 PM CT	FEDWIRE N/A CITIBANK N.A. N/A	N/A	COMPLETE

Wire Service Reference Number:  
0927B1Q8021C024491  
Wells Message Number:  
170927112198  
PC Reference/Confirmation Number:  
001STKT172700025  
Value Date:  
09/27/2017  
Wire Type:  
195  
Wire Amount:  
1,015,891,470.00  
Transaction Reference Number:  
170927112198  
USD Equivalent Amount:  
1,015,891,470.00  
Originator ID:  
CITIUS33  
Originator Name and Address:  
CITIBANK N.A.  
399 PARK AVENUE  
NEW YORK, NY, US 10022-4617  
Instructing Bank Code/ID:  
N/A  
Instructing Bank Name and Address:  
N/A  
Sending Party ID:  
021000089  
Sending Party Name and Address:  
CITIBANK N.A. NEW YORK, NY  
NEW YORK, NY  
UNITED STATES  
Bank to Bank Info:  
N/A  
Beneficiary Bank Code/ID:  
N/A  
Beneficiary Bank Name and Address:  
N/A  
Originator to Beneficiary Info:  
WESTINGHOUSE ELECTRIC CO

Instructed Currency/Amount:  
USD/1,015,891,470.00  
Exchange Rate:  
1.000000  
Fed/CHIPS/SWIFT Reference Number:  
0927B1Q8021C024491  
Completed Timesamp:  
09/27/2017 12:47 PM CT  
Sender Reference Number:  
S0672702600D01  
Originating Bank Code/ID:  
N/A  
Originating Bank Name and Address:  
SECONDARY LOAN TRADING  
333 34TH ST  
8TH FLOOR  
NEW YORK, NY 10001  
Receiving Party ID:  
[REDACTED]  
Receiving Party Name and Address:  
SCE & G GENERAL ACCOUNT  
SCANA ACCOUNTING MC B122  
220 OPERATION WAY  
CAYCE SC 29033  
Intermediary Bank Code/ID:  
N/A  
Intermediary Bank Name and Address:  
N/A  
Beneficiary Code/ID:  
N/A  
Beneficiary Reference ID:  
[REDACTED]  
Beneficiary Name and Address:  
SCE AND G MASTER ACCOUNT

Text:  
021000089 CITIBANK N.A. NEW YORK, NY NEW YORK, NY UNITED STATES S0672702600D01 OGB=SECONDARY LOAN TRADING 333 34TH ST 8TH FLOOR NEW YORK, NY 10001 ORG=CITIBANK N.A. 399 PARK AVENUE NEW YORK, NY, US 10022-4617 RFB=001STKT172700025 OBI=WESTINGHOUSE ELECTRIC CO OPI=CITIUS33 /FTR/BNF [REDACTED] SCE AND G MASTER ACCOUNT COMPLETED TIMESTAMP 09/27/2017 12:47 PM CT

Credit Wire Amount	Process Date Time	From	Corresponding Bank:	Status
8,000,000.00	09/27/2017 10:51 AM CT	FEDWIRE N/A SOUTH CAROLINA ELECTRIC & GAS N/A	N/A	COMPLETE





PeopleSoft Financials

Run Date 10/2/2017  
Run Time 3:30PM

Journal Entry Detail Report

Header Business Unit: NU  
Journal ID: 0001MN0502  
Journal Date: 9/30/2017  
Fiscal Year: 2017  
Accounting Period: 9

Ledger Group: ACTUAL  
Source: ONL  
Reversal: B  
Reversal Date: 10/1/2017  
Journal Status: V

Created By: LW17708  
Submitted By:  
Approved By:  
Attachments: N

Description: Accounting Department Transfer - To accrue SCE&G's share of the \$150million payment received from Toshiba on 10-2-17. Entry will reverse and cash posted to 2540140 in Oct. business. Prep by L. Withycombe

Business Unit: NU

Line #	BU	Account	Opr Unit	Dept.	Res Code	Workorder	Activity	Cust	Serv	Event	Amount	Reference	Description
1	NU	1430001	VCS2	0005	901		ACJV	NUC			82,500,000.00		Oth Ar Other
2	NU	2540140	VCS2	0005	901		ACJV	NUC			-82,500,000.00		Rg Liab-toshiba Settl Proceeds

Total Lines: 2

Total Debits: \$82,500,000.00

Total Credits: \$82,500,000.00

Prepared By: *[Signature]* Date: 10-2-17  
Reviewed By: *[Signature]* Date: 10-2-17

Attachment 4-67  
Page 2 of 11

Header Business Unit: NU Journal ID: 0001MN0502 Journal Date: 2017-09-30  
Description: Accounting Department Transfer - To accrue SCE&G's share of the \$150million payment received from Toshiba on 10-2-17. Entry will reverse and cash posted to 2540140 in Oct. business. Prep by L. Withycombe

# Wire Transfer Detail Report

## SCEG WIRE CONFIRMATIONS

As of 10/02/2017

CUSTOMER ID: SCANA156

OPERATOR ID: ROBIT421

SCANA CORP

10/02/2017 12:18 PM ET

Commercial Electronic Office<sup>SM</sup>

Treasury Information Reporting

Currency: USD  
Bank: 121000248  
Account: [REDACTED]

WELLS FARGO BANK, N.A.  
SCE&G MASTER

Credit Wire Amount	Process Date Time	From	Corresponding Bank:	Status
① 150,000,000.00	10/02/2017 09:26 AM CT	INTERNATIONAL WELLS FARGO BANK, N.A. TOSHIBA CORPORATION [REDACTED] N/A	N/A	COMPLETE

Wire Service Reference Number:  
N/A  
Wells Message Number:  
171002071502  
PC Reference/Confirmation Number:  
N/A  
Value Date:  
10/02/2017  
Wire Type:  
208  
Wire Amount:  
150,000,000.00  
Transaction Reference Number:  
171002071502  
USD Equivalent Amount:  
150,000,000.00  
Originator ID:  
[REDACTED]

Instructed Currency/Amount:  
USD/150,000,000.00  
Exchange Rate:  
1.000000  
Fed/CHIPS/SWIFT Reference Number:  
171002PNBPUS3NBNYC0164645827  
Completed Timestamp:  
10/02/2017 09:26 AM CT  
Sender Reference Number:  
F50929694240000  
Originating Bank Code/ID:  
N/A  
Originating Bank Name and Address:  
SUMITOMO MITSUI BANKING CORPORATION  
1-1-2, MARUNOUCHI, CHIYODA-KU  
TOKYO, JP 100-0005  
Receiving Party ID:  
[REDACTED]

Originator Name and Address:  
TOSHIBA CORPORATION  
1-1-1 SHIBAURA, MINATO-KU TOKYO  
JAPAN  
Instructing Bank Code/ID:  
N/A  
Instructing Bank Name and Address:  
WELLS FARGO BANK, N.A.  
375 PARK AVENUE  
Sending Party ID:  
000028581007211  
Sending Party Name and Address:  
WELLS FARGO BANK, N.A.  
375 PARK AVENUE  
NEW YORK, NY  
Bank to Bank Info:  
N/A  
Beneficiary Bank Code/ID:  
N/A  
Beneficiary Bank Name and Address:  
N/A  
Originator to Beneficiary Info:  
2017/9/26-1 RFB 200TTJ-24143745

Receiving Party Name and Address:  
SCE & G GENERAL ACCOUNT  
SCANA ACCOUNTING MC B122  
220 OPERATION WAY  
CAYCE SC 29033  
Intermediary Bank Code/ID:  
N/A  
Intermediary Bank Name and Address:  
N/A  
Beneficiary Code/ID:  
N/A  
Beneficiary Reference ID:  
[REDACTED]  
Beneficiary Name and Address:  
SCE AND G MASTER ACCOUNT  
CAYCE SC USA

Text:  
RATE=1.000000 FX AMT=150000000.00 CCY=USD 000028581007211 WELLS FARGO BANK, N.A. 375 PARK AVENUE NEW YORK, NY WELLS FARGO BANK, N.A. 375 PARK AVENUE F50929694240000 OGB=SUMITOMO MITSUI BANKING CORPORATION 1-1-2, MARUNOUCHI, CHIYODA-KU TOKYO, JP 100-0005 ORG=TOSHIBA CORPORATION [REDACTED] 1-1-1 SHIBAURA, MINATO-KU TOKYO JAPAN OBI=2017/9/26-1 RFB 200TTJ-24143745 OPI=200-01020138 /FTR/BNF [REDACTED] SCE AND G MASTER ACCOUNT CAYCE SC USA MOR=171002PNBPUS3NBNYC0164645827 COMPLETED TIMESTAMP 10/02/2017 09:26 AM CT

① 150,000,000  
② (67,500,000) Less Santee Share  
82,500,000



# Wire Transfer Detail Report

## SCEG WIRE CONFIRMATIONS

As of 10/02/2017

CUSTOMER ID: SCANA156

OPERATOR ID: ROBIT421

Commercial Electronic Office®

SCANA CORP  
10/02/2017 01:27 PM ET

Treasury Information Reporting

Currency: USD  
Bank: 121000248  
Account: ██████████

WELLS FARGO BANK, N.A.  
SCE&G MASTER

Debit Wire Amount	Process Date Time	To:	Corresponding Bank:	Status
67,500,000.00	10/02/2017 12:03 PM CT	INTERNAL N/A SANTEE COOPER	N/A	COMPLETE

Wire Service Reference Number:  
N/A  
Wire Message Number:  
174002103202  
PC Reference/Confirmation Number:  
1709  
Value Date:  
10/02/2017  
Wire Type:  
508  
Wire Amount:  
67,500,000.00  
Transaction Reference Number:  
174002103202  
USD Equivalent Amount:  
67,500,000.00  
Originator ID:  
██████████

Instructed Currency/Amount:  
USD/67,500,000.00  
Exchange Rate:  
1.000000  
Fed/CHIPS/SWIFT Reference Number:  
N/A  
Completed Timestamp:  
10/02/2017 11:15 AM CT  
Sender Reference Number:  
GW00000007300577  
Originating Bank Code/ID:  
N/A  
Originating Bank Name and Address:  
N/A  
Receiving Party ID:  
██████████

Originator Name and Address:  
SCE & G GENERAL ACCOUNT  
SCE & G MASTER ACCOUNT  
SCANA ACCOUNTING MC B122  
CAYCE SC 29033  
Instructing Bank Code/ID:  
N/A  
Instructing Bank Name and Address:  
N/A  
Sending Party ID:  
██████████  
Sending Party Name and Address:  
SCE & G GENERAL ACCOUNT  
SCANA ACCOUNTING MC B122  
220 OPERATION WAY  
CAYCE SC 29033  
Bank to Bank Info:  
N/A  
Beneficiary Bank Code/ID:  
N/A  
Beneficiary Bank Name and Address:  
N/A

Receiving Party Name and Address:  
SOUTH CAROLINA PUBLIC SERVICE AUTHO  
TREASURY OPERATIONS  
PO BOX 2946101  
MONCKSCORNER SC 29461  
Intermediary Bank Code/ID:  
N/A  
Intermediary Bank Name and Address:  
N/A  
Beneficiary Code/ID:  
D  
Beneficiary Reference ID:  
██████████  
Beneficiary Name and Address:  
SANTEE COOPER

Original to Beneficiary Info:  
TOSHIBA SETTLEMENT OCT 2017

002001001743864 SOUTH CAROLINA PUBLIC SERVICE AUTHO TREASURY OPERATIONS PO BOX 2946101 MONCKSCORNER SC 29461  
GW00000007300577 ORG=SCE & G GENERAL ACCOUNT SCE & G MASTER ACCOUNT SCANA ACCOUNTING MC B122 CAYCE SC 29033  
RFB=1709 OBI=TOSHIBA SETTLEMENT OCT 2017 OPI=██████████ /FTR/BNF=D ██████████ SANTEE COOPER COMPLETED  
TIMESTAMP:10/02/2017 11:15 AM CT

Create Wire



### Payment Information

Payment ID 1709

Status Awaiting 1 approvals.

Type Wire

Modified 10/02/2017 11:52 am ET by ROBIT421

### Debit Account

Debit Account  
SCE & G MASTER  
Acc# [REDACTED] USD

### Beneficiary

Beneficiary  
SANTEE COOPER  
United States of America (US)  
[REDACTED]

Beneficiary Bank  
WELLS FARGO BANK, N.A.  
420 MONTGOMERY STREET  
SAN FRANCISCO, CA 94104  
United States of America (US)  
FEDWIRE# 121000248

### Payment Details

Debit Currency USD - United States Dollar

Credit Currency USD - United States Dollar

Amount 67,500,000.00 USD

Value Date 10/02/2017

Cutoff time 05:30 pm ET

### References

Originator to Beneficiary Information  
OBI TOSHIBA SETTLEMENT OCT 2017

Originator  
SCE & G GENERAL ACCOUNT  
SCE & G MASTER ACCOUNT  
SCANA ACCOUNTING MC B122  
CAYCE SC 29033  
United States of America (US)

#### Payment References

ID or Acct # [REDACTED]

**SCANA Services**  
**Disbursement Report**

09/29/17  
Date

\$ 3,161,178.53  
Amount

Ducera Securities LLC  
Payee

[REDACTED]

[REDACTED]

*es*

Payment Representing

**DO NOT BOOK**

Business Unit

Operating Unit

Department

**APAY TO BOOK**

Account

Resource Code

Activity Code

*[Handwritten signature]*

CONTRACT #/REF

TWS/initials

Initials

Wire Instructions

Bank First Republic Bank  
ABA 321081669  
Name Ducera Partners LLC  
Acct [REDACTED]



## Wire Transfer Detail Report

SC Master wires  
As of 09/29/2017  
CUSTOMER ID: SCANA156  
OPERATOR ID: MJACKS02

SCANA CORP  
09/29/2017 12:11 PM ET

Commercial Electronic Office<sup>®</sup>

Treasury Information Reporting

Currency: USD  
Bank: 121000248  
Account: [REDACTED]

WELLS FARGO BANK, N.A.  
SC SERVICES MASTER

Debit Wire Amount	Process Date Time	To:	Corresponding Bank:	Status
3,161,178.53	09/29/2017 11:07 AM CT	FEDWIRE N/A Ducera Securities LLC [REDACTED]	N/A	COMPLETE

Wire Service Reference Number:  
09291B7031R014137  
Wells Message Number:  
170929121593  
PC Reference/Confirmation Number:  
1706  
Value Date:  
09/29/2017  
Wire Type:  
495  
Wire Amount:  
3,161,178.53  
Transaction Reference Number:  
170929121593  
USD Equivalent Amount:  
3,161,178.53  
Originator ID:  
[REDACTED]

Originator Name and Address:  
SCANA SERVICES GENERAL  
SCANA SERVICES MASTER  
SCANA ACCOUNTING MC B122  
CAYCE SC 29033  
Instructing Bank Code/ID:  
N/A  
Instructing Bank Name and Address:  
N/A  
Sending Party ID:  
[REDACTED]  
Sending Party Name and Address:  
SCANA SVCS GENERAL  
SCANA ACCOUNTING MC B122  
220 OPERATION WAY  
CAYCE SC 29033  
Bank to Bank Info:  
N/A  
Beneficiary Bank Code/ID:  
N/A  
Beneficiary Bank Name and Address:  
N/A  
Originator to Beneficiary Info:  
South Carolina Electric and Gas Co.

Text:

321081669 FIRST REPUBLIC BANK 111 PINE ST SAN FRANCISCO CA 94111 GW00000007248645 ORG=SCANA SERVICES GENERAL  
SCANA SERVICES MASTER SCANA ACCOUNTING MC B122 CAYCE SC 29033 RFB=1706 OBI=South Carolina Electric and Gas Co.  
OPI=[REDACTED]/FTR/BNF [REDACTED] Ducera Securities LLC COMPLETED TIMESTAMP 09/29/2017 11:05 AM CT

# Ducera

Ducera Securities LLC  
499 Park Avenue  
16th Floor  
New York, NY 10022

p (212) 671-9700

DuceraPartners.com

September 28, 2017

**Via Electronic Mail**

South Carolina Electric & Gas Company  
100 SCANA Parkway  
Cayce, South Carolina 29033  
Attention: Jimmy E. Addison

Gentlemen:

Pursuant to our engagement letter dated September 8, 2017, attached is our invoice for the Claim Sale Fee and expenses due and payable as of September 28, 2017. Please contact us with any questions.

Sincerely,

Ducera Securities LLC

September 28, 2017

Per Engagement Letter dated September 8, 2017

Claim Sale Fee	\$ 3,156,532.45
Expenses	\$ 4,646.08
<b>Total Amount Due</b>	<u>\$ 3,161,178.53</u>

*OK*

**PAYMENT DUE UPON RECEIPT**

**Wire Instructions**

**Account Name:** Ducera Securities LLC

**ABA Number:** 321081669

**Credit Account #** [REDACTED]

*OK*

**Beneficiary Bank Address:**

First Republic Bank  
111 Pine Street  
San Francisco, CA 94111





PeopleSoft Financials

Run Date 3/16/2018  
Run Time 4:10PM

Journal Entry Detail Report

Header Business Unit: EG  
 Journal ID: 0812MN4600  
 Journal Date: 8/30/2017  
 Fiscal Year: 2017  
 Accounting Period: 9  
 Description: Tax and Depreciation Journal – To record tax impact of Toshiba settlement cash received. JV by V Smith

Ledger Group: ACTUAL  
 Source: ONL  
 Reversal: N  
 Reversal Date:  
 Journal Status: P

Created By: CF44858  
 Submitted By: CF44858  
 Approved By: VS40559  
 Attachments: Y

Business Unit: NU

Line #	BU	Account	Opr Unit	Depl	Res Code	Workorder	Activity	Cust	Serv	Event	Amount	Reference	Description
111	NU	1900408	VCS2	0005	901						364,164,100.00		Adit Fed Toshiba Settlement
112	NU	4111025	VCS2	0005	901						-364,164,100.00		Def Fed Tx Cr Elec Depr
117	NU	1900409	VCS2	0005	901						54,761,500.00		Adit St Toshiba Settlement
120	NU	2360002	VCS2	0005	901						-364,164,100.00		Taxes Accr Current Fed Inc
121	NU	4111029	VCS2	0005	901						-54,761,500.00		Def St Tx Cr Elec Depr
124	NU	4091001	VCS2	0005	901						364,164,100.00		Inc Tx Fed Elec Util
131	NU	2360003	VCS2	0005	901						-54,761,500.00		Taxes Accr State Inc Tax
134	NU	4091005	VCS2	0005	901						54,761,500.00		Inc Tx St Elec Util

Total Lines: 8

Total Debits: \$837,851,200.00

Total Credits: \$837,851,200.00

Header Business Unit: EG Journal ID: 0812MN4600 Journal Date: 2017-09-30  
 Description: Tax and Depreciation Journal – To record tax impact of Toshiba settlement cash received. JV by V Smith

Toshiba Settlement Deferred Taxes  
0812MN4600  
201709

*per trial balance:*

2540140	2540140 Rg Liab-toshiba Settl Proceeds	(1,095,230,291)
Federal tax @ 33.25%:	DR/(CR)	
1900408	364,164,072	
4111025	(364,164,072)	
2360002	(364,164,072)	
4091001	364,164,072	
State tax @ 5%:		
1900409	54,761,515	
4111029	(54,761,515)	
2360003	(54,761,515)	
4091005	54,761,515	

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-68:**

Indicate whether SCE&G records a deferred return on the Toshiba payment regulatory liability. If so, provide the accounting entries related to the deferred return for each month since it began recording these entries. If not, describe how these funds have been invested and the return that was earned. In addition, confirm that the avoided financing costs have been accretive to SCE&G earnings.

**RESPONSE 4-68:**

SCE&G has not recorded a deferred return on the Toshiba payment regulatory liability. As explained in the Company's response to question 1-105, through its customary cash management practices, SCE&G has utilized the Toshiba Guaranty payment to repay short term debt or to meet cash needs that would otherwise have required the issuance of short term debt. In this manner and as more fully discussed below, SCE&G has reduced net interest costs to the ultimate benefit of customers pending the determination of the specific means by which the Public Service Commission of South Carolina (SCPSC) directs the Toshiba Guaranty payment to be used to provide additional rate relief to customers.

Since the receipt of the Toshiba Settlement in late September 2017, SCE&G's short-term borrowing rates have ranged from approximately 1.49% - 2.07%. During this same period, SCE&G has earned interest rates ranging from 0.70% - 1.23% on its short-term investments in government money market funds and depository accounts. By utilizing the Toshiba payment proceeds to pay down short-term debt which was incurred during the period of construction of the nuclear project, SCE&G has reduced interest cost in excess of the interest income it could have earned by investing in these customary short-term vehicles. The effective management of cash is beneficial to customers because SCE&G, like most utilities, relies on the use of operating cash flows and short-term debt financing to meet its net cash needs between the issuances of long-term debt and equity. Longer term financing (debt and equity) has a much higher cost of capital than short-term borrowing, ultimately leading to higher interest and equity costs that are reflected in rates charged to customers. By managing its cash (including the Toshiba payment proceeds) as described above, SCE&G delays

issuances of long term capital resulting in a lower overall weighted average cost of capital to the benefit of customers.

As described in the Company's response to question 1-114, upon abandoning construction, SCE&G ceased the accrual of Allowance for Funds Used During Construction (AFUDC) in accordance with Electric Plant Instruction No. 3.A.17 of the Federal Energy Regulatory Commission's Uniform System of Accounts. SCE&G then began recognizing carrying costs, at its embedded cost of long-term debt, in accordance with Accounting Standards Codification (ASC) 980-360-35-7. The carrying costs were calculated on the balance of nuclear construction costs that were not reflected in revised rates of approximately \$1.2 billion, the same amount that would have been subject to AFUDC. When the Company received the Toshiba Settlement payment in late September 2017 in an amount approximately equivalent, but slightly less at approximately \$1.1 billion, to the construction costs not included in revised rates, SCE&G determined that it should cease the accrual of carrying costs under ASC 980-360-35-7. Had the Company recorded a deferred return on the Toshiba payment, it likewise would have continued to accrue carrying costs on the larger balance of costs not included in revised rates. That accrual of carrying costs would have been larger than the deferred return on the Toshiba settlement and therefore would have been less favorable to customers.

The impairments and accounting adjustments surrounding the abandonment have significantly reduced SCE&G's earnings. As a result of the abandonment, SCE&G reported an overall net loss in 2017 of approximately \$185 million. SCE&G's electric operations reported an operating loss of \$161 million. The Customer Benefits Plan and the No Merger Benefits Plan described in the Joint Petition each reflect significant impairment charges. The accretive effect to earnings from avoided financing costs were only one component of a much larger issue that resulted in a net loss in 2017.

Responsible person: Keith Coffey

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-69:**

Provide a copy of all analyses performed by or for SCE&G that assessed the monetization and/or the economics of the monetization of the Toshiba payment.

**RESPONSE 4-69:**

SCE&G objects to Request 4-69 on the basis that certain information responsive to this request is protected by the attorney-client privilege. With respect to the remaining information responsive to this request, that information is confidential and sensitive information. Due to the confidential and sensitive nature of the information requested, SCE&G will make the information responsive to this request available to ORS for review and inspection at SCE&G's administrative offices after the execution of a confidentiality agreement.

Responsible Person: Chad Burgess (legal matters) and Christina Putnam

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-70:**

Confirm that it is SCE&G's present position that the Toshiba payment regulatory liability be recorded net of the discount due to the Citibank monetization and that the Company should retain the earnings on the Toshiba payment proceeds received directly from Toshiba and from the Citibank monetization. If that is SCE&G's present position, then address the equities of this position from a customer perspective.

**RESPONSE 4-70:**

SCE&G confirms that the Toshiba payment regulatory liability is properly recorded net of the discount due to the Citibank monetization in accordance with Accounting Standards Codification (ASC) 980-405-25 that provides the criteria under generally accepted accounting principles (GAAP) for the recognition of a regulatory liability. SCE&G believes that this is in the best interest of its customers.

See also the response to question 4-68 regarding the use of the Toshiba payment proceeds prior to a directive from the SCPSC and the resulting benefit to customers.

Responsible person: Keith Coffey

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST  
DOCKET NO. 2017-207-E (5th Continuing AIR)  
DOCKET NO. 2017-305-E (4th Continuing AIR)  
DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST NO. 4-71:**

Provide each component of the NND costs, including, but not limited to, CWIP, AFUDC, and ADIT included in revised rates presently in effect. Provide a schedule annotating these amounts to SCE&G's filings and the resulting approved revenue requirement.

**RESPONSE NO. 4-71:**

Please see Attachment 4-71 on the enclosed CD.

Responsible person: Rachel Robinson

South Carolina Electric & Gas Company  
Office of Regulatory Staff's Continuing  
Audit Information Request  
Docket No. 2017-207-E (5th Continuing AIR)  
Docket No. 2017-305-E (4th Continuing AIR)  
Docket No. 2017-370-E (4th Continuing AIR)

Response No. 4-71

Revised Rates History  
(Thousands of \$)

PSC Order #	Docket Year									Totals
	<u>2008</u> 2009-104(A)	<u>2009</u> 2009-696	<u>2010</u> 2010-625	<u>2011</u> 2011-738	<u>2012</u> 2012-761	<u>2013</u> 2013-680	<u>2014</u> 2014-785	<u>2015</u> 2015-712	<u>2016</u> 2016-758	
Incremental Spend	\$ 64,186	\$ 200,602	\$ 379,200	\$ 415,962	\$ 428,103	\$ 544,846	\$ 532,422	\$ 526,866	\$ 682,783	\$ 3,774,970
AFUDC	\$ 1,775	\$ 6,412	\$ 13,573	\$ 18,527	\$ 11,982	\$ 20,842	\$ 29,043	\$ 24,246	\$ 26,684	\$ 153,084
Carryover	\$ -	\$ -	\$ 8,650	\$ 2,277	\$ 41	\$ 3,897	\$ 229	\$ 632	\$ 4,520	\$ 20,246
Incremental CWIP	\$ 65,961	\$ 207,014	\$ 401,423	\$ 436,766	\$ 440,126	\$ 569,585	\$ 561,694	\$ 551,744	\$ 713,987	\$ 3,948,300
Adjustments per ORS Schedule	\$ -	\$ (8,650)	\$ (2,277)	\$ (41)	\$ (3,897)	\$ (229)	\$ (632)	\$ (4,520)	\$ (139,837)	
Net Incremental CWIP	\$ 65,961	\$ 198,364	\$ 399,146	\$ 436,725	\$ 436,229	\$ 569,356	\$ 561,062	\$ 547,224	\$ 574,150	\$ 3,788,217
WACC	<u>12.54%</u>	<u>11.87%</u>	<u>12.32%</u>	<u>12.62%</u>	<u>12.49%</u>	<u>12.27%</u>	<u>12.22%</u>	<u>12.19%</u>	<u>11.62%</u>	
Incremental Revenue Requirement	\$ 8,272	\$ 23,546	\$ 49,175	\$ 55,115	\$ 54,485	\$ 69,860	\$ 68,562	\$ 66,707	\$ 66,716	
Retail Allocation %	<u>94.33%</u>	<u>95.70%</u>	<u>96.19%</u>	<u>95.77%</u>	<u>95.82%</u>	<u>96.25%</u>	<u>96.61%</u>	<u>96.73%</u>	<u>96.57%</u>	
Retail Rate Adjustment	\$ 7,803	\$ 22,533	\$ 47,301	\$ 52,783	\$ 52,149	\$ 67,240	\$ 66,238	\$ 64,525	\$ 64,428	\$ 445,000
Cumulative Retail Adjustment	\$ 7,803	\$ 30,336	\$ 77,637	\$ 130,420	\$ 182,569	\$ 249,810	\$ 316,047	\$ 380,572	\$ 445,000	

Information above is consistent with the ORS Annual Report on Revised Rates



**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-72:**

Provide a copy of the most recent SCE&G corporate financial model in live format, including all data, assumptions, and standard reports.

**RESPONSE 4-72:**

The information responsive to this request contains confidential and sensitive information. Due to the confidential and sensitive nature of the information requested, SCE&G will make the information responsive to this request available to ORS for review and inspection at SCE&G's administrative offices after the execution of a confidentiality agreement.

Responsible Person: Christina Putnam

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-73:**

Provide a copy of the SCE&G corporate financial model in live format used as a base case to assess the effects of the proposed merger on SCE&G's financial statements.

**RESPONSE 4-73:**

The information responsive to this request contains confidential and sensitive information. Due to the confidential and sensitive nature of the information requested, SCE&G will make the information responsive to this request available to ORS for review and inspection at SCE&G's administrative offices after the execution of a confidentiality agreement.

Responsible Person: Christina Putnam

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-75:**

Provide a copy of the analyses used to determine the magnitude (dollars and percentages) for the proposed 3.5% base rate reduction pursuant to the Application. Provide all calculations and workpapers, including electronic spreadsheets in live format and with all formulas intact.

**RESPONSE 4-75:**

Please see Response 1-118 for a schedule of \$575M of total refunds that will drive the 3.5% annual bill reduction proposed in the Customer Benefits Plan. As described Responses 4-23 and 4-24, one factor considered when developing the Customer Benefits Plan was the pro forma credit profile of the combined company. Together, the 3.5% bill reduction, the proposed write-offs, and \$1.3B up front rate credit, was the greatest magnitude of benefit that Dominion Energy could provide while also maintaining an investment grade combined credit profile.

Responsible Person: Sonali Kripalani

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)  
DOCKET NO. 2017-305-E (4th Continuing AIR)  
DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST NO. 4-76:**

Provide a calculation of the income tax expense included in SCE&G's present revised rates based on the test year used in the 2016 revised rate proceeding. Provide all calculations and workpapers, including electronic spreadsheets in live format and with all formula intact.

**RESPONSE NO. 4-76:**

Please see Attachment 4-76 on the enclosed CD.

Responsible person: Rachel Robinson

**South Carolina Electric & Gas Company**  
**Office of Regulatory Staff's Continuing**  
**Audit Information Request**  
**Docket No. 2017-207-E (5th Continuing AIR)**  
**Docket No. 2017-305-E (4th Continuing AIR)**  
**Docket No. 2017-370-E (4th Continuing AIR)**

Response No. 4-76

**Revised Rates History - Debt vs. Equity**  
**Retail Electric**

<u>Year</u>	<u>CWIP</u>	<u>Debt</u>	<u>Equity (net of tax)</u>	<u>Tax</u>	<u>Calculated Total</u>	<u>Actual Total</u>	<u>Variance</u>
2008	\$ 65,960,797	\$ 1,709,578	\$ 3,745,131	\$ 2,347,782	\$ 7,802,491	\$ 7,802,491	\$ -
2009	\$ 198,364,000	\$ 5,264,218	\$ 10,614,775	\$ 6,654,007	\$ 22,533,000	\$ 22,533,000	\$ -
2010	\$ 399,146,000	\$ 10,529,653	\$ 22,602,244	\$ 14,169,103	\$ 47,301,000	\$ 47,301,000	\$ -
2011	\$ 436,725,000	\$ 11,880,599	\$ 25,141,689	\$ 15,761,054	\$ 52,783,342	\$ 52,783,342	\$ -
2012	\$ 436,229,000	\$ 11,604,855	\$ 24,921,216	\$ 15,622,842	\$ 52,148,913	\$ 52,148,913	\$ -
2013	\$ 569,356,000	\$ 14,465,940	\$ 32,438,774	\$ 20,335,518	\$ 67,240,232	\$ 67,240,232	\$ -
2014	\$ 561,062,000	\$ 14,307,226	\$ 31,920,289	\$ 20,010,485	\$ 66,238,000	\$ 66,238,000	\$ -
2015	\$ 547,224,000	\$ 14,662,968	\$ 30,649,310	\$ 19,213,722	\$ 64,526,000	\$ 64,526,000	\$ -
2016	\$ 574,150,000	\$ 15,802,048	\$ 29,885,277	\$ 18,740,675	\$ 64,428,000	\$ 64,428,000	\$ -
<b>Total</b>	<b>\$ 3,788,216,797</b>	<b>\$ 100,227,084</b>	<b>\$ 211,918,705</b>	<b>\$ 132,855,188</b>	<b>\$ 445,000,978</b>	<b>\$ 445,000,978</b>	<b>\$ -</b>

Annual Approved Revised Rates Retail amounts approved have been allocated to Debt, Equity and Tax Components based on the Capital Structure in effect at the time each of Revised Rates period.

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-77:**

Provide the SCE&G protected excess ADIT by temporary difference at December 31, 2017 separated into electric and gas.

**RESPONSE 4-77:**

Temporary differences which clearly do not arise from depreciable property are considered not protected under normalization rules. There is diversity of view with respect to other temporary differences. For purposes of this response, we have categorized our excess ADIT based upon the treatment reflected within the Merger Benefit Plan and the No Merger Benefit Plan, as described below. These amounts are estimates until the tax return is filed in October 2018.

Category A: Non protected excess deferred taxes

SCE&G has \$33.9m of excess deferred taxes for electric and \$5.7m of excess deferred taxes for gas.

Category B: Tax abandonment excess deferred taxes

SCE&G has \$378.7m of excess deferred taxes for electric related to new nuclear costs. While these excess deferred taxes may be considered non-protected by Treasury, under the proposed plans these deferred taxes are being amortized over the same life as the book costs which created these excess deferred taxes (20 years under the Merger Benefits Plan and 50 years under the No Merger Benefits Plan).

Category C: Net operating loss Carryforward (NOL)

SCE&G has \$256.2m. For purposes of the Merger Benefits Plan (and the No Merger Benefits Plan), this NOL Carryforward ADIT has been treated as having arisen from the abandonment loss, and is to be amortized consistently with the abandonment loss above. As described in the Merger Benefits Plan, such amortization may also be subject to further limitation under Sec 382. Part of this excess deferred taxes is considered protected.

Category D: Property basis difference excess deferred taxes

SCE&G has \$101.3m of excess deferred taxes for electric and \$0.4m of excess deferred taxes for gas primarily related to temporary items such as research and experimentation and tax repairs. While these excess deferred taxes may be considered non-protected by Treasury, under the proposed plans

these deferred taxes are being amortized over the same life as the book costs which created these excess deferred taxes under an ARAM method.

Category E: Property (protected)

SCE&G has \$352.7m of excess deferred taxes for electric and \$57.1m of excess deferred taxes for gas related to property. Consistent with traditional approaches, these temporary differences are protected, and are expected to be amortized using ARAM (computed within Powerplant) over the lives of the related property which gave rise to them, with the only exception being that such amortization has been and will be deferred until the resolution of this proceeding.

Category F: Federal Investment Tax Credit excess deferred taxes (ITC)

SCE&G has \$3.9m of excess deferred taxes for electric and \$0.3m of excess deferred taxes for gas related to ITC. Consistent with traditional approaches, these temporary differences are protected, and are expected to be amortized over the lives of the related property which gave rise to them, with the only exception being that such amortization has been and will be deferred until the resolution of this proceeding.

Responsible person: Virginia Smith

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-78:**

Provide the SCE&G unprotected excess ADIT by temporary difference at December 31, 2017 separated into electric and gas.

**RESPONSE 4-78:**

Temporary differences which clearly do not arise from depreciable property are considered not protected under normalization rules. There is diversity of view with respect to other temporary differences. For purposes of this response, we have categorized our excess ADIT based upon the treatment reflected within the Merger Benefit Plan and the No Merger Benefit Plan, as described below. These amounts are estimates until the tax return is filed in October 2018.

Category A: Non protected excess deferred taxes

SCE&G has \$33.9m of excess deferred taxes for electric and \$5.7m of excess deferred taxes for gas.

Category B: Tax abandonment excess deferred taxes

SCE&G has \$378.7m of excess deferred taxes for electric related to new nuclear costs. While these excess deferred taxes may be considered non-protected by Treasury, under the proposed plans these deferred taxes are being amortized over the same life as the book costs which created these excess deferred taxes (20 years under the Merger Benefits Plan and 50 years under the No Merger Benefits Plan).

Category C: Net operating loss Carryforward (NOL)

SCE&G has \$256.2m. For purposes of the Merger Benefits Plan (and the No Merger Benefits Plan), this NOL Carryforward ADIT has been treated as having arisen from the abandonment loss, and is to be amortized consistently with the abandonment loss above. As described in the Merger Benefits Plan, such amortization may also be subject to further limitation under Sec 382. Part of this excess deferred taxes is considered protected.

Category D: Property basis difference excess deferred taxes

SCE&G has \$101.3m of excess deferred taxes for electric and \$0.4m of excess deferred taxes for gas primarily related to temporary items such as research and experimentation and tax repairs. While these excess deferred taxes may be considered non-protected by Treasury, under the proposed plans



these deferred taxes are being amortized over the same life as the book costs which created these excess deferred taxes under an ARAM method.

Category E: Property (protected)

SCE&G has \$352.7m of excess deferred taxes for electric and \$57.1m of excess deferred taxes for gas related to property. Consistent with traditional approaches, these temporary differences are protected, and are expected to be amortized using ARAM (computed within Powerplant) over the lives of the related property which gave rise to them, with the only exception being that such amortization has been and will be deferred until the resolution of this proceeding.

Category F: Federal Investment Tax Credit excess deferred taxes (ITC)

SCE&G has \$3.9m of excess deferred taxes for electric and \$0.3m of excess deferred taxes for gas related to ITC. Consistent with traditional approaches, these temporary differences are protected, and are expected to be amortized over the lives of the related property which gave rise to them, with the only exception being that such amortization has been and will be deferred until the resolution of this proceeding.

Responsible person: Virginia Smith

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-79:**

Provide the SCE&G estimated amortization of protected (depreciation-related) excess ADIT using ARAM for 2018 and each year thereafter through 2027.

**RESPONSE 4-79:**

For 2018, the estimated amortization of protected excess ADIT for electric is \$6.7M. The estimated amortization of protected excess ADIT for gas is \$0.8M.

The amount of amortization of protected excess ADIT using ARAM to be recorded in any particular year will be impacted by actual retirements, actual book depreciation, and cost of removal. Because of such variants and the significant impact they may have on the amortization amounts, SCE&G has not estimated the amortization of protected excess ADIT using ARAM for 2019 through 2027. However, for budgeting purposes and for purposes of development of the no merger benefits plan, at a high level, SCE&G has assumed amortization of the protected excess ADIT on a straight line basis over 50 years. This annual amount is \$7.1M for electric and \$1.1M for gas, which amounts are similar to the above figures provided for 2018.

Responsible person: Virginia Smith

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-80:**

Indicate whether SCE&G has deferred the amortization of protected excess ADIT or has taken the negative amortization expense to income since January 1, 2018.

**RESPONSE 4-80:**

SCE&G has deferred the amortization of protected excess ADIT.

Responsible person: Virginia Smith

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-81:**

Indicate whether SCE&G has deferred the amortization of unprotected excess ADIT or has taken the negative amortization expense to income since January 1, 2018.

**RESPONSE 4-81:**

SCE&G has not started the amortization of unprotected excess ADIT.

Responsible person: Virginia Smith

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
AUDIT INFORMATION REQUEST**

**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-82:**

Provide Dominion's calculations of the estimated SCE&G income tax expense savings, amortization of protected excess ADIT, and amortization of unprotected excess ADIT for each year 2018 through 2027 separated into electric and gas. Provide all assumptions, data, calculations and workpapers, including electronic spreadsheets in live format and with all formulas intact.

**RESPONSE 4-82:**

Please see Responses 1-119 and 1-174. At this time, we continue to evaluate the effects of tax reform on SCE&G's rates charged to customers. Based on Dominion Energy's evaluation of the impact of tax reform on its regulated subsidiaries rates charged to customers, we anticipate the impact of the reduction in the tax rate is greater than 1.5%, potentially in the 3-3.5% range. This analysis is ongoing and we will provide an update once it is complete.

Dominion Energy did not estimate or calculate SCE&G's excess deferred income taxes or the associated reversal.

Responsible Persons: William Kurz

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
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**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-83:**

Provide a copy of the analyses used to determine the magnitude (dollars and percentages) for the proposed 1.5% base rate reduction for SCE&G income tax savings pursuant to the Application. Provide all calculations and workpapers, including electronic spreadsheets in live format and with all formulas intact. Provide all data, copies of source documents, and all assumptions, including any input and/or calculated amounts, e.g., reductions in income tax expense, protected and unprotected excess ADIT, amortization periods, and negative amortization expense.

**RESPONSE 4-83:**

Please see Responses to 1-119, 1-174 and 4-82.

Dominion Energy did not estimate or calculate SCE&G's excess deferred income taxes or the associated reversal.

Responsible Persons: William Kurz

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
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**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-84:**

Confirm that SCANA is presently treated as a traditional C corporation for federal and state income tax purposes and that all of its affiliates are included in SCANA's federal and state consolidated income tax returns.

**RESPONSE 4-84:**

Yes. SCANA is presently treated as a traditional C corporation for federal and state income tax purposes and all of its affiliates are included in SCANA's federal and South Carolina consolidated income tax returns.

Responsible person: Virginia Smith

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
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**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-85:**

Describe how SCE&G is presently treated for federal and state income tax purposes, e.g., traditional C corporation consolidated with SCANA for federal and state consolidated income tax return purposes, or something else.

**RESPONSE 4-85:**

SCE&G is presently treated as a traditional C corporation included in the consolidated SCANA federal and South Carolina income tax returns.

Responsible person: Virginia Smith



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**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-86:**

Describe how SCANA will be treated for federal and state income tax purposes after the merger closes, e.g., traditional C corporation consolidated with the Dominion affiliate group for federal and state consolidated income tax return purposes, or something else.

**RESPONSE 4-86:**

SCANA will maintain its status as a traditional C corporation consolidated with the Dominion Energy affiliate group for federal and state consolidated income tax return purposes.

Responsible Person: William Kurz

**SOUTH CAROLINA ELECTRIC & GAS COMPANY  
OFFICE OF REGULATORY STAFF'S CONTINUING  
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**DOCKET NO. 2017-207-E (5th Continuing AIR)**

**DOCKET NO. 2017-305-E (4th Continuing AIR)**

**DOCKET NO. 2017-370-E (4th Continuing AIR)**

**REQUEST 4-87:**

Describe how SCE&G will be treated for federal and state income tax purposes after the merger closes, e.g., traditional C corporation consolidated with the Dominion affiliate group for federal and state consolidated income tax return purposes, or something else

**RESPONSE 4-87:**

SCE&G will maintain its status as a traditional C corporation consolidated with the Dominion Energy affiliate group for federal and state consolidated income tax return purposes.

Responsible Person: William Kurz