AUDITED FINANCIAL STATEMENTS

YEAR ENDED JUNE 30, 2008

WITH

REPORT OF INDEPENDENT AUDITORS



Office of the State Auditor

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October 3, 2008

The Honorable Mark Sanford, Governor and Members of the South Carolina State Budget and Control Board Columbia, South Carolina

This report on the audit of the financial statements of the South Carolina State Budget and Control Board Office – Employee Insurance Program for the fiscal year ended June 30, 2008, was issued by DeLoach & Williamson, L.L.P., Certified Public Accountants, under contract with the South Carolina Office of the State Auditor.

If you have any questions regarding this report, please let us know.

Respectfully submitted,

Richard H. Gilbert, Jr., CPA Deputy State Auditor

RHGjr/cwc

AUDITED FINANCIAL STATEMENTS

YEAR ENDED JUNE 30, 2008

WITH

REPORT OF INDEPENDENT AUDITORS

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Independent Auditors' Report on Internal Control

Report on Internal Control Over Financial Reporting and on Compliance and Other Matters
Based on an Audit of Financial Statements Performed in Accordance
With Government Auditing Standards

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REPORT OF INDEPENDENT AUDITORS

Mr. Richard H. Gilbert, Jr., CPA Deputy State Auditor Office of the State Auditor Columbia, South Carolina

We have audited the accompanying basic financial statements of the governmental activities of the South Carolina State Budget and Control Board, Employee Insurance Program (the "Fund") as of and for the year ended June 30, 2008, as listed in the table of contents. These financial statements are the responsibility of the management of the South Carolina State Budget and Control Board, Employee Insurance Program. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

As discussed in *Note 1*, the accompanying financial statements of the South Carolina State Budget and Control Board, Employee Insurance Program are intended to present the financial position and results of operations of its proprietary fund type and cash flows of its proprietary fund type of only that portion of the funds of the State of South Carolina that is attributable to the transactions of the funds of the South Carolina State Budget and Control Board, Employee Insurance Program. They do not purport to, and do not, present fairly the financial position of the State of South Carolina as of June 30, 2008 and the changes in its financial position and its cash flows, where applicable, for the year then ended in conformity with accounting principles generally accepted in the United States of America. In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the governmental activities of the South Carolina State Budget and Control Board, Employee Insurance Program, as of June 30, 2008, and the results of operations and cash flows of its proprietary fund type for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated September 30, 2008, on our consideration of the Fund's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grants. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be read in conjunction with this report in considering the results of our audit.

The Management's discussion and analysis is not a part of the basic financial statements, but is supplementary information required by the *Governmental Accounting Standards Board (GASB)*. We have applied certain limited procedures, which consisted principally of inquiries of management regarding the methods of measurement and presentation of the supplementary information. However, we did not audit the information and express no opinion on it.

Pleast & Williamson L.L.P.

September 30, 2008

Management's Discussion and Analysis

The financial statement presentation required under governmental accounting standards provides a comprehensive perspective of EIP's assets, liabilities, net assets, revenues, expenses, changes in net assets and cash flows. This section of the South Carolina State Budget and Control Board, Employee Insurance Program (EIP) Audited Financial Statements and Other Financial Information presents management's discussion and analysis of EIP's financial performance during the fiscal year ended June 30, 2008. This discussion should be read in conjunction with the financial statements and the notes, which follow this section.

Financial Highlights:

Business Type activities report a decrease in net assets of (\$118,160,639) and total net assets of \$165,598,029 for the year ended June 30, 2008. In comparison, an increase in net assets of \$124,754,306 was reported for the year ended June 30, 2007 with total positive net asset balance of \$283,758,668 at the 2007 year-end.

Overview of Financial Statements:

The Employee Insurance Program is an internal service fund proprietary type engaged in Governmental Activities. Following is a condensed Statement of Net Assets, a condensed Statement of Activities and a condensed Statement of Cash Flows.

The Statement of Net Assets presents the financial position of EIP at the end of the fiscal year and requires classification of assets and liabilities into current and noncurrent categories. The difference between total assets and total liabilities is reflected in the net assets section, which displays unrestricted net assets. Net assets are one indicator of the current financial condition of EIP, while the change in net assets is an indicator of whether the overall financial condition has improved or worsened during the year. The negative change in net assets is primarily the result of transferring \$248,726,292 in Plan reserves to the newly established South Carolina Retiree Health Insurance Trust Fund (Trust) effective May 1, 2008. In accordance with the provisions of the Trust, excess Plan reserves above 140% of (incurred but not reported) claims as of December 31 each year will be transferred to the Trust the following January. Taking this transfer into account, operating income for the Plan was positive and can be attributed to reduced trend resulting from significant Plan changes implemented in 2004, continued management actions addressing employee wellness and disease management and identifying and implementing other opportunities to positively impact claims costs, as well as, modest employer premium contributions in recent years.

The Statement of Revenue, Expenses, and Changes in Net Assets present revenues and expenses as operating and are detailed by classification.

The Statement of Cash Flows will aid readers in identifying the sources and uses of cash by the categories of operating, non-capital financing, and investing activities.

Financial Analysis of EIP:

This schedule is a condensed version of EIP's assets, liabilities, and net assets and is prepared from the Statement of Net Assets.

Condensed Statement of Net Assets Year Ended June 30, 2008 (in millions)

	nonsj			
	June	June 30, 2008		30, 2007
Assets				
Current assets	\$	362.5	\$	477.5
Noncurrent assets:		0.1		11.1
Total assets		362.6		488.6
Liabilities				
Current liabilities		196.7		204.7
Noncurrent liabilities		0.3		0.2
Total liabilities		197.0		204.9
Net assets				
Investment in capital assets		0.1		0.1
Unrestricted		165.5		283.6
Total net assets	\$	165.6	\$	283.7

The following schedule is a summary of the EIP's operating results for the fiscal year.

Condensed Statement of Activities Year Ended June 30, 2008 (in millions)

	2008	2007
Governmental activities:	 	
Program revenue	\$ 1,676.5	\$ 1,569.0
Expenses	(1,567.7)	(1,470.8)
Total governmental activities	 108.8	 98.2
General revenue and transfers:		
Earnings on investments	24.0	22.8
Transfer to other agencies and trusts	(276.5)	(0.4)
State appropriations	 -	4.1
Total general revenue and transfers	 (252.5)	26.5
Special items	 25.6	
Change in net assets	 (118.1)	 124.7
Net assets, beginning of the year	 283.7	 159.0
Net assets, end of the year	\$ 165.6	\$ 283.7

A condensed version of Statement of Cash Flows is presented as follows:

Condensed Statement of Cash Flows Year Ended June 30, (in millions)

	2008	2007
Cash flows from operating activities	\$ 168.0	\$ 89.6
Cash flows from noncapital financing activities	(276.5)	3.7
Cash flows from investing activities	35.2	25.2
Net (decrease) increase in cash and cash equivalents	 (73.3)	 118.5
Cash and cash equivalents, beginning of year	418.2	299.7
Cash and cash equivalents, end of year	\$ 344.9	\$ 418.2

Overview of the Employee Insurance Program:

The Employee Insurance Program (EIP) manages group health, dental, life, accidental death and dismemberment, and disability programs as authorized in § 1-11-710 and § 1-11-720 of the South Carolina Code of Laws, as well as the long-term care program authorized in § 1-11-740, the flexible benefits program (MoneyPlus) as authorized in § 9-1-60, the unemployment compensation management program as authorized in § 1-11-480, and the employee adoption assistance program, pursuant to Proviso 80A.24 of the 2008-2009 General Appropriations Act.

Following is a list of benefits offered by EIP differentiated according to self-insured versus insured status.

Self-Insured Programs

- State Health Plan: Standard Plan (PPO) Medicare Supplement Savings Plan (HDHP)
- MUSC Options (POS)
- BlueChoice (HMO)
- CIGNA (HMO)
- State Dental Plan
- Basic Long Term Disability
- Adoption Assistance Program

Insured Programs

- Dental Plus
- State Life
- Optional Life
- Dependent Life
- Long Term Care
- Supplemental Long Term Disability

Benefits are offered to eligible employees and retirees of all state agencies and public school districts, and many local governments. Around 592 employers currently participate in the Employee Insurance Program. The State Health Plan is EIP's "flagship" product, a "Preferred Provider Organization" model plan which encompasses medical, prescription drug, and behavioral health coverage. The State Health Plan is the most significant driver of EIP's financial activity, accounting for approximately 83% of all medical revenue.

Overview of the State Health Plan:

The State Health Plan (Plan) consists of the Standard Plan, the Medicare Supplement Plan, and the Savings Plan. The majority of Plan subscribers (80%) are enrolled in the Standard Plan, a PPO option available to non-Medicare and Medicare enrollees. Of the remaining subscribers, 17% are enrolled in the Medicare Supplement, a retiree option for those enrolled in Medicare, and 3% are enrolled in the Savings Plan. The Savings Plan is a qualified high deductible health plan (HDHP) available to non-Medicare enrollees.

The State Health Plan remains competitive with other southern state health plans in terms of plan deductibles, coinsurance, and prescription drug coverage. In aggregate, the employer contributes around 71% of the total contribution for State Health Plan coverage. The Plan self-contracts provider networks for hospitals and physicians. These networks continue to maintain extremely high participation rates. Following is a look at total enrollment in the State's medical insurance programs and enrollment in the State Health Plan (as of June 2008).

	Program	State Health Plan
Total Insured Persons:	422,444	361,984
Subscribers:	245,880	205,331
Spouses:	67,255	61,933
Children:	109,309	94,720
Total Subscribers:	245,880	205,331
Employees:	179,296	141,546
Retirees:	62,789	60,190
Survivors:	2,654	2,619
COBRA:	1,141	976
Active Employees:	179,296	141,546
State Agencies:	62,502	48,030
School Districts:	82,789	68,402
Local Government	34,005	25,114

State Health Plan Premiums:

The State Health Plan operates under a 4-tier premium structure, varying contribution levels according to level of coverage. The coverage levels include Employee Only, Employee/Spouse, Employee/Child, and Full Family. As of June 30, 2008, 56% of subscribers had Employee Only coverage, and the remaining 44% covered at least one dependent.

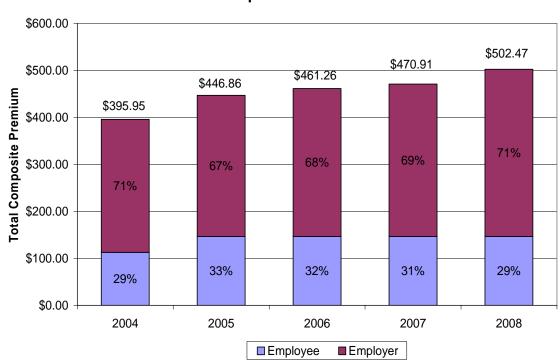
Premiums range from **\$4,252.32 annually** for Employee Only coverage to **\$10,765.68 annually** for Full Family coverage. Following are the monthly 2008 State Health Plan employee and employer rates.

2008 State Health Plan (Standard Plan) Monthly Premiums

	Eı	nployee	E	nployer	 Total
Employee Only	\$	93.46	\$	260.90	\$ 354.36
Employee/Spouse		237.50		514.70	752.20
Employee/Child		142.46		369.14	511.60
Full Family		294.58		602.56	 897.14
Composite Rate	\$	146.49	\$	355.98	\$ 502.47

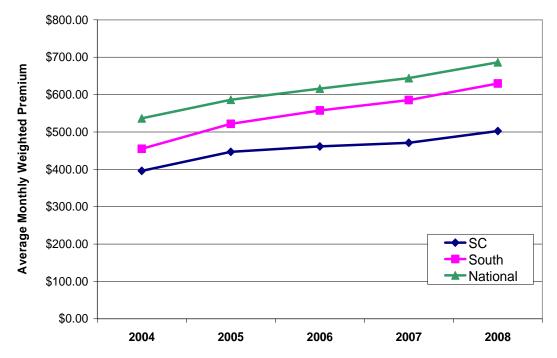
Premium revenue is shared between the employer and the employee (or retiree).

For 2008, the employer absorbed the entire required rate increase. For 2008, the employee share represents 29% of the total premium, compared to 31% for 2007.



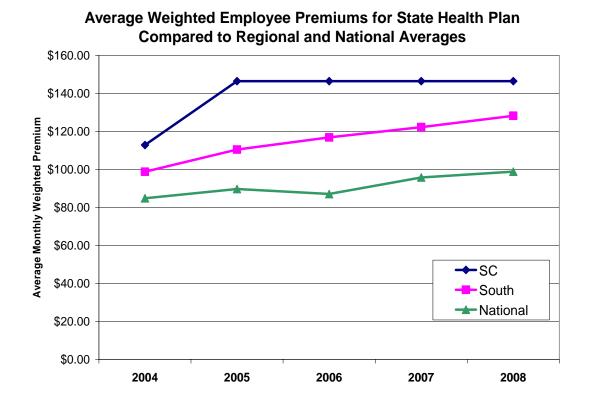
South Carolina Employee/Employer Share of Total Composite: 2004 - 2008

While State Health Plan premiums continue to rise, the composite total premium remains below both the southern and national levels. For 2008, the State Health Plan composite total premium was approximately 80% of the southern premium and 73% of the national premium.



Combined Employee and Employer Average Weighted Premiums for State Health Plan Compared to Regional and National Averages

After five years of double-digit premium increases, employees saw no increase for the third year in 2008. Even so, the SHP employee composite remains above both the regional and national composite, due to prior years of employer contribution levels remaining either stagnant or increasing at levels insufficient to sustain claims expense.



State Health Plan Contribution Increases:

Since 1999, the State Health Plan has implemented annual rate increases in an effort to meet its current financial obligations. Contribution increases since 1999 are outlined below.

	Employer Rate Increase	Employee Rate Increase	Total
1999	18.0%	0.0%	14.0%
2000	10.0%	0.0%	8.0%
2001	20.0%	10.4%	18.3%
2002	9.5%	22.6%	11.7%
2003	0.0%	36.9%	6.9%
2004	0.0%	27.6%	6.6%
2005	6.1%	29.7%	13.0%
2006	4.8%	0.0%	3.2%
2007	3.1%	0.0%	2.1%
2008	9.7%	0.0%	6.7%

State Health Plan Contribution Increases

Status of the Plan:

The State Health Plan continues to see improvement in its financial condition from the first part of this decade. For four consecutive years from 2000 through 2003, the Plan ended the year with either a deficit or a near zero cash balance. As a result of Budget & Control Board actions taken in August 2003 for a January 2004 effective date, as well as continuing management actions initiated by EIP, the Plan has moved into a strong current financial position. This circumstance is attributable to the Plan's positive claims experience of recent years. Claims expenditure growth in each year since 2004 has been less than that commonly cited in the health insurance market.

While the current positive experience could change quickly, the present situation provides optimism for the State's ability to sustain the program in the years ahead. Following are the changes in growth rate in payments per subscriber since 2001.

Plan Year	Change in Payout/Subscriber
2001	+11.0%
2002	+8.3%
2003	+12.9%
2004	-0.7%
2005	+4.8%
2006	+7.0%
2007	+6.3%
2006	+7.0%

While some of the reduction in Plan trend can be attributed to additional patient cost sharing, the majority of the positive impact is tied to overall healthcare spending reductions observed nationally, and more significantly, decreased utilization trends stemming from Plan design changes implemented in 2004. Positive outcomes from management actions taken in recent years to address Plan spending are also contributing to the reduction seen in Plan trend.

Following are the medical utilization rates (and growth rates) per 1000 insured persons (SHP primary) from 2000 through 2007 for office visits, ER visits, inpatient cases, and outpatient surgery.

	Office Visits		ER Visits		I/P Cases		O/P Cases	
2000	5,492.54		253.76		67.76		105.54	
2001	5,856.76	+6.6%	254.99	+0.5%	69.27	+2.2%	101.11	-4.2%
2002	5,936.99	+1.4%	251.34	-1.4%	68.99	-0.4%	102.66	+1.5%
2003	6,230.36	+4.9%	253.66	+0.9%	69.03	+0.1%	114.39	+11.4%
2004	6,119.04	-1.8%	235.97	-7.0%	68.88	-0.2%	115.19	+0.7%
2005	6,287.92	+2.8%	240.27	+1.8%	63.93	-7.2%	106.87	-7.2%
2006	6,391.90	+1.7%	239.20	-0.4%	62.83	-1.7%	99.60	-6.8%
2007	6,456.48	+1.0%	244.31	-2.1%	60.58	-3.6%	105.78	+6.2%

Prescription drug utilization has also moderated, as well as shifted to more cost effective delivery channels, as indicated below.

	Rx/Insured		Generic Share	Mail Service Share
2000	12 10		24.00/	
2000	13.12		34.9%	n/a
2001	14.75	+12.5%	34.8%	n/a
2002	15.75	+6.9%	37.1%	3.8%
2003	17.10	+8.5%	39.1%	4.7%
2004	16.81	-1.7%	43.3%	9.6%
2005	17.46	+3.9%	47.1%	9.5%
2006	17.99	+3.0%	50.5%	9.8%
2007	18.41	+2.3%	55.2%	9.9%

Cost containment initiatives continue to influence the Plan's positive trend and include:

- Provider reimbursement pricing policy with provider networks (inpatient and outpatient hospital settings, professional fee schedules and pharmacy pricing)
- Utilization review and management (precertification of inpatient cases and certain outpatient procedures, disease management of specified conditions, complex care management and chronic kidney disease management)
- "Evidence-based medicine" initiative involving analysis of claims data and communications with doctors regarding best practices
- Mail service pharmacy through Pharmacy Benefits Manager
- Prior authorization/step therapy requirements for specified medications, including "preferred step therapy" program to steer business to "front-line" generics (implemented Feb 1, 2008 with an estimated \$18.3 M. annualized savings)
- Preferred drug list
- "Pay-the-difference" policy for brand drugs with generic equivalents
- Managed care approach for behavioral health services
- "Gold standard" smoking cessation program
- Health education, disease management workshops, and preventive screenings provided through office wellness staff
- Coordination of benefits (COB) for all medical totaled \$1.009 B. for 2007 of which \$972.54 M. or 96% was attributed to Medicare COB. Efforts to identify Medicare eligible retirees continue to produce significant savings. Additional COB savings of \$2.37 M. in 2007 was realized for pharmacy.
- Voluntary Data Sharing Agreement with Medicare (after the first year of implementation, we have up-to-date Medicare eligibility on all of our subscribers and were able to identify \$2.7 M. in overpayments for the Plan, plus an additional \$1 M. for HMO business.)
- Self-funding of all HMO business
- Significant patient cost sharing for all service types
- Pharmaceutical manufacturer rebates; the Plan receives about \$40 M. annually in rebates
- Medicare Part D prescription drug subsidies; the Plan received about \$30 M. in subsidies for 2007

Challenges Ahead

The Plan remains fully reserved and will go forward into 2009 with no increase in the employer or enrollee contribution rates presently in-force. The same level of benefits will be offered with the addition of benefits for autism disorders as mandated by Act 65 of the 2007 legislative session. The Plan's situation is such that it is also able to absorb the one month waiver of employer contributions on behalf of active employees (mandated by Section 80C.5 of this year's Appropriations Act) without impact on Plan ongoing operations.

Always a significant challenge is the anticipation of re-acceleration of health care trend. Although we are now in somewhat of a stable period of growth, the dynamics that drive health care expenditure growth to a level typically more than double that of general inflation, an aging population, advances in medical technology, and third-party payment, remain present. It can be anticipated that trend will climb again.

Note: New rules issued by the Governmental Accounting Standards Board (GASB) require governmental entities, including the State of South Carolina, to measure and report in its financial statements the present value of its OPEB obligation. These obligations are primarily health and dental insurance for present and future retirees, and reporting begins with the 2007-08 fiscal year. This year's legislative session established, through Act 195, the South Carolina Retiree Health Insurance Trust Fund (Trust), which became effective on May 1, 2008. This Trust was created to fund and account for the employer costs of the State's retiree health and dental plans in compliance with these new While the Employee Insurance Program is charged with the accounting rules. administration of the Trust, the accounting will not be part this financial reporting, but rather will be reported separately. As part of this new trust, an annual transfer of excess Plan reserves (over 140% of the IBNR at year end) will take place the following January of each year. For this reporting period, \$248,726,292 was transferred to the Trust in May Act 195 also established the Long Term Disability Trust Fund (Trust). As a 2008. result, \$27,466,014 in assets were transferred to the Trust and \$25,610,956 in claims liability have been eliminated from EIP's financial reporting.

Contact Information:

Please direct questions related to the Management Discussion & Analysis and the accompanying financial statements to Phyllis Buie, Chief Financial Officer, at (803) 734-0326.

STATEMENT OF NET ASSETS

JUNE 30, 2008

Assets

Current assets:	
Cash and cash equivalents	\$ 344,901,756
Premiums receivable	944,666
Prescription Drug Rebate receivable	9,266,684
Medicare Part D subsidy receivable	6,457,534
Claims refund receivable	843,958
Accrued interest	52,744
Total current assets	362,467,342
Non-current assets:	
Capital assets, net of accumulated depreciation	99,385
Total non-current assets	99,385
Total assets	362,566,727
Liabilities	
Current liabilities:	
Accounts payable	522,058
Accrued payroll	407,072
Claims payable	49,940,823
Deferred premium revenue	10,887,497
Claims incurred but not reported	134,652,620
Accrued compensated absences - current portion	299,555
Total current liabilities	196,709,625
Long-term liabilities:	
Contingencies (Note 10)	
Accrued compensated absences - long term	259,073
Total long-term liabilities	259,073
Total liabilities	196,968,698
Net Assets	
Investment in capital assets	99,385
Unrestricted	165,498,644
Total net assets	\$ 165,598,029
See accompanying notes.	

STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET ASSETS

YEAR ENDED JUNE 30, 2008

Operating Revenue

- F · · · · 8 · · · · · ·	
Insurance premiums:	
Active employees:	
Medical - PPO	\$ 880,351,486
Dental	60,232,545
Life	790,719
Long-term disability	12,921,374
Long-term care	2,538,714
Dependent/optional life	37,109,022
Medical - HMO	233,211,295
Retirees:	
Medical - PPO	114,199,466
Dental	7,581,900
Retiree long-term care	3,157,221
Retiree surcharge	252,947,535
Medical - HMO	6,831,961
Other premium revenues	1,122,930
Prescription drug rebates	39,593,207
Medicare Part D subsidy	23,762,272
Other	102,122
Total operating revenue	 1,676,453,769
Operating Expenses:	
Premiums	76,497,812
Claims:	
Medical - PPO	772,446,553
Dental	48,421,130
Life	48,000
Long-term disability	5,573,836
Medical - HMO	226,207,258
Prescription drug	367,956,679

STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET ASSETS

YEAR ENDED JUNE 30, 2008

(CONTINUED)

Salaries and benefits	5,497,391
Professional services	61,657,338
Telephone and utilities	117,170
Supplies	214,422
Other services	2,744,216
Printing and publication	102,391
Postage and shipping	175,187
Depreciation	42,566
Total operating expenses	1,567,701,949
Operating income	108,751,820
Non-operating revenue:	
Income from deposits and investments	24,002,242
Special items:	
Elimination of claims liability due to transfer	
of Long-Term Disability Plan to OPEB Trust (Note 7)	25,610,956
Transfers:	
Interfund transfers	(333,351)
Transfers to other state agencies and OPEB trusts	(276,192,306)
Total transfers	(276,525,657)
Change in net assets	(118,160,639)
Net assets, beginning of year	283,758,668
Net assets, end of year	\$ 165,598,029

STATEMENT OF CASH FLOWS

YEAR ENDED JUNE 30, 2008

Cash Flows from Operating Activities

Insurance premiums from customers	\$ 1,620,873,770
Other receipts	103,566,587
Payments to employees	(5,527,363)
Payments to suppliers	 (1,550,939,965)
Net cash provided by operating activities	 167,973,029
Cash Flows from Capital and Relating Financing Activities	
Purchase of fixed assets	 (6,538)
Net cash used by capital and related financing activities	 (6,538)
Cash Flows from Noncapital Financing Activities	
Transfers to other state agencies and interfund transfers	(276,525,657)
Net cash used by noncapital financing activities	 (276,525,657)
Cash Flows from Investing Activities	
Purchases of investments	(11,006,950)
Proceeds from sales and maturity of investments	21,974,563
Interest received-deposits and investments	24,224,620
Net cash provided by investing activities	 35,192,233
Net decrease in cash and cash equivalents	(73,366,933)
Cash and cash equivalents, beginning of year	 418,268,689
Cash and cash equivalents, end of year	\$ 344,901,756

(CONTINUED)

STATEMENT OF CASH FLOWS

YEAR ENDED JUNE 30, 2008

(CONTINUED)

Reconciliation of operating income to net cash provided by operating activities	
Operating income	\$ 108,751,821
Adjustments to reconcile operating income to net cash provided by	
operating activities:	
Depreciation expense	42,566
Elimination of cliams liability due to transfer	
of Long-Term Disability Plan to OPEB Trust	25,610,956
Change in assets:	
Premiums receivable	(528,389)
Claims refund receivable	(445,208)
Due from South Carolina Division of Retirement	34,258,240
Prescription drug rebate receivable	392,517
Medicare Part-D subsidy receivable	7,780,840
Change in liabilities-increase (decrease):	
Accounts payable, accrued payroll and compensated absences	(234,014)
Deferred premium revenue	6,528,589
Claims payable and incurred but not reported	 (14,184,889)
Net cash provided by operating activities	\$ 167,973,029

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2008

1. Basis of Presentation and Summary of Significant Accounting Policies

The financial statements of all funds of the South Carolina State Budget and Control Board, Employee Insurance Program (the "Fund") were prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) as applied to governmental entities. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The more significant of the Fund's accounting policies are described below.

Reporting Entity

The core of the financial reporting entity is the primary government, which has a separately elected governing body. As required by accounting principles generally accepted in the United States of America, the financial reporting entity includes both the primary government and all of its component units. Component units are legally separate organizations for which the elected officials of the primary government are financially accountable. In turn component units may have component units.

An organization other than a primary government may serve as a nucleus for a reporting entity when it issues separate financial statements. That organization is identified herein as a primary entity.

The primary government or entity is financially accountable if it appoints a voting majority of the organization's governing body including situations in which the voting majority consists of the primary entity's officials serving as required by law (e.g., employees who serve in an ex officio capacity on the component unit's board are considered appointments by the primary entity) and (1) it is able to impose its will on that organization or (2) there is a potential for the organization to provide specific financial benefits to, or impose specific financial burdens on, the primary entity. The primary entity also may be financially accountable if an organization is fiscally dependent on it even if it does not appoint a voting majority of the board. An organization is fiscally dependent on the primary entity that holds one or more of the following powers:

- (1) Determine its budget without another government's having the authority to approve and modify that budget.
- (2) Levy taxes or set rates or charges without approval by another government.
- (3) Issue bond debt without approval by another government.

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

1. Basis of Presentation and Summary of Significant Accounting Policies (Continued)

Reporting Entity (Continued)

Based on these criteria, the Fund has determined that it has no component units. This financial reporting entity includes only the Fund, a primary entity.

The South Carolina State Budget and Control Board (the "Board"), Employee Insurance Program is a fund of the South Carolina State Budget and Control Board, which is a part of the State of South Carolina primary government. This report contains only the Fund and no other offices or funds of the South Carolina State Budget and Control Board or any other part of the State of South Carolina primary government are included.

All of the divisions of the Board reporting entity are under the control of the Executive Director of the State Budget and Control Board. The Board is composed of the Governor; the State Treasurer; the Comptroller General; the Chairman of the Senate Finance Committee; and the Chairman of the House Ways and Means Committee; all of whom serve in an ex-officio capacity.

The South Carolina State Budget and Control Board, formerly the Budget Commission, was established and created by Reorganization Plan No. 2 adopted by the General Assembly in 1950 pursuant to the terms and provisions of Act 621, Acts of 1948. Under the Act, ten state agencies were abolished as separate entities and their functions and duties were brought under the supervision of the Budget and Control Board. The funds of the Budget and Control Board are included in the Comprehensive Annual Financial Report of the State of South Carolina.

The Fund operates as a unit under the Board and its Executive Director. The laws of the State and the policies and procedures specified by the State for State agencies are applicable to the Fund's activities. The accompanying financial statements present the financial position and results of operations solely of the Fund and do not include any other agencies or any component units of the State of South Carolina.

The group health, dental, life, accidental death and dismemberment and disability programs managed by the Fund are authorized in Sections 1-11-710 and 1-11-720 of the South Carolina Code of Laws of 1976, as amended. The long-term care program managed by the Fund is authorized in Section 1-11-740 of the South Carolina Code of Laws of 1976, as amended.

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

1. Basis of Presentation and Summary of Significant Accounting Policies (Continued)

The Employee Insurance Program provides health insurance to eligible employees and retirees of State agencies and its political subdivisions who elect coverage. Coverage elections include four self-insured health plans. The State Health Plan offers a High Deductible Health Plan (SHP Savings Plan), a Preferred Provider Organization (SHP Standard Plan) and Medicare Supplement. The Traditional HMOs offered are the BlueChoice HMO and CIGNA HMO. The HMO with the Point of Service Option is MUSC Options. All dental coverage is through the State's self-insured plan, which is available to eligible employees and retirees. An additional dental option is offered to subscribers, Dental Plus, which is a fully insured product. The Basic Long-Term Disability Plan is a self-insured group long-term disability plan available to eligible active employees enrolled in a State health plan. Supplemental long-term disability, a fully insured product, is also offered to subscribers. Optional Life and Dependent Life are fully insured products offered to eligible employees. Long-term care insurance, a fully insured program, is also available to eligible employees. For active employees, the employee share of premiums is paid through payroll deductions. The respective employer pays the employer's premium portion for active employees. For retirees of the State and School Districts, the employee portion of the premiums is withheld from the individual retirement The employer premium share for retirees of the State and School Districts is paid check. through retiree insurance surcharge (see Note 3). For Local Subdivisions, the employer is responsible for collecting the retiree premium and remitting the entire premium to the Employee Insurance Program. Effective May 2008, Basic Long Term Disability premiums were transferred to the Long Term Disability Insurance Trust Fund in accordance with Act 195. Basic Long Term Disability Claims are transferred each month out of this Trust. The outstanding liability (claims payable) for Basic Long-Term Disability has been eliminated from the Fund's financial reporting.

The South Carolina Retirement System began transferring the surcharge for state agencies and school districts effective with the May 2008 surcharge in accordance with Act 195. Effective May 2008, the Fund began transferring the employer portion of retiree premiums from the South Carolina Retiree Health Insurance Trust Fund for claims payment.

Details on eligibility requirements and coverage for all plans are contained in the *Insurance Benefits Guide*. Premium rates for all plans are reviewed on a calendar year basis and adjusted as considered necessary after actuarial calculation.

The State as the predominant participant retains the risk of loss for the self-insured health, dental and basic long-term disability coverages.

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

1. Basis of Presentation and Summary of Significant Accounting Policies (Continued)

Basis of Presentation

The financial statements present all proprietary funds of the South Carolina State Budget and Control Board, Employee Insurance Program:

The financial statement presentation for the Fund meets the requirements of Governmental Accounting Standards Board ("GASB") Statement No. 34, *Basic Financial Statements and Management's Discussion and Analysis for State and Local Governments*.

As an internal service fund, the Fund in its stand-alone financial statements is considered a proprietary fund under the guidance of GASB Statement No. 34. However, the guidance requires internal service funds included in the basic financial statements of the primary government to be reported as part of the governmental activity. Therefore, presentation in the Comprehensive Annual Financial Report of the State of South Carolina will include this fund as a governmental activity. The financial statement presentation provides a comprehensive, entity-wide perspective of the Fund's net assets, revenue, expenses and changes in net assets and cash flows that replaces the fund-group perspective previously required.

Financial Statements

Employee Insurance Program is an internal service fund within the South Carolina Budget and Control Board as the State's managers have determined that the State is the predominant participant in the Fund.

Basis of Accounting

The Fund's financial statements have been presented using the economic resources measurement focus, which is based upon a determination of net income, financial position, and cash flows. Under this method, all assets and all liabilities associated with the operation of the Fund are included on the statement of net assets. Net assets are segregated into investment in capital assets, net of related debt, restricted net assets and unrestricted net assets components.

The Fund uses the accrual basis of accounting. Revenues are recognized in the accounting period in which they are earned and become measurable; expenses are recognized in the period incurred, if measurable. The Fund reports claims liabilities when it is probable that a loss has occurred and the amount of the loss can be reasonably estimated.

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

1. Basis of Presentation and Summary of Significant Accounting Policies (Continued)

The accounting policies of the Fund conform to accounting principles generally accepted in the United States of America applicable to governmental and proprietary activities as prescribed by GASB. Accordingly, the Fund applies all applicable GASB pronouncements and its predecessors those applicable standards issued by the Financial Accounting Standards Board on or before November 30, 1989, unless those pronouncements conflict with or contradict GASB pronouncements.

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Fund considers all highly liquid securities with a maturity of three months or less at the time of purchase to be cash equivalents. Most State agencies including the Fund participate in the internal cash management pool; however, some agency accounts are not included in the pool because of restrictions on the use of funds. Because the State's internal cash management pool operates as a demand deposit account, amounts invested in the pool are classified as cash and cash equivalents. The State Treasurer administers the cash management pool. The pool includes some long-term investments such as obligations of the United States and certain agencies of the United States, obligations of the State of South Carolina and certain of its political subdivisions, certificates of deposit, collateralized repurchase agreements, and certain corporate bonds. For credit risk information pertaining to the internal cash management pool, see the deposits disclosures in *Note 2*.

The State's internal cash management pool consists of a general deposit account and several special deposit accounts. The State records each fund's equity interest in the general deposit account; however, all earnings on that account are credited to the General Fund of the State. Deposits in the general deposit account are recorded and reported at cost. However, the Fund reports its deposits in the special deposit accounts at fair value. Investments in the pool are recorded and reported at fair value. Interest earned by the agency's special deposit accounts is posted to the agency's account at the end of each month and is retained by the agency. Interest earnings are allocated based on the percentage of an agency's accountated daily interest receivable to the total income receivable of the pool.

The amounts shown in the financial statements as "cash and cash equivalents" represent cash on deposit with the State Treasurer as a part of the State's internal cash management pool, and cash invested in various short-term instruments by the State Treasurer and held in separate agency accounts.

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

1. Basis of Presentation and Summary of Significant Accounting Policies (Continued)

Investments

Investments, in accordance with Governmental Accounting Standards Board (GASB) Statement Number 31, *Accounting and Financial Reporting for Certain Investments and for External Investment Pools*, are reported at fair value. Securities traded on a national exchange are valued at the last reported sales price.

Investment income consists of interest earned during the year, amortization of premiums and accretion of discounts, realized gains/losses on securities, and unrealized gains and losses resulting from changes in fair value. Earnings are posted to the agency's account at the end of each month. Securities and securities transactions are reflected in the financial statements on a trade-date basis. Realized gains/losses are calculated independently from the calculation of change in fair value therefore realized gains/losses reported in the current period may include amounts previously reported as change in fair value (unrealized gains/losses).

Premium Revenue

Premiums billed to employers, employees and retirees (premiums receivable) for insurance coverage are recorded as revenue when earned on a monthly basis. The retiree surcharge on employees is recognized as the liability is incurred by the various State agencies and school districts.

Deferred Premium Revenue

Premiums billed in advance of coverage, payments received in advance of coverage, or in excess of amounts billed and premiums collected but unearned are recorded as deferred premium revenue.

Capital Assets

Capital assets are capitalized at cost if purchased. Capital assets contributed by other State agencies or funds are recorded at the State's original acquisition cost less accumulated depreciation from the purchase date. Assets donated by other parties are valued at fair market value at the date of gift. The Fund has one class of capital assets, equipment, which is depreciated on a straight-line basis over the estimated useful lives of 3-10 years. The capitalization dollar threshold limit for capital assets is \$5,000.

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

1. Basis of Presentation and Summary of Significant Accounting Policies (Continued)

Claims Liabilities Including Claims Incurred But Not Reported (IBNR)

Losses are recorded at estimated amounts at the time they are reported and include a provision for expenses associated with claim settlements. Insurance claims are expensed as incurred over the period of coverage. The Fund establishes an unpaid claim liability for claims in the process of review, and for IBNR claims. The liability for IBNR claims is actuarially estimated based on the most current historical claims experience of previous payments, changes in number of members and participants, inflation, award trends, and estimates of health care trend (cost, utilization and intensity of services) changes. Estimates of liabilities for incurred claims are continually reviewed and revised as changes in these factors occur and revisions are reflected in the current year's operating statement in the applicable claims expense. Amounts for allocated and unallocated claims adjustment expenses have been included in the calculation of IBNR.

Claims Payable

Claims payable represents claims related to health claims, dental claims and long-term disability claims payable at June 30, 2008. The claims payable balance is based on claims that have been paid by the third party administrators on behalf of the Fund.

Compensated Absences

Generally all permanent full-time State employees and certain part-time employees scheduled to work at least twenty hours per workweek are entitled to accrue and carry forward at calendar year-end maximums of 180 days sick leave and of 45 days annual vacation leave. Upon termination of State employment, employees are entitled to be paid for accumulated unused annual vacation leave up to the maximum, but are not entitled to any payment for unused sick leave. The compensated absences liability includes accrued annual leave earned for which the employees are entitled to paid time off or payment at termination. The Fund calculates the gross compensated absences liability based on recorded balances of unused leave. The entire unpaid liability for which the employer expects to compensate employees through paid time off or cash payments, inventoried at fiscal year-end current salary costs and the cost of the salaryrelated benefit payments, is recorded in the Fund.

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

1. Basis of Presentation and Summary of Significant Accounting Policies (Continued)

Net Assets

Net assets are recorded in three categories:

- <u>Investment in capital assets, net of related debt</u> consists of capital assets net of accumulated depreciation and reduced by outstanding balances for bonds, notes, and other debt that are attributed to the acquisition, construction or improvement of those assets.
- <u>Restricted net assets</u> result when constraints placed on net asset use are either imposed by creditors, grantors, contributors, and the like or imposed by law through constitutional provisions or enabling legislation.

<u>Unrestricted net assets</u> consist of net assets which do not meet the definition of restricted net assets or investment in capital assets, net of related debt.

The Fund applies expenses that can use both restricted and unrestricted resources against restricted resources then unrestricted resources.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Classification of Revenue

The Fund has established the following criteria for reporting operating revenue or nonoperating revenue:

Operating revenue generally results from exchange transactions to provide the services authorized by State Statute. These revenue include (1) premiums for insurance coverage, (2) administrative fees, and (3) other receipts arising from services provided.

Nonoperating revenue includes activities that have the characteristics of nonexchange transactions. These revenue include appropriations, investment income, and contract revenue not classified as operating revenue or restricted by the provider to be used exclusively for capital purposes.

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

2. Investments and Deposits

As prescribed by Statute, the State Treasurer is the custodian and investment manager of all investments and deposits of the Fund.

Investments

In accordance with State Law, the Fund may invest in a variety of instruments including obligations of the United States and its agencies and securities fully guaranteed by the United States, certain corporate obligations, certain shares of Federal savings and loan associations and State chartered savings and loan associations, and collateralized repurchase agreements. All investments are required to be insured or registered, or held by the State or its agent in the name of the State Treasurer as custodian.

With respect to investments in the State's internal cash management pool, all of the State Treasurer's investments are insured or registered or are investments for which the securities are held by the State or its agents in the State's name. Information pertaining to the reported amounts, fair values, and credit risk of the State Treasurer's investments is disclosed in the Comprehensive Annual Financial Report of the State of South Carolina.

There were no investments at June 30, 2008. All investments were liquidated to allow for the transfer of funds to a new trust fund formed by the State of South Carolina.

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

2. Investments and Deposits (Continued)

At June 30, 2007, the amortized cost of the above investments was comprised of the following:

	1	Amortized	Unrealized		ortized Unrealized F		Fair
		Cost		Gains	 Losses		Value
U. S. Government agencies							
securities	\$	499,900	\$	-	\$ (525)	\$	499,375
Collateralized mortgage-							
backed obligations		2,796,546		18,784	(37,417)		2,777,913
Other Governmental							
guaranteed investments		1,727,115		-	(45,562)		1,681,553
Repurchase agreement		16,055,000		-	-		16,055,000
Corporate bonds		4,462,803		290,342	(77,885)		4,675,260
Financial paper		1,240,780		103,650	 (10,917)		1,333,513
Total	\$	26,782,144	\$	412,776	\$ (172,306)	\$	27,022,614

Any accounts classified as investments in the financial statements comprise investments held for the Fund and the State of South Carolina, which are legally restricted and earnings thereon become revenue of the specific fund from which the investment was made. These investments are specific, identifiable investment securities, some of which may be included in one of the State Treasurer's investment pools.

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

2. Investments and Deposits (Continued)

The investment types listed above include all investment types in which monies were held as long-term investments throughout the fiscal year. For all investment classifications reported above, the balances therein fluctuated minimally in excess of the year-end balances throughout the year ended June 30, 2007. There were no balances at June 30 2008. As discussed in *Note 1*, GASB Statement Number 31 required investments reported at fair value. Therefore, gains and losses recognized due to market fluctuations are recognized as income on deposits and investments.

The investment types listed above include all investment types in which monies were held throughout the year ended June 30, 2008. Due to higher cash flows at certain times during the year, the Fund's investment in repurchase agreements fluctuated significantly. The maximum amounts held in this classification during the year ended June 30, 2008, was as follows:

Repurchase agreements

Deposits

All deposits with financial institutions are required to be insured or collateralized with securities held by the State or its agent in the State Treasurer's name as custodian. At June 30, 2008, the Fund had no deposits with financial institutions. The Fund had cash of \$344,901,756 held by the State Treasurer as of June 30, 2008.

Fair market value for cash and cash equivalents reported approximate the carrying value.

During the year, the following amounts (which apply to all investments) were included in investment earnings:

Interest earned	\$ 24,242,712
Change in unrealized gains (losses)	 (240,470)
Investment earnings	\$ 24,002,242

\$ 19,105,000

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

2. Investments and Deposits (Continued)

The following schedule reconciles investments and deposits as reported in the statement of net assets to disclosures included in this note.

	Statements	Note Disclosure		
Held by State Treasurer:				
Cash and cash equivalents	\$ 344,901,756	\$ -		
Deposits	-	344,901,756		
Total	\$ 344,901,756	\$ 344,901,756		

3. Premiums Receivable

Premiums receivable at June 30, 2008, consist of the following:

Local government	\$ 164,497
State government (Note 9)	337,896
Individuals	390,661
Other	51,612
	\$ 944,666

As of June 30, 2008, all of the receivables are considered by management to be collectible. Therefore, no allowance for doubtful accounts has been recognized. In addition, the Fund has applied no discounts to its receivables as of June 30, 2008.

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

4. Capital Assets

The following are summaries of changes in capital assets for the year.

	Balance July 1,	Balance June 30,			
	2007	•		2008	
Furniture and equipment Accumulated depreciation	\$ 243,920 (108,507)	\$ 6,538 (42,566)	\$ - _	\$ 250,458 (151,073)	
Capital assets, net	\$ 135,413	\$ (36,028)	\$ -	\$ 99,385	

Depreciation expense for the year ended June 30, 2008 was \$42,566.

5. Lease Obligations

The Fund leases office space from a party outside of State government and is accounted for as an operating lease. The office space lease was amended effective July 1, 2005, with a monthly charge of \$26,934. This lease expires on June 30, 2010. Rental expense under this lease for the year ended June 30, 2008 was \$323,209.

The Fund has also entered into an operating lease from a party outside of State government for office equipment which contains a cancellation provision and is subject to annual appropriation. In the normal course of business, operating leases are generally renewed or replaced by other leases. Operating leases are generally payable on a monthly basis. For the year ended June 30, 2008, expenses under these leases were approximately \$27,929.

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

5. Lease Obligations (Continued)

The following schedule summarizes the Fund's obligations under noncancelable operating leases having remaining terms in excess of one year as of June 30, 2008:

Ending June 30,	Total
2009	\$ 323,209
2010	323,209
	\$ 646,418

6. Pension Plans

The Retirement Division (the "Division") maintains four independent defined benefit plans and issues its own publicly available Comprehensive Annual Financial Report (CAFR) which includes financial statements and required supplementary information. A copy is publicly available on the South Carolina Retirement Systems website at <u>www.retirement.sc.gov</u>. Furthermore, the Division and the four pension plans are included in the CAFR of the State of South Carolina. The South Carolina Retirement System also administers the State Optional Retirement Program (ORP) which is a defined contribution plan.

The majority of employees of the Fund are covered by a retirement plan through the South Carolina Retirement System (SCRS), a cost-sharing multiple-employer defined benefit pension plan administered by the Retirement Division of the State Budget and Control Board, a public employee retirement system. Generally State employees are required to participate in and contribute to the SCRS as a condition of employment unless exempted by law as provided in Section 9-1-480 of the South Carolina Code of Laws. This plan provides retirement annuity benefits as well as disability, cost of living adjustment, death, and group-life insurance benefits to eligible employees and retirees. The State Optional Retirement Program (ORP) is a defined contribution plan that is offered as an alternative to certain state, public school, and higher education employees. State ORP participants direct the investment of their funds into a plan administered by one of four investment providers. The SCRS assumes no liability for State ORP benefits, as they are the liability of the investment providers. New employees have the option of choosing the State Optional Retirement Program.

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

6. Pension Plans (Continued)

Under the SCRS, employees are eligible for a full service retirement annuity upon reaching age 65 or completion of 28 years credited service regardless of age. The benefit formula for full benefits effective since July 1, 1989, for the SCRS is 1.82 percent of an employee's average final compensation multiplied by the number of years of credited service. Early retirement options with reduced benefits are available as early as age 55. Employees are vested for a deferred annuity after five years earned service and qualify for a survivor's benefit upon completion of 15 years credited service (five years effective January 1, 2001). Disability annuity benefits are payable to employees totally and permanently disabled provided they have a minimum of five years credited service (this requirement does not apply if the disability is the result of a job-related injury). A group-life insurance benefit equal to an employee's annual rate of compensation is payable upon the death of an active employee with a minimum of one year of credited service.

Effective January 1, 2001, Section 9-1-2210 of the South Carolina Code of Laws allows employees eligible for service retirement to participate in the Teacher and Employee Retention Incentive (TERI) Program. TERI participants may retire and begin accumulating retirement benefits on a deferred basis without terminating employment for up to five years. Upon termination of employment or at the end of the TERI period, whichever is earlier, participants will begin receiving monthly service retirement benefits which will include any cost of living adjustments granted during the TERI period. TERI participants with an effective TERI date prior to July 1, 2005 do not make employee contributions to SCRS. TERI participants with an effective TERI date on or after July 1, 2005 make employee contributions to SCRS. All TERI participants do not earn service credit and are eligible to receive group life insurance benefits and are not eligible for disability retirement benefits.

Beginning July 1, 2006, employees participating in the SCRS have been required to contribute 6.50 percent of all compensation. For the year ended June 30, 2008, the employer contribution rate was 9.06 percent (before a surcharge to fund retiree health and dental insurance coverage). For the year ended June 30, 2006, this rate was 7.55 percent and for the year ended June 30, 2007, this rate was 8.05 percent. The Fund's actual contributions to the SCRS for the years ended June 30, 2008, 2007 and 2006 were approximately \$503,126, \$463,018 and \$414,264 respectively and equaled the required contributions (excluding the surcharge) in the percentages outlined above. Also, the Fund paid employer group-life insurance contributions at the rate of .15 percent of compensation for each of the years ended June 30, 2008, 2007 and 2006.

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

6. Pension Plans (Continued)

The amounts paid by the Fund for pension and group-life benefits are reported as employer contribution expenditures within the applicable administrative expenditure categories to which the related salaries are charged.

Article X, Section 16 of the South Carolina Constitution requires that all State-operated retirement systems be funded on a sound actuarial basis. Title 9 of the South Carolina Code of Laws of 1976, as amended, prescribes requirements relating to membership, benefit and employee/employer contributions for each retirement system. Employee and employer contribution rates to SCRS are actuarially determined. The surcharges to fund retiree health and dental insurance are not part of the actuarially established rates. Annual benefits, payable monthly for life, are based on length of service and on average final compensation (an annualized average of the employee's highest 12 consecutive quarters of compensation).

The Systems do not make separate measurements of assets and pension benefit obligations for individual employers. Under Title 9 of the South Carolina Code of Laws, the Fund's liability under the plans is limited to the amount of contributions (stated as a percentage of covered payroll) established by the State Budget and Control Board. Therefore, the Fund's liability under the pension plans is limited to the amounts in which appropriations were included in the South Carolina Appropriation Act and amounts from other applicable revenue sources. Accordingly, the Fund recognizes no contingent liability for unfunded costs associated with participation in the plans.

At retirement, employees participating in the SCRS receive additional service credit (at a rate of 20 days equals one month of services) for up to 90 days for accumulated unused sick leave.

In addition, the State General Assembly periodically directs the Retirement Systems to pay supplemental (cost of living) increases to retirees. Such increases are primarily funded from Systems' earnings; however, a portion of the required amount is appropriated from the State General Fund annually for the SCRS benefits.

The required retirement contribution rates will increase by 0.26% as of July 1, 2008.

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

7. Post Employment and Other Employee Benefits

Post Employment Benefits

The State provides post employment health and dental benefits to retired employees and their covered dependents through a plan which has been determined to be a cost-sharing multiple-employer defined benefit post employment healthcare plan by the Comptroller General's Office of the State of South Carolina. The State Budget and Control Board (SBCB) is the Trustee and the plan is administered by the Employee Insurance Program (EIP), a part of the State Budget and Control Board. A retiree's eligibility for the health and dental benefits is based on his hire date and years of earned retirement service credit. Generally, ten years of service credit with the SC Retirement System is required for full funding of employees enrolled in the system prior to May 2, 2008. For all others who may become enrolled, eligibility requires fifteen years of service for partial funding and twenty-five years for full funding.

In addition the State provides long-term disability benefits to active employees through the Long-Term Disability Plan which has been determined to be a cost sharing multiple-employer plan by the Comptroller General's Office of the State of South Carolina. The State Budget and Control Board is the Trustee and the plan is administered by the Employee Insurance Program (EIP), a part of the State Budget and Control Board (SBCB). Benefits under this plan are provided to the employee upon approval of the disability by the South Carolina Retirement System.

Section 1-11-710 and 1-11-720 of the South Carolina Code of Laws of 1976, as amended, requires the post-employment benefits be funded through annually established employer's contribution rates, also known as the pension surcharge. Funding for the employer's payment of the surcharge is provided through General Appropriations from the State and other sources. Effective May 1, 2008 through Act 195, the State established the South Carolina Retiree Health Insurance Trust Fund and the Long-Term Disability Insurance Trust Fund for the purpose of funding and accounting for the employer costs of retiree health and dental insurance benefits and employee long-term disability benefits. The Retiree Health Insurance Trust Fund is primarily funded through the payroll surcharge. Other sources of funding may include additional State appropriated dollars, accumulated EIP reserves, and income generated from investments. The Fund's actual contribution to this trust fund for the fiscal year ended June 30, 2008 was \$134,711, which equaled the required contribution rate of 3.42% as discussed in Note 6. The Long-Term Disability Insurance Trust Fund is funded through a per person premium charged to State agencies, public school districts, and other participating local governments. The monthly premium per active employee contributed to the trust was \$3.23 for the fiscal year ended June 30, 2008.

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

7. Post Employment and Other Employee Benefits (Continued)

By state law, the State is liable for the employer share of retiree premiums. Accordingly, an annual required contribution and related liability for the Fund, as employer, is not included in the accompanying financial statements.

Audited financial statements of the trust funds may be obtained by written request to Employee Insurance Program, SC Budget and Control Board, 1201 Main Street, Suite 360, Columbia, South Carolina 29201.

Other Employee Benefits

In accordance with the South Carolina Code of Laws and the annual Appropriation Act, the State of South Carolina provides certain health care, dental, and life insurance benefits to all permanent full-time and certain permanent part-time employees of the Fund. These benefits are provided on a reimbursement basis by the employer agency based on rates established at the beginning of the service period by the Employee Insurance Program within the SC Budget and Control Board.

The Fund recorded benefit expenses for these insurance benefits for active employees in the amount of \$308,813 for the year ended June 30, 2008.

8. Deferred Compensation Plans

Several optional deferred compensation plans are available to State employees and employers of its political subdivisions. Certain employees of the Fund have elected to participate. The multiple-employer plans, created under Internal Revenue Code Sections 457, 401 (k), and 403 (b), are administered by third parties and are not included in the Comprehensive Annual Financial Report of the State of South Carolina. Compensation deferred under the plans is placed in trust for the contributing employee. The State has no liability for losses under the plans. Employees may withdraw the current value of their contributions when they terminate State employment. Employees may also withdraw contributions prior to termination if they meet requirements specified by the applicable plan.

This Fund made no contributions for the fiscal year ending June 30, 2008.

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

9. Transactions with State Entities

The Fund has significant transactions with the State of South Carolina and various State agencies.

Services received at no cost include payroll processing, disbursement processing and maintenance of certain accounting records from the Comptroller General; check preparation, banking and investment functions from the State Treasurer; and legal services from the Attorney General.

The following services are provided for a fee to various State agencies and within the South Carolina State Budget and Control Board. The fees are recorded as revenues in the financial statements for the Fund.

Insurance coverage for state agencies and local governments:

Health Dental Basic group-life and disability State Life and Long-Term Disability

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

9. Transactions with State Entities (Continued)

The following details the insurance premiums charged by the Fund to other state agencies and divisions of the South Carolina State Budget and Control Board during the year ended June 30, 2008:

Senate	\$ 665,444
House of Representatives	822,324
Legislative Council	130,980
Legislative Printing and Information	85,714
Legislative Audit Council	79,019
Education Oversight Committee	33,253
Judicial Department	2,218,963
Administrative Law Judge Division	143,925
Governor's Office - Executive Control of State	99,693
State Law Enforcement Division	2,085,271
Governor's Office - Executive Policy and Programs	938,375
Governor's Office - Mansion and Grounds	26,463
Lieutenant Governor's Office	168,362
Secretary of State	122,279
Comptroller General's Office	227,868
State Treasurer	256,229
Retirement System Investment Commission	40,723
Attorney General	610,339
Commission on Prosecution Coordination	178,617
Commission on Indeigent Defense	99,098
Adjutant General's Office	924,703
State Election Commission	59,817
Budget and Control Board	4,426,626
Budget and Control Board - State Auditor	182,248
Commission on Higher Education	214,501
Higher Education Tuition Grants Commission	18,098

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

9. Transactions with State Entities (Continued)

Citadel University	2,357,321
Clemson University	18,135,928
College of Charleston	5,096,648
Coastal Carolina University	3,396,432
Francis Marion University	1,994,411
Lander University	1,418,645
South Carolina State University	2,979,453
University of South Carolina	25,840,715
Winthrop University	3,217,586
Medical University of South Carolina	16,511,024
State Board for Technical and Comprehensive Education	383,071
Trident Technical College	2,369,856
Northeastern Technical College	390,106
Florence-Darlington Technical College	1,043,537
Greenville Technical College	2,764,032
Horry-Georgetown Technical College	1,229,397
Midlands Technical College	2,325,796
Orangeburg-Calhoun Technical College	766,848
Piedmont Technical College	1,124,084
Spartanburg Technical College	1,178,186
Central Carolina Technical College	730,713
Tri-County Technical College	1,234,843
York Technical College	1,161,909
Aiken Technical College	542,107
Technical College of Low Country	581,348
Denmark Technical College	406,769
Williamsburg Technical College	253,097
Department of Education	4,389,228
Educational Television Commission	912,648
Wil Lou Gray Opp School	210,466
Vocational Rehabilitation	4,144,775
School for the Deaf and Blind	1,666,398
Department of Archives and History	283,927
State Library	159,779
Arts Commission	107,616
Museum Commission	153,401

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

9. Transactions with State Entities (Continued)

Health and Human Services Financial	4,627,309
Department of Health and Environmental Control	16,594,178
Department of Mental Health	17,093,058
Department of Disabilities and Special Needs	7,830,741
Department of Alcohol and Other Drug Abuse Services	135,372
Department of Public Safety	6,309,349
Department of Scoial Services	14,543,466
John De La Howe School	373,055
Commission of the Blind	388,812
State Housing Finance and Development Authority	454,790
Human Affairs Commission	124,678
Commission for Minority Affairs	26,855
Department of Corrections	20,831,640
Department of Probations, Parole and Pardon Services	3,025,196
Department of Juvenile Justice	5,873,797
Criminal Justice Academy	396,313
Forestry Commission	1,654,035
Department of Agriculture	530,749
Department of Natural Resources	3,445,134
Sea Grant Consortium	78,757
Department of Parks, Recreation and Tourism	1,933,127
Department of Commerce	522,305
Investsc, Inc.	4,080
Jobs - Economic Development Authority	12,153
Business Carolina, Inc.	57,594
Patriots Point Development Authority	259,893
Public Service Commission	175,657
Office of Regulatory Staff	266,605
Workers' Compensation Commission	218,527
State Accident Fund	281,216
Patients Compensation Fund	19,097
Second Injury Fund	88,928
Department of Insurance	314,611
State Board of Financial Institutions	136,184
Department of Consumer Affairs	205,401
Department of Labor, Licensing, and Regulations	1,468,167

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

9. Transactions with State Entities (Continued)

Department of Motor Vehicles	4,501,807
Department of Revenue and Taxation	2,423,773
State Ethics Commission	28,241
Employment Security Commission	3,950,543
Procurement Review Panel	3,192
Department of Transporation	19,925,054
Aid to Subdivisions	246,984
South Carolina Education Lottery	568,016
	\$ 268,269,471

The Trust was established by the State of South Carolina through Act 195 on May 1, 2008. In accordance with Act 195, the Trust was created to provide for the employer costs of retiree post-employment health and dental insurance benefits for retired state employees and retired employees of public school districts. The Employee Insurance Program administers the Trust and the State Budget and Control Board is the Trustee. The State Treasurer is the custodian of the funds held in the Trust and invests those funds in accordance with the statutes of the State. The primary sources which finance the health and dental benefits the Trust provides are the collection of Employer Contributions, additional State appropriations, accumulated Employee Insurance Program reserve balances, and income generated from investments. In accordance with the Act, an initial transfer of a portion of the Employee Insurance Program's reserves of \$248,726,292 was made. This annual transfer is based on an actuarial calculation of the amount of cash reserves available over 140% of the incurred but not reported claims.

The Trust was established by the State of South Carolina through Act 195 on May 1, 2008. In accordance with Act 195, the Trust was created to fund and account for the employer costs of the State's Basic Long-Term Disability Income Benefit Plan. The Employee Insurance Program administers the Trust and the State Budget and Control Board is the Trustee. The State Treasurer is the custodian of the funds held in the Trust and invests those funds in accordance with the statutes of the State. The primary sources which finance the long-term disability benefits the Trust provides are investment income and the collection of employer contributions. In accordance with the Act, an initial transfer of investment reserves of \$27,466,014 was made. This transfer was program reserves held by the Employee Insurance Program.

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

9. Transactions with State Entities (Continued)

The Fund had financial transactions with various State agencies during the fiscal year. Significant payments were made to Divisions (Funds) of the State Budget and Control Board for retirement and insurance plans contributions, vehicle rental, printing, and telephone, interagency mail, data processing services, purchasing, record maintenance, internal audit, personnel services, unemployment, and workers' compensation coverage for employees. The identifiable amounts of 2008 expenses applicable to related party transactions are as follows:

South Carolina Retirement Division	9	503,126
State Accident Fund		16,848
South Carolina Employment Security Commission		5,934
South Carolina Budget and Control Board		1,823,082
	9	5 2,348,990
In addition, transfers include the following:		
State Budget and Control Board - General Services	\$	333,351
Transfer of funds to the South Carolina Retiree Health Insurance		
Trust Fund		248,726,292
Transfer of funds to the South Carolina Long-Term Disability		
Insurance Trust Fund		27,466,014
Total interfund transfers	\$	276,525,657

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

9. Transactions with State Entities (Continued)

A significant portion of the Fund's total insurance premium revenue is for insurance premiums charged to other state agencies and divisions of the South Carolina State Budget and Control Board. Premiums owed from these entities at June 30, 2008 were:

Senate	\$ 23,079
Judicial Department	58
Administrative Law Court	378
State Law Enforcement Division	210
Governor's Office - Executive Policy and Programs	6,079
Lieutenant Governor's Office	17
Secretary of State	23,833
Comptroller Generals Office	265
Retirement System Investment Commission	2
Attorney General	388
Commission on Indigent Defense	30,460
Adjutant General's Office	352
State Election Commission	66
Budget and Control	9
Budget and Control Board - State Auditor	234
Commission on Higher Education	38,187
State Board for Technical and Comprehensive Education	53
Educational Television	375
Wil Lou Gray Opp School	12,360
Vocational Rehabilitation	4
School for the Deaf and Blind	1
State Library	41
Arts Commission	225
Museum Commission	59
Health and Human Services Finance	569
Department of Health and Environmental Control	965
Department of Mental Health	15,334
Department of Disabilities and Special Needs	7,476
Department of Alcohol and Other Drug Abuse Services	459

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

9. Transactions with State Entities (Continued)

Department of Public Safety	46
Department of Social Services	2,660
Commission for the Blind	859
Human Affairs Commission	910
State Commission for Minority Affairs	1
Department of Corrections	11,646
Department of Probation Parole and Pardon Services	1,216
Department of Juvenile Justice	6,264
Criminal Justice Academy	3
Forestry Commission	1,678
Department of Agriculture	1,499
Department of Natural Resources	2,613
Sea Grant Consortium	1,678
Department of Parks, Recreation and Tourism	317
Department of Commerce	10
Patriot's Point Development Authority	5
Public Service Commission	16,738
Office of Regulatory Staff	495
Workers' Compensation Commission	418
State Accident Fund	8
Patients Compensation Fund	6,377
Second Injury Fund	373
Department of Consumer Affairs	53,212
Department of Labor, Licensing and Regulation	362
Department of Motor Vehicles	22,945
Department of Revenue and Taxation	42,090
Employment Security Commission	6
Procurement Review Panel	5
Department of Transportation	41
Aid to Subdivisions	1
South Carolina Education Lottery	1,882
Total State Institutions	\$ 337,896

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

9. Transactions with State Entities (Continued)

The Fund acted as fiduciary for premiums collected from state agencies for State Life and Long-Term Disability. During the year ended June 30, 2008, \$7,140,212 was collected from state agencies and disbursed to the State Life and Long-Term Disability carrier.

The Fund offers a managed care program to subscribers living in Charleston, Dorchester, Colleton or Berkeley counties. Refer to *Note 1* for a complete description.

10. Contingencies

By the nature of its operations and responsibilities as an insurer, the Fund has been named in a number of lawsuits, many of which are pending. A provision has been made in the financial statements for the payment of routine claims. Management is not aware of any other claims that, in their opinion, would have a material effect on the financial statements and, therefore, no liability has been recorded.

11. Risk Management/Reinsurance

The Fund is exposed to various risks of loss and maintains State or commercial insurance coverage for each of those risks except for certain types of risks for which it is self-insured (these risks are further described herein). Management believes such coverage is sufficient to preclude any significant uninsured losses for the covered risks. There were no significant reductions in insurance coverage from coverage in the prior year. Settled claims have not exceeded this coverage in any of the past three years.

The Fund pays insurance premiums to itself and certain other State agencies and commercial insurers to cover risks that may occur in normal operations. The insurers promise to pay to or on behalf of the insured for covered economic losses sustained during the policy period in accord with insurance policy and benefit program limits.

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

11. Risk Management/Reinsurance (Continued)

State management believes it is more economical to manage certain risks internally and set aside assets for claim settlement. Several State funds accumulate assets and the State itself assumes substantially all risks for the following:

- 1. Claims of State employees for unemployment compensation benefits (Employment Security Commission);
- 2. Claims of covered employees for workers' compensation benefits for job-related illnesses or injuries (State Accident Fund);
- 3. Claims of covered public employees for health and dental insurance benefits (Employee Insurance Program); and
- 4. Claims of covered public employees for long-term disability (Employee Insurance Program).
- 5. Claims of covered property damage, theft, collision (automobile), liability, and general tort (Insurance Reserve Fund).

Employees elect health coverage through the State Health Plan, a health maintenance organization, or Tricare Supplement. All health plans offered through the Fund are self-insured products except Tricare Supplement.

State agencies and other entities are the primary participants in the Fund.

Due to change in federal law, Tricare Supplement was eliminated as a plan option effective July 1, 2008.

The Fund obtains coverage of up to \$750,000 per loss through a commercial carrier for employee fidelity bond insurance for all employees for losses arising from theft or misappropriation.

The Fund has recorded insurance premium expense regarding its internal operations in the applicable administrative expense categories.

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

11. Risk Management/Reinsurance (Continued)

The Fund has not transferred the portion of the risk of loss related to insurance policy deductibles and limits. The Fund has not reported an estimated claims loss expense and the related liability at June 30, 2008, based on the requirements of GASB 10 because information at June 30 did not indicate that an asset had been impaired or a liability had been incurred. GASB 10 states that a liability for claims must be reported only if information prior to issuance of the financial statements indicates that it is probable that an asset has been impaired or a liability has been incurred on or before June 30 and the amount of loss is reasonably estimable.

The Fund self-insures health and dental insurance for all participating governmental employees, including those of the Fund. Additionally, effective January 1, 1999, the Fund began offering a self-insured HMO point of service plan to certain employees in the service area of MUSC. The Fund also offers HMO products through BlueChoice and Cigna, which are self-insured. The basic long-term disability product is a self-insured product. The Fund also offers Dental Plus and State Life products, which are fully insured. The Fund purchases coverage for basic life, optional life, dependent life, supplemental long-term disability, and long-term care from commercial carriers.

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

12. Reconciliation of Claims Liabilities by Fund

The schedule below presents the changes in claims liabilities for the past two years for the Fund.

	(in thousands)			
		2008	2007	
Unpaid claims and claim adjustment expenses at beginning				
of the fiscal year	\$	198,778	\$	193,760
Incurred claims and claim adjustment expenses:				
Provision for insured events of the current fiscal year		957,659		1,270,918
Increases in provision for insured events				
of prior fiscal years		462,994		58,682
Total incurred claims and claim adjustment expenses		1,420,653		1,329,600
Payments:				
Claims and claim adjustment expenses attributable to				
insured events of the current fiscal year		840,713		1,152,670
Claims and claim adjustment expenses attributable to				
insured events of prior fiscal years		594,125		171,912
Total payments		1,434,838		1,324,582
Total unpaid claims and claim adjustment expenses at end				
of the fiscal year	\$	184,593	\$	198,778
The above totals are comprised of the following:				
Claims payable	\$	49,941	\$	61,953
Claims incurred but not reported		134,652		136,825
Total	\$	184,593	\$	198,778

The HMO self-insured managed care plan liability at June 30, 2008 and 2007 was \$8,645,528 and \$7,853,870, respectively, and is included in the claims liability listed above.

NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

13. Changes in Long-Term Liabilities

Changes in long-term obligations for the year ended June 30, 2008, were as follows:

	I	Beginning Balance July 1, 2007 Increases		Decreases	Ending Balance June 30, 2008		Due Within One Year	
Compensated absences payable	\$	577,471	\$	320,294	\$(339,137)	\$	558,628	\$299,555

14. Medicare Part D Subsidy

The new Medicare Part D prescription drug benefit became effective in January 2006. The Plan elected to maintain primary coverage for pharmaceuticals for its Medicare eligible retirees. By providing drug coverage at least as valuable as that in the standard Medicare Part D program, the Plan qualifies for the Retiree Drug Subsidy (RDS), an incentive provided in the federal Part D law to encourage employers to retain good prescription benefits for retirees. The Plan earned and recorded \$23,762,272 in RDS funding for the year ended June 30, 2008. As of June 30, 2008, the Plan had a receivable of \$6,457,534.

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Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*

Mr. Richard H. Gilbert, Jr., CPA Deputy State Auditor Office of the State Auditor Columbia, South Carolina

Dear Mr. Gilbert:

We have audited the financial statements of the South Carolina State Budget and Control Board, Employee Insurance Program (the "Fund") as of and for the year ended June 30, 2008, and have issued our report thereon dated September 30, 2008. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Fund's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Fund's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Fund's internal control over financial reporting.

A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the Fund's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles such that there is more than a remote likelihood that a misstatement of the Fund's financial statements that is more than inconsequential will not be prevented or detected by the Fund's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by the Fund's internal control.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Fund's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

* * * * *

This report is intended solely for the information and use of the audit committee, management and the State Auditor and is not intended to be and should not be used by anyone other than these specified parties.

beloach & Williamson L.L.P.

September 30, 2008