

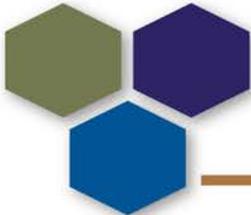


Michigan Public School Employees

Retiree Health Actuarial Valuation Results as of September 30, 2014



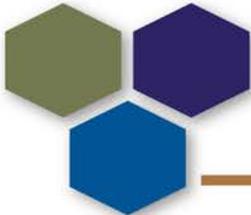
Gabriel Roeder Smith & Company
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Retiree Health Benefits

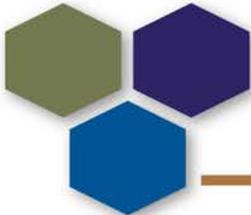
The Funding Issue

- ◆ Unlike pensions, health benefits have not been pre-funded for a long period of time
 - ▶ Most plan sponsors nationwide have not pre-funded health benefits either
 - ▶ Currently very little investment income to help pay benefits
- ◆ Costs rise as more members retire, and health inflation outpaces general inflation
- ◆ Pre-funding contribution rates have been calculated since 1999 – but pre-funding started only recently



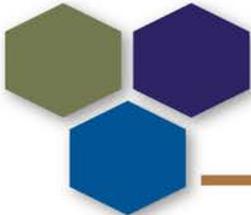
Governmental Accounting Standards Board

- ◆ Beginning with the 2007 CAFR, GASB Statements No. 43 and No. 45 specify how retiree health benefit liabilities and expenses are reported in financial statements
- ◆ The reported annual expense is called the Annual Required Contribution (ARC)
- ◆ If the employer fully funds the actuarially computed ARC, in a qualified trust with a long-term investment policy, then the liabilities and ARC are based on a long range investment return assumption (approximately 8%)
- ◆ If the employer only pays the current benefits, with no pre-funding, the liabilities and ARC are based on a short term investment return assumption, like that earned on the employer's general accounts (approximately 4%) – and the liabilities and ARC are much larger



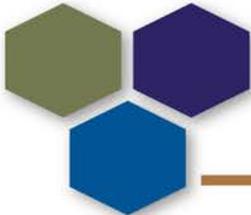
Governmental Accounting Standards Board

- ◆ The reported liability and ARC depend on how the employer is funding the benefits
- ◆ If the employer has been funding more than the current benefits but less than the full actuarial contribution (partial pre-funding), the liabilities and ARC will lie somewhere between the pre-funding and cash funding results
- ◆ 2014 valuation results are based on an 8% discount rate



Full Funding Employer Contribution

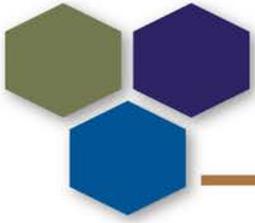
- ◆ Reported that full funding began in fiscal year 2013
- ◆ September 30, 2014 valuation establishes the employer contribution for fiscal year 2017
- ◆ Reflects 3% of payroll active member contributions required to participate in the defined benefit retiree health program
- ◆ Reflects plan changes resulting from Public Act 300 of 2012
- ◆ Reflects the adoption of new assumptions in conjunction with the Experience Study covering the period October 1, 2007 through September 30, 2012



Public Act 300 of 2012

◆ Brief summary of plan changes

- ▶ 90% employer subsidy for benefit recipients already Medicare eligible
- ▶ 80% employer subsidy for other members not covered by a grading provision
- ▶ 80% maximum employer subsidy for members covered by a grading provision
- ▶ Members hired prior to September 4, 2012 had the option to elect to forfeit employer subsidized retiree health coverage and participate in the Personal Healthcare Fund (PHF)
- ▶ Members hired on or after September 4, 2012 participate in the PHF with defined benefit retiree health coverage essentially limited to a lump sum at termination (\$1,000 or \$2,000 depending on age at termination), except in cases of duty death-in-service

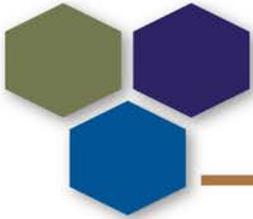


Retiree Health Valuation Results

Full Actuarial Funding

- ◆ Annual Expenditures for Retiree Health Care Benefits:
 - ▶ FY 2014: \$ 802.9 million
 - ▶ FY 2014 ARC: \$ 944.6 million

Annual Expenditures from the MPSERS 2014 Comprehensive Annual Financial Report.



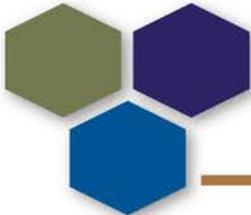
Actual and Expected Contributions Full Actuarial Funding

- ◆ Annual Required Contribution (ARC) for FYE September 30, 2014:

| | <u>ARC - FY2014</u> |
|---|-----------------------------|
| Full Actuarial Funding | \$ 944.6 million |
| Less Actual Employer | <u>\$ (1,000.2 million)</u> |
| Additional Employer Contribution to Fully Fund the ARC | \$ 0 |

- ◆ Once fully funded, the annual employer contribution requirement decreases to the normal cost
- ◆ Employer normal cost is \$16 million in FY 2017

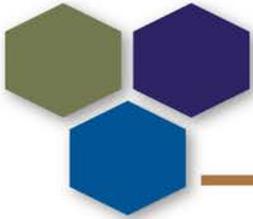
Actual FY 2014 Employer Contribution from the MPSERS 2014 Comprehensive Annual Financial Report.



Circumstances That Would Increase Projected Costs

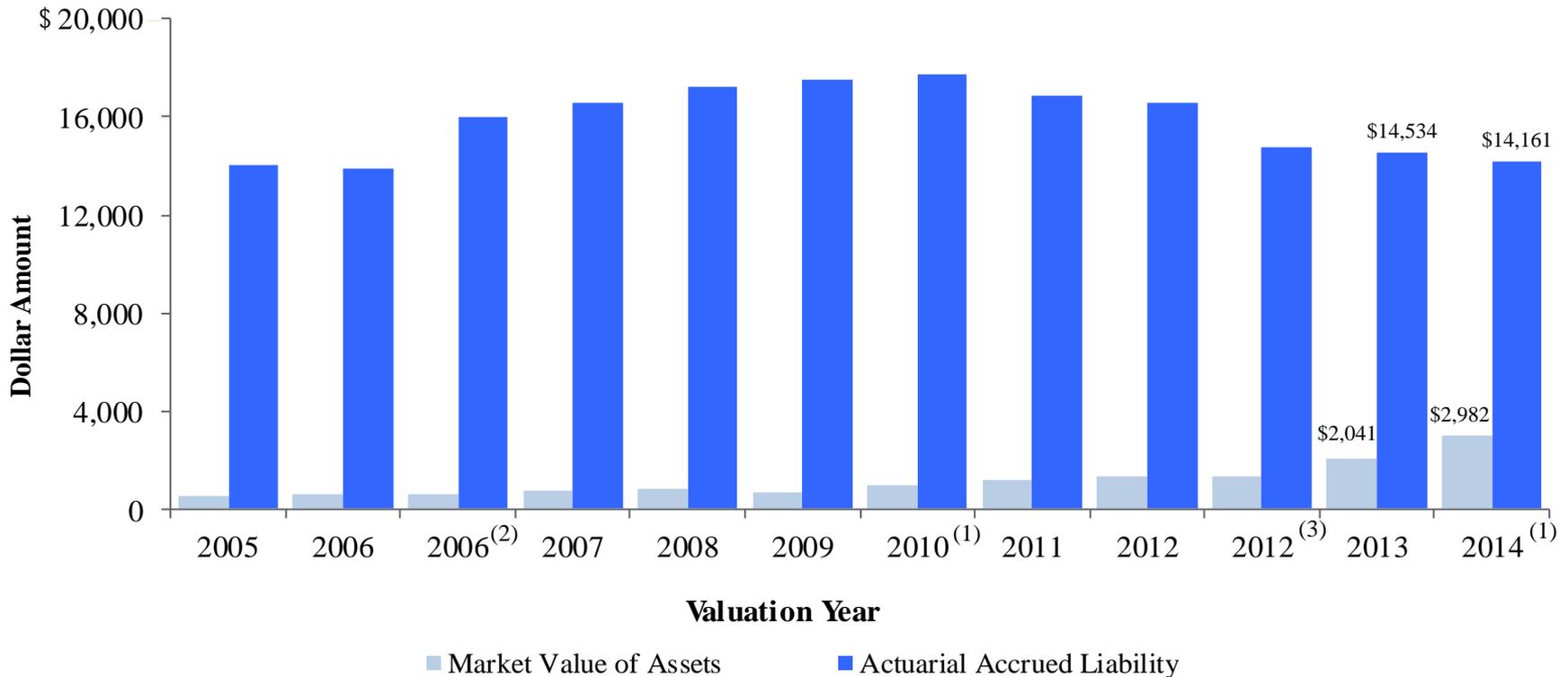
- ◆ Medicare funding reductions or cost shifting
- ◆ Unexpected new benefit recipients (from health benefit cutbacks of other employers)
- ◆ Medical inflation worse than assumed; the actual future contributions will depend on future per capita health cost increases (health inflation)*
- ◆ Active member population decline (contribution rates as a percentage of payroll would increase)
- ◆ Lower than expected investment returns; bigger impact as plan assets grow
- ◆ This is not a complete list

* *Per capita costs are projected to increase 7.5% the first year, graded down to 3.5% in the twelfth and later years.*



Health Assets & Accrued Liabilities

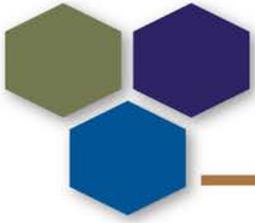
Full Actuarial Funding (Amounts in Millions)



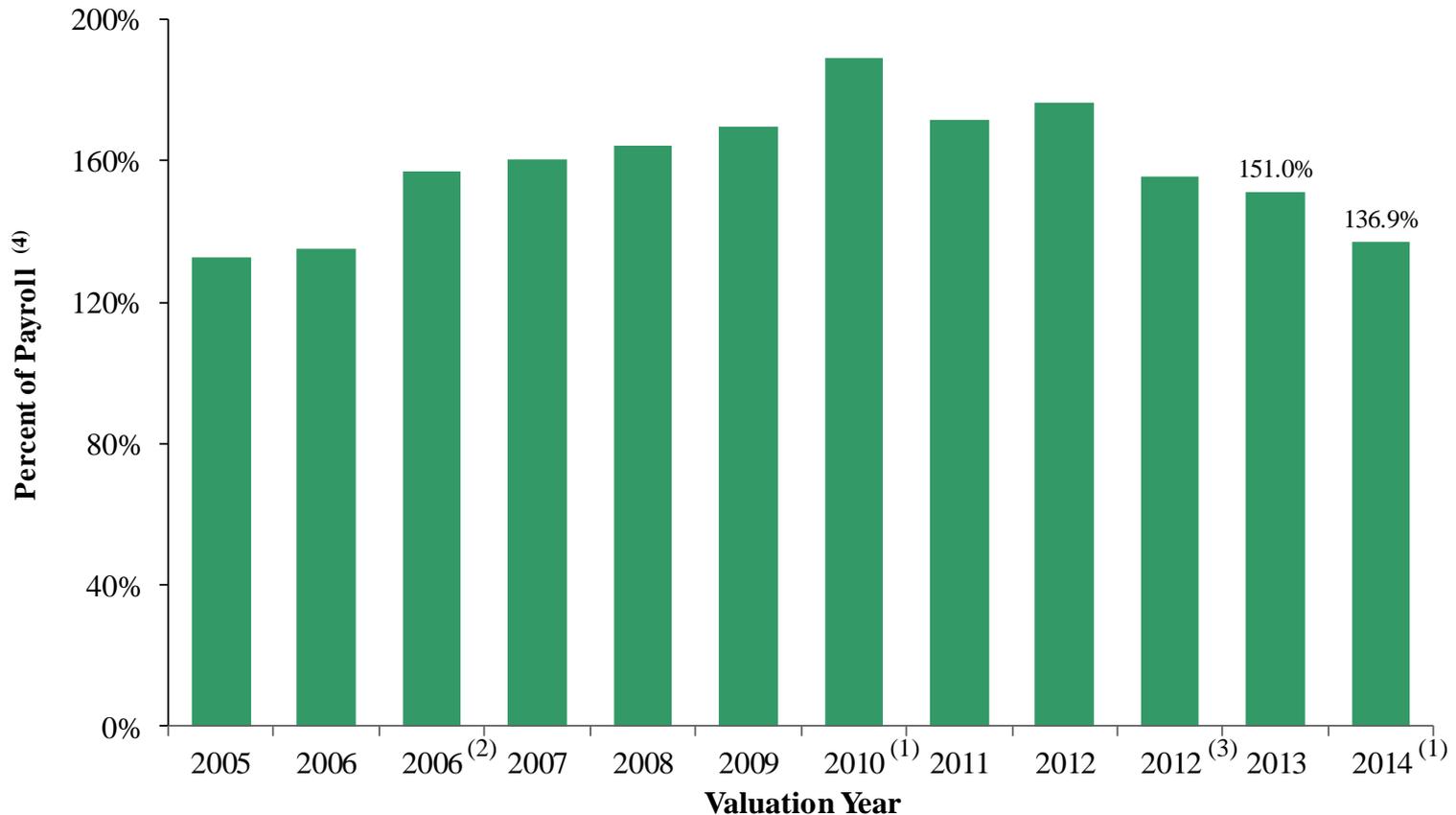
(1) Reflects assumption changes

(2) Reflects assumption changes and compliance with GASB Statements No. 43 and No. 45

(3) Reflects plan changes resulting from Public Act 300 of 2012



Unfunded Accrued Liabilities as %'s of Payroll – Full Actuarial Funding



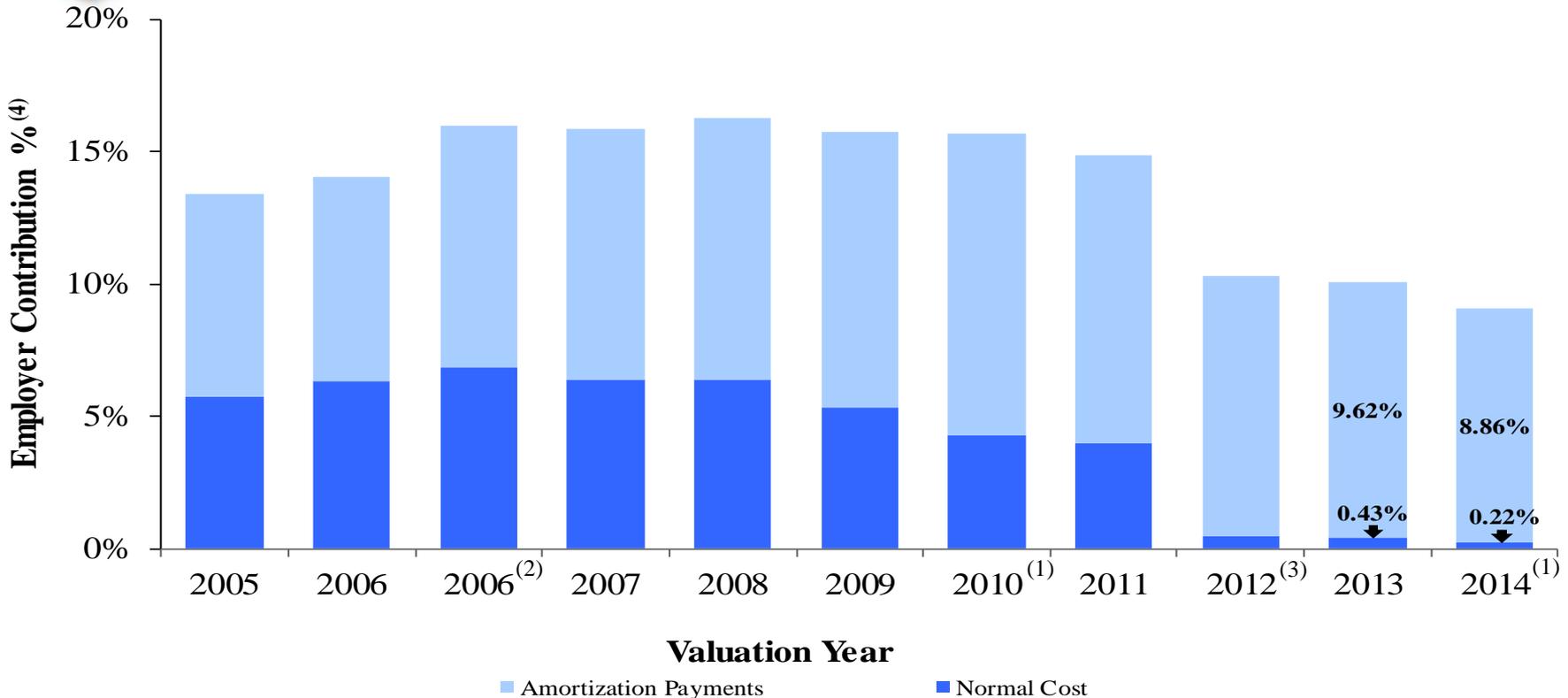
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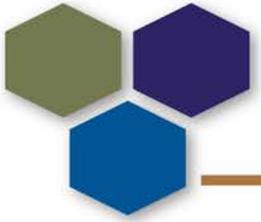
(3) Reflects plan changes resulting from Public Act 300 of 2012

(4) Percentage of total MPSERS payroll (including both PHF and non-PHF members)

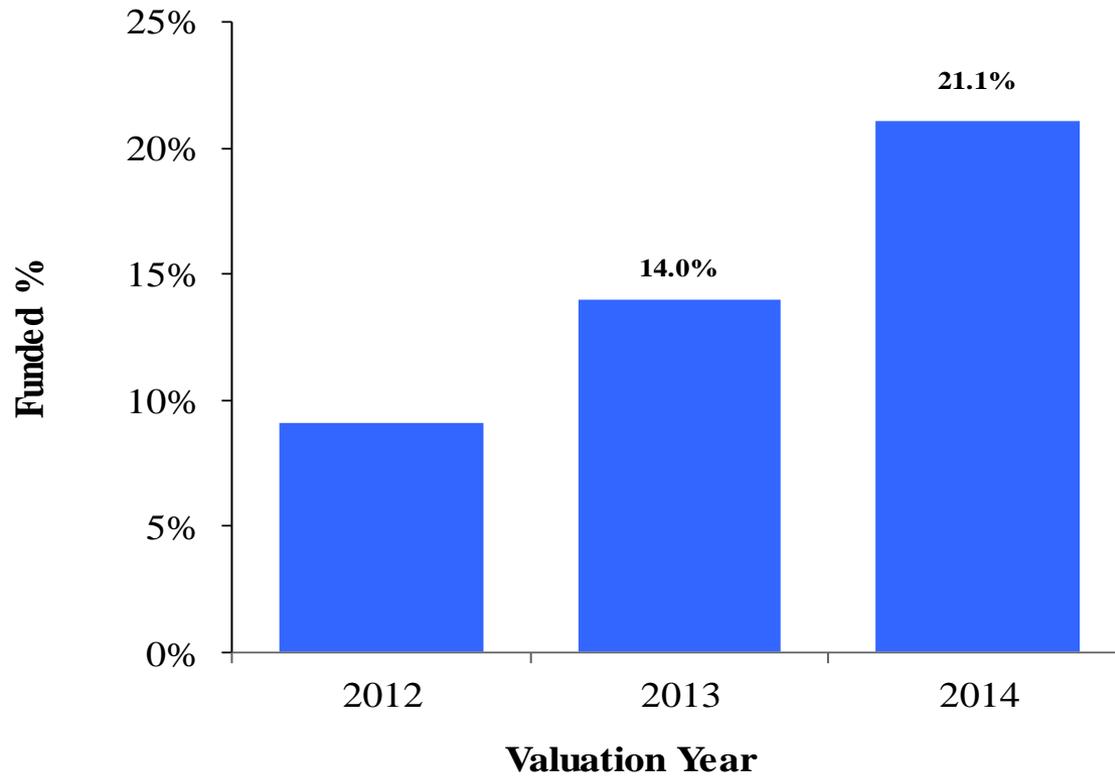
Annual Required Contributions (ARC) as Percents of Payroll (Full Actuarial Funding)

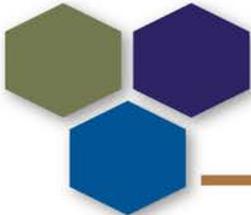


- (1) Reflects assumption changes
- (2) Reflects assumption changes and compliance with GASB Statements No. 43 and No. 45
- (3) Reflects plan changes resulting from Public Act 300 of 2012
- (4) Starting with the 2012 valuation year, (a) the normal cost is expressed as a percentage of non-PHF active member payroll, (b) the Amortization Payment is expressed as a percentage of total MPERS active member payroll (including PHF and non-PHF), and (c) the ARC is for the fiscal year beginning two years after the valuation date



Funded Percent





Disclaimers

- ◆ This presentation is intended to be used in conjunction with the September 30, 2014 retiree health annual actuarial valuation report issued on May 12, 2015. This presentation should not be relied on for any purpose other than the purpose described in the valuation report.
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- ◆ The actuaries submitting this presentation (Mita Drazilov and Louise Gates) are Members of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinions contained herein.