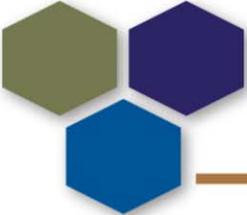


# Michigan Public School Employees

Retiree Health Actuarial Valuation Results  
as of September 30, 2008



Gabriel Roeder Smith & Company  
Consultants & Actuaries  
[www.gabrielroeder.com](http://www.gabrielroeder.com)

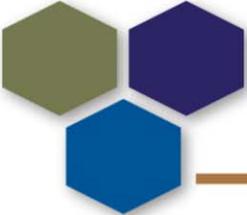


# Retiree Health Benefits

## The Funding Issue

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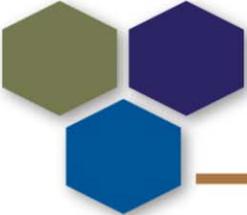
- ◆ Unlike pensions, health benefits have not been pre-funded (most pension plans nationwide have not pre-funded health benefits either)
  - ▶ No investment income to help pay the costs
- ◆ Costs rise as more members retire, and health inflation outpaces general inflation
- ◆ Pre-funding contribution rates have been calculated since 1999 – but pre-funding contributions have not been made



# Governmental Accounting Standards Board

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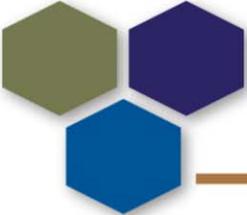
- ◆ Beginning with the 2007 CAFR, GASB Statements No. 43 and No. 45 specify how retiree health benefit liabilities and expenses are reported in financial statements
- ◆ The reported annual expense is called the Annual Required Contribution (ARC)
- ◆ If the employer fully funds the actuarially computed 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 cash 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

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- ◆ The reported liability and ARC depend on how the employer is funding the benefits
- ◆ If the employer funds more than the cash 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
- ◆ Existing employer contributions to pay the cash benefits count as contributions toward meeting the ARC



# MPERS – GASB Compliant Valuation

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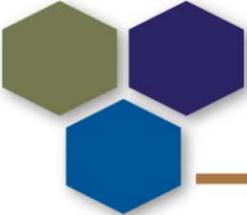
- ◆ Annual Expenditures for Retiree Health Care Benefits:

- ▶ FY 2008: \$734.5 million

- ◆ 2008 Potential Unfunded Accrued Liability and ARC:

	<u>Unfunded Liability</u>	<u>ARC - FY2009</u>
Full Actuarial Funding	\$16.4 billion	\$1,676 million

Potential Unfunded Liability and ARC from the September 2008 actuarial valuation.  
Annual Expenditures from the MPERS 2008 Comprehensive Annual Financial Report.



# MPERS – GASB Compliant Valuation Full Actuarial Funding

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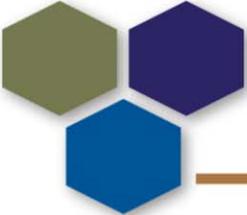
◆ 2008 Potential Unfunded Accrued Liability and ARC:

	<u>Unfunded Liability</u>	<u>ARC - FY2009</u>
Full Actuarial Funding	\$16.4 billion	\$1,676 million
Less Actual FY2008 Employer Contribution		<u>\$ (650 million)</u>
Additional Employer Contribution to Fully Fund the ARC		<b>\$ 1,026 million</b>

- ◆ Lump sum of \$16.4 billion would fully fund the 2008 unfunded liability
- ◆ Once fully funded, the annual employer contribution requirement decreases to the normal cost
- ◆ Employer normal cost is \$657 million in FY2009

Potential Unfunded Liability and ARC from the September 2008 actuarial valuation.

Actual FY2008 Employer Contribution from the MPERS 2008 Comprehensive Annual Financial Report.



# MPERS – GASB Compliant Valuation Full Actuarial Funding vs. Cash Funding

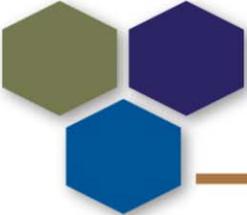
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- ◆ 2008 Potential Unfunded Accrued Liability and ARC:

	<u>Unfunded Liability</u>	<u>ARC - FY2009</u>
Full Actuarial Funding	\$16.4 billion	\$1,676 million
Cash Funding	\$26.0 billion	\$2,502 million

- ◆ Lump sum of \$16.4 billion would fully fund the 2008 unfunded liability (annual normal cost thereafter).
- ◆ The \$26.0 billion amount is for reporting and disclosure purposes (if cash funding is continued), and is not an amount that needs to be funded in a lump sum.
- ◆ \$9.6 billion (\$26.0 less \$16.4) represents some of the lost investment income from not pre-funding.

Potential Unfunded Liability and ARC from the September 2008 actuarial valuation.

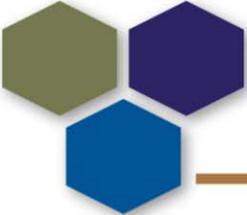


# Recent MPERS Reform

## PA 110 of 2007

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- ◆ School employees hired after June 30, 2008 will be eligible for a graded retiree health premium subsidy based on *credited* service:
  - ▶ Under 10 years: No subsidy
  - ▶ 10 years: 30% subsidy
  - ▶ Over 10 years: 4% per additional year
  - ▶ 25+ years: 90% subsidy
- ◆ If the member retires before age 60 with fewer than 25 years of *actual* service, the subsidy does not start until age 60

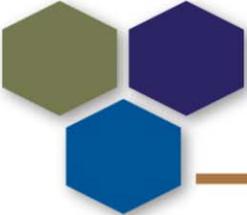


# MPSERS

## Costs after PA 110 of 2007

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- ◆ The current cash funding employer contribution rate for retiree health benefits is 6.81%
- ◆ Before PA 110, the cash funding contribution rate was projected to increase over the next 50 years to around 20% of payroll
- ◆ After PA 110, the cash funding contribution rate is projected to increase much less: to about 10% - 11% of payroll by 2017, stabilizing at that level in later years
- ◆ Of course, the actual future rates will depend entirely on future per capita health cost increases (health inflation)

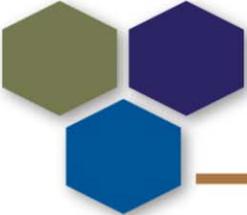


# Circumstances That Would Increase Projected Costs

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- ◆ Medicare funding reductions or cost shifting
- ◆ Unexpected new entrants into the retiree health plan (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)
- ◆ This is not a complete list

\* *Per capita costs are projected to increase 10% the first year, graded down to 3.5% in the twelfth and later years.*



# Solutions and Observations

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- ◆ Strategic planning – an important tool to contain costs while delivering valuable benefits
- ◆ Plan for increases in employer health care contribution rates during the next 10 years
- ◆ PA 110 mitigates a significant portion of the long term projected contribution rate increases
- ◆ Partial pre-funding (more than cash funding, but less than GASB ARC) may protect against higher costs if experience is worse than projected

# Health Assets & Accrued Liabilities

## Full Actuarial Funding (Amounts in Millions)

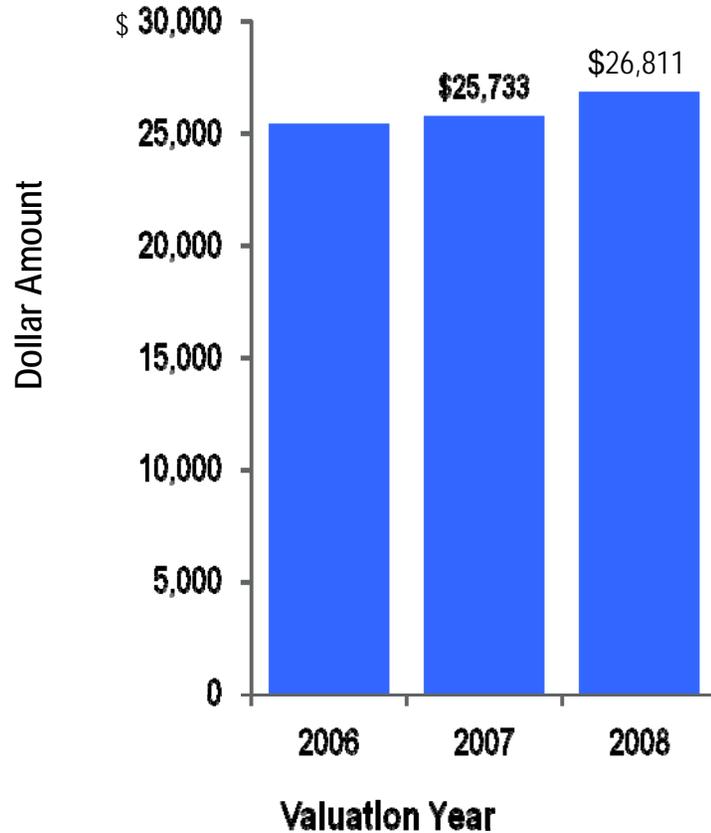


(1) Reflects assumption changes

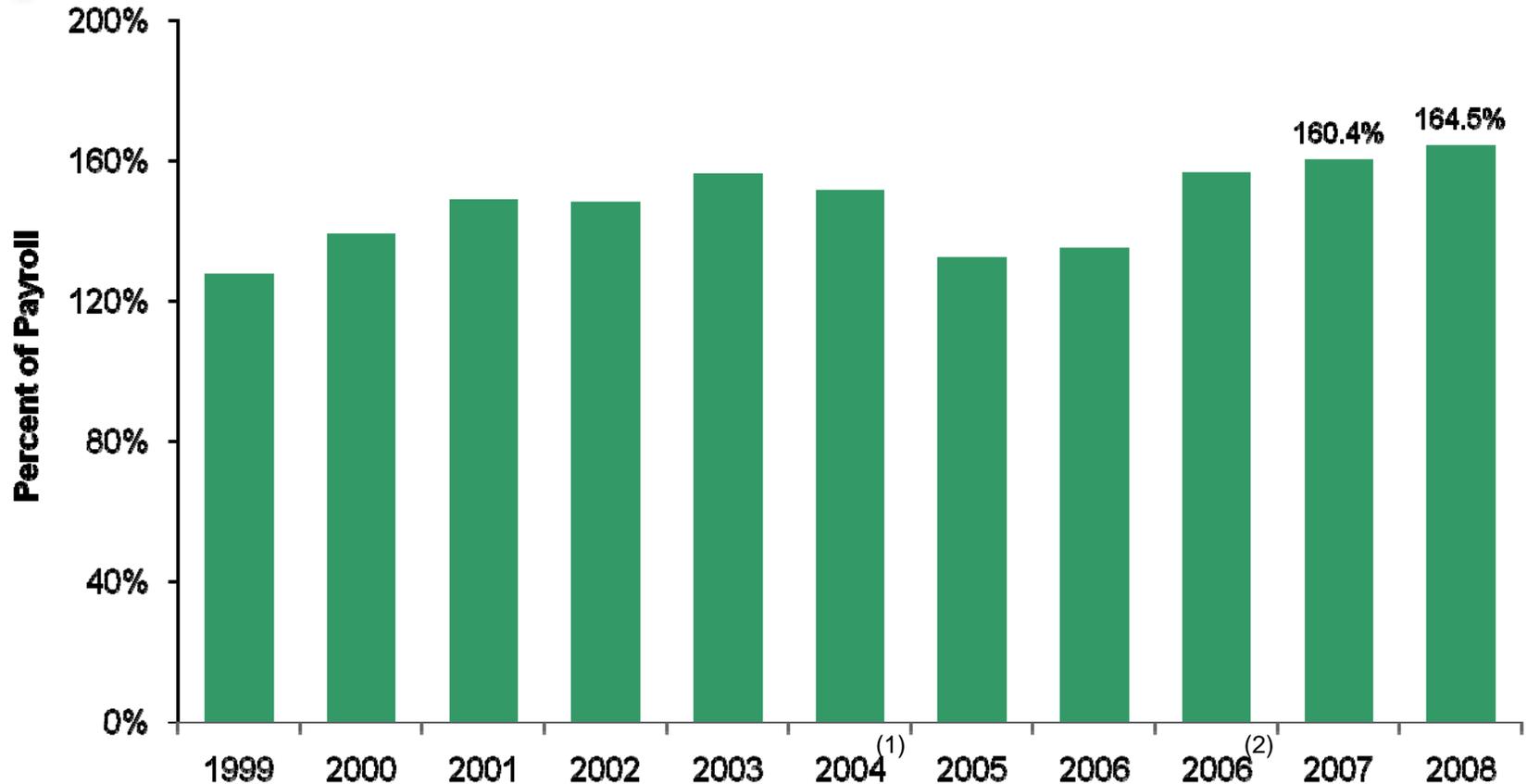
(2) Reflects assumption changes and compliance with GASB Statements No. 43 and No. 45

# Health Accrued Liabilities

## Cash Funding (Pay-go) (Amounts in Millions)



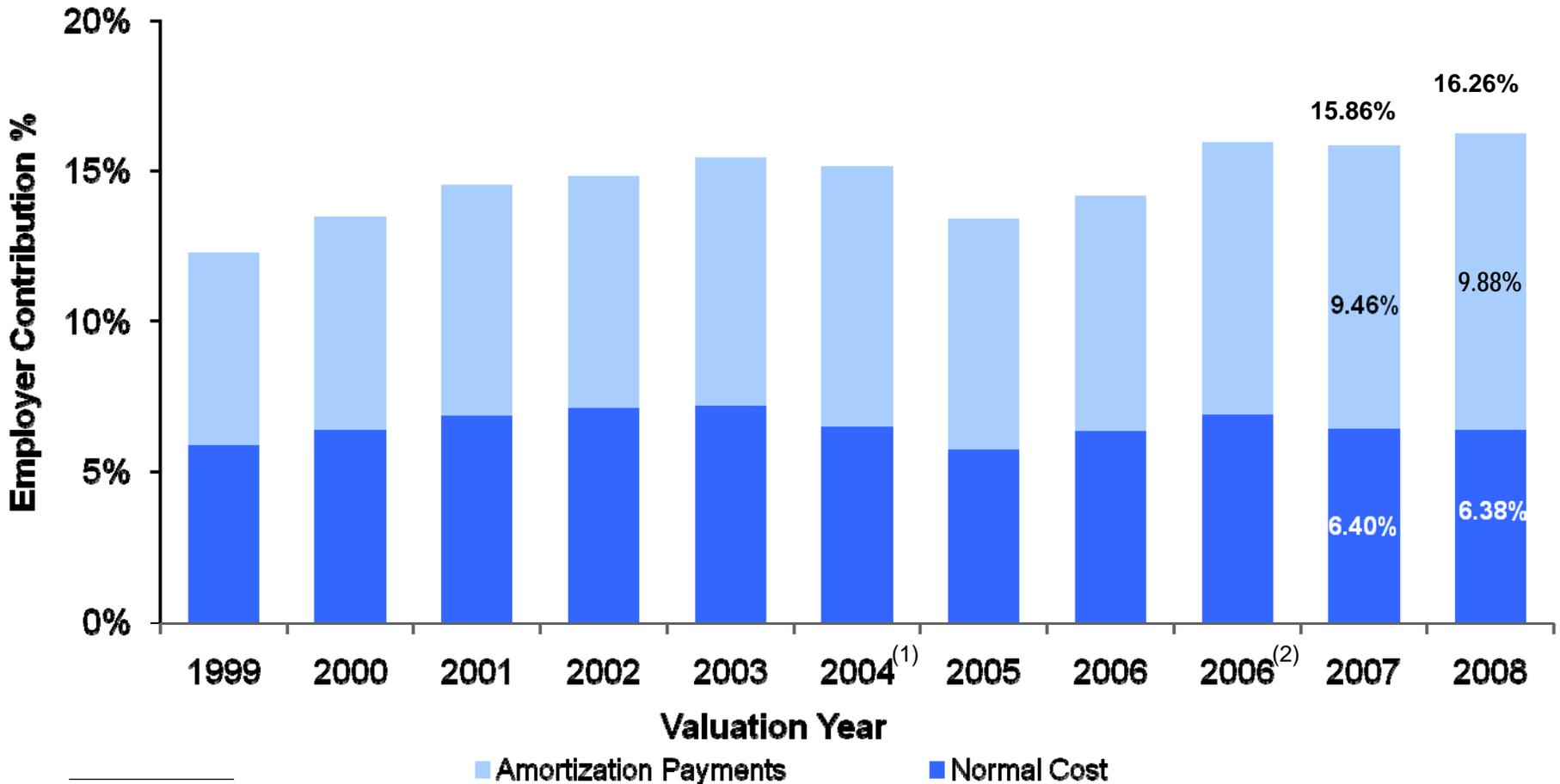
# Unfunded Accrued Liabilities as %'s of Payroll – Full Actuarial Funding



(1) Reflects assumption changes

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

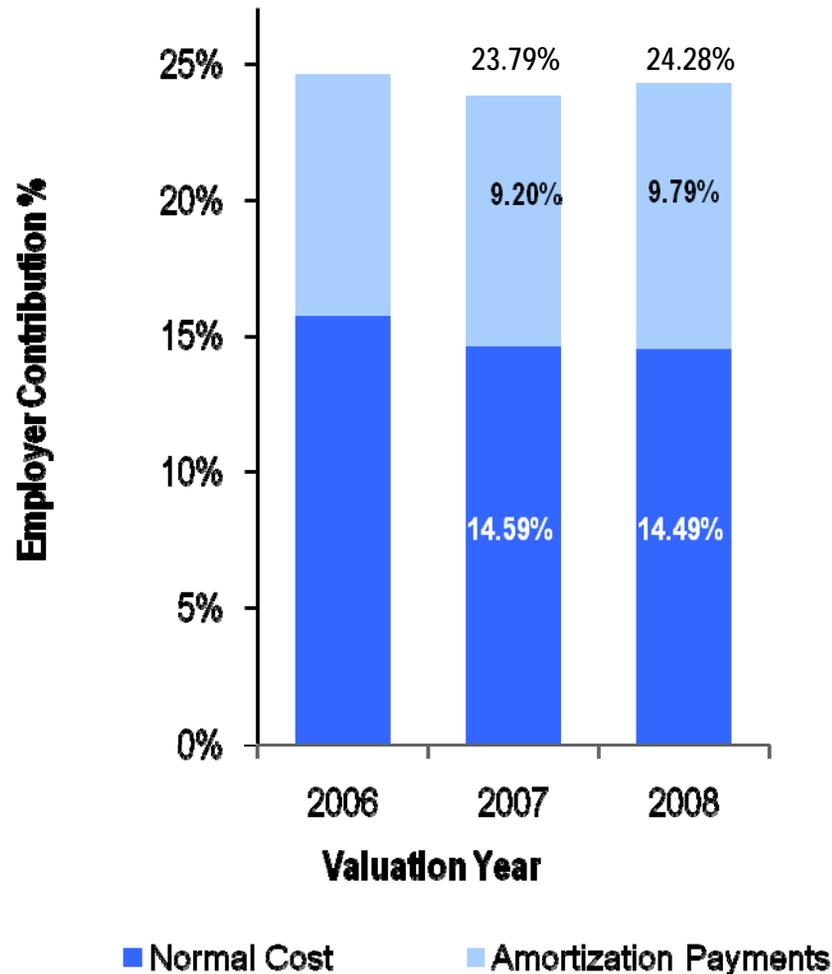
# Annual Required Contributions (ARC) as Percents of Payroll (Full Actuarial Funding)

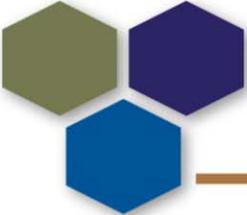


(1) Reflects assumption changes

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

# Annual Required Contributions (ARC) as Percents of Payroll (Cash Funding – Pay-go)





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