Stege Sanitary District
Actuarial Study of
Retiree Health Liabilities Under GASB 74/75
Valuation Date: June 30, 2022
Measurement Date: June 30, 2022
For Fiscal Year-End: June 30, 2023

Prepared by: Total Compensation Systems, Inc.

Date: September 14, 2023

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Stege Sanitary District Actuarial Study of Retiree Health Liabilities

PART I: EXECUTIVE SUMMARY

A. Introduction

This report was produced by Total Compensation Systems, Inc. for Stege Sanitary District to determine the liabilities associated with its current retiree health program as of a June 30, 2022 measurement date and to provide the necessary information to determine accounting entries for the fiscal year ending June 30, 2023. This report may not be suitable for other purposes such as determining employer contributions or assessing the potential impact of changes in plan design.

Different users of this report will likely be interested in different sections of information contained within. We anticipate that the following portions may be of most interest depending on the reader:

- A high level comparison of key results from the current year to the prior year is shown on this page.
- The values we anticipate will be disclosed in the June 30, 2023 year-end financials are shown on pages 2 and 3.
- Additional accounting information is shown on page 12 and Appendices C and D.
- Description and details of measured valuation liabilities can be found beginning on page 10.
- Guidance regarding the next actuarial valuation for the June 30, 2023 measurement date is provided on page 13.

B. Key Results

Stege Sanitary District uses an Actuarial Measurement Date that is 12 months prior to its Fiscal Year-End. This means that these actuarial results measured as of June 30, 2022 will be used on a look back basis for the June 30, 2023 Fiscal Year-End.

Key Results	Current Year	Prior Year
	June 30, 2022 Measurement Date	June 30, 2021 Measurement Date
	for June 30, 2023 Fiscal Year-End	for June 30, 2022 Fiscal Year-End
Total OPEB Liability (TOL)	\$563,890	\$589,790
Fiduciary Net Position (FNP)	\$257,460	\$297,326
Net OPEB Liability (NOL)	\$306,430	\$292,464
Service Cost (for year following)	\$14,840	\$15,053
Estimated Pay-as-you-go Amount (for year following)	\$20,230	\$22,072
GASB 75 OPEB Expense (for year ending)	\$33,794	\$30,052

Refer to results section beginning on page 10 or the glossary on page 27 for descriptions of the above items.

Key Assumptions	Current Year	Prior Year
	June 30, 2022 Measurement Date	June 30, 2021 Measurement Date
	for June 30, 2023 Fiscal Year-End	for June 30, 2022 Fiscal Year-End
Valuation Interest Rate	6.75%	6.75%
Expected Rate of Return on Assets	6.75%	6.75%
Long-Term Medical Trend Rate	4.00%	4.00%
Projected Payroll Growth	2.75%	2.75%

The following table shows the "pay as you go" projection of annual payments for the employer share of retiree health costs. Although actual payments are certain to vary from those shown below, these projections can be useful for planning purposes. See page 11 for amounts below broken out by employee classification, if applicable.

Year Beginning	Projected Benefit
July 1	Payments
2022	\$20,230
2023	\$21,746
2024	\$23,417
2025	\$25,131
2026	\$27,215
2027	\$29,088
2028	\$31,206
2029	\$33,606
2030	\$36,067
2031	\$39,404

C. Summary of GASB 75 Accounting Results

1. Changes in Net OPEB Liability

The following table shows the reconciliation of the June 30, 2021 Net OPEB Liability (NOL) in the prior valuation to the June 30, 2022 NOL. A more detailed version of this table can be found on page 12.

	TOL	FNP	NOL
Balance at June 30, 2021 Measurement Date	\$589,790	\$297,326	\$292,464
Service Cost	\$15,053	\$0	\$15,053
Interest on TOL / Return on FNP	\$39,574	(\$39,791)	\$79,365
Employer Contributions	\$0	\$22,151	(\$22,151)
Benefit Payments	(\$22,151)	(\$22,151)	\$0
Administrative Expenses	\$0	(\$75)	\$75
Experience (Gains)/Losses	(\$73,723)	\$0	(\$73,723)
Changes in Assumptions	\$15,347	\$0	\$15,347
Other	\$0	\$0	\$0
Net Change	(\$25,900)	(\$39,866)	\$13,966
Actual Balance at June 30, 2022 Measurement Date	\$563,890	\$257,460	\$306,430

2. Deferred Inflows and Outflows

Changes in the NOL arising from certain sources are recognized on a deferred basis. The following tables show the balance of each deferral item as of the measurement date and the scheduled future recognition. A reconciliation of these balances can be found on page 12 while the complete deferral history is shown beginning on page 24.

Balances at June 30, 2023 Fiscal Year-End	Deferred Outflows	Deferred Inflows
Differences between expected and actual experience	\$5,631	(\$65,282)
Changes in assumptions	\$27,858	(\$869)
Differences between projected and actual return on assets	\$22,773	\$0
Total	\$56,262	(\$66,151)

To be recognized fiscal year ending June 30:	Deferred Outflows	Deferred Inflows
2024	\$9,570	(\$10,037)
2025	\$9,218	(\$10,037)
2026	\$7,663	(\$10,037)
2027	\$17,186	(\$10,037)
2028	\$5,059	(\$10,037)
Thereafter	\$7,566	(\$15,966)
Total	\$56,262	(\$66,151)

3. OPEB Expense

Under GASB 74 and 75, OPEB expense includes service cost, interest cost, administrative expenses, and change in TOL due to plan changes, adjusted for deferred inflows and outflows. OPEB expense can also be derived as change in net position, adjusted for employer contributions, which can be found on page 12.

To be recognized fiscal year ending June 30, 2023	Expense Component
Service Cost	\$15,053
Interest Cost	\$39,574
Expected Return on Assets	(\$20,067)
Administrative Expenses	\$75
Recognition of Experience (Gain)/Loss Deferrals	(\$8,828)
Recognition of Assumption Change Deferrals	\$4,007
Recognition of Investment (Gain)/Loss Deferrals	\$3,980
Employee Contributions	\$0
Changes in Benefit Terms	\$0
Net OPEB Expense for fiscal year ending June 30, 2023	\$33,794

4. Adjustments

The above OPEB expense includes all deferred inflows and outflows except any contributions after the measurement date. Contributions from July 1, 2022 to June 30, 2023 minus prior contributions after the measurement date of \$22,151 should also be reflected in OPEB expense. June 30, 2023 deferred outflows should include contributions from July 1, 2022 to June 30, 2023.

5. Trend and Interest Rate Sensitivities

The following presents what the Net OPEB Liability would be if it were calculated using a discount rate assumption or a healthcare trend rate assumption one percent higher or lower than the current assumption.

Net OPEB Liability at June 30, 2022 Measurement Date	Discount Rate	Healthcare Trend Rate
1% Decrease in Assumption	\$388,927	\$228,943
Current Assumption	\$306,430	\$306,430
1% Increase in Assumption	\$238,754	\$403,169

D. Description of Retiree Benefits

Following is a description of the current retiree benefit plan.

	All Participants
Benefit types provided	Medical only
Duration of Benefits	Lifetime
Required Service	CalPERS Retirement
Minimum Age	CalPERS Retirement
Dependent Coverage	Spouse only
District Contribution %	100% of cap
District Cap	\$324.48 in 2023

E. Summary of Valuation Data

This report is based on census data provided to us as of June, 2022. Distributions of participants by age and service can be found on page 18. For non-lifetime benefits, the active count below excludes employees for whom it is not possible to receive retiree benefits (e.g. employees who are already older than the maximum age to which benefits are payable or who will not accrue the required service prior to reaching the maximum age).

	Current Year June 30, 2022 Valuation Date June 30, 2022 Measurement Date	Prior Year June 30, 2020 Valuation Date June 30, 2021 Measurement Date
Active Employees eligible for future benefits		
Count	10	10
Average Age	47.8	45.8
Average Years of Service	14.2	12.3
Retirees currently receiving benefits		
Count	6	6
Average Age	72.3	70.3

We were not provided with information about any terminated, vested employees.

F. Certification

The actuarial information in this report is intended solely to assist Stege Sanitary District in complying with Governmental Accounting Standards Board Accounting Statement 74 and 75 and, unless otherwise stated, fully and fairly discloses actuarial information required for compliance. Nothing in this report should be construed as an accounting opinion, accounting advice or legal advice. TCS recommends that third parties retain their own actuary or other qualified professionals when reviewing this report. TCS's work is prepared solely for the use and benefit of Stege Sanitary District. Release of this report may be subject to provisions of the Agreement between Stege Sanitary District and TCS. No third party recipient of this report product should rely on the report for any purpose other than accounting compliance. Any other use of this report is unauthorized without first consulting with TCS.

This report is for fiscal year July 1, 2022 to June 30, 2023, using a measurement date of June 30, 2022. The calculations in this report have been made based on our understanding of plan provisions and actual practice at the time we were provided the required information. We relied on information provided by Stege Sanitary District. Much or all of this information was unaudited at the time of our evaluation. We reviewed the information provided for reasonableness, but this review should not be viewed as fulfilling any audit requirements. We relied on the following materials to complete this study:

- ➤ We used paper reports and digital files containing participant demographic data from the District personnel records.
- We used benefit descriptions provided by the District.

All costs, liabilities, and other estimates are based on actuarial assumptions and methods that comply with all applicable Actuarial Standards of Practice (ASOPs). Each assumption is deemed to be reasonable by itself, taking into account plan experience and reasonable future expectations and in combination represent our estimate of anticipated experience of the Plan.

This report contains estimates of the Plan's financial condition and future results only as of a single date. Future results can vary dramatically and the accuracy of estimates contained in this report depends on the actuarial assumptions used. This valuation cannot predict the Plan's future condition nor guarantee its future financial soundness. Actuarial valuations do not affect the ultimate cost of Plan benefits, only the timing of Plan contributions. While the valuation is based on individually reasonable assumptions, other assumption sets may also be reasonable and valuation results based on those assumptions would be different. Determining results using alternative assumptions (except for the alternate discount and trend rates shown in this report) is outside the scope of our engagement.

Future actuarial measurements may differ significantly from those presented in this report due to factors such as, but not limited to, the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the measurement methodology (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); and changes in plan provisions or applicable law. We were not asked to perform analyses to estimate the potential range of such future measurements.

The signing actuary is independent of Stege Sanitary District and any plan sponsor. TCS does not intend to benefit from and assumes no duty or liability to other parties who receive this report. TCS is not aware of any relationship that would impair the objectivity of the opinion.

On the basis of the foregoing, I hereby certify that, to the best of my knowledge and belief, this report is complete and has been prepared in accordance with generally accepted actuarial principles and practices and all applicable Actuarial Standards of Practice. I meet the Qualifications Standards of the American Academy of

Actuaries to render the actuarial opinion contained herein.

Respectfully submitted,

Geoffrey L. Kischuk

Actuary

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PART II: LIABILITIES AND COSTS FOR RETIREE BENEFITS

A. Introduction.

We calculated the actuarial present value of projected benefit payments (APVPBP) separately for each participant. We determined eligibility for retiree benefits based on information supplied by Stege Sanitary District. We then selected assumptions that, based on plan provisions and our training and experience, represent our best prediction of future plan experience. For each participant, we applied the appropriate assumption factors based on the participant's age, sex, length of service, and employee classification.

The actuarial assumptions used for this study are summarized beginning on page 14.

B. Liability for Retiree Benefits.

For each participant, we projected future premium costs using an assumed trend rate (see Appendix C). To the extent Stege Sanitary District uses contribution caps, the influence of the trend factor is further reduced. We multiplied each future year's benefit payments by the probability that benefits will be paid; i.e. based on the probability that the participant is living, has not terminated employment, has retired and remains eligible. The probability that benefit will be paid in any future year is zero if the participant will not be eligible if s/he will not have met minimum service, minimum age or, if applicable, maximum age requirements.

The product of each year's benefit payments and the probability the benefit will be paid equals the expected cost for that year. We multiplied the above expected cost figures by the probability that the retiree would elect coverage. A retiree may not elect to be covered if retiree health coverage is available less expensively from another source (e.g. Medicare risk contract) or the retiree is covered under a spouse's plan. Finally, we discounted the expected cost for each year to the measurement date June 30, 2022 at 6.75% interest.

For any *current retirees*, the approach used was similar. The major difference is that the probability of payment for current retirees depends only on mortality and age restrictions (i.e. for retired employees the probability of being retired and of not being terminated are always both 100%).

The value generated from the process described above is called the actuarial present value of projected benefit payments (APVPBP). We added APVPBP for each participant to get the total APVPBP for all participants which is the estimated present value of all future retiree health benefits for all **current** participants. The APVPBP is the amount on June 30, 2022 that, if all actuarial assumptions are exactly right, would be sufficient to expense all promised benefits until the last participant dies or reaches the maximum eligibility age. However, for most actuarial and accounting purposes, the APVPBP is not used directly but is instead apportioned over the lifetime of each participant as described in the following sections.

C. Actuarial Accrual

Accounting principles provide that the cost of retiree benefits should be "accrued" over employees' working lifetime. For this reason, the Governmental Accounting Standards Board (GASB) issued in June of 2015 Accounting Standards 74 and 75 for retiree health benefits. These standards apply to all public employers that pay any part of the cost of retiree health benefits for current or future retirees (including early retirees), whether they pay directly or indirectly (via an "implicit rate subsidy").

To actuarially accrue retiree health benefits requires determining the amount to expense each year so that the liability accumulated at retirement is, on average, sufficient (with interest) to cover all retiree health expenditures without the need for additional expenses. There are many different ways to determine the annual accrual amount. The calculation method used is called an "actuarial cost method" and uses the APVPBP to develop expense and liability figures. Furthermore, the APVPBP should be accrued over the working lifetime of employees.

In order to accrue the APVPBP over the working lifetime of employees, actuarial cost methods apportion the APVPBP into two parts: the portions attributable to service rendered prior to the measurement date (the past service liability or Total OPEB Liability (TOL) under GASB 74 and 75) and to service after the measurement date but prior to retirement (the future service liability or present value of future service costs). Of the future service liability, the portion attributable to the single year immediately following the measurement date is known as the normal cost or Service Cost under GASB 74 and 75.

The service cost can be thought of as the value of the benefit earned each year if benefits are accrued during the working lifetime of employees. The actuarial cost method mandated by GASB 75 is the "entry age actuarial cost method". Under the entry age actuarial cost method, the actuary determines the service cost as the annual amount needing to be expensed from hire until retirement to fully accrue the cost of retiree health benefits. Under GASB 75, the service cost is calculated to be a level percentage of each employee's projected pay.

D. Actuarial Assumptions

The APVPBP and service cost are determined using several key assumptions:

- The current *cost of retiree health benefits* (often varying by age, Medicare status and/or dependent coverage). The higher the current cost of retiree benefits, the higher the service cost.
- The "trend" rate at which retiree health benefits are expected to increase over time. A higher trend rate increases the service cost. A "cap" on District contributions can reduce trend to zero once the cap is reached thereby dramatically reducing service costs.
- Mortality rates varying by age and sex (and sometimes retirement or disability status). If employees die prior to retirement, past contributions are available to fund benefits for employees who live to retirement. After retirement, death results in benefit termination or reduction. Although higher mortality rates reduce service costs, the mortality assumption is not likely to vary from employer to employer.
- **Employment termination rates** have the same effect as mortality inasmuch as higher termination rates reduce service costs. Employment termination can vary considerably between public agencies.
- The *service requirement* reflects years of service required to earn full or partial retiree benefits. While a longer service requirement reduces costs, cost reductions are not usually substantial unless the service period exceeds 20 years of service.

- **Retirement rates** determine what proportion of employees retire at each age (assuming employees reach the requisite length of service). Retirement rates often vary by employee classification and implicitly reflect the minimum retirement age required for eligibility. Retirement rates also depend on the amount of pension benefits available. Higher retirement rates increase service costs but, except for differences in minimum retirement age, retirement rates tend to be consistent between public agencies for each employee type.
- **Participation rates** indicate what proportion of retirees are expected to elect retiree health benefits if a significant retiree contribution is required. Higher participation rates increase costs.
- The *discount rate* estimates investment earnings for assets earmarked to cover retiree health benefit liabilities. The discount rate depends on the nature of underlying assets for funded plans. The rate used for a funded plan is the **real** rate of return expected for plan assets plus the long term inflation assumption. For an unfunded plan, the discount rate is based on an index of 20 year General Obligation municipal bonds rated AA or higher. For partially funded plans, the discount rate is a blend of the funded and unfunded rates.

E. Total OPEB Liability

The assumptions listed above are not exhaustive, but are the most common assumptions used in actuarial cost calculations. If all actuarial assumptions are exactly met and an employer expensed the service cost every year for all past and current employees and retirees, a sizeable liability would have accumulated (after adding interest and subtracting retiree benefit costs). The liability that would have accumulated is called the Total OPEB Liability (TOL). The excess of TOL over the value of plan assets is called the Net OPEB Liability (NOL). Under GASB 74 and 75, in order for assets to count toward offsetting the TOL, the assets have to be held in an irrevocable trust that is safe from creditors and can only be used to provide OPEB benefits to eligible participants.

Changes in the TOL can arise in several ways - e.g., as a result of plan changes or changes in actuarial assumptions. Change in the TOL can also arise from actuarial gains and losses. Actuarial gains and losses result from differences between actuarial assumptions and actual plan experience. GASB 75 allows certain changes in the TOL to be deferred (i.e. deferred inflows and outflows of resources).

Under GASB 74 and 75, a portion of actuarial gains and losses can be deferred as follows:

- Investment gains and losses are deferred five years.
- Experience gains and losses are deferred over the Expected Average Remaining Service Lives (EARSL) of plan participants. In calculating the EARSL, terminated employees (primarily retirees) are considered to have a working lifetime of zero. This often makes the EARSL quite short.
- Liability changes resulting from changes in economic and demographic assumptions are also deferred based on the EARSL.
- Liability changes resulting from plan changes, for example, cannot be deferred.

F. Valuation Results

This section details the measured values of the concepts described on the previous pages.

1. Actuarial Present Value of Projected Benefit Payments (APVPBP)

Actuarial Present Value of Projected Benefit Payments as of June 30, 2022 Valuation Date

	Total
Active: Pre-65 Benefit	\$93,519
Post-65 Benefit	\$325,275
Subtotal	\$418,794
Retiree: Pre-65 Benefit	\$16,481
Post-65 Benefit	\$246,041
Subtotal	\$262,522
Grand Total	\$681,316
Subtotal Pre-65 Benefit	\$110,000
Subtotal Post-65 Benefit	\$571,316

2. Service Cost

The service cost represents the value of the benefit earned during a single year of employment. It is the APVPBP spread over the expected working lifetime of the employee and divided into annual segments. We applied an "entry age" actuarial cost method to determine funding rates for active employees. The table below summarizes the calculated service cost.

Service Cost Valuation Year Beginning July 1, 2022

	Total
# of Eligible Employees	10
First Year Service Cost	
Pre-65 Benefit	\$2,680
Post-65 Benefit	\$12,160
Total	\$14,840

Accruing retiree health benefit costs using service costs levels out the cost of retiree health benefits over time and more fairly reflects the value of benefits "earned" each year by employees. While the service cost for each employee is targeted to remain level as a percentage of covered payroll, the service cost as a dollar amount would increase each year based on covered payroll. Additionally, the overall service cost may grow or shrink based on changes in the demographic makeup of the employees from year to year.

3. Total OPEB Liability and Net OPEB Liability

If actuarial assumptions are borne out by experience, the District will fully accrue retiree benefits by expensing an amount each year that equals the service cost. If no accruals had taken place in the past, there would be a shortfall of many years' accruals, accumulated interest and forfeitures for terminated or deceased employees. This shortfall is called the Total OPEB Liability. We calculated the Total OPEB Liability (TOL) as the APVPBP minus the present value of future service costs. To the extent that benefits are funded through a GASB 74 qualifying trust, the trust's Fiduciary Net Position (FNP) is subtracted to get the NOL. The FNP is the value of assets adjusted for any applicable payables and receivables as shown in the table on page 15.

Total OPEB Liability and Net OPEB Liability as of June 30, 2022 Valuation Date

Total
\$68,464
\$232,867
\$301,331
\$16,484
\$246,075
\$262,559
\$84,948
\$478,942
\$563,890
\$257,460
\$306,430

4. "Pay As You Go" Projection of Retiree Benefit Payments

We used the actuarial assumptions shown in Appendix C to project the District's ten year retiree benefit outlay. Because these cost estimates reflect average assumptions applied to a relatively small number of participants, estimates for individual years are **certain** to be *in* accurate. However, these estimates show the size of cash outflow.

The following table shows a projection of annual amounts needed to pay the District's share of retiree health costs.

Year Beginning	
July 1	Total
2022	\$20,230
2023	\$21,746
2024	\$23,417
2025	\$25,131
2026	\$27,215
2027	\$29,088
2028	\$31,206
2029	\$33,606
2030	\$36,067
2031	\$39,404

G. Additional Reconciliation of GASB 75 Results

The following table shows the reconciliation of the June 30, 2021 Net OPEB Liability (NOL) in the prior valuation to the June 30, 2022 NOL. For some plans, it will provide additional detail and transparency beyond that shown in the table on Page 2.

	TOL	FNP	NOL
Balance at June 30, 2021	\$589,790	\$297,326	\$292,464
Service Cost	\$15,053	\$0	\$15,053
Interest on Total OPEB Liability	\$39,574	\$0	\$39,574
Expected Investment Income	\$0	\$20,067	(\$20,067)
Administrative Expenses	\$0	(\$75)	\$75
Employee Contributions	\$0	\$0	\$0
Employer Contributions to Trust	\$0	\$0	\$0
Employer Contributions as Benefit Payments	\$0	\$22,151	(\$22,151)
Actual Benefit Payments from Trust	\$0	\$0	\$0
Actual Benefit Payments from Employer	(\$22,151)	(\$22,151)	\$0
Expected Minus Actual Benefit Payments**	\$79	\$0	\$79
Expected Balance at June 30, 2022	\$622,345	\$317,318	\$305,027
Experience (Gains)/Losses	(\$73,802)	\$0	(\$73,802)
Changes in Assumptions	\$15,347	\$0	\$15,347
Changes in Benefit Terms	\$0	\$0	\$0
Investment Gains/(Losses)	\$0	(\$59,858)	\$59,858
Other	\$0	\$0	\$0
Net Change during 2022	(\$25,900)	(\$39,866)	\$13,966
Actual Balance at June 30, 2022*	\$563,890	\$257,460	\$306,430

^{*} May include a slight rounding error.

Changes in the NOL arising from certain sources are recognized on a deferred basis. The deferral history for Stege Sanitary District is shown beginning on page 24. The following table summarizes the beginning and ending balances for each deferral item. The current year expense reflects the change in deferral balances for the measurement year.

Deferred Inflow/Outflow Balances Fiscal Year Ending June 30, 2023

		Change Due to	Change Due to	
	Beginning Balance	New Deferrals	Recognition	Ending Balance
Experience (Gains)/Losses	\$5,244	(\$73,723)	\$8,828	(\$59,651)
Assumption Changes	\$15,649	\$15,347	(\$4,007)	\$26,989
Investment (Gains)/Losses	(\$33,105)	\$59,858	(\$3,980)	\$22,773
Deferred Balances	(\$12,212)	\$1,482	\$841	(\$9,889)

The following table shows the reconciliation of Net Position (NOL less the balance of any deferred inflows or outflows). When adjusted for contributions, the change in Net Position is equal to the OPEB expense shown previously on page 3.

Preliminary OPEB Expense Fiscal Year Ending June 30, 2023

	Beginning Net Position	Ending Net Position	Change
Net OPEB Liability (NOL)	\$292,464	\$306,430	\$13,966
Deferred Balances	(\$12,212)	(\$9,889)	\$2,323
Net Position	\$304,676	\$316,319	\$11,643
Adjust Out Employer Contributions			\$22,151
OPEB Expense			\$33,794

^{**} Deferrable as an Experience Gain or Loss.

H. Procedures for Future Valuations

GASB 74/75 require annual measurements of liability with a full actuarial valuation required every two years. This means that for the measurement date one year following a full actuarial valuation, a streamlined "roll-forward" valuation may be performed in place of a full valuation. The following outlines the key differences between full and roll-forward valuations.

	Full Actuarial Valuation	Roll-Forward Valuation
Collect New Census Data	Yes	No
Reflect Updates to Plan Design	Yes	No
Update Actuarial Assumptions	Yes	Typically Not
Update Valuation Interest Rate	Yes	Yes
Actual Assets as of Measurement Date	Yes	Yes
Timing	4-6 weeks after information is received	1-2 weeks after information is received
Fees	Full	Reduced
Information Needed from Employer	Moderate	Minimal
Required Frequency	At least every two years	Each year, unless a full valuation is performed

The majority of employers use an alternating cycle of a full valuation one year followed by a roll-forward valuation the next year. However, a full valuation may be required or preferred under certain circumstances. Following are examples of actions that could cause the employer to consider a full valuation instead of a roll-forward valuation.

- The employer adds or terminates a group of participants that constitutes a significant part of the covered group.
- The employer considers or implements changes to retiree benefit provisions or eligibility requirements.
- The employer considers or puts in place an early retirement incentive program.
- The employer desires the measured liability to incorporate more recent census data or assumptions.

We anticipate that the next valuation we perform for Stege Sanitary District will be a roll-forward valuation with a measurement date of June 30, 2023 which will be used for the fiscal year ending June 30, 2024. Please let us know if Stege Sanitary District would like to discuss whether another full valuation would be preferable based on any of the examples listed above.

PART III: ACTUARIAL ASSUMPTIONS AND METHODS

Following is a summary of actuarial assumptions and methods used in this study. The District should carefully review these assumptions and methods to make sure they reflect the District's assessment of its underlying experience. It is important for Stege Sanitary District to understand that the appropriateness of all selected actuarial assumptions and methods are Stege Sanitary District's responsibility. Unless otherwise disclosed in this report, TCS believes that all methods and assumptions are within a reasonable range based on the provisions of GASB 74 and 75, applicable actuarial standards of practice, Stege Sanitary District's actual historical experience, and TCS's judgment based on experience and training.

A. ACTUARIAL METHODS AND ASSUMPTIONS:

ACTUARIAL COST METHOD: GASB 74 and 75 require use of the entry age actuarial cost method.

Entry age is based on the age at hire for eligible employees. The attribution period is determined as the difference between the expected retirement age and the age at hire. The APVPBP and present value of future service costs are determined on a participant by participant basis and then aggregated.

<u>SUBSTANTIVE PLAN:</u> As required under GASB 74 and 75, we based the valuation on the substantive plan. The formulation of the substantive plan was based on a review of written plan documents as well as historical information provided by Stege Sanitary District regarding practices with respect to employer and employee contributions and other relevant factors.

B. ECONOMIC ASSUMPTIONS:

Economic assumptions are set under the guidance of Actuarial Standard of Practice 27 (ASOP 27). Among other things, ASOP 27 provides that economic assumptions should reflect a consistent underlying rate of general inflation. For that reason, we show our assumed long-term inflation rate below.

<u>INFLATION</u>: We assumed 2.50% per year used for pension purposes. Actuarial standards require using the same rate for OPEB that is used for pension.

<u>INVESTMENT RETURN / DISCOUNT RATE</u>: We assumed 6.75% per year net of expenses. This is based on assumed long-term return on employer assets. We used the "Building Block Method". (See Appendix C, Paragraph 53 for more information). Our assessment of long-term returns for employer assets is based on long-term historical returns for surplus funds invested pursuant to California Government Code Sections 53601 et seq.

<u>TREND:</u> We assumed 4.00% per year. Our long-term trend assumption is based on the conclusion that, while medical trend will continue to be cyclical, the average increase over time cannot continue to outstrip general inflation by a wide margin. Trend increases in excess of general inflation result in dramatic increases in unemployment, the number of uninsured and the number of underinsured. These effects are nearing a tipping point which will inevitably result in fundamental changes in health care finance and/or delivery which will bring increases in health care costs more closely in line with general inflation. We do not believe it is reasonable to project historical trend vs. inflation differences several decades into the future.

<u>PAYROLL INCREASE</u>: We assumed 2.75% per year. Since benefits do not depend on salary (as they do for pensions), this assumption is only used to determine the accrual pattern of the Actuarial Present Value of Projected Benefit Payments.

<u>FIDUCIARY NET POSITION (FNP):</u> The following table shows the beginning and ending FNP numbers that were provided by Stege Sanitary District.

Fiduciary Net Position as of June 30, 2022

	06/30/2021	06/30/2022
Cash and Equivalents	\$0	\$0
Contributions Receivable	\$0	\$0
Total Investments	\$297,326	\$257,460
Capital Assets	\$0	\$0
Total Assets	\$297,326	\$257,460
Benefits Payable	\$0_	\$0_
Fiduciary Net Position	\$297,326	\$257,460

C. NON-ECONOMIC ASSUMPTIONS:

Economic assumptions are set under the guidance of Actuarial Standard of Practice 35 (ASOP 35). See Appendix C, Paragraph 52 for more information.

MORTALITY

Participant Type	Mortality Tables
Miscellaneous	2021 CalPERS Mortality for Miscellaneous and Schools Employees
RETIREMENT RATE	$\mathbb{Z}S$
<u>RETIREMENT RATE</u> Employee Type	Retirement Rate Tables

COSTS FOR RETIREE COVERAGE

Actuarial Standard of Practice 6 (ASOP 6) provides that, as a general rule, retiree costs should be based on actual claim costs or age-adjusted premiums. This is true even for many medical plans that are commonly considered to be "community-rated." However, ASOP 6 contains a provision – specifically section 3.7.7(c) – that allows use of unadjusted premiums in certain circumstances.

It is my opinion that the section 3.7.7(c)(4) exception allows use of unadjusted premium for PEMHCA agencies if certain conditions are met. Following are the criteria we applied to Stege Sanitary District to determine that it is reasonable to assume that Stege Sanitary District's future participation in PEMHCA is likely and that the CalPERS medical program as well as its premium structure are sustainable. (We also have an extensive white paper on this subject that provides a basis for our rationale entirely within the context of ASOP 6. We will make this white paper available upon request.)

- Plan qualifies as a "pooled health plan." ASOP 6 defines a "pooled health plan" as one in which premiums are based at least in part on the claims experience of groups other than the one being valued." Since CalPERS rates are the same for all employers in each region, rates are clearly based on the experience of many groups.
- Rates not based to any extent on the agency's claim experience. As mentioned above, rates are the same for all participating employers regardless of claim experience or size.
- Rates not based to any extent on the agency's demographics. As mentioned above, rates are the same for all participating employers regardless of demographics.
- No refunds or charges based on the agency's claim experience or demographics. The terms of operation of the CalPERS program are set by statute and there is no provision for any refunds and charges that vary from employer to employer for any reason. The only charges are uniform administrative charges.
- Plan in existence 20 or more years. Enabling legislation to allow "contracting agencies" to participate in the CalPERS program was passed in 1967. The CalPERS medical plan has been successfully operating for almost 50 years. As far back as we can obtain records, the rating structure has been consistent, with the only difference having been a move to regional rating which is unrelated to age-adjusted rating.
- No recent large increases or decreases in the number of participating plans or enrollment. The CalPERS medical plan has shown remarkably stable enrollment. In the past 10 years, there has been small growth in the number of employers in most years with the maximum being a little over 2% and

a very small decrease in one year. Average year over year growth in the number of employers over the last 10 years has been about 0.75% per year. Groups have been consistently leaving the CalPERS medical plan while other groups have been joining with no disruption to its stability.

- Agency is not expecting to leave plan in foreseeable future. The District does not plan to leave CalPERS at present.
- No indication the plan will be discontinued. We are unaware of anything that would cause the CalPERS medical plan to cease or to significantly change its operation in a way that would affect this determination.
- The agency does not represent a large part of the pool. The District is in the CalPERS Bay Area region. Based on the information we have, the District constitutes no more than 0.01% of the Bay Area pool. In our opinion, this is not enough for the District to have a measurable effect on the rates or viability of the Bay Area pool.

Retiree liabilities are based on actual retiree costs. Liabilities for active participants are based on the first year costs shown below. Subsequent years' costs are based on first year costs adjusted for trend and limited by any District contribution caps.

Participant Type	Future Retirees Pre-65	Future Retirees Post-65	
All Participants	\$3,894	\$3,894	
PARTICIPATION RATI	ES		
Employee Type	<65 Non-Medicare Participation %	65+ Medicare Participation %	
Miscellaneous	90%	90%	
TURNOVER			
Employee Type	Turnover Rate Tables		
Miscellaneous	2021 CalPERS Turnover for Miscellaneon	us Employees	

SPOUSE PREVALENCE

To the extent not provided and when needed to calculate benefit liabilities, 80% of retirees assumed to be married at retirement. After retirement, the percentage married is adjusted to reflect mortality.

SPOUSE AGES

To the extent spouse dates of birth are not provided and when needed to calculate benefit liabilities, female spouse assumed to be three years younger than male.

PART IV: APPENDICES

APPENDIX A: DEMOGRAPHIC DATA BY AGE

ELIGIBLE ACTIVE EMPLOYEES BY AGE AND SERVICE

	Total	Under 5 Years of Service	5 – 9 Years of Service	10 – 14 Years of Service	15 –19 Years of Service	20 – 24 Years of Service	25 – 29 Years of Service	30 – 34 Years of Service	Over 34 Years of Service
Under 25	1	1							
25 - 29	0								
30 - 34	0								
35 - 39	0								
40 - 44	2			2					
45 - 49	3		1	1		1			
50 - 54	2			1			1		
55 - 59	1							1	
60 - 64	0								
65 and older	1	1							
Total	10	2	1	4	0	1	1	1	0

ELIGIBLE RETIREES BY AGE AND EMPLOYEE CLASS

Age	Total
Under 50	0
50 - 54	0
55 - 59	1
60 - 64	0
65 - 69	1
70 - 74	2
75 - 79	1
80 - 84	0
85 - 89	1
90 and older	0
Total	6

APPENDIX B: ADMINISTRATIVE BEST PRACTICES

It is outside the scope of this report to make specific recommendations of actions Stege Sanitary District should take to manage the liability created by the current retiree health program. The following items are intended only to allow the District to get more information from this and future studies. Because we have not conducted a comprehensive administrative audit of Stege Sanitary District's practices, it is possible that Stege Sanitary District is already complying with some or all of these suggestions.

- We suggest that Stege Sanitary District maintain an inventory of all benefits and services provided to retirees whether contractually or not and whether retiree-paid or not. For each, Stege Sanitary District should determine whether the benefit is material and subject to GASB 74 and/or 75.
- Under GASB 75, it is important to isolate the cost of retiree health benefits. Stege Sanitary District should have all premiums, claims and expenses for retirees separated from active employee premiums, claims, expenses, etc. To the extent any retiree benefits are made available to retirees over the age of 65 even on a retiree-pay-all basis all premiums, claims and expenses for post-65 retiree coverage should be segregated from those for pre-65 coverage. Furthermore, Stege Sanitary District should arrange for the rates or prices of all retiree benefits to be set on what is expected to be a self-sustaining basis.
- Stege Sanitary District should establish a way of designating employees as eligible or ineligible for future OPEB benefits. Ineligible employees can include those in ineligible job classes; those hired after a designated date restricting eligibility; those who, due to their age at hire cannot qualify for District-paid OPEB benefits; employees who exceed the termination age for OPEB benefits, etc.
- Several assumptions were made in estimating costs and liabilities under Stege Sanitary District's retiree health program. Further studies may be desired to validate any assumptions where there is any doubt that the assumption is appropriate. (See Part III of this report for a summary of assumptions.) For example, Stege Sanitary District should maintain a retiree database that includes in addition to date of birth, gender and employee classification retirement date and (if applicable) dependent date of birth, relationship and gender. It will also be helpful for Stege Sanitary District to maintain employment termination information namely, the number of OPEB-eligible employees in each employee class that terminate employment each year for reasons other than death, disability or retirement.

APPENDIX C: GASB 74/75 ACCOUNTING ENTRIES AND DISCLOSURES

This report does not necessarily include the entire accounting values. As mentioned earlier, there are certain deferred items that are employer-specific. The District should consult with its auditor if there are any questions about what, if any, adjustments may be appropriate.

GASB 74/75 include a large number of items that should be included in the Note Disclosures and Required Supplementary Information (RSI) Schedules. Many of these items are outside the scope of the actuarial valuation. However, following is information to assist the District in complying with GASB 74/75 disclosure requirements:

Paragraph 50: Information about the OPEB Plan

Most of the information about the OPEB plan should be supplied by Stege Sanitary District. Following is information to help fulfill Paragraph 50 reporting requirements.

50.c: Following is a table of plan participants

	Number of
	Participants
Inactive Employees Currently Receiving Benefit Payments	6
Inactive Employees Entitled to But Not Yet Receiving Benefit	0
Payments*	
Participating Active Employees	10
Total Number of participants	16

^{*}We were not provided with information about any terminated, vested employees

Paragraph 51: Significant Assumptions and Other Inputs

Shown in Part III.

Paragraph 52: Information Related to Assumptions and Other Inputs

The following information is intended to assist Stege Sanitary District in complying with the requirements of Paragraph 52.

52.b: <u>Mortality Assumptions</u> Following are the tables the mortality assumptions are based upon. Inasmuch as these tables are based on appropriate populations, and that these tables are used for pension purposes, we believe these tables to be the most appropriate for the valuation.

Mortality Table	2021 CalPERS Mortality for Miscellaneous and Schools
	Employees
Disclosure	The mortality assumptions are based on the 2021 CalPERS
	Mortality for Miscellaneous and Schools Employees table
	created by CalPERS. CalPERS periodically studies mortality
	for participating agencies and establishes mortality tables that
	are modified versions of commonly used tables. This table
	incorporates mortality projection as deemed appropriate based
	on CalPERS analysis.

Mortality Table	2021 CalPERS Retiree Mortality for Miscellaneous and
	Schools Employees
Disclosure	The mortality assumptions are based on the 2021 CalPERS
	Retiree Mortality for Miscellaneous and Schools Employees
	table created by CalPERS. CalPERS periodically studies
	mortality for participating agencies and establishes mortality
	tables that are modified versions of commonly used tables. This
	table incorporates mortality projection as deemed appropriate
	based on CalPERS analysis.

52.c: <u>Experience Studies</u> Following are the tables the retirement and turnover assumptions are based upon. Inasmuch as these tables are based on appropriate populations, and that these tables are used for pension purposes, we believe these tables to be the most appropriate for the valuation.

Retirement Tables

Retirement Table	2021 CalPERS 2.0% @55 Rates for Miscellaneous Employees
Disclosure	The retirement assumptions are based on the 2021 CalPERS
	2.0% @55 Rates for Miscellaneous Employees table created by
	CalPERS. CalPERS periodically studies the experience for
	participating agencies and establishes tables that are appropriate
	for each pool.

Retirement Table	2021 CalPERS 2.0% @ 62 Rates for Miscellaneous Employees
Disclosure	The retirement assumptions are based on the 2021 CalPERS
	2.0% @62 Rates for Miscellaneous Employees table created by
	CalPERS. CalPERS periodically studies the experience for
	participating agencies and establishes tables that are appropriate
	for each pool.

Turnover Tables

Turnover Table	2021 CalPERS Turnover for Miscellaneous Employees
Disclosure	The turnover assumptions are based on the 2021 CalPERS
	Turnover for Miscellaneous Employees table created by
	CalPERS. CalPERS periodically studies the experience for
	participating agencies and establishes tables that are appropriate
	for each pool.

For other assumptions, we use actual plan provisions and plan data.

- 52.d: The alternative measurement method was not used in this valuation.
- 52.e: <u>NOL using alternative trend assumptions</u> The following table shows the Net OPEB Liability with a healthcare cost trend rate 1% higher and 1% lower than assumed in the valuation.

	Trend 1% Lower	Valuation Trend	Trend 1% Higher
Net OPEB Liability	\$228,943	\$306,430	\$403,169

Paragraph 53: Discount Rate

The following information is intended to assist Stege Sanitary District to comply with Paragraph 53 requirements.

53.a: A discount rate of 6.75% was used in the valuation. The interest rate used in the prior valuation was 6.75%.

53.b: We assumed that all contributions are from the employer.

53.c: We used historic 31 year real rates of return for each asset class along with our assumed long-term inflation assumption to set the discount rate. We offset the expected investment return by investment expenses of 25 basis points.

53.d: The interest assumption does not reflect a municipal bond rate.

53.e: Not applicable.

53.f: Following is the assumed asset allocation and assumed rate of return for each.

CERBT - Strategy 1

	Percentage	Assumed
Asset Class	of Portfolio	Gross Return
All Equities	59.0000	7.5450
All Fixed Income	25.0000	4.2500
Real Estate Investment Trusts	8.0000	7.2500
All Commodities	3.0000	7.5450
Treasury Inflation Protected Securities (TIPS)	5.0000	3.0000

We looked at rolling periods of time for all asset classes in combination to appropriately reflect correlation between asset classes. That means that the average returns for any asset class don't necessarily reflect the averages over time individually, but reflect the return for the asset class for the portfolio average. We used geometric means.

53.g: The following table shows the Net OPEB liability with a discount rate 1% higher and 1% lower than assumed in the valuation.

	Discount Rate	Valuation	Discount Rate
	1% Lower	Discount Rate	1% Higher
Net OPEB Liability	\$388,927	\$306,430	\$238,754

Paragraph 55: Changes in the Net OPEB Liability

Please see reconciliation on pages 2 or 12.

Paragraph 56: Additional Net OPEB Liability Information

The following information is intended to assist Stege Sanitary District to comply with Paragraph 56 requirements.

56.a: The valuation date is June 30, 2022.

The measurement date is June 30, 2022.

56.b: We are not aware of a special funding arrangement.

56.c: Assumed rates of retirement, termination, and mortality have been updated to align with those currently being used by the statewide pension systems.

56.d: There were no changes in benefit terms since the prior measurement date.

56.e: Not applicable

56.f: To be determined by the employer

56.g: To be determined by the employer

56.h: Other than contributions after the measurement, all deferred inflow and outflow balances are shown on page 12 and in Appendix D

56.i: Future recognition of deferred inflows and outflows is shown in Appendix D

Paragraph 57: Required Supplementary Information

- 57.a: Please see reconciliation on pages 2 or 12. Please see the notes for Paragraph 244 below for more information.
- 57.b: These items are provided on pages 2 and 12 for the current valuation, except for covered payroll, which should be determined based on appropriate methods.
- 57.c: We have not been asked to calculate an actuarially determined contribution amount. We assume the District contributes on an ad hoc basis, but in an amount sufficient to fully fund the obligation over a period not to exceed 31 years.
- 57.d: We are not aware that there are any statutorily or contractually established contribution requirements.

Paragraph 58: Actuarially Determined Contributions

We have not been asked to calculate an actuarially determined contribution amount. We assume the District contributes on an ad hoc basis, but in an amount sufficient to fully fund the obligation over a period not to exceed 31 years.

Paragraph 244: Transition Option

Prior periods were not restated due to the fact that prior valuations were not rerun in accordance with GASB 75. It was determined that the time and expense necessary to rerun prior valuations and to restate prior financial statements was not justified.

APPENDIX D: DEFERRED OUTFLOWS OF RESOURCES AND DEFERRED INFLOWS OF RESOURCES

EXPERIENCE GAINS AND LOSSES

Increase (Decrease) in OPEB Expense Arising from the Recognition of Effects of Experience Gains and Losses (Measurement Periods)

Measurement Period	Experience (Gain)/Loss	Original Recognition Period (Years)	Amounts Recognized in OPEB Expense through 2021	2022	Amounts to be Recognized in OPEB Expense after 2022	2023	2024	2025	2026	2027	Thereafter
2017-18	\$3,703	9.6	\$1,544	\$386	\$1,773	\$386	\$386	\$386	\$386	\$229	
2018-19	\$1,993	9.6	\$624	\$208	\$1,161	\$208	\$208	\$208	\$208	\$208	\$121
2019-20	\$4,092	8.8	\$930	\$465	\$2,697	\$465	\$465	\$465	\$465	\$465	\$372
2020-21	(\$1,632)	8.8	(\$186)	(\$186)	(\$1,260)	(\$186)	(\$186)	(\$186)	(\$186)	(\$186)	(\$330)
2021-22	(\$73,723)	7.6	\$0	(\$9,701)	(\$64,022)	(\$9,701)	(\$9,701)	(\$9,701)	(\$9,701)	(\$9,701)	(\$15,517)
Net Increase (Decrease) in OPEB Expense		B Expense	\$2,912	(\$8,828)	(\$59,651)	(\$8,828)	(\$8,828)	(\$8,828)	(\$8,828)	(\$8,985)	(\$15,354)

CHANGES OF ASSUMPTIONS

Increase (Decrease) in OPEB Expense Arising from the Recognition of Effects of Changes of Assumptions (Measurement Periods)

Measurement Period	Changes of Assumptions	Original Recognition Period (Years)	Amounts Recognized in OPEB Expense through 2021	2022	Amounts to be Recognized in OPEB Expense after 2022	2023	2024	2025	2026	2027	Thereafter
2019-20	(\$1,319)	8.8	(\$300)	(\$150)	(\$869)	(\$150)	(\$150)	(\$150)	(\$150)	(\$150)	(\$119)
2020-21	\$18,805	8.8	\$2,137	\$2,137	\$14,531	\$2,137	\$2,137	\$2,137	\$2,137	\$2,137	\$3,846
2021-22	\$15,347	7.6	\$0	\$2,020	\$13,327	\$2,020	\$2,020	\$2,020	\$2,020	\$2,020	\$3,227
Net Increase ((Decrease) in OPE	B Expense	\$1,837	\$4,007	\$26,989	\$4,007	\$4,007	\$4,007	\$4,007	\$4,007	\$6,954

INVESTMENT GAINS AND LOSSES

Increase (Decrease) in OPEB Expense Arising from the Recognition of Effects of Investment Gains and Losses (Measurement Periods)

Measurement Period	Investment (Gain)/Loss	Original Recognition Period (Years)	Amounts Recognized in OPEB Expense through 2021	2022	Amounts to be Recognized in OPEB Expense after 2022	2023	2024	2025	2026	2027	Thereafter
2017-18	(\$1,906)	5	(\$1,528)	(\$378)	\$0						
2018-19	\$1,756	5	\$1,056	\$352	\$348	\$348					
2019-20	\$7,791	5	\$3,118	\$1,559	\$3,114	\$1,559	\$1,555				
2020-21	(\$47,625)	5	(\$9,525)	(\$9,525)	(\$28,575)	(\$9,525)	(\$9,525)	(\$9,525)			
2021-22	\$59,858	5	\$0	\$11,972	\$47,886	\$11,972	\$11,972	\$11,972	\$11,970		
Net Increase (I	Decrease) in OPE	B Expense	(\$6,879)	\$3,980	\$22,773	\$4,354	\$4,002	\$2,447	\$11,970	\$0	\$0

APPENDIX E: GLOSSARY OF RETIREE HEALTH VALUATION TERMS

Note: The following definitions are intended to help a *non*-actuary understand concepts related to retiree health

valuations. Therefore, the definitions may not be actuarially accurate.

Actuarial Cost Method: A mathematical model for allocating OPEB costs by year of service. The only

actuarial cost method allowed under GASB 74/75 is the entry age actuarial cost

method.

Actuarial Present Value of

<u>Projected Benefit Payments:</u> The projected amount of all OPEB benefits to be paid to current and future retirees

discounted back to the valuation or measurement date.

Deferred Inflows/Outflows

of Resources: A portion of certain items that can be deferred to future periods or that weren't

reflected in the valuation. The former includes investment gains/losses, actuarial gains/losses, and gains/losses due to changes in actuarial assumptions or methods. The latter includes contributions made to a trust subsequent to the measurement

date but before the statement date.

Discount Rate: Assumed investment return net of all investment expenses. Generally, a higher

assumed interest rate leads to lower service costs and total OPEB liability.

Fiduciary Net Position: Net assets (liability) of a qualifying OPEB "plan" (i.e. qualifying irrevocable trust

or equivalent arrangement).

<u>Implicit Rate Subsidy:</u> The estimated amount by which retiree rates are understated in situations where,

for rating purposes, retirees are combined with active employees and the employer

is expected, in the long run, to pay the underlying cost of retiree benefits.

Measurement Date: The date at which assets and liabilities are determined in order to estimate TOL and

NOL.

Mortality Rate: Assumed proportion of people who die each year. Mortality rates always vary by

age and often by sex. A mortality table should always be selected that is based on a

similar "population" to the one being studied.

Net OPEB Liability (NOL): The Total OPEB Liability minus the Fiduciary Net Position.

<u>OPEB Benefits:</u> Other Post Employment Benefits. Generally, medical, dental, prescription drug,

life, long-term care or other postemployment benefits that are not pension benefits.

OPEB Expense: This is the amount employers must recognize as an expense each year. The annual

OPEB expense is equal to the Service Cost plus interest on the Total OPEB Liability (TOL) plus change in TOL due to plan changes minus projected investment income; all adjusted to reflect deferred inflows and outflows of

resources.

<u>Participation Rate:</u> The proportion of retirees who elect to receive retiree benefits. A lower

participation rate results in lower service cost and a TOL. The participation rate

often is related to retiree contributions.

Pay As You Go Cost: The projected benefit payments to retirees in a given year as estimated by the

actuarial valuation. Actual benefit payments are likely to differ from these estimated amounts. For OPEB plans that do not pre-fund through an irrevocable trust, the Pay As You Go Cost serves as an estimated amount to budget for annual

OPEB payments.

Retirement Rate: The proportion of active employees who retire each year. Retirement rates are

usually based on age and/or length of service. (Retirement rates can be used in conjunction with the service requirement to reflect both age and length of service). The more likely employees are to retire early, the higher service costs and actuarial

accrued liability will be.

Service Cost: The annual dollar value of the "earned" portion of retiree health benefits if retiree

health benefits are to be fully accrued at retirement.

<u>Service Requirement:</u> The proportion of retiree benefits payable under the OPEB plan, based on length of

service and, sometimes, age. A shorter service requirement increases service costs

and TOL.

<u>Total OPEB Liability (TOL):</u> The amount of the actuarial present value of projected benefit payments

attributable to participants' past service based on the actuarial cost method used.

Trend Rate: The rate at which the employer's share of the cost of retiree benefits is expected to

increase over time. The trend rate usually varies by type of benefit (e.g. medical, dental, vision, etc.) and may vary over time. A higher trend rate results in higher

service costs and TOL.

Turnover Rate: The rate at which employees cease employment due to reasons other than death,

disability or retirement. Turnover rates usually vary based on length of service and may vary by other factors. Higher turnover rates reduce service costs and TOL.

Valuation Date: The date as of which the OPEB obligation is determined by means of an actuarial

valuation. Under GASB 74 and 75, the valuation date does not have to coincide

with the statement date, but can't be more than 30 months prior.