

Pittsfield Charter Township Other Postemployment Benefits

Actuarial Valuation as of January 1, 2013

Produced by Cheiron

June 2013

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Via Email

June 27, 2013

Board of Trustees Pittsfield Charter Township 6201 W. Michigan Ave Ann Arbor, MI 48108

Re: Pittsfield Charter Township Other Postemployment Benefits Valuation

Dear Members of the Board:

Cheiron has been retained by Pittsfield Charter Township to complete their Other Post-Employment Benefits (OPEB) actuarial valuation as of January 1, 2013. The following report contains our findings as well as commentary about GASB standards. This is the first actuarial valuation that Cheiron is performing for Pittsfield Charter Township.

Appendix A describes the member data, assumptions, and methods used in calculating the figures throughout the report. Appendix B contains a summary of the substantive plan provisions based on documentation provided by and discussions with the Pittsfield Charter Township staff. In preparing our report, we relied, without audit, on information (some oral and some written) supplied by Pittsfield Charter Township. This information includes, but is not limited to the plan provisions, employee data, and financial information. We performed an informal examination of the obvious characteristics of the data for reasonableness and consistency in accordance with Actuarial Standard of Practice #23.

The purpose of this report is to present the annual actuarial valuation of Pittsfield Charter Township's Other Postemployment Benefits. This report is for the use of the Township and its auditors in preparing financial reports in accordance with applicable law and accounting requirements. This valuation report was prepared for the Township for the purposes described herein and for the use by the plan auditor in completing an audit related to the matters herein. This valuation report is not intended to benefit any third party, and Cheiron assumes no duty or liability to any such party.

The results of this report are based on future experience conforming to the actuarial assumptions used. The results will change to the extent that future experience differs from the assumptions. Actuarial computations are calculated based on our understanding of GASB 43 and 45 and are for purposes of fulfilling employer financial accounting requirements. Determinations for purposes other than meeting employer financial accounting requirements may be significantly different from the results in this report. This valuation report does not reflect future changes in benefits, penalties, taxes, or administrative costs that may be required as a result of the Patient Protection and Affordable Care Act of 2010, related legislation, or regulations.

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Board of Trustees Pittsfield Charter Township June 27, 2013

The results of this valuation reflect only the financial condition of the plan as of the valuation date. We recommend reviewing forecasts of the plan's financial condition under alternative scenarios. Such forecasts, however, are beyond the scope of this assignment.

For plans with under 200 total actives and retirees, GASB accounting rules and Actuarial Standards of Practice allow for a valuation to be completed once every three years as long as the population, plan design, or other key model components (such as claim costs or medical trends) have not changed significantly since the last full valuation. The results of this valuation should not be used for future fiscal years unless Cheiron has reviewed the plan and determined that no significant changes have occurred. Given the dynamic nature of the health care industry, we believe that a new valuation will likely be required prior to January 1, 2016.

We hereby certify that, to the best of our knowledge, this report and its contents have been prepared in accordance with generally recognized and accepted actuarial principles and practices which are consistent with the Code of Professional Conduct and applicable Actuarial Standards of Practice set out by the Actuarial Standards Board. Furthermore, as credentialed actuaries, we meet the Qualification Standards of the American Academy of Actuaries to render the opinion contained in this report. This report does not address any contractual or legal issues. We are not attorneys and our firm does not provide any legal services or advice.

Sincerely, Cheiron

Bethany Axtman, FSA, EA, MAAA

Associate Actuary

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Michael Schionning, FSA, MAAA Principal Consulting Actuary



SECTION I SUMMARY OF RESULTS

Pittsfield Charter Township has engaged Cheiron EFI to provide a valuation of the Township's Other Postemployment Benefits. The primary purpose of performing this actuarial valuation is to:

- Determine the Annual Required Contribution (ARC), Annual OPEB Cost (AOC), and the Net Other Postemployment Benefit (OPEB) Obligation (NOO) of the Postemployment Benefits under GASB 45 for the fiscal year ending December 31, 2013;
- Provide information for financial statement disclosures under GASB 45;
- Show the sensitivity of the valuation results to changes in health trend assumptions.

We have determined costs, liabilities and trends for the substantive Plan using actuarial assumptions and methods that we consider reasonable.

GASB's OPEB Requirements:

The Governmental Accounting Standards Board (GASB) released Statement 43 regarding financial reporting for post-employment benefit plans other than pension plans and a companion Statement (Number 45) regarding the employer accounting for these plans. Statement 43 is generally applicable where an entity has a separate trust or fund for OPEB benefits. Statement 45, which was adopted in the fiscal year ending June 30, 2007, requires the plan sponsor to book the actuarial cost (net of employee, retiree, and their dependents' contributions) of the plan as an expense on its financial statements and then accrue a liability to the extent actual contributions were less than this expense. Additional disclosures include a description of the plan, summary of significant accounting policies, contributions, and a schedule of funding progress, along with the methods and assumptions used for those disclosures.

Implicit Subsidy

GASB 45 requires that the valuation of OPEB plans take into consideration the liability associated with the implicit subsidy that exists when the premium rates charged to active and retired employees are the same, or "blended". This provides the users of the Township's financial statement an estimate of the total value of the promised retiree benefit.

The employer's share of the current coverage costs for active and retired employees should be calculated based on the claim costs or age-adjusted premiums for the employer. The current age adjusted costs used in this valuation are based on the estimated age related costs for the applicable plans offered by the Township to its employees and retirees.

It is our opinion that the Actuarial Standard of Practice 6 (ASOP 6) requires the recognition of the age related costs and the inherent implicit subsidy that exists in the health benefit plans offered by Pittsfield Charter Township. However, while the valuation results include the liability and ARC associated with the implicit subsidy, each year the implicit subsidy is actually paid through the active employee premiums. Because of this, we do not believe that the Township



SECTION I SUMMARY OF RESULTS

would need to fully fund the portion of the ARC that is associated with the implicit subsidy since over time the active employee premiums will continue to fund the implicit subsidy on a pay-asyou go basis. In order to avoid negative consequences of not contributing the full GASB ARC for financial reporting purposes, Pittsfield may want to consider developing a funding policy separate from the GASB ARC. For example, the funding contribution may be based on only the explicit subsidy liability, but use a different amortization method or a shorter amortization period.



SECTION I SUMMARY OF RESULTS

Valuation Results

The table below presents the key results of the 2013 valuation.

Table I-1 Summary of Key Valuation Results											
Valuation Date Discount Rate (per annum)		1/1/2013 8.00%	1/1/2010* 8.00%								
Actuarial Accrued Liability											
- Retirees	\$	2,998,000	\$	1,911,000							
 Active Employees 		6,439,000		6,123,000							
- Total	\$	9,437,000	\$	8,034,000							
Assets	\$	4,109,000	\$	1,545,000							
Unfunded Accrued Liability (UAL)	\$	5,328,000	\$	6,489,000							
Normal Cost	\$	252,000	\$	368,000							
Amortization of UAL	\$	281,000	\$	328,000							
Total ARC	\$	533,000	\$	696,000							
Normal Cost % of pay		3.68%		5.57%							
Amortization of UAL % of pay		4.10%		4.96%							
Total Cost (ARC as % of pay)		7.78%		10.53%							
Prior Year Payroll		6,703,000		6,465,155							
Projected Payroll		6,852,000		6,609,020							
Total Cost (ARC)	\$	534,000	\$	748,916							
Actual/Expected Contribution Amount	\$	524,241	\$	957,986							

^{* 2010} valuation results calculated by prior actuary.

Table I-1 shows that the total unfunded liability decreased by \$1.2 million. This change is the result of a number of offsetting effects, including assumption changes, medical cost experience, and asset growth. These changes are discussed further in the GASB Valuation Results section.



SECTION I SUMMARY OF RESULTS

This valuation also reflects the implicit subsidy. The prior actuary's report (January 1, 2010 valuation) did not identify the implicit subsidy. The table below shows the results broken down between the explicit cost and implicit subsidy portions of the benefits.

	Table	I-1a											
Summary of Key Valuation Results													
Valuation Date		1/1/2013		1/1/2013		1/1/2013							
Discount Rate (per annum)		8.00%		8.00%		8.00%							
	-	Explicit Cost	Im	plicit Subsidy	To	tal Liability							
Actuarial Accrued Liability													
- Retirees	\$	2,243,000	\$	755,000	\$	2,998,000							
 Active Employees 		3,766,000		2,673,000		6,439,000							
- Total	\$	6,009,000	\$	3,428,000	\$	9,437,000							
Assets	\$	4,109,000	\$	0	\$	4,109,000							
Unfunded Accrued Liability (UAL)	\$	1,900,000	\$	3,428,000	\$	5,328,000							
Normal Cost	\$	140,000	\$	112,000	\$	252,000							
Amortization of UAL	\$	100,000	\$	181,000	\$	281,000							
Total ARC	\$	240,000	\$	293,000	\$	533,000							
Normal Cost % of pay		2.05%		1.63%		3.68%							
Amortization of UAL % of pay		1.46%		2.64%		4.10%							
Total Cost (ARC as % of pay)		3.51%		4.27%		7.78%							



SECTION I SUMMARY OF RESULTS

The table below shows the expected net benefit payments for the next 15 years. These payments include the expected annual implicit subsidy as well as expected plan premium payments. The implicit subsidy payments are shown because these payments are included as a plan contribution under the GASB accounting standards.

	Table I-2 Expected Net Benefit Payments														
Fiscal Year	Fiscal Year Expected Net Expected Total Fiscal Year Expected Net Expected														
Ending]	Benefit	Implicit	Benefit	Ending		Benefit	Implicit		Benefit					
December 31	P	ayments	Subsidy	Payments	December 31	P	ayments	Subsidy	P	ayments					
2013	\$	157,000	\$ 24,000	\$ 181,000	2021	\$	303,000	\$126,000	\$	429,000					
2014		171,000	35,000	206,000	2022		328,000	150,000		478,000					
2015		184,000	48,000	232,000	2023		360,000	171,000		531,000					
2016		197,000	39,000	236,000	2024		410,000	199,000		609,000					
2017		221,000	53,000	274,000	2025		457,000	236,000		693,000					
2018		240,000	68,000	308,000	2026		516,000	271,000		787,000					
2019		257,000	86,000	343,000	2027		560,000	292,000		852,000					
2020		276,000	106,000	382,000	2028		621,000	328,000		949,000					

The remainder of this report provides additional detail. First, we develop the GASB valuation results and illustrate the sensitivity of the GASB results to changes in the health care trend rates. We conclude with disclosure information needed to satisfy the GASB OPEB accounting and financial reporting requirements.



SECTION II GASB VALUATION RESULTS

The development of the unfunded actuarial liability (UAL) is shown below.

Table II-1 Unfunded Actuarial Liability											
Valuation Date		1/1/2013		1/1/2010*							
Actuarial Accrued Liability											
Retirees:											
Group 1	\$	995,000		N/A							
Group 2		-		N/A							
Group 3		1,540,000		N/A							
Group 4		463,000		N/A							
Total Retirees	\$	2,998,000	\$	1,911,000							
Active Employees:											
Group 1		2,195,000		3,457,000							
Group 2		3,246,000		1,944,000							
Group 3		997,000		712,000							
Group 4		1,000		11,000							
Total Active Employees	\$	6,439,000	\$	6,123,000							
Total Actuarial Accrued Liability	\$	9,437,000	\$	8,034,000							
Assets	\$	4,109,000	\$	1,545,000							
Unfunded Accrued Liability (UAL)	\$	5,328,000	\$	6,489,000							

^{* 2010} valuation results calculated by prior actuary.

The groups shown above reflect the following member divisions:

- Group 1: AFSCME (Division 1), Dispatch (Division 11), and non-represented employees (Division 14);
- Group 2: Police Patrol (Division 2) and Firefighters (Division 5);
- Group 3: Police Command (Division 20); and
- Group 4: Elected Officials (Division 10).

The Annual Required Contribution (ARC) under GASB 45 consists of two parts: (1) the *normal cost*, which represents the annual cost attributable to service earned in a given year, and (2) the amortization of the unfunded actuarial liability (UAL).



SECTION II GASB VALUATION RESULTS

The UAL as of January 1, 2013 is amortized as a level percent of payroll over 30 years. The Annual Required Contribution (ARC) for the fiscal year ending January 1, 2013 is developed in the table below. The prior calculation is shown for comparison.

Table II-2 GASB Annual Required Contribution (ARC)											
Valuation Date 1/1/2013 1/1/2010*											
Normal Cost:											
Group 1	\$	65,000	\$	228,000							
Group 2		161,000		96,000							
Group 3		27,000		28,000							
Group 4		<u>-</u>		8,000							
Total Normal Cost	\$	252,000	\$	368,000							
Amortization of UAL		281,000		328,000							
Total ARC	\$	533,000	\$	696,000							

^{* 2010} valuation results calculated by prior actuary.



SECTION II GASB VALUATION RESULTS

Reconciliation

The table below provides an estimate of the major factors contributing to the change in liability since the last valuation report.

Table II-3 Reconciliation of Actuarial Liabil	:4*-
Actuarial Liability at 1/1/2010	\$ 8,034,000
Trecturing Endomey at 1/1/2010	Ψ 0,02 1,000
Expected Actuarial Liability at 1/1/2013	10,951,000
Actual Liability as of 1/1/2013	9,437,000
(Gain) or Loss	(1,514,000)
Changes due to:	
Demographic (Gain)/Loss	325,000
Change in plan eligibility valued	(2,091,000)
Change in health cost assumptions	(3,880,000)
Method changes	3,063,000
Other Assumptions (Gain)/Loss	<u>1,069,000</u>
Total Changes	\$ (1,514,000)

The prior actuary's report provided insufficient information regarding the assumptions and data used in the valuation. As a result, we could not reproduce the prior actuary's valuation results given the data, time, and resources available. We have estimated that the change from the prior report is most likely impacted by the changes in actuarial assumptions, as opposed to benefits earned and other changes; as a result, we have classified the un-reconciled amounts as a change in actuarial assumptions. Additional effort would be required to further clarify the differences.

- Change in plan eligibility valued refers to the different benefit eligibility provisions reflected in the valuation, as compared to those valued by the prior actuary.
- Change in health cost assumptions refers to the change in expected current and future healthcare claims and expense costs. This item also reflects the change in expected future plan elections.
- *Method Changes* refers to the change to include the implicit subsidy as described on page 1.
- Other assumption gain/loss includes the effects of the updated trend rates as well as the demographic and economic assumption changes.



SECTION III SENSITIVITY OF RESULTS

The liabilities and ARC produced in this report are sensitive to the assumptions used. The tables below show the impact of a 1% increase or decrease in the health care trend rates on the GASB actuarial liability and the ARC to provide some measure of sensitivity.

Table III-1 Actuarial Liability - January 1, 2013 8.00% assumed discount (Sensitivity of Healthcare Trends)												
	- 1% Valuation + 1%											
Retirees and Beneficiaries	\$	2,686,000	\$	2,998,000	\$	3,372,000						
Active Employees		5,109,000		6,439,000		8,205,000						
Total	Total \$ 7,795,000 \$ 9,437,000 \$ 11,577,00											
Assets \$ 4,109,000 \$ 4,109,000 \$ 4,109,000												
UAL	\$	3,686,000	\$	5,328,000	\$	7,468,000						

Table III-2 GASB ARC - January 1, 2013 8.00% assumed discount (Sensitivity of Healthcare Trends)										
		- 1%	7	Valuation		+ 1%				
Normal Cost	\$	191,000	\$	252,000	\$	339,000				
UAL Amortization 194,000 281,000 394,000										
Total	\$	385,000	\$	533,000	\$	733,000				



SECTION IV ACCOUNTING DISCLOSURES

Statement 45 of the Governmental Accounting Standards Board (GASB) established standards for accounting and financial reporting of Other Postemployment Benefit (OPEB) information by governmental employers and plans. In accordance with those statements, we have prepared the following disclosures.

Net OPEB Obligation

The table below shows the development of the Net OPEB Obligation for the fiscal year ending December 31, 2012 and projects the Net OPEB Obligation for the fiscal year ending December 31, 2013.

Table IV-1 Development of Net OPEB Obligation										
	Actual cember 31, 2012		Projected ecember 31, 2013							
1. Net OPEB Obligation/(Asset) at beginning of fiscal year	\$	143,219	\$	280,937						
 Annual Required Contribution for FYE Interest on Net OPEB Obligation/(Asset) Adjustment to Annual Required Contribution 	\$	791,041 11,458 8,142	\$	534,079 22,475 14,502						
5. Annual OPEB Cost (2.) + (3.) - (4.)	\$	794,357	\$	542,052						
6. Actual/<i>Expected</i> Employer Contributions7. Implicit Subsidy Payment*	\$	(656,639) n/a		(500,000) (24,241)						
8. Net OPEB Obligation/(Asset) at end of fiscal year (1.) + (5.) + (6.) + (7.)	\$	280,937	\$	298,748						

^{*} The implicit subsidy was first measured as of the January 1, 2013 valuation.

Schedule of Funding Progress

The schedule of funding progress compares the assets used for funding purposes to the comparable liabilities to determine how well the Plan is funded and how this status has changed over the past several years. The actuarial liability is compared to the actuarial value of assets to determine the funding ratio. The actuarial liability under GASB is determined assuming that the Plan is ongoing and participants continue to terminate employment, retire, etc., in accordance with the actuarial assumptions.



SECTION IV ACCOUNTING DISCLOSURES

Table IV-2 Schedule of Funding Progress												
Fiscal year Beginning	·											
January 1		(a)		(b)		(b-a)	(a/b)		(c)	((b-a)/ c)		
2013	\$	4,109,000	\$	9,437,000	\$	5,328,000	44%	\$	6,703,000	79.49%		
2010*		1,545,277		8,033,569		6,488,292	19%		6,465,155	100.36		

^{*}Based on calculations by prior actuary

History of Employer Contributions

The history of employer contributions shows whether the employer has made contributions that are consistent with the parameters established by GASB for calculating the ARC and the annual OPEB expense.

Table IV-3												
Fiscal Year Ended		et Annual PEB Cost	Percentage of Actual AOC Net OPEB									
December 31	U	(AOC)		ntributions	Contributed		bligation					
2013	\$	542,052	\$	524,241	92%	\$	298,748					
2012*		794,357		656,639	83%		280,937					
2011*		797,809		880,810	110%		143,219					
2010*		781,160		957,986	123%		226,220					
2009*		680,134		277,088	41%		403,046					

^{*} Based on calculations by prior actuary.



SECTION IV ACCOUNTING DISCLOSURES

We have also provided a *Note to Required Supplementary Information* for the financial statements.

Table IV-4 Note to Required Supplementary Information

The information presented in the required supplementary schedules was determined as part of the actuarial valuation at the date indicated. Additional information as of the latest actuarial valuation follows.

Valuation Date January 1, 2013 **Actuarial Cost Method** Individual Entry Age **Amortization Method** Level percent of pay open Single Equivalent Amortization Period 30 years Asset Valuation Method Market value **Actuarial Assumptions:** Payroll Growth Rate 4.50% Discount Rate 8.00% Ultimate Rate of Medical Inflation 5.00%



APPENDIX A MEMBER DATA, ASSUMPTIONS AND METHODS

Member Data

Valuation Date	Jan	uary 1, 2010*	Janu	ary 1, 2013	% Change
Active Employees					
Group 1		61		60	
Group 2		52		54	
Group 3		8		6	
Group 4		3		3	
Total		124		123	(0.81%)
Average Age		41.0		42.4	3.51%
Average Service		9.2		9.7	5.76%
Total Payroll	\$	6,465,000	\$	6,703,000	3.68%
Total Retirees and Spouses					
Pre-65 Total		9		6	(33.33%)
Post-65 Total		4		4	0.00%
Total		13		10	(23.08%)
Average Age		60.4		65.4	8.28%

^{*} Based on prior actuary report.

The groups shown above reflect the following member divisions:

- Group 1: AFSCME (Division 1), Dispatch (Division 11), and non-represented employees (Division 14);
- Group 2: Police Patrol (Division 2) and Firefighters (Division 5);
- Group 3: Police Command (Division 20); and
- Group 4: Elected Officials (Division 10).

Member Data as of January 1, 2013:

	Eligible Active Employees Service							
Age	Under 5	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 and Up	Total
Under 25	2	0	0	0	0	0	0	2
25 - 29	9	4	0	0	0	0	0	13
30 - 34	4	10	11	0	0	0	0	25
35 - 39	7	4	4	1	0	0	0	16
40 - 44	8	3	5	6	1	0	0	23
45 - 49	2	2	4	3	1	0	0	12
50 - 54	3	2	1	3	2	0	0	11
55 - 59	1	1	2	0	1	1	1	7
60 - 64	3	1	3	2	1	1	1	12
65 and Up	1	1	0	0	0	0	0	2
Total	40	28	30	15	6	2	2	123



APPENDIX A MEMBER DATA, ASSUMPTIONS AND METHODS

Eligible Retirees					
	Ge	nder			
Age	Male	Female	Total		
Under 50	0	0	0		
50 - 54	1	0	1		
55 - 59	0	0	0		
60 - 64	2	0	2		
65 - 69	0	0	0		
70 - 74	1	0	1		
75 - 79	0	0	0		
80 - 84	0	1	1		
85 - 89	0	0	0		
90 and Up	0	1	1		
Total	4	2	6		

Medical Plan Election					
		Retirees &	Spouses		
Medical Plan	Actives	Beneficiaries	of Retired	Total	
BCBSM 0001	0	2	0	2	
BCBSM 0002	2	4	4	10	
BCN	112	0	0	112	
Opt Out	9	0	0	9	
Total	123	6	4	133	



APPENDIX A MEMBER DATA, ASSUMPTIONS AND METHODS

Economic Assumptions:

1. Expected Return on Trust Assets: 8.00% per year

2. Expected Return on Assets for Benefits: 8.00% per year

3. Per Person Cost Trends:

	Trends	
Year	Pre Med	Post Med
2013	9.00%	6.00%
2014	8.73	5.93
2015	8.47	5.87
2016	8.20	5.80
2017	7.93	5.73
2018	7.67	5.67
2019	7.40	5.60
2020	7.13	5.53
2021	6.87	5.47
2022	6.60	5.40
2023	6.33	5.33
2024	6.07	5.27
2025	5.80	5.20
2026	5.53	5.13
2027	5.27	5.07
2028	5.00	5.00

Ultimate trends (beyond 2028) for Pre Medicare and Post Medicare retirees are 5%.



APPENDIX A MEMBER DATA, ASSUMPTIONS AND METHODS

Demographic Assumptions:

1. Retirement Rates:

Rates of retirement are based on the MERS assumptions but simplified, as shown below:

Rates of Retirement						
	Gen	eral	Police		Fi	re
Age / Svc	15 - 24	25+	15 - 24	25+	15 - 24	25+
50	0.00%	1.60%	0.00%	24.0%	20.0%	1.6%
51	0.00	1.60	0.00	24.0	20.0	1.6
52	0.00	2.30	0.00	24.0	20.0	2.3
53	0.00	3.30	0.00	24.0	20.0	3.3
54	0.00	4.50	0.00	24.0	20.0	4.5
55	3.50	3.50	3.50	24.0	20.0	22.0
56	3.25	3.25	3.25	24.0	20.0	22.0
57	3.00	3.00	3.00	24.0	20.0	22.0
58	4.50	4.50	4.50	24.0	20.0	22.0
59	5.75	5.75	5.75	24.0	20.0	22.0
60	20.00	20.00	20.00	24.0	20.0	22.0
61	20.00	20.00	20.00	24.0	20.0	22.0
62	20.00	20.00	20.00	24.0	20.0	22.0
63	20.00	20.00	20.00	24.0	20.0	22.0
64	20.00	20.00	20.00	24.0	20.0	22.0
65	20.00	20.00	20.00	28.0	20.0	22.0
66	20.00	20.00	20.00	28.0	20.0	22.0
67	20.00	20.00	20.00	28.0	20.0	22.0
68	20.00	20.00	20.00	28.0	20.0	22.0
69	20.00	20.00	20.00	28.0	20.0	22.0
70	100.00	100.00	100.00	100.0	100.0	100.0

All members with 10 - 15 years of service and at least age 60 will have a 20% likelihood of retirement until age 70 when they will have 100%.



APPENDIX A MEMBER DATA, ASSUMPTIONS AND METHODS

2. Termination Rates:

Rates of termination for all employees from causes other than death, disability, and service are based on the MERS assumptions. Sample rates of termination are shown below.

Rates of Termination				
Years of Service	All			
0	20.00%			
1	17.00			
2	14.00			
3	11.00			
4	9.00			
5	6.50			
10	5.00			
15	3.70			
20	3.00			
25	2.70			
30	2.60			
34 and over	2.40			

3. Rate of Mortality:

Active Employees and Healthy Retirees:

Rates of mortality for members and their beneficiaries are based on the MERS assumptions. MERS uses the 1994 GAM mortality table, blended 50% male and 50% female.

Disabled Employee:

Rates of mortality for disabled members and their beneficiaries are based on the MERS assumptions. MERS uses the 1994 GAM mortality table, blended 50% male and 50% female and set forward 10 years.

Note that we are relying on the MERS actuaries for this assumption and have not independently verified that the rates, including projected mortality improvements, are reasonable.



APPENDIX A MEMBER DATA, ASSUMPTIONS AND METHODS

4. Disability Rates:

Rates of disability are based on the MERS assumptions. Sample rates of disability are shown below.

Rates of Disability				
Age	All			
20	0.02%			
25	0.02			
30	0.02			
35	0.02			
40	0.05			
45	0.12			
50	0.25			
55	0.40			
60	0.45			

5. Salary Increase Rate:

Salary increase rates follow the MERS assumption:

Wage inflation component

4.50%

In addition, the following merit component is added based on an individual member's age. Sample rates are shown below.

Salary	Merit Increases
Age	Merit/ Longevity
20	13.00%
25	6.80
30	3.26
35	2.05
40	1.30
45	0.81
50	0.52
55	0.30
60	0.00



APPENDIX A MEMBER DATA, ASSUMPTIONS AND METHODS

- **6. Percent of Retirees Electing Coverage:** Current retirees are expected to continue coverage in their current plan. All active members currently enrolled in medical coverage through the Township are assumed to continue coverage after retirement if eligible. For those currently opting out of coverage with the Township, 50% are assumed to resume coverage before retirement and then continue coverage after retirement.
- **7. Plan Election:** All covered members are assumed to remain in their current medical plan. Members who have opted out of medical coverage are assumed to enroll in the BCN HMO if/when they resume coverage.
- **8. Family Composition:** 70% of members are assumed to cover a spouse at retirement.
- **9. Dependent Age:** For current retirees, actual spouse date of birth was used when available. For future retirees, male retirees are assumed to be three years older than their partner, and female retirees are assumed to be two years younger than their partner.

Changes Since Last Valuation

The mortality, disability, retirement, termination, and salary assumptions have been updated to match the 2013 MERS assumptions. In addition, the per person cost trends and participation rates for opt-out participants were updated since the January 1, 2010 valuation.



APPENDIX A MEMBER DATA, ASSUMPTIONS AND METHODS

Methodology:

The Entry Age Normal actuarial funding method was used for active employees, whereby the normal cost is computed as the level annual percentage of pay required to fund the postemployment benefits between each member's date of hire and assumed retirement. The actuarial liability is the difference between the present value of future benefits and the present value of future normal cost. The unfunded actuarial liability is the difference between the actuarial liability and the actuarial value of assets.

The claims costs and expenses are based on the fully insured HMO and PPO premiums charged to the Township for the active and retiree population in 2013. At the time this valuation was completed, only PPO premiums were available for retirees who are Medicare eligible. Hence, the premiums for single and dependent coverage for actives and retirees non-Medicare and Medicare eligible were blended based on enrollment data as of January 1, 2013. The resulting per person per month (PPPM) cost was then adjusted using age curves to develop the expected cost of the medical benefits based on the covered individuals age and sex.

The costs to the plan consist of both an explicit subsidy and an implicit subsidy. The implicit subsidy arises from the difference between the actual cost to insure Pre-Medicare retirees and the premium charged those Pre-Medicare retirees. The plan sponsor charges the same monthly premium to insure Pre-Medicare retirees as it charges for active employees, thus charging retirees much less than the true cost of coverage. If the premium structure were to charge Pre-Medicare retirees separately from actives, you would see a much lower premium for actives than for retirees and the implicit subsidy disappear. Typically this implicit subsidy only occurs for Pre-Medicare retirees as Medicare retirees are rated separately and thus no implicit subsidy is assumed. However, as we developed our claim curves based on the blended Non-Medicare and Medicare rates, Medicare retirees are also impacted by the implicit subsidy.



APPENDIX A MEMBER DATA, ASSUMPTIONS AND METHODS

Expected HMO and PPO Retiree and Spouse costs for Calendar Year 2013:

Average Claim and Expense Assumptions:

For Calendar Year 1/1/2013 - 12/31/2013:

	HN	<u> 10</u>	<u>PI</u>	<u>20</u>
Age	<u>Male</u>	Female	<u>Male</u>	<u>Female</u>
40	\$3,447	\$6,128	\$5,936	\$10,552
45	\$4,317	\$6,488	\$7,433	\$11,171
50	\$5,718	\$7,695	\$9,845	\$13,249
55	\$7,514	\$9,170	\$12,938	\$15,789
60	\$9,767	\$10,947	\$16,817	\$18,848
64	\$12,005	\$12,557	\$20,671	\$21,621
65	\$9,382	\$10,011	\$16,252	\$17,341
70	\$10,815	\$10,881	\$18,733	\$18,847
75	\$11,725	\$11,520	\$20,310	\$19,954
80	\$12,178	\$11,712	\$21,094	\$20,287
85	\$12,158	\$11,476	\$21,060	\$19,878

This report does not reflect future changes in benefits, penalties, taxes, or administrative costs that may be required as a result of the Patient Protection and Affordable Care Act of 2010 related legislation and regulations.

Amortization Cost

The actuarial value of the assets on hand to pay future benefits is subtracted from the *Actuarial Accrued Liability*, producing the *Unfunded Actuarial Accrued Liability*.

The *Unfunded Actuarial Accrued Liability* determined from this valuation is amortized as a level percent of pay amount over an open 30 year period. The payment for a given year is expressed as a percentage of projected active member payroll for that year. This percentage is the *Amortization Rate*.

The sum of the *Normal Cost Rate* and the *Amortization Rate* is the Township's *Contribution Rate*. The Township's actuarial cost for a given year is determined by multiplying the active payroll by the *Contribution Rate*.



APPENDIX A MEMBER DATA, ASSUMPTIONS AND METHODS

Actuarial Value of Plan Assets

Pittsfield Charter Township contributes funds to a Retiree Health Funding Vehicle, a Section 115 Trust account with MERS of Michigan. As of December 31, 2012, the market value of assets was \$4,109,168. The actuarial value of assets is equal to the market value.

Changes Since The Last Valuation:

The valuation method was changed to include the implicit subsidy, as fully described on page 1.



APPENDIX B SUBSTANTIVE PLAN PROVISIONS

Summary of Key Substantive Plan Provisions:

Non-represented employees (including elected officials), AFSCME, Dispatchers, and Firefighters:

Eligibility: Retirement from Pittsfield Charter Township with 25 or more years of service

having attained age 60 (age 55 for dispatchers and firefighters)

Benefits: For employees hired before December 31, 2006 (December 31, 2007 for non-

represented members), the Township will pay a portion of the cost of medical plan premiums for the retiree and spouse for life. The Township portion of premiums is 100% for employees with 10 or more years of service as of 12/31/2009 and 90% for all others. Benefits continue to the surviving spouse

after the retiree's death.

For employees hired after December 31, 2006 (December 31, 2007 for non-represented members), the Township will pay a portion of the retiree-only medical plan premiums for life. The maximum amount payable by the Township is \$600 per month, and this amount is not indexed. No benefits are payable for spouse coverage or surviving spouse coverage.

Pension Plan Eligibility:

Non-represented, AFSCME, and dispatch employees are eligible for unreduced benefits from the pension plan at age 60 and 10 years of service (8 years for elected officials) and reduced benefits at age 50 with 25 years of service or age 55 with 15 years of service.

Firefighters are eligible for unreduced benefits from the pension plan at age 60 with 10 years of service or age 55 with 15 years of service and reduced benefits at age 50 with 25 years of service.

Police Patrol (POAM):

Eligibility: Retirement from Pittsfield Charter Township with 25 or more years of service

having attained age 50

Benefits: Prior to age 55, retirees may purchase coverage through the Township but the full

amount of the premium is paid by the retiree. Beginning at age 55, the Township will pay a portion of the cost of medical plan premiums for the retiree and his/her spouse for life. The Township portion of premiums is 100% for employees hired before January 1, 2007 and 50% for those hired after. Benefits continue to the

surviving spouse after the retiree's death.



APPENDIX B SUBSTANTIVE PLAN PROVISIONS

Pension Plan Eligibility:

Police patrol members are eligible for unreduced benefits from the pension plan at age 60 with 10 years of service or age 50 with 25 years of service and reduced benefits at age 55 with 15 years of service.

Police Command:

Eligibility: Retirement from Pittsfield Charter Township with 25 or more years of service

having attained age 50

Benefits: The Township will pay 100% of the cost of medical plan premiums for the retiree

and his/her spouse for life. Benefits continue to the surviving spouse after the

retiree's death.

Pension Plan Eligibility:

Police command members are eligible for unreduced benefits from the pension plan at age 60 with 10 years of service or age 50 with 25 years of service and reduced benefits at age 55 with 15 years of service.

Medical Benefit Plans:

Medical: All active employees may participate in the Blue Care Network (BCN) HMO

plan. In addition, police patrol employees may elect to participate in the Blue Cross Blue Shield of Michigan (BCBSM) Plan 002 and dispatchers may elect to participate in the BCBSM Plan 000. Plan choices for retirees are based on the

plans that were available to them immediately before retirement.

Premiums: Monthly medical premiums for 2013 are as follows:

Non-Medicare	BCN PEPM	BCBSM 0000 PEPM	BCBSM 0001 PEPM	BCBSM 0002 PEPM
Single	\$517.06	\$684.02	\$1,288.83	\$943.29
EE + 1	1,127.20	1,641.66	3,093.20	2,263.91
Family	1,406.40	2,052.09	3,866.49	2,829.90
Medicare				
Single	Not Available	789.26	1,769.31	1,077.05
EE + 1	Not Available	1,578.51	3,538.62	2,154.10
Family	Not Available	2,367.73	5,307.93	3,231.14

BCN has yet to provide Medicare rates. Note that the PPO Medicare rates are higher than the non-Medicare rates. We would have expected the non-Medicare rates to be higher than the Medicare rates and that the Township is the primary and secondary payer, respectively, for



APPENDIX B SUBSTANTIVE PLAN PROVISIONS

Medical coverage. We encourage Pittsfield Charter Township to inquire as to why the Medicare rates are higher than the non-Medicare rates.

Summary of Benefit Plans:

Summary of Benefit Plans:						
Group Eligibility	AFSCME, POLC Command, POLC Dispatch, POAM, IAFF, Non Union	POLC Dispatch Only	Current Retirees Only			
Plan:	BCN HMO	BCBSM 0000	BCBSM 0001 - Basic			
In-Network (INN) Benefits						
Deductible (Individual / Family)	\$0	\$250 / \$500	\$0			
Coinsurance	0%	20%	0%			
Out-of-Pocket Max (Individ/ Family)	None	\$1,000 / \$2,000	None			
Copays		Ţ.,, Ţ_,				
Preventive Care	DC					
Office Visit (OV)-Primary Care (PCP)	\$10	\$20	Not Covered			
OV - Specialist Care Provider (SCP)	\$10	\$20	Not Covered			
Hospital Emergency Room (ER)	\$50	\$50	DC			
Outpatient Surgery	DC	DC	DC			
Hospital Inpatient	DC	DC	DC			
· · · ·	unlimited	unlimited	unlimited			
Lifetime Max	uniimitea	uriiimitea	uriiimtea			
Out-of-Network (OON) Benefits						
Deductible (Individual / Family)	Not Covered	\$500 / \$1,000	Not Covered			
Coinsurance		40%				
Office Visits (PCP) & (SCP)		DC				
Out-of-Pocket Max (Individ / Family)		\$3,000 / \$6,000				
Lifetime Max		unlimited				
Prescription Drugs						
Retail - Generic/Formulary /Non-Form. Copay	\$10 / \$40 / Not Covered	\$10 / \$40 / \$40	\$2 / \$2 / \$2			
Retail Days	34 days	30 days	30 days			
Mail Order (90 Days) - Generic/Form. /Non-Form. Copay	\$20 / \$80 / Not Covered	\$20 / \$80 / \$80	\$2 / \$2 / \$2			
Contraceptives	Covered	Covered	Covered			
Non-Network Pharmacy	Not Covered	25% Coinsurance after Copay	25% Coinsurance after Copay			
Mental Health and Substance Abuse						
Mental Health Inpatient	DC (authorization requred)	DC	DC			
Mental Health Outpatient	\$10	\$20	Not Covered			
Substance Abuse Inpatient	DC (authorization requred)	DC	DC			
Substance Abuse Outpatient	\$10	\$20	DC			
Detail Benefits						
Preventive Care	DC	100% Covered	DC			
Diagnostic Services	\$10	DC	Higher of \$5 or 10% coinsurance			
Urgent Care	\$20	DC	Not Covered			
Chiropractic Benefit	\$10	\$20, Annual Limit 24 visits	Not Covered			
Allergy	\$10	DC	DC			
Nursing Services	DC up to 45 days per year	DC up to 120 Days	Not Covered			
Hearing	Covered per 36 months	Not covered	Not covered			
DME	DC	DC	Not Covered			
<u>Vision Care Services</u>	Not Covered	Not Covered	Not Covered			
Dental: (Individual / Family)	Delta Dental	Delta Dental	Delta Dental			
Deductible	\$0	\$0	\$0			
Out-of-Pocket Max (Dental / Orthodontia)	\$1,000 Per Person Per Year / \$1,500 Per Person Per Lifetime	\$1,000 Per Person Per Year / \$1,500 Per Person Per Lifetime	\$1,000 Per Person Per Year / \$1,500 Per Person Per Lifetime			
Coinsurance I/II/III	100% / 50% / 50%	100% / 50% / 50%	100% / 50% / 50%			
Orthodontia Coverage	Children up to age 19	Children up to age 19	Children up to age 19			
Orthodontia Coinsurnace	50%	50%	50%			
	-		•			



APPENDIX B SUBSTANTIVE PLAN PROVISIONS

Summary of Benefit Plans (continued):

Summary of Benefit Plans (continued):							
Group Eligibility	Current Retirees Only	POAM Only					
Plan:	BCBSM 0001 - Master Med	BCBSM 0002					
In-Network (INN) Benefits							
Deductible (Individual / Family)	\$50 / \$100	\$0					
Coinsurance	10%	0%					
Out-of-Pocket Max (Individ/ Family)	\$1,000	None					
Copays	Ψ1,000	TVOTE					
Preventive Care							
Office Visit (OV)-Primary Care (PCP)	DC	\$15					
emos vien (e v) i innary ears (i er)	1	Ų lõ					
OV - Specialist Care Provider (SCP)	DC	\$15					
Hospital Emergency Room (ER)	\$50	\$50					
Outpatient Surgery	DC	DC					
Hospital Inpatient	DC	DC					
Lifetime Max	unlimited	unlimited					
Lifetiffie Wax	driminica	diminiod					
Out-of-Network (OON) Benefits							
Deductible (Individual / Family)	Not Covered	\$50 / \$100					
Coinsurance		20%					
Office Visits (PCP) & (SCP)		DC					
Out-of-Pocket Max (Individ / Family)		\$2,000 / \$4,000					
Lifetime Max		unlimited					
Prescription Drugs		4					
Retail - Generic/Formulary /Non-Form. Copay	Not Covered	\$10 / \$20 / \$20					
Retail Days	Not Covered	30 days					
Mail Order (90 Days) - Generic/Form. /Non-Form. Copay		\$20 / \$40 / \$40					
Contraceptives		Covered					
Non-Network Pharmacy		25% Coinsurance after Copay					
,		. ,					
Mental Health and Substance Abuse							
Mental Health Inpatient	50% Coinsurance	DC					
Mental Health Outpatient	50% Coinsurance	\$15					
Substance Abuse Inpatient	50% Coinsurance	DC					
Substance Abuse Outpatient	50% Coinsurance	\$15					
Detail Benefits		,					
Preventive Care	Not Covered	DC					
Diagnostic Services	Not Covered	DC					
Urgent Care	DC DC	DC					
Chiropractic Benefit	DC, Annual limit 24 visits	DC, Annual Limit 24 visits					
Allergy	DC, Airidai iiriit 24 Visits	DC, Affidal Effilit 24 Visits					
Nursing Services	Not Covered	DC up to 120 Days					
Hearing	Not covered	Not covered					
DME	DC	DC					
Vision Care Services	Not Covered	Not Covered					
Dental: (Individual / Family)							
	Delta Dental	Delta Dental					
Deductible	\$0 \$1,000 Per Person Per Year /	\$0 \$1,000 Per Person Per Veer /					
Out-of-Pocket Max (Dental / Orthodontia)	\$1,000 Per Person Per Year / \$1,500 Per Person Per Lifetime	\$1,000 Per Person Per Year / \$1,500 Per Person Per Lifetime					
Coinsurance I/II/III	100% / 50% / 50%	100% / 50% / 50%					
Orthodontia Coverage	Children up to age 19	Children up to age 19					
Orthodontia Coverage Orthodontia Coinsurnace	50%	50%					
Ottilodofilia Odilisuffiade	3070	3070					



APPENDIX C GLOSSARY OF TERMS

1. Actuarial Assumptions

Assumptions as to the occurrence of future events affecting pension costs, such as: mortality, withdrawal, and retirement; changes in compensation; rates of investment earnings, and asset appreciation or depreciation; procedures used to determine the actuarial value of assets; and other relevant items.

2. Actuarial Cost Method

A procedure for determining the actuarial present value of pension plan benefits and expenses and for developing an allocation of such value to each year of service, usually in the form of a normal cost and an actuarial liability.

3. Actuarial Gain (Loss)

A measure of the difference between actual experience and that expected based upon a set of actuarial assumptions during the period between two actuarial valuation dates, as determined in accordance with a particular actuarial cost method.

4. Actuarial Liability

The portion of the actuarial present value of projected benefits which will not be paid by future normal costs. It represents the value of the past normal costs with interest to the valuation date.

5. Actuarial Present Value (Present Value)

The value as of a given date of a future amount or series of payments. The actuarial present value discounts the payments to the given date at the assumed investment return and includes the probability of the payment being made. As a simple example: assume you owe \$100 to a friend one year from now. Also, assume there is a 1% probability of your friend dying over the next year, in which case you won't be obligated to pay him. If the assumed investment return is 10%, the actuarial present value is:

		Probability	1		
Amount		of Payment	(1+Discount Rate)		
\$100	X	(101)	1/(1+.1)	=	\$90

6. Actuarial Valuation

The determination, as of a specified date, of the normal cost, actuarial liability, actuarial value of assets, and related actuarial present values for a pension plan.

7. Actuarial Value of Assets

The value of cash, investments and other property belonging to a pension plan as used by the actuary for the purpose of an actuarial valuation. The purpose of an actuarial value of assets is to smooth out fluctuations in market values. This way, long-term costs are not distorted by short-term fluctuations in the market.



APPENDIX C GLOSSARY OF TERMS

8. Amortization Payment

The portion of the pension plan contribution which is designed to pay interest and principal on the unfunded actuarial liability in order to pay for that liability in a given number of years.

9. Entry Age Normal Actuarial Cost Method

A method under which the actuarial present value of the projected benefits of each individual included in an actuarial valuation is allocated as a level percentage of pay from the individual's date of entry into the plan to the individual's assumed cessation of employment.

10. Normal Cost

That portion of the actuarial present value of pension plan benefits and expenses which is allocated to a valuation year by the actuarial cost method.

11. Unfunded Actuarial Liability

The excess of the actuarial liability over the actuarial value of assets.

12. Funded Percentage

The ratio of the actuarial value of assets to the actuarial liability.

13. Mortality Table

A set of percentages which estimate the probability of death at a particular point in time. Typically, the rates are annual and based on age and sex.

14. Discount Rate

The assumed interest rate used for converting projecting dollar related values to a present value as of the valuation date.

15. Medical Trend

The assumed increase in dollar related values in the future due to the increase in the cost of health care.



APPENDIX D LIST OF ABBREVIATIONS

Actuarial Accrued Liability (AAL)

Actuarial Valuation Report (AVR)

Annual Required Contribution (ARC)

Coordination of Benefits (COB)

Deductible and Coinsurance (DC)

Deferred Retirement Option Plan (DROP)

Durable Medical Equipment (DME)

Employee Assistance Program (EAP)

Employee Benefits Division (EBD)

Fiscal Year Ending (FYE)

Governmental Accounting Standards Board (GASB)

Hospital Emergency Room (ER)

In-Network (INN)

Inpatient (IP)

Medicare Eligible (ME)

Net Other Postemployment Benefit (NOO)

Non-Medicare Eligible (NME)

Not Applicable (NA)

Office Visit (OV)

Other Postemployment Benefit (OPEB)

Out-of-Network (OON)

Out-of-Pocket (OOP)

Outpatient (OP)

Pay-as-you-go (PAYGo)

Per Person Per Month (PPPM)

Pharmacy (Rx)

Preferred Provider Organization (PPO)

Primary Care Physician (PCP)

Specialist Care Provider (SCP)

Summary Plan Description (SPD)

Unfunded Actuarial Accrued Liability (UAAL)

Unfunded Actuarial Liability (UAL)

Urgent Care (UC)

