

July 1, 2012
POST RETIREMENT BENEFITS ANALYSIS
OF
CITY OF CRANSTON
FIRE AND POLICE

December 14, 2012

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SECTION I - OVERVIEW

The City of Cranston ("The City") has engaged Buck Consultants, LLC (Buck) to prepare an actuarial valuation of their post-retirement benefits program as of July 1, 2012. The City provided employee census data, enrollment data, premiums, asset value, and plan provision information for the Public Safety Employees OPEB Plan. Buck did not audit these data, although they were reviewed for reasonability. The results of the valuation are dependent on the accuracy of the data.

The purposes of the valuation are to analyze the current funded position of the City's postretirement benefits program, determine the level of contributions necessary to assure sound funding and provide reporting and disclosure information for financial statements, governmental agencies and other interested parties.

This valuation report contains information required by the Government Accounting Standards Board's Statements Nos. 43 and 45, respectively entitled "Financial Reporting for Post-employment Benefit Plans Other Than Pension Plans" and "Accounting and Financial Reporting by Employers for Post-employment Benefits Other Than Pensions."

Liabilities have been determined based on a 7.5% discount rate. The prior valuation assumed a discount rate of 8.0%. This assumption was revised downwards to 7.5% in light of recent economic conditions. Using a 7.5% discount rate assumes that the City's funding policy is to fully fund the Plan, as well as assuming that funds will be invested in a manner that would be expected to produce a return of 7.5%. The City has established a trust and initially started to build a balance. The City intends to fully fund the liabilities and to invest the funds in a manner consistent with the 7.5% assumption. In contrast, a discount rate appropriate for a Pay-As-You-Go funding policy may be about 3.5%.

The economic and demographic assumptions used for financial accounting purposes were chosen by the plan sponsor with our advice. We believe these assumptions are reasonable for financial accounting purposes. The demographic assumptions used represent a reasonable estimate of future demographic experience of the plan participants. Given the assumptions selected, the costs and actuarial exhibits presented in this report have been prepared in accordance with the requirements of GASB 45. While the actuary believes that the assumptions are reasonable for financial reporting purposes, it should be understood that there is a range of assumptions that could be deemed reasonable that would yield different results. It should be understood that future plan experience may differ considerably from what has been assumed. In particular, given that the majority of individuals only receive subsidized coverage prior to age 65, variations in assumed and actual retirement ages can have a dramatic impact on results.

This valuation reflects recently revised expectations of demographic experience by using the retirement, termination and disability decrements per the rates published for Fire and Police in the 2010 MERS experience study¹. We also added a “blue collar” adjustment to the mortality rates. Additionally, we modified our trend assumption by raising the trend rate assumed for 2012 to 2013 to 8.5%, from 7.5%.

¹ Employees’ Retirement System of Rhode Island: Actuarial Experience Study for the Six-Year Period Ending June 30, 2010, Supplement Covering The Municipal Employees’ Retirement System. May 23, 2011, <https://www.ersri.org/public/actuarialValuations/index.jsp>

This valuation reflects anticipated impacts due to Health Care Reform. Specifically, an additional liability expected due to the excise tax on high cost health plans (aka, "Cadillac Tax") was reflected in the valuation, as well as an additional liability due to the requirement to cover adult children up to age 26, were both reflected explicitly in the valuation.

If all the assumptions of the July 1, 2011 valuation had been met, we would have expected the Actuarial Accrued Liability to increase from approximately \$52.9 million to \$54.7 million. The difference between the expected Actuarial Accrued Liability and the actual Actuarial Accrued Liability of \$63.4 million is shown in the table below (in millions):

Expected AAL at 7/1/2012		\$54.7
Favorable Claims Experience	\$(4.1)	
Explicit Valuation of Children	2.9	
Revised Mortality Assumption	0.1	
Revised Decrement Rates (retirement, termination, disability)	2.7	
Revised Healthcare trend assumption	3.8	
Revised Discount Rate	2.7	
Other Plan Experience (e.g. revised census information)	<u>0.6</u>	
Actual AAL at 7/1/2012		\$63.4

Our valuation was prepared in accordance with generally accepted actuarial principles and practices, and, to the best of our knowledge, fairly reflects the value of the benefits under the Plan as of July 1, 2012. The valuation was prepared under my supervision. I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries and have met the Qualifications Standard of the American Academy of Actuaries to render the actuarial opinions contained herein.

Thank you for this opportunity to be of service. I am available to answer questions about this report.

Respectfully Submitted,

BUCK CONSULTANTS, LLC



Reza Vahid, FSA, MAAA
 Director, Health & Productivity

December 14, 2012
 Date

SECTION II - REQUIRED INFORMATION

	Full Prefunding	Full Prefunding
Interest Rate	8.00%	7.50%
Increasing Rate	4.00%	3.75%
Amortization Period	25 years	24 years
a) Actuarial valuation date	July 1, 2011	July 1, 2012
b) Actuarial Value of Assets	\$ 114,890	\$ 255,153
c) Actuarial Accrued Liability		
Active participants	\$ 20,473,776	\$ 28,789,723
Retired participants	32,460,408	34,563,870
Total AAL	<u>\$ 52,934,184</u>	<u>\$ 63,353,593</u>
d) Unfunded Actuarial Liability "UAL" [c - b]	\$ 52,819,294	\$ 63,098,440
e) Funded ratio [b / c]	0.22%	0.40%
f) Annual covered payroll	n/a	n/a
g) UAL as percentage of covered payroll	n/a	n/a
h) Normal Cost for upcoming fiscal year	\$ 1,202,566	\$ 1,574,214
i) Amortization of UAL for upcoming fiscal year	\$ 3,203,128	\$ 3,837,977
k) Annual Required Contribution "ARC" for upcoming fiscal year [h + i + j]	\$ 4,405,694	\$ 5,412,191
l) Expected benefit payments for upcoming fiscal year	\$ 3,599,351	\$ 3,734,129
m) Increase in annual cost to fund the Plan [k - l]	\$ 806,343	\$ 1,678,062

Numbers may not add due to rounding.

SECTION III - MEDICAL PREMIUMS

Health benefits are available to employees and pre-65 retirees through several different medical plans, including Classic Blue Cross, Health Mate HMO, and United Health PPO. The City pays a portion of the medical premium for retiree only until the retiree reaches age 65. The retiree pays the full premium for post-65 coverage. Costs for dependent coverage are paid for by the retiree after age 65.

The following rates for non-Medicare eligible retirees were provided by the City. These rates are gross of retiree contributions and reflect the average cost of coverage, including administrative fees, for plan participants.

It is our understanding that the plan is fully insured. We also assume that the rates for retirees are separately underwritten from actives and from Medicare eligible retirees, and each set of rates are assumed to be self supporting.

Annual Premiums Effective July 1, 2012

Healthmate – Fire	
Individual	\$ 7,937
Family	\$ 18,673
Healthmate – Police	
Individual	\$ 7,753
Family	\$ 18,673
Blue Cross Classic – Fire and Police	
Individual	\$ 7,995
Family	\$ 20,436
United Healthcare – Fire and Police	
Individual	\$ 9,287
Family	\$ 25,426

SECTION IV - MEMBERSHIP DATA

Census data effective July 1, 2012

The following members were provided by The City for this valuation.

Number of Employees*	Total
Actives	
Count	313
Average Age	42.3
Average Service	14.0
Retirees with Medical Coverage	
Less than Age 65	185
Age 65 or Older	28
Dependents	166
Retirees with Life Only	216
Average Age of Retirees with Medical Coverage	58.1
Total	
Count	908

*Census data only includes current eligible employees and former employees of the Police and Fire departments.

SECTION V - REQUIRED SUPPLEMENTARY INFORMATION

Schedule of Funding Progress

Actuarial Valuation Date	(a) Actuarial Value of Assets	(b) Actuarial Accrued Liability (AAL)	(b) - (a) Unfunded AAL (UAL)	(a) / (b) Funded Ratio
July 1, 2004	0	38,136,229	38,136,229	0.0%
July 1, 2005	0	40,134,094	40,134,094	0.0%
July 1, 2006	0	47,921,198	47,921,198	0.0%
July 1, 2007	127,671	47,222,807	47,095,136	0.3%
July 1, 2008	505,545	52,191,492	51,685,947	1.0%
July 1, 2009	397,327	50,533,441	50,136,114	0.8%
July 1, 2010	450,533	50,765,110	50,314,577	0.9%
July 1, 2011	114,890	52,934,184	52,819,294	0.2%
July 1, 2012	255,153	63,353,593	63,098,440	0.4%

SECTION VI - NET OPEB OBLIGATION

GASB Statement No. 45 requires the development of Annual OPEB Cost and Net OPEB Obligation (NOO). This development is shown in the following table.

Development of OPEB Cost and Net OPEB Obligation (NOO)

Year Ending June 30	Annual Required Contribution	Interest on NOO	Adjustment to ARC	Annual OPEB Cost (1) + (2) - (3)	Contribution	Change in NOO (4) - (5)	NOO Balance
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
2007	3,515,765	0	0	3,515,765	3,692,176	(176,411)	(176,418)
2008	3,606,418	0	0	3,606,418	3,515,766	90,652	(270,641)
2009	4,047,835	(7,538)	(4,864)	4,045,161	3,273,843	771,318	500,677
2010	4,092,301	54,167	(141,459)	4,287,927	3,649,942	637,985	1,138,662
2011	4,089,059	91,093	64,134	4,116,018	3,500,000	616,018	1,754,680
2012	4,405,694	140,374	114,922	4,431,146	4,420,103	11,043	1,765,723
2013	5,412,191	132,429	115,456	5,429,164			

Note: Fiscal Years Ending 2007 - 2011 values are as published in audited financial statements.

NOO Balance for year ending June 30, 2008 reflects the restated NOO balance, as documented in the June 30, 2009 CAFR.

SECTION VII – SCHEDULE OF EMPLOYER CONTRIBUTIONS

The Governmental Accounting Standards Board's Statement No. 45 "Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions" outlines various requirements of a funding schedule that will amortize the unfunded actuarial liability and cover normal costs. Amortization of the unfunded actuarial liability is to be based on a schedule that extends no longer than 30 years. The contribution towards the amortization of the unfunded actuarial liability may be made in level payments or in payments increasing at the same rate as salary increases. There is no requirement to actually fund the Annual Required Contribution, however.

In the amortization schedule shown on the following page, amortization of the unfunded accrued liability is increasing at 3.75% for 24 years. The normal cost is expected to increase at the same rate as the assumed ultimate health care trend rate. The contributions were computed assuming that the contribution is paid on July 1, at the beginning of the fiscal year, and that earnings on assets are as anticipated.

Paragraph 12 of GASB 45 stipulates that valuations must be performed at least biennially; however the City has traditionally had valuations performed annually. The following projections are intended only to illustrate long-term cash flow implications of Prefunding versus Pay-as-You-Go costs. The pay-as-you-go amounts shown reflect benefits only those individuals currently employed by the City.

SECTION VII - SCHEDULE OF EMPLOYER CONTRIBUTIONS AT 7.5%

<u>Fiscal Year</u> <u>Ending In</u>	<u>Normal Cost</u>	<u>Amortization</u> <u>of UAL</u>	<u>ARC</u>	<u>Pay-as-You-Go</u>
2013	1,574,214	3,837,977	5,412,191	3,734,129
2014	1,645,054	3,981,901	5,626,955	4,002,764
2015	1,719,081	4,131,222	5,850,303	4,268,840
2016	1,796,440	4,286,143	6,082,583	4,636,040
2017	1,877,280	4,446,873	6,324,153	5,132,344
2018	1,961,758	4,613,631	6,575,389	5,527,887
2019	2,050,037	4,786,642	6,836,679	5,864,338
2020	2,142,289	4,966,141	7,108,430	6,360,670
2021	2,238,692	5,152,371	7,391,063	6,739,123
2022	2,339,433	5,345,585	7,685,018	6,994,620
2023	2,444,707	5,546,044	7,990,751	7,327,203
2024	2,554,719	5,754,021	8,308,740	7,644,438
2025	2,669,681	5,969,797	8,639,478	7,329,528
2026	2,789,817	6,193,664	8,983,481	7,385,605
2027	2,915,359	6,425,926	9,341,285	7,431,016
2028	3,046,550	6,666,898	9,713,448	7,321,294
2029	3,183,645	6,916,907	10,100,552	7,161,239
2030	3,326,909	7,176,291	10,503,200	6,985,731
2031	3,476,620	7,445,402	10,922,022	7,071,223
2032	3,633,068	7,724,605	11,357,673	6,691,484
2033	3,796,556	8,014,278	11,810,834	6,850,215
2034	3,967,401	8,314,813	12,282,214	6,903,762
2035	4,145,934	8,626,618	12,772,552	7,103,478
2036	4,332,501	8,950,116	13,282,617	6,802,314
2037	4,527,464	-	4,527,464	6,744,104
2038	4,731,200	-	4,731,200	6,066,700
2039	4,944,104	-	4,944,104	5,776,679
2040	5,166,589	-	5,166,589	5,391,165
2041	5,399,086	-	5,399,086	4,957,179
2042	5,642,045	-	5,642,045	4,903,518

SCHEDULE A - ACTUARIAL ASSUMPTIONS AND METHODS

- Interest:** 7.50% per year, net of investment expenses. Consistent with assumption adopted for MERS.
- Actuarial Cost Method:** Projected Unit Credit. Benefits are attributed from date of hire until full benefit eligibility.
- Asset Valuation Method:** Market value.
- Amortization period:** Closed basis. The amortization period is a specific number of years that is counted from one date, declining to zero with the passage of time. As of the valuation date, 24 years remain. Amortization amounts are assumed to increase with overall salary increases of 3.75%. The rate of overall salary increase has been reduced from 4.0% used in the previous valuation to be consistent with the assumption selected for MERS.
- Participation:** It is assumed that 95% of current active employees will elect retiree benefit coverage.
- Plan Costs:** For retirees and their dependents, estimated net per capita incurred claim costs for 2012-2013, normalized to age 65 based on the morbidity rates disclosed below, are \$11,062. The amount was based on premium amounts provided by the City and weighted based on current retiree enrollment elections. It is assumed that future retirees and current retirees now under age 65 will be Medicare eligible when they reach age 65, and thus Cranston subsidized coverage will cease.
- For dependent children, we assumed the cost of children would be 50% of the cost of an age 65 retiree. Additionally, we assumed 50% of married participants would have covered children. This explicit assumption about the cost of covering children was added for this valuation.
- CPI:** 3.0% per year
- Administrative Costs:** Assumed to be included in the reported premiums for medical insurance. 10% of benefit amount for life insurance.

SCHEDULE A - ACTUARIAL ASSUMPTIONS AND METHODS

Morbidity Rates:

<u>Age</u>	<u>Annual Increase Retiree</u>
64 and below	2.50%
65 and above	2.00%

Medical Trend:

<u>Fiscal Year Ending In</u>	<u>Trend</u>
2013	8.5%
2014	8.0%
2015	7.5%
2016	7.0%
2017	6.5%
2018	6.0%
2019	5.5%
2020	5.0%
2021+	4.5%

Termination Rates:

Termination rates are based on the Police and Fire termination rate table published in the 2010 MERS Experience Study.

Retirement Rates:

Retirement rates are based on the Police and Fire retirement rate table with the Optional 20 year retirement elections published in the 2010 ERS Experience Study and assumed to be applicable at all ages.

Disability Rates:

Accidental and ordinary disability rates are based on the Fire and Police disability rate table published in the 2010 ERS Experience Study.

Mortality Rates:

For healthy annuitants and retirees, RP-2000 Combined table, with blue-collar adjustment, projected on a fully generational basis using the AA scale. For disabled retirees, RP-2000 Combined table, with blue-collar adjustment, projected on a fully generational basis using the AA scale, with set forward 3 years for disability.

Marital Status:

75% of male employees and 75% of female employees are assumed to have a covered spouse at retirement. Wives are assumed to be three years younger than their husbands.

SCHEDULE B - SUMMARY OF PROGRAM PROVISIONS

- Retirement Eligibility:** 20 years of service for healthy retirees.
- Firefighters who become disabled in the line of duty are eligible to receive individual coverage after 5 years of service and family coverage after 10 years of service.
- Disabled Police are eligible to participate with no service requirement.
- Pre-65 Medical Insurance:** Current retirees who are under age 65 are assumed to remain covered by the medical plan until age 65, at which time their city provided cost coverage stops unless they are not eligible for Medicare.
- Retirees are offered several different medical plans including Classic Blue Cross, Health Mate HMO and United Health PPO. Retirees pay a variable portion of their post-retirement medical, as outlined below.
- Post-65 Medical Insurance:** Retirees over age 65 remain in the medical plan until death, if not eligible for Medicare. It is assumed that retirees who are now under age 65 will become eligible for Medicare when they reach age 65.
- Some retirees over age 65 are offered a Medicare supplement plan (Plan 65) on a retiree pay-all-basis, but this plan is assumed to be self-supporting and, thus, is not reflected in the valuation.
- Dental Insurance:** Dental insurance is available to retirees on a retiree pay all basis. The premiums are assumed to be self-supporting thus the dental benefits are not reflected in this valuation.
- Retiree Contributions:** Neither retirees, nor their dependents contribute toward the cost of City subsidized medical coverage. No retirees contribute towards the cost of life insurance coverage.

SCHEDULE B - SUMMARY OF PROGRAM PROVISIONS

Dependent Coverage:

For police, dependents are eligible for coverage upon the member's retirement date, or upon the member's death while in active service. City paid benefits for dependents of retired employees cease at the retiree's normal retirement age, or upon the death of the retiree. City paid benefits for surviving spouses of police who died in active service cease at the retiree's normal retirement age. In both cases, the normal retirement age is assumed to be age 65.

For firefighters, dependents are eligible for coverage upon the member's retirement date, or upon the member's death while in active service if the active member has attained 10 years of service. Dependents' City paid benefits cease at the retiree's normal retirement age (assumed to be age 65).

Life Insurance Benefit:

Police retirees are entitled to a City paid life insurance benefit of \$17,000 if they retired after July 1, 1982. Firemen retiring after July 1, 1981 are eligible for the \$17,000 benefit. Fire retirees retired between July 1, 2002 and June 30, 2007 are entitled to a City paid life insurance benefit of \$20,000 and if a firemen retirees after July 1, 2007, a \$25,000 life insurance benefit is payable.

In addition to the above, firefighters who retire with an occupational injury or illness receive a City paid life insurance benefit of \$50,000 if death occurs within 3 years of his/her retirement date.

SCHEDULE C - CONSIDERATIONS OF HEALTH CARE REFORM

Early Retiree Reinsurance Program ("ERRP"): We did not reflect any subsidy amounts associated with the ERRP program.

Removal of Lifetime Maximum: Any cost in relations to removal of any historic annual or lifetime maximums is assumed to already have been reflected in the premiums that we were provided.

Expansion of Child Coverage to Age 26: Cost of expansion of coverage to adult children is assumed to be reflected in the premiums provided. Given the higher probability of children coverage, we have modified this calculation to more explicitly reflect the cost of covering children.

Excise Tax on High-Cost Employer Health Plans (aka Cadillac Tax) - Effective January 1, 2018: There is considerable uncertainty about how the tax would be applied, and considerable latitude in grouping of participants for tax purposes. We have estimated the tax based on average premium amount without age adjustment and a 3.0% CPI assumption, and have included the estimated tax in the liabilities. The liability and normal cost attributable to the Cadillac tax are \$1,865,642 and \$106,815 respectively.

Other Revenue Raisers: The Health Care Reform includes a variety of other revenue raisers that involve additional costs on providers (such as medical device manufacturers) and insurers. We considered these factors when developing the trend assumptions.

Other: We have not identified any other specific provision of health care reform that would be expected to have a significant impact on the measured obligation. As additional guidance on the legislation is issued, we will continue to monitor any potential impacts.