



CONTRA COSTA WATER DISTRICT

Retiree Healthcare Plan

June 30, 2019 Actuarial Funding Valuation
for Calendar Year 2020 Contributions

December 11, 2019

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CONTRA COSTA WATER DISTRICT RETIREE HEALTHCARE PLAN
 June 30, 2019 Actuarial Funding Valuation for 2020 Contributions

Table of Contents

	<u>Page</u>
Introduction and Summary	
Introduction and Actuarial Certification	1
Summary of Results	3
Funding History	4
Asset Information	
Reconciliation of Market Value of Assets	5
Asset Allocation - Market Value of Assets	6
Target Asset Allocation	6
Development of Actuarial Value of Assets	7
Actuarial Results	
Summary of Liabilities Used to Determine Contributions	8
Funding Policy Results	
Actuarially Determined Contribution	9
Schedule of Unfunded Actuarial Accrued Liability Amortization Bases	9
Development of Employee Normal Cost	9
Change in Unfunded Actuarial Accrued Liability	10
Assessment and Disclosure of Risk	11
Basis for Calculations	
Summary of Plan Participants	14
Summary of Plan Provisions	16
Summary of Actuarial Methods	20
Summary of Healthcare Assumptions and Methods	21
Summary of Actuarial Assumptions	23
Selection of Economic Assumptions	30
Selection of Non-Economic Assumptions	31
Important Notices	32
Valuation Considerations	33
Glossary of Selected Terms	34

Introduction and Actuarial Certification

Purposes of the valuation

This report presents the results of the June 30, 2019 actuarial funding valuation for the Contra Costa Water District Retiree Healthcare Plan (the Plan). Its primary purposes are:

- to determine the Actuarially Determined Contributions for calendar year 2020
- to evaluate the funded status of the plan.

This report has been prepared solely for the Contra Costa Water District Retiree Healthcare Plan and the Contra Costa Water District to summarize the Plan's actuarial funding considerations. Computations for other purposes, such as plan accounting or termination, may differ significantly from the results shown in this report. The Plan's FYE2019 GASB 74/75 disclosure information can be found in a separate report.

This report may not be used for any other purpose, and Van Iwaarden Associates is not responsible for the consequences of any unauthorized use. Its content may not be modified, incorporated into or used in other material, or otherwise provided, in whole or in part, to any other person or entity, without the District's permission.

Technical Language

The language of this report includes a number of technical terms which have special meanings. The glossary at the end of the report is provided to enhance understanding of these terms; many of them are defined there.

The District's joint and beneficiary benefits in this report are available to a spouse or State of California registered domestic partner (RDP). For ease of reading, a spouse/RDP will often be referred to in this report as a spouse.

Changes from the prior year

Changes to the plan provisions and actuarial assumptions reflected in this valuation are described at the end of each of those sections in this report. These changes include a decrease in discount rate from 7.00% to 6.50% based on updated expectations of long-term returns on trust assets.

Summary of valuation results

The plan's funded status increased from 64% to 71% since the prior funding valuation. This increase was primarily due to continued funding. See page 10 for a detailed liability and asset reconciliation.

Introduction and Certification (continued)

Actuarial certification

To the best of our knowledge, this report is complete and accurate and all costs and liabilities under the plan were determined in accordance with generally accepted actuarial principles and practices. Upon receipt of the valuation report, the District should notify us if you disagree with any information contained in the report or if you are aware of any information that would affect the results that has not been communicated to us. The report will be deemed final and acceptable to the District unless you immediately notify us otherwise.

All results in this report have been prepared based on our understanding of the District's OPEB funding policy. Additional contributions to the Trust may be required if actual plan economic and demographic experience do not match actuarial assumptions, and if contributions to the Trust are less than expected.

The undersigned credentialed actuaries are Members of the American Academy of Actuaries and meet the Qualification Standards of the Academy to render the actuarial opinion contained herein. We are available to answer questions on the material contained in the report or to provide explanations or further detail, as may be appropriate. We are not aware of any material direct or indirect financial interest or relationship that could create a conflict of interest or impair the objectivity of our work.



Laura K. Pistotnik, ASA, MAAA
Consulting Actuary



James A. van Iwaarden, FSA, EA, MAAA
Consulting Actuary

December 11, 2019
L/D/C/R: 4/eae/lkp/jvi

CONTRA COSTA WATER DISTRICT RETIREE HEALTHCARE PLAN
June 30, 2019 Actuarial Funding Valuation for 2020 Contributions

Summary of Results

	<u>June 30, 2019</u>	<u>June 30, 2018</u>
A. Plan participant data (see page 13)		
1. Number of participants		
a. Active employees	299	289
b. Covered retirees and beneficiaries	272	261
c. Total	<u>571</u>	<u>550</u>
2. Projected payroll for contribution year ¹	\$ 33,760,728	\$ 32,078,354
B. Benefit liabilities (see pages 8 and 9)²		
1. Present value of projected benefits	\$ 95,362,991	\$ 93,861,398
2. Actuarial accrued liability (AAL)	69,068,920	68,892,145
3. Total normal cost (calendar year)	2,848,168	2,775,692
C. Value of plan assets (see pages 5 and 7)		
1. Market value of assets (MVA)	48,988,636	44,089,847
2. Actuarial value of assets (AVA)	48,791,497	44,171,021
3. Investment return, market value basis	7.0%	7.4%
D. Funded status		
1. Unfunded AAL, on AVA basis (B.2. - C.2.)	\$ 20,277,423	\$ 24,721,124
2. Funded status, AVA basis (C.2./B.2.)	70.6%	64.1%
3. Funded status, MVA basis (C.1./B.2.)	70.9%	64.0%
	<u>Calendar Year</u>	
	<u>2020</u>	<u>2019</u>
E. Contribution rates as a percent of payroll (see page 9)		
1. Normal cost		
a. Employer	4.44%	4.55%
b. Employee	4.00%	4.10%
c. Total	<u>8.44%</u>	<u>8.65%</u>
2. Amortization of unfunded AAL	4.32%	5.57%
3. Contribution rates		
a. Employer (1.a. + 2.)	8.76%	10.12%
b. Employee (1.b.)	4.00%	4.10%
c. Total	<u>12.76%</u>	<u>14.22%</u>
F. Actuarially Determined Contribution (ADC)		
1. Total ADC (see page 9)	\$ 4,306,751	\$ 4,561,676
2. Estimated employee contributions (A.2. x E.3.b.)	1,350,429	1,315,213
3. Actuarially Determined Employer Contribution (ADEC) (1. - 2.)	2,956,322	3,246,463

¹ Projected pay for the calendar year following the valuation date. Payroll differs from pension due to application of the PEPRPA pay limits in the pension valuation.

² 6/30/2019 liabilities are based on a 6.50% discount rate and 6/30/2018 liabilities are based on a 7.00% discount rate.

CONTRA COSTA WATER DISTRICT RETIREE HEALTHCARE PLAN
 June 30, 2019 Actuarial Funding Valuation for 2020 Contributions

Funding History

(amounts in \$000s)

Actuarial Valuation Date	Discount Rate	Actuarial Value of Assets	Actuarial Accrued Liability (AAL)	Unfunded AAL (UAAL)	Funded Ratio	Covered Payroll	UAAL as a Percentage of Covered Payroll	District Contribution Rate
7/1/2007	8.00%	-	48,374	48,374	0.0%	22,991	210.4%	N/A
7/1/2009	8.00%	6,844	59,586	52,742	11.5%	26,049	202.5%	N/A
7/1/2011	8.00%	12,560	71,409	58,849	17.6%	27,893	211.0%	N/A
7/1/2013	7.50%	19,846	81,131	61,285	24.5%	27,375	223.9%	15.70%
6/30/2014	7.25%	24,508	77,246	52,738	31.7%	27,173	194.1%	18.20%
6/30/2015	7.25%	30,473	76,682	46,209	39.7%	27,700	166.8%	16.00%
6/30/2016	7.25%	35,159	81,052	45,893	43.4%	28,817	159.3%	16.46%
6/30/2017	7.00%	39,866	69,329	29,463	57.5%	30,090	97.9%	11.44%
6/30/2018	7.00%	44,171	68,892	24,721	64.1%	31,566	78.3%	10.12%
6/30/2019	6.50%	48,791	69,069	20,278	70.6%	33,221	61.0%	8.76%

CONTRA COSTA WATER DISTRICT RETIREE HEALTHCARE PLAN
 June 30, 2019 Actuarial Funding Valuation for 2020 Contributions

Reconciliation of Market Value of Assets

	Trust Year Ending	
	<u>June 30, 2019</u>	<u>June 30, 2018</u>
A. Market value of assets at beginning of year	44,089,847	39,633,756
B. Contributions		
1. Employer	3,500,000	3,200,000
2. Employee	1,374,233	1,285,927
3. Total	<u>4,874,233</u>	<u>4,485,927</u>
C. Net investment earnings	3,111,616	2,987,780
D. Other Additions¹	10,169	-
E. Benefit payments²	(3,016,313)	(2,942,718)
F. Administrative expenses	(80,916)	(74,898)
G. Market value of assets at end of year (A. + B.3 + C. + D. + E. + F.)	48,988,636	44,089,847
H. Investment return since prior valuation³	7.0%	7.4%

¹ Cash receipts due to a bank error and premium refund.

² Employee contribution refunds and implicit subsidy payments are made from non-Trust District funds.

³ Includes time-weighted cash flows of 595,831 and 620,881 for FY2019 and FY2018, respectively.

CONTRA COSTA WATER DISTRICT RETIREE HEALTHCARE PLAN
June 30, 2019 Actuarial Funding Valuation for 2020 Contributions

Asset Allocation - Market Value of Assets

The June 30, 2019 trust asset allocation is provided by Wells Fargo. Details are shown below.

	Market Value	Percentage
Cash & Cash Equivalents	\$ 1,413,615	2.9%
Investments		
Domestic equity	22,027,442	45.0%
International equity	7,371,625	15.0%
Domestic fixed income	13,330,245	27.2%
International fixed income	2,450,743	5.0%
Real estate	2,391,436	4.9%
Total investments	<u>47,571,491</u>	<u>97.1%</u>
Total Cash & Investments	48,985,106	100.0%
Receivables		
Accrued income	3,530	0.0%
Contribution due from district	-	0.0%
Contribution due from participants	-	0.0%
Total receivables	<u>3,530</u>	<u>0.0%</u>
Total Assets	48,988,636	100.0%

Target Asset Allocation

The Board of Directors of Contra Costa Water District last revised the asset allocation in January 2016, as shown below.

	<u>Low</u>	<u>Normal</u>	<u>High</u>
Domestic equity	36%	45%	54%
International equity	12%	15%	18%
Domestic fixed income	25%	30%	35%
International fixed income	3%	5%	7%
Real estate	3%	5%	8%

CONTRA COSTA WATER DISTRICT RETIREE HEALTHCARE PLAN
June 30, 2019 Actuarial Funding Valuation for 2020 Contributions

Development of Actuarial Value of Assets

	Trust Year Ending	
	June 30, 2019	June 30, 2018
A. Market value of assets (MVA)		
1. Market value of assets at beginning of year	\$ 44,089,847	\$ 39,633,756
i. Contributions (employee + employer) and other additions	4,884,402	4,485,927
ii. Expected earnings	3,151,672	2,828,375
iii. Benefit payments	(3,016,313)	(2,942,718)
2. Expected market value at end of year	49,109,608	44,005,340
3. Actual market value at end of year	48,988,636	44,089,847
4. Difference between actual MVA & expected MVA	120,972	(84,507)
B. Investment (gains) and losses¹		
1. Year ending June 30, 2019, June 30, 2018		
i. Variance from expected return: loss or (gain)	120,972	(84,507)
ii. Portion not yet recognized	80%	80%
iii. Investment return not yet recognized (i. x ii.)	96,778	(67,606)
2. Year ending June 30, 2018, June 30, 2017		
i. Variance from expected return: loss or (gain)	(84,507)	(1,590,033)
ii. Portion not yet recognized	60%	60%
iii. Investment return not yet recognized (i. x ii.)	(50,704)	(954,020)
3. Year ending June 30, 2017, June 30, 2016		
i. Variance from expected return: loss or (gain)	(1,590,033)	1,964,000
ii. Portion not yet recognized	40%	40%
iii. Investment return not yet recognized (i. x ii.)	(636,013)	785,600
4. Year ending June 30, 2016, June 30, 2015		
i. Variance from expected return: loss or (gain)	1,964,000	1,586,000
ii. Portion not yet recognized	20%	20%
iii. Investment return not yet recognized (i. x ii.)	392,800	317,200
5. Total return not yet recognized (1.iii. + 2.iii. + 3.iii. + 4.iii.)	(197,139)	81,174
C. Actuarial Value of Assets (A.3. + B.5.)	48,791,497	44,171,021

¹ The Actuarial Value of Assets is based upon a five year smoothing of market assets. This method is intended to reduce contribution rate volatility resulting from investment return fluctuations.

CONTRA COSTA WATER DISTRICT RETIREE HEALTHCARE PLAN
June 30, 2019 Actuarial Funding Valuation for 2020 Contributions

Summary of Liabilities Used to Determine Contributions

	<u>June 30, 2019</u>	<u>June 30, 2018</u>
A. Actuarial present value of projected benefits¹		
1. Active employees		
a. Implicit subsidy	\$ 9,958,457	\$ 13,410,365
b. Direct subsidy	43,667,451	39,970,054
c. Total	<u>53,625,908</u>	<u>53,380,419</u>
2. Retirees and beneficiaries		
a. Implicit subsidy	6,455,567	8,551,200
b. Direct subsidy	35,281,516	31,929,779
c. Total	<u>41,737,083</u>	<u>40,480,979</u>
3. All participants		
a. Implicit subsidy	16,414,024	21,961,565
b. Direct subsidy	78,948,967	71,899,833
c. Total	<u>95,362,991</u>	<u>93,861,398</u>
B. Actuarial accrued liability²		
1. Active employees		
a. Implicit subsidy	\$ 5,089,722	\$ 7,224,355
b. Direct subsidy	22,242,115	21,186,811
c. Total	<u>27,331,837</u>	<u>28,411,166</u>
2. Retirees and beneficiaries		
a. Implicit subsidy	6,455,567	8,551,200
b. Direct subsidy	35,281,516	31,929,779
c. Total	<u>41,737,083</u>	<u>40,480,979</u>
3. All participants		
a. Implicit subsidy	11,545,289	15,775,555
b. Direct subsidy	57,523,631	53,116,590
c. Total	<u>69,068,920</u>	<u>68,892,145</u>
C. Normal cost³		
1. Implicit subsidy	\$ 498,147	\$ 656,654
2. Direct subsidy	2,216,982	1,983,149
3. Total	<u>2,715,129</u>	<u>2,639,803</u>
D. Key economic assumptions		
1. Funding interest rate	6.50%	7.00%
2. Salary increases	See page 27	See page 27

¹ The value of all future benefits to be paid to the current group of members

² The cost allocated to all prior years

³ The cost allocated to the current year.

CONTRA COSTA WATER DISTRICT RETIREE HEALTHCARE PLAN
June 30, 2019 Actuarial Funding Valuation for 2020 Contributions

Actuarially Determined Contribution

	Contribution Year	
	2020	2019
A. Actuarially Determined Contribution (ADC)		
1. Total normal cost ¹	\$ 2,848,168	\$ 2,775,692
2. Amortization of unfunded actuarial accrued liability	1,458,583	1,785,984
3. Total ADC (1. + 2.)	<u>4,306,751</u>	<u>4,561,676</u>
B. Projected payroll for contribution year	33,760,728	32,078,354
C. ADC as a percent of payroll		
1. Total normal cost	8.44%	8.65%
2. Amortization of unfunded actuarial accrued liability	4.32%	5.57%
3. Total ADC (1. + 2.)	<u>12.76%</u>	<u>14.22%</u>
D. Employer and Employee ADC		
1. Total ADC (A.3.)	\$ 4,306,751	\$ 4,561,676
2. Estimated employee contributions (B. x employee % below)	1,350,429	1,315,213
3. Actuarially Determined Employer Contribution (ADEC) (1. - 2.)	2,956,322	3,246,463

Schedule of Unfunded Actuarial Accrued Liability Amortization Bases

UAAL Balance as of June 30, 2019	Number of Remaining Payments	UAAL Payment at 6.50% interest as of June 30, 2019	UAAL Payment for 2020
\$ 20,277,423	19	\$ 1,390,452	\$ 1,458,583

Development of Employee Normal Cost

	Contribution Year	
	2020	2019
1. Total normal cost	8.44%	8.65%
2. Normal cost for lifetime surviving spouse benefits ²	0.44%	0.52%
3. Normal cost excluding lifetime surviving spouse benefits (1. - 2.)	<u>8.00%</u>	<u>8.13%</u>
4. Preliminary employee normal cost (50% of above)	4.00%	4.07%
5. Final employee normal cost	<u>4.00%</u>	<u>4.10%</u>

(rounded to the nearest 0.1%, 0.2% maximum change from prior year)

¹ Normal cost is projected from the valuation date to the beginning of the contribution year.

² Offset is in exchange for a salary COLA reduction.

CONTRA COSTA WATER DISTRICT RETIREE HEALTHCARE PLAN
June 30, 2019 Actuarial Funding Valuation for 2020 Contributions

Change in Unfunded Actuarial Accrued Liability

	(Gain) Loss		
	Actuarial Accrued Liability ¹ (AAL)	Actuarial Value of Assets ² (AVA)	Unfunded Actuarial Accrued Liability (UAAL = AAL - AVA)
Balance on 6/30/2018	\$ 68,892,145	\$ 44,171,021	\$ 24,721,124
Changes for the year:			
Service cost	2,639,803	-	2,639,803
Interest	4,846,552	-	4,846,552
Differences between expected and actual experience ³	(5,998,168)	-	(5,998,168)
Changes of assumptions (see page 29)	3,279,567	-	3,279,567
Changes of benefit terms	-	-	-
Employee contributions	-	1,374,233	(1,374,233)
Employer contributions	-	3,500,000	(3,500,000)
Net investment income	-	3,111,616	(3,111,616)
Other additions ⁴	-	10,169	(10,169)
Benefit payments ⁵	(4,590,980)	(3,016,313)	(1,574,667)
Administrative expense	-	(80,916)	80,916
Return not yet recognized	-	(278,313)	278,313
Net changes	176,774	4,620,476	(4,443,702)
Balance on 6/30/2019	\$ 69,068,919	\$ 48,791,497	\$ 20,277,422

1 The 6/30/2019 liabilities shown here do not match the District's Fiscal 2019 OPEB Accounting report because those results are based on 6/30/2018 census data. The 6/30/2019 results shown here are based on 6/30/2019 census data.

2 The assets disclosed here do not match the District's Fiscal 2019 OPEB Accounting report because those results use market values instead of actuarial values.

3 Approximately (\$7,834,000) of the increase/(decrease) is because premiums for the District's most popular CalPERS health plans, and resulting age-related claims, increased much less than expected. The remaining \$1,836,000 is from all other sources. See pages 19 and 28 for a description of the premiums and claims used in this valuation.

4 Cash receipts due to a bank error and premium refund.

5 Employee contribution refunds and implicit subsidy payments are made from non-Trust District funds.

Assessment and Disclosure of Risk

Actuarial Standard of Practice Number 51, Assessment and Disclosure of Risk Associated with Measuring Pension Obligations and Determining Pension Plan Contributions (ASOP 51), requires actuaries to identify and assess certain risks that may affect a plan’s future financial condition. While there’s currently no equivalent ASOP for the OPEB plan, we anticipate this requirement will be added in the near future and all ASOP 51 considerations will apply to the District’s OPEB plan. Some of the primary risks are summarized and defined in the table below.

Risk	Identification/Definition
Investment risk	The potential that investment returns will be different than expected
Asset/liability mismatch risk	The potential that changes in asset values are not matched by changes in liability values
Longevity and other demographic risks	The potential that mortality or other demographic experience will be different than expected
Contribution risk	The potential that employer or member contribution rates are different than what is ultimately required to fund plan benefits
Health plan risk	The potential that future health claims and premiums are different than projected

ASOP 51 requires that actuaries qualitatively or quantitatively assess the effect of these risks on the plan’s future financial condition. Methods to assess the risks include scenario tests, sensitivity tests, stress tests, and calculation of actuarial liabilities using a discount rate based on minimal-risk investments. Practical considerations include the usefulness, reliability, timeliness, and cost efficiency of the risk measurements.

In addition to the risk assessment parameters above, ASOP 51 requires that actuaries (1) calculate various plan maturity measures and (2) disclose relevant historical information for understanding plan risks.

This report contains basic risk assessment information for the plan in accordance with ASOP 51. However, we recommend that employers consider additional OPEB risk analyses to better understand OPEB plan volatility and the potential impact on the organization. We would be glad to discuss additional analyses upon request.

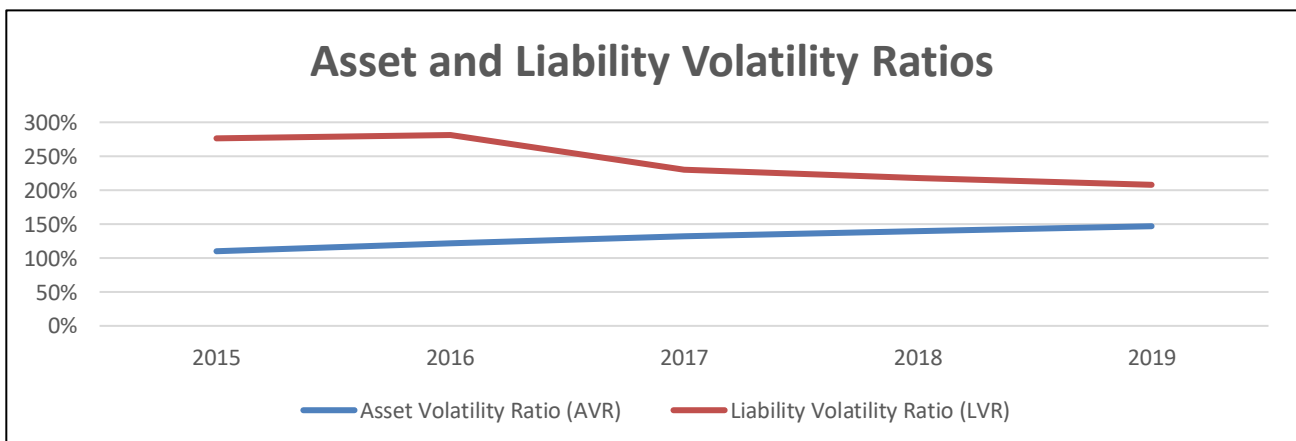
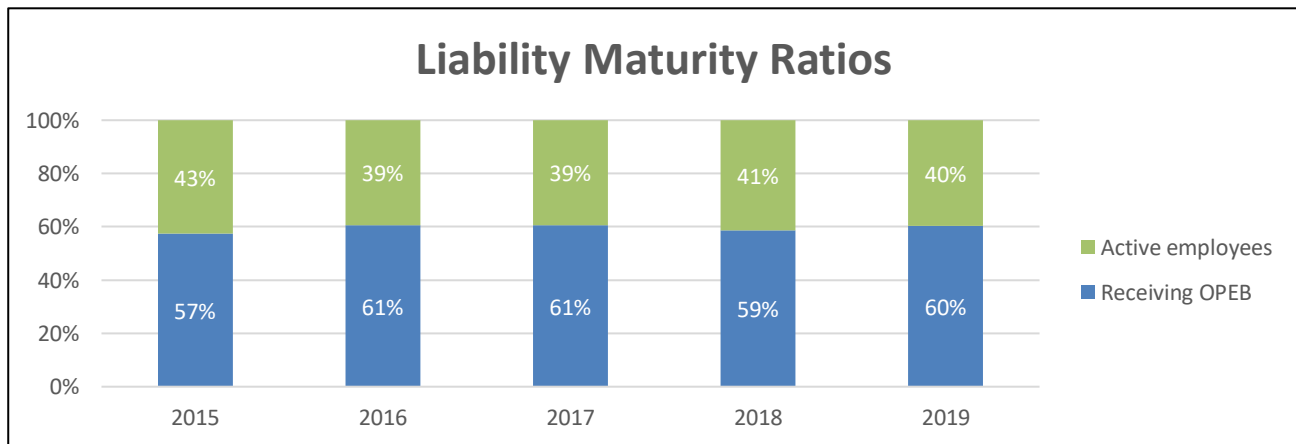
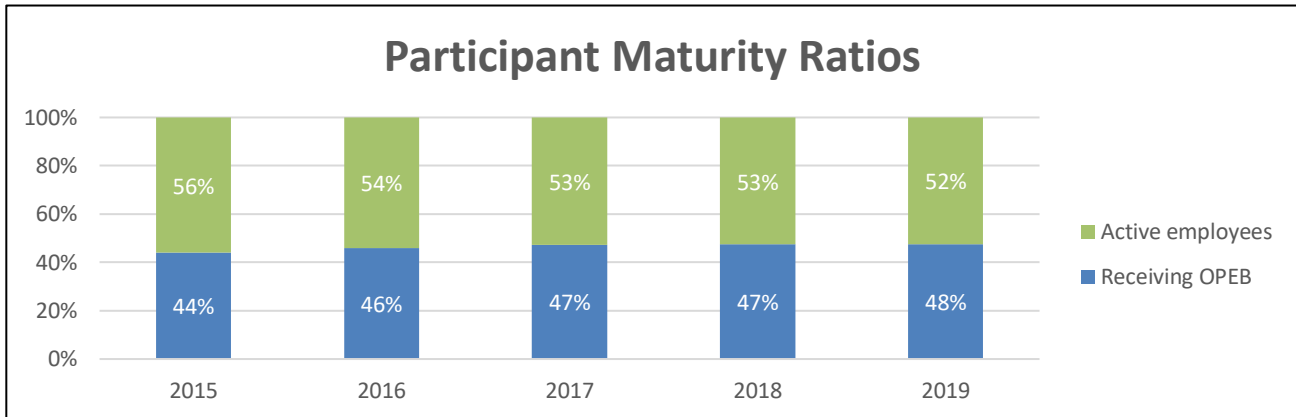
Plan Maturity Measures

Maturity measures describe how much plan liability is attributable to current employees vs. former employees (e.g., retirees) and the size of plan assets and liabilities relative to overall payroll. These measures include:

Participant Maturity Ratio (PMR)	Number of retirees divided by total participants
Liability Maturity Ratio (LMR)	Retiree liability divided by total plan liability
Asset Volatility Ratio (AVR)	Measures size of plan assets relative to payroll upon which contributions are based
Liability Volatility Ratio (LVR)	Measures size of plan liabilities relative to payroll upon which contributions are based

Assessment and Disclosure of Risk (continued)

A recent history of maturity measures is shown below.



Observations:

- The retiree liabilities are steadily increasing as a percent of the plan’s totals.
- The AVR has increased slowly over time, while the LVR has decreased.

Assessment and Disclosure of Risk (continued)

The table below provides analysis of some potential plan risks. Please note that the list of risks and the risk assessments shown are not exhaustive. We would be glad to provide a more detailed risk assessment upon request.

Risk	Assessment
Investment risk	If future investment returns are higher or lower than assumed, then future contributions may need to be increased or decreased to compensate.
Asset/liability mismatch risk	Since plan assets are invested in a mix of equity and fixed income securities, there is a risk that changes in assets values are not matched by changes in liability values.
Longevity and other demographic risks	Although most of the plan demographic assumptions reflect best estimates of future plan experience, actual experience will differ from these assumptions. If participant longevity is greater than expected then this would increase plan costs.
Contribution risk	Plan contributions include both payroll-based employer and employee contributions, as well as additional voluntary contributions from the District. The District should continue making at least the Actuarially Determined Contribution each year in order to improve the Plan's funded status.
Health plan risk	Changes in the health care system could suddenly and substantially change plan liabilities. More subtle changes can occur if premium rates change from what we have projected. We recommend continued monitoring of liability changes as we do with each actuarial valuation of the plan.

Summary of Plan Participants

This section presents the demographic information for the active employees and retired participants included in the OPEB valuation. The actuarial valuation was based on June 30, 2019 census data provided by the District. The following exhibits summarize the personnel characteristics of the data used for the valuation.

A. Data Summary¹

	<u>Single</u>	<u>Single+Spouse</u>	<u>Family / Single+Children</u>	<u>Total</u>
1. Benefits-eligible active employees				
a. Anthem HMO Select	0	0	0	0
b. Anthem HMO Traditional	0	0	1	1
c. Health Net SmartCare	13	1	6	20
d. Kaiser Permanente	53	33	88	174
e. PERS Choice	14	12	22	48
f. PERS Select	0	0	0	0
g. PERSCare	0	0	1	1
h. Total with coverage	<u>80</u>	<u>46</u>	<u>118</u>	<u>244</u>
i. Total without current coverage ²				<u>55</u>
j. Total active employees				299
k. Average age				46.5
l. Average service				10.1
2. Benefits-eligible retirees				
a. Anthem HMO Select	0	1	0	1
b. Anthem HMO Traditional	0	0	0	0
c. Health Net SmartCare	5	5	2	12
d. Kaiser Permanente	50	62	20	132
e. PERS Choice	40	73	13	126
f. PERS Select	0	0	0	0
g. PERSCare	1	0	0	1
h. UnitedHealthcare	0	0	0	0
i. Total with coverage	<u>96</u>	<u>141</u>	<u>35</u>	<u>272</u>
j. Total without current coverage ²				<u>6</u>
k. Total retirees				278
l. Average age with coverage				68.1
m. Average service retirement age				57.9
n. Average disabled retirement age				46.0

¹ Participant count summaries only include medical plans available as of June 30, 2019.

² Includes those covered through family members.

Summary of Plan Participants (continued)

B. Data Reconciliation

	Former Employees in District Medical Plans				Total
	Actives	Retirees	Disabled	Beneficiaries	
1. June 30, 2018	289	247	3	11	550
a. New Hires	27	0	0	0	27
b. Disabled	0	0	0	0	0
c. Terminated	(5)	0	0	0	(5)
d. Deceased	(1)	(3)	0	(1)	(5)
e. New Beneficiaries	0	(1)	0	1	0
f. Retired	(11)	11	0	0	0
g. Added Coverage ¹	0	2	2	0	4
2. June 30, 2019	299	256	5	11	571

¹ Two retirees elected medical coverage who were not previously on the District's plan and two disabled participants electing medical coverage were not previously in the District's census data.

Summary of Plan Provisions

A. Plans Available

Medical (Not Medicare Eligible)

Anthem HMO Select
 Anthem HMO Traditional
 Health Net SmartCare
 Kaiser Permanente
 PERS Choice
 PERS Select
 PERSCare

Medical (Medicare Eligible)

Anthem Select¹
 Anthem Traditional
 Kaiser Permanente
 PERS Choice
 PERS Select
 PERSCare
 UnitedHealthcare

B. Covered Groups

All District employees.

C. Implicit Subsidy

Eligibility

The implicit subsidy is provided to all retirees and retiree spouses who elect non-Medicare medical coverage, provided the retiree has satisfied the eligibility criteria for the direct subsidy.

Amount

The difference between the actual and apparent cost of OPEB coverage. The actual cost for early retirees is usually higher than the average per-person premium for the active/retiree group. Plans in which retirees pay the average active/retiree rate (the apparent cost) give rise to an implicit rate subsidy: the employer pays the difference between the actual and apparent cost.

Duration

For as long as the retiree and dependents receive non-Medicare medical coverage.

¹ This plan is new as of 1/1/2020 and not included in the valuation.

Summary of Plan Provisions (continued)

D. Direct Subsidy

Eligibility

Retired employees must meet all of these conditions:

1) The retiree must be eligible for service retirement under the District's pension plan. Eligibility varies by pension plan and employee group as follows:

Classic Members

- Clerical/Maintenance
 - Age 50 and 10 years of service
- Board of Directors¹
 - Age 55 and 10 years of service
- Professional/Supervisory, Confidential and Unrepresented
 - Age 50 and 5 years of service

PEPRA Members

- Age 52 with 5 years of service

2) Retirement must commence within 120 days of separation from District employment.

3) Employees hired after September 1, 2011 but before January 1, 2016 are eligible for fully-paid medical premiums after 5 years of District service, assuming they have met all retirement eligibility requirements (including consideration for reciprocity).

4) Employees hired on or after January 1, 2016 must have at least 10 years of District service in order to be eligible for fully-paid medical premiums.

Amount

First level of benefits (PEMHCA minimum required contribution):

Employees who do not meet the vesting requirements for fully-paid medical premiums are eligible for partially-paid medical premiums as follows:

Pursuant to Government Code 22892 of the Public Employees' Medical and Hospital Care Act (PEMHCA), the District-provided contribution is based on the unequal contribution formula. The 2019 District unequal contribution is \$13.60/month, regardless of the retiree's dependent coverage and health plan choice. It equals the "Contribution Percentage" times the PEMHCA minimum required contribution for active employees.

The Contribution Percentage is 10% in 2019 and will increase by 5 percentage points annually until it equals 100% of the PEMHCA minimum required contribution for active employees.

The PEMHCA minimum required contribution for active employees is \$136 per month for 2019 and \$139 per month for 2020. The contribution increases annually by the CPI medical care component.

¹ Only Directors who first served prior to January 1, 1995 are eligible for fully-paid medical premiums.

Summary of Plan Provisions (continued)

D. Direct Subsidy (continued)

Amount (continued)

Second level of benefits (fully-paid medical premiums):

The District pays the full amount of medical premiums for the "core plans".

The non-Medicare core plans are Health Net SmartCare, Kaiser and PERS Choice. For retirees who select a non-core plan, the District will pay the cost of the non-core plan, up to the highest of the three core plans for the coverage selected (employee, employee plus spouse, family) capped at the Kaiser family premium.

The Medicare core plans are Kaiser and PERS Choice. For retirees who select a non-core plan, the District will pay the cost of the non-core plan, up to the highest of the two core plans for the coverage selected (employee, employee plus spouse, family).

Duration

The District-provided contribution is continued for the life of the retiree. Upon death of retiree, benefits available to the spouse are as follows:

- Spouses of Clerical/Maintenance retirees who retired before July 1, 2000, Professional/Supervisory retirees who retired before November 9, 2015 and Confidential and Unrepresented retirees who retired before October 3, 2016 receive second level benefits until age 65, provided the surviving spouse is in receipt of a contingent pension benefit. Upon reaching age 65, spouses are eligible to receive the first level benefits for life.
- Spouses of Clerical/Maintenance retirees who retire after July 1, 2000, Professional/Supervisory retirees who retire after November 9, 2015 and Confidential and Unrepresented retirees who retire after October 3, 2016 receive second level benefits for life, provided the surviving spouse is in receipt of a contingent pension benefit. Surviving spouses who do not have a contingent pension benefit are eligible for second level benefits until age 65.

E. Employee Contribution

Active employees pay 50% of the normal cost of the OPEB benefit based on the most recent fiscal year actuarial valuation. Surviving spouse lifetime benefits are excluded in the calculation of employee normal cost in exchange for a COLA reduction. The amount of the contribution cannot increase or decrease by more than 0.2% of base salary in any year. See the Contribution Development section of the report for more details.

Upon termination of employment from the District, other than retirement, employees will receive a refund of all contributions plus 5% interest. Upon death of an active employee, the refund will be paid to a surviving spouse or dependents.

Summary of Plan Provisions (continued)

- F. Retiree Premiums** The monthly premiums for health coverage in effect for January 1, 2020 through December 31, 2020, before reflecting any reduction due to subsidies, are based on premiums for CalPERS Region 1. This valuation assumes that PEMHCA administrative fees are paid separately by the District and are not valued as an OPEB cost.
- G. Retiree Contributions** Retirees are required to pay the applicable retiree premiums, less any portion of the premium paid by the District.
- H. Coverage Following Active Employee's Death** Surviving spouses of active employees who were eligible for retirement receive the benefit they would have been eligible for if the employee retired with a contingent pension benefit.
- I. Additional Other Postemployment Benefits (OPEB)** The District provides a retiree life insurance benefit of \$5,000 for life to all retirees except Board of Directors.
- J. Valuation Changes** Since the last valuation the following changes have been made:
- Retiree premiums were updated to current levels.
 - PEMHCA minimum contribution was updated to its current level.

Summary of Actuarial Methods

- A. Actuarial Cost Method** Liabilities are based on the Entry Age Normal level percent of pay cost method. In this method, the actuarial Present Value of Benefits (PVB) for each individual is allocated as a level percent of pay from entry age (hire age, for most employees) to the last age with any future benefits. The portion of the PVB allocated to the valuation year is called the Normal Cost (NC). The portion of the PVB allocated to past years is called the Actuarial Accrued Liability (AAL).
- B. Amortization Method** The District has chosen to amortize the plan's Unfunded Actuarial Accrued Liability (UAAL) as a level percent of payroll over a fixed closed period ending in 2038. As of the June 30, 2019 valuation date, 19 years remain.
- C. Funding Policy** The District has assets designated for OPEB. These assets are in a qualified irrevocable trust. Quarterly employer contributions to the trust are based on service cost plus amortization of the UAAL less employee contributions. Employee contributions are made to the trust each pay period as a percentage of payroll. Monthly benefit payments equal to the direct subsidy are made from the trust. Implicit subsidy benefits and employee contribution refunds are paid from the District's general assets.
- D. Asset Valuation Method** The Actuarial Value of Assets is a 5-year smoothed market value. Gains and losses are recognized over a five year period.
- E. Data Methods** The District provided census and financial information for the valuation and we have relied on this data in preparing the results in this report. The data was reviewed for reasonableness and consistency, but we have not performed a complete audit.
- To the extent that census data was collected as of a date later than June 30, 2019, we have assumed that it is reasonably representative of the plan census on the valuation date and used it with only minor adjustments.
- F. Covered Payroll** Covered payroll information as of June 30, 2019 was provided by the District.

Summary of Healthcare Assumptions and Methods

A. Per Capita Claims Costs

Background

When premiums for retirees are determined using a blend of active employee and retiree experience, it creates an implicit subsidy to the retirees. Revised Actuarial Standard of Practice No. 6 (ASOP 6) effectively requires most public agencies to calculate an implicit subsidy liability whenever their retirees participate in the group medical plans but only pay the same premiums as active employees.

CalPERS provides publicly-available health claims information for use by actuaries performing OPEB valuations. The data includes a summary of member counts and retiree medical “risk scores” at 5-year age bands.

Non-Medicare Eligible

We developed the estimated retiree healthcare claims costs for non-Medicare eligible retirees by aggregating the gender-specific, non-Medicare eligible CalPERS risk score data and extrapolating the age band scores to individual ages. A risk adjusted per member cost is developed from each plan’s premiums and age-based member data. Plan-specific claims costs were calculated by multiplying each plan’s per member costs by the gender-specific risk scores at each individual age. A load was added to account for retirees covering dependent children.

Medicare Eligible

We have assumed that CalPERS health premiums for Medicare eligible retirees are based on Medicare eligible retiree experience and equal the expected true cost of retiree coverage. As a result, we have assumed there is no implicit subsidy for these benefits.

Summary of Healthcare Assumptions and Methods (continued)

B. Healthcare Cost Trend Trend is a forecast of per capita claims cost increases due to factors such as price inflation, per capita income growth (GDP), and new technology. We developed our trend assumption using the “Getzen” model published by the Society of Actuaries (v2019_b). This model produces a long-term estimate of medical cost trends based on an analysis of historical US healthcare expenditures and industry experts. It assumes that healthcare costs will continue to grow at their historical trends until the economy (GDP) can no longer support the excess growth. At that time, rates revert to an ultimate trend rate which is projected to be supportable by GDP growth rates.

The trend assumption is comprised of three elements: (1) initial short-term rates (up to 5 years), (2) a multi-decade transition period of medium-term rates until projected healthcare costs reach GDP capacity, and (3) a transition to the ultimate trend rate supported by the GDP assumptions. The short-term medical trend rates are based on published survey data and recent premium increase rates. Medium-term and ultimate trend rates are based on the default Getzen model assumptions; except that we have adjusted the inflation and technology expectations to be consistent with our underlying capital market assumptions.

The medical trend rates for plans other than Medicare plans have been adjusted to reflect future potential taxes resulting from the Affordable Care Act’s Excise Tax on high-cost health insurance plans. We have assumed Medicare plans are exempt from this tax. This tax is scheduled to begin in 2022 and will equal 40% of the applicable cost of coverage in excess of the legislated thresholds.

Based on the District’s healthcare plan costs and trend rates, we estimate that the District’s plans will first be impacted in 2022. The additional trend rate adjustments vary by year, but average 0.36% for plans other than Medicare plans.

Actual plan sponsor healthcare costs will differ from the trend assumption since we cannot precisely predict the factors affecting trend and annual plan costs in the future. This assumption is merely one estimate among a wide range of possibilities.

Summary of Actuarial Assumptions

A. General Information

Valuation date	June 30, 2019
Census date	June 30, 2019
Benefits valued	Medical coverage and life insurance

B. Economic Assumptions

	<u>June 30, 2019</u>	<u>June 30, 2018</u>
Discount Rate (See page 30 for rationale)	6.50%	7.00%
Expected long-term rate of return on assets	6.50%	7.00%
General Inflation (CPI-U)	2.50%	2.50%
Wage Inflation (CPI-W)	3.00%	3.00%
Payroll Growth ¹	3.25%	3.25%
CPI Medical Care	3.75%	4.00%

Healthcare Trend Rates Annual increases in per capita claims costs and plan premiums are as follows:

Fiscal Year Ending	Medical Coverage	
	<u>Not Medicare Eligible</u>	<u>Medicare Eligible</u>
2020	6.40%	5.10%
2021	6.00%	5.10%
2022	5.60%	5.20%
2023-2048	5.20%	5.20%
2049-2075	Transition to ultimate rate	Transition to ultimate rate
2076+	4.00%	4.00%

- In addition, the medical trend rates above were increased to reflect the projected effect of the Affordable Care Act's Excise Tax on high-cost health insurance plans. The additional trend rate adjustments vary by year, but average 0.36% beginning calendar year 2022 for plans other than Medicare plans.

Increases in Direct Subsidy The PEMHCA minimum required contribution is assumed to increase annually by the CPI medical care component.
All other subsidies are assumed to increase with healthcare trend rates.

¹ Payroll growth assumption is use to project normal cost and employee payroll from valuation date to the contribution year.

Summary of Actuarial Assumptions (continued)

C. Medical Elections

Current Retirees

- Participation 100% of current retirees are assumed to continue coverage for life.
- Coverage Level Current retirees are assumed to elect dependent coverage based on their current elections.
- Plan Election¹ Current retirees are assumed to continue coverage in their current plan, if available. Current retirees under age 65 electing the Health Net SmartCare plan are assumed to elect a blended Medicare supplement plan when Medicare eligible. The Medicare supplement plan elections are equal to active Medicare eligible plan elections described on the following page.

Future Retirees²

- Participation
 - First Level of Benefits
40% of future retirees who are only eligible for the first level of benefits are assumed to elect coverage at retirement and continue coverage for life.
 - Second Level of Benefits
100% of future retirees who are eligible for the second level of benefits are assumed to elect coverage at retirement and continue coverage for life.
- Coverage Level
 - First Level of Benefits
35% of future retirees electing coverage for the first level of benefits are assumed to cover a spouse at retirement. Coverage for non-spouse dependents is not subsidized by the plan.
 - Second Level of Benefits
70% of future retirees electing coverage for the second level of benefits are assumed to cover a spouse at retirement. 25% of future retirees electing coverage are assumed to cover non-spouse dependents at retirement and continue coverage until retiree turns age 65.

¹ Plan election rates only include medical plans available as of the June 30, 2019 valuation date. Any new plans added after the valuation date are excluded from this valuation, but will be included in the next valuation.

² Includes employees not currently covered by the District's health plans.

Summary of Actuarial Assumptions (continued)

C. Medical Elections (continued)

Future Retirees (continued)

- Plan Election¹ The following table provides the assumed percent electing each plan:

Medical Plan	Not Medicare Eligible	Medicare Eligible (65+)
Anthem HMO Select	0%	0%
Anthem HMO Traditional	0%	0%
Health Net SmartCare	10%	0%
Kaiser Permanente	50%	50%
PERS Choice	40%	50%
PERS Select	0%	0%
PERSCare	0%	0%
UnitedHealthcare	0%	0%

- D. Life Insurance Elections** 100% of current and future retirees are assumed to continue coverage for life.

¹ Plan election rates only include medical plans available as of the June 30, 2019 valuation date. Any new plans added after the valuation date are excluded from this valuation, but will be included in the next valuation.

Summary of Actuarial Assumptions (continued)

E. Demographic Assumptions

Withdrawal Sample rates are shown in the table below:

Years of Service	Clerical	Other
0	3.0%	10.0%
5	3.0%	5.0%
10	1.5%	5.0%
15	4.0%	0.0%
20	4.0%	0.0%
25	4.0%	0.0%
30+	0.0%	0.0%

Retirement Sample rates below are for members in the Classic pension plan:

Age	Rate
50	5.0%
55	8.0%
56	13.0%
57	11.0%
58	11.0%
59	11.0%
60	20.0%
61	15.0%
62	18.0%
63	18.0%
64	18.7%
65	25.6%
70	41.6%
75+	100.0%

Sample rates below are for members in the PEPRAs pension plan:

Age	Years of Service					
	5	10	15	20	25	30
52	1.0%	1.3%	1.6%	1.9%	2.2%	2.4%
57	3.6%	4.6%	5.6%	6.6%	7.6%	8.6%
62	9.7%	12.3%	15.0%	17.6%	20.2%	22.9%
67	10.5%	13.3%	16.2%	19.0%	21.9%	24.7%
72	12.5%	16.0%	19.4%	22.8%	26.2%	29.6%
75+	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Summary of Actuarial Assumptions (continued)

E. Demographic Assumptions (continued)

Mortality Rates are the base PUB-2010 amount-weighted tables. Generational projection using scale MP-2018 was applied to these base rates after 2010.

Disability Sample rates are shown in the table below:

Age	Male	Female
40	0.06%	0.08%
45	0.10%	0.11%
50	0.11%	0.11%
55	0.11%	0.09%
60	0.11%	0.07%
65	0.11%	0.06%
70	0.09%	0.06%
75+	0.07%	0.06%

Salary Increases Wage inflation rate of 3.00% plus a merit scale. Sample rates are shown in the table below:

Years of Service	Clerical	Directors	Other (Entry Age)	
			<40	>=40
2	3.75%	0.00%	5.25%	2.75%
7	1.00%	0.00%	2.25%	0.75%
12	1.00%	0.00%	1.75%	0.75%
17	0.75%	0.00%	0.75%	0.75%

Spouse Age Difference

- Future retirees Husbands are assumed to be 3 years older than their wives.
- Retirees Actual spouse date of birth, if provided. Otherwise, husbands are assumed to be 3 years older than their wives.

Medicare Eligibility 100% of current and future retirees under age 65 are assumed to become Medicare eligible at the later of age 65 or retirement. Actual Medicare status was used for retired members.

Pension Benefit Form For surviving spouse coverage requiring a contingent pension benefit, we have assumed 75% of retirees have a contingent pension benefit.

Summary of Actuarial Assumptions (continued)

F. Per Capita Claims Costs

Medical¹ Per capita claims costs were developed using publicly-available risk score and premium data provided by CalPERS. The results contained here are highly dependent on the accuracy and credibility of the data provided to us. Sample monthly costs by plan and age are shown below:

Age	Anthem HMO Select		Health Net SmartCare		Kaiser Permanente		PERS Choice	
	Male	Female	Male	Female	Male	Female	Male	Female
40	\$ 1,097	\$ 1,137	\$ 1,234	\$ 1,279	\$ 936	\$ 970	\$ 876	\$ 908
45	1,281	1,222	1,440	1,373	1,093	1,042	1,023	976
50	1,346	1,329	1,512	1,493	1,148	1,133	1,075	1,062
55	1,438	1,395	1,615	1,567	1,226	1,189	1,149	1,114
60	1,615	1,453	1,812	1,632	1,376	1,239	1,290	1,161
64	1,779	1,546	1,995	1,735	1,516	1,317	1,421	1,235
65+	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

G. Claims Not Covered by CalPERS Health Insurance

For retirees who retired prior to March 1, 2017, there are additional claims and administrative fees paid directly by the District. The annual claims costs and administrative fees per retiree are assumed to be \$270 and \$83, respectively. Claims are assumed to increase by healthcare trend, and administrative fees are assumed to increase by inflation.

H. Other Assumptions

Retiree Premiums The assumed annual retiree premiums for the period July 1, 2018 through June 30, 2019 are based on the premiums effective January 1, 2020, and were adjusted to June 30, 2019 with 6 months of healthcare trend.

¹ The per capita claims costs are only listed for medical plans available as of the June 30, 2019 valuation date and plans which have current or future non-Medicare eligible retirees electing coverage. Any new plans after the valuation date are excluded from this valuation but will be included in the next valuation.

Summary of Actuarial Assumptions (continued)

I. Assumption Changes Since the last valuation the following changes have been made:

- The discount rate was changed from 7.00% to 6.50% based on updated expectations of long-term returns on trust assets.
- Healthcare trend rates were reset to reflect updated cost increase expectations.
- The PEMHCA minimum increase rate was changed from 4.00% to 3.75% based on an updated historical analysis of CPI medical component increases.
- Medical per capita claims costs were updated to reflect recent experience.
- The annual claims costs not covered by health insurance changed from \$250 per retiree to \$270 per retiree. This change was made to reflect recent District experience.
- Mortality rates were updated from the RP-2014 table with projection scale MP-2017 to the PUB-2010 table with projection scale MP-2018. This change was made to reflect recently-published mortality rates.
- The percent of retirees eligible for fully-paid medical premiums assumed to elect spouse coverage has changed from 80% to 70% This change was made to reflect recent plan experience.
- The percent of future non Medicare retirees electing each medical plan changed to reflect recent plan experience. The following table provides the changes for the assumed percent electing each plan:

Medical Plan	June 30, 2019 Valuation	June 30, 2018 Valuation
Anthem HMO Select	0%	0%
Anthem HMO Traditional	0%	0%
Health Net SmartCare	10%	10%
Kaiser Permanente	50%	45%
PERS Choice	40%	45%
PERS Select	0%	0%
PERSCare	0%	0%
UnitedHealthcare	0%	0%

Selection of Economic Assumptions

The Actuarial Standards Board (ASB) provides coordinated guidance for measuring pension and retiree group benefit obligations through a series of Actuarial Standards of Practice (ASOPs). ASOP No. 27, Selection of Economic Assumptions for Measuring Pension Obligations, requires that the actuary disclose the rationale used in selecting each non-prescribed economic assumption and any changes to non-prescribed economic assumptions.¹

The table below summarizes the rationale for selecting the non-prescribed economic assumptions. The rationale for assumption changes, along with a description of the assumptions themselves, is included in the Actuarial Assumption and Methods section of the report.

Economic Assumptions (non-prescribed)	
Assumption	Rationale for Selecting Assumption
Discount rate and expected return on assets	The expected investment return was selected by the District and is based on expected long-term asset class returns and the District's target asset allocation. We have verified with our own capital market assumption model that their assumption is reasonable. Our model is based on the plan's target asset allocation and a blend of expected asset class returns published in the 2019 Survey of Capital Market Assumptions produced by Horizon Actuarial Services. The expected investment return for the OPEB trust is .25% lower than for the pension trust because the District reimburses the pension trust, but not the OPEB trust, for investment expenses.
General inflation (CPI-U)	Based on analysis of historical CPI-U and 30-year TIPS data, the Federal Open Market Committee target inflation rate, and the 2019 Survey of Capital Market Assumptions produced by Horizon Actuarial Services.
Wage inflation (CPI-W)	Based on historical CPI-W rates for San Francisco, Oakland, and Hayward area.
CPI medical care	Based on a 25-year historical analysis of CPI medical component increases and forward looking expectations.
Payroll growth	Based on a 20-year history of the District's total payroll growth.
Annual salary increases	Based on a study of 2009-2014 plan experience.

¹ ASOP No.6, Measuring Retiree Group Benefits Obligations and Determining Retiree Group Benefits Program Periodic Costs or Actuarially Determined Contributions, specifies that actuaries should comply with ASOP 27 when selecting economic assumptions not covered by ASOP 6.

Selection of Non-Economic Assumptions

The Actuarial Standards Board (ASB) provides coordinated guidance for measuring pension and retiree group benefit obligations through a series of Actuarial Standards of Practice (ASOPs). ASOP No. 35, Selection of Demographic and Other Noneconomic Assumptions for Measuring Pension Obligations, requires that the actuary disclose the rationale used in selecting each non-prescribed non-economic assumption and any changes to non-prescribed non-economic assumptions.¹

The table below summarizes the rationale for selecting the non-prescribed non-economic assumptions. The rationale for assumption changes, along with a description of the assumptions themselves, is included in the Actuarial Assumption and Methods section of the report.

Non-Economic Assumptions (non-prescribed)	
Assumption	Rationale for Selecting Assumption
Healthcare trend rates	Developed using the Society of Actuaries "Getzen" model, with short-term rates set annually based on review of recent healthcare trend surveys and relevant client-specific experience. Additional details can be found in the Healthcare Assumptions and Methods section.
Plan participation, plan election and spouse coverage	Based on review of the District's historical experience and current participant elections.
Withdrawal, retirement, and disability incidence	Based on a study of 2009-2014 plan experience.
Mortality and disabled mortality	Based on most recently published tables.
Spouse ages	Based on a standard age difference assumption from general industry experience, unless substantial plan-specific data is available.
Medicare eligibility	Based on review of current retiree data. Otherwise, we assume all post-65 retirees are Medicare eligible since there are generally very few retirees not eligible for Medicare.
Per capita claims costs	Developed using publicly-available risk score and premium data provided by CalPERS. Additional details can be found in the Per Capita Claims Cost section of the Summary of Healthcare Assumptions and Methods.

¹ ASOP No.6, Measuring Retiree Group Benefits Obligations and Determining Retiree Group Benefits Program Periodic Costs or Actuarially Determined Contributions, specifies that actuaries should comply with ASOP 35 when selecting economic assumptions not covered by ASOP 6.

Important Notices

Purpose and Scope of the Valuation

This valuation has been prepared exclusively for the District and solely to provide contribution information. It is important to recognize that calculations performed for other purposes (such as benefit design, investment policy, or providing GASB 74/75 accounting information) may yield significantly different results.

A valuation report is only a snapshot of a plan's estimated financial condition at a single point in time. A plan's total cost will depend on many factors and variables that are uncertain and unknowable at the current valuation date.

Actuarial valuations are extremely complex and it's possible that data, computer coding, and mathematical errors could occur during the valuation process. Errors in a valuation discovered after its preparation may be corrected by revising the current valuation or in a subsequent year's valuation.

Assumptions and Methods

Since modeling all possible future outcomes is not possible or practical, the valuation is based on a single set of data, assumptions, methods, and plan provisions which satisfy current requirements. We may also use estimates or simplifications to model future events in an efficient and cost-effective manner, so long as we believe that these simplifying techniques do not affect the reasonableness of the valuation results.

The District is responsible for the assumptions, methods, and funding policies used to prepare the valuation. The assumptions used in this report are among a wide range of possibilities (each of which may be considered reasonable), but have been chosen as a single "best estimate". If the District is interested in analyzing the effect of different assumption sets on the valuation results, then we suggest a sensitivity analysis to be performed at a later date.

To the extent that actual plan experience differs from the valuation assumptions, actuarial gains and losses will occur and be amortized over future periods. A summary of the actuarial assumptions and methods used in this valuation are summarized in the Actuarial Basis section of the report.

Accuracy of Substantive Plan Information and Census Data

For purposes of this valuation, we have assumed that the District has validated our summary of the substantive plan provisions and has provided us with any relevant information regarding interpretation of the plan provisions and changes to the plan terms since the prior valuation.

The District is solely responsible for the validity, accuracy and comprehensiveness of this information. If any data or plan provisions supplied are not accurate and complete, the valuation results may differ significantly. Moreover, different interpretations of the substantive plan may produce substantially different valuation results.

Valuation Considerations

This section summarizes the applicable accounting requirements for the plan and describes important considerations and methods used to complete the valuation.

Valuing Postretirement Health Benefits

Determining the value of future healthcare benefits is challenged by the fact that assumptions must be made about many future events that are especially hard to predict. Future increases in healthcare costs are affected by many factors, including:

- OPEB inflation
- Utilization
- Technological advances
- Cost shifting between private and public healthcare plans
- Cost leveraging (i.e., erosion of fixed deductibles and out-of-pocket maximums)

OPEB obligations are also heavily influenced by demographic assumptions such as:

- Withdrawal rates (i.e., employees terminating before receiving benefits)
- Retirement rates (i.e., employees retiring at various ages and subsidy levels)
- Mortality rates (i.e., how long employees and spouses will receive benefits)
- Election rates (i.e., retirees electing to participate, electing which plan, and electing spouse coverage or not)

The Summary of Actuarial Assumptions and Methods section outlines the assumptions used in this valuation.

Estimating Healthcare Costs and Implicit Subsidy

Estimating future healthcare costs involves calculating a starting claims plus administrative cost on a per-covered-individual basis, as well as developing an assumption regarding future increases in healthcare costs.

For insured plans, the premiums represent a blended average cost of both active and retired individuals. Since older, pre-65 retirees generally incur higher claims than younger active employees, employers are required to value retiree liability based on retirees' estimated true costs rather than anticipated premium costs. Age-adjusted claims are developed and used to value the OPEB liability.

Impact of Legislative Changes

The legislative and regulatory environments have many implications for OPEB plans. Changes to current rules and implementation of new legislation are difficult to predict but could have a dramatic impact on the value of future plan benefits. These include changes to government medical programs, such as Medicare and the Affordable Care Act. Future changes to these programs will be reflected if/when they become law.

Glossary of Selected Terms

This section provides the definitions of applicable terminology in the actuarial valuation.

Actuarial Accrued Liability (AAL) - the portion of the actuarial present value which is not provided for by future normal costs, determined under the actuarial cost method.

Actuarial Cost Method - the method used, when determining the actuarial accrued liability, for allocating costs between past, current, and future years.

Actuarial Present Value of Benefits - the value of an amount or series of amounts payable or receivable at various times, determined as of a given date by the application of a set of actuarial assumptions.

Direct Subsidy - OPEB explicitly provided by employer.

Discount Rate - the interest rate used to adjust liabilities and obligations for the time value of money.

Implicit Subsidy or Implicit Rate Subsidy - the difference between the actual and apparent cost of OPEB coverage. The actual cost for early retirees is higher than the average per-person premium for the active/retiree group. Plans in which retirees pay the average active/retiree rate (the apparent cost) give rise to an implicit rate subsidy: the employer pays the difference between the actual and apparent cost.

Long-Term Expected Investment Return - the average expected asset return expected to be earned by the OPEB investments over time.

Normal Cost - the portion of the actuarial present value which is allocated to the valuation year by the actuarial cost method.

Valuation Date - the date as of which assets and liabilities are measured for this valuation.