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SECTION I – OVERVIEW

The Town of Dedham has engaged Sherman Actuarial Services to prepare an actuarial valuation of postretirement benefits program as of June 30, 2016. The Town provided employee data and premium information.

The purposes of the valuation are to analyze the current funded position of the Town'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 Postemployment Benefit Plans Other Than Pension Plans" and "Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions."

According to GASB principles, if the benefits are not prefunded, the rate earned by the General Asset Account must be used. To measure on this Pay-as-You-Go basis we would use a discount rate of 3.5%. Since the Town currently contributes the Annual Required Contribution on a 7.5% basis, GASB principles allow us to use a discount rate reflective of the percentage of the Annual Required Contribution that is currently being funded. The 7.5% scenario figures should be reflected in the Town's financial statements based on the Town's current prefunding approach.

The unfunded actuarial liability increased from \$50,194,288 to \$63,111,818 from 2014 to 2016, based on a 7.5% discount rate. There was a loss mainly due to the increase in medical trend and the plans offered to retirees, increase in active participants, and elections by retirees. From 2014 to 2016, the weighted increase in post-65 costs was about 40% versus an assumption of a 15% increase.

For 2016, we changed the assumptions for non-Teachers based on the Sherman Actuarial Services 2015 Experience Study. We used the State assumptions on turnover, disability and retirement for Teachers covered by Section 114 of the Acts of 2000. The mortality assumption for Teaches was also changed to a generational table. Based on the foregoing, the cost results and actuarial exhibits presented in this report were determined on a consistent and objective basis in accordance with applicable Actuarial Standards of Practice and generally accepted actuarial procedures.

The report was prepared under the supervision of Daniel Sherman, an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries, who takes responsibility for the overall appropriateness of the analysis, assumptions and results. Daniel Sherman is deemed to meet the General Qualification Standard and the basic education and experience requirement in the pension area. Based on over twenty years of performing FAS 106 valuations of similar complexity, Mr. Sherman is qualified by experience in retiree medical valuation. Daniel Sherman has met the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

Respectfully Submitted,

SHERMAN ACTUARIAL SERVICES, LLC

Daniel W. Therran

Daniel Sherman, ASA, MAAA Director and Consulting Actuary November 17, 2017

Date

SECTION II – REQUIRED INFORMATION

	Fı	all Prefunding 7.50%	F	Full Prefunding 7.50%		
a) Actuarial valuation date	Jı	ne 30, 2014	J	une 30, 2016		Difference
b) Actuarial Value of Assets	\$	5,876,987	\$	11,036,189	\$	-5,159,202
c) Actuarial Accrued Liability Active participants Retired participants Total AAL	\$ 	26,661,085 29,410,190 56,071,275	\$ \$	31,103,498 43,044,509 74,148,007	\$ _ \$	4,442,413 13,634,319 18,076,732
d) Unfunded Actuarial Liability "UAL" [c - b]	\$	50,194,288	\$	63,111,818	\$	12,917,530
e) Funded ratio [b / c]		10.5%		14.9%		
f) Annual covered payroll	\$	43,951,811	\$	47,082,279		
g) UAL as percentage of covered payroll		114.2%		134.0%		
h) Normal Cost for fiscal year 2016	\$	1,349,617	\$	1,511,155	\$	161,538
i) Amortization of UAL for fiscal year 2016*		2,704,872		3,560,622		855,750
j) Interest to the end of the fiscal year		0		0		0
k) Annual Required Contribution "ARC" for fiscal year 2016 [$h + i + j$]	\$	4,054,489	\$	5,071,777	\$	1,017,288
l) Estimated claims cost, less retiree deductions		3,091,897		4,157,333		1,065,436

^{* 26-}year amortization, increasing 4% per year

SECTION III - MEDICAL PREMIUM

Monthly Premiums effective July 1, 2016

Health benefits are available to employees and retirees through a number of plans. The Town obtains health insurance coverage for retired teachers through the Massachusetts Group Insurance Commission ("GIC"). The GIC purchases a variety of fully insured plans, with the rates provided to each participating municipality apparently based in part on the municipality's demographic characteristics. The Town self-insures the non-GIC plans. The following are gross monthly rates per subscriber for plans in which current Town employees and/or retirees are enrolled:

	<u>Family</u>	<u>Individual</u>
Blue Options	\$2,374	\$885
Fallon Select	\$1,652	\$688
Fallon Senior - Individual		\$311
Harvard Medicare Enhance		\$342
Harvard Pilgrim EPO	\$2,081	\$799
Managed Blue for Seniors		\$345
Medex III		\$379
NHP Care	\$1,352	\$510
Tufts Medicare Complement - Individual		\$397
Tufts Medicare Plus – Individual		\$320
Tufts Medicare Preferred HMO		\$296
Tufts Navigator	\$2,203	\$841
Unicare State Indemnity w/ CIC	\$3,107	\$1,285
Unicare State Indemnity OME w/CIC		\$389

Retirees contribute towards their coverage. In all GIC plans, those retired on or prior to July 1, 1990 contribute 10%, while others contribute 15%. For the non-GIC plans, contributions are 50% of stated premiums for Medicare plans, and contributions range from 10% to 25% for all other plans.

SECTION IV - MEMBERSHIP DATA AND BREAKDOWN OF RESULTS

Number of Employees	Culture & Recreation	Education	General Government	Human Services	Public Safety	Public Works	Total
Actives	23	379	34	13	125	29	603
Retirees and Beneficiaries	18	372	141_	5	123	19_	678
Total	41	751	175	18	248	48	1,281
Accrued Liability @ 7.5%							
Active	1,112,030	15,657,861	893,280	517,773	11,262,463	1,660,091	31,103,498
Retired	795,584	25,192,278	7,235,684	179,137	8,405,166	1,236,660	43,044,509
Total	1,907,614	40,850,139	8,128,964	696,910	19,667,629	2,896,751	74,148,007
Assets	283,929	6,080,134	1,209,915	103,728	2,927,330	431,152	11,036,189
UAL	1,623,685	34,770,005	6,919,049	593,182	16,740,299	2,465,599	63,111,818
Annual Required Contribution @ 7.5%							
Normal Cost with interest	48,089	923,742	81,896	27,825	359,158	70,445	1,511,155
Amortization of UAL with interest	91,605	1,961,642	390,357	33,466	944,449	139,103	3,560,622
Total	139,694	2,885,384	472,253	61,291	1,303,607	209,548	5,071,777
Estimated Claims Cost	74,871	2,233,964	806,553	19,124	861,392	161,429	4,157,333
Difference	64,823	651,420	(334,300)	42,167	442,215	48,119	914,444

SECTION V – REQUIRED SUPPLEMENTARY INFORMATION SCHEDULE OF FUNDING PROGRESS

Assumed Interest Rate of 5.75% for 2010 and 2012, 7.5% for 2014+

		Actuarial				
	Actuarial	Accrued	Unfunded			UAAL as a
	Value of	Liability	AAL	Funded	Covered	Percentage of
Actuarial	Assets	(AAL)	(UAAL)	Ratio	Payroll	Covered Payroll
Valuation Date	<u>(a)</u>	<u>(b)</u>	<u>(b)-(a)</u>	<u>(a)/(b)</u>	<u>(c)</u>	[(b)-(a)]/(c)
June 30, 2010	1,403,793	74,018,559	72,614,766	1.9%	45,934,750	158.1%
June 30, 2012	3,180,875	77,722,866	74,541,991	4.1%	39,791,854	187.3%
June 30, 2014	5,876,987	56,071,275	50,194,288	10.5%	43,951,811	145.2%
June 30, 2016	11,036,189	74,148,007	63,111,818	14.88%	47,082,279	134.0%

DEVELOPMENT OF OPEB COST AND NET OPEB OBLIGATION (NOO)

Year	Annual			Annual			
Ending	Required	Interest on	Amortization	OPEB Cost	Actual	Change in	
June 30	Contribution	NOO	of NOO	(1) + (2) - (3)	Contribution	NOO (4) - (5)	NOO Balance
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
2011	5,319,868	391,703	268,380	5,443,191	3,583,527	1,859,664	8,671,894
2012	5,622,162	198,446	208,483	5,612,125	3,964,104	1,648,021	10,319,915
2013	5,915,883	593,395	433,627	6,075,651	4,869,417	1,206,234	11,526,149
2014	4,054,489	662,754	484,311	4,232,932	3,091,899	1,141,033	12,667,183
2015	4,223,417	728,363	668,354	4,283,426	6,601,333	(2,317,907)	10,349,275
2016	4,399,406	776,196	557,702	4,617,900	6,845,757	(2,227,857)	8,121,418
2017	5,282,204	609,106	447,514	5,443,796	5,925,736	(481,940)	7,639,478

Assumed discount rate changed from 5.75% to 7.5% for FYE 2014 and beyond.

SECTION V – SCHEDULE OF EMPLOYER CONTRIBUTIONS

The Government Accounting Standards Board's Standard Number 45 "Accounting and Financial

Reporting by Employers for Post Employment 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 schedules shown on the following pages, the amortization of the unfunded

accrued liability is increasing at 4.0% for 26 years. The normal cost is expected to increase at

4.5%, the same rate as the assumed ultimate health care trend rate. The contributions were

computed assuming that the contribution is paid at the end of the fiscal year. Projected benefit

payments/employer contributions reflect only the benefit for those individuals now employed or

retired, not any future entrants.

Town of Dedham Post Retirement Medical Plan Valuation June 30, 2016

${\bf SECTION}\ V-{\bf SCHEDULE}\ {\bf OF}\ {\bf EMPLOYER}\ {\bf CONTRIBUTIONS}\ ({\bf Continued})$

Assumed Full Prefunding Interest Rate of 7.5%

Fiscal Year		Amortization		
Ending In	Normal Cost	of UAL	ARC	Pay-as-You-Go
2016	1,511,155	3,560,622	5,071,777	4,157,333
2017	1,579,157	3,703,047	5,282,204	4,200,965
2018	1,650,219	3,851,169	5,501,388	4,385,598
2019	1,724,479	4,005,216	5,729,695	4,579,769
2020	1,802,081	4,165,424	5,967,505	4,715,531
2021	1,883,175	4,332,041	6,215,216	5,224,263
2022	1,967,918	4,505,323	6,473,241	5,152,406
2023	2,056,474	4,685,536	6,742,010	5,406,240
2024	2,149,015	4,872,957	7,021,972	5,581,687
2025	2,245,721	5,067,875	7,313,596	5,669,574
2026	2,346,778	5,270,590	7,617,368	5,853,252
2027	2,452,383	5,481,414	7,933,797	6,042,880
2028	2,562,740	5,700,671	8,263,411	6,238,651
2029	2,678,063	5,928,697	8,606,760	6,440,766
2030	2,798,576	6,165,845	8,964,421	6,649,428
2031	2,924,512	6,412,479	9,336,991	6,864,850
2032	3,056,115	6,668,978	9,725,093	7,087,251
2033	3,193,640	6,935,737	10,129,377	7,316,857
2034	3,337,354	7,213,167	10,550,521	7,553,902
2035	3,487,535	7,501,694	10,989,229	7,798,626
2036	3,644,474	7,801,761	11,446,235	8,051,279
2037	3,808,475	8,113,832	11,922,307	8,312,117
2038	3,979,856	8,438,385	12,418,241	8,581,405
2039	4,158,950	8,775,920	12,934,870	8,859,417
2040	4,346,103	9,126,957	13,473,060	9,146,437
2041	4,541,678	9,492,035	14,033,713	9,442,755
2042	4,746,054	-	4,746,054	9,748,672
2043	4,959,626	-	4,959,626	10,064,501
2044	5,182,809	-	5,182,809	10,390,561
2045	5,416,035	-	5,416,035	10,727,185

SCHEDULE A - ACTUARIAL ASSUMPTIONS AND METHODS

All Groups

Interest Full Prefunding: 7.5%, net of investment expenses

Actuarial Cost Method: Projected Unit Credit

Medical Care Inflation:

<u>Year</u>	Inflation Rate
2016	5.5%
2017	5.0%
2018+	4.5%

Participation: 90% of future Town and School retirees are assumed to participate in

the retiree medical plan. 85% of future Town and School retirees are

assumed to elect life insurance.

Marital status: 80% of male Town employees, 60% of female Town employees and

60% of School employees are assumed to have a covered spouse at retirement. Wives are assumed to be three years younger than their

husbands.

Termination Benefit: 85% of current actives over age 50 with at least 10 years of service

are expected to elect medical coverage starting at age 65.

Medical Plan Costs: The estimated gross per capita incurred claim costs for all retirees

and beneficiaries during 2016-17 at age 64 and 65 are \$18,991 and \$4,195, respectively. Medicare eligible retirees' per capita claims costs for Non-Teachers at age 65 is \$3,606. It is assumed that future retirees participate in the same manner as current retirees. Per capita costs were developed from age adjusting a blend of the current premium rates for the various insured arrangements. Employee cost sharing is based on current rates. Future cost sharing is based on the weighted average of the current cost sharing of retirees and beneficiaries. Premium costs include cost of administration, including a 0.33% administrative fee for the Group Insurance

Commission.

SCHEDULE A - ACTUARIAL ASSUMPTIONS AND METHODS (Continued)

Amortization period: 26-year level percent of pay assuming 4% increasing payments. Closed

basis for the full Prefunding method forecast. For a 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.

Age-based Morbidity: Medical costs are adjusted to reflect expected cost increases related

to age. The increase in the net costs assumed to be:

	Annual Increase
<u>Age</u>	<u>Retiree</u>
49 and below	2.6%
50-54	3.2%
55-59	3.4%
60-64	3.7%
65-69	3.2%
70-74	2.4%
75-79	1.8%
80 and over	0.0%

Current Employees:

Current active employees who are assumed to retire prior to age 65 are valued with a weighted-average current cost. This weighted-average current cost is based on the medical plan coverage of current retirees under age 65.

At age 65, active participants are assumed to participate in the same manner as current retirees over age 65 in Medicare Supplemental plans.

Pre-Age 65 Retirees:

Current retirees, spouses and beneficiaries who are under age 65 are assumed to remain in their current medical plan until age 65. At age 65, all participants are assumed to participate in Medicare supplement plan in the same proportions as current post 65 retirees.

Current active employees who are assumed to retire prior to age 65 are valued with a weighted-average premium. This weighted-average premium is based on the medical plan coverage of current retirees under age 65. At age 65, all participants are assumed to participate in post 65 Medicare supplemental plans in the same proportions as current retirees over age 65.

Post-Age 65 Retirees:

Current retirees over age 65 remain in their current medical plan until death for purposes of measuring their contributions. Amounts to be received in the future for the Medicare Part D Retiree Drug Subsidy are not reflected in the valuation.

SCHEDULE A - ACTUARIAL ASSUMPTIONS AND METHODS (Continued)

NON-TEACHERS

The below tables represent values of the assumed annual rates of withdrawal, disability, death and service retirement:

Group 1 and 2

			Servic	e Retiremen	t
Age	Disability	Male	Female	Male Post	Female Post
				2012 Hire	2012 Hire
25	0.0001				
30	0.0002				
35	0.0003				
40	0.0007				
45	0.0010				
50	0.0013	0.0360	0.1019		
55	0.0016	0.0477	0.0469		
60	0.0018	0.1057	0.0774	0.0477	0.0469
62	0.0019	0.1473	0.1168	0.0632	0.0509
65	0.0016	0.2615	0.1939	0.1057	0.0774
69	0.0014	0.2500	0.2000	0.2136	0.1708

Years of Service	Rates of Withdrawal
0	0.2800
5	0.1020
10	0.0650
15	0.0417
20	0.0400
25	0.0400
30+	0.0000

Group 4

		Service Retirements			
Age	Disability	Pre 2012	Post 2012		
25	0.0005				
30	0.0010				
35	0.0020				
40	0.0025				
45	0.0040	.0443			
50	0.0076	.0382	0.0191		
55	0.0076	.1110	0.0370		
60	0.0065	.1871	0.0936		
62	0.0065	.2176	0.1741		
65	0.0000	1.0000	0.2500		

Years of Service	Rates of Withdrawal
0 - 1	0.150
2 - 3	0.125
4 - 5	0.100
6 - 7	0.075
8 - 9	0.050
10 - 19	0.060
20+	0.000

Mortality: It is assumed that both pre-retirement mortality and beneficiary mortality is represented by the RP-2014 Blue Collar Mortality with Scale MP-2015, fully generational. Mortality for retired members for Group 1 and 2 is represented by the RP-2014 Blue Collar Mortality Table set forward five years for males and 3 years for females, fully generational. Mortality for retired members for Group 4 is represented by the RP-2014 Blue Collar Mortality Table set forward three years for males, and six years for females, fully generational. Mortality for disabled members for Group 1 and 2 is represented by the RP-2000 Mortality Table set forward six years. Mortality for disabled members for Group 4 is represented by the RP-2000 Mortality Table set forward two years. Generational adjusting is based on Scale MP-2015.

SCHEDULE A - ACTUARIAL ASSUMPTIONS AND METHODS (Continued) TEACHERS

The below tables represent values of the assumed annual rates of withdrawal, disability, death and service retirement:

Age	Disability		
25	0.0002		
30	0.0003		
35	0.0006		
40	0.0010		
45	0.0015		
50	0.0019		
55	0.0024		
60	0.0028		
62	0.0030		
65	0.0030		
69			

Years of	Rates of	
Service	Withdrawal	
0	0.150	
1	0.120	
2	0.100	
3	0.090	
4	0.080	
5	0.076	
10	0.054	
15	0.033	
20	0.020	
25	0.010	
30+	0.000	

	Male		Female	
\$	Service Retirement		Service Retirement	
Age	<20	20+	<20	20+
50	0.00	0.01	0.00	0.01
55	0.02	0.03	0.02	0.04
60	0.12	0.20	0.12	0.16
61	0.15	0.30	0.15	0.20
62	0.18	0.35	0.18	0.25
63	0.15	0.35	0.15	0.25
64	0.25	0.30	0.25	0.30
65	0.40	0.50	0.40	0.40
66	0.40	0.30	0.40	0.30
67	0.40	0.30	0.40	0.25
68	0.40	0.30	0.40	0.35
69	0.40	0.40	0.40	0.35
70	1.00	1.00	1.00	1.00

Teachers electing the increased benefit under Chapter 114 of the Acts of 2000 were assumed to have higher rates of retirement from ages 54 to 62 if their service was greater than 30 years. These rates are the same for males and females. The rate at age 54 is 0.035. The rate increases to 0.06 at age 55, 0.18 at age 56 and 0.30 at age 57. The rate for ages 58, 59 and 62 is 0.40. The rate for ages 60 and 61 is 0.35.

Mortality: It is assumed that both pre-retirement mortality and beneficiary mortality is represented by the RP-2014 Blue Collar Mortality with Scale MP-2015, fully generational.

SCHEDULE B – CONSIDERATION OF HEALTH CARE REFORM

Summary of Effects of Selected Provisions

Early Retiree Reinsurance Program – Effective 6/1/2010: Due to the short-term nature of the payments expected to be received under this program, we did not feel it would be appropriate to include the impact of this program on long-term GASB 45 liabilities.

Removal of Lifetime Maximum The elimination of the lifetime maximums would have a negligible impact on the retiree health plan obligations since the plans have relatively high lifetime maximums of \$2 million or none.

Medicare Advantage Plans - Effective 1/1/2011: The law provides for reductions to the amounts that would be provided to Medicare Advantage plans starting in 2011. The Town offers Medicare Advantage plans. Payments are not reflected as on ongoing offsetting item in GASB 45 valuations, and so no direct impact is reflected

Expansion of Child Coverage to Age 26: Since few retirees cover children on retiree health plans, this provision have a relatively small effect on the gross benefit cost.

Medicare Part D Subsidy - Shrinking Medicare Prescription Drug "Donut Hole"- Starting 1/1/2011- RDS payments are not reflected as on ongoing offsetting item in GASB 45 valuations, and so no direct impact is reflected.

Excise Tax on High-Cost Employer Health Plans (aka Cadillac Tax) - Effective 1/1/2020 There is considerable uncertainty about how the tax would be applied, and considerable latitude in grouping of participants for tax purposes. Based on a preliminary projection of the calculation on a blended pre-65/post-65 retiree coverage basis, we have included an estimate of the tax payments in the liabilities.

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.

SCHEDULE C - SUMMARY OF PROGRAM PROVISIONS

Retirement Medical Insurance: Retired employees pay a variable portion of their post-retirement

medical costs, which varies by plan.

Life Insurance: The Town contributes \$2.25 per month for each retired teacher

receiving \$5,000 basic life insurance. The Town contributes \$3.15 per month for all other retirees receiving \$5,000 basic life

insurance.

Spousal Coverage: Current and future retirees may elect to include their spouses as

part of their post-retirement benefits. There is lifetime spousal

coverage for medical insurance.

Section 18 Coverage: The Town has elected to adopt Section 18 under Chapter 32B of

the General Laws of Massachusetts, which requires that an employee or retiree must participate in the Medicare program as the primary payer once one reaches age 65 and is Medicare

eligible.

Retirement Eligibility: Age 55 with 10 years of service, or 20 years of service.

Ordinary Disability Eligibility: 10 years of service and under age 55.

Termination Eligibility: 10 years of service.

SCHEDULE D - GLOSSARY OF TERMS

Actuarial accrued liability

That portion, as determined by a particular Actuarial Cost Method, of the Actuarial Present Value of OPEB benefits and expenses which is not provided for by future Normal Costs and therefore is the value of benefits already earned.

Actuarial assumptions

Assumptions as to the occurrence of future events affecting OPEB costs, such as: mortality, withdrawal, disablement and retirement; changes in compensation and Government provided OPEB benefits; rates of investment earnings and asset appreciation or depreciation; procedures used to determine the Actuarial Value of Assets; characteristics of future entrants for Open Group Actuarial Cost Methods; and other relevant items.

Actuarial cost method

A procedure for determining the Actuarial Present Value of OPEB benefits and expenses and for developing an actuarially equivalent allocation of such value to time periods, usually in the form of a Normal Cost and an Actuarial Accrued Liability.

Actuarial experience gain or 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.

Amortization (of unfunded actuarial accrued liability)

That portion of the OPEB plan contribution which is designed to pay interest on and to amortize the Unfunded Actuarial Accrued Liability or the Unfunded Frozen Actuarial Accrued Liability.

Annual OPEB cost

An accrual-basis measure of the periodic cost of an employer's participation in a defined benefit OPEB plan.

Annual required contributions of the employer (ARC)

The employer's periodic expense to a defined benefit OPEB plan, calculated in accordance with the parameters. It is the value of the cash contributions for a funded plan and the value of the expense entry in the profit and loss section of the financial statements.

Closed amortization period (closed basis)

A specific number of years that is counted from one date and, therefore, declines to zero with the passage of time. For example, if the amortization period initially is thirty years on a closed basis, twenty-nine years remain after the first year, twenty-eight years after the second year, and so forth. In contrast, an open amortization period (open basis) is one that begins again or is recalculated at each actuarial valuation date. Within a maximum number of years specified by law or policy (for example, thirty years), the period may increase, decrease, or remain stable.

SCHEDULE D - GLOSSARY OF TERMS (Continued)

Covered payroll

Annual compensation paid to active employees covered by an OPEB plan. If employees also are covered by a pension plan, the covered payroll should include all elements included in compensation on which contributions to the pension plan are based. For example, if pension contributions are calculated on base pay including overtime, covered payroll includes overtime compensation.

Defined benefit OPEB plan

An OPEB plan having terms that specify the benefits to be provided at or after separation from employment. The benefits may be specified in dollars (for example, a flat dollar payment or an amount based on one or more factors such as age, years of service, and compensation), or as a type or level of coverage (for example, prescription drugs or a percentage of healthcare insurance premiums).

Funded ratio

The actuarial value of assets expressed as a percentage of the actuarial accrued liability.

Funding policy

The program for the amounts and timing of contributions to be made by plan members, employer(s), and other contributing entities (for example, state government contributions to a local government plan) to provide the benefits specified by an OPEB plan.

Healthcare cost trend rate

The rate of change in per capita health claims costs over time as a result of factors such as medical inflation, utilization of healthcare services, plan design, and technological developments.

Investment return assumption (discount rate)

The rate used to adjust a series of future payments to reflect the time value of money.

Level dollar amortization method

The amount to be amortized is divided into equal dollar amounts to be paid over a given number of years; part of each payment is interest and part is principal (similar to a mortgage payment on a building). Because payroll can be expected to increase as a result of inflation, level dollar payments generally represent a decreasing percentage of payroll; in dollars adjusted for inflation, the payments can be expected to decrease over time.

Level percentage of projected payroll amortization method

Amortization payments are calculated so that they are a constant percentage of the projected payroll of active plan members over a given number of years. The dollar amount of the payments generally will increase over time as payroll increases due to inflation; in dollars adjusted for inflation, the payments can be expected to remain level.

SCHEDULE D - GLOSSARY OF TERMS (Continued)

Net OPEB obligation

The cumulative difference since the effective date of this Statement between annual OPEB cost and the employer's contributions to the plan, including the OPEB liability (asset) at transition, if any, and excluding (a) short-term differences and (b) unpaid contributions that have been converted to OPEB-related debt. It will be included as a balance sheet entry on the financial statements.

Normal cost

That portion of the Actuarial Present Value of OPEB benefits and expenses which is allocated to a valuation year by the Actuarial Cost Method. It is the value of benefits to be accrued in the valuation year by active employees.

OPEB-related debt

All long-term liabilities of an employer to an OPEB plan, the payment of which is not included in the annual required contributions of a sole or agent employer (ARC) or the actuarially determined required contributions of a cost-sharing employer. Payments generally are made in accordance with installment contracts that usually include interest. Examples include contractually deferred contributions and amounts assessed to an employer upon joining a multiple-employer plan.

Other postemployment benefits

Postemployment benefits other than pension benefits. Other postemployment benefits (OPEB) include postemployment healthcare benefits, regardless of the type of plan that provides them, and all postemployment benefits provided separately from a pension plan, excluding benefits defined as termination offers and benefits.

Pay-as-you-go

A method of financing a OPEB plan under which the contributions to the plan are generally made at about the same time and in about the same amount as benefit payments and expenses becoming due.

Required supplementary information (RSI)

Schedules, statistical data, and other information that are an essential part of financial reporting and should be presented with, but are not part of, the basic financial statements of a governmental entity.