Rancho Santiago Community College District
Actuarial Study of Retiree Health Liabilities

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RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT

Actuarial Study of Retiree Health Liabilities

PART I: EXECUTIVE SUMMARY

A. Introduction

Rancho Santiago Community College District engaged Total Compensation Systems, Inc. (TCS) to analyze liabilities associated with its current retiree health program as of September 1, 2005 (the valuation date).

This actuarial study is intended to serve the following purposes:

» To provide information to enable Rancho Santiago CCD to manage the costs and liabilities associated with its retiree health benefits.

» To provide information to enable Rancho Santiago CCD to communicate the financial implications of retiree health benefits to internal financial staff, the Board, employee groups and other affected parties.

» To provide information needed to comply with Governmental Accounting Standards Board Accounting Standard 12 (GASB 12) and with the forthcoming GASB accounting standards 43 and 45 related to "other postemployment benefits" (OPEB's). (See Appendix E)

Because this report was prepared in compliance with GASB 43 and 45, as appropriate, Rancho Santiago CCD should not use this report for any other purpose without discussion with TCS. This means that any discussions with employee groups, governing Boards, etc. should be restricted to the implications of GASB 43 and 45 compliance.

This actuarial report includes several estimates for Rancho Santiago CCD's retiree health program. In addition to the tables included in this report, we also performed cash flow adequacy tests as required under Actuarial Standard of Practice 6 (ASOP 6). Our cash flow adequacy testing covers a twenty-year period. We would be happy to make this cash flow adequacy test available to Rancho Santiago CCD in spreadsheet format upon request.

We calculated the following estimates separately for active employees and retirees. As requested, we also separated results by the following employee classifications: Faculty, Classified, Child Development Centers (CDC) and Management. We estimated the following:

➢ the total liability created. (The actuarial present value of total projected benefits or APVTPB)

➢ the ten year "pay-as-you-go" cost to provide these benefits.

➢ the "actuarial accrued liability (AAL)." (The AAL is the portion of the APVTPB attributable to employees' service prior to the valuation date.

➢ the amount necessary to amortize the UAAL over a period of 30 years.

- ➢ the annual contribution required to fund retiree benefits over the working lifetime of eligible employees (the "normal cost").

- ➢ The Annual Required Contribution (ARC) which is the basis of calculating the annual OPEB cost and net OPEB obligation under GASB 43 and 45.

We summarized the data used to perform this study in Appendix A. No effort was made to verify this information beyond brief tests for reasonableness and consistency.

All cost and liability figures contained in this study are estimates of future results. Future results can vary dramatically and the accuracy of estimates contained in this report depends on the actuarial assumptions used. Normal costs and liabilities could easily vary by 10 - 20% or more from estimates contained in this report. The best way to respond to this uncertainty of future results is to have an actuarial study performed regularly - no less frequently than every two or three years as provided by GASB 43 and 45.

B. General Findings

We estimate the "pay-as-you-go" cost of providing retiree health benefits in the year beginning September 1, 2005 to be $2,637,112 (see Section IV.A.). However, this cost would increase over the next ten years at an annual rate of 12.0%.

There are several reasons why it is important for community college districts to evaluate retiree health costs and liabilities. The Governmental Accounting Standards Board (GASB) will soon require accounting for the costs and liabilities associated with retiree health benefits on an accrual basis -- i.e. over the working lifetime of eligible employees. (The effective date of the GASB accounting standard will range from 2007 to 2009, depending on the annual revenue of the District during the 1998-99 fiscal year.) Auditors may require an actuarial study for an unqualified audit based on AICPA Statement of Position 92-06.

Community College Districts may have additional reasons to obtain a retiree health valuation. Accreditation teams have been instructed to look for an actuarial valuation when district-paid retiree health benefits are provided. Also, charging any part of retiree benefit costs to categorical programs requires an actuarial valuation and funding on an actuarial basis (according to California Community Colleges Accounting Advisory 96-02).

Complying with accounting and regulatory requirements will require employers to expense more than what is required to simply pay retiree health benefit costs. These excess expenses over time – plus interest – will accumulate a liability related to retiree health benefits. These expenses and liabilities will be lower and more stable for employers that establish irrevocable trusts. By funding retiree benefits through such a trust, there will be enough funds available at retirement (on average) that, with interest, will be sufficient to pay all promised retiree health benefits without the need for any post-retirement District contributions.

For current employees, the value of benefits "accrued" in the year beginning September 1, 2005 (the normal cost) is $3,336,230. This normal cost would increase each year based on covered payroll. Had Rancho Santiago CCD begun accruing retiree health benefits when each current employee and retiree was hired, a substantial liability would have accumulated. We estimate the amount that would have accumulated to be $111,243,936. This amount is called the "actuarial accrued liability."

Rancho Santiago CCD has set aside $16,448,430 to fund retiree health liabilities. This leaves an unfunded actuarial accrued liability (UAAL) of $94,795,506. We calculated the annual cost to amortize the unfunded actuarial

accrued liability using a 5% discount rate. We used a 30 year amortization period. The current year cost to amortize the unfunded "actuarial accrued liability" is $4,198,785. This amortization payment would increase each year based on covered payroll. Payments would continue for 30 years, after which time amortization payments would end.

Combining the normal cost and UAAL amortization costs in the first year produces a total first year annual required contribution (ARC) of $7,535,015. This amount would be in lieu of (rather than in addition to) the "pay-as-you-go" cost. The additional cost of compliance with GASB 43 and 45 is therefore $4,897,903.

Accruing retiree benefits over employees' working lifetime would add to total compensation an average of $3,443 per year per employee from each employee's hire date until the employee reaches retirement. This normal cost would increase each year based on covered payroll. This estimate of additional compensation is based on the normal cost and does not include the UAAL amortization payments which result from underaccrual of benefits earned in past years.

We based all of the above estimates on employees as of September, 2005. Over time, liabilities and cash flow will vary based on the number and demographic characteristics of employees and retirees. It will be important to periodically revalue costs and liabilities.

C. Description of Retiree Benefits

Following is a description of the current retiree benefit plan:

	Faculty	Classified	CDC	Management
Applies to	Hired > 5/31/86	Hired > 7/1/86*	Hired > 5/31/86	Hired > 5/31/86
Benefit types provided	Medical and dental	Medical and dental	Medical and dental	Medical and dental
Duration of Benefits	To age 70	To age 70	To age 70	To age 70
Required Service	15 years	15 years	15 years	15 years
Minimum Age	55	50	50	50
Dependent Coverage	Yes	Yes	Yes	Yes**
District Contribution %	100%	100%	100%	100%
District Cap	Active Rate	Active Rate	$9000 per year	Active Rate

*Those hired after 7/1/86 and before 7/1/90 receive the above benefits but with no cap
**Surviving spouse coverage available to administrators hired before 7/1/89 and supervisors/confidential hired before 4/11/05.

For employees hired prior to the dates shown above, retirees receive District-paid lifetime coverage.

D. Recommendations

It is outside the scope of this report to make specific recommendations of actions Rancho Santiago CCD should take to manage the substantial liability created by the current retiree health program. Total Compensation Systems, Inc. can assist in identifying and evaluating options once this report has been studied. The following recommendations are intended only to allow the District to get more information from this and future studies.

- We recommend that Rancho Santiago CCD inventory all benefits and services provided to retirees – whether contractually or not and whether retiree-paid or not. For each, Rancho Santiago CCD

should determine whether the benefit is material and subject to GASB 43 and/or 45.

- Until GASB 45 is effective, we recommend that Rancho Santiago CCD conduct a study whenever events or contemplated actions significantly affect present or future liabilities, but no less frequently than every three years. (See Part VI for a list of events that can affect retiree health liabilities.)

- We recommend that the District communicate the magnitude of these costs to employees and include employees in discussions of options to control the costs.

- Because of the significant liabilities created by the current retiree health program, the District should maintain a program of earmarking funds to pay future benefits. It should be noted that the upcoming GASB accounting standard will require assets sufficient to offset retiree health liabilities. (See Part V for a review of funding alternatives.)

- Under GASB 45, it is important to isolate the cost of retiree health benefits. We strongly urge Rancho Santiago CCD to have all premiums, claims and expenses for retirees separated from active employee premiums, claims, expenses, etc. To the extent any retiree benefits are made available to retirees over the age of 65 – ***even on a retiree-pay-all basis*** – all premiums, claims and expenses for post-65 retiree coverage should be segregated from those for pre-65 coverage. Furthermore, Rancho Santiago CCD should arrange for the rates or prices of all retiree benefits to be set on what is expected to be a self-sustaining basis.

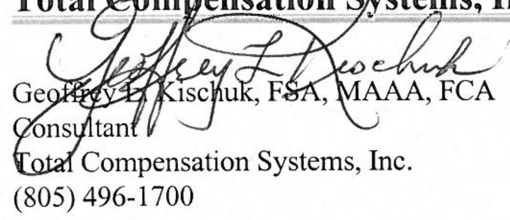
- Rancho Santiago CCD should establish a way of designating employees as eligible or ineligible for future OPEB benefits. Ineligible employees can include those in ineligible job classes; those hired after a designated date restricting eligibility; those who, due to their age at hire cannot qualify for District-paid OPEB benefits; employees who exceed the termination age for OPEB benefits, etc.

- Several assumptions were made in estimating costs and liabilities under Rancho Santiago CCD's retiree health program. Further studies may be desired to validate any assumptions where there is any doubt that the assumption is appropriate. (See Appendices B and C for a list of assumptions and concerns.) For example, Rancho Santiago CCD should maintain a retiree database that includes – in addition to date of birth, gender and employee classification – retirement date and (if applicable) dependent date of birth, relationship and gender. It will also be helpful for Rancho Santiago CCD to maintain employment termination information – namely, the number of OPEB-eligible employees in each employee class that terminate employment each year for reasons other than death, disability or retirement.

- Segregating plan assets will allow taking advantage of California Government Code Sections 53620 through 53622 to achieve greater investment income on plan assets. This study assumes an investment return net of all investment and plan expenses of 5%. We recommend Rancho Santiago CCD take actions to achieve a long term rate of return that reflects the long term nature of the liabilities.

Respectfully submitted,

Total Compensation Systems, Inc.



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PART II: BACKGROUND

A. Summary

Accounting principles have long held that the cost of retiree benefits should be "accrued" over employees' working lifetime. For this reason, the Governmental Accounting Standards Board (GASB) issued in 2004 Accounting Standards 43 and 45 for retiree health benefits. These standards will apply to all public employers that pay any part of the cost of retiree health benefits for current or future retirees (including early retirees).

The GASB standards will become effective on a phased basis based on revenue during the 1998-99 fiscal year. For employers, the first phase will be $100 million or more in revenue. The effective date will be the first fiscal year on or after December 15, 2006. Successive annual phases will sweep in "$10 to $100 million" and "less than $10 million" employers. The effective date for "plans" will be one year earlier than the dates for employers. A "plan" is a trust or other arrangement that is exclusively for retiree health benefits and the assets of which are protected from creditors.

Until the new GASB standards take effect, the Governmental Accounting Standards Board (GASB) currently requires public employers to disclose the existence and/or cost of retiree health benefits. GASB requirements are contained in GASB 12.

Prudent fiscal management of retiree health costs and liabilities requires establishment of a long-term plan. For most public employers, the magnitude of the accrued liability makes it difficult to immediately begin to fully accrue retiree health benefits on an actuarial basis. Fortunately, the current absence of stringent accounting or regulatory funding requirements allows public employers flexibility to transition into full actuarial accrual over the next few years. Transitioning into full actuarial accrual provides public employers with the time to establish fiscal management plans that

- protect retiree benefit security to the greatest possible extent;
- involve employee groups in discussions of benefit design and funding options; and
- minimize disruptions to core services that could result from rapidly increasing retiree benefit costs.

Waiting to address retiree health benefit funding until the GASB accounting standards become effective will dramatically reduce employers' fiscal options. By then, unfunded actuarial accrued liabilities will be bigger, thereby increasing the expenses needed to amortize the unfunded liability. Higher future amortization expenses would squeeze financial resources for vital services. Waiting to address these issues until required by GASB will result in less time to evaluate options and take action to protect benefits for future retirees and/or reduce benefit costs. To the extent retiree benefits are subject to collective bargaining, the timing and extent of benefit and funding changes may be constrained.

B. Actuarial Accrual

To actuarially accrue retiree health benefits requires determining the amount to expense each year so that the liability accumulated at retirement is, on average, sufficient (with interest) to cover all retiree health expenditures without the need for additional expenses. There are many different ways to determine the annual accrual amount. The calculation method used is called an "actuarial cost method."

Conceptually, there are two components of actuarial cost - a "normal cost" and amortization of something called the "unfunded actuarial accrued liability." Both accounting standards and actuarial standards usually address these two components separately (though alternative terminology is sometimes used).

The normal cost can be thought of as the value of the benefit earned each year if benefits are accrued during the working lifetime of employees. This report will not discuss differences between actuarial cost methods or their application. Instead, following is a description of a commonly used, generally accepted actuarial cost method that will be permitted under GASB 43 and 45. This actuarial cost method is called the "entry age normal" method.

Under the entry age normal cost method, an average age at hire and average retirement age are determined for eligible employees. Then, the actuary determines what amount needs to be expensed each year from hire until retirement to fully accrue the expected cost of retiree health benefits. This amount is the normal cost. Under GASB 43 and 45, the normal cost can be expressed either as a level dollar amount or as a level percentage of payroll.

The normal cost is determined using several key assumptions:

- The current ***cost of retiree health benefits*** (often varying by age, Medicare status and/or dependent coverage). The higher the current cost of retiree benefits, the higher the normal cost.

- The ***"trend" rate*** at which retiree health benefits are expected to increase over time. A higher trend rate increases the normal cost. A "cap" on District contributions can reduce trend to zero once the cap is reached thereby dramatically reducing normal costs.

- ***Mortality rates*** that vary by age and sex. (Unisex mortality rates are not usually used because an individual's OPEB benefits do not depend on the mortality table used.) If employees die prior to retirement, contributions attributable to deceased employees are available to fund benefits for employees who live to retirement. After retirement, death results in benefit termination. Although higher mortality rates reduce normal costs, the mortality assumption is not likely to vary from employer to employer.

- ***Employment termination rates*** have the same effect as mortality inasmuch as higher termination rates reduce normal costs. Employment termination can vary considerably between community college districts.

- ***Vesting rates*** reflect years of service required to earn full or partial retiree benefits. While longer vesting periods reduce costs, cost reductions are not usually substantial unless full vesting requires more than 20 years of service.

- ***Retirement rates*** determine what proportion of employees retire at each age (assuming employees reach the requisite length of service). Retirement rates often vary by employee classification and implicitly reflect the minimum retirement age required for eligibility. Higher retirement rates increase normal costs but, except for differences in minimum retirement age, retirement rates tend to be consistent between community college districts for each employee type.

- ***Participation rates*** indicate what proportion of retirees are expected to elect retiree health benefits if a significant retiree contribution is required. Higher participation rates increase costs.

- The ***discount rate*** estimates investment earnings for assets earmarked to cover retiree health benefit liabilities. The discount rate depends on the nature of underlying assets. For example, earmarked funds earning money market rates in the county treasury are likely to earn far less than a diversified portfolio including stocks, bonds, etc. A higher discount rate can dramatically lower normal costs. GASB 43 and 45 require the interest assumption to reflect likely *long term* investment return.

The assumptions listed above are not exhaustive, but are the most common assumptions used in actuarial cost calculations. The actuary selects the assumptions which - taken together - will yield reasonable results. It's not necessary (or even possible) to predict individual assumptions with complete accuracy.

If all actuarial assumptions were exactly met and an employer had expensed the normal cost every year for all past and current employees and retirees, the funds would have accumulated to a sizeable amount (after adding interest and subtracting retiree benefit costs from the accumulated funds). The fund that would have accumulated is called the actuarial accrued liability or AAL. The excess of the AAL over funds earmarked for retiree health benefits is called the *unfunded* actuarial accrued liability (or UAAL). Under GASB 43 and 45, in order for assets to count toward offsetting the AAL, the assets have to be held in an irrevocable trust that is safe from creditors and can only be used to provide OPEB benefits to eligible participants.

The actuarial accrued liability (AAL) can arise in several ways. First, at the inception of actuarial funding, there is usually a substantial UAAL. Under GASB 43 and 45, some portion of this amount can be established as the "transition obligation" subject to certain constraints. UAAL can also increase as the result of operation of a retiree health plan - e.g., as a result of plan changes or changes in actuarial assumptions. Finally, AAL can arise from actuarial gains and losses. Actuarial gains and losses result from differences between actuarial assumptions and actual plan experience.

Under GASB 43 and 45, employers have several options on how the UAAL can be amortized as follows:

- The employer can select an amortization period of 1 to 30 years. (For certain situations that result in a reduction of the AAL, the amortization period must be at least 10 years.)

- The employer may apply the same amortization period to the total combined UAAL or can apply different periods to different components of the UAAL.

- The employer may elect a "closed" or "open" amortization period.

- The employer may choose to amortize on a level dollar or level percentage of payroll method.

UAAL amortization payments can be higher than the normal cost. The magnitude of the UAAL depends not only on all the assumptions discussed earlier, but also on the average age of employees. The higher employees' average age, the greater the AAL.

PART III: LIABILITIES AND COSTS FOR RETIREE BENEFITS

A. Introduction.

We calculated the actuarial present value of projected benefits (APVPB) separately for each employee. We determined eligibility for retiree benefits based on information supplied by Rancho Santiago CCD. We then selected assumptions for the factors discussed in the above Section that, based on plan experience and our training and experience, represent our best prediction of future plan experience. For each employee, we applied the appropriate factors based on the employee's age, sex and length of service.

We summarized actuarial assumptions used for this study in Appendix C.

B. Medicare

The extent of Medicare coverage can affect projections of retiree health costs. The method of coordinating Medicare benefits with the retiree health plan's benefits can have a substantial impact on retiree health costs. We will be happy to provide more information about Medicare integration methods if requested.

C. Liability for Retiree Benefits.

For each employee, we projected future premium costs using an assumed trend rate (see Appendix C). A constant trend rate was used for all years. This rate may understate trend in some years but might overstate it in others. As long as trend averages the assumed rate over a long period, it is not critical the rate be correct in any one year. To the extent Rancho Santiago CCD uses contribution caps, the influence of the trend factor is further reduced.

We multiplied each year's projected cost by the probability that premium will be paid; i.e. based on the probability that the employee is living, has not terminated employment and has retired. The probability that premium will be paid is zero if the employee is not eligible. The employee is not eligible if s/he has not met minimum service, minimum age or, if applicable, maximum age requirements.

The product of each year's premium cost and the probability that premium will be paid equals the expected cost for that year. We discounted the expected cost for each year to the valuation date September 1, 2005 at 5% interest.

Finally, we multiplied the above discounted expected cost figures by the probability that the retiree would elect coverage. A retiree may not elect to be covered if retiree health coverage is available less expensively from another source (e.g. Medicare risk contract) or the retiree is covered under a spouse's plan.

For current retirees, the approach used was similar. The major difference is that the probability of payment for current retirees depends only on mortality and age restrictions (i.e. for retired employees the probability of being retired and of not being terminated are always both 1.0000).

We added the APVPB for all employees to get the APVTPB. The APVTPB (sometimes called the expected postemployment benefit obligation or EPBO) is the estimated present value of all future retiree health benefits for all **current** employees and retirees. The APVTPB is the liability on September 1, 2005 so that, if all actuarial assumptions are exactly right, it would be sufficient to expense all promised benefits until the last current employee

or retiree dies or reaches the maximum eligibility age.

Actuarial Present Value of Total Projected Benefits September 1, 2005	**Total**	**Faculty**	**Classified**	**CDC**	**Management**
Active: Pre-65	$27,513,813	$10,447,791	$13,857,678	$332,042	$2,876,302
Post-65	$68,415,225	$30,044,238	$29,525,035	$395,385	$8,450,567
Subtotal	$95,929,038	$40,492,029	$43,382,713	$727,427	$11,326,869
Retiree: Pre-65	$2,554,714	$557,288	$1,707,649	$0	$289,777
Post-65	$39,188,186	$20,849,323	$16,170,108	$69,145	$2,099,610
Subtotal	$41,742,900	$21,406,611	$17,877,757	$69,145	$2,389,387
Grand Total	$137,671,937	$61,898,640	$61,260,469	$796,572	$13,716,256
Subtotal Pre-65	$30,068,527	$11,005,079	$15,565,327	$332,042	$3,166,079
Subtotal Post-65	$107,603,410	$50,893,561	$45,695,142	$464,530	$10,550,177

The APVTPB should be accrued over the working lifetime of employees. At any time much of it has not been "earned" by employees. The APVTPB is used to develop expense and liability figures. To do so, the APVTFB is divided into two parts: the portions attributable to service rendered prior to the valuation date (the past service liability or actuarial accrued liability under GASB 43 and 45) and to service after the valuation date but prior to retirement (the future service liability).

The past service and future service liabilities are usually each funded in a different way. We will start with the future service liability which is funded by the normal cost.

D. Cost to Prefund Retiree Benefits

1. Normal Cost

The average hire age for eligible employees is 36. To accrue the liability by retirement, the District would accrue the retiree liability over a period of about 24 years (assuming an average retirement age of 60). We applied an "entry age normal" actuarial cost method to determine funding rates for active employees. The table below summarizes the calculated normal cost.

Normal Cost Year Beginning September 1, 2005	**Total**	**Faculty**	**Classified**	**CDC**	**Management**
# of Employees	969	345	482	35	107
Per Capita Normal Cost					
Pre-65 Benefit	N/A	$2,218	$1,868	$523	$2,128
Post-65 Benefit	N/A	$1,597	$1,412	$329	$1,697
First Year Normal Cost					
Pre-65 Benefit	$1,911,587	$765,210	$900,376	$18,305	$227,696
Post-65 Benefit	$1,424,643	$550,965	$680,584	$11,515	$181,579
Total	$3,336,230	$1,316,175	$1,580,960	$29,820	$409,275

Accruing retiree health benefit costs using normal costs would level out the cost of retiree health benefits over time and more fairly reflect the value of benefits "earned" each year by employees. This normal cost would increase each year based on covered payroll.

2. Amortization of Unfunded Actuarial Accrued Liability (UAAL)

If actuarial assumptions are borne out by experience, the District could fully accrue retiree benefits by expensing an amount each year that equals the normal cost. If no accruals had taken place in the past, there would be a shortfall of many years' contributions, accumulated interest and forfeitures for terminated employees. This shortfall is called the actuarial accrued liability (AAL). We calculated the AAL as the APVTPB minus the present value of future normal costs. We have offset the actuarial accrued liability by funds earmarked for retiree benefits to obtain the unfunded actuarial accrued liability. Earmarked funds are "as of" September 30, 2005. We applied earmarked funds toward the actuarial accrued liability for current retirees before active employees and Post-65 benefits before Pre-65 benefits.

The District can amortize the UAAL over many years. The table below shows the annual amount necessary to amortize the UAAL over a period of 30 years at 5% interest. (Thirty years is the longest amortization period allowable under GASB 43 and 45.) GASB 43 and 45 will allow amortizing the UAAL using either payments that stay the same as a dollar amount, or payments that are a flat percentage of covered payroll over time. The figures below reflect the level percentage of payroll method. This amortization payment would increase each year based on covered payroll. Payments would continue for 30 years, after which time amortization payments would end.

Actuarial Accrued Liability as of September 1, 2005	**Total**	**Faculty**	**Classified**	**CDC**	**Management**
Active: Pre-65	$12,382,027	$5,485,961	$5,363,002	$133,736	$1,399,328
Post-65	$57,119,009	$26,471,631	$23,104,005	$270,638	$7,272,735
Subtotal	$69,501,036	$31,957,592	$28,467,007	$404,374	$8,672,063
Retiree: Pre-65	$2,554,714	$557,288	$1,707,649	$0	$289,777
Post-65	$39,188,186	$20,849,323	$16,170,108	$69,145	$2,099,610
Subtotal	$41,742,900	$21,406,611	$17,877,757	$69,145	$2,389,387
Subtot Pre-65	$14,936,742	$6,043,250	$7,070,651	$133,736	$1,689,105
Subtot Post-65	$96,307,196	$47,320,954	$39,274,113	$339,783	$9,372,346
Grand Total	$111,243,936	$53,364,204	$46,344,764	$473,518	$11,061,450
Funded at September 30, 2005	$16,448,430	$8,751,072	$6,787,068	$29,022	$881,268
Unfunded AAL	$94,795,506	$44,613,132	$39,557,696	$444,496	$10,180,182
1st Year UAAL Amortization at 5.0% over 30 Years	$4,198,785	$1,976,053	$1,752,132	$19,688	$450,912

3. Annual Required Contributions (ARC)

If the District determines retiree health plan expenses in accordance with GASB 43 and 45, first year costs will include both normal cost and UAAL amortization costs. The sum of normal cost and UAAL amortization costs is called the Annual Required Contribution (ARC) and is shown below.

Annual Required Contribution (ARC) Year Beginning September 1, 2005	**Total**	**Faculty**	**Classified**	**CDC**	**Management**
Normal Cost	$3,336,230	$1,316,175	$1,580,960	$29,820	$409,275
UAAL Amortization	$4,198,785	$1,976,053	$1,752,132	$19,688	$450,912
ARC	$7,535,015	$3,292,228	$3,333,092	$49,508	$860,187
Pay-As-You-Go Cost	$2,637,112	$1,435,401	$1,073,967	$3,627	$124,117
Added Cost of GASB 43/45	$4,897,903	$1,856,827	$2,259,125	$45,881	$736,070

This amortization payment would increase each year based on covered payroll. Payments would continue for 30 years, after which time amortization payments would end. The normal cost remains as long as there are active employees who may some day qualify for District-paid retiree health benefits. This normal cost would increase each year based on covered payroll.

Should Rancho Santiago CCD decide to fund retiree health benefits as shown above, the cost of current retiree benefits would be deducted from earmarked funds. This means the true cost is the difference between the ARC and "pay-as-you-go" costs. The above table shows the additional cost necessary to fund retiree health benefits.

4. Other Components of Annual OPEB Cost

Once GASB 43 and 45 are implemented, the expense and liability amounts may include more components of cost than the normal cost plus amortization of the UAAL. This will apply to employers that don't fully fund the Annual Required Cost (ARC) through an irrevocable trust.

- The annual OPEB cost (AOC) will include the difference between interest earned on funds earmarked for retiree benefits and assumed interest on the net OPEB obligation (NOO). The annual OPEB cost will also include an amortization adjustment for the net OPEB obligation.

- The net OPEB obligation will equal the accumulated differences between the (AOC) and the employer's contributions to an irrevocable trust.

PART IV: "PAY AS YOU GO" FUNDING OF RETIREE BENEFITS

We used the actuarial assumptions shown in Appendix C to project ten year cash flow under the retiree health program. Because these cash flow estimates reflect average assumptions applied to a relatively small number of employees, estimates for individual years are **certain** to be ***in***accurate. However, these estimates show the size of needed cash flow and also the rate of increase in annual costs. Because we have used trend rates that are constant over time, it is likely that medical costs will be understated in some years and overstated in others.

We have estimated that over the next ten years, pay-as-you-go retiree health costs will increase at an average rate of about 12.0% per year. This average annual increase reflects the trend factor shown in Appendix C, the operation of any plan limitations on the employer's contributions to pay for retiree health benefits, and changes in the number of retirees receiving employer-paid benefits.

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

Year Beginning September 1	Total	Faculty	Classified	CDC	Management
2005	$2,637,112	$1,435,401	$1,073,967	$3,627	$124,117
2006	$3,383,468	$1,906,569	$1,276,304	$7,620	$192,975
2007	$3,972,422	$2,247,388	$1,456,832	$10,722	$257,480
2008	$4,475,549	$2,510,788	$1,633,565	$13,389	$317,807
2009	$4,928,100	$2,732,123	$1,805,485	$16,422	$374,070
2010	$5,430,491	$2,955,880	$2,002,796	$18,809	$453,006
2011	$6,057,356	$3,191,549	$2,209,832	$21,147	$634,828
2012	$6,424,531	$3,376,659	$2,424,846	$24,411	$598,615
2013	$6,913,472	$3,502,746	$2,673,076	$26,938	$710,712
2014	$7,332,345	$3,617,861	$2,925,651	$29,208	$759,625

PART V: FUNDING ALTERNATIVES

Until GASB accounting standards become effective, public employers have considerable latitude in deciding how or whether fund retiree benefits. Following is a summary of several broad options.

"Pay-As-You-Go" Funding: Under pay-as-you-go funding, retiree benefit costs are paid from general funds as they arise. (Retiree benefit costs are premiums under insured and HMO plans, or claims (and other expenses) under self-funded plans.)

Advantages:

1) Lowest current cost.

2) Simplest method.

Disadvantages:

1) Doesn't provide benefit security for current and future retirees.

2) Doesn't provide fiscal stability.

3) Doesn't comply with current accounting principles or future accounting standards.

4) Will require higher cost when future GASB accounting standards become effective.

5) Does not allow any retiree health costs to be charged to categorical programs.

"Ad Hoc" Funding: Under Ad Hoc funding, retiree benefit costs continue to be paid from general funds, but the District adds money to an earmarked retiree benefit fund when funds are available. Interest on the earmarked funds may or may not be left in the fund.

Advantages:

1) Simple.

2) Does not add additional cost item to budget.

3) Makes progress toward full, actuarial pre-funding. Progress depends on amount and frequency of ad hoc deposits as well as whether interest is accrued.

Disadvantages:

1) Uncertain amount and frequency of future ad hoc deposits limit benefit security.

2) Doesn't comply with current accounting principles or future accounting standards.

3) Will require addition of a budget item when future GASB accounting standard becomes effective.

4) Does not allow any retiree health costs to be charged to categorical programs.

Systematic Actuarial Funding: Under systematic actuarial funding, contributions are made that, over a specified period of time will fully accrue-fund retiree health benefits. Interest on earmarked funds is left in the fund.

Advantages:

1) Maximizes benefit security for current and future retirees.

2) Provides predictable, budgetable retiree health costs.

3) Complies with accounting guidelines.

4) Judicious selection of an actuarial cost method can minimize the fiscal disruption of adapting to the future GASB accounting standard.

5) Allows retiree health pre-funding costs to be charged to categorical programs.

Disadvantages:

1) Highest cost funding approach. The magnitude of the cost depends on the length of time for amortizing any unfunded actuarial accrued liability.

2) Reduced fiscal flexibility.

Combination Funding Approaches: Under combination approaches, two or even all three of the above approaches can be used. Following are examples of combination approaches we have seen public employers use.

Example 1: Fund current and future retiree benefit costs on a pay-as-you-go basis, fund the normal cost on a systematic actuarial basis, and fund the PSL on an ad hoc basis.

Example 2: Fund early retiree benefits on a pay-as-you-go basis, and fund retiree benefits for retirees 65 and older on a systematic actuarial basis.

Example 3: Fund benefits for current retirees and for employees who retiree over the next five years on a pay-as-you-go basis, and fund benefits for employees retiring in more than five years on a systematic actuarial basis.

There are an infinite number of combination funding approaches, so a combination approach can be tailored to an individual employer's unique situation.

For public employers that make benefits available to future retirees, we recommend that those employers set up a regular schedule of contributions on an actuarial basis (but not necessarily full pre-funding contributions). By setting up a regular schedule of contributions an employer can reap the following benefits.

- The employer will recognize the real cost of benefits that are "earned" by current employees.

- The employer will get information that allows it to make sound benefit decisions based on a more accurate picture of the cost of benefits "earned" by employees each year.
- The employer will prepare itself for the GASB 43 and 45.
- Pre-funding provides additional security to retirees for promised benefits.

Some community college districts do not routinely provide retiree health benefits but occasionally offer District paid coverage as part of an early retirement incentive program. We recommend that public employers considering early retirement incentive programs that include employer paid health coverage consider the additional liabilities created as a cost of the program **before finalizing program details**.

PART VI: RECOMMENDATIONS FOR FUTURE VALUATIONS

To effectively manage benefit costs, an employer must periodically examine the existing liability for retiree benefits as well as future annual expected premium costs. However, without accounting standards in place, a public employer has considerable latitude in deciding how to measure liabilities and costs, how to account for them, whether funds should be earmarked for future premiums and how often to calculate liabilities.

Until applicable accounting standards apply, community college districts should conduct retiree benefit valuations in the following situations.

- For existing retiree health plans, a public employer should perform a valuation no less frequently than every three years to update liability and cost estimates for planning and budgeting.
- An employer should perform a valuation whenever the employer considers or puts in place an early retirement incentive program.
- An employer should perform a valuation whenever the employer adopts a retiree benefit plan for some or all employees.
- An employer should perform a valuation whenever the employer considers or implements changes to retiree benefit provisions or eligibility requirements.
- An employer should perform a valuation whenever retiree benefit plan provisions or plan costs are the subject of collective bargaining.
- An employer should perform a valuation whenever the employer introduces or changes retiree contributions.

We recommend Rancho Santiago CCD take the following actions to ease future valuations.

- We have used our training, experience and information available to us to establish the actuarial assumptions used in this valuation. We have no information to indicate that any of the assumptions do not reasonably reflect future plan experience. However, the District should review the actuarial assumptions in Appendix C carefully. If the District has any reason to believe that any of these assumptions do not reasonably represent the expected future experience of the retiree health plan, the District should engage in discussions or perform analyses to determine the best estimate of the assumption in question.

PART VII: BENEFIT DESIGN ISSUES

As stated in the Executive Summary, it is outside the scope of this report to recommend what retiree health program changes (if any) may be appropriate. However, to help the District identify potential actions to manage its retiree health program, we are providing the following list of possible actions with the probable impact of each. Some items on the list may not be applicable to Rancho Santiago CCD.

ACTION	IMPACT
Raise retiree contributions.	Reduces Rancho Santiago CCD cost directly. May reduce the number of retirees participating in retiree health program thereby cutting liabilities even further.
Reduce plan benefits.	Reduces liabilities. Liabilities would be reduced even more if this is applied retroactively to current employees and/or current retirees.
Increase eligible retirement age or length of service.	Reduces liability by reducing the number of eligible retirees and the length of time benefits are payable.
End benefits at an earlier age.	Reduces liability by reducing length of time benefits are payable.

PART VIII: APPENDICES

APPENDIX A: MATERIALS USED FOR THIS STUDY

We relied on the following materials to complete this study.

- We used paper reports and digital files containing employee demographic data from the District personnel records.

- We used relevant sections of collective bargaining agreements provided by the District.

APPENDIX B: EFFECT OF ASSUMPTIONS USED TO CALCULATE LIABILITIES AND CASH FLOW

While we believe the estimates in this study are reasonable overall, it was necessary for us to use assumptions which inevitably introduce errors. We believe that the errors caused by our assumptions will not materially affect study results. If the District wants more refined estimates for decision-making, we recommend additional investigation. Following is a brief summary of the impact of some of the more critical assumptions.

1. Where actuarial assumptions differ from expected experience, our estimates could be overstated or understated. One of the most critical assumptions is the medical trend rate. The District may want to commission further study to assess the sensitivity of liability estimates to our medical trend assumptions. For example, it may be helpful to know how liabilities would be affected by using a trend factor 1% higher than what was used in this study.

2. We have adjusted the mortality table to reflect mortality improvements. It is possible that future mortality improvements could affect costs and liabilities. Not projecting future mortality improvements may understate liabilities. The impact on the liability estimates is not likely to be significant.

3. We used an "entry age normal" actuarial cost method to estimate the actuarial accrued liability and normal cost. GASB will allow this as one of several permissible methods under its upcoming accounting standard. Using a different cost method could result in a somewhat different recognition pattern of costs and liabilities.

APPENDIX C: ACTUARIAL ASSUMPTIONS AND METHODS

Following is a summary of actuarial assumptions and methods used in this study. The District should carefully review these assumptions and methods to make sure they reflect the District's assessment of its underlying experience. It is important for Rancho Santiago CCD to understand that the appropriateness of all selected actuarial assumptions and methods are Rancho Santiago CCD's responsibility. Unless otherwise disclosed in this report, TCS believes that all methods and assumptions are within a reasonable range based on the provisions of GASB 43 and 45, applicable actuarial standards of practice, Rancho Santiago CCD's actual historical experience, and TCS's judgement based on experience and training.

ACTUARIAL METHODS AND ASSUMPTIONS:

ACTUARIAL COST METHOD: Entry age normal. The allocation of OPEB cost is based on years of service. We used the level percentage of payroll method to allocate OPEB cost over years of service.

Entry age is based on the average age at hire for eligible employees. The attribution period is determined as the difference between the average retirement age and the average age at hire. The present value of future benefits and present value of future normal costs are determined on an employee by employee basis and then aggregated.

To the extent that different benefit formulas apply to different employees of the same class, the normal cost is based on the benefit plan applicable to the most recently hired employees (including future hires if a new benefit formula has been agreed to and communicated to employees).

AMORTIZATION METHODS: We used the level percentage of payroll method to allocate amortization cost by year. We used a 30 year amortization period. Because there has not been a previous valuation to comply with GASB 43 and/or 45, it was not necessary at this time for Rancho Santiago CCD to make an election with respect to whether to use an "open" or "closed" amortization period; or whether to use different amortization periods for different sources of the UAAL.

SUBSTANTIVE PLAN: As required under GASB 43 and 45, we based the valuation on the substantive plan. The formulation of the substantive plan was based on a review of written plan documents as well as historical information provided by Rancho Santiago CCD regarding practices with respect to employer and employee contributions and other relevant factors.

ECONOMIC ASSUMPTIONS:

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

INFLATION: We assumed 3% per year.

INVESTMENT RETURN / DISCOUNT RATE: We assumed 5% per year. This is based on assumed long-term return on plan assets or employer assets, as appropriate. We used the "Building Block Method" as described in ASOP 27 Paragraph 3.6.2. Our assessment of long-term returns for employer assets is based on long-term historical returns for surplus funds invested pursuant to California Government Code Sections 53601 et seq.

TREND: We assumed a first year rate of 8%; a second year rate of 6.5%; and an ultimate rate of 4.5% per year. Our long-term trend assumption is based on the conclusion that, while medical trend will continue to be cyclical, the average increase over time cannot continue to outstrip general inflation by a wide margin. Trend increases in excess of general inflation result in dramatic increases in unemployment, the number of uninsured and the number of underinsured. These effects are nearing a tipping point which will inevitably result in fundamental changes in health care finance and/or delivery which will bring increases in health care costs more closely in line with general inflation. We do not believe it is reasonable to project historical trend vs. inflation differences several decades into the future.

PAYROLL INCREASE: We assumed 3% per year. This assumption applies only to the extent that either or both of the normal cost and/or UAAL amortization use the level percentage of payroll method. For purposes of applying the level percentage of payroll method, payroll increase must not assume any increases in staff or merit increases.

ACTUARIAL ASSET VALUATION: We used asset values provided by Rancho Santiago CCD. Because there has not been a previous valuation to comply with GASB 43 and/or 45, it was not necessary at this time for Rancho Santiago CCD to make an election with respect to whether to use an asset smoothing formula and, if so, what smoothing method to use.

NON-ECONOMIC ASSUMPTIONS:

Economic assumptions are set under the guidance of Actuarial Standard of Practice 35 (ASOP 35).

MORTALITY: We used the 1983 Group Annuity Mortality Table (sex distinct), with male ages set back 5 years and female ages set back 3 years.

RETIREMENT RATES: These rates are applied to the number of employees still working at the age shown.

Age	Faculty Rate	Non-Faculty Rate
50	0%	2%
51	0%	2%
52	0%	3%
53	0%	3%
54	0%	5%
55	8%	5%
56	10%	7%
57	15%	7%
58	20%	7%
59	25%	10%
60	30%	10%
61	30%	20%
62	35%	40%
63	35%	40%
64	35%	40%
65	50%	60%
66	35%	30%
67	35%	30%
68	98%	90%
69	98%	90%
70	98%	90%
71	98%	90%

VESTING RATES:

	Faculty	Classified	CDC	Management
Vesting Percentage	100%	100%	100%	100%
Vesting Period	15 years	15 years	15 years	15 years

COSTS FOR RETIREE COVERAGE:

There was not sufficient information available to determine whether there is an implicit subsidy for retiree health costs. Based on ASOP 6, there can be justification for using "community-rated" premiums as the basis for the valuation where the insurer is committed to continuing rating practices. This is especially true where sufficient information is not available to determine the magnitude of the subsidy. However, Rancho Santiago CCD should recognize that costs and liabilities in this report could change significantly if either the current insurer changes rating practices or if Rancho Santiago CCD changes insurers.

First Year costs are as shown below. Subsequent years' costs are based on first year costs adjusted for trend and limited by any District contribution caps. For future retirees, we used a composite that reflects proportional enrollment in the plans available to retirees.

	Faculty	Classified	CDC	Management
Current Retirees: based on actual costs				
Current Plan:				
Future Retirees Pre-65	$10,695	$10,190	$7,141	$10,695
Future Retirees Post-65	$9,664	$9,074	$7,141	$9,664

PARTICIPATION RATES: 100%

TURNOVER: We used a unisex table developed by TCS based on community college district data. Rates are based on length of service as follows:

Length of Service	Turnover Rate
0 – 1	10.2%
2 – 6	5.1%
7 – 12	3.7%
13 – 14	1.7%
15 – 19	0.9%
20+	0.0%

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

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

AGIING FACTORS:

Attained Age	Medical Annual Increases
50-64	3.5%
65-69	3.0
70-74	2.5
75-79	1.5
80-84	0.5
85+	0.0

APPENDIX D: DISTRIBUTION OF ELIGIBLE PARTICIPANTS BY AGE

ELIGIBLE ACTIVE EMPLOYEES:

Age	Total	Faculty	Classified	CDC	Management
Under 25	10	0	9	1	0
25-29	40	6	29	2	3
30-34	97	23	63	8	3
35-39	106	33	60	6	7
40-44	105	29	59	7	10
45-49	152	57	79	2	14
50-54	158	56	67	2	33
55-59	155	64	66	4	21
60-64	100	53	33	3	11
65 and older	46	24	17	0	5
Total	969	345	482	35	107

ELIGIBLE RETIREES:

Age	Total	Faculty	Classified	CDC	Management
Under 50	1	0	1	0	0
50-54	2	0	2	0	0
55-59	12	2	8	0	2
60-64	48	20	21	0	7
65-69	56	32	21	1	2
70-74	55	36	19	0	0
75-79	51	33	17	0	1
80-84	33	17	15	0	1
85-89	12	4	8	0	0
90 and older	0	0	0	0	0
Total	270	144	112	1	13

APPENDIX E: GASB 12 COMPLIANCE INFORMATION

GASB 12 specifies disclosure requirements for employers that provide postemployment benefits other than pension (OPEB).

If Rancho Santiago CCD chooses to prefund retiree health benefits using figures in this report, the following information will assist in compiling the expanded disclosure required by GASB 12.

Actuarial cost method:	Entry age normal
Interest rate assumption:	5%
Projected salary increase assumption:	3%
Health inflation assumption:	4.5%
Actuarially required contributions Year Beginning September 1, 2005	
Normal cost:	$3,336,230
Unfunded Actuarial accrued liability amortization:	$4,198,785
Actuarial accrued liability as of September 1, 2005:	$111,243,936

The unfunded actuarial accrued liability should be calculated as the actuarial accrued liability shown above minus the amount of net assets available for OPEB.

APPENDIX F: RETIREE HEALTH EXPENSES CHARGEABLE TO CATEGORICAL PROGRAMS

California Community Colleges Accounting Advisory 96-02 allows districts to charge retiree health costs to categorical programs subject to certain restrictions. First, the charges must be based on a recent actuarial valuation. Second, only costs associated with current employees may be so charged.

The District may charge normal costs at the rates shown on page 12 to categorical programs. In addition, the District may charge the portion of the actuarial accrued liability amortization payment attributable to active employees. These amortization payments are as follows:

$2,616 per classified employee
$4,103 per faculty member
$512 per CDC member
$3,590 per management employee

APPENDIX G: GLOSSARY OF RETIREE HEALTH VALUATION TERMS

Note: The following definitions are intended to help a *non*-actuary understand concepts related to retiree health valuations. Therefore, the definitions may not be actuarially accurate.

Actuarial Accrued Liability: The amount of the actuarial present value of total projected benefits attributable to employees' past service based on the actuarial cost method used.

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

Actuarial Present Value of Total Projected Benefits: The projected amount of all OPEB benefits to be paid to current and future retirees discounted back to the valuation date.

Actuarial Value of Assets: Market-related value of assets which may include an unbiased formula for smoothing cyclical fluctuations in asset values.

Annual OPEB Cost: This is the amount employers must recognize as an expense each year. The annual OPEB expense is equal to the Annual Required Contribution plus interest on the Net OPEB obligation minus an adjustment to reflect the amortization of the net OPEB obligation.

Annual Required Contribution: The sum of the normal cost and an amount to amortize the unfunded actuarial accrued liability. This is the basis of the annual OPEB cost and net OPEB obligation.

Closed Amortization Period: An amortization approach where the original ending date for the amortization period remains the same. This would be similar to a conventional, 30-year mortgage, for example.

Discount Rate: Assumed investment return net of all investment expenses. Generally, a higher assumed interest rate leads to lower normal costs and actuarial accrued liability.

Implicit Rate Subsidy: The estimated amount by which retiree rates are understated in situations where, for rating purposes, retirees are combined with active employees.

Mortality Rate: Assumed proportion of people who die each year. Mortality rates always vary by age and often by sex. A mortality table should always be selected that is based on a similar "population" to the one being studied.

Net OPEB Obligation: The accumulated difference between the annual OPEB cost and amounts contributed to an irrevocable trust exclusively providing retiree OPEB benefits and protected from creditors.

Normal Cost: The dollar value of the "earned" portion of retiree health benefits if retiree health benefits are to be fully accrued at retirement.

OPEB Benefits: Other PostEmployment Benefits. Generally medical, dental, prescription drug, life, long-term care or other postemployment benefits that are not pension benefits.

Open Amortization Period: Under an open amortization period, the remaining unamortized balance is subject to a new amortization schedule each valuation. This would be similar, for example, to a homeowner refinancing a mortgage with a new 30-year conventional mortgage every two or three years.

Participation Rate: The proportion of retirees who elect to receive retiree benefits. A lower participation rate results in lower normal cost and actuarial accrued liability. The participation rate often is related to retiree contributions.

Retirement Rate: The proportion of active employees who retire each year. Retirement rates are usually based on age and/or length of service. (Retirement rates can be used in conjunction with vesting rates to reflect both age and length of service). The more likely employees are to retire early, the higher normal costs and actuarial accrued liability will be.

Transition Obligation: The amount of the unfunded actuarial accrued liability at the time actuarial accrual begins in accordance with an applicable accounting standard.

Trend Rate: The rate at which the cost of retiree benefits is expected to increase over time. The trend rate usually varies by type of benefit (e.g. medical, dental, vision, etc.) and may vary over time. A higher trend rate results in higher normal costs and actuarial accrued liability.

Turnover Rate: The rate at which employees cease employment due to reasons other than death, disability or retirement. Turnover rates usually vary based on length of service and may vary by other factors. Higher turnover rates reduce normal costs and actuarial accrued liability.

Unfunded Actuarial Accrued Liability: This is the excess of the actuarial accrued liability over assets irrevocably committed to provide retiree health benefits.

Valuation Date: The date as of which the OPEB obligation is determined. Under GASB 43 and 45, the valuation date does not have to coincide with the statement date.

Vesting Rate: The proportion of retiree benefits earned, based on length of service and, sometimes, age. (Vesting rates are often set in conjunction with retirement rates.) More rapid vesting increases normal costs and actuarial accrued liability.