

TOM GREEN COUNTY RETIREE HEALTH CARE PLAN
ACTUARIAL VALUATION REPORT
AS OF DECEMBER 31, 2012



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August 7, 2013

Mr. Nathan Craddock
County Auditor
Tom Green County, Texas
112 W. Beauregard Avenue
San Angelo, TX 76903

Dear Mr. Craddock:

Submitted in this report are the results of an Actuarial Valuation of the assets and benefits associated with the employer financed retiree health benefits provided by Tom Green County. The date of the valuation was December 31, 2012. The annual required contribution has been calculated for the fiscal year beginning October 1, 2012.

The actuarial calculations were prepared for purposes of complying with the requirements of Statements No. 43 and No. 45 of the Governmental Accounting Standards Board (GASB). The calculations reported herein have been made on a basis consistent with our understanding of these accounting standards. Determinations of the liability associated with the benefits described in this report for purposes other than satisfying Tom Green County's financial reporting requirements may produce significantly different results. This report may be provided to parties other than Tom Green County only in its entirety and only with the permission of Tom Green County.

The valuation was based upon information, furnished by Tom Green County, concerning retiree health benefits, individual employees, and financial data. Data was checked for internal consistency but was not otherwise audited.

The signing actuaries are independent of the plan sponsor. To the best of our knowledge, this report is complete and accurate and was made in accordance with generally recognized actuarial methods. Brad Stewart and Mehdi Riazi are members of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

Respectfully submitted,



Brad Stewart, ASA, EA, MAAA



Mehdi Riazi, ASA, EA, MAAA

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Annual Required Contribution

This report presents the annual expense required to be recognized by the plan sponsor for purposes of complying with the accounting requirements of Government Accounting Standards Board Statement No. 45. In addition, the plan may also need to comply with GASB Statement No. 43. Please consult with legal counsel and the auditors to determine whether you have a plan for GASB Statement No. 43 purposes.

The Annual Required Contribution (ARC) for the fiscal year beginning October 1, 2012 has been calculated under the two different interest rate assumptions. Below is a summary of the Annual Required Contribution. In the first year GASB Statement No. 45 is adopted, the annual OPEB cost required to be disclosed on the employer's financial statements is equal to the ARC. Actual claims/premiums paid on behalf of retirees may be treated as employer contributions in relation to the ARC and act to reduce the Net OPEB Obligation (NOO).

<u>Annual Required Contribution</u>	<u>Unfunded PAYGO</u>	<u>Funding Policy</u>
Fiscal Year Beginning 2012	\$81,666	\$63,853

For additional details please see Section B of the report.

Additional OPEB Reporting Requirements

In addition to the annual OPEB cost described above, employers will have to disclose a Net OPEB Obligation (or asset). The Net OPEB Obligation is the cumulative difference between annual OPEB costs and annual employer contributions in relation to the ARC, accumulated from the implementation of Statement No. 45. The Net OPEB Obligation is zero as of the beginning of the fiscal year that Statement No. 45 is implemented, unless the employer chooses to recognize a beginning balance. The requirements for determining the employer's contributions in relation to the ARC are described in paragraph 13 g. of Statement No. 45. Additional information required to be disclosed in the employer's financial statements is detailed in paragraphs 24 through 27 of Statement No. 45.

EXECUTIVE SUMMARY

Liabilities and Assets

Unfunded PAYGO Assumption

This scenario assumes the current pay-as-you-go (PAYGO) funding policy will continue, i.e., the annual employer contributions each year are equal to the benefits that are paid on behalf of the retirees. Under this funding policy, GASB 45 requires the use of a discount rate consistent with the investment return earned on the employer's general assets. In this valuation, the discount rate is 4.50%.

The present value of all benefits expected to be paid to current plan members as of December 31, 2012 is \$1,204,306. The actuarial accrued liability, which is the portion of the \$1,204,306 attributable to service accrued by plan members as of December 31, 2012, is \$609,889. As of December 31, 2012, there is \$0 in valuation assets available to offset the liabilities of the plan.

The funded status of the plan, which is the ratio of plan assets to actuarial accrued liability, as of December 31, 2012 is 0.00%.

Funding Policy Assumption

This scenario assumes the employer will set up an irrevocable trust and change the funding policy so that the annual employer contributions are equal to the ARC. Under this funding policy, GASB 45 allows the use of a discount rate consistent with the investment return earned on the plan's assets. Dependent on the asset allocation of the investment pool, this rate should be based on longer term investments. In this valuation, the discount rate is 7.50%.

The present value of all benefits expected to be paid to current plan members as of December 31, 2012 is \$763,991. The actuarial accrued liability, which is the portion of the \$763,991 attributable to service accrued by plan members as of December 31, 2012, is \$438,861. As of December 31, 2012, there is \$0 in valuation assets available to offset the liabilities of the plan.

The funded status of the plan, which is the ratio of plan assets to actuarial accrued liability, as of December 31, 2012 is 0.00%.

SECTION A
OVERVIEW

GASB BACKGROUND

The purpose of this valuation is to provide information on the cost associated with providing postemployment benefits other than pensions, or OPEB, to current and former employees. OPEB benefits are most often associated with postemployment health care, but cover almost any benefit not provided through a pension plan, including life insurance, dental and vision benefits. It is important to note that OPEB benefits, by definition, do not include benefits *currently* being provided to active employees – however, this report includes the liabilities for benefits expected to be paid to current active employees when they terminate employment at a future date.

The rising cost of health care has been a cause of concern to both individuals and employers who sponsor health care plans. The accounting community became concerned that many sponsors of public plans were accounting for the cost of their OPEB plans solely on the basis of benefits paid and that this method did not accurately reflect the ultimate cost of benefits promised to current and former employees. In 1988, the Governmental Accounting Standards Board (GASB) began working on a project to develop comprehensive standards for financial reporting of OPEB plans.

The GASB determined that an OPEB plan was similar to a pension plan in that benefits are earned during an active employee's working lifetime but paid out at a future date. In the GASB's view, accounting for OPEB should follow the same basic principle as accounting for public plan pension cost: these benefits are compensation for employees' services and should be accounted for during the period of time that services are performed.

GASB BACKGROUND (CONCLUDED)

The GASB worked on comprehensive standards for OPEB accounting for more than a decade, culminating with the release of GASB Statements No. 43 and No. 45 in the Spring of 2004. GASB Statement No. 43 covers the accounting rules for OPEB *plans* while GASB Statement No. 45 describes the rules for *employers* sponsoring OPEB plans. The effective dates of the Statements are based on the implementation of GASB Statement No. 34, based on the sponsor's annual revenue for the first fiscal year ending on or after June 15, 1999, and follow the schedule below:

Total Annual Revenue In the First Fiscal Year Ending After June 15, 1999	GASB No. 43 OPEB Standards for the Plan's Financial Statements will be Effective for Periods Beginning After	GASB No. 45 OPEB Standards for the Employer's Financial Statements will be Effective for Periods Beginning After
Phase 1 Govts. - \$100 million or more	December 15, 2005	December 15, 2006
Phase 2 Govts. - \$10 million or more, But less than \$100 million	December 15, 2006	December 15, 2007
Phase 3 Govts. - Less than \$10 million	December 15, 2007	December 15, 2008

GASB STANDARDS

Unlike pension plans, OPEB plans often do not have a formal document detailing the specific terms of the plan. Under GASB No. 43 and No. 45 the benefits to be accounted for are those provided by the *substantive plan* – loosely defined as the benefits covered by the plan as understood by the employer and plan members at the time of each actuarial valuation. The substantive plan provisions used in this valuation are summarized in Section E.

GASB also requires that the calculations assume the terms of the substantive plan continue indefinitely. It has been argued that there is a likelihood future OPEB plan provisions would be different than the current substantive plan (due to rising health care costs or social changes) and therefore liabilities based on the current substantive plan may overstate what will actually occur. However, the GASB Statement is designed to measure liabilities for the plan as it currently exists. While it may be reasonable to assume future changes in the OPEB plan for other purposes, recognition of anticipated changes is not allowed for purposes of accounting for OPEB.

The specific items required to be disclosed on an OPEB sponsor's financial statements are described in detail in GASB No. 43 and No. 45. In general terms, though, the plan sponsor is required to disclose an annual OPEB cost, the funded status of the plan and the funding progress on the valuation date. Although GASB does not require OPEB contributions, it has chosen to call the base component of the annual OPEB cost the Annual Required Contribution, or ARC. The ARC consists of the cost of benefits accruing in a year plus an amount calculated to amortize any unfunded actuarial accrued liability over a period of not more than 30 years.

The funded status of the plan is a ratio of the plan's assets (if any) to the actuarial accrued liability on the valuation date. The plan is also required to disclose the cumulative difference between the ARC and the employer's actual contribution to the plan. This amount is known as the Net OPEB Obligation (NOO). Each year, the NOO accumulates with interest, plus the difference between the ARC and actual contributions for the year, plus some technical adjustments. For most plans the NOO is set to zero as of the effective date of the GASB OPEB standard. It is the NOO, and not the actuarial accrued liability, that will be disclosed on the employer's Statement of Net Assets.

OPEB SPECIFIC ASSUMPTIONS

In any long-term actuarial valuation (such as for pensions and OPEB) certain demographic, economic and behavioral assumptions must be made concerning the population, investment discount rates, and the benefits provided. These actuarial assumptions form the basis for the actuarial model which is used to project the future population, benefits to be provided, and contributions to be collected. The investment return rate assumption is used to discount the future benefits to a present value on the valuation date. While assumptions such as future rates of retirement and mortality are similar for both OPEB and pension plans, there are some additional assumptions required when projecting benefits for a health care plan.

The cost of providing medical services has been increasing more rapidly than prices in general for many years. During the period from 1955 to 2005 general inflation averaged 4.0%, while health expenditures increased by an average of about 10% per year. If this trend is projected to continue for years to come, it implies that years from now virtually all our expenditures will be for health care. The seemingly more reasonable alternative is that in the not too distant future medical expense inflation will stabilize at a level at or near general inflation. Furthermore, the percentage of GDP devoted to health care expenditures is expected to continue to increase. It is on this basis that we project that retiree health care costs will continue to exceed general inflation in the near term, but by less each year until leveling off at an ultimate rate that is similar to general price increases.

Health care increase rates used in this valuation lie within a range of reasonable assumptions, and are described in Section G of this report. The health care increase rate assumption has a major effect on the calculation of plan liabilities. To illustrate the effect of differing future medical inflation rates, Section C of this report provides the ARC and associated liabilities based on an "optimistic" and "pessimistic" trend scenario.

OPEB SPECIFIC ASSUMPTIONS (CONCLUDED)

The selection of an investment return rate also has a major impact on the calculation of the reported GASB OPEB expense.

It is important to note that GASB Statements No. 43 and No. 45 require the selection of an interest rate assumption to be based on the expected long-term rate of return on the assets expected to pay the OPEB when due. GASB states that the return should be based on expected returns of:

- Plan assets – if the sponsor has been contributing the ARC on a regular basis;
- The employer’s general assets – where no OPEB assets have been accumulated;
- A blend of plan and employer assets – in cases where OPEB assets exist but the plan is contributing amounts less than the ARC.

ACTUARIAL COST METHOD

GASB Statement No. 45 provides some flexibility to governmental employers (and their actuaries) in the use of various actuarial cost methods. It should be noted that an actuarial cost method determines a contribution or expense by assigning portions of the present value of projected benefits to various years with the general goal of accruing the cost of benefits over the working lifetime of the employees. The choice of a particular method does not change the ultimate cost of the promised benefits.

The Projected Unit Credit actuarial cost method has been used to calculate the GASB ARC for this valuation. Using the plan benefits, the present health premiums and a set of actuarial assumptions, the anticipated future payments are projected. The projected unit credit method then provides for a systematic funding for these anticipated payments. The yearly ARC is computed to cover the cost of benefits being earned by covered members as well as to amortize a portion of the unfunded accrued liability. This is both an acceptable and reasonable cost method. The use of another actuarial cost method would produce different results.

OPEB PREFUNDING

Many employers fund retiree health care benefits using the pay-as-you-go (or cash disbursement) method. The employer's annual contribution for these benefits is equal to the actual disbursements during the year for health care benefits for retired employees. This method of funding will result in increasing contributions over time. First, per capita cash disbursements will tend to increase from year to year as the cost of health care services, or the utilization of these services, increases. Second, the number of retired members is likely to increase for years to come. The more retirees there are, the greater the disbursements as a percentage of employee payroll.

A retiree health care plan is similar to a defined benefit pension plan, in that promises are made to employees to provide them with a benefit payable at some future date. For defined benefit pension plan sponsors a common funding objective is to contribute annual amounts to a fund which will i) remain level as a percentage of active member payroll, and ii) when combined with present assets and future investment returns will be sufficient to meet the financial obligations of the Plan to current and future retirees.

The ultimate determination as to the level of pre-funding will be the result of decisions made in an attempt to reconcile the often conflicting needs of benefit security for members and fiscal responsibility for the employer. The GASB accounting standards noted in the previous section of the report can factor into decisions concerning the level of pre-funding.

SECTION B
VALUATION RESULTS

TOM GREEN COUNTY
DEVELOPMENT OF THE ANNUAL REQUIRED CONTRIBUTION

Contributions for	Development of the Annual Required Contribution		
	<u>Fiscal Year</u> <u>Beginning 2012</u>		<u>Fiscal Year</u> <u>Beginning 2010</u>
	<u>Unfunded PAYGO</u>	<u>Funding Policy</u>	<u>Unfunded PAYGO</u>
Employer Normal Cost	\$56,426	\$37,699	\$63,897
Amortization of UAAL*	\$25,240	\$26,154	\$27,870
Annual Required Contribution (ARC)	\$81,666	\$63,853	\$91,767
ARC Per Active Participant	\$179	\$140	\$123

* Unfunded Actuarial Accrued Liabilities (UAAL) were amortized over 30 years.

The ARC shown in this report has been calculated to increase at the same rate as the projected increase in active member payroll (3.00% per year). The unfunded actuarial accrued liabilities were amortized as a level percent of active member payroll over a period of 30 years. A 30-year amortization period for unfunded actuarial accrued liabilities is the maximum period that complies with the GASB requirements.

TOM GREEN COUNTY
DETERMINATION OF UNFUNDED ACTUARIAL ACCRUED LIABILITY
AS OF DECEMBER 31, 2012

	<u>Fiscal Year</u> <u>Beginning 2012</u>		<u>Fiscal Year</u> <u>Beginning 2010</u>
	<u>Unfunded PAYGO</u>	<u>Funding Policy</u>	<u>Unfunded PAYGO</u>
A. Present Value of Future Benefits			
i) Retirees and Beneficiaries	\$98,501	\$85,882	\$87,461
ii) Vested Terminated Members	\$0	\$0	\$0
iii) Active Members	<u>\$1,105,805</u>	<u>\$678,109</u>	<u>\$1,428,743</u>
Total Present Value of Future Benefits	\$1,204,306	\$763,991	\$1,516,204
B. Present Value of Future Normal Costs	\$594,417	\$325,130	\$842,764
C. Actuarial Accrued Liabilities (A.-B.)	\$609,889	\$438,861	\$673,440
D. Actuarial Value of Assets	\$0	\$0	\$0
E. Unfunded Actuarial Accrued Liability (C.-D.)	\$609,889	\$438,861	\$673,440
F. Funded Ratio (D./C.)	0.00%	0.00%	0.00%

The Unfunded Actuarial Accrued Liability (UAAL) is not booked as an expense all in one year and does not appear in the Employer's Statement of Net Assets. Nevertheless, it is reported in the Notes to the Financial Statements and in the Required Supplementary Information. These are information sections within the employer's financial statements.

COMMENTS

COMMENT A: One of the key assumptions used in any valuation of the cost of post-employment benefits is the rate of return on Plan assets. Higher assumed investment returns will result in a lower ARC. Lower returns will tend to increase the computed ARC. Under the first scenario (Unfunded PAYGO) the discount rate is based on the employer's general assets (short term bonds and cash) and the assumed rate is 4.50%. Under the pre-funded scenario, the assumed asset allocation is a mix of equities and bonds and therefore a 7.50% discount rate is assumed.

COMMENT B: Based on the number of plan members as of this valuation, the plan sponsor is required by GASB to perform actuarial valuations at least biennially.

COMMENT C: The contribution rates shown include amortization of the unfunded actuarial accrued liability over 30 years. This is the maximum time period permitted by the Governmental Accounting Standards Board Statement No. 43 and No. 45. A shorter amortization period would result in a higher ARC.

COMMENT D: Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements; and changes in plan provisions or applicable law.

SECTION C
SENSITIVITY ANALYSIS

POSTEMPLOYMENT HEALTH INSURANCE -- SENSITIVITY TESTS

Actuarial valuations deal with the cost of benefits to be paid in the future. The payments considered will range from one month in the future to decades from the valuation date (for a young, newly hired employee who may retire many years from now and live many years after that). In order to establish a present day cost for these future benefit obligations, the actuary bases the valuation on a number of assumptions about future occurrences. The occurrences that must be considered include employee turnover, pay increases, disablement, retirements, deaths and investment income on anticipated plan assets.

When the benefits being valued are health care benefits, a key factor is the future cost of the medical benefits being promised. This is projected using the current cost of the System's health care benefits and assumed future health care cost increases. The final cost of providing retiree health care benefits will depend upon how the charges for health care services actually increase in the future.

In order to demonstrate how the cost of these benefits can vary depending upon future health care cost increases, we have performed additional valuations based upon alternative health care cost increase assumptions. The schedules on page C-2 compare (i) the computed cost of the retiree health care benefits using the valuation (Intermediate) assumptions to (ii) results of alternate valuations. One of the alternate valuations is based upon a pessimistic health care cost increase assumption. The other is based upon a more optimistic health care cost increase assumption. The schedule on page C-3 exhibits the health care cost increase assumptions used in each of the valuations.

TOM GREEN COUNTY SENSITIVITY ANALYSIS

The selection of future health care cost increases is one of the key assumptions in determining plan liabilities. If the health care cost trend rates upon which the calculation of the Annual Required Contribution is based were changed to either the pessimistic or optimistic trends noted on page C-3, the annual contribution for the combined groups (illustrated using the projected unit credit method) would change as follows.

Contributions for	Development of the Annual Required Contribution		
	<u>Fiscal Year Beginning 2012</u>		
	<u>Pessimistic</u>	<u>Intermediate</u>	<u>Optimistic</u>
Employer Normal Cost	\$65,565	\$56,426	\$48,880
Amortization of UAAL*	<u>\$28,344</u>	<u>\$25,240</u>	<u>\$22,582</u>
Annual Required Contribution (ARC)	\$93,909	\$81,666	\$71,462
ARC Per Active Participant	\$205	\$179	\$156

* Unfunded Actuarial Accrued Liabilities (UAAL) were amortized over 30 years.
All three scenarios above based on an unfunded 4.50% discount rate

	Determination of Unfunded Actuarial Accrued Liability		
	<u>Pessimistic</u>	<u>Intermediate</u>	<u>Optimistic</u>
A. Present Value of Future Benefits			
i) Retirees and Beneficiaries	\$102,902	\$98,501	\$94,390
ii) Vested Terminated Members	\$0	\$0	\$0
iii) Active Members	<u>\$1,317,422</u>	<u>\$1,105,805</u>	<u>\$934,602</u>
Total Present Value of Future Benefits	\$1,420,324	\$1,204,306	\$1,028,992
B. Present Value of Future Normal Costs	\$735,426	\$594,417	\$483,331
C. Actuarial Accrued Liabilities (A.-B.)	\$684,898	\$609,889	\$545,661
D. Actuarial Value of Assets	\$0	\$0	\$0
E. Unfunded Actuarial Accrued Liability (C.-D.)	\$684,898	\$609,889	\$545,661
F. Funded Ratio (D./C.)	0.00%	0.00%	0.00%

TOM GREEN COUNTY SENSITIVITY ANALYSIS

Health care trend rates used in the sensitivity analysis are shown below.

Year	Medical and Prescription Drugs		
	<u>Pessimistic</u>	<u>Intermediate</u>	<u>Optimistic</u>
2013	8.50%	7.50%	6.50%
2014	8.25	7.25	6.25
2015	8.00	7.00	6.00
2016	7.75	6.75	5.75
2017	7.50	6.50	5.50
2018	7.00	6.00	5.00
2019	6.50	5.50	4.50
2020	6.00	5.00	4.00
2021 & Later	5.50	4.50	3.50

SECTION D

RETIREE PREMIUM RATE DEVELOPMENT

RETIREE PREMIUM RATE DEVELOPMENT

The retiree costs were estimated based on the plan premiums effective January 1, 2013, and are used for both current and future retirees. The fully-insured premiums the County pays its insurance carrier are blended rates based on the combined experience of active and retired members. Because the average cost of providing health care benefits to retirees under age 65 is higher than the average cost of providing health care benefits to active employees, there is an implicit employer subsidy for the non-Medicare eligible retirees.

Age graded and sex distinct premiums are utilized by this valuation. These costs are appropriate for the unique age and sex distribution currently existing. Over the future years covered by this valuation, the age and sex distribution will most likely change. Therefore, our process “distributes” the average premium over all age/sex combinations and assigns a unique premium for each combination. The age/sex specific costs more accurately reflect the health care utilization and cost at that age.

The monthly one-person premium including medical and prescription drug benefits at select ages are shown below:

FOR THOSE NOT ELIGIBLE FOR MEDICARE		
AGE	MALE	FEMALE
40	\$331.63	\$519.58
50	609.60	690.72
60	1,000.93	962.12
64	1,165.04	1,079.88

Tom Green County has no liability for retirees who reach Medicare eligibility. The rates above do not include dental costs. No liability was included in this valuation for dental benefits.

SECTION E
SUMMARY OF BENEFITS

TOM GREEN COUNTY RETIREE HEALTH CARE PLAN

SUMMARY OF BENEFITS AS OF DECEMBER 31, 2012

PLAN PARTICIPANTS

Eligible plan participants are retirees who are eligible and elect to receive a monthly annuity from the Texas County and District Retirement System (TCDRS). TCDRS retirement forms must be completed prior to resignation and must take effect immediately upon terminating employment with Tom Green County. Retirees who subscribe to the County's plan may stay on the plan until they reach the age of Medicare eligibility (currently age 65). Dependents of retirees may be eligible only if the dependent has been on the County's insurance plan for a minimum of one year prior to the employee's retirement date.

RETIREMENT BENEFITS

To be eligible for retirement, employees must meet the conditions for retirement established by the TCDRS plan. One of the following conditions must be met: vested and age 60, service time plus age equals 75, or completed 30 years of service at any age. Eight years of service credit in the TCDRS system are required to vest for retirement and to qualify for Tom Green County's contribution.

Eligible plan participants who elect to continue with the County's health insurance plan are responsible for paying their own monthly premiums. Tom Green County does not provide any payment toward these premiums. In addition to the premium, a 2% fee above the premium rate is charged by the County to the retiree for administrative handling of these plan participants.

Health Care Benefit Eligibility Conditions

TCDRS monthly annuity retirement is required. Once a retiree reaches Medicare eligibility, they are no longer eligible to purchase the County's health insurance. Dependents of retirees must have been on the County's insurance plan at least one year prior to the employee's retirement date.

**TOM GREEN COUNTY RETIREE HEALTH CARE PLAN
SUMMARY OF BENEFITS AS OF DECEMBER 31, 2012**

VISION BENEFITS

Tom Green County does not offer vision insurance to retirees.

DISABILITY BENEFITS

Same as normal retirement

DEATH BENEFITS

Surviving spouses of active employees who die while employed are eligible for COBRA only.

DEFERRED RETIREMENT BENEFITS

None.

MONTHLY PREMIUMS EFFECTIVE JANUARY 1, 2013

	Employee	Employee & Spouse
Aetna Health	\$644.24	\$1,185.40
Ameritas Dental	\$20.96	\$46.72

SECTION F

SUMMARY OF PARTICIPANT DATA

TOM GREEN COUNTY
TOTAL ACTIVE MEMBERS AS OF DECEMBER 31, 2012
BY ATTAINED AGE AND YEARS OF SERVICE

Attained Age	Years of Service to Valuation Date							Total
	0-4	5-9	10-14	15-19	20-24	25-29	30 Plus	
Under 20	2							2
20-24	28							28
25-29	38	9						47
30-34	27	16	7					50
35-39	14	14	13	5				46
40-44	16	19	8	4	5	1		53
45-49	17	6	13	11	7	8		62
50-54	12	17	8	6	8	8	2	61
55-59	12	8	6	7	7	4	1	45
60-64	10	10	5	4	6	4	5	44
65 & Over	2	5	4	1	3		3	18
Totals	178	104	64	38	36	25	11	456

While not used in the financial computations, the following group averages are computed and shown because of their general interest.

Age: 44.4 years
Service: 9.8 years

TOM GREEN COUNTY
TOTAL RETIRED MEMBERS AS OF DECEMBER 31, 2012
BY ATTAINED AGE

Attained Age	Number of Retirees		
	Male	Female	Total
Under 55	1	0	1
55-59	0	0	0
60-64	1	3	4
65 & Over	0	0	0
Totals	2	3	5

The number counts above only include those retirees who have elected to receive retiree health care coverage through the Tom Green County Retiree Health Care Plan.

SECTION G

ACTUARIAL COST METHOD AND ACTUARIAL ASSUMPTIONS

**VALUATION METHODS FOR
TOM GREEN COUNTY
AS OF DECEMBER 31, 2012**

Actuarial Cost Method. The **Projected Unit Credit Cost Method** was used in the valuation. The actuarial present value of benefits allocated to the valuation year is the Normal Cost. The actuarial present value of benefits allocated to all prior periods is the Actuarial Accrued Liability. Actuarial gains (losses), as they occur, reduce (increase) the Unfunded Actuarial Accrued Liability.

Financing of Unfunded Actuarial Accrued Liabilities. Unfunded actuarial accrued liabilities (UAAL) (full funding credit if assets exceed liabilities) were amortized by level (principal & interest combined) percent-of-payroll contributions. The UAAL was determined using the funding value of assets and actuarial accrued liability calculated as of the valuation date. The UAAL amortization payment (one component of the contribution requirement), is the level percent-of-payroll required to fully amortize the UAAL over a 30 year period.

Actuarial Value of System Assets. The Actuarial Value of Assets is set equal to the reported market value of assets. The assets may not be allowed for consideration as GASB assets, but are shown for illustrative purposes.

**ACTUARIAL ASSUMPTIONS FOR
TOM GREEN COUNTY
AS OF DECEMBER 31, 2012**

The rate of inflation is assumed to be 3.00% per year.

The rate of investment return for the Unfunded PAYGO scenario was 4.50% a year, compounded annually net after investment expenses. For the Funding Policy scenario, we assumed a 7.50% rate of investment return. The assumed real return is the rate of return in excess of price inflation. Considering other assumptions used in the valuation, the nominal rates translate to a net real return of 1.50% a year on the Unfunded PAYGO basis and 4.50% on the Funding Policy basis.

The rates of salary increase used for individual members are in accordance with the following table. This assumption is used to project a member's current salary to the salaries upon which future contributions will be based.

Years of Service	% Increase in Salary at Sample Years of Service and Entry Ages*			
	Before 30	Ages 30 - 39	Ages 40 - 49	Ages 50 and later
0	5.25%	4.75%	4.25%	3.75%
1	4.50	4.00	3.50	3.00
2	4.00	3.50	3.00	2.50
3	3.50	3.00	2.50	2.00
4	3.00	2.50	2.00	1.50
5	2.65	2.15	1.65	1.15
10	1.85	1.35	0.85	0.35
15	1.35	0.85	0.35	0.25
20	0.85	0.35	0.25	0.25
25	0.60	0.25	0.25	0.25
30 & Over	0.35	0.25	0.25	0.25

* These rates do not include the wage inflation rate of 4% per year.

The number of active members is assumed to remain constant in the future.

The payroll growth rate for financing Unfunded Actuarial Accrued Liabilities was assumed to be 3.00% per year.

**ACTUARIAL ASSUMPTIONS FOR
TOM GREEN COUNTY
AS OF DECEMBER 31, 2012 (CONTINUED)**

The rates of post retirement mortality

For healthy retirees, the probabilities of dying at sample attained ages were as follows:

Sample Attained Ages	Probability of Dying Next Year (Healthy)		Future Life Expectancy (years)	
	Men	Women	Men	Women
50	0.12%	0.10%	33.84	35.23
55	0.20	0.21	29.07	30.45
60	0.40	0.43	24.43	25.86
65	0.81	0.83	20.04	21.54
70	1.37	1.43	15.97	17.55
75	2.41	2.17	12.17	13.89
80	4.67	3.66	8.82	10.55

For healthy retirees, the pension system valuation employs a variation of the RP-2000 Mortality Table with fully generational mortality projections based on Scale AA. For the OPEB valuation, a fully generational mortality projection was not used. Instead, the RP-2000 Combined Male and Combined Female Tables are projected to 2032 with Scale AA. The generational approach projects mortality improvements year by year for each year in the future. The static approach used in the OPEB valuation applies the same mortality rates in each year. However, the static rates include 20 years of projected improvement from the valuation date. The use of the static approach results in essentially the same liability as those which would be produced with a fully generational approach, with far less complexity.

**ACTUARIAL ASSUMPTIONS FOR
TOM GREEN COUNTY
AS OF DECEMBER 31, 2012 (CONTINUED)**

For disabled retirees, the probabilities of dying at sample attained ages were as follows:

Sample Attained Ages	Probability of Dying Next Year	
	Men	Women
50	3.16%	1.35%
55	3.80	1.87
60	4.50	2.41
65	5.45	3.13
70	6.94	4.29
75	9.21	5.95
80	12.19	8.23

The rates above are from the RP-2000 Disabled Male and Female Tables with age set-forward by two years for both males and females. No provision is currently made for future improvements in disabled mortality after the measurement date.

The rates of mortality for active members are in accordance with the following tables.

Sample Attained Ages	Probability of Ordinary Death Next Year	
	Men	Women
20	0.04%	0.02%
25	0.04	0.02
30	0.06	0.02
35	0.10	0.04
40	0.13	0.06
45	0.19	0.09
50	0.26	0.14
55	0.40	0.21
60	0.65	0.33
65	0.91	0.50
70	3.04	0.69
75	5.21	2.30
80	8.97	3.76

**ACTUARIAL ASSUMPTIONS FOR
TOM GREEN COUNTY
AS OF DECEMBER 31, 2012 (CONTINUED)**

The mortality table used for active members was the RP 2000 Employee Mortality Table for males and females with a 3 year set-forward for males and a 2 year set-back for females. No provision is currently made for future improvements in employee mortality after the measurement date.

The rates of retirement used to measure the probability of eligible members retiring during the next year were as follows:

Retirement Ages	Rates of Retirement*	
	Male	Female
40-44	5%	5%
45-49	10	10
50-51	12	13
52-54	13	14
55-59	14	15
60	15	16
61	13	14
62	28	29
63-64	17	18
65	32	33
66-69	22	23
70	24	25
71-74	23	24
75	100	100

**ACTUARIAL ASSUMPTIONS FOR
TOM GREEN COUNTY
AS OF DECEMBER 31, 2012 (CONTINUED)**

Rates of separation from active membership were as shown below (rates do not apply to members eligible to retire and do not include separation on account of death or disability). This assumption measures the probabilities of members remaining in employment.

Service	Entry Age 20		Entry Age 30		Entry Age 40		Entry Age 50	
	Male	Female	Male	Female	Male	Female	Male	Female
0	33.12%	35.88%	27.36%	29.64%	24.48%	26.52%	21.60%	23.40%
1	22.08	23.92	18.24	19.76	16.32	17.68	14.40	15.60
2	16.56	17.94	13.68	14.82	12.24	13.26	10.80	11.70
3	13.25	14.35	10.95	11.85	9.79	10.61	8.64	9.36
4	11.04	11.96	9.12	9.88	8.16	8.84	7.20	7.80
5	9.38	10.17	7.75	8.40	6.93	7.52	6.12	6.63
6	7.73	8.37	6.39	6.91	5.71	6.19	5.04	5.46
7	6.62	7.18	5.47	5.93	4.89	5.31	4.32	4.68
8	6.07	6.58	5.01	5.44	4.49	4.86	3.96	4.29
9	5.52	5.98	4.56	4.94	4.08	4.42	3.60	3.90
10	4.97	5.38	4.11	4.44	3.67	3.98	3.24	3.51
11	4.42	4.78	3.65	3.95	3.27	3.53	2.88	3.12
12	3.97	4.31	3.28	3.56	2.93	3.19	2.59	2.81
13	3.53	3.83	2.92	3.16	2.61	2.83	2.30	2.50
14	3.09	3.35	2.55	2.77	2.28	2.48	2.02	2.18
15	2.65	2.87	2.19	2.37	1.96	2.12	1.73	1.87
16	2.32	2.51	1.92	2.07	1.71	1.86	1.51	1.64
17	1.99	2.15	1.64	1.78	1.47	1.59	1.30	1.40
18	1.77	1.91	1.46	1.58	1.31	1.41	1.15	1.25
19	1.66	1.79	1.37	1.48	1.23	1.32	1.08	1.17
20	1.66	1.79	1.37	1.48	1.23	1.32	1.08	1.17
21	1.49	1.61	1.23	1.33	1.10	1.19	0.97	1.05
22	1.32	1.44	1.09	1.19	0.98	1.06	0.86	0.94
23	1.16	1.26	0.96	1.04	0.86	0.93	0.76	0.82
24	0.99	1.08	0.82	0.89	0.73	0.80	0.65	0.70
25	0.88	0.96	0.73	0.79	0.65	0.71	0.57	0.63
26	0.77	0.84	0.64	0.69	0.57	0.62	0.50	0.55
27	0.66	0.72	0.55	0.59	0.49	0.53	0.43	0.47
28	0.55	0.60	0.45	0.50	0.41	0.44	0.36	0.39
29	0.44	0.48	0.36	0.40	0.33	0.35	0.29	0.31
30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**ACTUARIAL ASSUMPTIONS FOR
TOM GREEN COUNTY
AS OF DECEMBER 31, 2012 (CONTINUED)**

Rates of disability among active members.

Ordinary Disability		
Sample Ages	% Becoming Disabled within Next Year	
	Male	Female
30	0.02%	0.02%
35	0.04	0.04
40	0.09	0.09
45	0.14	0.14
50	0.26	0.26
55	0.46	0.46

Duty Disability		
Sample Ages	% Becoming Disabled within Next Year	
	Male	Female
35	0.00%	0.00%
40	0.00	0.00
45	0.01	0.01
50	0.01	0.01
55	0.02	0.02
60	0.04	0.04
65	0.04	0.04

Health cost increases are displayed in the following table:

Year	Health Care Trend Inflation Rates
	Medical and Drug
2013	7.50%
2014	7.25
2015	7.00
2016	6.75
2017	6.50
2018	6.00
2019	5.50
2020	5.00
2021 & Later	4.50

**MISCELLANEOUS AND TECHNICAL ASSUMPTIONS FOR
TOM GREEN COUNTY
AS OF DECEMBER 31, 2012**

Administrative Expenses	No Explicit assumption has been made for administrative expenses.
Decrement Timing	Decrements of all types are assumed to occur mid-year.
Decrement Operation	Disability does not operate during retirement eligibility.
Eligibility Testing	Eligibility for benefits is determined based upon the age nearest birthday and service nearest whole year on the date the decrement is assumed to occur.
Medicare Coverage	Assumed to be available for all covered employees on attainment of age 65. Disabled retirees were assumed to be eligible for Medicare coverage at age 65.
Election Percentage	It was assumed that 15% of eligible retirees would choose to receive retiree health care benefits through the County. Of those assumed to elect coverage, 10% of males and females were assumed to elect two-person coverage, if eligible. For those that elect two-person coverage, it was assumed that coverage would continue to the spouse upon death of the retiree, if eligible.
Demographic Assumptions	Except where noted, this report has used the same demographic assumptions used to value the defined benefit retirement plan in which the members participate. We are reliant upon the retirement plan actuary to develop the demographic assumptions. Based on our experience, the assumptions appear reasonable.

**MISCELLANEOUS AND TECHNICAL ASSUMPTIONS FOR
TOM GREEN COUNTY
AS OF DECEMBER 31, 2012 (CONTINUED)**

**Excise Tax and
Health Care Reform**

This report has not incorporated any additional liabilities associated with the excise tax on high-cost employer health plans effective January 1, 2018. The “Cadillac” tax is a 40% excise tax paid by the coverage provider (employer and/or insurer) on the value of health plan costs in excess of legislated thresholds. The thresholds in 2018 are \$10,200 for single coverage and \$27,500 for family coverage. Many plans that are below the thresholds today are likely to exceed them in the next decade. The thresholds will be indexed at CPI-U plus 1%, which is lower than the medical inflation rates affecting the cost of the plans. We believe any future costs associated with the excise tax are minor for the County and have not included any additional cost or savings which may result from Health Care Reform legislation. As with all our assumptions, we will monitor them with each valuation and make adjustments as needed.

**Assumption/Method
Changes**

1. The adult probation employees who have their insurance provided through the State of Texas were removed from the valuation.
2. Through our relationship with the TCDRS retirement system, we were able to incorporate total TCDRS service into our valuation. This allows us to better anticipate each employee’s retirement eligibility date. This change worked to increase the ARC and associated liabilities.
3. The mortality assumptions have been updated to better match those used by the TCDRS pension actuaries.
4. The percentage of covered retirees who also cover their spouse was decreased from 13% to 10%.

APPENDIX

GLOSSARY

Accrued Service. The service credited under the plan which was rendered before the date of the actuarial valuation.

Actuarial Accrued Liability. The difference between (i) the actuarial present value of future plan benefits, and (ii) the actuarial present value of future normal cost. Sometimes referred to as "accrued liability" or "past service liability."

Actuarial Assumptions. Estimates of future plan experience with respect to rates of mortality, disability, turnover, retirement, rate or rates of investment income and salary increases. Decrement assumptions (rates of mortality, disability, turnover and retirement) are generally based on past experience, often modified for projected changes in conditions. Economic assumptions (salary increases and investment income) consist of an underlying rate in an inflation-free environment plus a provision for a long-term average rate of inflation.

Actuarial Cost Method. A mathematical budgeting procedure for allocating the dollar amount of the "actuarial present value of future plan benefits" between the actuarial present value of future normal cost and the actuarial accrued liability. Sometimes referred to as the "actuarial funding method."

Actuarial Equivalent. A single amount or series of amounts of equal value to another single amount or series of amounts, computed on the basis of the rate(s) of interest and mortality tables used by the plan.

Actuarial Present Value. The amount of funds presently required to provide a payment or series of payments in the future. It is determined by discounting the future payments at a predetermined rate of interest, taking into account the probability of payment.

Amortization. Paying off an interest-bearing liability by means of periodic payments of interest and principal, as opposed to paying it off with a lump sum payment.

GLOSSARY (CONCLUDED)

Annual Required Contribution (ARC). The ARC is the normal cost plus the portion of the unfunded actuarial accrued liability to be amortized in the current period. The ARC is an amount that is actuarially determined in accordance with the requirements so that, if paid on an ongoing basis, it would be expected to provide sufficient resources to fund both the normal cost for each year and the amortized unfunded liability.

Governmental Accounting Standards Board (GASB). GASB is the private, nonpartisan, nonprofit organization that works to create and improve the rules U.S. state and local governments follow when accounting for their finances and reporting them to the public.

Medical Trend Rate (Health Care Inflation). The increase in the cost of providing health care benefits over time. Trend includes such elements as pure price inflation, changes in utilization, advances in medical technology, and cost shifting.

Normal Cost. The annual cost assigned, under the actuarial funding method, to current and subsequent plan years. Sometimes referred to as "current service cost." Any payment toward the unfunded actuarial accrued liability is not part of the normal cost.

Other Post-Employment Employee Benefits (OPEB). OPEB are post-employment benefits other than pensions. OPEB generally takes the form of health insurance and dental, vision, prescription drugs or other health care benefits.

Reserve Account. An account used to indicate that funds have been set aside for a specific purpose and are not generally available for other uses.

Unfunded Actuarial Accrued Liability. The difference between the actuarial accrued liability and valuation assets. Sometimes referred to as "unfunded accrued liability."

Valuation Assets. The value of current plan assets recognized for valuation purposes.