

North Carolina State Health Plan

Governmental Accounting Standards Board (GASB) Statement 74 Actuarial Valuation and Review of Other Postemployment Benefits (OPEB) as of June 30, 2020



This report has been prepared at the request of the Committee on Actuarial Valuations of Retired Employees' Health Benefits (OPEB) to assist in administering the Plan. This valuation report may not otherwise be copied or reproduced in any form without the consent of the Committee on Actuarial Valuations of Retired Employees' Health Benefits (OPEB) and may only be provided to other parties in its entirety. The measurements shown in this actuarial valuation may not be applicable for other purposes.

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Segal

August 28, 2020

Committee on Actuarial Valuation of Retired Employees' Health Benefits (OPEB)
State Health Plan of North Carolina
430 N. Salisbury St.
Raleigh, North Carolina 27603

Dear Committee Members:

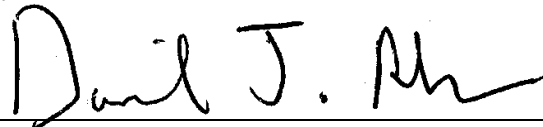
We are pleased to submit this Actuarial Valuation and Review of Other Postemployment Benefits (OPEB) as of June 30, 2020 under Governmental Accounting Standards Board Statement No. 74. The report summarizes the actuarial data used in the valuation, discloses the Net OPEB Liability (NOL), and analyzes the preceding year's experience. This report was based on the census data provided by the Department of the State Treasurer, the financial information prepared by the Department of the State Treasurer, and the terms of the Plan. The actuarial calculations were completed under the supervision of Daniel J. Rhodes, FSA, MAAA, Vice President and Consulting Actuary, and Peter Wang, PhD, ASA, FCA, MAAA, Associate Actuary.

The measurements shown in this actuarial valuation may not be applicable for other purposes. 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; and changes in plan provisions or applicable law.

The actuarial valuation has been completed in accordance with generally accepted actuarial principles and practices. To the best of our knowledge, the information supplied in this actuarial valuation is complete and accurate. The demographic assumptions were prescribed by the OPEB Valuation Committee to be consistent with the TSERS pension valuation where assumptions overlap. Further, in our opinion, the assumptions used in this valuation and described in Section 3, Exhibit II are reasonably related to the experience of and the expectations for the Plan. The actuarial projections are based on these assumptions and the plan of benefits as summarized in Section 3, Exhibit III.

Sincerely,

Segal



Daniel J. Rhodes, FSA, MAAA
Vice President and Consulting Actuary

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Actuarial Valuation Summary

Purpose and basis

This report presents the results of our actuarial valuation of the North Carolina State OPEB plan as of June 30, 2020, required by Governmental Accounting Standards Board (GASB) Statement No. 74, *Financial Reporting for Postemployment Benefit Plans Other than Pension Plans*. The actuarial computations made are for purposes of fulfilling plan accounting requirements. Determinations for purposes other than meeting financial accounting requirements may be significantly different from the results reported here.

Highlights of the valuation

Accounting and Financial Reporting

- The Net OPEB Liability (NOL) as of June 30, 2020 is \$27.74 billion, a decrease of \$3.90 billion, from the prior valuation NOL of \$31.64 billion. Net unfunded plan obligations had been expected to increase by \$1.77 billion to \$33.41 billion, due to normal plan operations. The difference between actual and prior unfunded actuarial accrued liabilities was the net effect of several factors:
 - Actuarial experience losses increased the NOL by \$0.08 billion. This was the net result of (1) a liability loss (\$0.03 billion), the result of demographic changes and actual 2020 benefit payments that were different from expected, and (2) an asset loss (\$0.05 billion), the result of fund investment performance. We have taken these actuarial gains and losses into account in reviewing our assumptions for the current valuation.
 - Valuation assumption changes decreased the NOL by \$5.49 billion. This was a net result of (1) a decrease in obligations due to lowering the valuation-year per capita health costs (\$0.49 billion), (2) a decrease due to new Medicare Advantage rates effective January 1, 2021, resulting from the request for proposal (RFP) process (\$6.15 billion), (3) a decrease due to updating future trends and other known changes, including the third party administrator (TPA) RFP and the pharmacy benefit manager (PBM) market check (\$0.07 billion), (4) an increase due to lowering the discount rate (\$5.16 billion), (5) a decrease due to removing the impact of the health insurer tax on the Medicare Advantage premiums (\$2.39 billion), and (6) a decrease due to removing the potential impact of the excise tax (\$1.55 billion).
 - Plan changes increased the NOL by \$0.22 billion. The current plan of benefits is summarized in Exhibit III of Section 3.
 - At the end of June 2020, \$0.48 billion was transferred from the Public Employee Health Benefit Fund (PEHBF) to the Retiree Health Benefit Trust Fund (RHBTF) as authorized by SL 2020-48 Section 2.2b, which reduced the NOL.

Section 1: Actuarial Valuation Summary

- As of June 30, 2020, the ratio of assets to the Total OPEB Liability (the funded ratio) is 6.92%. This is based on the market value of assets on June 30, 2020.

The Coronavirus (COVID-19) pandemic is rapidly evolving and is having a significant impact on the US economy in 2020, including most retiree health plans, and will likely continue to have an impact in the future. Our results do not include the impact of the following:

- Direct or indirect effects of COVID-19 on short-term health plan costs
- Changes in the market value of plan assets since June 30, 2020
- Changes in interest rates since June 30, 2020
- Short-term or long-term impacts on mortality of the covered population
- The potential for federal or state fiscal relief

Each of the above factors could significantly impact these results. Given the high level of uncertainty and fluidity of the current events, you may wish to consider updated estimates to monitor the plan's financial status. We will keep you updated on emerging developments.

Section 1: Actuarial Valuation Summary

Summary of key valuation results

Measurement Date		June 30, 2020	June 30, 2019
Disclosure elements for fiscal year ending June 30:	• Total OPEB Liability	\$29,802,158,533	\$33,095,182,920
	• Plan Fiduciary Net Position (Assets)	2,061,307,299	1,455,683,423
	• Net OPEB Liability	27,740,851,234	31,639,499,497
	• Plan Fiduciary Net Position as a percentage of Total OPEB Liability	6.92%	4.40%
	• Service Cost at Beginning of Year	1,824,174,672	1,539,091,679
	• Covered Payroll	17,975,000,000	17,622,000,000
Schedule of contributions for fiscal year ending June 30:	• Actuarially determined contributions	\$2,823,873,000	\$2,971,069,000
	• Actual contributions	1,162,966,849	1,104,901,608
	• Contribution deficiency / (excess)	1,660,906,151	1,866,167,392
	• Benefit Payments	1,084,668,452	1,030,956,211

Section 1: Actuarial Valuation Summary

Important information about actuarial valuations

An actuarial valuation is a budgeting tool with respect to defining future uncertain obligations of a postretirement health plan. As such, it will never forecast the precise future stream of benefit payments. It is an estimated forecast – the actual cost of the plan will be determined by the benefits and expenses paid, not by the actuarial valuation.

In order to prepare a valuation, Segal relies on a number of input items. These include:

Plan of benefits	Plan provisions define the rules that will be used to determine benefit payments, and those rules, or the interpretation of them, may change over time. Even where they appear precise, outside factors may change how they operate. For example, a plan may provide health benefits to post-65 retirees that coordinates with Medicare. If so, changes in the Medicare law or administration may change the plan's costs without any change in the terms of the plan itself. It is important for the State to keep Segal informed with respect to plan provisions and administrative procedures, and to review the plan summary included in our report to confirm that Segal has correctly interpreted the plan of benefits.
Participant data	An actuarial valuation for a plan is based on data provided to the actuary by the plan. Segal does not audit such data for completeness or accuracy, other than reviewing it for obvious inconsistencies compared to prior data and other information that appears unreasonable. It is not necessary to have perfect data for an actuarial valuation: the valuation is an estimated forecast, not a prediction. The uncertainties in other factors are such that even perfect data does not produce a "perfect" result. Notwithstanding the above, it is important for Segal to receive the best possible data and to be informed about any known incomplete or inaccurate data.
Assets	The valuation is based on the market value of assets as of the valuation date, as provided by the State.
Actuarial assumptions	In preparing an actuarial valuation, Segal starts by developing a forecast of the benefits to be paid on behalf of existing plan participants for the rest of their lives and the lives of their beneficiaries. To determine the future costs of benefits, Segal collects claims, premiums, and enrollment data in order to establish a baseline cost for the valuation measurement, and then develops short- and long-term health care cost trend rates to project increases in costs in future years. This forecast also requires actuarial assumptions as to the probability of death, disability, withdrawal, and retirement of each participant for each year, as well as forecasts of the plan's benefits for each of those events. The forecasted benefits are then discounted to a present value, typically based on an estimate of the rate of return that will be achieved on the plan's assets or, if there are no assets, a rate of return based on a yield or index rate for 20-year, tax-exempt general obligation municipal bonds with an average rating of AA/Aa or higher (or equivalent quality on another rating scale). All of these factors are uncertain and unknowable. Thus, there will be a range of reasonable assumptions, and the results may vary materially based on which assumptions the actuary selects within that range. That is, there is no right answer (except with hindsight). It is important for any user of an actuarial valuation to understand and accept this constraint. The actuarial model necessarily uses approximations and estimates that may lead to significant changes in our results but will have no impact on the actual cost of the plan. In addition, the actuarial assumptions may change over time, and while this can have a significant impact on the reported results, it does not mean that the previous assumptions or results were unreasonable or wrong.

Section 1: Actuarial Valuation Summary

The user of Segal's actuarial valuation (or other actuarial calculations) should keep the following in mind:

The actuarial valuation is prepared for use by the State financial officers. It includes information for compliance with accounting standards and for the plan's auditor. Segal is not responsible for the use or misuse of its report, particularly by any other party.

If the State is aware of any event or trend that was not considered in this valuation that may materially change the results of the valuation, Segal should be advised, so that we can evaluate it.

An actuarial valuation is a measurement at a specific date – it is not a prediction of a plan's future financial condition. Accordingly, Segal did not perform an analysis of the potential range of financial measurements, except where otherwise noted. The actual long-term cost of the plan will be determined by the actual benefits and expenses paid and the actual investment experience of the plan.

Sections of this report include actuarial results that are not rounded, but that does not imply precision.

Critical events for a plan include, but are not limited to, decisions about changes in benefits and contributions. The basis for such decisions needs to consider many factors such as the risk of changes in plan enrollment, emerging claims experience, health care trend, and investment losses, not just the current valuation results.

Segal does not provide investment, legal, accounting, or tax advice. Segal's valuation is based on our understanding of applicable guidance in these areas and of the plan's provisions, but they may be subject to alternative interpretations. The State should look to their other advisors for expertise in these areas.

While Segal maintains extensive quality assurance procedures, an actuarial valuation involves complex computer models and numerous inputs. In the event that an inaccuracy is discovered after presentation of Segal's valuation, Segal may revise that valuation or make an appropriate adjustment in the next valuation.

Segal's report shall be deemed to be final and accepted by the State upon delivery and review. The State should notify Segal immediately of any questions or concerns about the final content.

As Segal has no discretionary authority with respect to the management or assets of the Plan, it is not a fiduciary in its capacity as actuaries and consultants with respect to the Plan.

Section 1: Actuarial Valuation Summary

Actuarial Certification

August 28, 2020

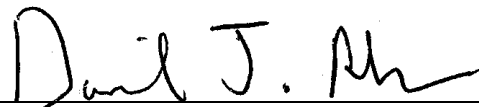
This is to certify that Segal has conducted an actuarial valuation of certain benefit obligations of State Health Plan of North Carolina other postemployment benefit programs as of June 30, 2020, in accordance with generally accepted actuarial principles and practices. The actuarial calculations presented in this report have been made on a basis consistent with our understanding of GASB Statements 74 for the determination of the liability for postemployment benefits other than pensions.

The actuarial valuation is based on the plan of benefits verified by the State Health Plan and reliance on participant, premium, claims and expense data provided by the Plan or from vendors employed by the Plan. Segal does not audit the data provided. The accuracy and comprehensiveness of the data is the responsibility of those supplying the data. Segal, however, does review the data for reasonableness and consistency.

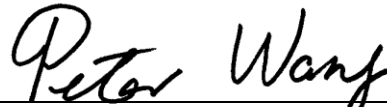
The actuarial computations made are for purposes of fulfilling plan accounting and funding requirements. Determinations for purposes other than meeting financial accounting and funding requirements may be significantly different from the results reported here. Accordingly, additional determinations may be needed for other purposes, such as judging benefit security at termination of the plan, or determining short-term cash flow requirements.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: retiree group benefits program experience or rates of return on assets differing from that anticipated by the assumptions; changes in assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period); and changes in retiree group benefits program provisions or applicable law. Retiree group benefits models necessarily rely on the use of approximations and estimates, and are sensitive to changes in these approximations and estimates. Small variations in these approximations and estimates may lead to significant changes in actuarial measurements. The scope of the assignment did not include performing an analysis of the potential change of such future measurements except where noted.

To the best of our knowledge, this report is complete and accurate and in our opinion presents the information necessary to comply with GASB Statements 74 with respect to the benefit obligations addressed. The signing actuaries are members of the Society of Actuaries, the American Academy of Actuaries, and other professional actuarial organizations and collectively meet the "General Qualification Standards for Statements of Actuarial Opinions" to render the actuarial opinion contained herein.



Daniel J. Rhodes, FSA, MAAA
Vice President and Consulting Actuary



Peter Wang, PhD, ASA, FCA, MAAA
Associate Actuary

GASB 74 Information

General information about the OPEB plan

Plan Description

Plan administration. The State administers the OPEB plan-a multiple employer cost-sharing OPEB plan that is used to provide postemployment benefits other than pensions for permanent full-time general employees. Management of the OPEB plan is governed by North Carolina General Statutes.

Plan membership. Plan membership consisted of the following:

	As of December 31, 2019	As of December 31, 2018
Number of retirees	209,980	205,490
Number of spouses	18,367	17,523
Number of surviving spouses	2,877	2,973
Number of inactive vested	45,096	43,908
Number of actives	348,905	346,173
Total number of participants and spouses	625,225	616,067

Benefits provided. The Plan benefits employees and former employees of the State, the University of North Carolina System, community colleges, and certain other component units. In addition, Local Education Agencies (LEAs), charter schools, and some select local governments that are not part of the financial reporting entity also participate.

Health benefit programs and premium rates are determined by the State Treasurer upon approval of the Board of Trustees. Plan benefits received by retired employees and disabled employees are other postemployment benefits (OPEB). The healthcare benefits for retired and disabled employees who are not eligible for Medicare are the same as for active employees, a choice between the self-funded 80/20 and 70/30 Preferred Provider Organization (PPO) Plans. The plan options change when former employees become eligible for Medicare. Medicare retirees have the option of selecting one of two fully insured Medicare Advantage/Prescription Drug Plan (MA-PDP) options or the self-funded 70/30 PPO plan option that is also offered to non-Medicare members. If the 70/30 Plan is selected by a Medicare retiree, the self-funded State Health Plan coverage is secondary to Medicare.

Section 2: GASB 74 Information

State Contributions. The Plan is funded by both employer contributions and premiums charged to retirees and their spouses and dependents. A percent of pay is charged to each participating employer; the rate was 6.27% for fiscal 2019, 6.47% for fiscal 2020, and is 6.68% for fiscal 2021. Premiums are charged to retirees, and vary based on the coverage selected. The premiums for spouses are much higher than the premiums for retirees. An additional contribution of \$475.2 million was made in FY 2020, and is not assumed to recur in the future. The RHBTF may also be funded through the Unfunded Liability Solvency Reserve as stated in G.S 143C-4-10. As of June 30, 2020, there has been no increase in the Plan Fiduciary Net Position sourced from the Unfunded Liability Solvency Reserve.

Section 2: GASB 74 Information

Net OPEB liability

Measurement Date	June 30, 2020	June 30, 2019
Components of the Net OPEB Liability		
Total OPEB Liability	\$29,802,158,533	\$33,095,182,920
Plan Fiduciary Net Position	2,061,307,299	1,455,683,423
Net OPEB Liability	27,740,851,234	31,639,499,497
Plan Fiduciary Net Position as a percentage of the Total OPEB Liability	6.92%	4.40%

The Net OPEB Liability was measured as of June 30, 2020 and 2019. Plan Fiduciary Net Position (plan assets) was valued as of the measurement dates and the Total OPEB Liability was determined from actuarial valuations using data as of December 31, 2019 and 2018, respectively.

Actuarial assumptions. The Total OPEB Liability was measured by an actuarial valuation as of December 31, 2019, and rolled forward to June 30, 2020, using the following actuarial assumptions, applied to all periods included in the measurement, unless otherwise specified:

Inflation	3.00%
Salary increases	Teachers and Other Education Employees: 7.55% grading down to 3.50% Law Enforcement Officers: 8.10% grading down to 3.50% General Employees: 5.50% grading down to 3.50%
Discount rate	2.21% for fiscal 2020, 3.50% for fiscal 2019
Healthcare cost trend rates	
Medical (Non-MA)	6.50% grading down to 5.00% by 2024
Prescription drug (Non-MA)	9.50% grading down to 5.00% by 2029
Medicare Advantage	Rates are guaranteed for 2021-2025; 5.00% for years after 2026
Administrative costs	3.00%
Mortality rates	RP-2014 Healthy Annuitant Mortality Table for males and females, adjusted for Collar for some Participants, further adjusted with scaling factors varying before and after age 78, and projected for mortality improvement using Scale MP-2015

Section 2: GASB 74 Information

The actuarial assumptions used in the June 30, 2020 measurement valuation were based on the results of an actuarial experience study performed by Buck (formerly known as Buck Consultants and Conduent HR Services) for the period ending December 31, 2014.

The Plan does not have a funding policy that covers both the Normal Cost and a payment toward the unfunded liability. The plan is funded based on contributions set each year to target the projected benefit payments for the year and investment returns and current plan assets do not fund a material portion of long-term projected benefits. As such, we have not calculated a blended discount rate.

Detailed information regarding all actuarial assumptions can be found in Section 3, Exhibit II.

Section 2: GASB 74 Information

Sensitivity

The following presents the NOL of the State as well as what the State's NOL would be if it were calculated using a discount rate that is 1-percentage-point lower (1.21%) or 1-percentage-point higher (3.21%) than the current rate. Also, shown is the NOL as if it were calculated using healthcare cost trend rates that were 1-percentage-point lower or 1-percentage-point higher than the current healthcare trend rates.

	1% Decrease (1.21%)	Current Discount Rate (2.21%)	1% Increase (3.21%)
Net OPEB Liability (Asset)	\$32,898,894,187	\$27,740,851,234	\$23,585,187,858
	1% Decrease in Health Care Cost Trend Rates	Current Health Care Cost Trend Rates	1% Increase in Health Care Cost Trend Rates
Net OPEB Liability (Asset)	\$22,364,142,021	\$27,740,851,234	\$34,927,546,972

Section 2: GASB 74 Information

Total OPEB Liability by Status and Payment Age

The following presents a breakdown of Total OPEB Liability as of June 30, 2020 by participant status (active, retired, etc.) and payment age (pre-65 and post-65).

Total OPEB Liability	<u>Pre-65</u>	<u>Post-65</u>	<u>Total</u>
Active	\$11,510,435,808	\$6,812,094,499	\$18,322,530,307
Vested	1,610,305,712	2,121,143,014	3,731,448,726
Retired	2,216,982,472	4,991,863,299	7,208,845,771
Beneficiary	5,898,408	5,182,208	11,080,616
Disabled	218,461,187	309,791,926	528,253,113
Total	\$15,562,083,587	\$14,240,074,946	\$29,802,158,533

Section 2: GASB 74 Information

Schedule of changes in Net OPEB Liability – Last two fiscal years

Measurement Date	June 30, 2020	June 30, 2019
Total OPEB Liability		
Service cost	\$1,824,174,672	\$1,539,091,679
Interest	1,203,195,818	1,192,810,301
Change of benefit terms	224,085,629	(72,358,137)
Differences between expected and actual experience	30,157,435	(156,654,727)
Changes of assumptions	(5,489,969,489)	1,824,891,986
Benefit payments, including refunds of member contributions	<u>(1,084,668,452)</u>	<u>(1,030,956,211)</u>
Net change in Total OPEB Liability	(\$3,293,024,387)	\$3,296,824,891
Total OPEB Liability – beginning	<u>33,095,182,920</u>	<u>29,798,358,029</u>
Total OPEB Liability – ending	<u>\$29,802,158,533</u>	<u>\$33,095,182,920</u>
Plan Fiduciary Net Position		
Contributions – employer	\$1,162,966,849	\$1,104,901,608
Contributions – employee	0	0
Net investment income	52,286,927	71,780,132
Benefit payments, including refunds of member contributions	(1,084,668,452)	(1,030,956,211)
Administrative expense	(161,448)	(214,656)
Other	<u>475,200,000</u>	<u>0</u>
Net change in Plan Fiduciary Net Position	\$605,623,876	\$145,510,873
Plan Fiduciary Net Position – beginning	<u>1,455,683,423</u>	<u>1,310,172,550</u>
Plan Fiduciary Net Position – ending	\$2,061,307,299	\$1,455,683,423
Net OPEB Liability – ending	<u>\$27,740,851,234</u>	<u>\$31,639,499,497</u>
Plan Fiduciary Net Position as a percentage of the Total OPEB Liability	6.92%	4.40%
Covered employee payroll ¹	\$17,975,000,000	\$17,622,000,000
Plan Net OPEB Liability as percentage of covered employee payroll	154.33%	179.55%

¹ Covered payroll is estimated for both 2019 and 2020

Section 2: GASB 74 Information

Notes to Schedule:

Benefit Changes reflected in the June 30, 2020 Net OPEB Liability:

Effective January 1, 2020:

- For the 80/20 Plan:
 - Inpatient Mental Health/Substance Abuse copay changed from \$450 plus deductible and coinsurance to \$300 plus deductible and coinsurance
- For the 70/30 Plan:
 - Deductible changed from \$1,080/\$3,240 to \$1,500/\$4,500
 - Out-of-Pocket Maximum changed from Medical of \$4,388/\$13,164 and Rx of \$3,360/\$10,080 to Combined Medical and Rx of \$5,900/\$16,300
 - Preventive care covered at 100% (\$0 copay)
 - Primary Care Provider copay changed from \$40 to \$45 (for non-designated Blue Option) and (\$30 for designated Blue Option)
 - Pharmacy Tier changes as follows:
 - Tier 3: from \$74 to deductible and coinsurance
 - Tier 4: from 10% up to \$100 to \$200
 - Tier 5: from 25% up to \$103 to \$350
 - Tier 6: from 25% up to \$133 to deductible and coinsurance

Effective January 1, 2021:

- For the 80/20 Plan:
 - Copays for designated PCP, Specialists, and Therapy changed from \$10/\$80/\$52 to \$0/\$40/\$26, respectively, for Clear Pricing Project (CPP) Providers
 - Preferred and non-preferred insulin changed from coverage as Tier 2/Tier 3 drug to coverage at 100% (\$0 copay)
- For the 70/30 Plan:
 - Copays for designated PCP, Specialists, and Therapy changed from \$30/\$94/\$72 to \$0/\$47/\$36, respectively, for CPP Providers
 - Preferred and non-preferred insulin changed from coverage as Tier 2/Tier 3 drug to coverage at 100% (\$0 copay)
- For the Medicare Advantage Enhanced Plan:
 - Primary Care Provider copay changed from \$15 to \$10
 - Inpatient Hospitalization copay changed from \$150 for days 1-10 to \$125

Section 2: GASB 74 Information

- Pharmacy Tier 1 mail copay changed from \$20 to \$24
- Pharmacy Tier 2 retail copay changed from \$35 to \$40 and mail copay from \$70 to \$80
- Contribution rates reflect legislative changes in employer funding adopted at the end of fiscal year 2020

Changes in assumptions reflected in the June 30, 2020 Net OPEB Liability:

- The discount rate was updated, changing from 3.50% to 2.21%, based on changes in the Bond Buyer 20-year GO index rate, as selected by the State's OPEB Valuation Committee.
- The medical and prescription drug claims cost were changed based on most recent experience.
- Medical and prescription drug trend rates were changed to current schedule, which include the impact of savings from the Medicare Advantage RFP, the pharmacy benefit manager market check, and the TPA RFP.
- The impact of the excise tax was removed, as the tax has been repealed.

Benefit Changes reflected in the June 30, 2019 Net OPEB Liability:

Effective January 1, 2019:

- For the 80/20 Plan:
 - Out-of-Pocket maximum changed from \$4,350/\$10,300 for in-network and \$8,700/\$26,100 for out-of-network to \$4,890/\$14,670 for in-network and \$9,780/\$29,340 for out-of-network.
 - Specialist copay changed from \$85 to \$80.
 - In-network inpatient hospitalization changed from \$450 plus deductible and coinsurance or \$0 plus deductible and coinsurance for designated Blue Options hospitals to \$300 plus deductible and coinsurance for all hospitals.

Plan Changes effective January 1, 2020 were known at the time of the June 30, 2019, report, and were expected to be cost neutral.

Changes in assumptions reflected in the June 30, 2019 Net OPEB Liability:

- The discount rate changed from 3.87% to 3.50%, based on changes in the Bond Buyer 20-year GO index rate, as selected by the State's OPEB Valuation Committee.
- Disability rates were adjusted to the non-grandfathered assumptions used in the TSERS pension valuation, to better align with anticipated incidence of disability.
- The medical and prescription drug claims cost were changed based on most recent experience.
- Medical and prescription drug trend rates were changed to the current schedule.
- Enrollment assumptions were updated to model expected migrations among plan options over the next four years.

Section 2: GASB 74 Information

Expected Net Benefit Payments

Year Ending December 31	Projected Net Claims (000's)	Year Ending December 31	Projected Net Claims (000's)	Year Ending December 31	Projected Net Claims (000's)	Year Ending December 31	Projected Net Claims (000's)
2020	824,570	2045	2,426,675	2070	1,137,246	2095	123,741
2021	686,841	2046	2,468,490	2071	1,111,518	2096	100,164
2022	726,661	2047	2,489,922	2072	1,082,430	2097	79,680
2023	779,995	2048	2,500,397	2073	1,050,089	2098	62,204
2024	839,058	2049	2,507,459	2074	1,014,650	2099	47,586
2025	898,148	2050	2,499,309	2075	976,300	2100	35,617
2026	1,076,366	2051	2,469,691	2076	935,298	2101	26,040
2027	1,148,916	2052	2,418,899	2077	891,989	2102	18,564
2028	1,222,396	2053	2,354,187	2078	846,748	2103	12,881
2029	1,300,118	2054	2,265,047	2079	800,016	2104	8,682
2030	1,384,046	2055	2,148,250	2080	752,145	2105	5,674
2031	1,472,979	2056	2,020,399	2081	703,473	2106	3,588
2032	1,560,421	2057	1,893,475	2082	654,345	2107	2,191
2033	1,648,850	2058	1,769,538	2083	605,114	2108	1,290
2034	1,725,237	2059	1,639,311	2084	556,132	2109	731
2035	1,781,528	2060	1,511,689	2085	507,754	2110	399
2036	1,825,000	2061	1,397,297	2086	460,324	2111	210
2037	1,884,887	2062	1,307,447	2087	414,173	2112	107
2038	1,957,265	2063	1,264,681	2088	369,614	2113	52
2039	2,025,817	2064	1,239,966	2089	326,941	2114	25
2040	2,089,653	2065	1,222,936	2090	286,429	2115	11
2041	2,168,401	2066	1,209,098	2091	248,324	2116	5
2042	2,234,555	2067	1,195,259	2092	212,840	2117	2
2043	2,300,897	2068	1,178,932	2093	180,158	2118	1
2044	2,367,048	2069	1,159,647	2094	150,422	2119	0

Schedule of contributions – Last ten fiscal years

Year Ended June 30	Actuarially Determined Contributions	Contributions in Relation to the Actuarially Determined Contributions	Contribution Deficiency / (Excess)	Covered- Employee Payroll	Contributions as a Percentage of Covered Employee Payroll
2011	\$2,926,070,000	\$743,659,000	\$2,182,411,000	\$15,176,714,000	4.90%
2012	2,371,490,000	710,027,000	1,661,463,000	14,200,540,000	5.00%
2013	2,072,951,000	813,223,000	1,259,728,000	15,343,830,000	5.30%
2014	2,226,586,000	815,157,000	1,411,429,000	15,095,500,000	5.40%
2015	2,211,436,000	854,383,000	1,357,053,000	15,562,532,000	5.49%
2016	2,516,706,000	880,847,000	1,635,859,000	15,729,411,000	5.60%
2017	2,728,064,000	950,812,690	1,777,251,310	16,365,112,000	5.81%
2018	2,613,258,000	1,018,692,516	1,594,565,484	16,838,000,000	6.05%
2019	2,971,069,000	1,104,901,608	1,866,167,392	17,622,000,000	6.27%
2020	2,823,873,000	1,162,966,849	1,660,906,151	17,975,000,000	6.47%

See accompanying notes to this schedule on next page.

Section 2: GASB 74 Information

Notes to Schedule:

Methods and assumptions used to determine contribution rates:

Valuation date	December 31 prior to the fiscal year end
Actuarial cost method	Projected Unit Credit (for years ended June 30, 2017 and earlier) Entry Age Normal (for years ended June 30, 2018 and after)
Amortization method	Open 30-year level pay
Remaining amortization period	30 years
Asset valuation method	Market value
Discount rate	4.25% (for years ended June 30, 2016 and earlier) Bond Buyer 20-Year GO Index Rate as of fiscal year end (for years ended June 30, 2017 and after)
Timing and Payroll Adjustment	This includes interest, rounding, and an adjustment for the difference between valuation payroll and covered payroll (not applicable for ended June 30, 2017 and earlier)
Payroll increase assumption	3.50%

Section 2: GASB 74 Information

Actuarially Determined Contribution

	July 1, 2019 - June 30, 2020	% of Payroll	July 1, 2018 - June 30, 2019	% of Payroll
Normal Cost as of preceding December 31	\$1,974,212,317	10.98%	\$1,824,174,672	10.35%
Actuarial Accrued Liability as of preceding December 31	28,889,369,897	160.78%	31,993,220,405	181.55%
Assets as of preceding December 31	1,459,750,917	8.12%	1,324,944,746	7.52%
Unfunded Actuarial Accrued Liability as of preceding December 31	27,439,618,980	152.65%	30,668,275,659	174.03%
Amortization of Unfunded Actuarial Accrued Liability	\$758,088,452	4.22%	\$1,022,275,855	5.80%
Total Actuarially Determined Contribution	2,823,873,000	15.71%	2,971,069,000	16.86%
Total Payroll	17,975,000,000		17,622,000,000	

Section 2: GASB 74 Information

Statement of Fiduciary Net Position

	June 30, 2020	June 30, 2019
Assets		
Cash and deposits	\$858,512,552	\$307,663,939
Receivables		
• Contributions	\$65,880,312	\$57,549,990
• Investment income	544,124	465,942
Total receivables	\$66,424,436	\$58,015,932
Investments	\$1,136,370,311	\$1,090,003,552
Total Assets	\$2,061,307,299	\$1,455,683,423
Liabilities	\$0	\$0
Net position restricted for OPEB	\$2,061,307,299	\$1,455,683,423

Supporting Information

Exhibit I: Summary of Participant Data

	As of December 31, 2019	As of December 31, 2018
Number of retirees	209,980	205,490
Average age of retirees	71.0	70.7
Number of spouses	18,367	17,523
Average age of spouses	69.0	68.6
Number of surviving spouses	2,877	2,973
Average age	79.9	80.0
Number inactive vested	45,096	43,908
Average age	48.6	48.5
Number of actives	348,905	346,173
Average age	45.1	45.0
Average service	10.9	10.4

Section 3: Supporting Information

Exhibit I: Summary of Participant Data (continued)

Active Employees Valued as of December 31, 2019 Count and Average Pay by Age and Service

Age on 12/31/2019	Service										Total
	0	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+	
Under 20	42	106	0	0	0	0	0	0	0	0	148
	\$7,784	\$21,194	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$17,388
20 - 24	2,786	10,035	61	0	0	0	0	0	0	0	12,882
	\$13,122	\$30,669	\$36,107	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,900
25 - 29	3,313	21,732	8,087	12	0	0	0	0	0	0	33,144
	\$13,174	\$35,278	\$43,439	\$41,349	\$0	\$0	\$0	\$0	\$0	\$0	\$35,062
30 - 34	2,332	14,826	14,596	4,394	41	0	0	0	0	0	36,189
	\$14,940	\$39,640	\$47,315	\$51,957	\$45,901	\$0	\$0	\$0	\$0	\$0	\$42,646
35 - 39	2,043	13,192	10,428	11,622	5,149	112	0	0	0	0	42,546
	\$15,417	\$44,659	\$52,630	\$55,696	\$59,204	\$50,745	\$0	\$0	\$0	\$0	\$50,000
40 - 44	1,643	10,709	8,954	8,551	9,715	4,294	36	0	0	0	43,902
	\$15,113	\$42,540	\$54,660	\$59,384	\$61,660	\$62,680	\$56,864	\$0	\$0	\$0	\$53,479
45 - 49	1,471	10,024	9,092	8,703	8,585	9,887	3,878	30	0	0	51,670
	\$14,245	\$41,530	\$51,621	\$57,849	\$60,553	\$63,819	\$66,042	\$58,600	\$0	\$0	\$54,553
50 - 54	1,215	7,745	7,327	8,693	7,858	6,873	5,998	1,296	8	0	47,013
	\$14,938	\$42,120	\$48,717	\$54,075	\$58,859	\$61,656	\$68,376	\$68,971	\$69,960	\$0	\$54,405
55 - 59	964	6,758	6,203	7,323	7,919	6,599	4,644	1,791	379	7	42,587
	\$15,305	\$40,716	\$48,732	\$51,395	\$54,193	\$58,165	\$65,980	\$71,257	\$72,907	\$61,744	\$52,684
60 - 64	480	3,592	4,538	4,822	4,919	4,316	2,328	1,361	489	179	27,024
	\$14,808	\$43,712	\$49,144	\$52,676	\$54,802	\$59,075	\$71,367	\$83,482	\$83,405	\$71,471	\$55,470
65 - 69	179	1,200	1,548	1,727	1,345	947	711	485	307	198	8,647
	\$13,961	\$41,090	\$52,621	\$55,980	\$62,322	\$69,114	\$84,990	\$97,580	\$120,805	\$93,303	\$62,742
70 & over	87	455	480	542	545	321	227	171	125	194	3,147
	\$13,991	\$36,592	\$48,478	\$51,481	\$59,519	\$63,949	\$89,387	\$99,169	\$128,233	\$117,495	\$62,941
Total	16,555	100,374	71,315	56,389	46,076	33,350	17,823	5,134	1,308	581	348,905
	\$14,278	\$39,350	\$49,621	\$55,195	\$58,666	\$61,601	\$68,541	\$77,263	\$93,343	\$94,195	\$49,841

Section 3: Supporting Information

Exhibit II: Actuarial Assumptions and Actuarial Cost Method

Data:	Detailed census data, premium rates, claim experience, and summary plan descriptions for OPEB were provided by the State.
Actuarial Cost Method:	Entry Age, Level Percentage of Pay. Decrements are assumed to occur mid-year.
Asset Valuation Method:	Market Value
Basis for Demographic Assumptions:	The demographic assumptions are based on a study performed by Buck (formerly known as Buck Consultants and Conduent HR Services) for the period ending December 31, 2014. The study was presented to the Board of Trustees for the Teachers' and State Employees' Retirement System of North Carolina in October 2015 and was approved for use. Participants in the Consolidated Judicial Retirement System, the Legislative Retirement System, the University Employees' Optional Retirement Program, and eligible local governments are valued using the General Employees' assumptions. All demographic assumptions were prescribed by the OPEB Valuation Committee to be consistent with the TSERS pension valuation.
Census Valuation Date:	December 31, 2019. Employees that become participants after the valuation date are excluded. Participating employers for sake of the valuation are determined at the beginning of the fiscal year (i.e., included in the total OPEB liability). Allocations to employers are determined based on whether the employer has made contributions during the fiscal year and prior to the valuation date.
Measurement Date:	Liabilities were rolled forward to June 30, 2020. The Entry Age Actuarial Accrued Liability was adjusted from the Valuation Date to the Measurement Date using half the service cost, half the interest cost, and half the expected benefit payments. Financial data was collected as of this date.
Allocations to Employers:	Pro rata allocation of the NOL based on the Present Value of Future Salaries for employers that made contributions to the Trust during the fiscal year.
Discount Rate:	2.21%. The discount rate is based on the Bond Buyer 20-year GO index as of June 30, 2020. The Plan is funded essentially on a "pay-as-you-go" basis, and any prefunding that results from employer and retiree contributions in excess of benefit payments is not material. The additional contribution of \$475.2 million in FY 2020 was not assumed to recur. As such, a blended discount rate is not applicable.
Salary increases based on service:	Teachers and Other Education Employees: 7.55% grading down to 3.50% Law Enforcement Officers: 8.10% grading down to 3.50% General Employees: 5.50% grading down to 3.50%
Investment Return:	7.00%. This rate is provided by the State and the Building Blocks table used for GASB disclosures is provided by the Investment Management Division of the Department of the State Treasurer.

Section 3: Supporting Information

Pre- Retirement Mortality:	Teachers and other education employees use RP-2014 White Collar Employee. All other employees use the RP-2014 Employee table without adjustment.			
Post-Disablement Mortality:	RP-2014 Mortality tables for disabled annuitants multiplied by 103% for males and by 99% for females.			
Post-Retirement Mortality:	Retirees	Adjustments to the RP-2014 Healthy Annuitant Base Table		
		Prior to Age 78	After Age 78	
	Male General	108% of Male	124% of Male	
	Female General	81% of Female	113% of Female	
	Male Teachers	92% of White Collar Male	120% of White Collar Male	
	Female Teachers	78% of White Collar Female	108% of White Collar Female	
	Male Other	92% of White Collar Male	120% of White Collar Male	
	Female Other	78% of White Collar Female	108% of White Collar Female	
	Male Law Enforcement	100% of Male	100% of Male	
	Female Law Enforcement	100% of Female	100% of Female	
	Spouses	123% of the Male and Female Retiree Tables		
Mortality Projection Scale:	MP-2015			
Disability Rates:		Rate		
	Age	Male	Female	
	20-24	0.000621	0.000779	These rates are the non-grandfathered rates used in the TSERS pension valuation. The number of members eligible for transitional disability coverage provisions under G.S. 135-112 (“grandfathered”) is a relatively small group of individuals.
	25-29	0.000684	0.000889	
	30-34	0.000802	0.001186	
	35-39	0.001045	0.001766	
	40-44	0.001529	0.002309	
	45-49	0.002649	0.003444	
	50-54	0.004826	0.005307	
	55-59	0.008551	0.007696	
60-64	0.012054	0.009040		

These rates are the non-grandfathered rates used in the TSERS pension valuation. The number of members eligible for transitional disability coverage provisions under G.S. 135-112 ("grandfathered") is a relatively small group of individuals.

Section 3: Supporting Information

Turnover Rates:

Teachers - Male						
Age	Service					
	0	1	2	3	4	≥5
≤24	0.190	0.160	0.140	0.120	0.095	0.080
25 to 29	0.190	0.160	0.140	0.120	0.095	0.080
30 to 34	0.190	0.160	0.140	0.120	0.095	0.070
35 to 39	0.190	0.160	0.140	0.120	0.095	0.045
40 to 44	0.190	0.160	0.140	0.120	0.095	0.035
45 to 49	0.190	0.160	0.140	0.120	0.095	0.0325
≥50	0.190	0.160	0.140	0.120	0.095	0.0325

Teachers - Female						
Age	Service					
	0	1	2	3	4	≥5
≤24	0.170	0.145	0.135	0.120	0.100	0.090
25 to 29	0.170	0.145	0.135	0.120	0.100	0.090
30 to 34	0.170	0.145	0.135	0.120	0.100	0.075
35 to 39	0.170	0.145	0.135	0.120	0.100	0.045
40 to 44	0.170	0.145	0.135	0.120	0.100	0.034
45 to 49	0.170	0.145	0.135	0.120	0.100	0.0325
≥50	0.170	0.145	0.135	0.120	0.100	0.0325

General - Male						
Age	Service					
	0	1	2	3	4	≥5
≤24	0.180	0.155	0.130	0.110	0.090	0.080
25 to 29	0.180	0.155	0.130	0.110	0.090	0.080
30 to 34	0.180	0.155	0.130	0.110	0.090	0.070
35 to 39	0.180	0.155	0.130	0.110	0.090	0.0525
40 to 44	0.180	0.155	0.130	0.110	0.090	0.040
45 to 49	0.180	0.155	0.130	0.110	0.090	0.035
≥50	0.180	0.155	0.130	0.110	0.090	0.035

General - Female						
Age	Service					
	0	1	2	3	4	≥5
≤24	0.195	0.170	0.145	0.115	0.100	0.110
25 to 29	0.195	0.170	0.145	0.115	0.100	0.110
30 to 34	0.195	0.170	0.145	0.115	0.100	0.085
35 to 39	0.195	0.170	0.145	0.115	0.100	0.060
40 to 44	0.195	0.170	0.145	0.115	0.100	0.045
45 to 49	0.195	0.170	0.145	0.115	0.100	0.0375
≥50	0.195	0.170	0.145	0.115	0.100	0.0375

Other - Male						
Age	Service					
	0	1	2	3	4	≥5
≤24	0.190	0.160	0.130	0.115	0.100	0.080
25 to 29	0.190	0.160	0.130	0.115	0.100	0.080
30 to 34	0.190	0.160	0.130	0.115	0.100	0.060
35 to 39	0.190	0.160	0.130	0.115	0.100	0.045
40 to 44	0.190	0.160	0.130	0.115	0.100	0.040
45 to 49	0.190	0.160	0.130	0.115	0.100	0.040
≥50	0.190	0.160	0.130	0.115	0.100	0.040

Other - Female						
Age	Service					
	0	1	2	3	4	≥5
≤24	0.165	0.135	0.120	0.100	0.085	0.120
25 to 29	0.165	0.135	0.120	0.100	0.085	0.120
30 to 34	0.165	0.135	0.120	0.100	0.085	0.070
35 to 39	0.165	0.135	0.120	0.100	0.085	0.045
40 to 44	0.165	0.135	0.120	0.100	0.085	0.040
45 to 49	0.165	0.135	0.120	0.100	0.085	0.0375
≥50	0.165	0.135	0.120	0.100	0.085	0.0375

Law Enforcement - Male and Female						
Age	Service					
	0	1	2	3	4	≥5
≤24	0.130	0.100	0.090	0.060	0.060	0.040
25 to 29	0.130	0.100	0.090	0.060	0.060	0.040
30 to 34	0.130	0.100	0.090	0.060	0.060	0.035
35 to 39	0.130	0.100	0.090	0.060	0.060	0.030
40 to 44	0.130	0.100	0.090	0.060	0.060	0.030
45 to 49	0.130	0.100	0.090	0.060	0.060	0.040
≥50	0.130	0.100	0.090	0.060	0.060	0.040

Section 3: Supporting Information

Active Retirement Rates:

General - Male											
Service											
Age	<=3	4	5	6 to 19	20 to 23	24	25	26 to 28	29	30	>=31
<=48	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
49	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.325	0.350	0.200
50	0.000	0.000	0.000	0.000	0.035	0.035	0.080	0.080	0.350	0.350	0.200
51	0.000	0.000	0.000	0.000	0.035	0.035	0.080	0.080	0.350	0.350	0.200
52	0.000	0.000	0.000	0.000	0.035	0.035	0.080	0.080	0.250	0.250	0.200
53	0.000	0.000	0.000	0.000	0.035	0.035	0.080	0.080	0.250	0.300	0.200
54	0.000	0.000	0.000	0.000	0.035	0.035	0.080	0.080	0.300	0.300	0.150
55	0.000	0.000	0.000	0.000	0.050	0.050	0.100	0.100	0.325	0.350	0.200
56	0.000	0.000	0.000	0.000	0.050	0.050	0.100	0.100	0.300	0.275	0.175
57	0.000	0.000	0.000	0.000	0.050	0.050	0.100	0.100	0.225	0.275	0.200
58	0.000	0.000	0.000	0.000	0.050	0.050	0.100	0.100	0.275	0.275	0.200
59	0.000	0.000	0.000	0.000	0.050	0.050	0.100	0.100	0.275	0.275	0.200
60	0.000	0.000	0.085	0.085	0.085	0.225	0.275	0.275	0.350	0.300	0.225
61	0.000	0.000	0.135	0.135	0.135	0.250	0.300	0.275	0.275	0.275	0.275
62	0.000	0.000	0.260	0.260	0.260	0.350	0.350	0.350	0.350	0.350	0.350
63	0.000	0.000	0.195	0.195	0.195	0.275	0.275	0.275	0.275	0.275	0.275
64	0.000	0.000	0.195	0.195	0.195	0.200	0.200	0.275	0.275	0.275	0.275
65	0.000	0.200	0.250	0.275	0.275	0.275	0.275	0.275	0.275	0.275	0.275
66	0.000	0.175	0.325	0.250	0.250	0.250	0.250	0.250	0.250	0.250	0.250
67	0.000	0.175	0.325	0.200	0.200	0.200	0.200	0.200	0.200	0.200	0.200
68	0.000	0.175	0.325	0.200	0.200	0.200	0.200	0.200	0.200	0.200	0.200
69 to 74	0.000	0.175	0.325	0.225	0.225	0.225	0.225	0.225	0.225	0.225	0.225
>=75	0.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

General - Female											
Service											
Age	<=3	4	5	6 to 19	20 to 23	24	25	26 to 28	29	30	>=31
<=48	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
49	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.275	0.350	0.300
50	0.000	0.000	0.000	0.000	0.035	0.035	0.060	0.060	0.275	0.400	0.300
51	0.000	0.000	0.000	0.000	0.035	0.035	0.060	0.060	0.275	0.300	0.225
52	0.000	0.000	0.000	0.000	0.035	0.035	0.060	0.060	0.250	0.275	0.225
53	0.000	0.000	0.000	0.000	0.035	0.035	0.060	0.060	0.250	0.275	0.225
54	0.000	0.000	0.000	0.000	0.035	0.035	0.060	0.060	0.250	0.275	0.225
55 to 59	0.000	0.000	0.000	0.000	0.050	0.050	0.080	0.080	0.300	0.325	0.225
60	0.000	0.000	0.095	0.095	0.095	0.250	0.250	0.325	0.450	0.300	0.200
61	0.000	0.000	0.120	0.120	0.120	0.275	0.275	0.250	0.250	0.250	0.250
62	0.000	0.000	0.215	0.215	0.215	0.425	0.425	0.400	0.400	0.400	0.400
63	0.000	0.000	0.180	0.180	0.180	0.275	0.375	0.275	0.275	0.275	0.275
64	0.000	0.000	0.195	0.195	0.195	0.325	0.325	0.250	0.250	0.250	0.250
65	0.000	0.150	0.400	0.300	0.300	0.300	0.300	0.300	0.300	0.300	0.300
66	0.000	0.150	0.275	0.275	0.275	0.275	0.275	0.275	0.275	0.275	0.275
67	0.000	0.150	0.400	0.225	0.225	0.225	0.225	0.225	0.225	0.225	0.225
68	0.000	0.150	0.250	0.250	0.250	0.250	0.250	0.250	0.250	0.250	0.250
69	0.000	0.250	0.250	0.250	0.250	0.250	0.250	0.250	0.250	0.250	0.250
70 to 74	0.000	0.200	0.200	0.200	0.200	0.200	0.200	0.200	0.200	0.200	0.200
>=75	0	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

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Active Retirement Rates (continued):

Teachers - Male											
Service											
Age	<=3	4	5	6 to 19	20 to 23	24	25	26 to 28	29	30	>=31
<=48	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
49	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.300	0.300	0.300
50	0.000	0.000	0.000	0.000	0.025	0.025	0.065	0.065	0.300	0.300	0.300
51	0.000	0.000	0.000	0.000	0.025	0.025	0.065	0.065	0.300	0.300	0.300
52	0.000	0.000	0.000	0.000	0.025	0.025	0.065	0.065	0.325	0.325	0.250
53	0.000	0.000	0.000	0.000	0.025	0.025	0.065	0.065	0.325	0.325	0.250
54	0.000	0.000	0.000	0.000	0.025	0.025	0.065	0.065	0.325	0.325	0.250
55	0.000	0.000	0.000	0.000	0.045	0.045	0.090	0.090	0.325	0.325	0.250
56	0.000	0.000	0.000	0.000	0.045	0.045	0.090	0.090	0.325	0.325	0.250
57	0.000	0.000	0.000	0.000	0.045	0.045	0.090	0.090	0.325	0.325	0.250
58	0.000	0.000	0.000	0.000	0.045	0.045	0.090	0.090	0.325	0.325	0.250
59	0.000	0.000	0.000	0.000	0.045	0.045	0.090	0.090	0.350	0.300	0.250
60	0.000	0.000	0.120	0.120	0.120	0.300	0.300	0.300	0.400	0.250	0.250
61	0.000	0.000	0.140	0.140	0.140	0.250	0.250	0.250	0.250	0.250	0.250
62	0.000	0.000	0.225	0.225	0.225	0.400	0.350	0.350	0.350	0.350	0.350
63	0.000	0.000	0.180	0.180	0.180	0.500	0.250	0.250	0.250	0.250	0.250
64	0.000	0.000	0.210	0.210	0.210	0.400	0.250	0.150	0.150	0.150	0.150
65	0.000	0.300	0.300	0.325	0.325	0.325	0.200	0.200	0.200	0.200	0.200
66	0.000	0.275	0.275	0.275	0.275	0.275	0.275	0.275	0.275	0.275	0.275
67	0.000	0.250	0.250	0.250	0.250	0.250	0.250	0.250	0.250	0.250	0.250
68	0.000	0.225	0.250	0.225	0.225	0.225	0.225	0.225	0.225	0.225	0.225
69 to 74	0.000	0.225	0.225	0.225	0.225	0.225	0.225	0.225	0.225	0.225	0.225
>=75	0.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Teachers - Female											
Service											
Age	<=3	4	5	6 to 19	20 to 23	24	25	26 to 28	29	30	>=31
<=48	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
49	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.275	0.275	0.275
50	0.000	0.000	0.000	0.000	0.035	0.035	0.055	0.055	0.275	0.275	0.275
51	0.000	0.000	0.000	0.000	0.035	0.035	0.055	0.055	0.275	0.275	0.275
52	0.000	0.000	0.000	0.000	0.035	0.035	0.055	0.055	0.325	0.400	0.250
53	0.000	0.000	0.000	0.000	0.035	0.035	0.055	0.055	0.325	0.350	0.250
54	0.000	0.000	0.000	0.000	0.035	0.035	0.055	0.055	0.325	0.400	0.300
55	0.000	0.000	0.000	0.000	0.060	0.060	0.095	0.095	0.325	0.400	0.300
56	0.000	0.000	0.000	0.000	0.060	0.060	0.095	0.095	0.325	0.400	0.275
57	0.000	0.000	0.000	0.000	0.060	0.060	0.095	0.095	0.325	0.450	0.300
58	0.000	0.000	0.000	0.000	0.060	0.060	0.095	0.095	0.325	0.450	0.325
59	0.000	0.000	0.000	0.000	0.060	0.060	0.095	0.095	0.450	0.375	0.300
60	0.000	0.000	0.135	0.135	0.135	0.300	0.450	0.450	0.450	0.500	0.325
61	0.000	0.000	0.150	0.150	0.150	0.300	0.400	0.350	0.350	0.350	0.350
62	0.000	0.000	0.250	0.250	0.250	0.500	0.500	0.425	0.425	0.425	0.425
63	0.000	0.000	0.190	0.190	0.190	0.500	0.500	0.325	0.325	0.325	0.325
64	0.000	0.000	0.225	0.225	0.225	0.500	0.500	0.325	0.325	0.325	0.325
65	0.000	0.150	0.350	0.375	0.375	0.375	0.350	0.350	0.350	0.350	0.350
66	0.000	0.150	0.375	0.375	0.375	0.375	0.375	0.375	0.375	0.375	0.375
67	0.000	0.150	0.300	0.300	0.300	0.300	0.300	0.300	0.300	0.300	0.300
68	0.000	0.150	0.275	0.275	0.275	0.275	0.275	0.275	0.275	0.275	0.275
69	0.000	0.150	0.325	0.325	0.325	0.325	0.325	0.325	0.325	0.325	0.325
70 to 74	0.000	0.300	0.300	0.300	0.300	0.300	0.300	0.300	0.300	0.300	0.300
>=75	0.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

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Active Retirement Rates (continued):

Other - Male										
Age	Service									
	<=3	4	5	6 to 19	20 to 23	24	25 to 28	29	30	>=31
<=48	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
49	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.300	0.300	0.150
50	0.000	0.000	0.000	0.000	0.035	0.035	0.080	0.300	0.300	0.150
51	0.000	0.000	0.000	0.000	0.035	0.035	0.080	0.300	0.300	0.150
52	0.000	0.000	0.000	0.000	0.035	0.035	0.080	0.250	0.250	0.175
53	0.000	0.000	0.000	0.000	0.035	0.035	0.080	0.250	0.250	0.200
54	0.000	0.000	0.000	0.000	0.035	0.035	0.080	0.150	0.250	0.200
55	0.000	0.000	0.000	0.000	0.040	0.040	0.100	0.250	0.250	0.200
56	0.000	0.000	0.000	0.000	0.040	0.040	0.100	0.250	0.250	0.150
57	0.000	0.000	0.000	0.000	0.040	0.040	0.100	0.250	0.250	0.200
58	0.000	0.000	0.000	0.000	0.040	0.040	0.100	0.250	0.250	0.250
59	0.000	0.000	0.000	0.000	0.040	0.040	0.100	0.250	0.250	0.200
60	0.000	0.000	0.090	0.090	0.090	0.225	0.225	0.250	0.250	0.250
61	0.000	0.000	0.125	0.125	0.125	0.225	0.225	0.225	0.225	0.225
62	0.000	0.000	0.280	0.280	0.280	0.400	0.400	0.400	0.400	0.400
63	0.000	0.000	0.220	0.220	0.220	0.300	0.300	0.300	0.300	0.300
64	0.000	0.000	0.190	0.190	0.190	0.300	0.300	0.300	0.300	0.300
65	0.000	0.150	0.275	0.300	0.300	0.300	0.275	0.275	0.275	0.275
66	0.000	0.150	0.250	0.250	0.250	0.250	0.250	0.250	0.250	0.250
67	0.000	0.150	0.175	0.175	0.175	0.175	0.175	0.175	0.175	0.175
68	0.000	0.150	0.200	0.200	0.200	0.200	0.200	0.200	0.200	0.200
69	0.000	0.150	0.225	0.225	0.225	0.225	0.225	0.225	0.225	0.225
70 to 74	0.000	0.225	0.225	0.225	0.225	0.225	0.225	0.225	0.225	0.225
>=75	0	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Other - Female											
Age	Service										
	<=3	4	5	6 to 19	20 to 23	24	25	26 to 28	29	30	>=31
<=48	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
49	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.175	0.325	0.225
50	0.000	0.000	0.000	0.000	0.040	0.040	0.055	0.055	0.175	0.325	0.225
51	0.000	0.000	0.000	0.000	0.040	0.040	0.055	0.055	0.175	0.325	0.225
52	0.000	0.000	0.000	0.000	0.040	0.040	0.055	0.055	0.225	0.225	0.225
53	0.000	0.000	0.000	0.000	0.040	0.040	0.055	0.055	0.150	0.300	0.225
54	0.000	0.000	0.000	0.000	0.040	0.040	0.055	0.055	0.225	0.225	0.225
55	0.000	0.000	0.000	0.000	0.050	0.050	0.090	0.090	0.225	0.225	0.225
56 to 59	0.000	0.000	0.000	0.000	0.050	0.050	0.090	0.090	0.250	0.250	0.250
60	0.000	0.000	0.110	0.110	0.110	0.200	0.250	0.275	0.250	0.250	0.250
61	0.000	0.000	0.150	0.150	0.150	0.275	0.275	0.275	0.275	0.275	0.275
62	0.000	0.000	0.270	0.270	0.270	0.375	0.400	0.400	0.400	0.400	0.400
63	0.000	0.000	0.175	0.175	0.175	0.375	0.400	0.300	0.300	0.300	0.300
64	0.000	0.000	0.195	0.195	0.195	0.375	0.400	0.300	0.300	0.300	0.300
65	0.000	0.150	0.250	0.275	0.275	0.275	0.350	0.350	0.350	0.350	0.350
66	0.000	0.150	0.275	0.275	0.275	0.275	0.275	0.275	0.275	0.275	0.275
67	0.000	0.150	0.200	0.225	0.225	0.225	0.225	0.225	0.225	0.225	0.225
68	0.000	0.150	0.250	0.250	0.250	0.250	0.250	0.250	0.250	0.250	0.250
69	0.000	0.200	0.200	0.200	0.200	0.200	0.200	0.200	0.200	0.200	0.200
70 to 74	0.000	0.250	0.250	0.250	0.250	0.250	0.250	0.250	0.250	0.250	0.250
>=75	0	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

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Active Retirement Rates (continued):

Law Enforcement - Male and Female

Age	Service					
	<=3	4	5 to 14	15 to 28	29	>=30
<=48	0.000	0.000	0.000	0.000	0.000	0.000
49	0.000	0.000	0.000	0.000	0.750	0.600
50 to 54	0.000	0.000	0.000	0.090	0.750	0.600
55	0.000	0.500	0.500	0.500	0.750	0.500
56 to 59	0.000	0.150	0.175	0.175	0.750	0.500
60 to 64	0.000	0.200	0.200	0.200	0.750	0.500
65	0.000	0.250	0.250	0.250	0.250	0.250
66 to 74	0.000	0.300	0.300	0.300	0.300	0.300
>=75	0.000	1.000	1.000	1.000	1.000	1.000

The eligibility for retirement is determined as of the timing of the assumed decrement (middle of the year), rather than as of the anniversary of the Valuation Date (the beginning of the year). This creates assumed retirements for participants with 4.5, 24.5, and 29.5 years of service as of the anniversary of the Valuation Date.

Inactive Vested Retirement Expected Enrollment Age:

Age 55 with 20 or more years of service; age 63 with 5 or more years of service, but less than 20 years of service

Missing Participant Data:

Actives and terminated vested who do not have plan codes are assumed to be enrolled in plans based on enrollment assumptions.

Missing, invalid, or unreasonable dates of birth are assumed an average value of the group. Invalid gender codes are replaced with the default of male.

Any other missing census item for a given participant was assumed to equal the average value of that item over all other participants of the same status for whom the item is known.

Participation and Coverage Election:

100% of employees eligible to retire and receive subsidized postretirement welfare coverage were assumed to elect medical and prescription drug coverage. All participants are assumed to be enrolled in plans based on enrollment assumptions.

Dependents:

Demographic data was available for spouses of current retirees. For future retirees, husbands were assumed to be four years older than their wives. 10% of future retirees who elect to continue their health coverage at retirement were assumed to have an eligible spouse who also opts for health coverage at that time.

Payroll Increases:

3.50%.

Data Adjustments:

Since child records under split contract were reported as subscribers, we assumed retirees under age 27 were children.

For participants with both an active and terminated vested records, the active record was maintained. For participants with multiple active records from different employers, service was merged, earliest provided membership date was used to determine pre-2006 vs post-2006 status, and (if applicable), the teacher record was used to determine assumptions and plan provisions.

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Data Adjustments (continued):	Matching spouses of retirees to retirees when they were covered under split contracts (one Medicare eligible and the other not) was problematic. Additionally, surviving spouses who are not receiving survivor benefits under the retirement plan were not readily distinguishable from retirees. We believe that there are spouses of retirees that we have valued as retirees without paying the spouse premium. No adjustment has been made to the valuation liabilities.								
Per Capita Cost Development:	<p><i>Medical and Prescription Drug:</i> Per capita claims costs were based on actual incurred claim experience for the periods January 1, 2018 through December 31, 2019. Claims were separated by Medicare and Non-Medicare participants, then adjusted as follows:</p> <ul style="list-style-type: none"> • Total claims were divided by the number of adult members to yield a per capita claim • The per capita claim was trended to the midpoint of the valuation year at assumed trend rates • The per capita claim was adjusted for the effect of any plan changes • Actuarial factors were then applied to the per capita claims to estimate individual retiree and spouse costs by age and by gender. <p>Medicare Advantage plans were valued by actuarially adjusting the insured premium rates by age and gender.</p> <p>As noted in the first quarter 2020 financial projections provided by Segal, the Plan has implemented a custom network, effective January 1, 2020 (the Clear Pricing Project, or "CPP"). The estimated cost associated with the CPP did not have a material impact on the liabilities of the Plan. No explicit adjustment was made to valuation claims costs or trends related to the impact of the CPP.</p> <p><i>Administrative Expenses:</i> Administrative expenses were based on a recent quarterly projection prepared by Segal, using detailed administrative expense data provided by the State.</p>								
Per Capita Health Costs (2020): Non-Medicare	70/30 Plan	Medical				Prescription Drug			
		Retiree		Spouse		Retiree		Spouse	
	Age	Male	Female	Male	Female	Male	Female	Male	Female
	40	\$3,654	\$4,700	\$2,272	\$3,775	\$1,197	\$1,540	\$744	\$1,237
	45	4,345	5,451	2,695	4,069	1,424	1,786	883	1,333
	50	5,157	5,874	3,602	4,717	1,690	1,925	1,180	1,545
	55	6,125	6,324	4,820	5,460	2,007	2,072	1,579	1,789
	60	7,274	6,816	6,453	6,332	2,383	2,233	2,114	2,075
	65	8,639	7,343	8,639	7,343	2,831	2,406	2,831	2,406
	70	10,012	7,913	10,012	7,913	3,281	2,593	3,281	2,593
	75	10,790	8,518	10,790	8,518	3,535	2,791	3,535	2,791
	80	11,619	9,183	11,619	9,183	3,807	3,009	3,807	3,009

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Per Capita Health Costs (2020): Non-Medicare (continued)

80/20 Plan	Medical				Prescription Drug			
	Retiree		Spouse		Retiree		Spouse	
Age	Male	Female	Male	Female	Male	Female	Male	Female
40	\$5,316	\$6,837	\$3,305	\$5,492	\$1,681	\$2,162	\$1,045	\$1,737
45	6,321	7,930	3,921	5,919	1,999	2,508	1,240	1,872
50	7,503	8,546	5,241	6,862	2,372	2,702	1,657	2,170
55	8,910	9,199	7,013	7,943	2,817	2,909	2,217	2,511
60	10,582	9,916	9,388	9,212	3,346	3,135	2,968	2,913
65	12,568	10,682	12,568	10,682	3,974	3,378	3,974	3,378
70	14,566	11,512	14,566	11,512	4,606	3,640	4,606	3,640
75	15,697	12,392	15,697	12,392	4,963	3,918	4,963	3,918
80	16,903	13,359	16,903	13,359	5,345	4,224	5,345	4,224

Per Capita Health Costs (2020): Medicare – Non Medicare Advantage

70/30 Plan	Medical				Prescription Drug			
	Retiree		Spouse		Retiree		Spouse	
Age	Male	Female	Male	Female	Male	Female	Male	Female
40	\$511	\$657	\$318	\$528	\$1,197	\$1,540	\$744	\$1,237
45	607	762	377	569	1,424	1,786	883	1,333
50	721	821	504	659	1,690	1,925	1,180	1,545
55	856	884	674	763	2,007	2,072	1,579	1,789
60	1,017	953	902	885	2,383	2,233	2,114	2,075
65	1,208	1,027	1,208	1,027	2,831	2,406	2,831	2,406
70	1,400	1,106	1,400	1,106	3,281	2,593	3,281	2,593
75	1,508	1,191	1,508	1,191	3,535	2,791	3,535	2,791
80	1,624	1,284	1,624	1,284	3,807	3,009	3,807	3,009

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Per Capita Health Costs (2020): Medicare –Medicare Advantage	Medicare Advantage (Basic)				Medicare Advantage (Enhanced)				
		Retiree		Spouse		Retiree		Spouse	
	Age	Male	Female	Male	Female	Male	Female	Male	Female
	40	\$532	\$684	\$331	\$549	\$876	\$1,127	\$545	\$905
	45	632	793	392	592	1,042	1,307	646	976
	50	750	855	524	686	1,237	1,409	864	1,131
	55	891	920	701	794	1,469	1,516	1,156	1,309
	60	1,058	992	939	921	1,744	1,634	1,547	1,518
	65	1,257	1,068	1,257	1,068	2,072	1,761	2,072	1,761
	70	1,457	1,151	1,457	1,151	2,401	1,898	2,401	1,898
75	1,570	1,239	1,570	1,239	2,587	2,043	2,587	2,043	
80	1,691	1,336	1,691	1,336	2,786	2,202	2,786	2,202	
Health Care Cost Trend Rates:	Health care trend measures the anticipated overall rate at which health plan costs are expected to increase in future years. The rates shown below are “net” and are applied to the net per capita costs shown above. The trend shown for a particular plan year is the rate that is applied to that year’s cost to yield the next year’s projected cost.								
	Rate (%)								
	Year Ending Dec 31	Medical Non-Medicare		Prescription Drug		Medicare Advantage		Admin.	
	2020	6.50%		9.50%		N/A		3.00%	
	2021	6.00%		9.00%		N/A		3.00%	
	2022	6.00%		8.50%		N/A		3.00%	
	2023	5.50%		8.00%		N/A		3.00%	
	2024	5.00%		7.50%		N/A		3.00%	
	2025	5.00%		7.00%		N/A		3.00%	
	2026	5.00%		6.50%		5.00%		3.00%	
	2027	5.00%		6.00%		5.00%		3.00%	
	2028	5.00%		5.50%		5.00%		3.00%	
	2029 & later ¹	5.00%		5.00%		5.00%		3.00%	

¹ The ultimate trend rate was used to roll claims backward from the valuation date for purposes of the Entry Age Normal Cost Method

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Health Care Cost Trend Rates: (continued)	<p>The trend rate assumptions were based on the trends consistent with the Quarterly Financial Projections, and were developed using Segal's internal guidelines. The guidelines are established each year using data sources such as the 2020 Segal Health Trend Survey, internal client results, trends from other published surveys prepared by the S&P Dow Jones Indices, consulting firms and brokers, and CPI statistics published by the Bureau of Labor Statistics.</p> <p>Adjustments to the base trends above were made as follows:</p> <ul style="list-style-type: none"> • Non-Medicare medical trends for 2020 were adjusted by 0.6% for 70/30 and 0.5% for 80/20 to reflect plan changes effective January 1, 2021. • Drug trends for 2020 were adjusted by -3.6% to reflect the terms of the CVS market check effective January 1, 2021. • MA Base/Enhanced premiums are assumed to be \$0/\$69 for year 2021-2025, per 5-year contract guarantee. Rates are assumed to increase to \$54/\$123 in year 2026. Trends are adjusted relative to 2020 contract rates of \$108/178 to implement this change • An adjustment is applied to 2021 administrative expense trend to account for savings from the TPA contract effective January 1, 2022.
Medicare Part D Subsidy Assumption:	GASB guidelines prohibit the offset of OPEB obligations by the future value of Medicare Part D subsidies. Therefore, these calculations do not include an estimate for retiree prescription drug plan federal subsidies that the North Carolina State Health Plan may be eligible to receive.
Retiree Contribution Increase Rate:	2020 trend on contributions was adjusted to known 2021 contribution rates, including anticipated wellness credits and enrollment migration. A monthly contribution of \$4 was assumed for spouses and contributory retirees in the MA Base plan for years in which the premium is \$0. Retiree/spouse contributions for the 80/20 and 70/30 plans were assumed to remain flat for three years. Employer contributions are assumed to change over the next three years in accordance with the legislative changes adopted at the end of fiscal year 2020. Beyond that point, retiree contributions for medical and prescription drugs were assumed to increase at the same blended trend rate as medical and prescription drug cost. After 10 years, all contributions are assumed to increase at ultimate trend of 5.0%.
Assumption for Tobacco Attestation	The percentage of participants in the 80/20 Plan that complete a Tobacco Attestation is assumed to be 98.5% in all years.
Administrative Expenses:	Administrative expense loads of \$331 per participant (retiree and spouse) for Non-Medicare retiree and of \$84 for Medicare retirees (blended MA & non-MA), increasing at 3.0% per year thereafter were added to projected incurred claims cost in developing the benefit obligations. An adjustment is applied to 2021 Non-Medicare administrative expense trend to account for savings of 23.3% from the TPA contract effective January 1, 2022. (Adjustment is reduced for Medicare expense trend as savings only applies to non-MA participants.)
Plan Design:	Development of plan liabilities was based on the substantive plan of benefits in effect as described in Exhibit III.
Maximum Benefits:	There are no annual or lifetime maximum benefits assumed.

Section 3: Supporting Information

Plan Enrollment Assumptions	Based on most recent financial report: Plan Enrollment Assumptions are valued by adjusting the trend for 2020-2023 for enrollment migration.				
	Non-Medicare Retiree	2020	2021	2022	2023
	70/30 Plan	53.2%	52.1%	51.1%	50.0%
	80/20 Plan	46.8%	47.9%	48.9%	50.0%
	Med Retiree	2020	2021	2022	2023
	70/30 Plan	15.6%	14.4%	13.2%	12.0%
	MA Base	73.2%	74.5%	75.7%	77.0%
	MA Enhanced	11.2%	11.1%	11.1%	11.0%
Health Care Reform Assumption:	<p>This valuation does not include the potential impact of any future changes due to the Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act (HCERA) of 2010 other than those previously adopted as of the valuation date.</p> <p>The PPACA excise tax on high cost health plans was repealed on December 20, 2019, as part of the 2020 federal appropriations bill. The estimated impact of this tax has been removed from the valuation.</p> <p>The PPACA health insurer fee was also repealed on December 20, 2019. The insured Medicare Advantage rates for 2021 and beyond no longer include this fee.</p> <p>The PPACA Patient-Centered Outcomes Research Institute (PCORI) fee is included in the assumed administrative expenses.</p>				
Assumption Changes since Prior Valuation:	<ul style="list-style-type: none">• The discount rate was updated, changing from 3.50% to 2.21%, based on changes in the Bond Buyer 20-year GO index rate, in accordance with the State's policy for determining the discount rate.• The medical and prescription drug claims cost were changed based on most recent experience.• Medical and prescription drug trend rates were changed to current schedule, which include the impact of savings from the Medicare Advantage RFP, the pharmacy benefit manager market check, and the TPA RFP.• The impact of the health insurer fee and the excise tax was removed, as these have been repealed.				

Section 3: Supporting Information

Exhibit III: Summary of Plan

This exhibit summarizes the major benefit provisions as included in the valuation. To the best of our knowledge, the summary represents the substantive plans as of the measurement date. It is not intended to be, nor should it be interpreted as, a complete statement of all benefit provisions.

Eligibility:	<p>Participants in the North Carolina State Health Plan for Teachers and State Employees who retire from the State, the University of North Carolina System, community colleges, local school systems, and certain other component units are eligible to continue to participate in the State Health Plan in retirement if they meet certain criteria. Former employees who are eligible to receive medical benefits are long-term disability beneficiaries of the Disability Income Plan of North Carolina (DIPNC) and retirees of the Teachers' and State Employees' Retirement System (TSERS), the Consolidated Judicial Retirement system (CJRS), the Legislative Retirement System (LRS), the University Employees' Optional Retirement Program (UEORP), and a small number of local governments. General retirement requirements are as follows:</p> <p>Law Enforcement Officer:</p> <ul style="list-style-type: none">• age 50 and 15 years of service;• age 55 and 5 years of service; or• any age with 25 or more years of service. <p>All Others:</p> <ul style="list-style-type: none">• age 50 and 20 years of service;• age 60 and 5 years of service; or• any age with 30 or more years of service. <p>Members achieve vesting at any age with 5 years of service. Members who separate from service after becoming vested and do not withdraw their contributions from the Retirement System may later retire (and enroll in the plan) once they have attained the retirement eligibility age.</p>
Benefit Types:	<p>70/30 and 80/20 Plans are offered to non-Medicare participants, and the 70/30 Plan, Medicare Advantage Base (MA Base) and Medicare Advantage Enhanced (MA Enhanced) plans are offered to Medicare eligible participants. Coverage under 70/30 Plan becomes secondary when former employees become eligible for Medicare.</p>
Duration of Coverage:	<p>Lifetime for retirees and dependents</p>
Dependent Benefits:	<p>Same as retirees</p>

Section 3: Supporting Information

Retiree Contributions:

Monthly contributions, effective January 1, 2020, are shown below.

For Retirees hired prior to October 1, 2006 (February 1, 2007 for legislators):

	Non-Medicare			Medicare		
	70/30 Plan	80/20 Plan		70/30 Plan	MA Base	MA Enhanced
		Tobacco Attest. Not Complete	Tobacco Attest. Complete			
Retiree	\$0.00	\$110.00	\$50.00	\$0.00	\$0.00	\$74.00
Spouse	\$590.00	\$650.00		\$425.00	\$112.00	\$182.00

For Retirees hired on or after October 1, 2006 (February 1, 2007 for legislators), contributions are defined as a percentage of the total premium costs based on the following service based schedule:

Years of Service at Retirement	Retiree Contribution Percentage	Spouse Contribution Percentage
5 – 9.99	100%	100%
10 – 19.99	50%	100%
20 or more	0%	100%

100% and 50% of the total premium costs are shown below:

	Non-Medicare			Medicare		
	70/30 Plan	80/20 Plan		70/30 Plan	MA Base	MA Enhanced
		Tobacco Attest. Not Complete	Tobacco Attest. Complete			
Retiree 100% of Premium	\$532.36	\$642.36	\$582.36	\$413.60	\$112.00	\$182.00
Retiree 50% of Premium	\$266.18	\$376.18	\$316.18	\$206.80	\$112.00	\$182.00
Spouse	\$590.00	\$650.00		\$425.00	\$112.00	\$182.00

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Benefit Descriptions (as of January 1, 2020): PPO 70/30 Plan	PPO 70/30 Plan	In-Network	Out-Of-Network
	Medical		
	Annual Deductible	\$1,500/\$4,500	\$3,000/\$9,000
	Member Coinsurance	30%	50%
	Out-of-Pocket Maximum	\$5,900/\$16,300	\$11,800/\$32,600
	Primary Care Office Visit Copay	\$45 (\$30 when using PCP on ID card)	Ded. & Coins.
	Specialist Office Visit Copay	\$94	Ded. & Coins.
	Preventive Care	\$0	N/A
	Urgent Care Copay	\$100	\$100
	Inpatient Hospitalization Copay	\$337 + Ded. & Coins	\$337 + Ded. & Coins.
	Outpatient Hospitalization Copay	Ded. & coins	Ded. & Coins
	Emergency Room	\$337 + Ded. & Coins.	same as In-Network
	Physical, Occupational, Speech, or Chiropractic Therapy	\$72	Ded. & Coins.
	Mental Health and Substance Abuse Office Visit Copay	\$45	Coinsurance
	Prescription Drugs (up to 30 day supply – copays are 2x for 31-60 day supply and 3x for 61-90 day supply)		
	Tier 1 - Generic	\$16	
	Tier 2 - Preferred Brand	\$47	
	Tier 3 - Non-Preferred Brand	Ded. & Coins.	
	Tier 4 - Generic Specialty	\$200	
	Tier 5 - Preferred Specialty	\$350	
	Tier 6 - Non-Preferred Specialty	Ded. & Coins.	
	Preferred diabetic testing supplies	\$10	
	Non-Preferred diabetic testing supplies	Ded. & Coins.	
	Out-of-Pocket Maximum	Combined with Medical	

Section 3: Supporting Information

Benefit Descriptions (as of January 1, 2020): PPO 80/20 Plan	PPO 80/20 Plan	In-Network	Out-Of-Network
	Medical		
	<i>Annual Deductible</i>	\$1,250/\$3,750	\$2,500/\$7,500
	<i>Member Coinsurance</i>	20%	40%
	<i>Out-of-Pocket Maximum</i>	\$4,890/\$14,670	\$9,780/\$29,340
	<i>Primary Care Office Visit Copay</i>	\$25 (\$10 when using PCP on ID card)	Ded. & Coins.
	<i>Specialist Office Visit Copay</i>	\$80	Ded. & Coins.
	<i>Preventive Care</i>	\$0	N/A
	<i>Urgent Care Copay</i>	\$70	\$70
	<i>Inpatient Hospitalization Copay</i>	\$300 + Ded. & Coins.	\$300 + Ded. & Coins.
	<i>Outpatient Hospitalization Copay</i>	Ded. & coins	Ded. & Coins
	<i>Emergency Room</i>	\$300 + Ded. & Coins.	same as In-Network
	<i>Physical, Occupational, Speech, or Chiropractic Therapy</i>	\$52	Ded. & Coins.
	<i>Mental Health and Substance Abuse Office Visit Copay</i>	\$25	Coinsurance
	Prescription Drugs (up to 30-day supply – copays are 2x for 31-60 day supply and 3x for 61-90 day supply)		
	<i>Tier 1 - Generic</i>	\$5	
	<i>Tier 2 - Preferred Brand</i>	\$30	
	<i>Tier 3 - Non-Preferred Brand</i>	Ded. & Coins.	
	<i>Tier 4 - Generic Specialty</i>	\$100	
	<i>Tier 5 - Preferred Specialty</i>	\$250	
	<i>Tier 6 - Non-Preferred Specialty</i>	Ded. & Coins.	
	<i>Preferred diabetic testing supplies</i>	\$5	
	<i>Non-Preferred diabetic testing supplies</i>	Ded. & Coins.	
	<i>Out-of-Pocket Maximum</i>	Combined with Medical	

Section 3: Supporting Information

Benefit Descriptions (as of January 1, 2020): Medicare Advantage Plans	Medicare Advantage	MA-PDP Base	MA-PDP Enhanced
	Medical		
	<i>Annual Deductible</i>	\$0	\$0
	<i>Member Coinsurance</i>	20%	20%
	<i>Out-of-Pocket Maximum</i>	\$4,000	\$3,300
	<i>Primary Care Office Visit Copay</i>	\$20	\$15
	<i>Specialist Office Visit Copay</i>	\$40	\$35
	<i>Preventive Care</i>	\$0	\$0
	<i>Urgent Care Copay</i>	\$50	\$40
	<i>Inpatient Hospitalization Copay</i>	Days 1-10: \$160/day; Days 11+: \$0	Days 1-10: \$150/day; Days 11+: \$0
	<i>Outpatient Hospitalization Copay</i>	\$125	\$100
	<i>Emergency Room Copay</i>	\$65	\$65
	<i>Physical, Occupational, Speech, or Chiropractic Therapy</i>	\$20	\$20
	<i>Mental Health and Substance Abuse Office Visit Copay</i>	\$20	\$10
	Prescription Drugs		
	<i>Retail (up to 31 day supply)</i>		
	<i>Tier 1 - Preferred Generic</i>	\$10	\$10
	<i>Tier 2 - Preferred Brand</i>	\$40	\$35
	<i>Tier 3 - Non-Preferred</i>	\$64	\$50
	<i>Tier 4 - Specialty</i>	25% coins., \$100 max.	25% coins., \$100 max.
	<i>Out-of-Pocket Maximum</i>	\$2,500	\$2,500
	<i>Mail Order (up to 90 day supply)</i>		
	<i>Tier 1 - Preferred Generic</i>	\$24	\$20
	<i>Tier 2 - Preferred Brand</i>	\$80	\$70
	<i>Tier 3 - Non-Preferred</i>	\$128	\$100
	<i>Tier 4 - Specialty</i>	25% coins., \$300 max.	25% coins., \$200 max.
	<i>Out-of-Pocket Maximum</i>	\$2,500	\$2,500

Section 3: Supporting Information

Plan Changes since Prior Valuation

Effective January 1, 2020:

- For the 80/20 Plan:
 - Inpatient Mental Health/Substance Abuse copay changed from \$450 plus deductible and coinsurance to \$300 plus deductible and coinsurance
- For the 70/30 Plan:
 - Deductible changed from \$1,080/\$3,240 to \$1,500/\$4,500
 - Out-of-Pocket Maximum changed from Medical of \$4,388/\$13,164 and Rx of \$3,360/\$10,080 to Combined Medical and Rx of \$5,900/\$16,300
 - Preventive care covered at 100% (\$0 copay)
 - Primary Care Provider copay changed from \$40 to \$45 (for non-designated Blue Option) and (\$30 for designated Blue Option)
 - Pharmacy Tier changes as follows:
 - Tier 3: from \$74 to deductible and coinsurance
 - Tier 4: from 10% up to \$100 to \$200
 - Tier 5: from 25% up to \$103 to \$350
 - Tier 6: from 25% up to \$133 to deductible and coinsurance

Effective January 1, 2021:

- For the 80/20 Plan:
 - Copays for designated PCP, Specialists, and Therapy changed from \$10/\$80/\$52 to \$0/\$40/\$26, respectively, for Clear Pricing Project (CPP) Providers
 - Preferred and non-preferred insulin changed from coverage as Tier 2/Tier 3 drug to coverage at 100%
- For the 70/30 Plan:
 - Copays for designated PCP, Specialists, and Therapy changed from \$30/\$94/\$72 to \$0/\$47/\$36, respectively, for CPP Providers
 - Preferred and non-preferred insulin changed from coverage as Tier 2/Tier 3 drug to coverage at 100%
- For the Medicare Advantage Enhanced Plan:
 - Primary Care Provider copay changed from \$15 to \$10
 - Inpatient Hospitalization copay changed from \$150 for days 1-10 to \$125
 - Pharmacy Tier 1 mail copay changed from \$20 to \$24
 - Pharmacy Tier 2 retail copay changed from \$35 to \$40 and mail copay from \$70 to \$80
- Contribution rates reflect legislative changes in employer funding adopted at the end of fiscal year 2020

Section 3: Supporting Information

Exhibit IV: Definition of Terms

Definitions of certain terms as they are used in Statement 74. The terms may have different meanings in other contexts.

Actuarially Determined Contribution:	A target or recommended contribution to an OPEB plan for the reporting period based on the most recent measurement available.
Assumptions or Actuarial Assumptions:	The estimates on which the cost of the Plan is calculated including: <ul style="list-style-type: none">a) Investment return — the rate of investment yield that the Plan will earn over the long-term future;b) Mortality rates — the death rates of employees and pensioners; life expectancy is based on these rates;c) Retirement rates — the rate or probability of retirement at a given age;d) Turnover rates — the rates at which employees of various ages are expected to leave employment for reasons other than death, disability, or retirement.
Covered Employee Payroll:	The payroll of the employees that are provided OPEB benefits
Discount Rate:	The single rate of return, that when applied to all projected benefit payments results in an actuarial present value that is the sum of the following: <ul style="list-style-type: none">1) the actuarial present value of projected benefit payments projected to be funded by plan assets using a long term rate of return, and2) the actuarial present value of projected benefit payments that are not included in (1) using a yield or index rate for 20 year tax exempt general obligation municipal bonds with an average rating of AA/Aa or higher
Entry Age Actuarial Cost Method:	An actuarial cost method where the present value of the projected benefits for an individual is allocated on a level basis over the earnings or service of the individual between entry age and assumed exit age
Healthcare Cost Trend Rates:	The rate of change in per capita health costs over time
Net OPEB Liability:	The Total OPEB Liability less the Plan Fiduciary Net Position
Plan Fiduciary Net Position:	Market Value of Assets
Real Rate of Return:	The rate of return on an investment after removing inflation
Service Cost:	The amount of contributions required to fund the benefit allocated to the current year of service.
Total OPEB Liability:	Present value of all future benefit payments for current retirees and active employees taking into account assumptions about demographics, turnover, mortality, disability, retirement, health care trends, and other actuarial assumptions.
Valuation Date:	The date at which the actuarial valuation is performed

Section 3: Supporting Information

Exhibit V: Accounting Requirements

The Governmental Accounting Standards Board (GASB) issued Statement Number 74 – Financial Reporting for Postemployment Benefit Plans Other Than Pension Plans, and Statement Number 75 – Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions. Under these statements, all state and local government entities that provide other post-employment benefits are required to report the cost of these benefits on their financial statements. The accounting standards supplement cash accounting, under which the expense for postemployment benefits is equal to benefit and administrative costs paid on behalf of retirees and their dependents (i.e., a pay-as-you-go basis).

The statements cover postemployment benefits of medical, prescription drugs, dental, vision and life insurance coverage for retirees; long-term care coverage, life insurance and death benefits that are *not* offered as part of a pension plan; and long-term disability insurance for employees. The benefits valued in this report are limited to those described in Exhibit III of Section 4, which are based on those provided under the terms of the substantive plan in effect at the time of the valuation and on the pattern of sharing costs between the employers and plan members. The projection of benefits is not limited by legal or contractual limits on funding the plan unless those limits clearly translate into benefit limits on the substantive plan being valued.

The new standards prescribe an accrual-basis accounting requirement, thereby recognizing the employer cost of postemployment benefits over an employee's career. The standards also prescribe a consistent accounting requirement for both pension and non-pension benefits.

The total cost of providing postemployment benefits is projected, taking into account assumptions about demographics, turnover, mortality, disability, retirement, health care trends, and other actuarial assumptions. These assumptions are summarized in Exhibit II of Section 4. This amount is then discounted to determine the Total OPEB Liability. The Net OPEB Liability (NOL) is the difference between the Total OPEB Liability and market value of assets in the Plan, called the Plan Fiduciary Net Position.

Once the NOL is determined, the Annual OPEB Expense is determined as the change in NOL from the prior year with deferred recognition of certain elements. In addition, Required Supplementary Information (RSI) must be reported, including historical information about the Net OPEB Liability and the contributions made to the Plan. Exhibit IV of Section 4 contains a definition of terms.

The calculation of an accounting obligation does not, in and of itself, imply that there is any legal liability to provide the benefits valued, nor is there any implication that the plan is required to implement a funding policy to satisfy the projected expense.

Actuarial calculations reflect a long-term perspective, and the methods and assumptions use techniques designed to reduce short-term volatility in accrued liabilities and the actuarial value of assets, if any.

Actuarial valuations involve estimates of the value of reported amounts and assumptions about the probability of events far into the future, and the actuarially determined amounts are subject to continual revision as actual results are compared to past expectations and new estimates are made about the future.