

# SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO



## Report on the Retiree Health Care Valuation

---

Prepared as of June 30, 2024



November 7, 2024

Board of Trustees  
School Employees Retirement System of Ohio  
300 East Broad Street, Suite 100  
Columbus, OH 43215-3746

Dear Members of the Board:

We have submitted the results of the annual actuarial valuation of the Retiree Health Care Fund of the School Employees Retirement System of Ohio (SERS) prepared as of June 30, 2024. While not verifying the data at the source, the actuary performed tests for consistency and reasonability. The valuation indicates that an actuarially determined contribution of 2.00% of active payroll payable for the fiscal year ending June 30, 2024 is required to fund the benefits.

Separate reports will be prepared to provide accounting information under Governmental Accounting Standards Board Statements No. 74 and 75, when applicable.

The medical and drug benefits of the Plan are included in the actuarially calculated contribution rates which are developed using the entry age normal cost method with the normal cost rate determined as a level percentage of payroll. GASB requires the discount rate used to value a plan be based on the likely return of the assets held in trust to pay benefits. The discount rate used in this valuation is 7.00%. Gains and losses are reflected in the unfunded accrued liability that is amortized by regular annual contributions as a level percentage of payroll within a 30-year period, on the assumption that payroll will increase by 1.75% annually. The assumptions recommended by the actuary are, in the aggregate, reasonably related to the experience under the Plan and to reasonable expectations of anticipated experience under the Plan.

The impacts of the Affordable Care Act (ACA) and the Inflation Reduction Act (IRA) were addressed in this valuation. Review of the information currently available did not identify any specific provisions of the legislation that are anticipated to directly impact results at this time other than plan design features and fees currently mandated by the ACA and incorporated in the plan designs, which are included in the current baseline claims costs, and the anticipation of potential changes to Medicare due to the IRA, which are included in our trend assumption. Continued monitoring of the impact on the Plan's liability due to this and other legislation, if applicable, will be required.

In order to prepare the results in this report, we have utilized actuarial models that were developed to measure liabilities and develop actuarial costs. These models include tools that we have produced and tested, along with commercially available valuation software that we have reviewed to confirm the appropriateness and accuracy of the output. In utilizing these models, we develop and use input parameters and assumptions about future contingent events along with recognized actuarial approaches to develop the needed results.



The impact of the COVID-19 pandemic was considered in this valuation; however, no changes were incorporated at this time due to the level of uncertainty regarding the impact on both plan costs and contribution levels going forward. Given the uncertainty regarding COVID-19 (e.g., the impact of routine care being deferred, direct COVID-19 treatment and prevention costs, changes in contribution and budget projections), continued monitoring of the impact on the Plan's liability will be required.

To the best of our knowledge, this report is complete and accurate. The valuation was performed by, and under the supervision of, independent actuaries who are members of the American Academy of Actuaries with experience in performing valuations for public retirement systems. The undersigned 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.

The valuation was prepared in accordance with the principles of practice prescribed by the Actuarial Standards Board.

Future actuarial results may differ significantly from the current results 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 (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); and changes in plan provisions or applicable law. Since the potential impact of such factors is outside the scope of a normal annual actuarial valuation, an analysis of the range of results is not presented herein.

The actuarial calculations were performed by qualified actuaries according to generally accepted actuarial procedures and methods. The calculations are based on the current provisions of the system, and on actuarial assumptions that are, in the aggregate, internally consistent and reasonably based on the actual experience of the system.

Respectfully submitted,

Alisa Bennett, FSA, FCA, EA, MAAA  
President

Jessica Fain, EA, MAAA  
Associate Actuary

AB/JF:jf

# TABLE OF CONTENTS



Section	
	Executive Summary..... 1
I	Summary of Principal Results ..... 9
II	Membership Data ..... 12
III	Assets ..... 14
IV	Comments on Valuation ..... 15
V	Derivation of Experience Gains and Losses ..... 16
VI	Required Contribution Rates ..... 18
VII	Accounting Information..... 19
Schedule	
A	Valuation Balance Sheet ..... 21
B	Actuarial Assumptions and Methods ..... 24
C	Summary of Main Plan Provisions ..... 32
D	Detailed Tabulations of the Data ..... 45
E	Glossary ..... 52





## REPORT ON THE ANNUAL RETIREE HEALTH CARE VALUATION OF THE SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

PREPARED AS OF JUNE 30, 2024

The School Employees Retirement System of Ohio (SERS or System) is a defined benefit public pension fund that provides pensions and access to health care coverage for retired school employees who are covered in nonteaching positions. This includes bus drivers, custodians, treasurers, business officials, administrative assistants, food service providers, and educational aides. This report presents the results of the June 30, 2024, actuarial funding valuation of the Retiree Health Care Fund. The primary purposes of performing the actuarial funding valuation are to:

- determine the sufficiency of the Statutory Contribution Rate as set forth in the Ohio statutes;
- determine the experience of the Fund since the last valuation date;
- disclose asset and liability measures as of the valuation date;
- analyze and report on trends in Fund contributions, assets, and liabilities over the past several years; and
- project expected solvency of the Fund based on current and future estimations of health care costs, contributions and investment income.

The actuarial valuation results provide a “snapshot” view of the Fund’s financial condition on June 30, 2024. Actuarial gains and losses result when the actual experience of the plan (such as asset return, health care costs, premium increases, turnover, deaths, etc.) is different from that expected by the actuarial assumptions. The Fund’s unfunded actuarial accrued liability (UAAL) was expected to be \$822.1 million as of June 30, 2024, taking into account expected contributions from the employers of \$120.5 million. The actual UAAL is \$509.2 million. The net gain of \$312.9 million is mainly attributable to lower expected Medicare costs for 2025. However, since there is uncertainty around future Medicare costs due to the Inflation Reduction Act (IRA) and Federal reimbursements, we have included a Risk Section in this Executive Summary to illustrate the Fund’s sensitivity to these uncertainties.

The amortization period of the UAAL is 30 years as of June 30, 2024. The valuation is based on a set of actuarial assumptions which were adopted by the Board based on the five-year experience study for the period ending June 30, 2020. These assumptions are presented in Schedule B.

A summary of the key results from the June 30, 2024 actuarial valuation is shown below. Further detail on the valuation results can be found in the following sections of this Executive Summary.

	June 30, 2024 Valuation Results	June 30, 2023 Valuation Results
Actuarially Determined Contribution Rate	2.00%	2.65%
Amortization Period	30	30
Unfunded Actuarial Accrued Liability (\$M)	\$509.2	\$824.9
Funded Ratio (Market Assets)	61.59%	46.14%

The funding policy requires at least 13.50% of the employers’ 14.00% contributions be allocated to SERS’ basic benefits when the funded ratio is 70% but less than 80%, with the remainder (if any) allocated to health care. Based on a Board Resolution dated September 19, 2024, the valuation allocates the entire 14.00% to the basic benefits and 0.00% allocated to health care consistent with SERS’ funding policy.



# EXECUTIVE SUMMARY



## EXPERIENCE FOR THE LAST PLAN YEAR

Numerous factors contributed to the change in the Fund's assets, liabilities, and actuarial contribution rate between June 30, 2023 and June 30, 2024. The components are examined in the following discussion. Since the most recent experience study was completed, we note that price inflation has been significantly higher than assumed. Inflation is a component of several assumptions so the effects of higher inflation as a component of one assumption may be partially offset by the effect of higher inflation in another. We do not want to give too much credibility to recent experience, but we cannot ignore that current rates of inflation are the highest in the past 40 years. We will continue to monitor inflation in subsequent valuations to assess the reasonableness of the assumed inflation used in the valuation. We have, however, increased the health care trend assumption for the next few years starting at 7% while continuing to step down to an ultimate health care trend assumption of 4.40% which is 2% higher than our price inflation assumption. The increase in trend is due to continuing high expectations for prescription drug costs and utilization, particularly for specialty drugs.

## ASSETS

As of June 30, 2024, SERS' Health Care Fund had net assets of \$816,468,867, when measured on a market value basis. This was an increase of \$109,683,306 from the previous year. The components of change in the asset values for June 30, 2023 and June 30, 2024 are shown in the following table.

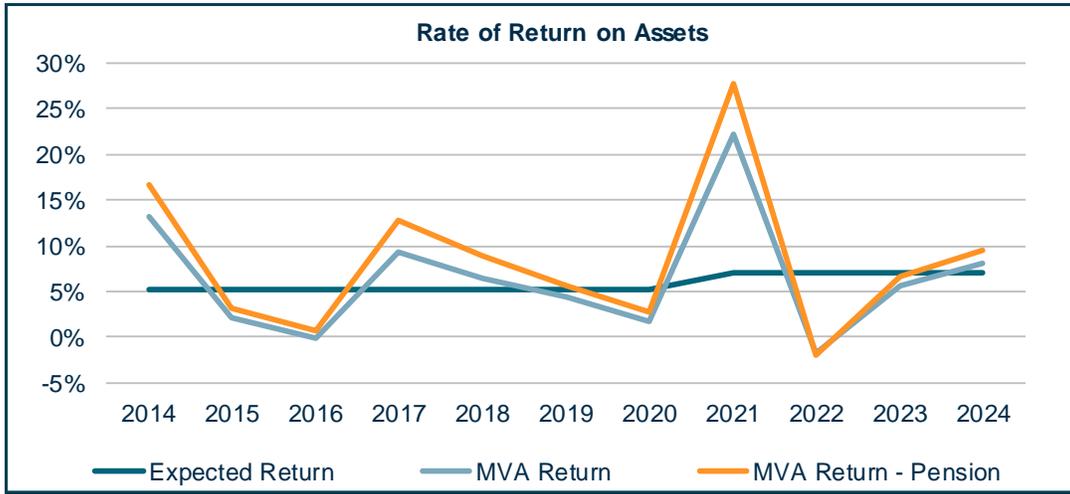
	June 30, 2024		June 30, 2023	
	Valuation Results		Valuation Results	
Net Assets, June 30, 2023	\$	706,785,561	\$	611,574,409
Contributions and Misc. Revenue	+	176,474,542		191,843,471
Total Health Care Expenses	-	125,535,350		132,077,807
Investment Gain (Loss)	+	58,744,114		35,445,488
Net Assets, June 30, 2024	\$	816,468,867	\$	706,785,561



# EXECUTIVE SUMMARY



The estimated investment return on the market value of assets for FY2024 was 8.02%. As this rate of return was greater than the assumed rate of 7.00%, there was an actuarial investment experience gain of \$2.3 million. The chart below shows the actual return on the market value of assets of the Health Care Fund compared with expected return and with the market value return of the pension fund. As can be seen, the actual market return of the Health Care Fund has been less than the market value return of the pension fund. Therefore, in the Risk Section of this Executive Summary, we show the solvency of the Fund under the alternate scenario of earning investment return of 6% instead of 7%.



## LIABILITIES

The actuarial accrued liability is the portion of the present value of future benefits allocated to service performed up to the valuation date. The difference between this liability and the market value of assets is called the unfunded actuarial accrued liability (UAAL). The dollar amount of unfunded actuarial accrued liability is reduced if the contributions to the Fund exceed the normal cost for the year, plus interest on the prior year's UAAL.

The unfunded actuarial accrued liability is shown as of June 30, 2023 and June 30, 2024 in the following table:

	June 30, 2024 Valuation Results	June 30, 2023 Valuation Results
Actuarial Accrued Liability	\$ 1,325,702,000	\$ 1,531,676,376
Market Value of Assets	816,468,867	706,785,561
Unfunded Actuarial Accrued Liability	\$ 509,233,133	\$ 824,890,815
Funded Ratio	61.59%	46.14%



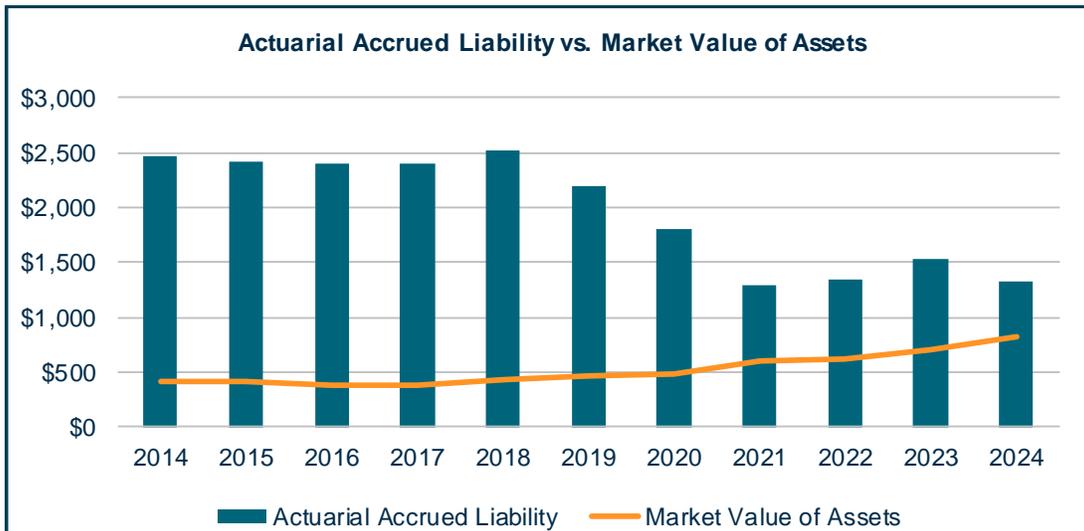
# EXECUTIVE SUMMARY



Changes in the UAAL occur for various reasons. The net decrease in the UAAL from June 30, 2023, to June 30, 2024, was \$315.7 million. The components of this net change are shown in the table below:

Changes in the Unfunded Actuarial Accrued Liability (\$ Millions)	
<b>Unfunded Actuarial Accrued Liability, June 30, 2023</b>	<b>\$ 824.9</b>
Expected change	(2.8)
Investment and contribution experience	(2.3)
Claims and retiree premiums experience	(318.7)
Liability experience	(45.5)
Assumption changes (health care trend)	53.6
<b>Total</b>	<b>\$ (315.7)</b>
<b>Unfunded Actuarial Accrued Liability, June 30, 2024</b>	<b>\$ 509.2</b>

As shown above, various components impacted the UAAL. Actuarial gains (losses) result from actual experience that is more (less) favorable than anticipated based on the actuarial assumptions. The amounts are measured as the difference between the expected unfunded actuarial accrued liability and the actual unfunded actuarial accrued liability net of any impact due to changes in actuarial assumptions and methods or benefit provisions. Overall, the Fund experienced a net decrease to the UAAL of \$315.7 million. The net UAAL decrease was partially due to payroll increases higher than expected, leading to higher future year contributions due to the 1.50% surcharge, and assets higher than expected. In addition, expected 2025 per member per month (PMPM) costs for the stand alone Medicare Part D prescription drug plan is less than expected in spite of the plan changes due to the Inflation Reduction Act, including the \$2,000 out of pocket maximum, because of increased Federal reimbursements and the additional \$15 PMPM premium stabilization contribution.



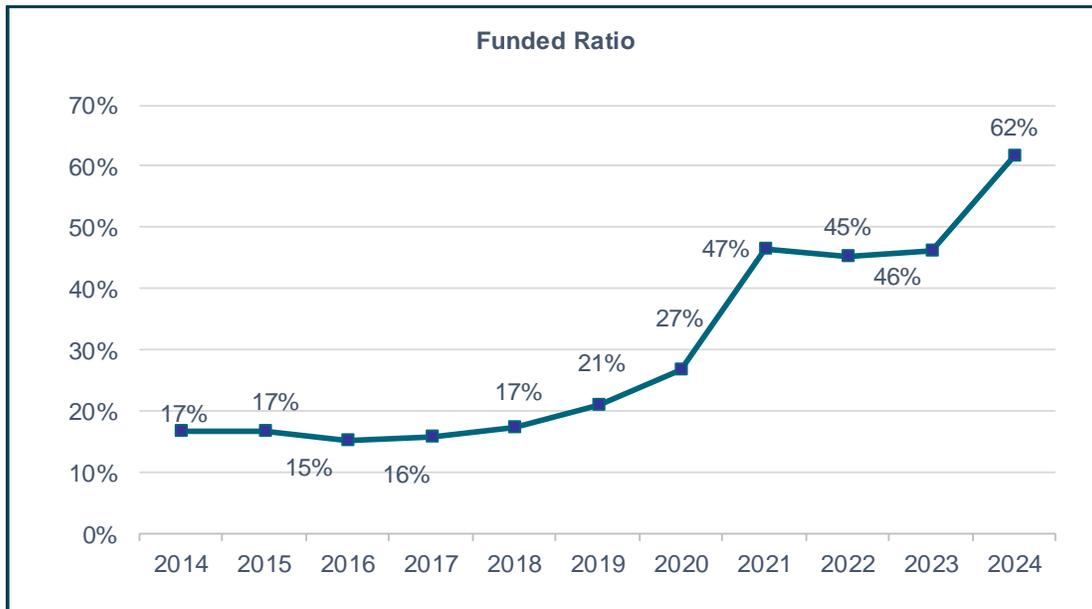


## EXECUTIVE SUMMARY

Since June 30, 2014, the actuarial accrued liability has been higher than the market value of assets. Employer contributions less than the actuarially determined amount was the primary source of the difference between the actuarial accrued liability and market assets while the decrease in Medicare costs have been the primary reason for the decrease in actuarial liability since 2014. In addition, the decrease in actual accrued liability starting in 2021 is due to the increase in the discount rate from 5.25% to 7.00% based on the experience study. An evaluation of the unfunded actuarial accrued liability on a pure dollar basis may not provide a complete analysis since only the difference between the assets and liabilities (which are both very large numbers) is reflected. Another way to evaluate the unfunded actuarial accrued liability and the progress made in its funding is to track the funded ratio, the ratio of the market value of assets to the actuarial accrued liability.

	6/30/2020	6/30/2021	6/30/2022	6/30/2023	6/30/2024
Funded Ratio	26.86%	46.56%	45.36%	46.14%	61.59%
Unfunded Actuarial Accrued Liability (\$M)	\$ 1,313.9	\$ 689.1	\$ 736.7	\$ 824.9	\$ 509.2

The longer-term historical funded ratio information is shown in the chart below.



# EXECUTIVE SUMMARY



## ACTUARIALLY DETERMINED EMPLOYER CONTRIBUTION RATE

Under the Entry Age Normal cost method, the actuarial contribution rate consists of two components:

- a "normal cost" for the portion of projected liabilities allocated by the actuarial cost method to service of members during the year following the valuation date which is funded by employer contributions, and
- an "unfunded actuarial accrued liability contribution" for the excess of the portion of projected liabilities allocated to service-to-date over the market value of assets.

See Section VI of the report for the detailed development of these contribution rates which are summarized in the following table:

Contribution Rates	June 30, 2024	June 30, 2023
1. Normal Cost Rate	1.27%	1.40%
2. UAAL Contribution Rate	0.73%	1.25%
3. Total Actuarial Determined Contribution Rate (1) + (2)	2.00%	2.65%
4. Funded Ratio	61.59%	46.14%

Contributions are developed with the intent of being level as a percentage of covered payroll, assuming the number of active members remains stable. However, the funding policy is developed to accumulate sufficient assets in the pension fund to make all future benefit payments as they become due, if all assumptions are met. The funding policy requires at least 13.50% of the employers' contributions be allocated to SERS' basic benefits when the funded ratio is 70% but less than 80%, with the remainder (if any) allocated to the Health Care Fund. However, based on a Board Resolution in September, the entire 14.00% employer contribution will be allocated to SERS' basic benefits, therefore setting the health contribution rate at 0.00%, plus a health care surcharge of 1.50%.



# EXECUTIVE SUMMARY



## RISK ANALYSIS

### *Sensitivity Measures*

Valuations are generally performed with a single set of assumptions that reflects the best estimate of future conditions, in the opinion of the actuary and typically the governing board. Note that under actuarial standards of practice, the set of economic assumptions used for funding must be consistent. To enhance the understanding of the importance of an assumption, a sensitivity test can be performed where the valuation results are recalculated using a different assumption or set of assumptions.

The following table contains the key measures for the Fund using the current health care trend rates and premium contribution increase rates disclosed in Schedule B, along with the results if the rates were 1% higher. As mentioned earlier in this section, due to considerations like specialty drugs, emerging treatments, GLP-1s and changes to health care law and Medicare reimbursements, there exists a possibility for health care cost to increase more than expected. In this analysis, only the trends on health care and premium contribution rates are changed.

	Current Valuation	+1% Health Care Trends
Actuarial Accrued Liability	\$ 1,325,702,000	\$ 1,588,704,491
Unfunded Actuarial Accrued Liability	509,233,133	772,235,624
Funded Ratio	61.59%	51.39%
Actuarially Determined Contribution Rate	2.00%	2.89%

The following table shows the sensitivity to the Medicare Advantage rate negotiations and Federal reimbursements. Under current law, due to the Inflation Reduction Act, the Medicare Part D plan design will undergo significant changes in 2025, including a \$2,000 out of pocket maximum on retiree costs. In order to stabilize premiums, health plans will receive increased Direct Subsidy payments from CMS including a \$15 per member per month premium stabilization contribution for stand-alone Prescription Drug Plans. Since the \$15 payment is temporary, the Medicare Cost Sensitivity values show the liability if this additional payment did not exist.

	Current Valuation	Medicare Cost Sensitivity
Actuarial Accrued Liability	\$ 1,325,702,000	\$ 1,491,544,367
Unfunded Actuarial Accrued Liability	509,233,133	675,075,500
Funded Ratio	61.59%	54.74%
Actuarially Determined Contribution Rate	2.00%	2.37%



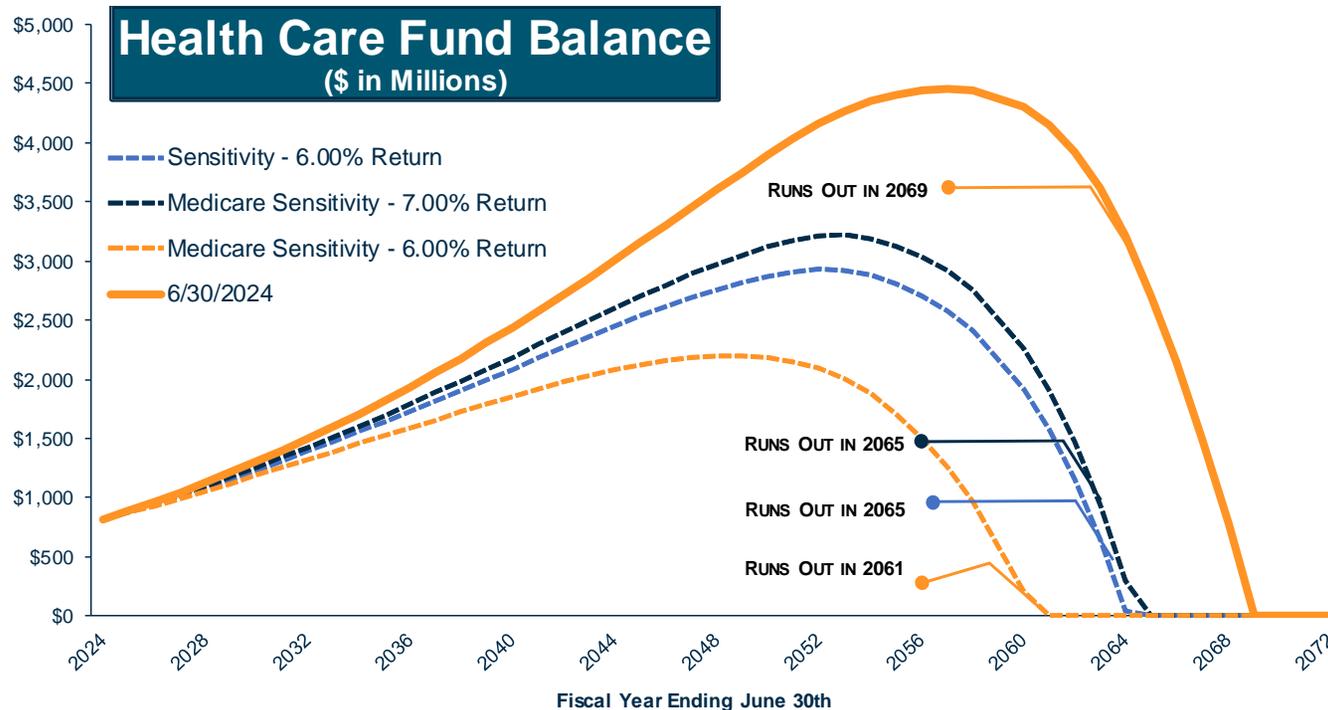


## EXECUTIVE SUMMARY

### Solvency Sensitivities with Projected New Hires Included

The chart on page 23 shows the projected Health Care Fund Balances from the five most recent valuations. The prior year projections were based on the funding policy and assumptions in effect on the prior year valuation dates and include no new hires in the benefit payment projections. Since the current year projection indicates solvency for a longer period, we included projected benefit payments for potential new hires in addition to a 7.00% future asset rate of return assumption, a payroll growth assumption of 1.75% per year, and the assumption that the health contribution rate will be 0.00%, plus a health care surcharge of 1.50%. These projections assume there will be no health care cost increases due to IRA and ACA law changes or reimbursements and/or COVID-19 impact other than current baseline costs and anticipated health care trend.

The chart below shows the current year solvency based on the current year assumptions and methods detailed above, along with sensitivity solvency estimates assuming: 1) a 6.00% future asset rate of return assumption, 2) an immediate \$15 per month increase in Medicare costs with a 7.00% future asset rate of return assumption, and 3) an immediate \$15 per month increase in Medicare costs with a 6.00% future asset rate of return assumption.



## SECTION I – SUMMARY OF PRINCIPAL RESULTS



### REPORT ON THE ANNUAL VALUATION OF THE SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO PREPARED AS OF JUNE 30, 2024

1. This report, prepared as of June 30, 2024, presents the results of the annual actuarial valuation of retiree health care offered to SERS members. For convenience of reference, the principal results of the valuation and a comparison with the preceding valuation results are summarized in the following table.

	June 30, 2024	June 30, 2023
<b>Active members included in valuation</b>		
Number	163,350	159,873
Annual Compensation	\$4,547,315,949	\$4,298,689,195
<b>Service Retirees*</b>		
Number	29,735	29,915
<b>Disability Retirees*</b>		
Number**	2,575	2,735
<b>Spouses of Retirees</b>		
Number	4,851	4,852
<b>Spouses of Deceased Retirees</b>		
Number	1,322	1,390
<b>Survivor Benefit Recipients</b>		
Number	489	532
<b>Non-Spouse Dependents</b>		
Number	220	232
<b>Deferred Vested</b>		
Number	6,607	6,413
<b>Assets</b>		
Market Value	\$816,468,867	\$706,785,561
<b>Unfunded Accrued Liability</b>	\$509,233,133	\$824,890,815
<b>Actuarial Accrued Liability</b>	\$1,325,702,000	\$1,531,676,376
<b>Funded Ratio (MVA/AAL)</b>	61.59%	46.14%
<b>Employer Contribution Rate</b>		
Normal	1.27%	1.40%
Accrued Liability	<u>0.73%</u>	<u>1.25%</u>
Total	2.00%	2.65%
Employer Contribution Toward Health Care***	1.50%	1.50%
Accrued liability amortization period	30	30

\* In addition and not included in the counts above, there are 3,119 pre-Medicare eligible service retirees and 1,429 pre-Medicare eligible disabled retirees who are waiving coverage. It is assumed that 15% will elect coverage upon reaching Medicare eligibility.

\*\* Of the 2,575 Disabled Retirees listed above, 509 converted to a Service Pension Benefit.

\*\*\* Includes 1.50% of payroll surcharge



## SECTION I – SUMMARY OF PRINCIPAL RESULTS



2. The funding policy requires at least 13.50% of the employers' contributions be allocated to SERS' basic benefits when the funded ratio is 70% but less than 80%, with the remainder (if any) allocated to the Health Care Fund. However, based on a Board Resolution in September, the entire 14.00% employer contribution will be allocated to SERS' basic benefits, therefore setting the health contribution rate at 0.00%, plus a health care surcharge of 1.50%. This rate includes the anticipated revenue from the minimum surcharge level for FY2025 of \$33,000.
3. The valuation balance sheet showing the results of the valuation is given in Schedule A.
4. Comments on the valuation results are given in Section IV, comments on the experience and actuarial gains and losses during the valuation year are given in Section V, and the rates of contribution payable by the employer are given in Section VI. Since the previous valuation, there were no changes to the plan provisions, however changes were made to the assumed initial per capital health care costs and future cost increases. See Schedule B for more details on assumptions and methods used.
5. The impact of the COVID-19 pandemic was considered in this valuation; however, no changes were incorporated at this time due to the level of uncertainty regarding the impact on both plan costs and contribution levels going forward. Given the uncertainty regarding COVID-19 (e.g., the impact of routine care being deferred, direct COVID-19 treatment and prevention costs, changes in contribution and budget projections), continued monitoring of the impact on the Plan's liability will be required.
6. Since the most recent experience study was completed, we note that price inflation has been significantly higher than assumed. Inflation is a component of several assumptions so the effects of higher inflation as a component of one assumption may be partially offset by the effect of higher inflation in another. We do not want to give too much credibility to recent experience, but we cannot ignore that current rates of inflation are the highest in the past 40 years. We will continue to monitor inflation in subsequent valuations to assess the reasonableness of the assumed inflation used in the valuation. We have, however, increased the health care trend assumption for the next few years starting at 7% while continuing to step down to an ultimate health care trend assumption of 4.40% which is 2% higher than our price inflation assumption. The increase in trend is due to continuing high expectations for prescription drug costs and utilization, particularly for specialty drugs.
7. The following changes were reflected in this valuation:

### **Medicare Eligible**

#### **Premiums**

Premiums are remaining the same in 2025 for enrollees in the Aetna Medicare PPO Plan.

#### **Benefits**

The in-network primary care office visit co-pay is decreasing to \$0 from \$10.

#### **Pharmacy Network**

The Part D Express Scripts plan will have a \$2,000 annual out-of-pocket maximum in 2025.



## SECTION I – SUMMARY OF PRINCIPAL RESULTS



### **Non-Medicare Eligible**

#### **Premiums**

There will be a 7% premium increase in 2025 for enrollees in the Aetna Choice POS II Plan.

There will be a 3% premium increase in 2025 for enrollees in the AultCare PPO Plan.

#### **Benefits**

Aetna Choice POS II and AultCare PPO ambulance benefit is changing to a \$150 co-pay from 20% coinsurance.

There are no pharmacy changes. However, a few prescription drugs may change to non-preferred.

#### **SERS Wraparound HRA**

The Health Reimbursement Arrangement (HRA) limit is increasing to \$2,150 from \$2,100 per family per calendar year. Enrollees seeking non-Medicare coverage are required to participate in a counseling session to explore the affordability of available SERS alternatives, including the SERS Marketplace Wraparound Plan.

8. Assumption changes since the prior valuation:
  - The health care trend assumption has been updated.
9. The statute sets a contribution cap of 24.00% of payroll: 14.00% from employers and 10.00% from employees. The funding policy states that employer contributions in excess of those required to support the basic benefits may be allocated to retiree health care funding. If the funded ratio is less than 70%, the entire 14.00% employers' contribution shall be allocated to SERS' basic benefits. If the funded ratio is 70% but less than 80%, at least 13.50% of the employers' contribution shall be allocated to SERS' basic benefits, with the remainder (if any) allocated to the Health Care Fund. If the funded ratio is 80% but less than 90%, at least 13.25% of the employers' contribution shall be allocated to SERS' basic benefits, with the remainder (if any) allocated to the Health Care Fund. If the funded ratio is 90% or greater, the Health Care Fund may receive any portion of the employers' contribution that is not needed to fund SERS' basic benefits.
10. Contributions to the Health Care Fund will be 1.50% for fiscal year 2025, which is less than the actuarially determined employer contribution rate. However, as can be seen on page 23, the expected Health Care Fund solvency has increased from 2062 in the prior valuation to 2069 based on current assumptions. This increase is primarily due to June 30, 2024 assets higher than expected in the prior valuation, the reduction in Medicare plan costs, and payroll increase higher than expected leading to higher future year contributions due to the 1.50% surcharge. Please note that the Executive Summary section of this report contains solvency sensitivity projections which illustrate plausible alternate scenarios that would lead to the Fund being insolvent at earlier points using different assumptions.



## SECTION II – MEMBERSHIP DATA



Data regarding the membership of the System for use as a basis for the valuation were furnished by the System's office. The following tables summarize the membership of the System as of June 30, 2024 upon which the valuation was based. Detailed tabulations of the data are given in Schedule D.

### Active Members

Number	Payroll	Group Averages		
		Salary	Age	Service
163,350	\$4,547,315,949	\$27,838	46.8	7.0

The following table shows a six-year schedule of active member valuation data.

Schedule of SERS Active Member Valuation Data				
Valuation Date	Number	Annual Payroll	Annual Average Pay	% Increase in Average Pay
6/30/2019	159,363	\$ 3,462,524,396	\$ 21,727	3.2%
6/30/2020	156,579	3,477,578,726	22,210	2.2
6/30/2021	146,646	3,622,097,199*	24,700	11.2
6/30/2022	155,063	3,994,657,693	25,762	4.3
6/30/2023	159,873	4,298,689,195	26,888	4.4
6/30/2024	163,350	4,547,315,949	27,838	3.5

\* Effective June 30, 2021, the annual compensation reflects imputed salaries.



## SECTION II – MEMBERSHIP DATA



The following table shows the number of retiree members and their beneficiaries receiving health care as of the valuation date as well as average ages.

### Retiree Lives

AultCare PPO, Aetna Choice POS II, and SERS Marketplace Wraparound HRA		Number	Average Age
Service Retirees		2,413	62.3
Disability Retirees		343	60.9
Spouses		262	61.4
Non-Spouse Dependents		157	21.3
<b>Total</b>		<b>3,175</b>	<b>60.1</b>

Aetna Medicare Plan (PPO) and Aetna Traditional Choice		Number	Average Age
Service Retirees		27,322	77.3
Disability Retirees		2,232	73.3
Spouses		6,400	78.4
Non-Spouse Dependents		63	59.3
<b>Total</b>		<b>36,017</b>	<b>77.2</b>

Non-Medicare Waiving Type of Benefit Recipient		Number	Average Age
Service Retirees		3,119	62.4
Disability Retirees		1,429	58.6
<b>Total</b>		<b>4,548</b>	<b>61.2</b>

This valuation also includes 6,607 deferred vested members eligible for health care not included in the counts above.



## SECTION III – ASSETS



1. As of June 30, 2024 the total market value of assets amounted to \$816,468,867.

Asset Summary Based on Market Value			
(1)	Assets at June 30, 2023	\$	706,785,561
(2)	Contributions and Misc. Revenue		176,474,542
(3)	Investment Gain (Loss)		58,744,114
(4)	Total Health Care Expenses		<u>(125,535,350)</u>
(5)	Assets at June 30, 2024 (1) + (2) + (3) + (4)	\$	816,468,867
(6)	Annualized Rate of Return*		8.02 %

\*Based on the approximation formula:  $I/[0.5 \times (A + B - I)]$ , where

- I = Investment Gain (Loss)
- A = Beginning of year asset value
- B = End of year asset value



## SECTION IV – COMMENTS ON VALUATION

---



Schedule A of this report contains the valuation balance sheet which shows the present and prospective assets and liabilities of the System as of June 30, 2024.

1. The total health care valuation balance sheet shows that the System has total future health care liabilities of \$1,895,989,455 of which \$479,898,533 is for the future benefits payable for present retiree members and beneficiaries of deceased members; \$20,425,309 is for the future benefits payable for current deferred vested members; and \$1,395,665,613 is for the future benefits payable for present active members. Against these health care liabilities, the System has a total market value of assets of \$816,468,867 as of June 30, 2024. The difference of \$1,079,520,588 between the total liabilities and the total present actuarial value of assets represents the present value of contributions to be made in the future for health care. Of this amount, no future contributions are expected to be made by members, and the balance of \$1,079,520,588 represents the present value of future contributions payable by SERS.
2. SERS' contributions on account of health care consists of normal contributions and accrued liability contributions. The valuation indicates that employer normal contributions at the rate of 1.27% of payroll are required to provide the benefits of the System for the average new member of SERS.
3. Prospective employer normal contributions on account of health care at the above rates have a present value of \$570,287,455. When this amount is subtracted from \$1,079,520,588 which is the present value of the total future contributions to be made by the employer, there remains \$509,233,133 as the amount of future accrued liability contributions.
4. It is recommended that the accrued liability contribution rate payable by SERS on account of health care be set at 0.73% of payroll. This rate is sufficient to liquidate the unfunded accrued liability of \$509,233,133 over 30 years on the assumption that the aggregate payroll for members will increase by 1.75% each year.



## SECTION V – DERIVATION OF EXPERIENCE GAINS AND LOSSES



Actual experience will never (except by coincidence) coincide exactly with assumed experience. It is assumed that gains and losses will be in balance over a period of years, but sizable year-to-year fluctuations are common. Detail on the derivation of the experience gain (loss) for the year ended June 30, 2024 is shown below.

Experience Gain / (Loss)		
(\$ Thousands)		
(1)	UAAL* as of 6/30/23	\$ 824,891
(2)	Normal cost from last valuation	59,999
(3)	Expected employer contributions	120,504
(4)	Interest accrual: [(1) + (2)] x .070 - (3) x .070/2	<u>57,725</u>
(5)	Expected UAAL before changes: (1) + (2) - (3) + (4)	\$ 822,111
(6)	Change due to claims and retiree premiums	318,718
(7)	Change due to assumption changes**	<u>(53,616)</u>
(8)	Expected UAAL after changes: (5) - (6) - (7)	\$ 557,009
(9)	Actual UAAL* as of 6/30/24	<u>509,233</u>
(10)	Total gain/(loss): (8) - (9)	\$ 47,776
	(a) Asset Gain/(Loss)	<u>2,254</u>
	(b) Experience Gain/(Loss) (10) - (10a)	\$ 45,522
(11)	Accrued Liabilities as of 6/30/24	\$ 1,325,702
(12)	Experience Gain/(Loss) as percent of actuarial accrued liabilities at end of year (10b) / (11)	3.4%

\* Unfunded actuarial accrued liability

\*\* Assumptions regarding future health care cost increases were updated.



## SECTION V – DERIVATION OF EXPERIENCE GAINS AND LOSSES



**ANALYSIS OF FINANCIAL EXPERIENCE**  
**Gains and Losses in Accrued Liabilities**  
**Resulting from Difference Between**  
**Assumed Experience and Actual Experience**  
**(\$ Millions)**

Type of Activity	\$ Gain (or Loss) For Year Ending 6/30/24
<b>Age &amp; Service Retirements.</b> If members retire at older ages or participate in lower numbers, there is a gain. If younger ages or higher participation, a loss.	\$ 11.4
<b>Disability Retirements.</b> If disability claims are less than assumed, there is a gain. If more claims, a loss.	0.8
<b>Death-in Service Benefits.</b> If survivor claims are less than assumed, there is a gain. If more claims, there is a loss.	(1.9)
<b>Withdrawal From Employment.</b> If more liabilities are released by withdrawals than assumed, there is a gain. If smaller releases, a loss.	25.4
<b>Claims Increases (Including Wrap Plan).</b> If smaller claims increases than assumed, there is a gain; if larger, a loss.	318.7
<b>New Members.</b> Additional accrued liability attributable to members who entered the plan since the last valuation.	(14.3)
<b>Asset Experience.</b> If there is a greater investment income than assumed, there is a gain. If less income, a loss. If there are more contributions than the ADC, there is a gain. If less contributions, a loss.	2.3
<b>Death After Retirement.</b> If retiree members live longer than assumed, there is a loss. If not as long, a gain.	12.1
<b>Other.</b> Miscellaneous gains and losses resulting from changes in valuation software, data adjustments, timing of financial transactions, etc.	<u>12.0</u>
<b>Gain (or Loss) During Year From Financial Experience</b>	\$ 366.5
<b>Non-Recurring Items.</b> Adjustments for plan amendments, assumption changes and method changes	(53.6)
<b>Composite Gain (or Loss) During Year</b>	<u>\$ 312.9</u>





## SECTION VI – REQUIRED CONTRIBUTION RATES

The valuation balance sheet gives the basis for determining the percentage rates for contributions to be made by employers to the Retirement System. The following tables show the rates of contribution payable by employers as determined from the present valuation for FY2024.

### Required Contribution Rates

Contribution for	Amount	% of Payroll
A. Normal Cost	\$ 59,576,284	1.27%
B. Member Contributions*	\$ 0	0.00%
C. Employer Normal Cost: [A - B]	\$ 59,576,284	1.27%
D. Unfunded Actuarial Accrued Liability**	\$ 33,199,465	0.73%
E. Total Recommended Employer Contribution Rate: [C + D]	\$ 92,775,749	2.00%
F. Employer Contribution Toward Health Care <sup>+</sup>	\$ 69,070,414	1.50%

\* The liabilities are net of retiree contributions towards their health care.

\*\* Based on 30-year amortization of the UAAL from June 30, 2024.

+ Includes 1.50% payroll surcharge.

### Fifteen-Year History of Employer Contribution Rates

Fiscal Year Ending June 30	Employer Health Care Contribution Rate	Surcharge Percentage	Total Health Care Contribution Rate
2010	0.46%	1.50%	1.96%
2011	1.43	1.50	2.93
2012	0.55	1.50	2.05
2013	0.16	1.50	1.66
2014	0.14	1.50	1.64
2015	0.82	1.50	2.32
2016	0.00	1.50	1.50
2017	0.00	1.50	1.50
2018	0.50	1.50	2.00
2019	0.50	1.50	2.00
2020	0.00	1.50	1.50
2021	0.00	1.50	1.50
2022	0.00	1.50	1.50
2023	0.00	1.50	1.50
2024	0.00	1.50	1.50



## SECTION VII – ACCOUNTING INFORMATION



Governmental Accounting Standards Board Statements 74 and 75 set forth certain items of required supplementary information to be disclosed in the financial statements of the System and the employer. The information presented in the required supplementary schedules was determined as part of the actuarial valuation at June 30, 2024. Additional information will be provided in separate reports.

Valuation date	6/30/2024
Actuarial cost method	Entry Age
Amortization	Level Percent Open
Remaining amortization period	30 years
Asset valuation method	Market Value
Actuarial assumptions	
Investment rate of return*	7.00%
* Includes price inflation at	2.40%
Wage increases	1.75%
Medical Trend Assumption	7.00% - 4.40%
Year of Ultimate Trend	2035





## SECTION VII – ACCOUNTING INFORMATION

Thirteen-Year Schedule of Funding Progress  
(\$ Millions)

Actuarial Valuation Date	Value of Plan Assets (a)	Actuarial Accrued Liability (AAL) Entry Age (b)	Unfunded AAL (UAAL) (b - a)	Funded Ratio (a / b)	Covered Payroll (c)	UAAL as a Percentage of Covered Payroll ((b - a) / (c))
6/30/2012	\$355	\$2,691	\$2,336	13.2%	\$2,788	83.8%
6/30/2013	379	2,918	2,539	13.0	2,747	92.4
6/30/2014	414	2,476	2,062	16.7	2,759	74.7
6/30/2015	408	2,425	2,016	16.8	2,845	70.9
6/30/2016	370	2,407	2,037	15.4	2,932	69.5
6/30/2017	382	2,396	2,014	15.9	3,303	61.0
6/30/2018	436	2,525	2,089	17.3	3,332	62.7
6/30/2019	464	2,199	1,735	21.1	3,463	50.1
6/30/2020	483	1,797	1,314	26.9	3,478	37.8
6/30/2021	600	1,289	689	46.5	3,622	19.0
6/30/2022	612	1,348	736	45.4	3,995	18.4
6/30/2023	707	1,532	825	46.1	4,299	19.2
6/30/2024	816	1,325	509	61.6	4,547	11.2



## SCHEDULE A – VALUATION BALANCE SHEET



The following valuation balance sheet shows the assets and liabilities of the retirement system as of the current valuation date of June 30, 2024 and, for comparison purposes, as of the immediately preceding valuation date of June 30, 2023.

**VALUATION BALANCE SHEET  
SHOWING THE ASSETS AND LIABILITIES OF THE  
SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO**

	June 30, 2024	June 30, 2023
<b>ASSETS</b>		
Current market value of assets	\$ 816,468,867	\$ 706,785,561
Prospective contributions		
Employer normal contributions	570,287,455	584,645,987
Unfunded accrued liability contributions	509,233,133	824,890,815
Total prospective contributions	<u>\$ 1,079,520,588</u>	<u>\$ 1,409,536,802</u>
 Total assets	 <u>\$ 1,895,989,455</u>	 <u>\$ 2,116,322,363</u>
<b>LIABILITIES</b>		
Present value of benefits payable on account of present retiree members and beneficiaries	\$ 479,898,533	\$ 606,867,180
Present value of benefits payable on account of active members	1,395,665,613	1,486,777,556
Present value of benefits payable on account of deferred vested members	<u>20,425,309</u>	<u>22,677,627</u>
 Total liabilities	 <u>\$ 1,895,989,455</u>	 <u>\$ 2,116,322,363</u>





## SCHEDULE A – VALUATION BALANCE SHEET

The following thirteen-year table provides the solvency test for SERS members. The table allocates the valuation assets of the System to its liabilities based on an order of precedence. The highest order of precedence is active member contributions. The second highest order of precedence are members in pay status and vested and non-vested terminated members. The lowest order of precedence is the employer financed portion of active member accrued benefits. The liabilities are determined using the System's assumed rate of return.

### Solvency Test (\$ Millions)

Valuation Date	Aggregate Accrued Liabilities For			Actuarial Value of Assets	Portion of Accrued Liabilities Covered by Reported Assets		
	(1) Active Member Contributions	(2) Retiree Members & Beneficiaries	(3) Active Members (Employer Financed Portion)		(1)	(2)	(3)
6/30/2012	\$0	\$1,074	\$1,617	\$355	100.0%	33.1%	0.0%
6/30/2013	0	1,157	1,761	379	100.0	32.8	0.0
6/30/2014	0	968	1,508	414	100.0	42.8	0.0
6/30/2015	0	979	1,507	408	100.0	41.7	0.0
6/30/2016	0	918	1,489	370	100.0	40.3	0.0
6/30/2017	0	916	1,480	382	100.0	41.7	0.0
6/30/2018	0	968	1,557	436	100.0	45.0	0.0
6/30/2019	0	813	1,386	464	100.0	57.0	0.0
6/30/2020	0	626	1,171	483	100.0	77.1	0.0
6/30/2021	0	544	745	600	100.0	100.0	7.5
6/30/2022	0	532	816	612	100.0	100.0	9.8
6/30/2023	0	630	902	707	100.0	100.0	8.5
6/30/2024	0	500	825	816	100.0	100.0	38.3

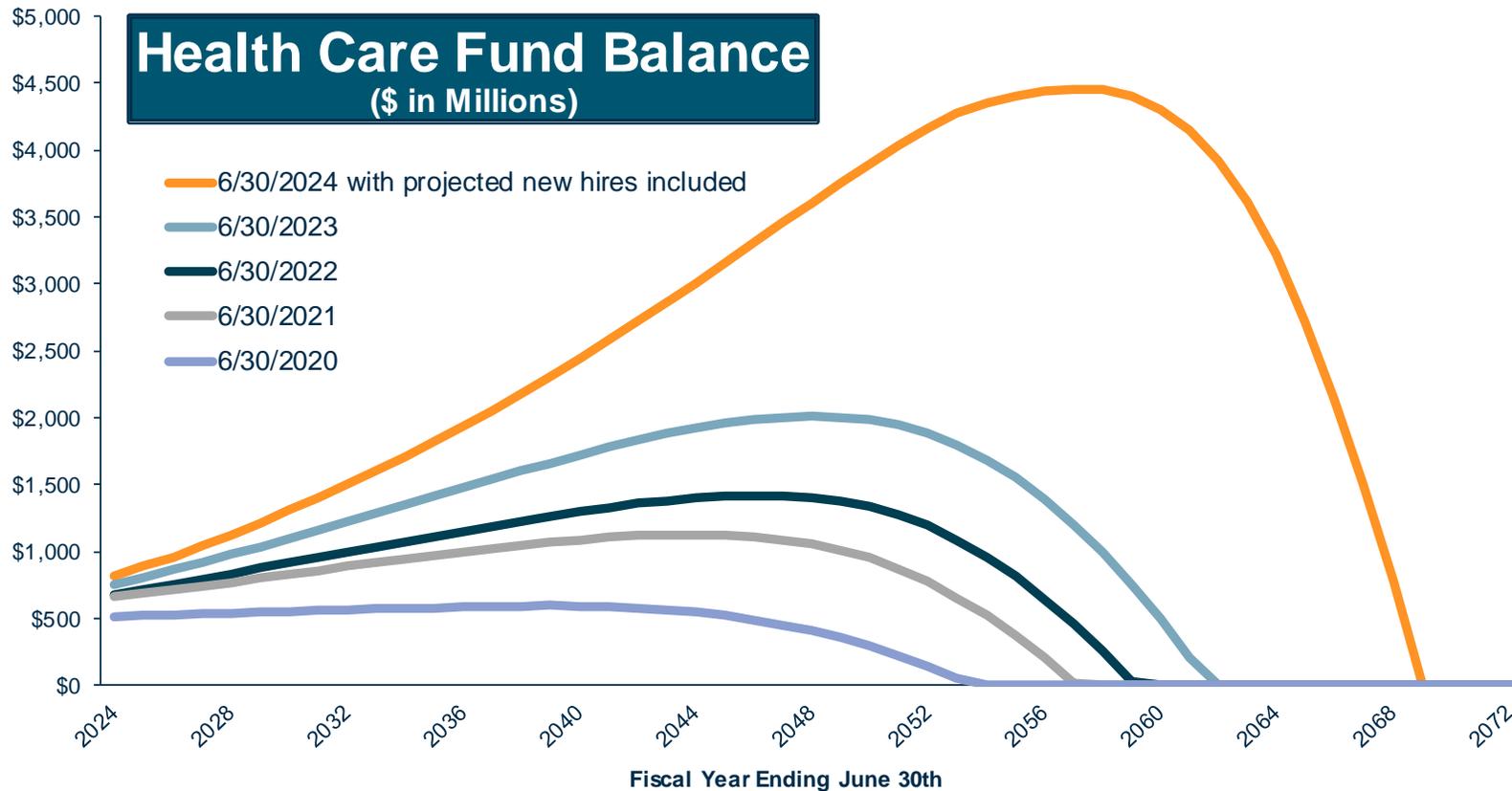




## SCHEDULE A – VALUATION BALANCE SHEET

### Solvency Chart

The following chart shows the projected Health Care Fund Balances from the five most recent valuations. The prior year projections were based on the funding policy and assumptions in effect on the prior year valuation dates and include no new hires in the benefit payment projections. Since the current year projection indicates solvency for a longer period, we included projected benefit payments for potential new hires in addition to a 7.00% future asset rate of return assumption, a payroll growth assumption of 1.75% per year, and the assumption that the health contribution rate will be 0.00%, plus a health care surcharge of 1.50%. These projections assume there will be no health care cost increases due to IRA and ACA law changes or reimbursements and/or COVID-19 impact other than current baseline costs and anticipated health care trend.





## SCHEDULE B – ACTUARIAL ASSUMPTIONS AND METHODS

The decremental assumptions used in the valuation were adopted by the Board on April 15, 2021.

**INTEREST RATE:** 7.00% per annum, compounded annually (net after all System expenses).

**HEALTH CARE COST TREND RATES:** Following is a chart detailing trend assumptions. Trend is applied to total health care costs and retiree service based premiums. No trend is applied to the \$35 surcharge.

Calendar Year	
2024	7.00%
2025	6.75
2026	6.50
2027	6.25
2028	6.00
2029	5.75
2030	5.50
2031	5.25
2032	5.00
2033	4.75
2034	4.50
2035 and beyond	4.40

**ANTICIPATED PLAN PARTICIPATION:** The assumed annual rates of retiree participation and spouse coverage are as follows:

Retiree Gender	Spouse Coverage	Dependent Child Coverage
Male	25.0%	0.0%
Female	25.0%	0.0%

Wives are assumed to be three years younger than husbands.



## SCHEDULE B – ACTUARIAL ASSUMPTIONS AND METHODS



Pre-65 Participants:

Years of Service	Service Retiree Participation	Disabled Retiree Participation	Deferred Vested Retiree Participation	Death in Service Surviving Spouse Participation
1.5 – 4	N/A	N/A	N/A	100.0%
5 – 9	N/A	25.0%	N/A	100.0
10 – 14	25.0%	25.0	50.0%	100.0
15 – 19	25.0	45.0	50.0	100.0
20 – 24	45.0	50.0	50.0	100.0
25 – 29	50.0	75.0	50.0	100.0
30 – 34	75.0	75.0	50.0	100.0
35 and over	90.0	90.0	50.0	100.0

15% of eligible pre-65 retirees who are waiving coverage are assumed to elect coverage upon Medicare eligibility

Post-65 Participants:

Years of Service	Service Retiree Participation	Disabled Retiree Participation	Deferred Vested Retiree Participation	Death in Service Surviving Spouse Participation
1.5 – 4	N/A	N/A	N/A	100.0%
5 – 9	N/A	70.0%	N/A	100.0
10 – 14	25.0%	70.0	50.0%	100.0
15 – 19	45.0	70.0	50.0	100.0
20 – 24	70.0	75.0	50.0	100.0
25 – 29	75.0	75.0	50.0	100.0
30 – 34	85.0	85.0	50.0	100.0
35 and over	90.0	90.0	50.0	100.0



## SCHEDULE B – ACTUARIAL ASSUMPTIONS AND METHODS



ANTICIPATED PLAN ELECTIONS: The assumed annual rates of member plan elections are as follows:

Plan Type	Future Retirees	
	Non-Medicare	Medicare
PPO	80.0%	100.0%
Wraparound HRA	20.0%	N/A

Anticipated plan elections within the above plan types are further expanded below:

Plan Type	Future Retirees*	
	Non-Medicare	Medicare
<u>PPO</u>		
Aetna Choice POS II	96.0%	0.0%
Aetna Medicare <sup>SM</sup> Plan	0.0%	100.0%
AultCare PPO	4.0%	0.0%

\* Future disabled retirees assumed 85% Non-Medicare coverage and 15% Medicare coverage before age 65.

ANTICIPATED MEDICARE COVERAGE AT AGE 65: The assumed annual rates of future retirees obtaining Medicare coverage at age 65 are as follows:

Medicare Coverage	Percent Covered
No Medicare at age 65	1.0%
Medicare Part A	98.0%
Medicare Part B Only	1.0%

Current service retirees, disabled benefit recipients, spouses, and dependent children under age 65 were assumed to have similar Medicare coverage at age 65 as their post-Medicare counterparts.

Effective September 30, 2021, an individual who fails to enroll in Medicare Part B during their Medicare initial or special enrollment period will lose eligibility for SERS' health care coverage. If an individual enrolls in Medicare Part B coverage but then fails to maintain the coverage, the individual must re-enroll during Medicare's first available general enrollment period.

HEALTH CARE PREMIUM DISCOUNT PROGRAM PARTICIPATION: Current Medicare-eligible service retirees, disabled benefit recipients, spouses and dependent children reported as qualifying for the Health Care Premium Discount Program were assumed to continue participating in the program for their lifetime. The Health Care Premium Discount Program is not available for non-Medicare participants.





## SCHEDULE B – ACTUARIAL ASSUMPTIONS AND METHODS

MONTHLY EXPECTED MEDICAL/PRESCRIPTION DRUG CLAIMS COSTS (INCLUDES ADMINISTRATIVE EXPENSES): Following are charts detailing expected claims for the year following the valuation date.

Retiree Costs			
Medicare Status	Aetna Choice POS II and Aetna Medicare <sup>SM</sup>	Aetna Traditional Choice	AultCare PPO
Non-Medicare	\$1,595	N/A	\$1,148
Medicare A	\$131	\$431	N/A
Medicare B Only	\$131	N/A	N/A

Spouse Costs			
Medicare Status	Aetna Choice POS II and Aetna Medicare <sup>SM</sup>	Aetna Traditional Choice	AultCare PPO
Non-Medicare	\$1,435	N/A	\$917
Medicare A	\$131	\$431	N/A
Medicare B Only	\$131	N/A	N/A

Children Costs			
Medicare Status	Aetna Choice POS II and Aetna Medicare <sup>SM</sup>	Aetna Traditional Choice	AultCare PPO
Non-Medicare	\$479	N/A	\$203
Medicare A	\$131	\$431	N/A

The above amounts are shown as average costs and represent blended premiums rates.



## SCHEDULE B – ACTUARIAL ASSUMPTIONS AND METHODS



**EXPECTED ANNUAL CLAIMS:** Per capita costs are adjusted to reflect expected cost changes related to age. The relative value factors used were developed from the Society of Actuaries' June 2013 research report Health Care Costs—From Birth to Death by Dale Yamamoto and from the ASOP 6 practice note developed by the American Academy of Actuaries. Representative values of the expected annual claims based on expected service retiree plan elections are as follows:

### Pre-Medicare

Age	Retiree		Spouse	
	Male	Female	Male	Female
40	\$ 5,056	\$ 8,251	\$ 4,658	\$ 7,602
45	6,267	8,735	5,774	8,048
50	8,184	10,177	7,541	9,377
55	10,739	11,856	9,894	10,924
60	13,833	13,828	12,745	12,740
64	16,895	16,190	15,566	14,916

### Post-Medicare

Age	Retiree		Spouse	
	Male	Female	Male	Female
65	\$ 1,248	\$ 1,189	\$ 1,164	\$ 1,109
70	1,517	1,462	1,415	1,364
75	1,801	1,707	1,680	1,592
80	2,091	1,967	1,950	1,834
85	2,356	2,219	2,197	2,070
90	2,587	2,410	2,413	2,248



## SCHEDULE B – ACTUARIAL ASSUMPTIONS AND METHODS



SEPARATIONS FROM ACTIVE SERVICE: Representative values of the assumed rates of separation from active service are as follows:

Service	Annual Rates of Withdrawal
0	40.00%
1	19.00
2	11.00
3	9.00
4	8.00
5	6.50
10	3.50
15	2.25

Age	Annual Rates of			
	Death *		Disability	
	Male	Female	Male	Female
20	.041%	.013%	.020%	.010%
25	.041	.012	.039	.010
30	.052	.019	.071	.028
35	.068	.030	.127	.059
40	.096	.047	.214	.106
45	.143	.072	.313	.180
50	.218	.107	.414	.300
55	.320	.157	.530	.450
60	.466	.238	.590	.450
65	.682	.380	.533	.300
70	1.025	.627	.300	.200
74	1.461	.937	.300	.200

\* Pre-retirement mortality is based on the PUB-2010 General Amount Weighted Below Median Employee Mortality Table with fully generational projection using the MP-2020 projection scale. The above rates represent the base rates used.





## SCHEDULE B – ACTUARIAL ASSUMPTIONS AND METHODS

Age	Annual Rates of							
	Retirement Eligible prior to 8/1/17				Retirement Eligible after 8/1/17			
	Reduced	Reduced (55/25)	First Eligible Unreduced	Subsequent Unreduced	Reduced	Reduced (60/25)	First Eligible Unreduced	Subsequent Unreduced
50			21%	19%				
55		10%	27%	19%				
57		10%	27%	19%			30%	19%
60	43%	15%	27%	19%		6%	30%	19%
62	43%	15%	27%	19%	5%	6%	30%	19%
65			50%	33%	15%	17%	30%	19%
68			50%	33%			30%	18%
70			50%	33%			30%	18%
75			100%	100%			100%	100%

**SALARY INCREASES:** Representative values of the assumed annual rates of salary increases are as follows:

Service	Annual Rates of		
	Merit & Seniority: (A)	Base (Economy): (B)	Increase Next Year: (1+(A))*(1+(B))
0	10.00%	3.25%	13.58%
1	3.00	3.25	6.35
2	1.75	3.25	5.06
3	1.25	3.25	4.54
4	1.00	3.25	4.28
5 – 9	0.75	3.25	4.02
10 – 15	0.50	3.25	3.77
16 – 17	0.25	3.25	3.51
18 & over	0.00	3.25	3.25

**PAYROLL GROWTH:** 1.75% per annum, compounded annually.

**PRICE INFLATION:** 2.40% per annum, compounded annually.





## SCHEDULE B – ACTUARIAL ASSUMPTIONS AND METHODS

---

**DEATH AFTER RETIREMENT:** These assumptions are used to measure the probabilities of each benefit payment being made after retirement.

**SERVICE RETIREMENT:** PUB-2010 General Employee Amount Weighted Below Median Healthy Retiree mortality table projected to 2017 with ages set forward 1 year and adjusted 94.20% for males and set forward 2 years and adjusted 81.35% for females. Future improvement in mortality rates is reflected by applying the MP-2020 projection scale generationally.

**DISABLED RETIREMENT:** PUB-2010 General Disabled Retiree mortality table projected to 2017 with ages set forward 5 years and adjusted 103.3% for males and set forward 3 years and adjusted 106.8% for females. Future improvement in mortality rates is reflected by applying the MP-2020 projection scale generationally.

**CONTINGENT SURVIVOR:** PUB-2010 General Amount Weighted Below Median Contingent Survivor mortality table projected to 2017 with ages set forward 1 year and adjusted 105.5% for males and adjusted 122.5% for females. Future improvement in mortality rates is reflected by applying the MP-2020 projection scale generationally.

**VALUATION METHOD:** Entry age normal cost method. Entry age is established on an individual basis.

**ASSET VALUATION METHOD:** Market value.





## SCHEDULE C – SUMMARY OF MAIN PLAN PROVISIONS

---

### ELIGIBILITY FOR ACCESS TO RETIREE HEALTH CARE:

#### **Normal Retirement:**

*Retire before August 1, 2017 or have 25 years of service or more on or before August 1, 2017:* Attainment of age 65 with at least 10 years of creditable service, or completion of 30 years of creditable service, regardless of age.

*Members attaining 25 years of service after August 1, 2017:* Attainment of age 67 with at least 10 years of creditable service, or attainment of age 57 with at least 30 years of creditable service. Buy-up option available.

#### **Early Retirement:**

*Retire before August 1, 2017 or have 25 years of service or more on or before August 1, 2017:* Not eligible for unreduced service retirement but has attained age 55 with at least 25 years of service, or age 60 with 10 years of service.

*Members attaining 25 years of service after August 1, 2017:* Attainment of age 62 with at least 10 years of creditable service, or attainment of age 60 with at least 25 years of creditable service.

#### **Disability Retirement:**

Permanently disabled after completion of at least 5 years of total service credit.

#### **Survivor Allowances:**

Beneficiary must be receiving monthly benefits due to the death of a member, age and service retiree or disability benefit recipient.

#### **Termination:**

Members that terminated with at least 10 years of creditable service and have attained age 60 (age 62 for those retiring after August 1, 2017).

### PREMIUM PAYMENTS:

Retirees, spouses and dependent children pay either all or a portion of the cost of health care and prescription drug coverage as well as a \$35 monthly surcharge. The remainder of the cost is paid by SERS.

Medicare-eligible retirees, spouses and dependent children may qualify for the health care Premium Discount Program if their household income falls at or below a specified level. Income limits are updated annually. Retirees, spouses and dependent children qualifying for the program will receive a 25% discount in their monthly health care premiums.





## SCHEDULE C – SUMMARY OF MAIN PLAN PROVISIONS

### PREMIUM PAYMENTS (Continued):

The following schedule lists the percentage of the retiree premium paid by service retirees:

Years of Service	Retirement Date on or before July 1, 1989	Retirement Date August 1, 1989 through July 1, 2008	Retirement Date on or after August 1, 2008
	Service Retiree Premium Contribution Percentage		
5 – 9	50.0%	N/A	N/A
10 – 14	17.5	100.0%	100.0%
15 – 19	17.5	50.0	100.0
20 – 24	17.5	25.0	50.0
25 – 29	17.5	17.5	30.0
30 – 34	17.5	17.5	20.0
35 and over	17.5	17.5	15.0*

\* Additional 1% reduction for each year over 35.

The following schedule lists the percentage of the retiree premium paid by disability benefit recipients:

### Non-Medicare Plans Prior to January 1, 2024 and Medicare Plans

Years of Service	Disabled Benefit Recipient Premium Contribution Percentage
5 – 9	50.0%
10 – 24	33.0
25 and over	17.5



## SCHEDULE C – SUMMARY OF MAIN PLAN PROVISIONS



### Non-Medicare Plans Effective January 1, 2024

Years of Service	Retirement Date on or before July 1, 1989	Retirement Date August 1, 1989 through July 1, 2008	Retirement Date on or after August 1, 2008
	Disabled Benefit Recipient Premium Contribution Percentage		
5 – 9	50.0%	100.0%	100.0%
10 – 14	17.5	100.0	100.0
15 – 19	17.5	50.0	100.0
20 – 24	17.5	25.0	50.0
25 – 29	17.5	17.5	30.0
30 – 34	17.5	17.5	20.0
35 and over	17.5	17.5	15.0*

\* Additional 1% reduction for each year over 35.

The following schedule lists the percentage of the spouse premium paid by spouses of retirees:

Service Retiree, Disability Recipient, or Member's Qualified Years of Service	Spouse Premium Contribution Percentage
1.5 – 24	100.0%
25 – 29	90.0
30 and over	80.0

Dependent children pay 70.0% of the child premium.

In addition, SERS offered a new coverage option beginning in 2017, the Marketplace Wraparound HRA. This option is only available to health care participants who are not eligible for Medicare and who are not enrolled in Medicaid. Participants will be able to choose insurance from any insurer offering coverage in the federal Marketplace, and if eligible, receive a federal subsidy to lower the premium and cost-sharing amounts. The SERS Marketplace Wraparound HRA offers additional benefits to help pay for deductibles, co-pays, and other costs.

**OTHER POST-EMPLOYMENT BENEFITS:** Health care and prescription drug coverage is provided in all post-employment group health care plan options. Dental and vision coverage are made available to retirees, spouses, and dependent children at the full cost.



## SCHEDULE C – SUMMARY OF MAIN PLAN PROVISIONS

---



### 2025 RETIREE HEALTH CARE PLAN OPTIONS:

#### Options available to members without Medicare:

- ◇ Aetna Choice POS II with Express Scripts prescription drug coverage
- ◇ AultCare PPO with AultCare prescription drug coverage
- ◇ Wraparound HRA

#### Options available to members with Medicare:

- ◇ Aetna Medicare<sup>SM</sup> Plan (PPO) with Express Scripts Medicare Part D Prescription Drug Plan
- ◇ Aetna Traditional Choice with Express Scripts Medicare Part D Prescription Drug Plan (only available to members with special circumstances)

The following pages contain information that was provided by SERS in the 2025 *Open Enrollment Guide* and the 2025 *Member Health Care Guide*.



## SCHEDULE C – SUMMARY OF MAIN PLAN PROVISIONS



### 2025 Monthly Contribution Rates

Years of Service	Aetna Choice POS II and Aetna Medicare <sup>SM</sup>	Aetna Traditional Choice
<b>Service Retirement Date on or before July 1, 1989 Premiums</b>		
5-9.999 years		
With Medicare A & B	\$117	\$287
With Medicare B Only	\$297	
10-24.999 years		
With Medicare A & B	\$64	\$123
With Medicare B Only	\$127	
25 years & over		
With Medicare A & B	\$64	\$123
With Medicare B Only	\$64	

Years of Service	Aetna Choice POS II and Aetna Medicare <sup>SM</sup>	Aetna Traditional Choice	AultCare PPO
<b>Service Retirement Date August 1, 1989 through July 1, 2008 Premiums</b>			
10-14.999 years			
Without Medicare	\$1,630		\$1,183
With Medicare A & B	\$198	\$539	
With Medicare B Only	\$558		
15-19.999 years			
Without Medicare	\$833		\$609
With Medicare A & B	\$117	\$287	
With Medicare B Only	\$297		
20-24.999 years			
Without Medicare	\$434		\$322
With Medicare A & B	\$76	\$161	
With Medicare B Only	\$166		
25 years & over			
Without Medicare	\$314		\$236
With Medicare A & B	\$64	\$123	
With Medicare B Only	\$64		



## SCHEDULE C – SUMMARY OF MAIN PLAN PROVISIONS



### 2025 Monthly Contribution Rates (continued)

Years of Service	Aetna Choice POS II and Aetna Medicare <sup>SM</sup>	Aetna Traditional Choice	AultCare PPO
<b>Service Retirement Date on or after August 1, 2008 Premiums*</b>			
10-19.999 years			
Without Medicare	\$1,630		\$1,183
With Medicare A & B	\$198	\$539	
With Medicare B Only	\$558		
20-24.999 years			
Without Medicare	\$833		\$609
With Medicare A & B	\$117	\$287	
With Medicare B Only	\$297		
25-29.999 years			
Without Medicare	\$514		\$379
With Medicare A & B	\$84	\$186	
With Medicare B Only	\$84		
30-34.999 years*			
Without Medicare	\$354		\$265
With Medicare A & B	\$68	\$136	
With Medicare B Only	\$68		

\* Further reductions for each year over 35.

Years of Service	Aetna Choice POS II and Aetna Medicare <sup>SM</sup>	Aetna Traditional Choice
<b>Disability Benefit Recipients Premiums**</b>		
5-9.999 years		
With Medicare A & B	\$117	\$287
With Medicare B Only	\$297	
10-24.999 years		
With Medicare A & B	\$89	\$201
With Medicare B Only	\$208	
25 years & over		
With Medicare A & B	\$64	\$123
With Medicare B Only	\$64	

\*\* Effective January 1, 2024, Disability Benefit Recipient Premiums will be the same as Service Retirement Premiums for all Non-Medicare plans. Rates above are applicable for Medicare plans.



## SCHEDULE C – SUMMARY OF MAIN PLAN PROVISIONS



### 2025 Monthly Contribution Rates (continued)

Years of Service	Aetna Choice POS II and Aetna Medicare <sup>SM</sup>	Aetna Traditional Choice	AultCare PPO
<b>Spouse Premiums (Service Retiree, Disability Recipient, or Member's Qualified Service)</b>			
Up to 25 years			
Without Medicare	\$1,470		\$952
With Medicare A & B	\$198	\$539	
With Medicare B Only	\$558		
25-29.999 years			
Without Medicare	\$1,327		\$860
With Medicare A & B	\$182	\$489	
With Medicare B Only	\$182		
30 years & over			
Without Medicare	\$1,183		\$768
With Medicare A & B	\$166	\$438	
With Medicare B Only	\$166		

Years of Service	Aetna Choice POS II and Aetna Medicare <sup>SM</sup>	Aetna Traditional Choice	AultCare PPO
<b>Child Premiums</b>			
Child w/o Medicare A	\$370		\$177
Child with Medicare A & B	\$149	\$388	



## SCHEDULE C – SUMMARY OF MAIN PLAN PROVISIONS



### SERS' Non-Medicare Plans

Non-Medicare plans are available to benefit recipients and dependents under age 65 and not Medicare eligible. Beginning 1/1/2021, however, members who are under age 65 that are eligible for Medicaid are not eligible for the SERS Health Care Plan coverage. Beginning September 2021, plan enrollees eligible for Medicare B lose eligibility for SERS coverage if they do not enroll in Medicare B. Enrollees seeking non-Medicare coverage are required to participate in a counseling session to explore the affordability of available SERS alternatives, including the SERS Marketplace Wraparound Plan.

#### **Aetna Choice POS II**

This is a Preferred Provider Organization (PPO) plan with prescription drug coverage by Express Scripts. The plan is available throughout the United States.

To enroll in this plan, a member must:

- Be under age 65 and not eligible for Medicare

Use of out-of-network providers will increase out-of-pocket costs.

#### **AultCare PPO**

This is a Preferred Provider Organization (PPO) plan with prescription drug coverage by AultCare.

To enroll in this plan, a member must:

- Be under age 65 and not eligible for Medicare.
- Live in one of the Ohio counties listed on the map in the *2025 Open Enrollment Guide*.

Use of out-of-network providers will increase out-of-pocket costs.

#### **2025 SERS Marketplace Wraparound HRA**

The SERS Marketplace Wraparound HRA is available to participants who are not eligible for Medicare and who are not enrolled in Medicaid. Participants are able to choose insurance from any insurer offering coverage in the federal Marketplace. If eligible, participants receive a federal subsidy to lower the premium and cost-sharing amounts. The SERS Marketplace Wraparound HRA offers additional benefits to help pay for deductibles, co-pays, and other costs up to a federally established annual reimbursement limit.



## SCHEDULE C – SUMMARY OF MAIN PLAN PROVISIONS

---



### SERS' Medicare Plans

#### **Aetna Medicare Plan (PPO)**

This is a Medicare Advantage plan with Medicare Part D prescription drug coverage administered by Express Scripts.

**Ohio Residents:** Aetna has a preferred provider network. Use of out-of-network providers will increase out-of-pocket costs.

**Non-Ohio Residents:** Can use any medical provider that accepts Medicare patients and agrees to file claims with Aetna.

This plan is available throughout the United States. To enroll, members must have:

- Medicare Part B
- Medicare Part A, if eligible

#### **Aetna Traditional Choice Plan**

This plan is NOT available for optional enrollment. It is only available in special circumstances. SERS determines when enrollment is appropriate. Medicare Part D prescription drug coverage is administered through Express Scripts.



## SCHEDULE C – SUMMARY OF MAIN PLAN PROVISIONS



### Prescription Drug Coverage

Prescription drug coverage is included in SERS' health care coverage and does not require a separate premium. Express Scripts provides the prescription drug coverage for Aetna. AultCare provides their own prescription coverage. All prescription plans have a formulary of covered medications. These are referred to as preferred medications. Medications not on the formulary are referred to as non-preferred. The amount members are responsible for paying, known as the co-pay, is based on the medication's preferred status. Members pay the least for generic medications. Members pay the most for brand-name medications that are not preferred. Members can get prescriptions at retail pharmacies or through the mail. Members save money by having prescriptions for maintenance medications mailed to their homes.

The following is a partial list of situations or types of medications that are not covered.

- Prescriptions or medications dispensed in a hospital. These are typically covered under the medical plan.
- Prescriptions covered by Workers' Compensation.
- Prescriptions for fertility, erectile dysfunction, or cosmetic drugs.
- Over-the-counter drugs and herbal preparations, including homeopathic preparations.

With the exception of insulin, Express Scripts does not cover non-preferred medications. Members pay the full amount for non-preferred medications, and these costs do not count toward any out-of-pocket maximum or the Medicare coverage gap.

All prescription plans include these common coverage rules:

- Prior Authorization - For some medications, the doctor must contact the drug plan before certain prescriptions can be filled. The prescription is only covered if the doctor is able to confirm that the medication is necessary.
- Quantity Limits - Limits how much of a specific medication members can get at a time.
- Step Therapy - A process where certain medications that have proven to be safe and effective are tried as the first choice rather than starting with a more expensive prescribed medication.

### Medicare Part D Prescription Drugs

SERS' health plan participants enrolled in a Medicare plan are automatically covered under a Medicare Part D prescription drug plan through SERS and should not enroll in a separate Medicare Part D plan. Enrolling in another Part D plan would cause cancellation of SERS coverage for both medical and prescription drug benefits per federal law.



# SCHEDULE C – SUMMARY OF MAIN PLAN PROVISIONS



## Non-Medicare Plan Benefits

	Aetna Choice POS II (In-Network)	AultCare PPO (In Network)
Annual Combined Medical & Prescription Drug Out-of-Pocket Maximum	\$7,350/person \$14,700/family	\$7,350/person \$14,700/family
Deductible	\$2,000/person \$4,000/family	\$2,000/person \$4,000/family
Primary Care Office Visit	\$10 co-pay	\$20 co-pay
Specialist Office Visit	\$25 co-pay	\$40 co-pay
Outpatient Diagnostic X-Ray and Lab	20% coinsurance	20% coinsurance
Retail Walk-In Clinic	\$10 co-pay	\$20 co-pay
Urgent Care	\$40 co-pay	\$40 co-pay
Emergency Room	\$150 co-pay	\$150 co-pay
Ambulance	\$150 co-pay	\$150 co-pay
Inpatient Hospital	20% coinsurance after \$250 co-pay	20% coinsurance after \$250 co-pay
Outpatient Surgery	20% coinsurance	20% coinsurance
Skilled Nursing Facility (100-day max)	20% coinsurance	20% coinsurance
Home Health Care	20% coinsurance	20% coinsurance
Hospice Health Care	100% coverage	Inpatient: 100% coverage Outpatient: 20% coinsurance
Outpatient Short-Term Rehab	20% coinsurance	20% coinsurance
Chiropractic	20% coinsurance	20% coinsurance
Durable Medical Equipment	20% coinsurance	20% coinsurance
Prescription Drugs	Express Scripts <u>Retail 34-day max:</u> \$7.50 generic, 25% preferred brand (\$25 min, \$100 max) <u>Mail order 90-day max:</u> \$15 generic, 25% preferred brand (\$45 min, \$200 max)  <u>Insulin Retail:</u> 25% or \$25 max preferred brand, 25% or \$45 max non-preferred brand <u>Insulin Mail Order:</u> 25% preferred brand (\$45 min, \$60 max), 25% or \$115 max non-preferred brand <u>Specialty medications:</u> 25% of cost (\$25 min, \$100 max) <u>Specialty Mail order 90-day max:</u> 25% of cost (\$15 min, \$67 max per 30-day supply)	AultCare <u>Retail 30-day max:</u> \$7.50 generic, 25% preferred brand (\$25 min, \$100 max) <u>Mail order 90-day max:</u> \$15 generic, 25% preferred brand (\$45 min, \$200 max) Non-preferred at 100% <u>Insulin Retail:</u> \$30 preferred brand, \$45 non-preferred brand <u>Insulin Mail Order:</u> \$60 preferred brand, \$115 non-preferred brand <u>Specialty medications:</u> \$100 co-pay <u>Specialty Mail order:</u> \$100 co-pay; 30-day supply only



## SCHEDULE C – SUMMARY OF MAIN PLAN PROVISIONS



### Non-Medicare Plan Benefits (continued)

SERS Marketplace Wraparound HRA	
Benefit	Maximum Reimbursement
Out-of-pocket expenses for Marketplace plan covered services. Examples include deductibles, co-pays, and coinsurance.	Reimbursements are limited to \$2,150 per family, per calendar year in accordance with federal limits*
* Reimbursement is limited to cost sharing after the Participant's Marketplace plan has adjudicated any claim(s). Actual reimbursement may vary according to the Participant's Marketplace plan's terms but will in no event exceed the Participant's actual out-of-pocket expenses under the applicable Marketplace plan.	
The SERS Marketplace Wraparound HRA eligible expenses noted above only apply to covered service under your Marketplace plan. Claims for non-covered services are not eligible for reimbursement.	



# SCHEDULE C – SUMMARY OF MAIN PLAN PROVISIONS



## Medicare Plan Benefits

Aetna Medicare <sup>SM</sup> Plan (PPO) (In-Network)	
Annual Out-of-Pocket Maximum	\$3,000 per person
Deductible	None
Primary Care Office Visit	100% coverage
Specialist Office Visit	\$20 co-pay
Outpatient Diagnostic X-Ray	\$25 co-pay
Outpatient Diagnostic Lab	100% coverage
Urgent Care	\$40 co-pay
Emergency Room	\$100 co-pay waived if admitted
Ambulance	\$80 co-pay
Inpatient Hospital	\$150 co-pay per day 1-5, then 100% coverage
Outpatient Surgery /Procedures	15% coinsurance up to \$200 max
Skilled Nursing Facility (100-day max)	Co-pay: \$0 per day 1-10, \$25 per day 11-20, \$50 per day 21-100
Home Health Care	100% coverage
Hospice	Covered by Medicare
Outpatient Short-Term Rehab	\$15 co-pay
Cardiac Rehabilitation Services	\$15 co-pay
Chiropractic	\$20 co-pay limited to Medicare-covered services
Durable Medical Equipment	20% coinsurance
Diabetic Supplies	100% coverage
Over-The-Counter Benefit	\$60 per quarter towards eligible health and wellness products from CVS pharmacy
Prescription Drugs	Express Scripts Medicare D PDP <u>Retail 30-day max:</u> \$7.50 generic, 25% preferred brand (\$25 min, \$100 max) No coverage for non-preferred brand name <u>Mail order 90-day max:</u> \$15 generic, 25% preferred brand (\$45 min, \$200 max) No coverage for non-preferred brand name <u>Insulin Retail:</u> 25% or \$25 max preferred brand 25% or \$35 max non-preferred brand <u>Insulin Mail Order:</u> 25% preferred brand (\$45 min, \$60 max), 25% or \$90 max non-preferred brand <u>Specialty medications:</u> 25% of cost (\$25 min, \$100 max) <u>Specialty Mail order 90-day max:</u> 25% of cost (\$15 min, \$67 max per 30-day supply)



## SCHEDULE D – DETAILED TABULATIONS OF THE DATA



**All Retirees, Spouses and Dependents Receiving Health Care  
Male and Female Demographic Breakdown  
As of June 30, 2024  
Tabulated by Attained Ages**

Attained Age	Number of		Total Number
	Males	Females	
Under 20	16	32	48
20-24	36	44	80
25-29	18	11	29
30-34	1	1	2
35-39	0	5	5
40-44	8	4	12
45-49	12	13	25
50-54	46	62	108
55-59	209	333	542
60-64	885	1,816	2,701
65-69	2,344	5,140	7,484
70-74	2,631	5,767	8,398
75-79	1,901	5,009	6,910
80-84	1,549	4,381	5,930
85-89	1,075	3,143	4,218
90-94	429	1,511	1,940
95-99	84	567	651
100	6	39	45
101	2	21	23
102	2	18	20
103	0	11	11
104	1	3	4
105 & Over	2	4	6
<b>Total</b>	<b>11,257</b>	<b>27,935</b>	<b>39,192</b>

Retirees currently waiving insurance are not included in the headcounts above





## SCHEDULE D – DETAILED TABULATIONS OF THE DATA

### Schedule of Retiree Members Added to and Removed from Rolls Last Thirteen Fiscal Years

Year Ended	Added to Rolls		Removed from Rolls*		Rolls at Year-End		% Increase in Projected Benefits	Average Projected Benefits
	Number	Projected Benefits	Number	Projected Benefits	Number	Projected Benefits		
6/30/2012	2,073	9,280,779	3,785	5,391,796	46,439	90,708,513	11.49%	1,953
6/30/2013	2,110	8,977,566	3,217	4,370,993	45,332	100,514,730	10.81%	2,217
6/30/2014	2,251	8,658,731	2,873	4,834,922	44,710	87,007,272	(13.44)%	1,946
6/30/2015	2,329	8,897,861	2,932	4,682,901	44,107	90,855,858	4.42%	2,060
6/30/2016	2,820	10,209,470	2,650	4,258,016	44,277	90,484,518	(0.41)%	2,044
6/30/2017	2,355	10,099,985	2,774	4,834,866	43,858	91,554,056	1.18%	2,088
6/30/2018	2,383	7,833,624	2,820	5,004,204	43,421	90,696,175	(0.94)%	2,089
6/30/2019	1,791	6,375,244	2,665	4,496,857	42,547	82,778,168	(8.73)%	1,946
6/30/2020	2,058	6,645,569	2,749	4,275,713	41,856	69,600,381	(15.92)%	1,663
6/30/2021	2,213	7,152,506	3,172	4,050,170	40,897	69,028,349	(0.82)%	1,688
6/30/2022	2,245	6,676,697	3,011	4,299,770	40,131	63,016,244	(8.71)%	1,570
6/30/2023	2,155	5,780,866	2,630	3,716,184	39,656	59,374,856	(5.78)%	1,497
6/30/2024	2,156	5,852,358	2,620	4,216,620	39,192	49,618,746	(16.43)%	1,266

\* The benefits removed from rolls do not include subsidies that were changed due to premium changes, plan election changes or reductions due to members obtaining Medicare eligibility.

Retirees currently waiving insurance are not included in the headcounts above.



## SCHEDULE D – DETAILED TABULATIONS OF THE DATA



**Deferred Vested Members Eligible for Health Care**  
**Male and Female Demographic Breakdown**  
**As of June 30, 2024**  
**Tabulated by Attained Ages**

Attained Age	Number of		Total Number
	Males	Females	
Under 35	7	8	15
35-39	58	65	123
40-44	148	202	350
45-49	183	425	608
50-54	256	891	1,147
55-59	329	1,471	1,800
60 & Over	477	2,087	2,564
<b>Total</b>	<b>1,458</b>	<b>5,149</b>	<b>6,607</b>



# SCHEDULE D – DETAILED TABULATIONS OF THE DATA



## Total Active Members as of June 30, 2024 Tabulated by Attained Ages and Years of Service

Attained Age	Years of Service to Valuation Date							Totals
	0-4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30+	
Under 20	3,375							3,375
Avg Pay	\$12,963							\$12,963
20-24	11,083	106						11,189
Avg Pay	\$14,781	\$32,683						\$14,950
25-29	10,390	1,097	42					11,529
Avg Pay	\$18,530	\$36,777	\$49,803					\$20,380
30-34	10,081	2,231	453	30				12,795
Avg Pay	\$19,739	\$38,455	\$49,344	\$59,547				\$24,144
35-39	11,104	2,893	1,016	285	33			15,331
Avg Pay	\$19,669	\$37,103	\$50,562	\$56,704	\$60,641			\$25,783
40-44	11,446	4,104	1,472	712	337	49		18,120
Avg Pay	\$19,366	\$35,694	\$47,356	\$59,357	\$64,996	\$63,973		\$27,878
45-49	9,844	4,259	2,086	1,027	681	293	24	18,214
Avg Pay	\$18,375	\$33,712	\$42,353	\$52,141	\$63,463	\$65,855	\$68,746	\$29,128
50-54	8,181	4,100	2,683	1,866	1,400	761	180	19,171
Avg Pay	\$19,434	\$34,032	\$40,256	\$46,484	\$53,404	\$63,553	\$65,222	\$32,765
55-59	6,566	3,362	2,629	2,491	2,451	1,554	478	19,531
Avg Pay	\$19,848	\$34,396	\$39,122	\$40,891	\$45,557	\$52,170	\$62,699	\$34,477
60-64	5,272	2,579	2,008	2,266	3,060	2,467	914	18,566
Avg Pay	\$18,663	\$32,540	\$38,579	\$40,535	\$42,874	\$46,447	\$53,964	\$34,834
65-69	3,729	1,464	928	850	1,140	1,193	757	10,061
Avg Pay	\$13,836	\$28,038	\$35,142	\$40,451	\$43,200	\$44,351	\$47,311	\$29,580
70 & over	2,661	972	468	315	265	263	524	5,468
Avg Pay	\$11,064	\$20,222	\$28,411	\$31,754	\$36,307	\$41,617	\$43,182	\$21,139
<b>Totals</b>	<b>93,732</b>	<b>27,167</b>	<b>13,785</b>	<b>9,842</b>	<b>9,367</b>	<b>6,580</b>	<b>2,877</b>	<b>163,350</b>
<b>Avg Pay</b>	<b>\$18,017</b>	<b>\$34,115</b>	<b>\$41,212</b>	<b>\$44,563</b>	<b>\$47,359</b>	<b>\$50,198</b>	<b>\$52,529</b>	<b>\$27,838</b>

### Averages:

Age: 46.8  
 Service: 7.0  
 Annual Pay: \$27,838



# SCHEDULE D – DETAILED TABULATIONS OF THE DATA



## Male Active Members as of June 30, 2024 Tabulated by Attained Ages and Years of Service

Attained Age	Years of Service to Valuation Date							Totals
	0-4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30+	
Under 20	1,759							1,759
Avg Pay	\$13,665							\$13,665
20-24	4,493	40						4,533
Avg Pay	\$14,899	\$39,015						\$14,315
25-29	4,281	491	30					4,802
Avg Pay	\$19,033	\$43,037	\$55,602					\$21,716
30-34	3,394	771	243	20				4,428
Avg Pay	\$20,281	\$45,087	\$54,718	\$63,999				\$26,687
35-39	3,202	814	429	158	29			4,632
Avg Pay	\$20,653	\$47,454	\$60,331	\$60,874	\$61,444			\$30,665
40-44	3,518	914	464	319	186	22		5,423
Avg Pay	\$18,895	\$47,761	\$61,753	\$72,333	\$73,867	\$81,036		\$32,708
45-49	3,530	950	449	289	242	146	14	5,620
Avg Pay	\$16,459	\$41,559	\$59,187	\$69,767	\$79,679	\$76,119	\$72,305	\$31,268
50-54	3,206	927	539	383	316	258	87	5,716
Avg Pay	\$17,985	\$41,658	\$55,208	\$68,014	\$73,637	\$78,758	\$72,985	\$35,344
55-59	2,575	939	568	418	372	333	192	5,397
Avg Pay	\$19,711	\$41,647	\$50,915	\$60,302	\$65,772	\$73,086	\$73,940	\$38,353
60-64	2,069	871	576	474	433	318	213	4,954
Avg Pay	\$20,409	\$37,743	\$48,442	\$54,889	\$62,878	\$68,714	\$72,261	\$39,057
65-69	1,562	588	350	257	221	155	135	3,268
Avg Pay	\$15,577	\$30,582	\$41,483	\$48,706	\$57,755	\$62,022	\$63,566	\$30,694
70 & over	1,130	470	233	126	66	54	64	2,143
Avg Pay	\$11,901	\$22,724	\$32,014	\$37,621	\$43,785	\$52,829	\$56,934	\$21,332
<b>Totals</b>	<b>34,719</b>	<b>7,775</b>	<b>3,881</b>	<b>2,444</b>	<b>1,865</b>	<b>1,286</b>	<b>705</b>	<b>52,675</b>
<b>Avg Pay</b>	<b>\$17,870</b>	<b>\$40,973</b>	<b>\$52,727</b>	<b>\$60,829</b>	<b>\$67,249</b>	<b>\$71,439</b>	<b>\$69,752</b>	<b>\$29,592</b>

### Averages:

Age: 45.2

Service: 5.5

Annual Pay: \$29,592



# SCHEDULE D – DETAILED TABULATIONS OF THE DATA



## Female Active Members as of June 30, 2024 Tabulated by Attained Ages and Years of Service

Attained Age	Years of Service to Valuation Date							Totals
	0-4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30+	
Under 20	1,616							1,616
Avg Pay	\$12,200							\$12,200
20-24	6,590	66						6,656
Avg Pay	\$14,701	\$27,497						\$14,827
25-29	6,109	606	12					6,727
Avg Pay	\$18,178	\$31,705	\$35,304					\$19,427
30-34	6,687	1,460	210	10				8,367
Avg Pay	\$19,465	\$34,953	\$43,125	\$50,644				\$22,798
35-39	7,902	2,079	587	127	4			10,699
Avg Pay	\$19,271	\$33,050	\$43,422	\$51,516	\$54,816			\$23,669
40-44	7,928	3,190	1,008	393	151	27		12,697
Avg Pay	\$19,575	\$32,236	\$40,730	\$48,824	\$54,068	\$50,069		\$25,816
45-49	6,314	3,309	1,637	738	439	147	10	12,594
Avg Pay	\$19,447	\$31,460	\$37,736	\$45,239	\$54,524	\$55,660	\$63,762	\$28,172
50-54	4,975	3,173	2,144	1,483	1,084	503	93	13,455
Avg Pay	\$20,367	\$31,804	\$36,497	\$40,923	\$47,505	\$55,754	\$57,961	\$31,669
55-59	3,991	2,423	2,061	2,073	2,079	1,221	286	14,134
Avg Pay	\$19,936	\$31,586	\$35,871	\$36,976	\$41,940	\$46,465	\$55,153	\$32,997
60-64	3,203	1,708	1,432	1,792	2,627	2,149	701	13,612
Avg Pay	\$17,535	\$29,886	\$34,612	\$36,738	\$39,577	\$43,152	\$48,404	\$33,297
65-69	2,167	876	578	593	919	1,038	622	6,793
Avg Pay	\$12,581	\$26,331	\$31,302	\$36,873	\$39,700	\$41,712	\$43,783	\$29,045
70 & over	1,531	502	235	189	199	209	460	3,325
Avg Pay	\$10,446	\$17,879	\$24,839	\$27,842	\$33,827	\$38,719	\$41,269	\$21,015
<b>Totals</b>	<b>59,013</b>	<b>19,392</b>	<b>9,904</b>	<b>7,398</b>	<b>7,502</b>	<b>5,294</b>	<b>2,172</b>	<b>110,675</b>
<b>Avg Pay</b>	<b>\$18,104</b>	<b>\$31,365</b>	<b>\$36,700</b>	<b>\$39,190</b>	<b>\$42,414</b>	<b>\$45,039</b>	<b>\$46,938</b>	<b>\$27,003</b>

### Averages:

Age: 47.5

Service: 7.7

Annual Pay: \$27,003



## SCHEDULE D – DETAILED TABULATIONS OF THE DATA



### Active Members as of June 30, 2024 Tabulated by Annual Pay

Annual Pay	Number of Active Members			Portion of Total Number	
	Men	Women	Totals	Group	Cumulative
Less than \$1,000	1,659	2,833	4,492	2.7%	2.7%
\$1,000 - 1,999	2,289	2,881	5,170	3.2%	5.9%
2,000 - 2,999	2,949	3,262	6,211	3.8%	9.7%
3,000 - 3,999	3,320	2,893	6,213	3.8%	13.5%
4,000 - 4,999	2,748	2,380	5,128	3.1%	16.7%
5,000 - 5,999	2,068	2,307	4,375	2.7%	19.3%
6,000 - 6,999	1,718	2,220	3,938	2.4%	21.7%
7,000 - 7,999	1,312	2,195	3,507	2.1%	23.9%
8,000 - 8,999	1,089	2,071	3,160	1.9%	25.8%
9,000 - 9,999	902	2,100	3,002	1.8%	27.7%
10,000 - 11,999	1,509	4,049	5,558	3.4%	31.1%
12,000 - 13,999	1,409	4,259	5,668	3.5%	34.5%
14,000 - 15,999	1,294	4,650	5,944	3.6%	38.2%
16,000 - 17,999	1,293	5,126	6,419	3.9%	42.1%
18,000 - 19,999	1,353	5,662	7,015	4.3%	46.4%
20,000 - 24,999	3,088	14,531	17,619	10.8%	57.2%
25,000 - 29,999	2,763	12,368	15,131	9.3%	66.5%
30,000 - 35,999	2,786	9,623	12,409	7.6%	74.0%
36,000 - 39,999	1,875	5,190	7,065	4.3%	78.4%
40,000 - 49,999	5,068	8,869	13,937	8.5%	86.9%
50,000 - 59,999	3,763	5,026	8,789	5.4%	92.3%
60,000 and over	6,420	6,180	12,600	7.7%	100.0%
<b>Totals</b>	<b>52,675</b>	<b>110,675</b>	<b>163,350</b>		



## SCHEDULE E – GLOSSARY

---



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".

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

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 series of payments is called an actuarial equivalent of another series of payments if the two series have the same actuarial present value.

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.

Age-Related Morbidity. Assumed increase to the net incurred claims related to increase in age.

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.

Experience Gain (Loss). A measure of the difference between actual experience and that expected based upon a set of actuarial assumptions during the period between two actuarial valuation dates, in accordance with the actuarial cost method being used.

Health Care Cost Trend Rates. The annual assumed rate of increase for both claims and contributions.

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.

Plan Termination Liability. The actuarial present value of future plan benefits based on the assumption that there will be no further accruals for future service and salary. The termination liability will generally be less than the liabilities computed on a "going concern" basis and is not normally determined in a routine actuarial valuation.

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.



## SCHEDULE E – GLOSSARY

---



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. Generally based on book value plus a portion of unrealized appreciation or depreciation.

