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**Report on the Retiree Health Care
Valuation of the
School Employees Retirement System of Ohio**

Prepared as of June 30, 2012



Cavanaugh Macdonald

CONSULTING, LLC

The experience and dedication you deserve

November 15, 2012

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

Dear Members of the Board:

Governmental Accounting Standards Board Statements No. 43 and 45 require actuarial valuations of retiree medical and other post employment benefit plans. We have submitted the results of the annual actuarial valuation of the Retiree Health Care Valuation of the School Employees Retirement System of Ohio (SERS) prepared as of June 30, 2012. While not verifying the data at source, the actuary performed tests for consistency and reasonability. The valuation indicates that the Annual Required Contribution (ARC) required by GASB Statement 45 is 6.24% of active payroll payable for the fiscal year ending June 30, 2013. Any net claims or premiums paid for retiree health care are considered contributions toward the ARC.

Your attention is directed particularly to the summary of results on page 1 and the comments on page 6. Please note that the changes to the Retirement System pertaining to Senate Bill 341 signed by the Governor on September 26, 2012 were reflected in the development of the results shown in the report as of June 30, 2012.

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 5.25%. 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 4.00% 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 and meet the parameters for the disclosures under GASB 43 and 45.

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.

3550 Busbee Pkwy, Suite 250, Kennesaw, GA 30144

Phone (678) 388-1700 • Fax (678) 388-1730

www.CavMacConsulting.com

Offices in Englewood, CO • Kennesaw, GA • Bellevue, NE • Hilton Head Island, SC



November 15, 2012
Board of Trustees
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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,

A handwritten signature in blue ink, appearing to read 'Thomas J. Cavanaugh'.

Thomas J. Cavanaugh, FSA, FCA, EA, MAAA
Chief Executive Officer

A handwritten signature in blue ink, appearing to read 'Alisa Bennett'.

Alisa Bennett, FSA, FCA, EA, MAAA
Principal and Consulting Actuary

TJC/AB:lb



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**REPORT ON THE ANNUAL VALUATION OF THE
SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO**

PREPARED AS OF JUNE 30, 2012

SECTION I – SUMMARY OF PRINCIPAL RESULTS

1. This report, prepared as of June 30, 2012, 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, 2012	June 30, 2011
Active members included in valuation		
Number	121,811	125,337
Annual Compensation	\$2,788,153,585	\$2,852,378,614
Service Retirees		
Number	32,039	32,765
Disability Retirees		
Number	3,739	3,868
Spouses of Retirees		
Number	6,816	7,470
Spouses of Deceased Retirees		
Number	2,183	2,306
Survivor Benefit Recipients		
Number	1,135	1,244
Children		
Number	527	498
Deferred Vesteds		
Number	4,063	4,017
Assets		
Market Value	\$355,110,407	\$355,705,744
Unfunded Accrued Liability	\$2,336,371,101	\$2,054,422,333
Actuarial Accrued Liability	\$2,691,481,508	\$2,410,128,077
Funded Ratio (MVA/AAL)	13.19%	14.76%
Employer Contribution Rate		
Normal	2.94%	2.75%
Accrued Liability	<u>3.30%</u>	<u>2.84%</u>
Total	6.24%	5.59%
Employer Contribution Toward Health Care*	1.66%	2.05%
Accrued liability amortization period	30	30

* Includes 1.50% of payroll surcharge



2. The employer health contribution rate is set at 1.66%. This rate includes the anticipated revenue from the minimum surcharge level for the 2012-2013 fiscal year of \$20,525.
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 during the valuation year are given in Section V, and the rates of contribution payable by the employer are given in Section VI.
5. There were no changes in decrement, interest rate, or age related morbidity assumptions since the last valuation. The following changes were reflected in this valuation:
 - Senate Bill 341 was signed on September 26, 2012 which changes Early and Normal Retirement eligibilities for members not meeting current Early or Normal Retirement eligibilities on or before August 1, 2017.
 - 2013 Plan coverage changes include an increase in coverage for non-preferred brand drugs for Medicare retirees not enrolled in Kaiser, an increase in the plan year deductible for the PrimeTime Health Plan, and the discontinuation of the non-Medicare Aetna HMO Plan.
 - The anticipated plan elections have been revised to account for the discontinuation of the non-Medicare Aetna HMO Plan.
 - The medical trend has been updated to reflect the difference in cost between non-Medicare and Medicare claims.
6. Schedule B details the actuarial assumptions and methods employed. Schedule C gives a summary of the benefit and contribution provisions of the plan.
7. All information in this report for years prior to the year ended June 30, 2008 were provided by the System's previous actuary and the accuracy of that information is the responsibility of that actuary.



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, 2012 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
121,811	\$2,788,153,585	\$22,889	48.7	10.1

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
6/30/2007	123,013	\$2,603,300,211	\$21,163	2.2%
6/30/2008	124,370	2,651,800,981	21,322	0.8
6/30/2009	125,465	2,787,390,954	22,216	4.2
6/30/2010	126,015	2,842,660,159	22,558	1.5
6/30/2011	125,337	2,852,378,614	22,758	0.9
6/30/2012	121,811	2,788,153,585	22,889	0.6



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

Retired Lives

Type of Benefit Recipient	Number	Average Age
Service Retiree	32,039	76.2
Disability Retiree	3,739	66.1
Spouses	10,134	77.4
Children	527	26.0
Total	46,439	75.1

This valuation also includes 4,063 inactive members eligible for health care at age 60.



SECTION III – ASSETS

1. As of June 30, 2012 the total market value of assets amounted to \$355,110,407.

Asset Summary Based on Market Value			
(1)	Assets at June 30, 2011	\$	355,705,744
(2)	Contributions and Misc. Revenue		211,309,023
(3)	Investment Gain (Loss)		(1,939,016)
(4)	Benefit Payments		<u>(209,965,344)</u>
(5)	Assets at June 30, 2012	\$	355,110,407
	(1) + (2) + (3) + (4)		
(6)	Annualized Rate of Return*		(0.5) %

*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, 2012.

1. The total valuation balance sheet on account of health care shows that the System has total prospective health care liabilities of \$3,637,594,360, of which \$1,062,337,847 is for the prospective benefits payable on account of present retired members and beneficiaries of deceased members, \$12,152,772 is for the prospective benefits payable to current deferred vested members, and \$2,563,103,741 is for the prospective benefits payable on account of present active members. Against these health care liabilities the System has a total market value of assets of \$355,110,407 as of June 30, 2012. The difference of \$3,282,483,953 between the total liabilities and the total present actuarial value of assets represents the present value of contributions to be made in the future on account of health care. Of this amount, \$0 is the present value of future contributions expected to be made by members, and the balance of \$3,282,483,953 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 2.94% 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 \$946,112,852. When this amount is subtracted from \$3,282,483,953, which is the present value of the total future contributions to be made by the employer, there remains \$2,336,371,101 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 3.30% of payroll. This rate is sufficient to liquidate the unfunded accrued liability of \$2,336,371,101 over 30 years on the assumption that the aggregate payroll for members will increase by 4.00% 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, 2012 is shown below (\$ thousands).

Experience Gain/(Loss)

(1)	UAAL* as of 6/30/11	\$	2,054,422
(2)	Normal cost from last valuation		78,330
(3)	Expected employer contributions		<u>155,858</u>
(4)	Interest accrual: [(1) + (2) - (3)] x .0525		103,787
(5)	Expected UAAL before changes: (1) + (2) - (3) + (4)	\$	2,080,681
(6)	Change due to plan amendments		(96,192)
(7)	Change due to new actuarial assumptions		0
(8)	Change due to claims and retiree premiums		286,466
(9)	Expected UAAL after changes: (5) + (6) + (7) + (8)	\$	2,270,955
(10)	Actual UAAL as of 6/30/12	\$	2,336,371
(11)	Total gain/(loss): (9) - (10)	\$	(65,416)
	(a) Contribution shortfall and investment loss		(122,639)
	(b) Experience gain/(loss) (11) - (11a)	\$	57,223
(12)	Accrued liabilities as of 6/30/11	\$	2,410,128
(13)	Experience gain/(loss) as percent of actuarial accrued liabilities at start of year (11b) / (12)		2.4%

* unfunded actuarial accrued liability



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 the 2012/2013 fiscal year.

Required Contribution Rates

Contribution for	Amount	% of Payroll
A. Normal Cost	\$ 82,030,276	2.94%
B. Member Contributions*	\$ 0	0.00%
C. Employer Normal Cost: [A - B]	\$ 82,030,276	2.94%
D. Unfunded Actuarial Accrued Liability**	\$ 92,116,619	3.30%
E. Total Recommended Employer Contribution Rate: [C+D]	\$ 174,146,895	6.24%
F. Employer Contribution Toward Health Care ⁺	\$ 46,283,350	1.66%

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

** Based on 30-year amortization of the UAAL from June 30, 2012.

+ Includes 1.50% of payroll surcharge.

Ten-Year History of Employer Contribution Rates

Fiscal Year Ending June 30	Employer Health Care Contribution Rate	Surcharge Percentage	Total Health Care Contribution Rate
2003	5.83%	1.30%	7.13%
2004	4.91	1.50	6.41
2005	3.43	1.50	4.93
2006	3.42	1.50	4.92
2007	3.32	1.50	4.82
2008	4.18	1.50	5.68
2009	4.16	1.50	5.66
2010	0.46	1.50	1.96
2011	1.43	1.50	2.93
2012	0.55	1.50	2.05



SECTION VII - ACCOUNTING INFORMATION

Governmental Accounting Standards Board Statements 43 and 45 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, 2012. Additional information as of the latest actuarial valuation follows.

Valuation date	6/30/2012
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*	5.25%
* Includes price inflation at	3.25%
Wage increases	4.00%
Medical Trend Assumption	
Pre-Medicare	9.0% - 5.0%
Medicare	7.0% - 5.0%
Year of Ultimate Trend	2017 - 2018

Another required item of disclosure is the Schedule of Funding Progress shown in the following table.



SCHEDULE OF FUNDING PROGRESS
(\$ in 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))
1/01/2008	\$391	\$4,513	\$4,122	8.7%	\$2,648	155.6%
6/30/2008 *	393	4,859	4,466	8.1	2,652	168.4
6/30/2009	376	4,280	3,904	8.8	2,787	140.1
6/30/2010	325	2,369	2,044	13.7	2,843	71.9
6/30/2011	356	2,410	2,054	14.8	2,852	72.0
6/30/2012	355	2,691	2,336	13.2	2,788	83.8

* Valuation date changed from January 1st to June 30th

Schedule of Employer Contributions

Year Ended	Annual Required Contribution (ARC) (a)	Employer Contribution (b)	Retiree Drug Subsidy (RDS) Contribution (c)	Total Contribution (d) = (b)+(c)	Percentage of ARC Contributed (e) = (d)/(a)
June 30, 2007	\$299,379,524	\$170,948,274	\$20,202,965	\$191,151,239	63.8%
June 30, 2008	307,874,094	158,393,761	21,953,659	180,347,420	58.6
June 30, 2009	373,789,127	163,411,488	23,504,101	186,915,589	50.0
June 30, 2010	315,535,278	60,142,014	24,414,855	84,556,869	26.8
June 30, 2011	169,146,052	86,908,283	0	86,908,283	51.4
June 30, 2012	155,857,785	56,476,230	0	56,476,230	36.2



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, 2012 and, for comparison purposes, as of the immediately preceding valuation date of June 30, 2011.

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

	June 30, 2012	June 30, 2011
ASSETS		
Current market value of assets	\$ 355,110,407	\$ 355,705,744
Prospective contributions		
Employer normal contributions	946,112,852	887,433,143
Unfunded accrued liability contributions	<u>2,336,371,101</u>	<u>2,054,422,333</u>
Total prospective contributions	<u>\$ 3,282,483,953</u>	<u>\$ 2,941,855,476</u>
Total assets	<u>\$ 3,637,594,360</u>	<u>\$ 3,297,561,220</u>
LIABILITIES		
Present value of benefits payable on account of present retired members and beneficiaries	\$ 1,062,337,847	\$ 884,782,744
Present value of benefits payable on account of active members	2,563,103,741	2,400,539,451
Present value of benefits payable on account of deferred vested members	<u>12,152,772</u>	<u>12,239,025</u>
Total liabilities	<u>\$ 3,637,594,360</u>	<u>\$ 3,297,561,220</u>



The following table provides the solvency test for SERS members.

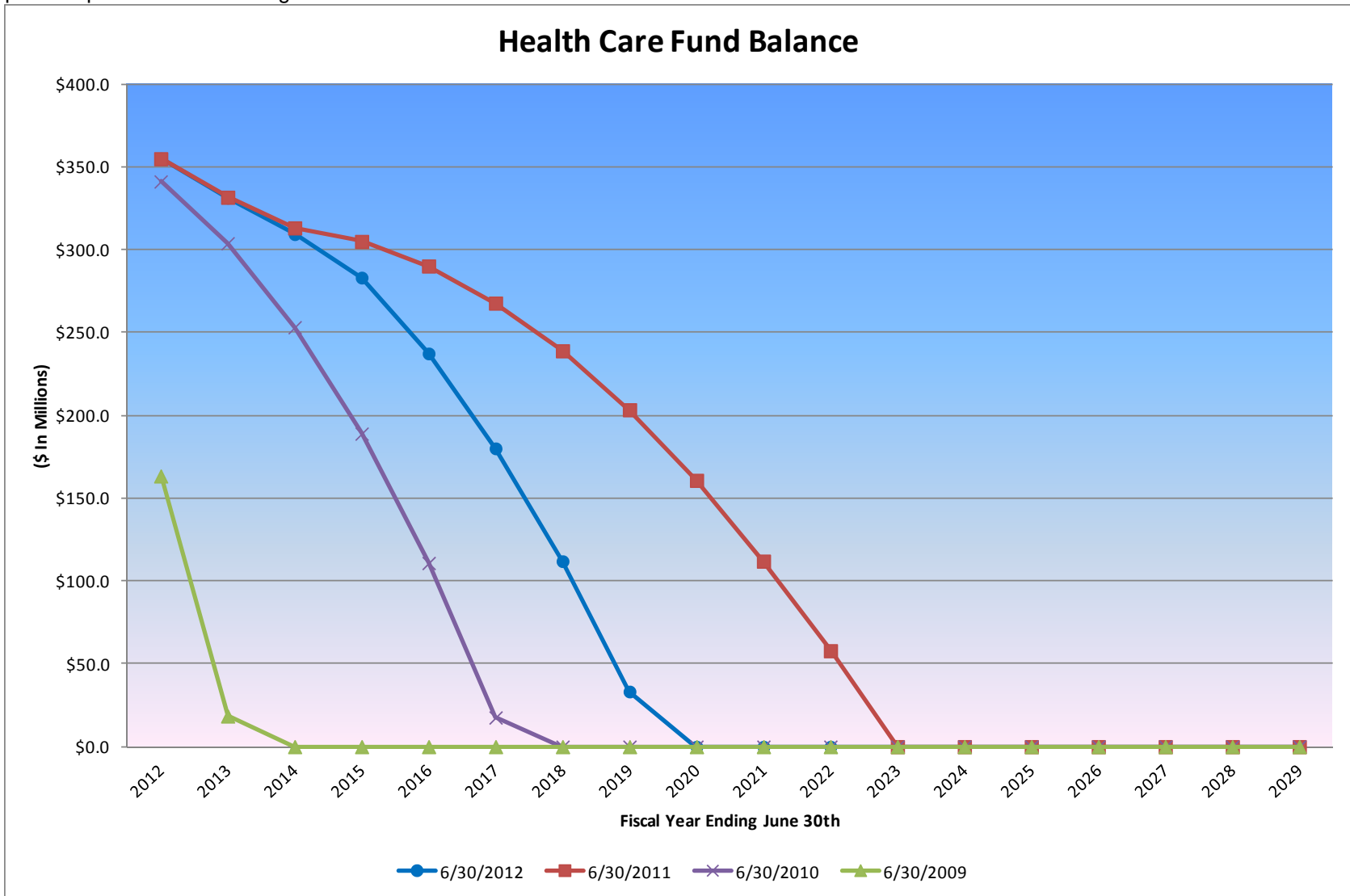
**Solvency Test
(\$ in millions)**

Valuation Date	Aggregate Accrued Liabilities For				Portion of Accrued Liabilities Covered by Reported Asset		
	(1) Active Member Contributions	(2) Retired Members & Beneficiaries	(3) Active Members (Employer Financed Portion)	Actuarial Value of Assets	(1)	(2)	(3)
1/01/2008	\$0	\$2,039	\$2,474	\$391	100.0%	19.2%	0.0%
6/30/2008	0	2,148	2,711	393	100.0	18.3	0.0
6/30/2009	0	1,895	2,385	376	100.0	19.8	0.0
6/30/2010	0	970	1,399	325	100.0	33.5	0.0
6/30/2011	0	897	1,513	356	100.0	39.7	0.0
6/30/2012	0	1,074	1,617	355	100.0	33.1	0.0



Solvency Chart

The following chart shows the projected Health Care Fund Balances based on the June 30, 2009, June 30, 2010, June 30, 2011, and June 30, 2012 valuations. The prior year projections are based on assumptions as of the prior year valuation dates. The June 30, 2011 and June 30, 2012 projections are based on a 7.75% future asset rate of return and assumed Health Care Contribution Rates based on the future phase-in of pension plan actuarial asset gains and losses.





SCHEDULE B

STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

The decremental assumptions used in the valuation were adopted by the Board April 2011.

INTEREST RATE: 5.25% per annum, compounded annually (net after all System expenses).

HEALTH CARE COST TREND RATES: Following is a chart detailing trend assumptions:

Calendar Year	Non-Medicare	Medicare
2012	9.00%	7.00%
2013	8.50	6.75
2014	7.50	6.50
2015	6.50	6.00
2016	6.00	5.50
2017	5.50	5.00
2018 and beyond	5.00	5.00

AGE RELATED MORBIDITY: Per capita costs are adjusted to reflect expected cost changes related to age. The increase to the net incurred claims was assumed to be:

Participant Age	Annual Increase	
	Medical	Prescription Drug
Under 41	0.00%	0.00%
41 – 45	2.50	1.25
46 – 50	2.60	1.30
51 – 55	3.20	1.60
56 – 60	3.40	1.70
61 – 65	3.70	1.85
66 – 70	3.20	1.60
71 – 75	2.40	1.20
76 – 80	1.80	0.90
81 – 85	1.30	0.65
85 and over	0.00	0.00

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

Member Gender	Spouse Coverage
Male	50.0%
Female	40.0%

Wives are assumed to be three years younger than husbands.



Years of Service at Retirement*	Member Participation
10 – 14	25.0%
15 – 19	45.0
20 – 24	70.0
25 – 29	75.0
30 – 34	80.0
35 and over	90.0

* 100% of disabled retirees are assumed to participate. 50% of members retiring from inactive status are assumed to participate.

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

Plan Type	Future Retirees	
	Non-Medicare	Medicare
Indemnity/PPO/PFFS	94.4%	94.0%
HMO	5.6%	6.0%

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

Plan Type	Future Retirees	
	Non-Medicare	Medicare
<u>PPO</u>		
MMO PPO	95.8%	0.0%
Aetna Medicare SM Plan	0.0%	98.7%
AultCare PPO	4.2%	1.3%
<u>HMO</u>		
AultCare Medicare Advantage HMO	0.0%	34.5%
Kaiser HMO	79.4%	41.2%
Paramount HMO	20.6%	24.3%

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 retirees under age 65 were assumed to have similar Medicare coverage at age 65 as their post-Medicare counterparts.



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

Retiree Costs						
Medicare Status	Aetna Managed Care/Aetna Indemnity	Medical Mutual PPO	Aetna Medicare SM	AultCare	Kaiser HMO	Paramount HMO
Non-Medicare	\$1,109	\$1,109	n/a	\$908	\$1,007	\$1,280
Medicare A	\$395	n/a	\$199	\$115	\$301	\$259
Medicare B Only	\$763	n/a	\$648	\$907	\$1,163	\$626

Spouse Costs						
Medicare Status	Aetna Managed Care/Aetna Indemnity	Medical Mutual PPO	Aetna Medicare SM	AultCare	Kaiser HMO	Paramount HMO
Non-Medicare	\$943	\$943	n/a	\$725	\$808	\$1,023
Medicare A	\$395	n/a	\$199	\$115	\$301	\$259
Medicare B Only	\$763	n/a	\$648	\$725	\$1,163	\$626

Children Costs						
Medicare Status	Aetna Managed Care/Aetna Indemnity	Medical Mutual PPO	Aetna Medicare SM	AultCare	Kaiser HMO	Paramount HMO
Non-Medicare	\$222	\$222	n/a	\$159	\$180	\$220
Medicare A	\$395	n/a	\$199	\$115	\$301	\$259

Above amounts are shown as average costs. In the valuation, the claims costs are converted to age 65 amounts and age adjusted.



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

Service	Annual Rates of Withdrawal
0	45.00%
1	31.00
2	23.00
3	17.00
4	13.00
5	9.00
10	4.00
15	2.00
20	2.00
25	1.50

Age	Annual Rates of			
	Death		Disability	
	Male	Female	Male	Female
20	.013%	.007%	.020%	.020%
25	.017	.007	.038	.020
30	.020	.009	.068	.026
35	.021	.012	.122	.054
40	.027	.018	.210	.100
45	.040	.024	.310	.168
50	.065	.036	.410	.260
55	.111	.057	.510	.360
60	.199	.111	.550	.400
65	.363	.216	.550	.400
70	.593	.343	.550	.400
74	.851	.510	.550	.400

Annual Rates of Service Retirements		
Age	Male	Female
50	28.0%	25.0%
55	20.0	21.0
60	18.0	17.0
62	20.0	20.0
65	25.0	25.0
70	14.0	14.0
75	100.0	100.0

For members retiring after August 1, 2017, the rates of retirement in the first year of eligibility are assumed to increase to 28% at age 67.



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

Service	Annual Rates of		
	Merit & Seniority	Base (Economy)	Increase Next Year
0	18.00%	4.00%	22.00%
1	8.00	4.00	12.00
2	5.50	4.00	9.50
3	4.00	4.00	8.00
4	3.00	4.00	7.00
5	2.00	4.00	6.00
6	1.25	4.00	5.25
7	1.00	4.00	5.00
8	0.50	4.00	4.50
9	0.25	4.00	4.25
10-14	0.00	4.00	4.00
15 & over	0.00	4.00	4.00

PAYROLL GROWTH: 4.00% per annum, compounded annually.

PRICE INFLATION: 3.25% per annum, compounded annually.

DEATH AFTER RETIREMENT: The mortality table, for post-retirement mortality, used in evaluating allowances to be paid is the 1994 Group Annuity Mortality Table, set back one year for both men and women. Special tables are used for the period after disability retirement. This assumption is used to measure the probabilities of each benefit payment being made after retirement. There is sufficient margin in the current mortality tables for possible future improvement in mortality rates and that margin will be reviewed again when the next experience investigation is conducted.

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

ASSET VALUATION METHOD: Market value.



SCHEDULE C

SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO Summary of Main Plan Provisions as of June 30, 2012

ELIGIBILITY FOR ACCESS TO RETIREE HEALTH CARE:

Service Retirement: *Members hired prior to May 14, 2008;* Attainment of age 60 with at least ten years of creditable service, or completion of 30 years of creditable service, regardless of age, or has attained age 55 with at least 25 years of service.

Members hired after May 13, 2008; Attainment of age 62 with at least ten years of creditable service, or attainment of age 55 with at least 30 years of creditable service or attainment of age 60 with at least 25 years of creditable service.

Members retiring after August 1, 2017; Attainment of age 62 with at least ten years of creditable service, or attainment of age 57 with at least 30 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 ten years of creditable service and have attained age 60 (age 62 for those becoming members after May 13, 2008).

PREMIUM PAYMENTS:

Members pay either all or a portion of the cost of health care and prescription drug coverage. The remainder of the cost is paid by SERS.



PREMIUM PAYMENTS (Continued):

Effective January, 1, 2011, the following schedule lists the percentage of the premium paid by those members retiring prior to August 1, 2008:

Years of Service at Retirement	Retirement Date on or before July 1, 1989	Retirement Date August 1, 1989 through July 1, 2008
	Member Percentage	
5 – 9	50.0%	N/A
10 – 14	17.5	100.0%
15 – 19	17.5	50.0
20 – 24	17.5	25.0
25 and over	17.5	17.5

The following schedule lists the percentage of the premium paid by those members retiring on or after August 1, 2008:

Years of Service at Retirement	Member Percentage
10 – 19	100.0%
20 – 24	50.0
25 – 29	30.0
30 – 34	20.0
35*	15.0

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

Effective January 1, 2011, the following schedule lists the percentage of the premium paid by disability benefit recipients:

Years of Service	Member Percentage
5 – 9	50.0%
10 – 24	33.0
25 and over	17.5

Members may qualify for the Health Care Premium Discount Program if their household income falls at or below a specified level. Members qualifying will receive a 25% discount in their monthly health care premiums.



PREMIUM PAYMENTS (Continued):

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

Retiree or Deceased Member's Years of Service at Retirement	Spouse Percentage
1.5 – 24	100.0%
25 – 29	90.0
30 and over	80.0

Children of members pay 70.0% of the premium.

OTHER POST EMPLOYMENT BENEFITS: Health care and prescription drug coverage is provided in all of the group health care plan options. Dental coverage is available to members at the full cost.



RETIREE GROUP HEALTH CARE PLAN OPTIONS:

Options available to members without Medicare

- Aetna Managed Care PPO with Express Scripts prescription drug coverage
- AultCare PPO with BioScrip prescription drug coverage
- Kaiser Permanente HMO with Kaiser prescription drug coverage
- Medical Mutual of Ohio PPO with Express Scripts prescription drug coverage
- Paramount HMO with Express Scripts prescription drug coverage

Options available to members with Medicare:

- Aetna MedicareSM Plan (PPO) with Express Scripts Medicare Part D Prescription Drug Plan
- Aetna Indemnity Plan PPO with Express Scripts Medicare Part D Prescription Drug Plan
- AultCare PPO with BioScrip Medicare Part D prescription drug coverage
- Kaiser Permanente Medicare Plus HMO Plan with Kaiser Medicare Part D prescription drug coverage
- Paramount Elite Medicare Advantage HMO Plan with Express Scripts Medicare Part D Prescription Drug Plan
- PrimeTime Health Plan (HMO) through AultCare with BioScrip Medicare Part D prescription drug coverage

The following pages contain information that was listed in the 2013 SERS Open Enrollment Guide and the 2013 Member Health Care Guide.



2013 Contribution Rates

Years of Service	Aetna Managed Care/Aetna Indemnity	Medical Mutual PPO	Aetna MedicareSM	AultCare PPO and PrimeTime	Kaiser HMO	Paramount HMO
Retirement Date on or before July 1, 1989						
5-9.999 years						
Without Medicare	\$555	\$556		\$454	\$536	\$708
With Medicare A & B	\$205		\$113	\$58	\$151	\$173
With Medicare B Only			\$425	\$454	\$581	\$347
10-24.999 years						
Without Medicare	\$229	\$230		\$194	\$244	\$327
With Medicare A & B	\$111		\$84	\$55	\$88	\$125
With Medicare B Only			\$249	\$194	\$238	\$179
25 years & over						
Without Medicare	\$229	\$230		\$194	\$244	\$327
With Medicare A & B	\$111		\$84	\$55	\$88	\$125
With Medicare B Only			\$84	\$55	\$88	\$125
Years of Service	Aetna Managed Care/Aetna Indemnity	Medical Mutual PPO	Aetna MedicareSM	AultCare PPO and PrimeTime	Kaiser HMO	Paramount HMO
Retirement Date August 1, 1989 through July 1, 1993						
10-14.999 years						
Without Medicare	\$1,109	\$1,110		\$907	\$1,040	\$1,348
With Medicare A & B	\$402		\$213	\$115	\$301	\$300
With Medicare B Only			\$749	\$907	\$1,163	\$660
15-19.999 years						
Without Medicare	\$555	\$556		\$454	\$536	\$708
With Medicare A & B	\$205		\$113	\$58	\$151	\$173
With Medicare B Only			\$425	\$454	\$581	\$347
20-24.999 years						
Without Medicare	\$277	\$278		\$227	\$285	\$388
With Medicare A & B	\$106		\$84	\$55	\$88	\$125
With Medicare B Only			\$263	\$227	\$291	\$191
25 years & over						
Without Medicare	\$229	\$230		\$194	\$244	\$327
With Medicare A & B	\$111		\$84	\$55	\$88	\$125
With Medicare B Only			\$84	\$55	\$88	\$125



**2013 Contribution Rates
(continued)**

Years of Service	Aetna Managed Care/Aetna Indemnity	Medical Mutual PPO	Aetna MedicareSM	AultCare PPO and PrimeTime	Kaiser HMO	Paramount HMO
Retirement Date August 1, 1993 through July 1, 2008						
10-14.999 years						
Without Medicare	\$1,144	\$1,145		\$942	\$1,075	\$1,383
With Medicare A & B	\$437		\$248	\$150	\$336	\$335
With Medicare B Only			\$784	\$942	\$1,198	\$695
15-19.999 years						
Without Medicare	\$590	\$591		\$489	\$571	\$743
With Medicare A & B	\$240		\$148	\$93	\$186	\$208
With Medicare B Only			\$460	\$489	\$616	\$382
20-24.999 years						
Without Medicare	\$312	\$313		\$262	\$320	\$423
With Medicare A & B	\$141		\$99	\$64	\$110	\$144
With Medicare B Only			\$298	\$262	\$326	\$226
25 years & over						
Without Medicare	\$229	\$230		\$194	\$244	\$327
With Medicare A & B	\$111		\$84	\$55	\$88	\$125
With Medicare B Only			\$84	\$55	\$88	\$125
Years of Service						
	Aetna Managed Care/Aetna Indemnity	Medical Mutual PPO	Aetna MedicareSM	AultCare PPO and PrimeTime	Kaiser HMO	Paramount HMO
Retirement Date on or after August 1, 2008						
10-14.999 years						
Without Medicare	\$1,144	\$1,145		\$942	\$1,075	\$1,383
With Medicare A & B	\$437		\$248	\$150	\$336	\$335
With Medicare B Only			\$784	\$942	\$1,198	\$695
15-19.999 years						
Without Medicare	\$1,144	\$1,145		\$942	\$1,075	\$1,383
With Medicare A & B	\$437		\$248	\$150	\$186	\$335
With Medicare B Only			\$784	\$942	\$1,198	\$695
20-24.999 years						
Without Medicare	\$590	\$591		\$489	\$571	\$743
With Medicare A & B	\$240		\$148	\$93	\$183	\$208
With Medicare B Only			\$460	\$489	\$616	\$382
25-29.999 years						
Without Medicare	\$368	\$369		\$307	\$370	\$487
With Medicare A & B	\$161		\$109	\$70	\$125	\$157
With Medicare B Only			\$109	\$70	\$125	\$157
30-34.999 years*						
Without Medicare	\$257	\$258		\$216	\$269	\$359
With Medicare A & B	\$121		\$89	\$58	\$95	\$132
With Medicare B Only			\$89	\$58	\$95	\$132

* Further reductions for each year over 35.



**2013 Contribution Rates
(continued)**

Years of Service	Aetna Managed Care/Aetna Indemnity	Medical Mutual PPO	Aetna Medicare SM	AultCare PPO and PrimeTime	Kaiser HMO	Paramount HMO
Spouse Premiums (Retiree's Qualified Service)						
Up to 25 years						
Without Medicare	\$1,015	\$1,046		\$760	\$869	\$1,117
With Medicare A & B	\$437		\$269	\$150	\$336	\$335
With Medicare B Only			\$784	\$760	\$1,198	\$695
25-29.999 years						
Without Medicare	\$921	\$952		\$687	\$788	\$1,015
With Medicare A & B	\$398		\$249	\$139	\$306	\$309
With Medicare B Only			\$249	\$139	\$306	\$309
30 years & over						
Without Medicare	\$826	\$857		\$615	\$707	\$913
With Medicare A & B	\$358		\$229	\$127	\$276	\$284
With Medicare B Only			\$229	\$127	\$276	\$284
	Aetna Managed Care/Aetna Indemnity	Medical Mutual PPO	Aetna Medicare SM	AultCare PPO and PrimeTime	Kaiser HMO	Paramount HMO
Child w/o Medicare A	\$218	\$190		\$147	\$161	\$189
Child with Medicare A & B	\$319		\$209	\$116	\$246	\$259
	Aetna Managed Care/Aetna Indemnity	Medical Mutual PPO	Aetna Medicare SM	AultCare PPO and PrimeTime	Kaiser HMO	Paramount HMO
Years of Service						
Disability Benefit Recipients						
5-9.999 years						
Without Medicare	\$555	\$556		\$454	\$536	\$708
With Medicare A & B	\$205		\$113	\$58	\$151	\$173
With Medicare B Only			\$425	\$454	\$581	\$347
10-24.999 years						
Without Medicare	\$366	\$367		\$299	\$365	\$490
With Medicare A & B	\$137		\$84	\$55	\$99	\$130
With Medicare B Only			\$315	\$299	\$384	\$241
25 years & over						
Without Medicare	\$229	\$230		\$194	\$244	\$327
With Medicare A & B	\$111		\$84	\$55	\$88	\$125
With Medicare B Only			\$84	\$55	\$88	\$125



SERS' Medicare Plans

2013 Aetna MedicareSM Plan (PPO)

The Aetna MedicareSM Plan (PPO) is available if the benefit recipient has Medicare Part A and/or Medicare Part B. The Aetna MedicareSM Plan (PPO) is a Medicare Advantage (MA) plan. MA plans have a contract with Medicare to provide Medicare coverage. This plan is a Preferred Provider Organization (PPO) plan with an Extended Service Area (ESA) that allows members to use medical providers, such as doctors and hospitals, which may or may not be in the Aetna provider network as long as the provider accepts Medicare patients, and the provider will file claims with Aetna. Express Scripts is the Medicare Part D Prescription Drug Plan (PDP) for enrollees in the Aetna MedicareSM Plan (PPO). The Aetna MedicareSM Plan (PPO) is available anywhere in the U.S.

2013 Aetna Indemnity PPO Plan

The Aetna Indemnity PPO plan is not available for optional enrollment. It is available only under special circumstances. Express Scripts is the Medicare Part D Prescription Drug Plan (PDP) for enrollees in the Aetna Indemnity PPO plan.

2013 AultCare PPO Plan

The AultCare PPO plan with BioScrip prescription drug coverage is available for those with Medicare Part B Only. AultCare PPO is available in the following Ohio counties: Ashland, Belmont, Carroll, Columbiana, Coshocton, Guernsey, Harrison, Holmes, Jefferson, Knox, Mahoning, Medina, Muskingum, Portage, Richland, Stark, Summit, Tuscarawas, and Wayne.

2013 Kaiser Permanente Medicare Plus HMO Plan

The Kaiser HMO (Medicare) plan with Kaiser prescription drug coverage is available to a benefit recipient if the recipient has Medicare Part A and/or Medicare Part B; and, the recipient lives in a Kaiser HMO service area. Recipients enrolled in the Kaiser HMO must use HMO providers. Kaiser HMO (Medicare) Plan is available in the following Ohio counties: Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, and Summit.

2013 Paramount Elite Medicare Advantage HMO Plan

The Paramount Medicare Advantage (MA) HMO with Express Scripts Medicare Part D PDP (Prescription Drug Plan) coverage is available to a benefit recipient if the recipient lives in a Paramount HMO service area; and, the recipient has Medicare Part A and Medicare Part B. Recipients enrolled in the HMO must use HMO providers. Paramount Elite Medicare Advantage HMO is available in the following Ohio counties: Fulton, Lucas, Ottawa, and Wood, and in the following Michigan counties: Monroe and Lenawee.



**SERS' Medicare Plans
(continued)**

2013 PrimeTime Health Plan (AultCare HMO Plan)

The PrimeTime Health Plan is a Health Maintenance Organization plan with BioScrip prescription drug coverage. It is available to a benefit recipient if the recipient has Medicare Part A and Part B; and, if the recipient lives in the AultCare PrimeTime Health Plan service area. Recipients enrolled in the HMO must use HMO providers. AultCare PrimeTime MA HMO Plan is available in the following Ohio counties: Carroll, Columbiana, Harrison, Holmes, Jefferson, Mahoning, Stark, Summit, Tuscarawas, and Wayne.



SERS' Non-Medicare Plans

2013 Aetna Managed Care PPO

The Aetna Managed Care PPO plan is not available for optional enrollment. It is available only if a benefit recipient, or one or more covered family members, is enrolled in the SERS Aetna MedicareSM Plan PPO, and eligible dependents are not eligible for Medicare and under age 65. Those dependents will be enrolled in the Aetna Managed Care plan with Express Scripts prescription drug coverage. Members participating in the wellness program will receive a small monthly reduction in monthly premiums.

2013 AultCare PPO

The AultCare PPO plan with BioScrip prescription drug coverage is available if the benefit recipient is under age 65 and not eligible for Medicare. AultCare PPO is available in the following Ohio counties: Ashland, Belmont, Carroll, Columbiana, Coshocton, Guernsey, Harrison, Holmes, Jefferson, Knox, Mahoning, Medina, Muskingum, Portage, Richland, Stark, Summit, Tuscarawas, and Wayne.

2013 Kaiser Permanente HMO

The Kaiser HMO with Kaiser prescription drug coverage is available if the benefit recipient is under age 65 and not eligible for Medicare. Kaiser HMO is available in the following Ohio counties: Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, Stark, Summit, and Wayne.

2013 Medical Mutual of Ohio PPO

The Medical Mutual of Ohio (MMO) PPO plan is a Preferred Provider Organization plan with prescription drug coverage through Express Scripts. The MMO PPO is available if the benefit recipient is under age 65 and not eligible for Medicare. The MMO PPO is available in all Ohio counties. The MMO PPO is also available in most other areas. Members participating in the wellness program will receive a small monthly reduction in monthly premiums.

2013 Paramount HMO (Non-Medicare)

The Paramount HMO includes prescription drug coverage through Express Scripts, which is available if the benefit recipient is under age 65 and not eligible for Medicare. Paramount HMO is available in the following Ohio counties: Allen, Defiance, Erie, Fulton, Hancock, Henry, Huron, Lucas, Ottawa, Paulding, Putnam, Sandusky, Seneca, Williams, and Wood, and in the following Michigan counties: Monroe, and Lenawee.



Prescription Drug Coverage

Prescription drug coverage for those enrolled in the Aetna MedicareSM PPO Plan, the Medical Mutual of Ohio PPO, and Paramount HMO health plans is available through Express Scripts. Kaiser has its own pharmacy and AultCare prescriptions are provided by BioScrip.

Express Scripts Prescription Plan

Members enrolled in the Medical Mutual PPO, Aetna Managed Care, Paramount HMO, or Aetna HMO plans who do not have Medicare may receive up to a 30-day supply per prescription. A 90 day supply is available from Medicare participating pharmacies for participants in the Express Scripts Medicare PDP plan (those in the Aetna MedicareSM PPO or Paramount HMO Medicare plans). Members pay \$5 for generic, 25% of formulary (\$25 minimum and \$100 maximum) for preferred brand and 100% for non-preferred brand (50% if enrolled in a Medicare plan). There is no deductible to meet. Members may also receive a 90-day supply of their prescriptions via mail-order with a co-pay of \$12 for generic, 25% of formulary (minimum \$45 and maximum \$200) for preferred brand, and 100% of the cost for non-preferred brand (50% if enrolled in a Medicare plan). If members do not use an Express Scripts participating pharmacy, the member must pay the full cost of the drug because there is no coverage available at pharmacies outside the network.

Members pay different co-payments for insulin. Members pay 25% or \$30 maximum for preferred, and \$45 for a non-preferred 30-day supply. Mail-order copayments are 25% or \$60 maximum for preferred, and \$115 for non-preferred 90-day supply.

Medicare and Prescription Drugs

Medicare Part D helps cover the cost of prescription drugs. Medicare beneficiaries must join a Medicare Prescription Drug Plan (PDP) to have prescription drug coverage. A PDP plan is available through private companies that work with Medicare to provide prescription drug coverage. SERS has a Medicare PDP plan with its Express Scripts prescription coverage for Medicare beneficiaries.

SERS' health plan participants with Medicare are automatically covered under a Part D 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 benefits.



Prescription Drug Coverage (continued)

Kaiser Prescription Plan

Members enrolled in the Kaiser HMO Plan who do not have Medicare may receive up to a 31-day supply per prescription with a co-pay of \$10. Members may also receive a 90-day supply of their prescriptions via mail-order with a co-pay of \$25.

Members enrolled in Kaiser HMO Medicare Plan may receive up to a 31-day supply per prescription. The co-pay is \$15 for generic and \$30 for brand formulary. Members may also receive a 90-day supply of their prescriptions via mail-order with co-pay of \$15 for generic and a co-pay of \$30 for brand formulary, and 100% of the cost for non-preferred brand.

BioScrip Pharmacy Prescription Plan

Members enrolled in the AultCare PPO Plan (both those with Medicare and those without Medicare), may receive up to a 30-day supply per prescription. Members pay \$5 for generic, 25% of formulary (\$25 minimum and \$100 maximum) for preferred brand and 100% for non-preferred brand (50% if enrolled in a Medicare plan). Members may also receive a 90-day supply of their prescriptions via mail-order with a co-pay of \$12 for generic, 25% of formulary (minimum \$45 and maximum \$200) for preferred brand, and 100% of the cost for non-preferred brand (50% if enrolled in a Medicare plan).

Members pay different co-payments for insulin. Members pay 25% or \$30 maximum for preferred, and \$45 for a non-preferred 30-day supply. Mail-order copayments are 25% or \$60 maximum for preferred, and \$115 for non-preferred 90-day supply.



Non-Medicare Plan Benefits

	Aetna Managed Care/MMO PPO	AultCare PPO	Kaiser HMO	Paramount HMO
Deductible (Annual)	\$1,000/person \$2,000/family	\$1,000/person \$2,000/family	\$1,000/person \$2,000/family	\$1,000/person \$2,000/family
Coinsurance (Annual Limit)	\$1,500/person \$3,000/family	\$1,500/person \$3,000/family	\$500/person \$1,000/family	\$1,500/person \$3,000/family
Lifetime Max	None	None	None	None
Office visit	\$25 co-pay	\$25 co-pay	\$15 co-pay	\$15 co-pay
Specialist	\$25 co-pay	\$25 co-pay	\$15 co-pay	\$30 co-pay
Surgeon Fee	20% coinsurance	20% coinsurance	\$15 co-pay, 80% after deductible	20% coinsurance
Inpatient Hospital	20% coinsurance after \$250 co-pay	20% coinsurance after \$250 co-pay	20% coinsurance	20% coinsurance
Emergency Room	20% coinsurance	20% coinsurance	\$50 co-pay, waived if admitted	\$50 co-pay, waived if admitted
Ambulance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Outpatient Diagnostic X-Ray	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Outpatient Diagnostic Lab	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Outpatient Surgery (Facility Only)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Chiropractic	20% coinsurance	\$25 co-pay	Not covered	\$30 co-pay
Durable Medical Equipment	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Skilled Nursing Facility	20% coinsurance (365 day maximum)	20% coinsurance (365 day maximum)	20% coinsurance (100 day maximum)	Co-pay: \$0 per day 1-15, \$95 per day 16-100
Home Health Care	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Hospice	Inpatient 100% coverage after deductible, 30 day lifetime limit. Outpatient: 20% coinsurance after deductible	20% coinsurance after deductible; 30 day inpatient lifetime maximum	100% coverage	20% coinsurance
Prescription Drugs	Express Scripts Medicare D PDP <u>Retail 30 day max:</u> \$5 generic, 25% Preferred Brand (Min \$25, Max \$100) <u>Mail order 90-day max:</u> \$12 generic, 25% Preferred Brand (Min \$45, Max \$200) Non-preferred 100% of SERS' discounted cost <u>Insulin Retail</u> 25% or \$30 max Preferred Brand, \$45 max Non-preferred <u>Insulin Mail Order</u> 25% or \$60 Preferred Brand, \$115 max Non-preferred	BioScrip Pharmacy <u>Retail 30 day max:</u> \$5 generic, 25% Preferred Brand (Min \$25, Max \$100) <u>Mail order 90-day max:</u> \$12 generic, 25% Preferred Brand (Min \$45, Max \$200) Non-preferred at 100% <u>Insulin Retail</u> 25% or \$30 max Preferred Brand, \$45 max Non-preferred <u>Insulin Mail Order</u> 25% or \$60 Preferred Brand, \$115 max Non-preferred	Kaiser <u>Retail 31 day max:</u> \$10 co-pay <u>Mail order 90-day max:</u> \$25 co-pay, Non-preferred at 100%	Express Scripts Medicare D PDP <u>Retail 30 day max:</u> \$5 generic, 25% Preferred Brand (Min \$25, Max \$100) <u>Mail order 90-day max:</u> \$12 generic, 25% Preferred Brand (Min \$45, Max \$200) Non-preferred 100% of SERS' discounted cost <u>Insulin Retail</u> 25% or \$30 max Preferred Brand, \$45 max Non-preferred <u>Insulin Mail Order</u> 25% or \$60 Preferred Brand, \$115 max Non-preferred



Medicare Plan Benefits

	Aetna Medicare SM Plan (PPO)	AultCare PrimeTime Health Plan	Kaiser Permanente Medicare Plus	Paramount Elite Medicare Advantage
Deductible (Annual)	\$300	\$300	None	\$300
Coinsurance (Annual Limit)	\$6,700 per person	\$3,400 per person	\$2,000/person \$6,000/family	\$6,700 per individual
Lifetime Max	None	None	None	None
Office visit	\$25 co-pay	\$20 co-pay	\$25 co-pay	\$20 co-pay
Specialist visit	\$25 co-pay	\$30 co-pay	\$25 co-pay	\$25 co-pay
Surgeon Fee	100% coverage	100% coverage	\$100 per visit	100% coverage
Inpatient Hospital	\$500 co-pay per admission	\$500 co-pay per admission	\$500 co-pay per benefit period	\$500 co-pay per admission
Emergency Room	\$50 co-pay, waived if admitted	\$50 co-pay, waived if admitted	\$50 co-pay, waived if admitted	\$50 co-pay, waived if admitted
Ambulance	20% coinsurance	\$75 co-pay	\$50 co-pay	100% coverage
Outpatient Diagnostic X-Ray	\$25 co-pay	100% coverage	100% coverage	100% coverage
Outpatient Diagnostic Lab	100% coverage	100% coverage	100% coverage	100% coverage
Outpatient Surgery (Facility Only)	\$100 co-pay per surgery	\$100 co-pay per surgery	\$100 co-pay per surgery	\$100 co-pay per surgery
Chiropractic	\$15 co-pay limited to Medicare coverage	\$30 co-pay limited to Medicare coverage	\$20 co-pay for manual manipulations/sublux	\$20 co-pay limited to Medicare coverage
Durable Medical Equipment	20% coinsurance Co-pay: \$0 per day 1-10, \$25 per day 11-20, \$50 per day 21-100 (100 day maximum)	20% coinsurance Co-pay: \$0 per day 1-15, \$20 per day 16-30, \$0 per day 31-100 (100 day maximum)	20% coinsurance	20% coinsurance Co-pay: \$0 per day 1-15, \$95 per day 16-100 (100 day maximum)
Skilled Nursing Facility	100% coverage	100% coverage	100% coverage (100 day maximum)	100% coverage
Home Health Care	100% coverage	100% coverage	100% coverage	100% coverage
Hospice	Covered per Medicare rules	100% coverage	Covered per Medicare rules	Covered per Medicare rules
Prescription Drugs	Express Scripts Medicare D PDP <u>Retail 30 day max:</u> \$5 generic, 25% Preferred Brand (Min \$25, Max \$100), 50% Non-preferred <u>Mail order 90-day max:</u> \$12 generic, 25% Preferred Brand (Min \$45, Max \$200), 50% Non-preferred <u>Insulin Retail</u> 25% or \$30 max Preferred Brand, \$45 max Non-preferred <u>Insulin Mail Order</u> 25% or \$60 Preferred Brand, \$115 max Non-preferred	BioScrip Pharmacy <u>Retail 30 day max:</u> \$5 generic, 25% Preferred Brand (Min \$25, Max \$100), 50% Non-preferred <u>Mail order 90-day max:</u> \$12 generic, 25% Preferred Brand (Min \$45, Max \$200), 50% Non-preferred <u>Insulin Retail</u> 25% or \$30 max Preferred Brand, \$45 max Non-preferred <u>Insulin Mail Order</u> 25% or \$60 Preferred Brand, \$115 max Non-preferred	Kaiser <u>Retail 31 day max:</u> \$15 generic, \$30 Brand Formulary <u>Mail order 90-day max:</u> \$15 generic, \$30 Brand Formulary, Non-preferred at 100%	Express Scripts Medicare D PDP <u>Retail 30 day max:</u> \$5 generic, 25% Preferred Brand (Min \$25, Max \$100), 50% Non-preferred <u>Mail order 90-day max:</u> \$12 generic, 25% Preferred Brand (Min \$45, Max \$200), 50% Non-preferred <u>Insulin Retail</u> 25% or \$30 max Preferred Brand, \$45 max Non-preferred <u>Insulin Mail Order</u> 25% or \$60 Preferred Brand, \$115 max Non-preferred



SCHEDULE D

DETAILED TABULATIONS OF THE DATA

**All Retirees, Spouses and Dependents Receiving Health Care
Male and Female Demographic Breakdown
June 30, 2012
Tabulated by Attained Ages**

Attained Age	Number of		Total Number
	Males	Females	
Under 20	107	103	210
20-24	89	96	185
25-29	9	20	29
30-34	3	1	4
35-39	4	6	10
40-44	13	23	36
45-49	70	77	147
50-54	329	321	650
55-59	739	970	1,709
60-64	1,122	2,293	3,415
65-69	1,705	4,595	6,300
70-74	2,745	6,003	8,748
75-79	2,769	5,835	8,604
80-84	2,142	5,087	7,229
85-89	1,386	4,192	5,578
90-94	575	2,255	2,830
95-99	109	566	675
100	5	37	42
101	2	11	13
102	0	9	9
103	0	7	7
104	1	6	7
105 & Over	0	2	2
Total	13,924	32,515	46,439



**Terminated Vested Members Eligible for Health Care at Age 60
Male and Female Demographic Breakdown
June 30, 2012
Tabulated by Attained Ages**

Attained Age	Number of		Total Number
	Males	Females	
30-34	10	10	20
35-39	21	46	67
40-44	70	136	206
45-49	110	336	446
50-54	236	759	995
55-59	256	1,213	1,469
60 & Over	137	723	860
Total	840	3,223	4,063



**Total Active Members as of June 30, 2012
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 Avg Pay	614 \$5,146							\$3,159,653
20-24 Avg Pay	4,945 \$7,815	102 \$20,300						\$40,717,020
25-29 Avg Pay	5,003 \$12,511	830 \$27,351	54 \$34,215					\$87,139,925
30-34 Avg Pay	4,386 \$14,190	1,628 \$28,015	655 \$34,819	38 \$40,563				\$132,192,383
35-39 Avg Pay	4,800 \$13,471	2,192 \$24,912	1,263 \$34,677	357 \$39,058	24 \$43,190			\$178,048,608
40-44 Avg Pay	6,330 \$12,891	3,735 \$22,495	2,658 \$30,006	901 \$39,079	329 \$44,914	38 \$51,217		\$297,306,412
44-49 Avg Pay	5,896 \$13,038	4,781 \$21,861	4,735 \$27,148	2,048 \$33,093	909 \$41,283	544 \$45,618	75 \$47,802	\$443,641,405
50-54 Avg Pay	4,736 \$14,108	4,425 \$22,273	5,836 \$26,206	3,926 \$29,175	1,978 \$35,346	1,124 \$43,401	513 \$48,187	\$576,269,715
55-59 Avg Pay	3,383 \$14,420	2,894 \$23,172	4,154 \$27,313	3,813 \$28,834	2,983 \$32,106	1,695 \$37,084	693 \$44,658	\$528,818,937
60-64 Avg Pay	2,146 \$13,798	1,736 \$22,919	2,055 \$27,748	1,839 \$30,110	2,159 \$31,467	1,793 \$33,645	799 \$37,830	\$340,278,699
65-69 Avg Pay	940 \$10,042	769 \$17,899	772 \$24,824	508 \$28,481	610 \$30,570	700 \$31,369	553 \$31,466	\$114,842,582
70 & over Avg Pay	524 \$8,396	448 \$13,080	364 \$19,368	212 \$24,295	193 \$25,583	230 \$26,622	438 \$27,894	\$45,738,246
Totals Avg Pay	43,703 \$12,558	23,540 \$22,878	22,546 \$27,783	13,642 \$30,637	9,185 \$33,810	6,124 \$37,036	3,071 \$38,781	121,811 \$22,889

Averages:
Age: 48.7
Service: 10.1
Annual Pay: \$22,889



**Male Active Members as of June 30, 2012
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 Avg Pay	335 \$5,243							\$1,756,405
20-24 Avg Pay	2,446 \$7,843	61 \$21,441						\$20,491,587
25-29 Avg Pay	2,412 \$12,283	427 \$30,657	30 \$40,156					\$43,923,118
30-34 Avg Pay	1,862 \$14,847	667 \$33,067	316 \$42,129	15 \$49,776				\$63,760,092
35-39 Avg Pay	1,685 \$14,957	601 \$32,629	412 \$45,861	167 \$44,305	11 \$42,239			\$71,570,280
40-44 Avg Pay	1,930 \$14,022	749 \$32,032	559 \$43,450	335 \$50,920	160 \$49,779	15 \$53,207		\$101,164,254
44-49 Avg Pay	1,962 \$13,730	909 \$30,990	729 \$40,819	426 \$48,234	345 \$49,454	277 \$49,894	41 \$49,854	\$138,339,683
50-54 Avg Pay	1,737 \$15,008	1,027 \$29,977	871 \$39,165	513 \$44,488	423 \$48,741	477 \$51,301	266 \$52,162	\$172,753,621
55-59 Avg Pay	1,551 \$15,959	953 \$29,193	859 \$37,691	552 \$42,203	474 \$45,338	419 \$48,929	323 \$50,457	\$166,535,269
60-64 Avg Pay	1,110 \$14,887	708 \$27,314	600 \$35,617	372 \$40,931	344 \$45,994	294 \$46,231	183 \$49,824	\$110,991,057
65-69 Avg Pay	503 \$11,721	433 \$19,806	331 \$28,631	156 \$36,632	116 \$42,028	109 \$43,270	65 \$43,462	\$42,079,646
70 & over Avg Pay	268 \$10,303	234 \$15,682	203 \$23,572	96 \$30,087	51 \$32,120	46 \$36,755	35 \$42,867	\$18,933,478
Totals Avg Pay	17,801 \$13,113	6,769 \$29,313	4,910 \$38,611	2,632 \$43,959	1,924 \$46,743	1,637 \$48,619	913 \$50,011	36,586 \$26,029

Averages:
Age: 46.8
Service: 8.3
Annual Pay: \$26,029



**Female Active Members as of June 30, 2012
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	279							
Avg Pay	\$5,030							\$1,403,248
20-24	2,499	41						
Avg Pay	\$7,788	\$18,602						\$20,225,433
25-29	2,591	403	24					
Avg Pay	\$12,722	\$23,847	\$26,790					\$43,216,807
30-34	2,524	961	339	23				
Avg Pay	\$13,705	\$24,508	\$28,006	\$34,554				\$68,432,291
35-39	3,115	1,591	851	190	13			
Avg Pay	\$12,668	\$21,997	\$29,263	\$34,446	\$43,995			\$106,478,328
40-44	4,400	2,986	2,099	566	169	23		
Avg Pay	\$12,395	\$20,102	\$26,425	\$32,071	\$40,309	\$49,918		\$196,142,158
44-49	3,934	3,872	4,006	1,622	564	267	34	
Avg Pay	\$12,693	\$19,718	\$24,661	\$29,117	\$36,285	\$41,181	\$45,328	\$305,301,722
50-54	2,999	3,398	4,965	3,413	1,555	647	247	
Avg Pay	\$13,587	\$19,944	\$23,933	\$26,873	\$31,702	\$37,577	\$43,907	\$403,516,094
55-59	1,832	1,941	3,295	3,261	2,509	1,276	370	
Avg Pay	\$13,117	\$20,216	\$24,607	\$26,570	\$29,606	\$33,194	\$39,595	\$362,283,668
60-64	1,036	1,028	1,455	1,467	1,815	1,499	616	
Avg Pay	\$12,631	\$19,891	\$24,503	\$27,366	\$28,713	\$31,177	\$34,267	\$229,287,642
65-69	437	336	441	352	494	591	488	
Avg Pay	\$8,110	\$15,441	\$21,966	\$24,869	\$27,880	\$29,174	\$29,868	\$72,762,936
70 & over	256	214	161	116	142	184	403	
Avg Pay	\$6,400	\$10,236	\$14,066	\$19,502	\$23,235	\$24,089	\$26,594	\$26,804,768
Totals	25,902	16,771	17,636	11,010	7,261	4,487	2,158	85,225
Avg Pay	\$12,177	\$20,281	\$24,768	\$27,452	\$30,383	\$32,810	\$34,030	\$21,541

Averages:

Age: 49.5

Service: 10.9

Annual Pay: \$21,541



**Active Members as of June 30, 2012
By Annual Pay**

Annual Pay	Number of Active Members			Portion of Total Number	
	Men	Women	Totals	Group	Cumulative
Less than \$1,000	189	243	432	0.4%	0.4%
\$1,000 - 1,999	1,199	1,238	2,437	2.0%	2.4%
2,000 - 2,999	2,150	2,022	4,172	3.4%	5.8%
3,000 - 3,999	2,240	2,202	4,442	3.6%	9.4%
4,000 - 4,999	1,752	2,337	4,089	3.4%	12.8%
5,000 - 5,999	1,261	2,085	3,346	2.7%	15.5%
6,000 - 6,999	1,021	2,062	3,083	2.5%	18.1%
7,000 - 7,999	780	2,177	2,957	2.4%	20.5%
8,000 - 8,999	668	2,266	2,934	2.4%	22.9%
9,000 - 9,999	584	2,116	2,700	2.2%	25.1%
10,000 - 11,999	1,296	4,309	5,605	4.6%	29.7%
12,000 - 13,999	1,169	4,485	5,654	4.6%	34.4%
14,000 - 15,999	1,129	5,575	6,704	5.5%	39.9%
16,000 - 17,999	1,167	6,458	7,625	6.3%	46.1%
18,000 - 19,999	1,110	6,185	7,295	6.0%	52.1%
20,000 - 24,999	2,383	12,472	14,855	12.2%	64.3%
25,000 - 29,999	2,001	7,984	9,985	8.2%	72.5%
30,000 - 35,999	3,177	6,959	10,136	8.3%	80.8%
36,000 and over	11,310	12,050	23,360	19.2%	100.0%
Totals	36,586	85,225	121,811		



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.



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.