

SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO



Report on the Retiree Health Care Valuation

Prepared as of June 30, 2025



November 5, 2025

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, 2025. 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 2.60% of active payroll payable for the fiscal year ending June 30, 2025 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 baseline costs and trend assumption. We note that the Marketplace subsidies put in place by the American Rescue Plan Act (ARPA) of 2021 are set to expire at the end of 2025. If they are extended, it is expected to be for a limited time. If these subsidies are discontinued, either now or in the future, the HRA Wraparound plan may become less attractive to certain groups of pre-65 retirees. We have made no changes to our HRA Wraparound plan participation assumptions at this time, but we have included exhibits showing the estimated increase in liabilities in the event some HRA Wraparound plan members revert back to the SERS group plans. Continued monitoring of the impact on the Plan's liability due to these and further 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,

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

Alisa Bennett, FSA, FCA, EA, MAAA
President

A handwritten signature in blue ink, appearing to read 'Jessica Fain'.

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, 2025

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, 2025, 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, 2025. 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 \$508.5 million as of June 30, 2025, taking into account expected contributions from the employers of \$94.7 million. The actual UAAL is \$783.8 million. The net loss of \$275.3 million is mainly attributable to the increase in Medicare plan costs and the reduction in Medicare surcharge from \$35 to \$15.

The amortization period of the UAAL is 30 years as of June 30, 2025. 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, 2025 actuarial valuation is shown below. Further detail on the valuation results can be found in the following sections of this Executive Summary.

	June 30, 2025 Valuation Results	June 30, 2024 Valuation Results
Actuarially Determined Contribution Rate	2.60%	2.00%
Amortization Period	30	30
Unfunded Actuarial Accrued Liability (\$M)	\$783.8	\$509.2
Funded Ratio (Market Assets)	54.53%	61.59%

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 18, 2025, the valuation allocates the entire 14.00% to the basic benefits and 0.00% allocated to health care consistent with SERS’ funding policy.





EXPERIENCE FOR THE LAST PLAN YEAR

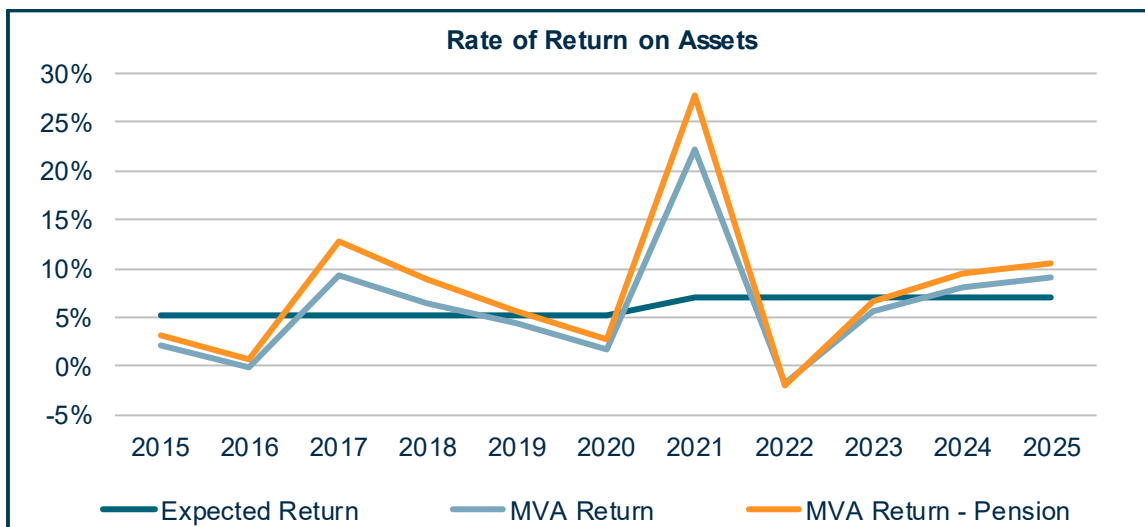
Numerous factors contributed to the change in the Fund's assets, liabilities, and actuarial contribution rate between June 30, 2024 and June 30, 2025. The components are examined in the following discussion.

ASSETS

As of June 30, 2025, SERS' Health Care Fund had net assets of \$939,812,471, when measured on a market value basis. This was an increase of \$123,343,604 from the previous year. The components of change in the asset values for June 30, 2024 and June 30, 2025 are shown in the following table.

	June 30, 2025		June 30, 2024	
	Valuation Results		Valuation Results	
Net Assets, June 30, 2024	\$	816,468,867	\$	706,785,561
Contributions and Misc. Revenue	+	161,383,147		176,474,542
Total Health Care Expenses	-	114,584,040		125,535,350
Investment Gain (Loss)	+	76,544,497		58,744,114
Net Assets, June 30, 2025	\$	939,812,471	\$	816,468,867

The estimated investment return on the market value of assets for FY2025 was 9.11%. As this rate of return was greater than the assumed rate of 7.00%, there was an actuarial investment experience gain of \$24.6 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, 2024 and June 30, 2025 in the following table:

	June 30, 2025 Valuation Results	June 30, 2024 Valuation Results
Actuarial Accrued Liability	\$ 1,723,587,498	\$ 1,325,702,000
Market Value of Assets	939,812,471	816,468,867
Unfunded Actuarial Accrued Liability	\$ 783,775,027	\$ 509,233,133
Funded Ratio	54.53%	61.59%

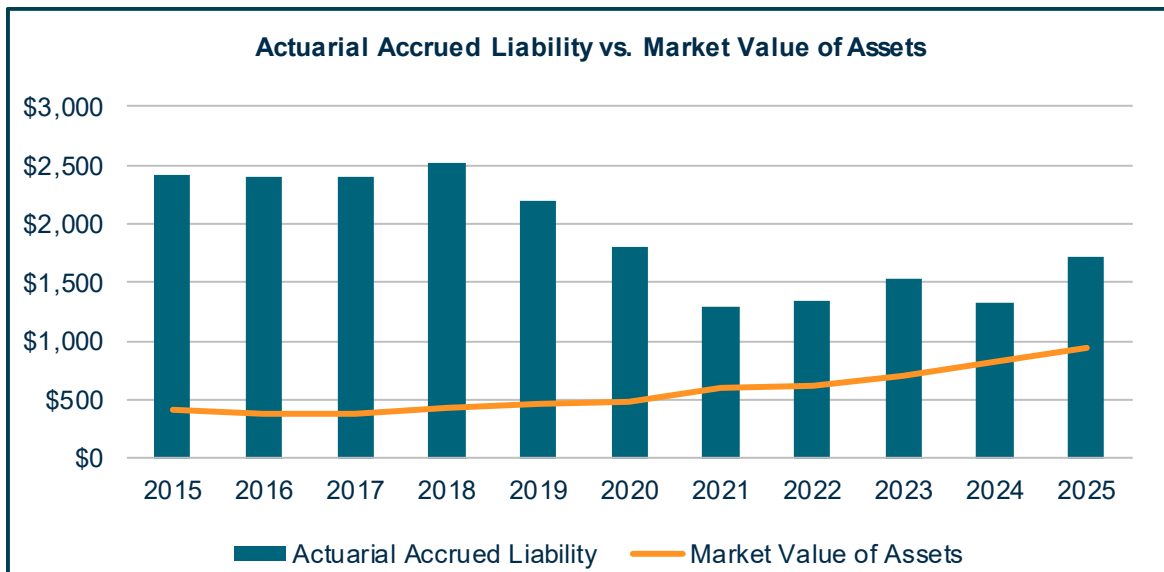
Changes in the UAAL occur for various reasons. The net increase in the UAAL from June 30, 2024, to June 30, 2025, was \$274.6 million. The components of this net change are shown in the table below:

Changes in the Unfunded Actuarial Accrued Liability (\$ Millions)	
Unfunded Actuarial Accrued Liability, June 30, 2024	\$ 509.2
Expected change	(0.7)
Investment and contribution experience	(24.6)
Lowering surcharge for Medicare to \$15	140.2
Claims experience	218.2
Liability experience	(58.5)
Assumption changes (none)	0.0
Total	\$ 274.6
Unfunded Actuarial Accrued Liability, June 30, 2025	\$ 783.8





As shown on the prior page, 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 increase to the UAAL of \$274.6 million. The net UAAL increase was primarily due to the increase in Medicare plan costs and the reduction in the surcharge portion of the Medicare retiree contributions from \$35 to \$15. This increase was partially offset by demographic gains and investment return on assets higher than expected.



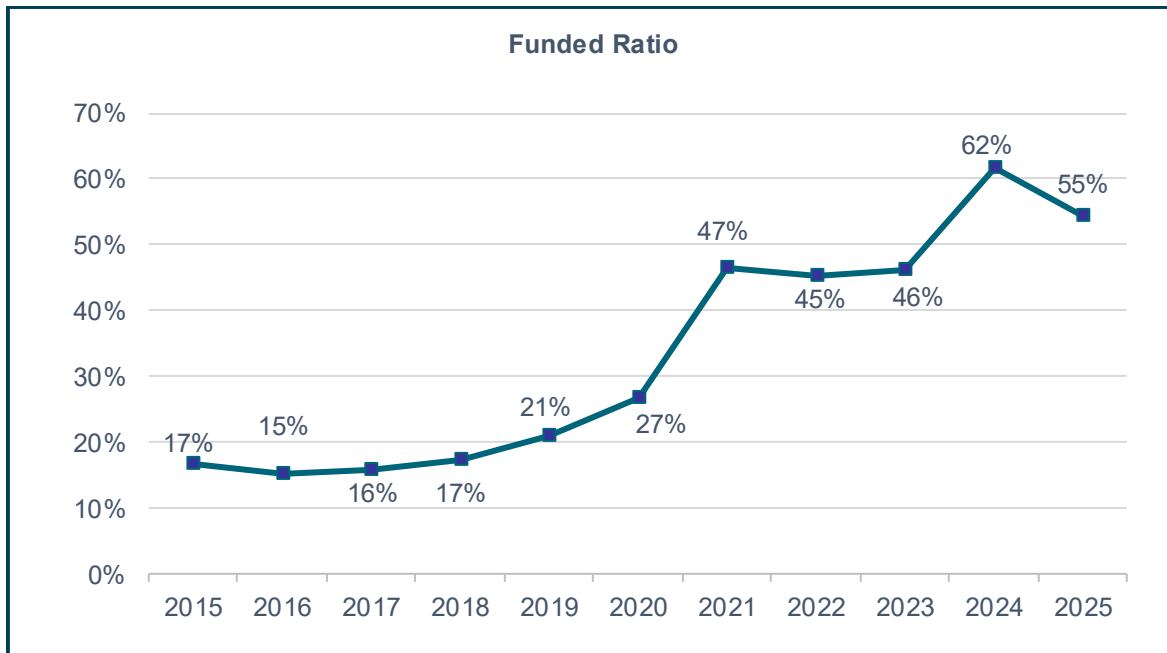
EXECUTIVE SUMMARY



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. Medicare costs have been less than expected since 2014, but have increased more than expected in this valuation from 2024 to 2025. 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	6/30/2025
Funded Ratio	26.86%	46.56%	45.36%	46.14%	61.59%	54.53%
Unfunded Actuarial Accrued Liability (\$M)	\$ 1,313.9	\$ 689.1	\$ 736.7	\$ 824.9	\$ 509.2	\$ 783.8

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





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, 2025	June 30, 2024
1. Normal Cost Rate	1.52%	1.27%
2. UAAL Contribution Rate	1.08%	0.73%
3. Total Actuarial Determined Contribution Rate (1) + (2)	2.60%	2.00%
4. Funded Ratio	54.53%	61.59%

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%.





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. 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	\$ 1,723,587,498	\$ 2,055,161,158
Unfunded Actuarial Accrued Liability	783,775,027	1,115,348,687
Funded Ratio	54.53%	45.73%
Actuarially Determined Contribution Rate	2.60%	3.67%

We note that the Marketplace subsidies put in place by the American Rescue Plan Act (ARPA) of 2021 are set to expire at the end of 2025. If they are extended, it is expected to be for a limited time. If these subsidies are discontinued, either now or in the future, the HRA Wraparound plan may become less attractive to certain groups of pre-65 retirees. The following table contains the key measures for the Fund using the current Pre-65 plan participation assumption (20% Wraparound/ 80% PPO), a lower Wraparound plan participation assumption (10% Wraparound/ 90% PPO) and the lower Wraparound plan participation assumption (10% Wraparound/ 90% PPO) coupled with a 1% increase in health care trend.

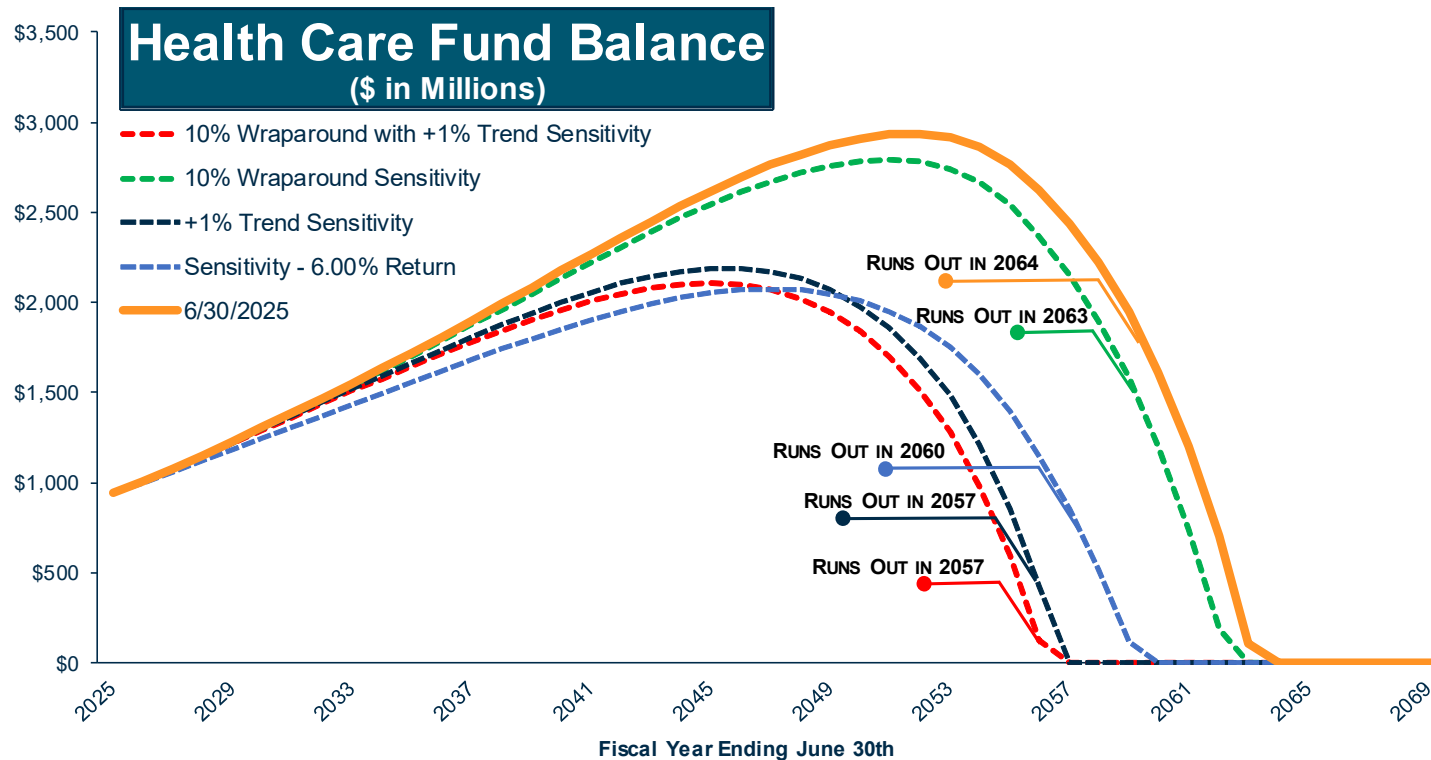
	Current Valuation	10% Wraparound Election Current Trends	+1% Health Care Trends
Actuarial Accrued Liability	\$ 1,723,587,498	\$ 1,750,202,107	\$ 2,086,436,394
Unfunded Actuarial Accrued Liability	783,775,027	810,389,636	1,146,623,923
Funded Ratio	54.53%	53.70%	45.04%
Actuarially Determined Contribution Rate	2.60%	2.68%	3.77%



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 projections were based on the funding policy and assumptions in effect on the applicable valuation dates. The 2023 projections and prior include no new hires in the benefit payment projections. Since the 2024 and 2025 projections indicate 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 increase in the future healthcare trend rates of 1%, 3) a decrease in the future retiree Wraparound Plan election assumption from 20% to 10%, and 4) a decrease in the future retiree Wraparound Plan election assumption from 20% to 10% with an increase in the future healthcare trend rates of 1%.



SECTION I – SUMMARY OF PRINCIPAL RESULTS



REPORT ON THE ANNUAL VALUATION OF THE SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO PREPARED AS OF JUNE 30, 2025

- This report, prepared as of June 30, 2025, 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, 2025	June 30, 2024
Active members included in valuation		
Number	165,280	163,350
Annual Compensation	\$4,734,707,838	\$4,547,315,949
Service Retirees*		
Number	29,773	29,735
Disability Retirees*		
Number**	2,449	2,575
Spouses of Retirees		
Number	4,849	4,851
Spouses of Deceased Retirees		
Number	1,282	1,322
Survivor Benefit Recipients		
Number	464	489
Non-Spouse Dependents		
Number	193	220
Deferred Vested		
Number	6,682	6,607
Assets		
Market Value	\$939,812,471	\$816,468,867
Unfunded Accrued Liability	\$783,775,027	\$509,233,133
Actuarial Accrued Liability	\$1,723,587,498	\$1,325,702,000
Funded Ratio (MVA/AAL)	54.53%	61.59%
Employer Contribution Rate		
Normal	1.52%	1.27%
Accrued Liability	<u>1.08%</u>	<u>0.73%</u>
Total	2.60%	2.00%
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 2,855 pre-Medicare eligible service retirees and 1,368 pre-Medicare eligible disabled retirees who are waiving coverage. It is assumed that 15% will elect coverage upon reaching Medicare eligibility.

** Of the 2,449 Disabled Retirees listed above, 552 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 FY2026 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. 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 baseline costs and trend assumption. We note that the Marketplace subsidies put in place by the American Rescue Plan Act (ARPA) of 2021 are set to expire at the end of 2025. If they are extended, it is expected to be for a limited time. If these subsidies are discontinued, either now or in the future, the HRA Wraparound plan may become less attractive to certain groups of pre-65 retirees. We have made no changes to our HRA Wraparound plan participation assumptions at this time, but we have included exhibits showing the estimated increase in liabilities in the event some HRA Wraparound plan members revert back to the SERS group plans. Continued monitoring of the impact on the Plan's liability due to these and further legislation, if applicable, will be required.
7. The following changes were reflected in this valuation:

Medicare Eligible **Premiums**

Premiums will be reduced by \$20 a month in 2026 for enrollees in the Aetna Medicare PPO Plan. Plan benefits will remain the same.

Benefits

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





Non-Medicare Eligible

Premiums

There will be a 3% base premium increase in 2026 for enrollees in the Aetna Choice POS II Plan.

There will be a 4% base premium increase in 2026 for enrollees in the AultCare PPO Plan.

Benefits

Aetna Choice POS II chiropractic benefit is changing to a \$10 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 \$2,200 from \$2,150 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:
 - None.
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 2026, which is less than the actuarially determined employer contribution rate. As can be seen on page 23, the expected Health Care Fund solvency has decreased from 2069 in the prior valuation to 2064 based on current assumptions. This decrease is primarily due to the increase in Medicare plan costs and the reduction in the surcharge portion of the Medicare retiree contributions from \$35 to \$15. This increase was partially offset by demographic gains and investment return on assets higher than expected. 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, 2025 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
165,280	\$4,734,707,838	\$28,647	46.6	6.9

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
6/30/2020	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
6/30/2025	165,280	4,734,707,838	28,647	2.9

* 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	2,297	62.5
Disability Retirees	285	60.8
Spouses	268	61.6
Non-Spouse Dependents	143	20.9
Total	2,993	60.3

Aetna Medicare Plan (PPO) and Aetna Traditional Choice	Number	Average Age
Service Retirees	27,476	77.3
Disability Retirees	2,164	73.5
Spouses	6,327	78.3
Non-Spouse Dependents	50	55.4
Total	36,017	77.2

Non-Medicare Waiving Type of Benefit Recipient	Number	Average Age
Service Retirees	2,855	62.6
Disability Retirees	1,368	58.7
Total	4,223	61.3

This valuation also includes 6,682 deferred vested members eligible for health care not included in the counts above.



SECTION III – ASSETS



1. As of June 30, 2025 the total market value of assets amounted to \$939,812,471.

Asset Summary Based on Market Value			
(1)	Assets at June 30, 2024	\$	816,468,867
(2)	Contributions and Misc. Revenue		161,383,147
(3)	Investment Gain (Loss)		76,544,497
(4)	Total Health Care Expenses		<u>(114,584,040)</u>
(5)	Assets at June 30, 2025	\$	939,812,471
	(1) + (2) + (3) + (4)		
(6)	Annualized Rate of Return*		9.11 %

*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, 2025.

1. The total health care valuation balance sheet shows that the System has total future health care liabilities of \$2,423,613,824 of which \$677,803,612 is for the future benefits payable for present retiree members and beneficiaries of deceased members; \$32,913,918 is for the future benefits payable for current deferred vested members; and \$1,712,896,294 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 \$939,812,471 as of June 30, 2025. The difference of \$1,483,801,353 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 \$1,483,801,353 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 1.52% 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 \$700,026,326. When this amount is subtracted from \$1,483,801,353 which is the present value of the total future contributions to be made by the employer, there remains \$783,775,027 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 1.08% of payroll. This rate is sufficient to liquidate the unfunded accrued liability of \$783,775,027 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, 2025 is shown below.

Experience Gain / (Loss) (\$ Thousands)		
(1)	UAAL* as of 6/30/24	\$ 509,233
(2)	Normal cost from last valuation	57,562
(3)	Expected employer contributions	94,694
(4)	Interest accrual: [(1) + (2)] x .070 - (3) x .070/2	<u>36,361</u>
(5)	Expected UAAL before changes: (1) + (2) - (3) + (4)	\$ 508,462
(6)	Change due to lowering surcharge for Medicare to \$15	(140,226)
(7)	Change due to claims experience	(218,176)
(8)	Change due to assumption changes**	<u>0</u>
(9)	Expected UAAL after changes: (5) - (6) - (7) - (8)	\$ 866,864
(10)	Actual UAAL* as of 6/30/25	<u>783,775</u>
(11)	Total gain/(loss): (9) - (10)	\$ 83,089
(a)	Asset Gain/(Loss)	<u>24,615</u>
(b)	Experience Gain/(Loss) (11) - (11a)	\$ 58,474
(12)	Accrued Liabilities as of 6/30/25	\$ 1,723,587
(13)	Experience Gain/(Loss) as percent of actuarial accrued liabilities at end of year (11b) / (12)	3.4%

* Unfunded actuarial accrued liability

** There were no assumption changes



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 6/30/25
Age & Service Retirements. If members retire at older ages or participate in lower numbers, there is a gain. If younger ages or higher participation, a loss.	\$ 9.5
Disability Retirements. If disability claims are less than assumed, there is a gain. If more claims, a loss.	0.0
Death-in Service Benefits. If survivor claims are less than assumed, there is a gain. If more claims, there is a loss.	(1.6)
Withdrawal From Employment. If more liabilities are released by withdrawals than assumed, there is a gain. If smaller releases, a loss.	21.3
Claims Increases (Including Wrap Plan). If smaller claims increases than assumed, there is a gain; if larger, a loss.	(358.4)
New Members. Additional accrued liability attributable to members who entered the plan since the last valuation.	(12.9)
Asset Experience. 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.	24.6
Death After Retirement. If retiree members live longer than assumed, there is a loss. If not as long, a gain.	9.4
Other. Miscellaneous gains and losses resulting from changes in valuation software, data adjustments, timing of financial transactions, etc.	<u>32.8</u>
Gain (or Loss) During Year From Financial Experience	\$ (275.3)
Non-Recurring Items. Adjustments for plan amendments, assumption changes and method changes	0.0
Composite Gain (or Loss) During Year	\$ <u>(275.3)</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 FY2025.

Required Contribution Rates

Contribution for	Amount	% of Payroll
A. Normal Cost	\$ 73,996,366	1.52%
B. Member Contributions*	\$ 0	0.00%
C. Employer Normal Cost: [A - B]	\$ 73,996,366	1.52%
D. Unfunded Actuarial Accrued Liability**	\$ 51,098,230	1.08%
E. Total Recommended Employer Contribution Rate: [C + D]	\$ 125,094,596	2.60%
F. Employer Contribution Toward Health Care ⁺	\$ 71,900,771	1.50%

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

** Based on 30-year amortization of the UAAL from June 30, 2025.

+ 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
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
2025	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, 2025. Additional information will be provided in separate reports.

Valuation date	6/30/2025
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	6.75% - 4.40%
Year of Ultimate Trend	2035



SECTION VII – ACCOUNTING INFORMATION

Fourteen-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
6/30/2025	940	1,724	784	54.5	4,735	16.6



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, 2025 and, for comparison purposes, as of the immediately preceding valuation date of June 30, 2024.

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

	June 30, 2025	June 30, 2024
ASSETS		
Current market value of assets	\$ 939,812,471	\$ 816,468,867
Prospective contributions		
Employer normal contributions	700,026,326	570,287,455
Unfunded accrued liability contributions	783,775,027	509,233,133
Total prospective contributions	<u>\$ 1,483,801,353</u>	<u>\$ 1,079,520,588</u>
Total assets	<u>\$ 2,423,613,824</u>	<u>\$ 1,895,989,455</u>
LIABILITIES		
Present value of benefits payable on account of present retiree members and beneficiaries	\$ 677,803,612	\$ 479,898,533
Present value of benefits payable on account of active members	1,712,896,294	1,395,665,613
Present value of benefits payable on account of deferred vested members	<u>32,913,918</u>	<u>20,425,309</u>
Total liabilities	<u>\$ 2,423,613,824</u>	<u>\$ 1,895,989,455</u>



SCHEDULE A – VALUATION BALANCE SHEET

The following fourteen-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)

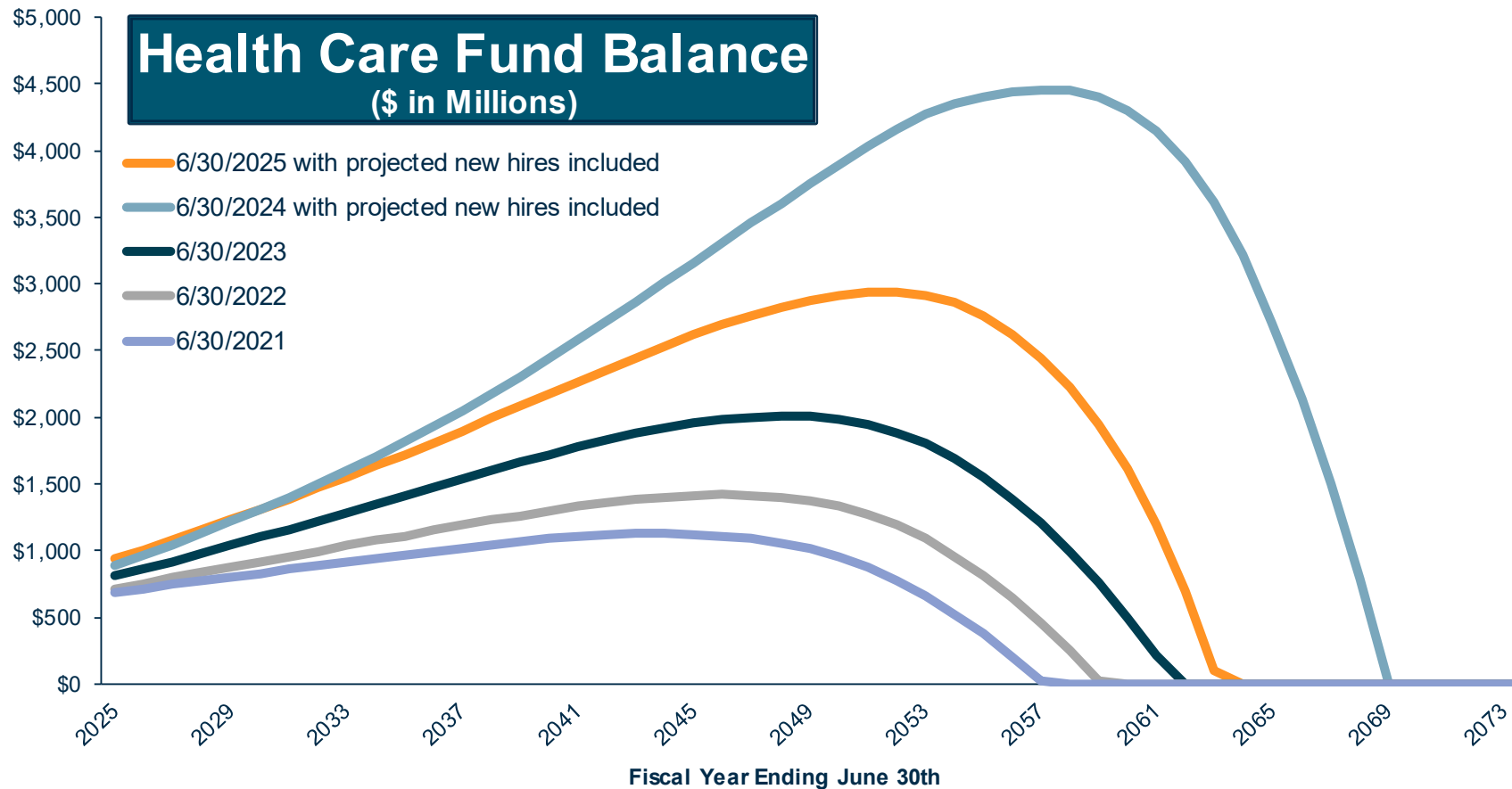
Valuation Date	Aggregate Accrued Liabilities For				Portion of Accrued Liabilities Covered by Reported Assets		
	(1) Active Member Contributions	(2) Retiree Members & Beneficiaries	(3) Active Members (Employer Financed Portion)	Actuarial Value of Assets	(1)	(2)	(3)
6/30/2012	\$0	\$1,074	\$1,617	\$355	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
6/30/2025	0	711	1,013	940	100.0	100.0	22.6



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 prior to 2024. Similar to 2024, 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 surcharge. The initial trend rate includes the use of published annual health care inflation surveys in conjunction with actual plan experience, where credible. The assumed annual decrease in trend rates to an ultimate level of price inflation plus 2% reflects the belief that health care inflation cannot indefinitely outstrip the growth rate of employer budgets and the overall economy.

Calendar Year	
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 SM 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 SM	Aetna Traditional Choice with Medicare A Only	AultCare PPO
Non-Medicare	\$1,636	N/A	\$1,193
Medicare A & B	\$163	\$463	N/A
Medicare B Only	\$163	N/A	N/A

Spouse Costs			
Medicare Status	Aetna Choice POS II and Aetna Medicare SM	Aetna Traditional Choice with Medicare A Only	AultCare PPO
Non-Medicare	\$1,473	N/A	\$953
Medicare A & B	\$163	\$463	N/A
Medicare B Only	\$163	N/A	N/A

Children Costs			
Medicare Status	Aetna Choice POS II and Aetna Medicare SM	Aetna Traditional Choice with Medicare A Only	AultCare PPO
Non-Medicare	\$491	N/A	\$211
Medicare A & B	\$163	\$463	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	\$ 5,163	\$ 8,424	\$ 4,752	\$ 7,755
45	6,399	8,919	5,890	8,210
50	8,356	10,391	7,692	9,565
55	10,965	12,106	10,093	11,143
60	14,124	14,119	13,002	12,997
64	17,250	16,530	15,879	15,216

Post-Medicare

Age	Retiree		Spouse	
	Male	Female	Male	Female
65	\$ 1,505	\$ 1,434	\$ 1,411	\$ 1,345
70	1,829	1,763	1,715	1,653
75	2,172	2,059	2,036	1,930
80	2,521	2,372	2,364	2,224
85	2,841	2,676	2,664	2,509
90	3,120	2,906	2,925	2,725



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 for the Aetna Choice POS II Plan, the Aetna Traditional Choice Plan, and the AultCare PPO Plan. The \$35 monthly surcharge is reduced to a \$15 monthly surcharge for the Aetna Medicare Plan. 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



2026 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 MedicareSM 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 2026 *Open Enrollment Guide* and the 2026 *Member Health Care Guide*.



SCHEDULE C – SUMMARY OF MAIN PLAN PROVISIONS



2026 Monthly Contribution Rates

Years of Service	Aetna Medicare SM	Aetna Traditional Choice
Service Retirement Date on or before July 1, 1989 Premiums		
5-9.999 years		
With Medicare A & B	\$97	\$287
With Medicare B Only	\$277	
10-24.999 years		
With Medicare A & B	\$44	\$123
With Medicare B Only	\$107	
25 years & over		
With Medicare A & B	\$44	\$123
With Medicare B Only	\$44	

Years of Service	Aetna Choice POS II and Aetna Medicare SM	Aetna Traditional Choice with Medicare A Only	AultCare PPO
Service Retirement Date August 1, 1989 through July 1, 2008 Premiums			
10-14.999 years			
Without Medicare	\$1,671		\$1,228
With Medicare A & B	\$178	\$539	
With Medicare B Only	\$538		
15-19.999 years			
Without Medicare	\$853		\$632
With Medicare A & B	\$97	\$287	
With Medicare B Only	\$277		
20-24.999 years			
Without Medicare	\$444		\$333
With Medicare A & B	\$56	\$161	
With Medicare B Only	\$146		
25 years & over			
Without Medicare	\$321		\$244
With Medicare A & B	\$44	\$123	
With Medicare B Only	\$44		



SCHEDULE C – SUMMARY OF MAIN PLAN PROVISIONS



2026 Monthly Contribution Rates (continued)

Years of Service	Aetna Choice POS II and Aetna Medicare SM	Aetna Traditional Choice with Medicare A Only	AultCare PPO
Service Retirement Date on or after August 1, 2008 Premiums*			
10-19.999 years			
Without Medicare	\$1,671		\$1,228
With Medicare A & B	\$178	\$539	
With Medicare B Only	\$538		
20-24.999 years			
Without Medicare	\$853		\$632
With Medicare A & B	\$97	\$287	
With Medicare B Only	\$277		
25-29.999 years			
Without Medicare	\$526		\$393
With Medicare A & B	\$64	\$186	
With Medicare B Only	\$64		
30-34.999 years*			
Without Medicare	\$362		\$274
With Medicare A & B	\$48	\$136	
With Medicare B Only	\$48		

* Further reductions for each year over 35.

Years of Service	Aetna Medicare SM	Aetna Traditional Choice with Medicare A Only
Disability Benefit Recipients Premiums**		
5-9.999 years		
With Medicare A & B	\$97	\$287
With Medicare B Only	\$277	
10-24.999 years		
With Medicare A & B	\$69	\$201
With Medicare B Only	\$188	
25 years & over		
With Medicare A & B	\$44	\$123
With Medicare B Only	\$44	

** 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



2026 Monthly Contribution Rates (continued)

Years of Service	Aetna Choice POS II and Aetna Medicare SM	Aetna Traditional Choice with Medicare A Only	AultCare PPO
Spouse Premiums (Service Retiree, Disability Recipient, or Member's Qualified Service)			
Up to 25 years			
Without Medicare	\$1,508		\$988
With Medicare A & B	\$178	\$539	
With Medicare B Only	\$538		
25-29.999 years			
Without Medicare	\$1,361		\$893
With Medicare A & B	\$162	\$489	
With Medicare B Only	\$162		
30 years & over			
Without Medicare	\$1,213		\$798
With Medicare A & B	\$146	\$438	
With Medicare B Only	\$146		

Years of Service	Aetna Choice POS II and Aetna Medicare SM	Aetna Traditional Choice with Medicare A Only	AultCare PPO
Child Premiums			
Without Medicare	\$379		\$182
With Medicare A & B		\$388	





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 2026 *Open Enrollment Guide*.

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

2026 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.





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.





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 For Cardiac, Pulmonary, Speech For Physical, Occupational	20% coinsurance \$10 co-pay	20% coinsurance 20% coinsurance
Chiropractic	\$10 co-pay	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) 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 \$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) Non-preferred at 100% <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 \$2,200 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 SM 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, 2025
Tabulated by Attained Ages**

Attained Age	Number of		Total Number
	Males	Females	
Under 20	22	26	48
20-24	38	40	78
25-29	9	8	17
30-34	1	1	2
35-39	1	4	5
40-44	7	6	13
45-49	9	8	17
50-54	33	49	82
55-59	183	286	469
60-64	805	1,779	2,584
65-69	2,326	5,156	7,482
70-74	2,720	5,782	8,502
75-79	2,035	5,176	7,211
80-84	1,448	4,304	5,752
85-89	1,003	3,069	4,072
90-94	428	1,494	1,922
95-99	113	539	652
100	3	30	33
101	5	26	31
102	1	14	15
103	1	12	13
104	0	5	5
105 & Over	1	4	5
Total	11,192	27,818	39,010

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 Fourteen 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		
6/30/2013	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
6/30/2025	2,314	6,550,861	2,496	3,106,146	39,010	64,146,121	29.28%	1,644

* 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, 2025
Tabulated by Attained Ages

Attained Age	Number of		Total Number
	Males	Females	
Under 35	8	6	14
35-39	64	69	133
40-44	148	198	346
45-49	199	429	628
50-54	264	883	1,147
55-59	323	1,399	1,722
60 & Over	498	2,194	2,692
Total	1,504	5,178	6,682



SCHEDULE D – DETAILED TABULATIONS OF THE DATA



Total Active Members as of June 30, 2025 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	3,382							3,382
Avg Pay	\$13,403							\$13,403
20-24	11,421	86						11,507
Avg Pay	\$15,713	\$35,177						\$15,858
25-29	11,025	1,050	44					12,119
Avg Pay	\$19,319	\$38,383	\$49,433					\$21,080
30-34	10,445	2,020	518	26				13,009
Avg Pay	\$20,496	\$39,953	\$51,497	\$59,375				\$24,829
35-39	11,652	2,660	1,155	281	23			15,771
Avg Pay	\$20,499	\$36,932	\$51,413	\$60,374	\$61,690			\$26,305
40-44	12,137	3,804	1,634	675	285	51		18,586
Avg Pay	\$20,140	\$37,184	\$49,808	\$61,646	\$66,210	\$72,195		\$28,593
45-49	10,328	3,984	2,302	972	651	347	19	18,603
Avg Pay	\$19,334	\$35,342	\$43,772	\$55,533	\$65,462	\$67,240	\$78,296	\$30,246
50-54	8,346	3,728	2,836	1,712	1,213	770	229	18,834
Avg Pay	\$20,646	\$34,704	\$41,896	\$49,014	\$55,636	\$65,871	\$66,740	\$33,870
55-59	6,770	3,219	2,746	2,302	2,064	1,561	448	19,110
Avg Pay	\$20,972	\$36,167	\$40,897	\$42,953	\$48,056	\$54,435	\$65,483	\$35,745
60-64	5,359	2,512	2,119	2,111	2,701	2,492	910	18,204
Avg Pay	\$19,908	\$33,724	\$40,293	\$42,258	\$44,461	\$48,679	\$55,357	\$36,133
65-69	3,994	1,415	1,020	814	1,100	1,260	715	10,318
Avg Pay	\$14,809	\$28,509	\$37,688	\$41,762	\$44,684	\$46,648	\$47,874	\$30,440
70 & over	2,907	998	551	296	268	287	530	5,837
Avg Pay	\$11,624	\$20,893	\$28,643	\$34,236	\$37,391	\$42,458	\$45,042	\$21,696
Totals	97,766	25,476	14,925	9,189	8,305	6,768	2,851	165,280
Avg Pay	\$18,910	\$35,179	\$42,955	\$46,819	\$49,228	\$52,449	\$54,221	\$28,647

Averages:

Age: 46.6

Service: 6.9

Annual Pay: \$28,647



SCHEDULE D – DETAILED TABULATIONS OF THE DATA



Male Active Members as of June 30, 2025 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	1,780							1,780
Avg Pay	\$13,741							\$13,741
20-24	4,675	48						4,723
Avg Pay	\$16,441	\$37,848						\$15,785
25-29	4,598	472	29					5,099
Avg Pay	\$19,624	\$45,494	\$55,683					\$22,224
30-34	3,684	729	283	16				4,712
Avg Pay	\$20,867	\$46,165	\$58,935	\$66,684				\$27,223
35-39	3,367	750	444	155	21			4,737
Avg Pay	\$21,053	\$45,619	\$62,610	\$65,508	\$60,450			\$30,467
40-44	3,653	842	530	305	172	30		5,532
Avg Pay	\$19,752	\$49,778	\$65,042	\$73,243	\$73,347	\$81,605		\$33,612
45-49	3,714	899	494	288	254	159	10	5,818
Avg Pay	\$17,440	\$44,397	\$59,495	\$74,641	\$81,538	\$77,909	\$86,052	\$32,577
50-54	3,325	860	542	377	279	262	110	5,755
Avg Pay	\$18,968	\$39,785	\$56,461	\$69,164	\$79,479	\$80,388	\$76,614	\$35,729
55-59	2,713	891	630	384	335	316	170	5,439
Avg Pay	\$20,674	\$43,359	\$52,643	\$62,069	\$69,042	\$77,165	\$78,662	\$39,089
60-64	2,110	859	590	436	411	339	225	4,970
Avg Pay	\$21,354	\$38,641	\$51,613	\$58,285	\$64,491	\$70,093	\$73,179	\$40,412
65-69	1,659	581	357	242	222	172	121	3,354
Avg Pay	\$16,199	\$31,268	\$44,448	\$49,469	\$60,891	\$63,704	\$65,993	\$31,408
70 & over	1,190	467	271	123	72	49	72	2,244
Avg Pay	\$12,468	\$23,637	\$32,572	\$39,857	\$44,022	\$52,758	\$59,152	\$22,112
Totals	36,468	7,398	4,170	2,326	1,766	1,327	708	54,163
Avg Pay	\$18,706	\$41,678	\$54,885	\$63,307	\$69,701	\$73,538	\$72,556	\$30,254

Averages:

Age: 45.1

Service: 5.4

Annual Pay: \$30,254



SCHEDULE D – DETAILED TABULATIONS OF THE DATA



Female Active Members as of June 30, 2025 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	1,602							1,602
Avg Pay	\$13,028							\$13,028
20-24	6,746	38						6,784
Avg Pay	\$15,208	\$29,091						\$15,286
25-29	6,427	578	15					7,020
Avg Pay	\$19,101	\$32,576	\$37,350					\$20,249
30-34	6,761	1,291	235	10				8,297
Avg Pay	\$20,293	\$36,445	\$42,541	\$47,680				\$23,470
35-39	8,285	1,910	711	126	2			11,034
Avg Pay	\$20,274	\$33,521	\$44,420	\$54,060	\$74,717			\$24,519
40-44	8,484	2,962	1,104	370	113	21		13,054
Avg Pay	\$20,307	\$33,603	\$42,494	\$52,087	\$55,346	\$58,750		\$26,466
45-49	6,614	3,085	1,808	684	397	188	9	12,785
Avg Pay	\$20,398	\$32,703	\$39,476	\$47,487	\$55,177	\$58,217	\$69,678	\$29,185
50-54	5,021	2,868	2,294	1,335	934	508	119	13,079
Avg Pay	\$21,758	\$33,180	\$38,455	\$43,323	\$48,514	\$58,384	\$57,613	\$33,052
55-59	4,057	2,328	2,116	1,918	1,729	1,245	278	13,671
Avg Pay	\$21,171	\$33,415	\$37,400	\$39,126	\$43,990	\$48,666	\$57,425	\$34,414
60-64	3,249	1,653	1,529	1,675	2,290	2,153	685	13,234
Avg Pay	\$18,968	\$31,168	\$35,925	\$38,087	\$40,866	\$45,307	\$49,504	\$34,526
65-69	2,335	834	663	572	878	1,088	594	6,964
Avg Pay	\$13,821	\$26,586	\$34,047	\$38,501	\$40,586	\$43,952	\$44,183	\$29,974
70 & over	1,717	531	280	173	196	238	458	3,593
Avg Pay	\$11,040	\$18,480	\$24,840	\$30,240	\$34,956	\$40,337	\$42,824	\$21,436
Totals	61,298	18,078	10,755	6,863	6,539	5,441	2,143	111,117
Avg Pay	\$19,031	\$32,520	\$38,330	\$41,231	\$43,699	\$47,306	\$48,164	\$27,863

Averages:

Age: 47.4

Service: 7.6

Annual Pay: \$27,863



SCHEDULE D – DETAILED TABULATIONS OF THE DATA



Active Members as of June 30, 2025 Tabulated by Annual Pay

Annual Pay	Number of Active Members			Portion of Total Number	
	Men	Women	Totals	Group	Cumulative
Less than \$1,000	1,616	2,743	4,359	2.6%	2.6%
\$1,000 - 1,999	2,259	2,770	5,029	3.0%	5.7%
2,000 - 2,999	2,912	3,180	6,092	3.7%	9.4%
3,000 - 3,999	3,303	3,016	6,319	3.8%	13.2%
4,000 - 4,999	2,905	2,433	5,338	3.2%	16.4%
5,000 - 5,999	2,283	2,208	4,491	2.7%	19.1%
6,000 - 6,999	1,773	2,145	3,918	2.4%	21.5%
7,000 - 7,999	1,406	2,064	3,470	2.1%	23.6%
8,000 - 8,999	1,163	1,993	3,156	1.9%	25.5%
9,000 - 9,999	1,015	1,921	2,936	1.8%	27.3%
10,000 - 11,999	1,631	3,795	5,426	3.3%	30.6%
12,000 - 13,999	1,332	3,990	5,322	3.2%	33.8%
14,000 - 15,999	1,326	4,408	5,734	3.5%	37.3%
16,000 - 17,999	1,286	4,823	6,109	3.7%	41.0%
18,000 - 19,999	1,276	5,237	6,513	3.9%	44.9%
20,000 - 24,999	3,137	14,402	17,539	10.6%	55.5%
25,000 - 29,999	2,910	12,850	15,760	9.5%	65.0%
30,000 - 35,999	2,818	10,167	12,985	7.9%	72.9%
36,000 - 39,999	1,813	5,223	7,036	4.3%	77.2%
40,000 - 49,999	5,017	9,499	14,516	8.8%	85.9%
50,000 - 59,999	3,874	5,393	9,267	5.6%	91.6%
60,000 and over	7,108	6,857	13,965	8.4%	100.0%
Totals	54,163	111,117	165,280		





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.

