

# Retiree Medical Actuarial Long-term Funding Plan

Finance Committee February 10, 2016



#### The Issue

- Changes in actuarial assumptions and market losses to assets have increased the unfunded liability for the NCPA Retiree Medical Plan by substantial amounts
- Prudent financial planning suggests development of a plan to fully fund this obligation is needed



### **Quantifying the Issue**

|   | In millions | In millions |
|---|-------------|-------------|
|   | <u>2013</u> | <u>2015</u> |
| <ul> <li>Accrued Actuarial Liability</li> </ul> | \$22.5      | \$36.7      |
| <ul><li>Assets</li></ul>                        | <u>17.5</u> | <u>22.3</u> |
| <ul> <li>Unfunded AAL</li> </ul>                | \$5.0       | \$14.4      |
| <ul><li>Funded %</li></ul>                      | 78.0%       | 60.7%       |

Annual Required Contribution (ARC) \$0.9 \$2.3

- Funding % down substantially due to changes in assumptions
- ARC increases \$1.4 million over current budget

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#### Reasons to Stabilize the Retiree Medical Plan

 Minimum funding of post retirement obligations per Rating Agency recommendations is 80%;

#### From S & P Report:

Qualitative Factors Negatively Affecting The Initial Assessment Include:

Concerns about pension funding, which could be evidenced by a funded ratio of less than 80%, an actuarial study that is more than three years old, or a trend of not fully funding the annual required contribution for the pension or postemployment benefits

- NCPA is actively seeking new members to improve economies of scale; a large liability may be a negative factor in expanding membership
- End of life is approaching for certain plants; funding of liability could occur sooner, rather than the 28 years assumed in the actuarial calculations

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U.S. Local Government: Growing Tax Bases And Good Management Underpin Stable Outlook, Despite Some Pension And OPEB Stress



## **Strategies Proposed**

- Negotiate health care premiums to cap exposure (will require future union negotiations)
  - Union agreed to participate in the solution
- Review impact of shorter amortization of unfunded liability
  - Looked at various scenarios and impact (by member)

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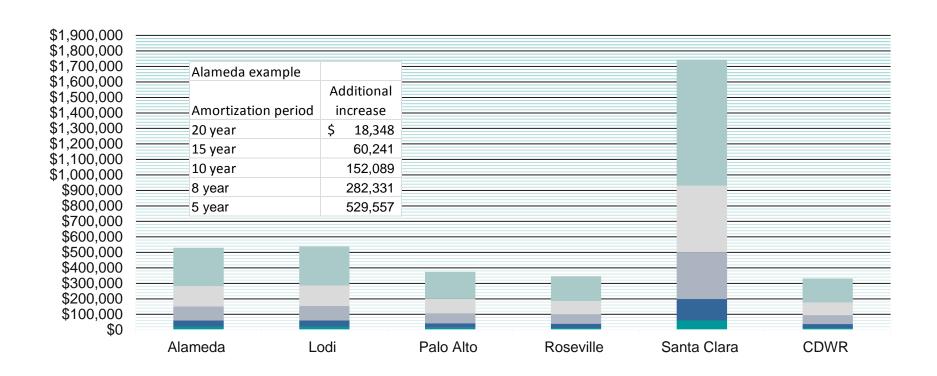
## **Proposed Long-term Funding Plan**

#### Options considered:

|               |                 | Change From 2017 ARC | Changes<br>between<br>Scenarios | Percent increase<br>to NCPA budget<br>\$642mm |
|---------------|-----------------|----------------------|---------------------------------|---|
| New 2017 ARC  | \$<br>2,302,000 |                      |                                 |   |
| 20 Yr Funding | 2,475,000       | 173,000              | 173,000                         | 0.0269%                                       |
| 15 Yr Funding | 2,697,000       | 395,000              | 222,000                         | 0.0615%                                       |
| 10 Yr Funding | 3,168,000       | 866,000              | 471,000                         | 0.1348%                                       |
| 8 Yr Funding  | 3,530,000       | 1,228,000            | 362,000                         | 0.1911%                                       |
| 5 Yr Funding  | 4,633,000       | 2,331,000            | 1,103,000                       | 0.3627%                                       |



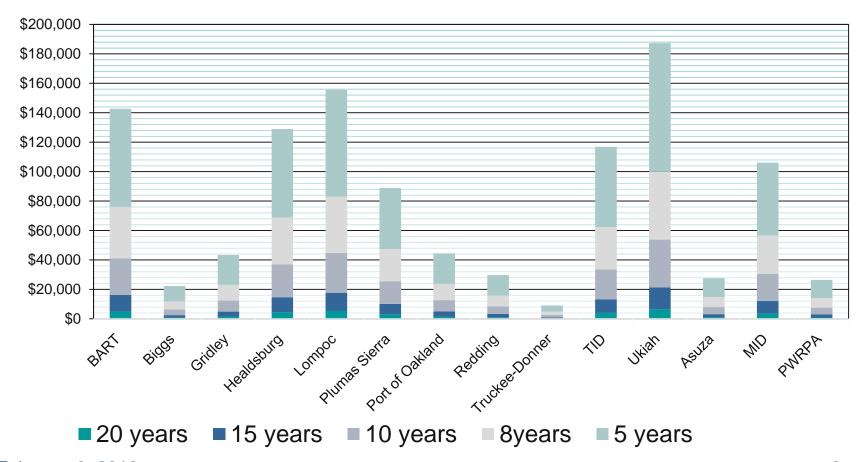
## Financial Impact of Funding Options – By Year



■ 20 years ■ 15 years ■ 10 years ■ 8 years ■ 5 years



## Financial Impact of Funding Options – By Year





#### Recommendation

- Establish plan to reduce retiree medical liability including:
  - Formalize plan with Commission approval
  - Negotiate health care premiums to cap exposure over the next several years
  - Shorten amortization of unfunded liability from 28 years to 8 years beginning FY 17
    - ARC funding goes from \$2.3 million to \$3.5 million
  - Use new services revenues to offset a portion of the additional funding each year
- Plan to conduct new Actuarial Valuation in FY 2017 and adjust as necessary