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# **Town of Weymouth Other Post-Employment Benefits**



**Actuarial Valuation  
January 1, 2011**



**STONE  
CONSULTING, INC.**



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## SECTION I

### MANAGEMENT SUMMARY

#### Introduction

This report presents the results of the actuarial valuation of the Town of Weymouth Other Post-employment Benefits as of January 1, 2011. The valuation was performed for the purpose of measuring the actuarial accrued liabilities associated with these benefits and calculating a funding schedule. These results are used in satisfying the requirements under the Governmental Accounting Standards Board Statement No. 45.

The valuation was based on participant data as of January 1, 2011 supplied by Weymouth and the Massachusetts State Teachers Retirement. The provisions reflected in the valuation are based on Chapter 32B of the General Laws of the Commonwealth of Massachusetts and related statutes and the benefits provided by the Town.

We are pleased to present the results of this valuation. We are available to respond to any questions on the content of this report. Please note that this report is meant to be used in its entirety. Use of excerpts of this report may result in inaccurate or misleading understanding of the results.

Respectfully submitted,

*STONE CONSULTING, INC.*

January 9, 2012

Lawrence B. Stone

Member, American Academy of Actuaries

Kevin K. Gabriel, FSA, MAAA

Member, American Academy of Actuaries

5 West Mill Street, Suite 5

Medfield, MA 02052

Tel. (508) 359-9600

Fax. (508) 359-0190

E-mail [Lstone@stoneconsult.com](mailto:Lstone@stoneconsult.com)





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## Summary of Actuarial Results

The actuarial values in this report were calculated consistent with the Governmental Accounting Standards Board (GASB) Statement No. 45, *Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions*, issued June 2004. Values at two discount rates are presented. The 7.50% discount rate represents the expected rate of return for a funded plan with a longer-term investment horizon. For an unfunded plan, the GASB Statement No. 45 calls for the use of a discount rate approximating the rate of return of Weymouth's general assets. The rate we used for Weymouth is 4.25%. The OPEB liability is extremely sensitive to this assumption. Use of the unfunded rate instead of the funded rate causes the Annual Required Contribution (ARC), Accrued Actuarial Liability (AAL), and the Normal Cost to increase dramatically.

The summary results are as follows:

- Actuarial Accrued Liability ("AAL") is the "price" attributable to benefits earned in past years. The total AAL as of January 1, 2011 (at 4.25% discount rate) is \$236,106,385. This is made up of approximately \$96.2 million for current active Weymouth employees and approximately \$139.9 million for Weymouth retirees, spouses and survivors.
- The Normal Cost is the "price" attributable to benefits earned in the current year. The Normal Cost as of January 1, 2011 (at the 4.25% discount rate) is approximately \$9.2 million.
- Based on a twenty-seven year funding schedule (at the 4.25% discount rate), the Fiscal 2011 contribution would be \$19,058,623. This figure is referred to as the Annual Required Contribution (ARC). This figure should be contrasted with the ARC using the fully funded 7.50% rate and a thirty-year funding schedule of \$13,078,285. These compare to the pay-as-you-go contribution of the existing costs for current retirees of \$8,966,087. For an illustration of how payment of the ARC impacts the funding of the plan over time, please refer to the "Illustrative Funding Schedule" discussion beginning on page 15 and the accompanying table on page 34. The following table shows the





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breakdown of the Actuarial Accrued Liability between future retirees and current retirees, as well as the normal cost, at Weymouth's different discount rates:

Actuarial Results as of January 1, 2011		
	7.50% Rate	4.25% Rate
Current Actives	\$50,731,733	\$96,218,614
Current Retirees, Beneficiaries, Vesteds and Survivors	<u>\$103,482,255</u>	<u>\$139,887,771</u>
Total AAL	\$154,213,988	\$236,106,385
Normal Cost	\$4,391,372	\$9,174,484
ARC (Uses 27 yrs for Unfunded, 30 Yrs for Funded)	\$13,078,285	\$19,058,623



### **Change from Prior Valuation**

Weymouth had a prior valuation of its OPEB liability done as of January 1, 2007. The following table provides a comparison of some of the key figures:

Category	1/1/2011 Figure	1/1/2007 Figure	% Change
AAL	\$236.1 million	\$195.1 million	+21.0%
Normal Cost	\$9.2 million	\$7.6 million	+20.0%
Amortization Cost	\$9.9 million	\$6.6 million	+49.4%
ARC	\$19.1 million	\$14.3 million	+33.6%
Pay-Go for Year 1	\$9.0 million	\$7.2 million	+24.3%

The following addresses the reasons behind these changes:

- 1) The amortization cost rose more than the Normal Cost or AAL because the amortization period has been shortened by 3 years and also because we changed the rate of increase from 4.875% to 3.25%.
- 2) A slight increases in the figures came from a change in the mortality (about 3.0% on both the Normal Cost and the AAL).
- 3) The discount rate decreased from 5.00% to 4.25%. This increased the NC by about 20% and the AAL by about 11%.
- 4) Since 2007, Weymouth has changed its medical plan choices. Previously, teachers were part of the GIC while everyone else was in a separate town plan. Now everyone is in the GIC plans. The new claim rates are higher than in 2007. Participation for teachers was down significantly, while that for non-teachers was up.
- 5) We have improved our method to reflect more exactly the percentage of spouses covered at retirement. We have studied the actual participation of spouses rather than assuming that all spouses, in effect, take coverage. This will be discussed in further







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detail on page 14. The impact of this change was to reduce the accrued liability and normal cost.

The following table summarizes the changes in assumptions between the two valuations:

	<b>Current Val (1/1/2011)</b>	<b>Prior Val (1/1/2007)</b>
<b>Mortality</b>	Projected to 2011	No mortality projection
<b>Employee Participation</b>	80%	87%/70% (Teacher/Non-Teacher)
<b>Spouse %</b>	80%	85%
<b>Plans Pre-65</b>	55% MC/45% IND	Split Teacher/Non-Teacher
<b>Plans Post-65(Medicare Only)</b>	39% IND/59% MC	Split Teacher/Non-Teacher
<b>Family % Pre-65/Post-65</b>	55%/10%	60%/NA
<b>Claims age 65 COMMC Blended</b>	\$21,424/\$13,531	\$22,615/NA
<b>Claims age 65 COMIND Blended</b>	\$18,433/\$9,897	NA/NA
<b>Claims age 65 MEDMC/MEDIND</b>	\$3,462/\$3,825	NA\$/3,890
<b>Cumulative Trend Years 1-10</b>		
<b>Commercial MC</b>	98%	102%
<b>Commercial IND</b>	113%	122%
<b>Medicare MC</b>	74%	85%
<b>Medicare IND</b>	89%	96%
<b># Actives</b>	1277	1267
<b># Retirees</b>	1435	1385



## Valuation Methodology and Assumptions

### VALUATION METHOD

The valuation of the other post-employment benefits is based upon the projected unit credit actuarial cost method. Under this method, future health care benefit costs (including Medicare reimbursements) are projected using assumed rates of annual health care cost increases (health care cost trend rates). The cost of future expected life insurance death benefits is added to the projected medical cost. The actuarial value of the future expected benefits is allocated proportionately over a health plan member's working lifetime.

A normal cost (or service cost) is determined for each year of the member's creditable service and is equal to the value of the future expected benefits divided by the total expected number of years of service. This is similar to a normal cost in a retirement actuarial valuation. The Actuarial Accrued Liability is the accumulated value of prior normal costs, similar to the actuarial accrued liability in a retirement actuarial valuation, and represents the liability associated with prior service.

### GASB Statement No. 45

The actuarial cost method used in this valuation is consistent with the Governmental Accounting Standards Board (GASB) Statement No. 45, *Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions*, issued June 2004. It is one of the allowable cost methods specified in that accounting standard, and is the cost method most similar to the prescribed method of accounting for these benefits in the private sector described in the Financial Accounting Standards Board Statement 106 (FAS 106).

### Difference Between FAS 106 and GASB Statement No. 45

The GASB Statement No. 45 differs in one important regard from the actuarial cost method described in the private sector accounting standard. In the FAS 106 methodology, benefits are







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considered to be fully earned in the first 10 years of service, since members become vested in the retirement benefits in 10 years. Compared to the FAS 106 method, the GASB Statement No. 45 attribution method produces a lower accrued liability for future retirees. The cost of the benefit is spread over the expected working lifetime of the employee. This makes the cost of the benefit associated with the years of service the employee is providing. This is more appropriate for the public sector due to the relative permanence of public entities compared to private entities. There are other significant differences between the GASB Statement No. 45 and FAS 106, most noticeably in the choice of discount rate. The GASB Statement No. 45 discount rate assumption is discussed below.

### *ACTUARIAL ASSUMPTIONS*

Details of the assumptions used in this valuation are shown in Section II. Here we present a brief discussion of the assumptions selected.

#### *Demographic and Financial Assumptions*

These include discount rates of 7.50% and 4.25% as well as mortality, disability, withdrawal and retirement rates. These discount rates apply to the two scenarios of either a fully funded or unfunded program. A fully funded program is when the employer contributes 100% of the ARC each year. An unfunded program is where the only amount contributed is used to pay benefits during the year so no assets accumulate. GASB Statement No. 45 indicates that the discount rate for an unfunded post employment benefit plan should be based on the degree to which the plan is funded. For an unfunded plan, the rate of return on the employer's general assets should be used. The rate we used for this scenario is 4.25%. For a fully funded plan, GASB statement No. 45 allows one to use a long-term investment rate such as what would be used for a defined benefit pension fund. The rate we are currently using for this is 7.50%. The choice of this interest rate reflects the lower return expected initially for a plan with few assets. For a plan (not the case with Weymouth) where the Town has been setting aside some funds toward the liability above the pay-as-you-go amount, but less than the full ARC ("partially" funded), a rate in between these two levels should be used. It should be noted that the rate of return assumption could change significantly in the future due to changes in the economic environment.





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We recommend that Weymouth adopt a funding policy for its OPEB benefits. The funding policy would describe the amounts and timing of the contributions. The GASB statement does not have a requirement for a formal funding policy document but indicates that a formal funding policy should be adopted. We recommend that the Town detail its intent with either a written document or in the minutes of a meeting.

The discount rate would change if the Town implements any sort of funding above the pay-as-you-go amount. Such a change would likely lead to a higher discount rate and, hence, a lower AAL, possibly significantly so. The rate would be dependent on the investment policy and might not be the same as the funded rate shown in this report.

#### Health Care Plan Assumptions

Assumptions unique to post-retirement medical plans include initial annual health care costs and annual health care cost increase (trend) rates, Medicare eligibility, plan participation and coverage election rates.

- Current health care costs by age

Initial health care cost assumptions were derived from premium rates for the various health care plans in-force at January 1, 2011. Typically, we analyze the plans offered in terms of four different categories: whether the plan offered is Commercial (not integrated with Medicare) or supplemental to Medicare and whether the plan is Indemnity (where reimbursements are a function of billed charges) or Managed Care (where reimbursements are a function of negotiated contracts). Grouping the plans in this manner allows us to maintain a reasonable degree of granularity in our analysis. At the same time, it avoids the problem of a lack of credibility that often arises if one attempts to analyze every plan separately.

In the case of Weymouth, there are plans in all of these categories: eight Commercial Managed Care plans, four Commercial Indemnity Plans, five Medicare Managed Care plans and two Medicare Indemnity plans. Please refer to the “Plan Definition Table” on page 29 for more details.

For all of these groups, weighted-average costs for each plan grouping were calculated based





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on the actual Weymouth active and retiree population enrollments. For categories with more than one plan, costs were based on an average weighted by enrollment. However, in order to capture the effect of aging on health care costs, an assumption is required for the increase in health care costs as a person ages. We based our aging assumption on a study sponsored by the Society of Actuaries Health Section in August 2003. The effect of this aging assumption is illustrated in the table of “Initial Monthly Health Care Costs” in the Actuarial Methods and Assumptions section of this report. This method was applied only to the Commercial plans, since these plans incorporate both retirees and active employees. By age-grading the claim costs, we account for the subsidy of older employees by younger employees implicit in a flat premium rate (also referred to as the “Attributed Cost” of each employee). That is, the cost of an active 20-year old employee, for example, is much less than the cost of a retired 80-year old employee. But, the premiums charged the Town are flat – the same for both of these people. Thus, the 20-year old in our example is overcharged and the 80-year old is undercharged by a flat rate premium. Age-grading makes this subsidy or mischarge explicit in the claim costs at each age. For the purposes of the GASB valuation, this subsidy needs to be taken into account in determining the retiree liability and normal cost.

Medicare plans were also age-graded. While there is no subsidy between actives and retirees in these plans, there is still an escalating cost by age that needs to be reflected. In particular, it should be noted that from one year to the next, the cost of a person in these plans (as well as commercial plans) increases due to two factors: (1) year-over-year medical trends and (2) the fact that the person ages one more year. Without age-grading the Medicare costs, we would understate the rate of increase in costs and so end up with smaller liabilities and associated annual costs.

- **Cost trends**

The claim rates developed using the methodology described above must be projected over the life of each retiree. For this purpose we use trend rates calculated to reflect the general rate of increase in Health Care costs. Since we did not have adequate data to develop trend rates unique to Weymouth’s experience, we used trends based upon Stone Consulting’s understanding of current health care rate increases.



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We developed different trends for each of the categories of plans for which we also developed claim costs. These factors were applied to the premium-based claim rates. Since no future rates of increase were known as of the time the valuation was run, all trend rates were based on our standard assumptions.

It should be noted that premium rate increases typically include factors other than health care cost increases, such as aging of the covered population, that are reflected elsewhere in our valuation methodology. Therefore, premium rate increases are not themselves a proxy for health care trends. However, they do give some indication of the level of expected cost increases.

As is typical in post-retirement medical valuations, initially higher rates of health care cost trend are assumed to decrease over time to an ultimate rate consistent with long-term economic assumptions. Our general set of trend assumptions has Commercial Managed Care trends that begin at 10% and scale down to 5%. For Medicare, the Indemnity trend rates begin at 10% and scale down to 6% while the Managed Care trend rates begin at 9% and scale down to 5%. These different sets of trend rate reflect our belief that (1) Managed Care plans, with their negotiated pay levels and tighter controls, will exhibit lower trends than unmanaged Indemnity plans; and (2) Commercial plans will be subject to modestly higher trends than Medicare plans due to cost shifting induced by cutbacks in the federal government's payment of Medicare costs.

First year trends in 2011 were modified from our assumptions to reflect the actual changes in the rates that were implemented on 7/1/2011.

These trend rates should be thought of not as a forecast but as a reasonable progression of rates based on historic patterns. For many years, health care cost increases have been particularly volatile, and this actuarial assumption should be reviewed and, most likely, reset every year or two. Implicit in our health care cost trend assumptions is that the general rate of



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medical inflation will moderate due to economic pressure on insurers, employers, employees, retirees, government entities, and health care providers. As expectations of future health care cost increases change, they will be reflected in future valuations, resulting in actuarial gains/losses. These will be incorporated in the future costs and funding schedules. In this manner, there is a systematic means of adjusting to changes in the health care environment.

- **Sensitivity analysis**

The effect of increasing health care costs is extremely significant in an actuarial valuation of post-employment health benefits. As experience emerges the trend assumptions we have used are unlikely to be realized exactly. To illustrate the effect of different trend rates on the actuarial valuation results, we have included a sensitivity analysis of the effect on the actuarial accrued liability, normal cost and annual required contribution of a 1% increase or decrease in the health care cost trend assumption to the base (4.25%) unfunded scenario. We have also included a sensitivity analysis of the effect on the actuarial accrued liability, normal cost and annual required contribution of a 0.50% increase or decrease in the base unfunded discount rate assumption.

- **Timing**

All values discussed in this report are based on a January 1, 2011 valuation. This means that the first year of the valuation is January 1, 2011 through December 31, 2011. It is permissible, under GASB Statement No. 45, to use these values, without adjustment for interest or any other timing factor for a limited future time period. For an entity such as Weymouth, which will be doing a valuation every two years, the standard allows use of data “not more than twenty-four months before the beginning of the first of two years for which the valuation provides the ARC.” This means that it is acceptable for us to use the January 1, 2011 results without adjustment when discussing the 2011 and 2012 fiscal years. Included are projected costs for the fiscal year after the 2011 fiscal year. If you do not make any cash contributions or there are no significant plan changes you will be able to use the results for both fiscal years.

- **Medicare**







Medicare eligibility is an important assumption with regard to future costs. For those entities that have adopted Section of 18 of Chapter 32B of the code (as has Weymouth), we will assume that active employees who were hired after March 31, 1986 will be Medicare eligible due to their mandated participation in the Medicare program. Active employees prior to that employment date are assumed to be 85% Medicare eligible.

### Medicare Changes

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 introduced significant changes to the Medicare program and its interaction with employer-sponsored post-retirement benefits. Medicare beneficiaries are able to participate in a voluntary, prescription drug coverage program. In order to encourage employers, including public-sector employers, to continue providing prescription drug coverage to retirees, the Act provides for a cash subsidy to employers whose prescription drug coverage is deemed to be actuarially equivalent to the new Medicare Part D drug coverage. This cash subsidy can be used to offset partially the cost of retiree medical benefits, including potentially reducing the accrued liability for a portion of the drug benefits provided by a retiree medical plan. The Act may have additional impact on retiree plan choices, as Medicare-eligible retirees may opt for the Part D coverage rather than an employer's plan options. Such changes, if they occur, may affect the selection of future actuarial assumptions.

GASB has indicated that the subsidy should not be included as part of the OPEB valuation. The reason being that the subsidy is considered general governmental revenue and as such is not earmarked towards the funding of OPEB benefits.

- [Health plan coverage election](#)

Assumptions must also be made regarding the participation in health plans when active members retire and when those already retired turn age 65. Using data supplied by Weymouth, Stone Consulting modeled the behavior of employees as they moved from being active to being retired or moved from being an under age 65 retiree to being an age 65+ retiree. Such modeling involved an analysis of the distribution of the plans chosen by current







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retirees, the possible plans available to those who will retire in the future, and our opinions about the likely future course of retiree medical care. Such models are applicable to actives and to retirees not yet age 65, since both of these groups will have the option to select plans at key ages. It should be kept in mind that these percentages are applicable even to actives not currently enrolled in a medical plan. The reason for this is that these people could change their behavior and enroll in a plan at retirement. The likelihood that they (or other actives) elect to do so is controlled by the participation assumption (see below). Some retiree groupings do not require any modeling. For example, retirees over age 65 are assumed to remain in the plans they have already selected. If they have opted out of Weymouth coverage, we assume they will continue to do so. Similarly, those retirees under age 65 already in Medicare plans are assumed to remain in those plans for life. These are people who are disabled or have certain medical conditions that qualify them for Medicare early. Pre age 65 retirees in Commercial plans are assumed to stay in their current plan until age 65. At that point, they may migrate to a different plan. We have modeled their possible choices at age 65 and reflected them in our assumptions. Active employees over age 65, once they retire, are assumed to make the same sorts of selections as retirees at age 65. The following tables show the way we modeled the choices at each of the key ages.

<b>Weymouth Participant Behavior at Key Ages</b>			
Status	Age	Pre-65 Retirement	65+ Retirement
Active	Under 65	55% Commercial Managed Care 45% Commercial Indemnity	59% Medicare Managed Care 39% Medicare Indemnity 2% Commercial
Active	65+	NA	59% Medicare Managed Care 39% Medicare Indemnity 2% Commercial
Retired	Under 65	Current Plan	59% Medicare Managed Care 39% Medicare Indemnity 2% Commercial or Actual Plan if already in Medicare
Retired	65+	NA	Current Plan

**Participation**



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In addition to determining the choices that retirees will make among plans, there is also the issue of whether the retiree will elect coverage at all. The rate at which retirees elect coverage is called the “Participation” Rate. Stone Consulting conducted a study of Weymouth retirees to determine the historical frequency at which retirees elect to take medical coverage. Based on this study, we assumed that 80% of future eligible retirees and spouses of retirees will elect health plan coverage. For Life Insurance, we assumed that 95% of future retirees will elect coverage. These percentages reflect both actual Weymouth participation to date as well as the likelihood that future participation rates will tend to drift up as alternative sources of coverage become less common.

It is also necessary to reflect the participation rate of spouses in the Medical plans. Spouses will not participate at the same rate as employees for various reasons. These can include the availability of coverage from their own employer and the cost of the spouse coverage on top of the employee’s coverage. We examined the number of spouses covered both pre-65 and post-65 and determined the implied percentage of spouses participating. Such analysis took into account that spouses may “participate” by virtue of being covered under family plans. The participation rates we developed were 68% for pre-65 and 53% for post-65. We should also note that our expected frequency of spouses for an employee who is retiring is 80%. In other words, we expected 8 out of 10 retiring employees to have a spouse. This level, 80%, is the maximum level of spousal participation in the retiree programs. But, as we said above, not all of these spouses will somehow be covered in the retiree programs. Consequently, we end up with the lower percentages listed above.





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## Data

The participant census data for the valuation study was supplied by the Weymouth Retirement Board, the Massachusetts Teachers Retirement System and the Town of Weymouth. Participants include Weymouth active employees including teachers, retirees, disability retirees, surviving spouses, and inactive former employees with 10 or more years of service who qualify for a vested retirement benefit.

The participant census data was not audited by Stone Consulting, Inc. However, it was checked for reasonableness.

Summaries of active participants and Weymouth retiree census data are included in Section II.

## Funding

There are alternative ways to plan for the payment of post-retirement health and life insurance benefits: continue to fund on a pay-as-you go method, contribute on an ad-hoc basis to a fund for this purpose, or develop a funding schedule in which the unfunded amount is amortized over some number of years. With the funding schedule, the normal cost must continue to be paid each year to keep current.

There is no legal requirement to prefund these post-employment benefit liabilities. Nor does GASB Statement No. 45 require actual prefunding; however, its accounting requirements will serve to highlight the substantial unfunded accrued liabilities associated with these benefits.

### *ILLUSTRATIVE FUNDING SCHEDULE*

The GASB Statement No. 45 is designed to account for non-pension post-employment benefits using an approach similar to the accounting for retirement benefits. It develops an Annual Required Contribution ("ARC") that is based on the Normal Cost plus an amortization of the Unfunded Actuarial Accrued Liability ("UAAL"). To the extent that actual





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contributions equal to the ARC are made by the employer to the post-employment health benefit plan, no additional liability will be required to be shown on Weymouth's balance sheet. Employer contributions may be in the form of benefit or premium payments or contributions to a fund set aside for future benefit payments. Such a fund must meet the requirements set out in the accounting standard.

We have calculated an illustrative funding schedule for the other post-employment benefits, consistent with the GASB Statement No. 45. This funding schedule assumes that Weymouth funds 100% of the ARC and begins with Weymouth's Fiscal Year 2011. The full schedule is shown in Section II. We have used a 30-year schedule for this exhibit since there has been no prior funding.

*Development of Funding Schedule and Annual Required Contribution*

The contribution amount under a fully funded scenario using the 7.50% discount rate for Fiscal 2011 is \$13,078,285. Part of this comes from the amortization of the January 1, 2011 Unfunded Actuarial Accrued Liability of \$154,213,988. Because there are no funds set aside, it is equal to the total actuarial accrued liability (AAL). The UAAL is amortized over thirty years using an increasing amortization payment at the rate of assumed payroll increase due to inflation (3.25%). The funding contribution is the amortization payment plus the projected normal cost. As noted earlier, under the GASB Statement No. 45, thirty years is the maximum amortization period allowed. Shorter periods of time and/or other amortization patterns could be considered. The thirty-year funding schedule shown produces the lowest possible initial fiscal year contribution under the GASB parameters. It should be noted that the contribution is assumed to be made at the end of the fiscal year, so the first contribution is assumed to be made June 30, 2011. The amount of the amortization payment in the first year is \$8,686,913. For the purposes of this schedule, we have not adjusted the January 1, 2011 liability for timing by applying interest to bring it to any future date.



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Yearly contributions will increase, as both normal cost and amortization payments increase each year.

The remaining part of the ARC is the cost of the current year's benefit accrual, the normal cost, of \$4,391,372.

*Cash Flow Consideration*

We have analyzed the cash flow of a funded post-employment medical trust by comparing the expected payouts of claims over the thirty-year period to expected contribution levels. If the actuarial assumptions are met, the funded amounts will be sufficient to cover annual benefit payments each year. Prior to adopting a funding schedule we recommend additional analysis be conducted to examine the effects of potential actuarial gains and losses on the cash flow.

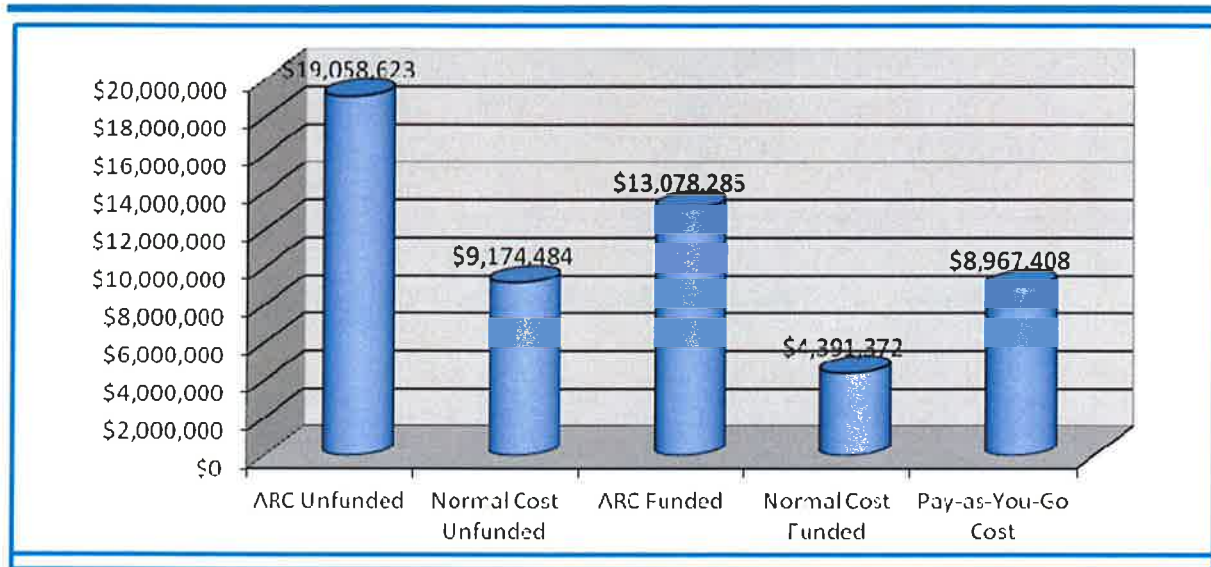
*FUNDING VERSUS PAY-AS-YOU-GO VERSUS PARTIAL FUNDING*

Currently, most Massachusetts governmental entities are paying for their post-employment medical benefits on a pay-as-you-go basis. This means that no amount in excess of the actual cost for the year is paid. All such entities must report figures for GASB Statement No. 45 based on the unfunded discount rate. Weymouth has elected, to date, to follow this course of action. While the Town has begun to think about the issue of funding it has yet to put together a plan to fund more than the pay-as-you-go cost.

In order to understand the impact of not funding versus funding completely, a comparison of the ARCs and normal costs (the contribution amount if the UAAL was \$0) under both scenarios, and the pay-as-you-go amount is illustrated in the following chart:



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The chart depicts the advantage to the entity of even a partial funding policy, since the ARC and Normal Cost are significantly higher under the unfunded scenario.

As can be seen in the funding schedule, the retiree medical plan's normal cost will increase each year, so that by the time the initial unfunded liability is fully amortized, the required annual contribution will be substantially higher than is illustrated here for the first year. The pay-as-you-go costs will also increase dramatically as more and more employees retire. A projection of annual expected retiree pay-as-you-go costs is included with the funding schedule.

It is very important to understand that, in order to utilize the higher discount rate that goes with the fully funded or partially funded scenarios, there must be a "Funding Policy." That is, the Town must intend to continue to make payments and, in the future, must actually make them. Should the policy not be followed in future years, an adjustment to the discount rate would need to be made. As the figures above illustrate clearly, there is an iterative relationship between the degree of funding and the amounts that must be shown as liabilities, amortization payments, and normal cost figures. Lower funding levels lead to higher amounts for these key figures.

The partial subsidy of prescription drug benefit costs that is available under the Medicare





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Prescription Drug, Improvement and Modernization Act of 2003 is a potential source of funds for a portion of the retiree medical costs. To the extent that this subsidy reimburses Weymouth for drug benefits it would already be paying for, the additional cash from the subsidy could be used to help pre-fund future benefits. The magnitude of any future subsidy is only a small portion of the additional cost to fund. Other plan design changes, such as a carve-out of prescription drug coverage, may yield greater opportunities for savings.

*DETERMINATION OF THE NET OPEB OBLIGATION (NOO)*

The Statement does not require Weymouth to put its entire Actuarial Accrued Liability on its books immediately as a liability. Rather, a cost is applied to its net assets each year. Over time this cost, which is called the OPEB Cost, will add up to the total liability. The total liability at any point in time is called the Net OPEB Obligation (NOO). For the first year of funding, the OPEB Cost and ARC are identical. Amounts contributed toward the cost of other post-employment benefits must then be deducted. These amounts include: 1) actual premiums paid; 2) the extra implied costs or “implicit subsidy” associated with covering retirees; 3) any additional amounts paid during the year. Item three is not applicable to an entity such as Weymouth that has chosen not to fund its obligation either in whole or in part. The Net OPEB Cost is the OPEB Cost less these amounts. For year one, where there was no prior NOO on the financial statement, the Net OPEB Cost was the same as the Net OPEB Obligation.

Starting with year two, the OPEB Cost must recognize not only the Normal Cost and Amortization Cost for the year but also add interest on the prior year’s NOO as well as subtract the Annual Required Contribution (ARC) adjustment to prevent double counting the amortization of the prior year’s NOO. The interest and the ARC adjustments somewhat offset each other so the net impact is not large. The total contributions are then subtracted from the OPEB Cost and the result is added to the prior year’s NOO. In this manner, the difference between each year’s ARC and the contributions are accumulated.



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Please refer to the following table on page 21 in the following discussion.

If Weymouth continues its current policy and contributes on a pay-as-you-go basis, without any prefunding, the unfunded actuarial accrued liability used in the calculation would be \$236,106,385. We have not illustrated this with a “funding” schedule. The following chart illustrates the ARC, Pay-As-You-Go Cost, Annual OPEB Cost, and Net OPEB Obligation for the years 2008 through 2015 under the unfunded scenario. The Annual OPEB cost is the ARC plus an adjustment for interest not included in the ARC calculation. The Net OPEB Obligation is the accumulation of the Annual OPEB Cost minus any contributions. This is the amount that is subtracted from the Net Assets on your balance sheet. In the unfunded case, the contributions are the attributed pay-as-you-go amounts. Note that the rate used for interest is the 4.25% unfunded rate.





## CALCULATION OF NET OPEB OBLIGATION (NOO)

**"Funding" Schedule at 4.25 % with Weymouth figures for 2008-2010<sup>(1)</sup>**

Fiscal Year	UAL	Normal Cost <sup>1</sup>	Amort.	ARC	Interest on NOO	ARC Adjust.	OPEB Cost	Total Contribs. <sup>2</sup>	Change in NOO	NOO
2008	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$10,392,545
2009	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$13,063,832
2010	NA	NA	NA	\$15,709,225	NA	NA	\$15,189,425	\$8,306,658	\$6,882,767	\$21,903,266
2011	\$236,106,385	\$9,174,484	\$9,884,139	\$19,058,623	\$930,889	\$916,938	\$19,072,574	\$8,966,087	\$10,106,487	\$32,009,753
2012	\$246,550,672	\$9,564,400	\$10,669,000	\$20,233,399	\$1,360,414	\$1,385,160	\$20,208,654	\$9,237,951	\$10,970,703	\$42,980,456
2013	\$257,567,747	\$9,970,887	\$11,538,118	\$21,509,005	\$1,826,669	\$1,925,371	\$21,410,303	\$9,730,646	\$11,679,657	\$54,660,113
2014	\$268,973,755	\$10,394,649	\$12,493,136	\$22,887,786	\$2,323,055	\$2,538,821	\$22,672,019	\$10,248,187	\$12,423,832	\$67,083,945
2015	\$280,777,866	\$10,836,422	\$13,545,461	\$24,381,883	\$2,851,068	\$3,236,306	\$23,996,645	\$10,581,361	\$13,415,284	\$80,499,229

<sup>1</sup>Figures for 2008-2010 years from Weymouth financial reports. Due to the format of the financial reports, we cannot fill in many of the blanks.

<sup>2</sup>For all years, Total Contributions are equal to the attributed premiums paid including the implicit subsidy.

<sup>3</sup>Chart starts with incorrect amounts for Fiscal 2008 through Fiscal 2009. This chart should not be used for Financial Statements. See the following pages for corrected charts. On the following page of this report we have shown, what we believe is correct, full development of the NOO since Fiscal 2008.



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### Weymouth Financials for 2008 through 2010

In reviewing Weymouth's filed financial statements for 2009 and 2010 we did note certain issues that we would like to bring to your attention.

- 1) The 2008 NOO was recorded initially as the 2008 funded ARC. This figure of \$10,392,545 was not correct. The 2008 NOO should have been \$7,050,484.
- 2) For 2009, Weymouth showed an increase in the NOO of \$11,020,496, giving a year-end NOO of \$21,413,041. The increase was equal to the funded ARC. The actual NOO at this point should have been \$14,606,722.
- 3) For 2010, Weymouth showed a beginning of the year NOO of \$15,709,205, an increase in the NOO of \$6,882,767, and an end of the year NOO of \$21,903,268. These figures were based on our initial report and were correctly taken from that. However, we later issued a corrected version of the report.

The table below shows the correct development of the NOO from 2008 through 2010 with the correct numbers all the way through.

	<b>Fiscal 2012</b>	<b>Fiscal 2011</b>	<b>Fiscal 2010</b>	<b>Fiscal 2009</b>	<b>Fiscal 2008</b>
Service Cost	\$9,564,400	\$9,174,484	\$8,431,423	\$8,029,926	\$7,647,549
Amortization of unfunded accrued liability	<u>\$10,669,000</u>	<u>\$9,884,139</u>	<u>\$7,847,778</u>	<u>\$7,205,439</u>	<u>\$6,616,908</u>
ARC	\$20,233,399	\$19,058,623	\$16,279,201	\$15,235,365	\$14,264,457
OPEB Cost	\$20,207,976	\$19,073,132	\$16,479,436	\$15,340,693	\$14,264,457
Premiums and Implicit Subsidy Paid	\$9,237,951	\$8,966,087	\$8,306,658	\$7,784,455	\$7,213,973
Cash Contributions	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Contributions	\$9,237,951	\$8,966,087	\$8,306,658	\$7,784,455	\$7,213,973
Change in NOO	\$10,970,025	\$10,107,045	\$8,172,778	\$7,556,238	\$7,050,484
NOO Beginning of Fiscal Year	\$32,886,545	\$22,779,500	\$14,606,722	\$7,050,484	\$7,050,484
NOO End of Fiscal Year	\$43,856,570	\$32,886,545	\$22,779,500	\$14,606,722	\$7,050,484





## Implementation

According to the GASB Statement No. 45, its provisions would be effective for Weymouth fiscal years beginning after December 15, 2006. The timing is due to Weymouth being a “Tier 1” government under GASB 34. In the first fiscal year of adoption (and using the correct valuation figures), Fiscal 2008, and using the original valuation figures, Weymouth should have recorded a liability of \$7,050,484 on its balance sheet, as opposed to \$10,392,545. Weymouth’s contributions (including benefit payments) for other post-employment benefits were less than the Annual Required Contribution (“ARC”) determined in accordance with the GASB standard and described above. For the second year, 2009, Weymouth should have recorded a liability of \$14,606,722 on its balance sheet as opposed to \$13,063,832. For the third year, 2010, Weymouth should have recorded a liability of \$22,779,500 on its balance sheet as opposed to the \$21,903,266 it did record. This report provides similar information for FY 2011 and beyond. It also gives corrected figures for the 2008-2010 years. For future years, a similar liability will need to be recorded. This liability would also reflect interest on any prior funding deficiencies. The total actuarial liability is determined by a valuation to be performed at least every two years. The total actuarial liability is reduced by any assets set aside to pre-fund the post-retirement benefits, with the resulting unfunded actuarial liability being amortized according to a funding schedule similar to that illustrated in this report. In order to get to a 2011 NOO that is correct, Weymouth can either restate the 2008-2010 figures or do an adjustment in the 2011 Fiscal Year.

To be considered a funded system, the plan assets must be “segregated and restricted in a trust, or equivalent arrangement, in which (a) employer contributions to the plan are irrevocable, (b) assets are dedicated to providing benefits to retirees and their beneficiaries, and (c) assets are legally protected from creditors of the employers or plan administrator, for the payment of benefits in accordance with the terms of the plan.” (GASB 45, p. 47, “Plan Assets”). Therefore, for Weymouth to receive “credit” under the GASB accounting standard for assets set aside to pre-fund post-retirement benefits, they must be segregated in a trust or other account that is not subject to use for any other purpose by Weymouth.





## Recommendations and Comments

Post-employment medical benefits are a significant long-term liability that is only now starting to be addressed by Massachusetts government employers. In managing this liability, any governmental entity needs to consider the parameters that can significantly influence the level of the liability. To facilitate such a review, we recommend that Weymouth maintain a continuing group that is cognizant of the relevant financial and employee benefits issues raised by GASB Statement No. 45 that will provide leadership to the Town. We would recommend that the group review the following:

- 1) Funding Policy: As previously discussed, the funding policy is critical to the valuation not only because it impacts the funds backing the liability but also because it impacts the discount rate that is used to calculate all of the relevant figures. Weymouth needs to bear in mind that it is the formulation of a funding policy that is essential, not simply the contribution of funds. Of course, if a funding policy is developed, it needs to be implemented, not just formulated. Thus, we recommend that the Town maintain a written funding policy that it reviews each year.
- 2) Plan Design: One of the major factors influencing costs is the design of the plans that Weymouth offers to retirees. To the extent that any part of these plans changes materially, costs may either increase or decrease. Weymouth changed its plans since the last valuation. It has gone to the Massachusetts Group Insurance Commission (GIC) plans instead of plans sponsored by Weymouth itself. This was a significant change that impacted the valuation since these plans not only have different rates but different plan characteristics and employee contribution rates. The decision to use the (GIC) should be monitored on an ongoing basis.

In order to keep costs under control, the Town should review the design of all its medical plans annually. Changes in plan characteristics such as deductibles, coinsurance levels, out-





of-pocket maximums, and covered services can help mitigate the impacts of ever-increasing medical costs. In addition, the Town should review the networks it is using to be sure that it is getting the most competitive reimbursement levels available.

- 3) Contribution Levels: The extent to which the Town subsidizes the cost of retiree benefits is one of the most significant factors in the ultimate costs. Currently, retired Weymouth Town employees and their spouses pay between 12.5% and 20% of the premium cost for their medical insurance depending upon the plan. These percentages are what is standard for the Massachusetts GIC. These levels are lower than for other Massachusetts municipal entities. The average level for municipal entities is about 25%. The lower end is in the 10%-15% (hence Weymouth is very low). 50% is the maximum contribution that can be required under a plan. Contribution levels (like benefit levels) have a double impact on costs. First off, there is a direct relationship between contributions and costs in that higher contribution levels mean that more of the cost of the plan is born by the Town. Secondly, higher contribution levels lead to higher participation rates because the plan becomes less costly to the retiree. In the case of cities and towns where a substantial portion of the medical costs are paid by the employer, participation rates tend to be very high. Weymouth's participation level of 80% for retirees is consistent with what we would expect for a plan with contributions of the sort the Town requires from its retirees.

In general, a very-well subsidized plan will have many participants enrolled at a high cost. Also, to the extent that other employers are cutting back or eliminating their programs, there is increased likelihood that a favorably subsidized plan will be elected by retirees, since no coverage or only very expensive coverage may be available from other sources such as their spouse's employer. There has been a very definite move toward reducing the subsidies paid by Massachusetts public entities.

- 4) Eligibility: The extent to which retirees are eligible for benefits is another variable that very directly impacts costs. Weymouth should review its eligibility criteria each year to





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be sure that they are accord with Town goals for controlling costs and for providing well-deserved benefits for those who have worked for the Town. Retirement system policies can also affect the eligibility for benefits. In the case of Weymouth, the Town pays for medical benefits for those who reach ten years of service, even if they do not retire from the Town immediately upon separation from service. This will produce a higher liability and ARC for Weymouth than if only those retiring from the Town were covered.

In addition to reviewing the above items regularly, we recommend that the Town continue working toward an organized method of keeping its data. This is an issue faced by virtually all public entities with respect to GASB Statement No. 45. Some of the typical issues are:

- 1) Be sure that it has a record of those eligible for coverage who do not take coverage. This should cover not only actives who are not enrolled but retired employees who opted out.
- 2) To the extent possible, make sure that all databases can be tied together by a single identifier, such as social security number or employee number. Some entities keep certain data by, for example, social security number, but organize other data on some other basis. This greatly increases the time and effort to tie all the relevant pieces of data together. This need is particularly acute when the records for those in the school system are not kept by Weymouth directly.

GASB Statement No. 45 requires an actuarial valuation be performed, at least, every two years. There was a four year gap since the prior valuation. We strongly recommend that Weymouth perform OPEB actuarial valuations on the schedule as prescribed in the GASB statement.





## SECTION II

### ACTUARIAL VALUATION DETAILS

#### Population Data

*A. DISTRIBUTION BY AGE: RETIREES, BENEFICIARIES, VESTED TERMINEES,  
AND SURVIVORS (Includes retirees with life only or no coverage)*

Age	Number <sup>(1)</sup>
0-19	0
20-24	0
25-29	0
30-34	0
35-39	2
40-44	2
45-49	7
50-54	17
55-59	57
60-64	230
65-69	286
70-74	241
75-79	222
80-84	171
85-89	124
90-94	32
95-99	12
100+	3
<b>TOTAL</b>	<b>1406</b>

<sup>(1)</sup> Includes retirees who are eligible for medical or with life coverage in addition to beneficiaries and survivors with medical coverage.



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*B. FUTURE RETIREES – ACTIVE PARTICIPANTS, CITY AND SCHOOL SYSTEM  
COMBINED*

# OF PARTICIPANTS\*

Current Plan	Medicare Eligible	Not Medicare Eligible	Total
No Medical/ Unknown	388	19	407
Indemnity	32	9	41
Managed Care	750	79	829
TOTAL	1070	107	1277

\* “Pre-Medicare eligible” means hired March 31, 1986 or before and “Medicare eligible” means hired after March 31, 1986. Employees hired March 31, 1986 or before do not contribute to Medicare.



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PLAN DEFINITION TABLE<sup>(1)</sup>

Name of Plan	Type of Plan	Ind Rate	Retirees Enrolled	Fam Rate	Retirees Enrolled	EE Cont %
Fallon Comm Direct Care	Comm Managed Care	\$416.23	1	\$998.94	0	17.75%
Fallon Comm Select Care	Comm Managed Care	\$499.27	0	\$1,198.24	4	17.75%
Harvard Pilgrim Independence	Comm Managed Care	\$604.99	79	\$1,477.75	60	17.75%
Harvard Pilgrim Primary Choice	Comm Managed Care	\$480.15	0	\$1,172.82	0	17.75%
Health New England	Comm Managed Care	\$415.38	1	\$1,029.68	0	17.75%
Tufts Health Plan Navigator	Comm Managed Care	\$581.80	1	\$1,412.66	0	17.75%
Tufts Health Plan Spirit	Comm Managed Care	\$461.75	1	\$1,121.16	0	17.75%
NHP Care	Comm Managed Care	\$414.88	0	\$1,099.43	0	17.75%
Unicare State Indemnity w CIC	Commercial Indemnity	\$806.51	126	\$1,882.97	61	20.00%
Unicare State Indemnity w/o CIC	Commercial Indemnity	\$769.35	0	\$1,796.76	0	20.00%
Unicare State Indemnity Comm Choice	Commercial Indemnity	\$407.96	2	\$979.09	1	17.75%
Unicare State Indemnity Plus	Commercial Indemnity Medicare Managed Care	\$562.84	103	\$1,343.22	1	17.75%
Fallon Senior Plan	Medicare Managed Care	\$226.24	0	NA	NA	12.50%
Harvard Pilgrim Medicare Enhanced	Medicare Managed Care	\$379.45	450	NA	NA	12.50%
Health New England MedPlus	Medicare Managed Care	\$363.35	1	NA	NA	12.50%
Tufts Health Plan Med Complement	Medicare Managed Care	\$351.91	3	NA	NA	12.50%
Tufts Health Plan Medicare Preferred	Medicare Managed Care	\$223.23	7	NA	NA	12.50%
Unicare State Indemnity Medicare w CIC	Medicare Indemnity	\$352.97	276	N/A	NA	12.50%
Unicare State Indemnity Medicare w/o CIC	Medicare Indemnity	\$342.36	0	N/A	NA	12.50%

<sup>(1)</sup> Rates at 1/1/2011



**STONE**  
CONSULTING, INC.



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**C. DISTRIBUTION BY AGE AND SERVICE: ACTIVE PARTICIPANTS**

Age Group	0-4	5-9	10-15	15-19	20-24	25-29	30-34	35-39	40+	Total
0-19	2	0	0	0	0	0	0	0	0	2
20-24	10	0	0	0	0	0	0	0	0	10
25-29	58	19	3	0	0	0	0	0	0	80
30-34	49	72	21	0	0	0	0	0	0	142
35-39	29	47	51	7	0	0	0	0	0	134
40-44	48	32	49	24	4	0	0	0	0	157
45-49	42	65	46	17	14	3	0	0	0	187
50-54	35	64	45	28	12	22	5	0	0	211
55-59	28	28	51	23	16	17	19	4	1	187
60-64	14	26	25	24	8	5	10	5	3	120
65-69	3	5	10	8	8	1	1	0	1	37
70-74	1	3	1	1	2	0	0	0	0	8
75-79	0	1	0	0	0	0	0	0	0	1
80-84	0	0	0	0	0	0	0	0	0	0
85-89	0	0	0	0	0	0	1	0	0	1
90-94	0	0	0	0	0	0	0	0	0	0
95-99	0	0	0	0	0	0	0	0	0	0
100+	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>319</b>	<b>362</b>	<b>302</b>	<b>132</b>	<b>64</b>	<b>48</b>	<b>36</b>	<b>9</b>	<b>5</b>	<b>1277</b>





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## SUMMARY OF RESULTS

<b>Actives</b>	
- Already in Medicare	0
- Pre-Medicare Coverage	1170
- Post-Medicare Coverage	<u>107</u>
Total	1277
<b>Retired, Disabled, Survivors and Beneficiaries</b>	1394
<b>Terminated Vesteds</b>	12

	<b>At 7.50% discount</b>	<b>At 4.25% discount</b>
Active Employees	\$50,731,733	\$96,218,614
Current Retirees	\$103,482,255	\$139,887,771
<b>TOTAL</b>	<b>\$154,213,988</b>	<b>\$236,106,385</b>
<b>Unfunded Accrued Liability</b>		
January 1, 2011	\$154,213,988	\$236,106,385
<b>Normal (Service) Cost as of</b>		
January 1, 2011	\$4,391,372	\$9,174,484





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## SUMMARY OF RESULTS

(continued)

	At 7.50% discount	At 4.25% discount
30-yr/27-yr amortization of UAAL	\$8,686,913	\$9,884,139
Normal Cost	\$4,391,372	\$9,174,484
<b>TOTAL</b>	<b>\$13,078,285</b>	<b>\$19,058,623</b>

### Expected Claims

- Fiscal 2011 \$8,966,087

## Schedule of Funding Progress Other Post-Employment Benefits

(Dollars in Thousands)

Actuarial Valuation Date	Actuarial Value of Assets (a)	Actuarial Accrued Liability (AAL) [Projected Unit Credit] (b)	Unfunded AAL (UAAL) (b-a)	Funded Ratio (a/b)	Covered Payroll (c)	UAAL as a Percentage of Covered Payroll (b-a)/c
1/1/2007	\$0	\$195,118	\$195,118	0.00%	N/A	N/A
1/1/2011	\$0	\$236,106	\$236,106	0.00%	\$75,491	312.8%





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## RESULTS BY ENTERPRISE FUND

### Water

Year	UAL	Normal Cost <sup>1</sup>	Amort. <sup>1</sup>	ARC	Interest on NOO <sup>1</sup>	ARC Adjust. <sup>1</sup>	OPEB Cost	Total Contribs. <sup>1</sup>	Change in NOO	NOO
2008	\$3,820,071	\$170,639	\$129,547	\$300,186	NA	NA	\$300,186	\$143,852	\$156,334	\$156,334
2009	\$4,023,562	\$179,171	\$141,070	\$320,240	\$7,817	\$5,481	\$322,576	\$154,171	\$168,405	\$324,739
2010	\$4,233,643	\$188,129	\$153,646	\$341,775	\$16,237	\$11,785	\$346,226	\$166,750	\$179,476	\$504,215
2011	\$4,622,543	\$204,709	\$193,514	\$398,223	\$21,429	\$21,108	\$398,544	\$182,936	\$215,608	\$719,822
2012	\$4,845,627	\$213,409	\$209,685	\$423,094	\$30,592	\$31,149	\$422,538	\$223,823	\$198,715	\$918,537

### Sewer

Year	UAL	Normal Cost <sup>1</sup>	Amort. <sup>1</sup>	ARC	Interest on NOO <sup>1</sup>	ARC Adjust. <sup>1</sup>	OPEB Cost	Total Contribs. <sup>1</sup>	Change in NOO	NOO
2008	\$605,946	\$40,446	\$20,549	\$60,995	NA	NA	\$60,995	\$16,080	\$44,915	\$44,915
2009	\$638,224	\$42,468	\$22,377	\$64,845	\$2,246	\$1,575	\$65,516	\$17,233	\$48,282	\$93,197
2010	\$671,548	\$44,591	\$24,372	\$68,963	\$4,660	\$3,382	\$70,241	\$18,639	\$51,601	\$144,799
2011	\$733,236	\$48,521	\$30,696	\$79,217	\$6,154	\$6,062	\$79,309	\$20,449	\$58,860	\$203,659
2012	\$765,671	\$50,583	\$33,133	\$83,716	\$8,656	\$8,813	\$83,559	\$25,019	\$58,540	\$262,199

<sup>1</sup>For all years, Total Contributions are equal to implicit premiums paid.

Note: Enterprise funds breakouts were not calculated for F.Y. 2008-2010. We have created the earlier years by assuming the breakout for prior years were the same as in this valuation.





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<b>Thirty-Year Funding Schedule at 7.50%</b>					
Fiscal Year	Normal Cost <sup>1</sup>	Amortization <sup>2</sup>	Contribution	Year-End AAL	Projected Annual Benefit Cost <sup>3</sup>
2011	4,391,372	8,686,913	13,078,285	156,441,605	8,966,087
2012	4,720,725	8,969,238	13,689,963	158,532,795	9,237,951
2013	5,074,779	9,260,738	14,335,517	160,467,461	9,730,646
2014	5,455,388	9,561,712	15,017,100	162,223,680	10,248,187
2015	5,864,542	9,872,468	15,737,010	163,777,554	10,581,361
2016	6,304,382	10,193,323	16,497,705	165,103,048	11,030,407
2017	6,777,211	10,524,606	17,301,817	166,171,825	11,275,312
2018	7,285,502	10,866,656	18,152,158	166,953,057	11,628,181
2019	7,831,915	11,219,822	19,051,737	167,413,228	11,936,850
2020	8,419,308	11,584,466	20,003,774	167,515,919	12,249,457
2021	9,050,756	11,960,961	21,011,718	167,221,580	12,590,826
2022	9,729,563	12,349,693	22,079,256	166,487,279	12,615,858
2023	10,459,280	12,751,058	23,210,338	165,266,438	12,709,339
2024	11,243,726	13,165,467	24,409,193	163,508,544	12,759,922
2025	12,087,006	13,593,345	25,680,350	161,158,839	12,672,445
2026	12,993,531	14,035,128	27,028,659	158,157,989	12,588,853
2027	13,968,046	14,491,270	28,459,316	154,441,723	12,648,042
2028	15,015,649	14,962,236	29,977,886	149,940,448	12,655,473
2029	16,141,823	15,448,509	31,590,332	144,578,835	12,627,195
2030	17,352,460	15,950,585	33,303,045	138,275,368	12,542,090
2031	18,653,894	16,468,979	35,122,874	130,941,868	12,500,094
2032	20,052,936	17,004,221	37,057,158	122,482,970	12,388,786
2033	21,556,907	17,556,858	39,113,765	112,795,570	12,387,163
2034	23,173,675	18,127,456	41,301,131	101,768,222	12,344,498
2035	24,911,700	18,716,599	43,628,299	89,280,495	12,168,812
2036	26,780,078	19,324,888	46,104,966	75,202,277	12,022,008
2037	28,788,584	19,952,947	48,741,531	59,393,030	11,706,701
2038	30,947,727	20,601,418	51,549,145	41,700,983	11,402,171
2039	33,268,807	21,270,964	54,539,771	21,962,270	11,183,801
2040	35,763,968	21,962,270	57,726,238	0	10,982,166

<sup>1</sup> Assumes 7.50% annual increase in normal cost and a static group of actives

<sup>2</sup> Assumes 3.25% annual increase in amortization payment

<sup>3</sup> The Pay-As-You-Go amount is for the current group of actives and retirees and is shown for the calendar year. It does not include any future hires. It is not directly comparable to the funding contribution but it included for illustrative purposes only. It does illustrate in the short-term, the estimated amount of claims costs for retirees. However, the retiree amount is expected to grow as new employees retire or become disabled.





### Sensitivity Analysis

The results of any actuarial valuation are sensitive to the assumptions used. That is, a change in an actuarial assumption will produce a change in the actuarial accrued liability and/or normal cost each year of the valuation. To illustrate this sensitivity, we performed valuations in which we changed two different inputs: the trend rate and the discount rate.

#### A) Trend Rate Sensitivity

For postretirement medical plans in particular, the calculated actuarial values are highly sensitive to the assumed rate of health care cost trend. This is due to the compounding effect of the annual trend rates assumed for medical costs, as opposed to pension valuations where benefit levels typically remain fixed.

The following table illustrates the effect on our valuation results of a 1% increase or decrease in the assumed rates of health care cost trend in each year. The base scenario uses the unfunded discount rate of 4.25%.

As of January 1, 2011		Health Care Cost Trend Rates	
	As Reported (4.25%)	+1% Each Year	-1% Each Year
Liability for:			
• Future Retirees	\$96,218,614	\$120,765,541	\$77,651,371
• Current Retirees, Beneficiaries, and Survivors	<u>\$139,887,771</u>	<u>\$155,369,320</u>	<u>\$126,659,849</u>
Total AAL	\$236,106,385	\$276,134,861	\$204,311,220
Normal Cost	\$9,174,484	\$11,896,381	\$7,174,683
Annual Required Contribution for Fiscal Year 2011:	\$19,058,623	\$23,456,235	\$15,727,778

The cumulative effect of a 1% increase in health care cost trend increases the AAL by approximately 17%, the normal cost by 30%, and the ARC by 23%. A 1% decrease in trend







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would decrease the AAL by 13%, the normal cost by 22% and the ARC by 17%.

There is the likelihood – based on historical experience – of significant deviations from the smooth rates of health care cost increase typically projected in any actuarial valuation. Therefore, emerging experience under the plan is likely to differ from the assumptions made as of any valuation date. This will produce actuarial gains and losses each year, even if the underlying assumptions remain reasonable for the future. Amortization of gains and losses will affect the updated funding schedule calculated at any point in the future.





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B) Discount Rate Sensitivity

We also examined the sensitivity of the various key numbers to changes in the discount rate. For this testing, we varied the discount rate by 0.50%, or in other words, we used rates of 3.75% and 4.75%. The following table shows the results we obtained:

As of January 1, 2011		Discount Rates	
	As Reported (4.25%)	Plus 0.50% (4.75%)	Minus 0.50% (3.75%)
Liability for:			
• Future Retirees	\$96,218,614	\$86,205,035	\$107,894,169
• Current Retirees, Beneficiaries, and Survivors	<u>\$139,887,771</u>	<u>\$132,898,900</u>	<u>\$147,539,793</u>
Total AAL	\$236,106,385	\$219,103,935	\$255,433,962
Normal Cost	\$9,174,484	\$8,089,453	\$10,457,640
Annual Required Contribution for Fiscal Year 2011:	\$19,058,623	\$17,816,499	\$20,524,223

Thus, the cumulative effect of a 0.50% decrease in the discount rate is to increase the AAL by approximately 8%, the normal cost by 14%, and the ARC by 8%. A 0.50% increase in the discount rate would decrease the AAL by 7%, the normal cost by 12% and the ARC by 7%. It is prudent, and GASB Statement No. 45 requires, an updated actuarial valuation be performed periodically. For an entity of Weymouth's size, a new valuation will be required at least every two years.





## Actuarial Methods and Assumptions

1.	Actuarial Cost Method	Costs are attributed between past and future service using the Projected Unit Credit cost method. For attribution purposes, benefits are assumed to accrue over all employee service until decrement.
2.	Interest Rate/Discount Rate	7.50% per year net of investment expenses for funded program. 4.25% per year net of investment expenses for an unfunded program (at client's direction)
3.	Amortization Method	Closed twenty-seven year amortization (remainder of initial thirty-year amortization). Uses level percentage of payroll (using a 3.25% annual rate of increase) for unfunded plan.
4.	Asset Valuation Method	Not applicable, since there are no assets.
5.	Mortality	Actives: The RP-2000 Mortality Tables (Sex-distinct) for Employees projected 11 years. Retirees: The RP-2000 Mortality Tables (Sex-distinct) for Healthy Annuitants projected 11 years. Disabled: The RP-2000 Mortality Tables (Sex-distinct) for Healthy Annuitants projected 11 years and set forward 2 years No additional mortality projection is assumed.



## Actuarial Methods and Assumptions (Continued)

- 6a. Withdrawal Prior to Retirement (all except teachers)      The rates shown at the following sample ages illustrate the withdrawal assumption:

Rate of Withdrawal		
<i>Age</i>	<i>Groups 1 and 2</i>	<i>Group 4</i>
25	37.51%	3.15%
30	28.23%	2.85%
35	17.35%	2.48%
40	10.07%	1.88%
45	7.21%	0.84%
50	5.68%	0.06%
55	4.57%	0.00%
60	0.00%	0.00%

- 6b. Withdrawal Prior to Retirement for Teachers

Male Teachers	<i>Service:</i>	0	5	10
	<i>Age</i>			
	25	12.00%	4.50%	1.00%
	35	11.00	5.00	1.50
	45	9.50	5.00	2.00
	55	7.5	4.50	2.50
Female Teachers	25	10.00%	9.00%	5.00%
	35	12.00	8.40	4.10
	45	8.90	4.70	2.40
	55	8.00	3.20	2.00

7. Eligibility for Vested Post-Retirement Medical Benefits upon Withdrawal      10 years of Service; assumed that individuals who withdraw prior to age 40 will elect a return of pension contributions and therefore be ineligible for retiree medical coverage





**Actuarial Methods and Assumptions**  
(Continued)

8. Disability Prior to Retirement      The rates shown at the following sample ages illustrate the assumption regarding the incidence of disability. Disability is assumed to be 50% ordinary and 50% accidental for Group 1 and 10% ordinary and 90% accidental for Group 4 and 55% ordinary and 45% accidental for Teachers.

<i>Age</i>	<i>Rate of Disability</i>		
	<i>Groups 1 and 2</i>	<i>Group 4</i>	<i>Teachers</i>
20	0.03%	.10%	0.004%
25	0.04	.12	0.005
30	0.06	.18	0.006
35	0.08	.26	0.006
40	0.12	.38	0.010
45	0.18	.58	0.030
50	0.31	.98	0.050
55	0.50	1.60	0.080
60	0.61	2.00	0.100



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**Actuarial Methods and Assumptions**  
(Continued)

9a. Rates of Retirement (Non-Teachers)

The rates shown at the following ages illustrate the assumption regarding the incidence of retirement, once the member has achieved 10 years of service:

<i>Age</i>	<b>Rates of Retirement</b>		
	<i>Group 1 and 2 Male</i>	<i>Group 1 and 2 Female</i>	<i>Group 4</i>
50	0.00%	0.00%	2.00%
51	0.00%	0.00%	2.00%
52	0.00%	0.00%	2.00%
53	0.00%	0.00%	2.00%
54	0.00%	0.00%	2.00%
55	10.00%	10.00%	5.00%
56	3.00%	3.00%	5.00%
57	3.00%	3.00%	5.00%
58	3.00%	3.00%	5.00%
59	5.00%	5.00%	5.00%
60	5.00%	5.00%	10.00%
61	5.00%	5.00%	10.00%
62	10.00%	10.00%	20.00%
63	10.00%	10.00%	20.00%
64	10.00%	10.00%	20.00%
65	50.00%	50.00%	100.00%
66	35.00%	35.00%	NA
67	35.00%	35.00%	NA
68	35.00%	35.00%	NA
69	35.00%	35.00%	NA
70	100.00%	100.00%	NA





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## Actuarial Methods and Assumptions (Continued)

### 9b. Rates of Retirement: Teachers

Male Teachers			
Service: Age	<20 years	20-29 years	>29 years
50	N/A	1.0%	2.0%
51	N/A	1.0%	2.0%
52	N/A	1.0%	2.0%
53	N/A	1.0%	2.0%
54	N/A	1.0%	2.0%
55	3.0%	3.0%	6.0%
56	8.0%	5.0%	20.0%
57	15.0%	8.0%	35.0%
58	15.0%	10.0%	50.0%
59	20.0%	20.0%	50.0%
60	15.0%	20.0%	50.0%
61	30.0%	25.0%	50.0%
62	20.0%	30.0%	40.0%
63	30.0%	30.0%	40.0%
64	40.0%	30.0%	40.0%
65	40.0%	40.0%	50.0%
66	40.0%	30.0%	50.0%
67	40.0%	30.0%	50.0%
68	40.0%	30.0%	50.0%
69	40.0%	30.0%	50.0%
70	100.0%	100.0%	100.0%







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**Actuarial Methods and Assumptions**  
(Continued)

9b. Rates of Retirement Teachers (cont'd)

<b>Female Teachers</b>			
Service: Age	<20 years	20-29 years	>29 years
50	0.0%	1.5%	2.0%
51	0.0%	1.5%	2.0%
52	0.0%	1.5%	2.0%
53	0.0%	1.5%	2.0%
54	0.0%	1.5%	2.0%
55	2.0%	3.0%	6.0%
56	2.0%	3.0%	15.0%
57	8.0%	7.0%	30.0%
58	10.0%	7.0%	35.0%
59	15.0%	11.0%	35.0%
60	20.0%	16.0%	35.0%
61	20.0%	20.0%	35.0%
62	25.0%	30.0%	40.0%
63	24.0%	30.0%	30.0%
64	20.0%	30.0%	35.0%
65	30.0%	30.0%	35.0%
66	30.0%	30.0%	35.0%
67	30.0%	30.0%	30.0%
68	30.0%	30.0%	30.0%
69	30.0%	30.0%	30.0%
70	100.0%	100.0%	100.0%





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### Actuarial Methods and Assumptions (Continued)

#### 10. Initial Claim Costs

Age	Managed Care Commercial Individual	Managed Care Commercial Blended <sup>(1)</sup>	Indemnity Commercial Individual	Indemnity Commercial Blended <sup>(1)</sup>	Managed Care Medicare	Indemnity Medicare
55	\$8,033.10	\$14,613.78	\$5,456.96	\$12,573.55	\$2,361.48	\$2,240.93
60	\$9,586.98	\$17,440.60	\$6,512.53	\$15,005.72	\$2,818.27	\$2,674.40
65	\$11,776.62	\$13,530.68	\$7,999.96	\$9,896.87	\$3,461.96	\$3,285.23
70	\$13,652.33	\$15,685.77	\$9,274.15	\$11,473.19	\$4,013.35	\$3,808.48
75	\$15,446.35	\$17,747.01	\$10,492.85	\$12,980.86	\$4,540.74	\$4,308.94
80	\$17,054.02	\$19,594.13	\$11,584.96	\$14,331.92	\$5,013.35	\$4,757.42
85	\$17,923.95	\$20,593.63	\$12,175.91	\$15,062.99	\$5,269.08	\$5,000.10

<sup>(1)</sup> Blended rates below 65 are 55% Family and 45% Individual. Blended rates 65 and higher are 10% Family and 90% Individual. Individual rates are used for all participants 81 and higher.





**Actuarial Methods and Assumptions**  
(Continued)

**11. Trend Rates By Plan<sup>(1)</sup>**

Year	Commercial Managed Care	Commercial Indemnity	Medicare Managed Care	Medicare Indemnity
2011	7.89%	6.58%	1.32%	1.27%
2012	9.00%	10.00%	8.00%	9.00%
2013	8.50%	9.50%	7.50%	8.50%
2014	8.00%	9.00%	7.00%	8.00%
2015	7.50%	8.50%	6.50%	7.50%
2016	7.00%	8.00%	6.00%	7.00%
2017	6.50%	7.50%	5.50%	6.50%
2018	6.00%	7.00%	5.00%	6.00%
2019	5.50%	6.50%	5.00%	6.00%
2020+	5.00%	6.00%	5.00%	6.00%

<sup>(1)</sup> Trend rates for 2011 based on actual rate changes for 2011. All other trend rates based on Stone Consulting Assumptions.



## Actuarial Methods and Assumptions

(Continued)

- |                          |  |
|--------------------------|--|
| 12. Medicare Eligibility | Employees: 100% if hired March 31, 1986 or after;<br>85% if hired pre-March 31, 1986<br>Spouses: 100%  |
| 13. Participation Rates  | <p>Current retirees and spouses are assumed to continue the same coverage they have as of the valuation date. No future election of coverage is assumed for those retirees and spouses who currently have not elected coverage.</p> <p>All Retirees: 80% of the active Town employees eligible for post-employment medical benefits are assumed to elect Medical Coverage immediately upon retirement.</p> <p>Weymouth of the active employees eligible for post-employment medical benefits are assumed to elect Life Insurance coverage immediately upon retirement.</p> <p>For all Retirees: Of those electing coverage, 80% are assumed to have a covered spouse at retirement. Of this 80%, 68% are assumed to participate pre-65, while 53% are assumed to participate post-65.</p> <p>Participants with no or unknown current coverage (e.g. active employees and/or vested inactives who do not currently participate in Weymouth's medical plans) are assumed to elect retiree coverage at the same rates as currently covered active employees. Medicare-eligible retirees currently under age 65 are assumed to elect a Medicare plan option at age 65.</p> |
| 14. Expenses             | Administrative expenses are included in the per capita medical cost assumption.  |



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**Actuarial Methods and Assumptions**  
(Continued)

- |                           |  |
|---------------------------|--|
| 15. Plan Enrollment Rates | These are the rates are which retirees select medical plans, given that they enroll in a medical plan. The selection patterns follow the table below.  |
| 16. Projections           | The January 1, 2011 valuation was not adjusted for timing when determining the funding schedule. This means that the Pay-as-you-go amount as well as the Actuarial Valuation results have not been modified for interest or any other timing factor in our presentation. |
| 17. Teachers              | Members of the Massachusetts State Teachers Retirement System are sometimes referred to as "teachers".   |
| 18. Valuation Date        | January 1, 2011  |



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### Principal Plan Provisions Recognized in Valuation

- |    |                          |  |
|----|--------------------------|--|
| 1. | Eligibility for Benefits | Current retirees, beneficiaries and spouses of Weymouth are eligible for medical benefits.<br><br>Current employees or spouses who retiree with a benefit from the Weymouth.<br><br>Survivors of Weymouth employees and retirees are also eligible for medical benefits. |
| 2. | Medical Benefits         | Various medical plans offered by Weymouth to its own employees.  |
| 3. | Life Insurance           | Weymouth retirees are eligible for a \$3,000 life insurance benefit offered by Weymouth. Retirees pay 33% of the cost or \$0.76 per month for their coverage.  |
| 4. | Retiree Contributions    | Based on data provided by Weymouth.  |







## Glossary

Actuarial Accrued Liability	The portion, as determined by a particular Actuarial Cost Method, of the present value of benefits which is not provided for by future Normal Costs.
Actuarial Assumptions	Assumptions as to the occurrence of future events affecting Other Post-employment Benefits such as: mortality rates, disability rates, withdrawal rates, and retirement rates, the discount assumption, and the trend rates.
Actuarial Cost Method	A procedure for determining the Actuarial Present Value of Total Projected benefits and for developing an actuarially equivalent allocation of such value to time periods, usually in the form of a Normal and an Actuarial Accrued Liability.
Amortization Payment	The portion of the OPEB contribution designed to pay interest and to amortize the Unfunded Actuarial Accrued Liability.
Annual OPEB Cost	The accrual-basis measure of the periodic cost of an employer's participation in a defined-benefit OPEB plan.
Annual Required Contribution (ARC)	The employer's periodic contributions to a defined benefit OPEB plan, calculated in accordance with the parameters defined in GASB 45. This is defined as the sum of the Normal Cost and the Amortization payment.
Commercial Plans	Plans designed to cover the medical expenses of those not otherwise covered by Medicare.
GASB	The Governmental Accounting Standards Board is the organization that establishes financial reporting standards for state and local governments.





## Glossary (continued)

Investment return Assumptions (Discount Rate)	The rate used to adjust a series of future benefit payments to reflect the time value of money. Under GASB 45, this rate is related to the degree to which the OPEB program is funded.
Healthcare Cost Trend Rate	The rate of change in per capita health claims costs over time as a result of factors such as medical inflation, utilization of healthcare services, the intensity of the delivery of services, technological developments, and cost-shifting.
Medicare Plans	Medical plans sold to those over 65 who are also covered by Medicare. These plans are supplemental to the Medicare plan, which is considered primary.
Net OPEB Obligation	The cumulative difference, since the effective date of GASB 45, between the annual OPEB cost and the employer's contributions to the plan.
Normal Cost	The portion of the Actuarial Present value of plan benefits that is allocated to a valuation year by the Actuarial Cost Method.
OPEB	Other Postemployment benefits other than pensions. This does not include plans such as severance plans or sick-time buyouts.
Pay-as-You-Go	The amount of benefits paid out to plan participants during the year.
Per Capita Claims Cost	The current average annual cost of providing postretirement health care benefits per individual.
Unfunded Actuarial Accrued Liability	The portion of the Actuarial Accrued Liability that is not covered by plan assets. For a plan that is completely unfunded, this amount is equivalent to the Actuarial Accrued Liability.
Valuation Date	The point from which all future plan experience is projected and as of which all present values are calculated.

