

Vermont State Teachers' Retirement System

**Actuarial Valuation and Review of
Other Postemployment Benefits
(OPEB) Measured at June 30, 2019
In accordance with GASB
Statement No. 74**

This report has been prepared at the request of the Board of Trustees to assist in administering the Plan. This valuation report may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety. The measurements shown in this actuarial valuation may not be applicable for other purposes.



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November 22, 2019

Office of the Vermont State Treasurer
109 State Street
Montpelier, Vermont 05609

Dear Board Members:

We are pleased to submit this Actuarial Valuation and Review of Other Postemployment Benefits (OPEB) as of June 30, 2019 under Governmental Accounting Standards Board Statement No. 74. The report summarizes the actuarial data used in the valuation, discloses the Net OPEB Liability (NOL) as of June 30, 2019, and analyzes the preceding year's experience. In addition, we have calculated the Actuarially Determined Contribution for the fiscal year ending June 30, 2021. This report was based on the census data and financial information provided and/or affirmed by the Vermont State Teachers' Retirement System, and the terms of the Plan. The actuarial calculations were completed under the supervision of Yori Rubinson, FSA MAAA, Vice President and Retiree Health Actuary.

If you have any questions, please feel free to call me. We look forward to discussing this material with you at your convenience.

Sincerely,

Segal Consulting, a Member of The Segal Group, Inc.

By: *Daniel A. Levin*

Daniel A. Levin, FSA MAAA FCA CEBS
Senior Vice President

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Section 1: Executive Summary

Important Information about Actuarial Valuations

An actuarial valuation is a budgeting tool with respect to defining future uncertain obligations of a postretirement health plan. As such, it will never forecast the precise future stream of benefit payments. It is an estimated forecast – the actual cost of the plan will be determined by the benefits and expenses paid, not by the actuarial valuation.

In order to prepare a valuation, Segal Consulting (“Segal”) relies on a number of input items. These include:

Plan of benefits	Plan provisions define the rules that will be used to determine benefit payments, and those rules, or the interpretation of them, may change over time. Even where they appear precise, outside factors may change how they operate. For example, a plan may provide health benefits to post-65 retirees that coordinates with Medicare. If so, changes in the Medicare law or administration may change the plan’s costs without any change in the terms of the plan itself. It is important for the Vermont State Teachers’ Retirement System to keep Segal informed with respect to plan provisions and administrative procedures, and to review the plan summary included in our report to confirm that Segal has correctly interpreted the plan of benefits.
Participant data	An actuarial valuation for a plan is based on data provided to the actuary by the plan. Segal does not audit such data for completeness or accuracy, other than reviewing it for obvious inconsistencies compared to prior data and other information that appears unreasonable. It is not necessary to have perfect data for an actuarial valuation: the valuation is an estimated forecast, not a prediction. The uncertainties in other factors are such that even perfect data does not produce a “perfect” result. Notwithstanding the above, it is important for Segal to receive the best possible data and to be informed about any known incomplete or inaccurate data.
Assets	Part of the cost of a plan will be paid from existing assets – the balance will need to come from future contributions and investment income. The valuation is based on the asset values as of the valuation date, typically reported by the auditor. Some plans include assets, such as private equity holdings, real estate, or hedge funds that are not subject to valuation by reference to transactions in the marketplace. A snapshot as of a single date may not be an appropriate value for determining a single year’s contribution requirement, especially in volatile markets. Plan sponsors often use an “actuarial value of assets” that differs from market value to reflect gradually year-to-year changes in the market value of assets in determining the contribution requirements.

Actuarial assumptions

In preparing an actuarial valuation, Segal starts by developing a forecast of the benefits to be paid to existing plan participants for the rest of their lives and the lives of their beneficiaries. To determine the future costs of benefits, Segal collects claims, premiums, and enrollment data in order to establish a baseline cost for the valuation measurement, and then develops short- and long-term health care cost trend rates to project increases in costs in future years. This forecast also requires actuarial assumptions as to the probability of death, disability, withdrawal, and retirement of each participant for each year, as well as forecasts of the plan's benefits for each of those events. The forecasted benefits are then discounted to a present value, typically based on an estimate of the rate of return that will be achieved on the plan's assets or, if there are no assets, a rate of return based on a yield or index rate for 20-year, tax-exempt general obligation municipal bonds with an average rating of AA/Aa or higher (or equivalent quality on another rating scale). All of these factors are uncertain and unknowable. Thus, there will be a range of reasonable assumptions, and the results may vary materially based on which assumptions the actuary selects within that range. That is, there is no right answer (except with hindsight). It is important for any user of an actuarial valuation to understand and accept this constraint. The actuarial model necessarily uses approximations and estimates that may lead to significant changes in our results but will have no impact on the actual cost of the plan. In addition, the actuarial assumptions may change over time, and while this can have a significant impact on the reported results, it does not mean that the previous assumptions or results were unreasonable or wrong.

The user of Segal's actuarial valuation (or other actuarial calculations) should keep the following in mind:

- The actuarial valuation is prepared for use by the Vermont State Teachers' Retirement System. It includes information for compliance with accounting standards and for the plan's auditor. Segal is not responsible for the use or misuse of its report, particularly by any other party.
- If the Vermont State Teachers' Retirement System is aware of any event or trend that was not considered in this valuation that may materially change the results of the valuation, Segal should be advised, so that we can evaluate it.
- An actuarial valuation is a measurement at a specific date – it is not a prediction of a plan's future financial condition. Accordingly, Segal did not perform an analysis of the potential range of financial measurements, except where otherwise noted. The actual long-term cost of the plan will be determined by the actual benefits and expenses paid and the actual investment experience of the plan.
- Sections of this report include actuarial results that are rounded, but that does not imply precision.
- Critical events for a plan include, but are not limited to, decisions about changes in benefits and contributions. The basis for such decisions needs to consider many factors such as the risk of changes in plan enrollment, emerging claims experience, health care trend, and investment losses, not just the current valuation results.
- Segal does not provide investment, legal, accounting, or tax advice. Segal's valuation is based on our understanding of applicable guidance in these areas and of the plan's provisions, but they may be subject to alternative interpretations. The Vermont State Teachers' Retirement System should look to their other advisors for expertise in these areas.
- While Segal maintains extensive quality assurance procedures, an actuarial valuation involves complex computer models and numerous inputs. In the event that an inaccuracy is discovered after presentation of Segal's valuation, Segal may revise that valuation or make an appropriate adjustment in the next valuation.
- Segal's report shall be deemed to be final and accepted by the Vermont State Teachers' Retirement System upon delivery and review. Vermont State Teachers' Retirement System should notify Segal immediately of any questions or concerns about the final content.

As Segal Consulting has no discretionary authority with respect to the management or assets of the Plan, it is not a fiduciary in its capacity as actuaries and consultants with respect to the Plan.

Purpose

This report presents the results of our actuarial valuation of Governmental Entity (the “Employer”) OPEB plan as of June 30, 2019, required by Governmental Accounting Standards Board (GASB) Statement No. 74, *Financial Reporting for Postemployment Benefit Plans Other than Pension Plans*. The actuarial computations made are for purposes of fulfilling plan accounting and funding requirements. Determinations for purposes other than meeting financial accounting and funding requirements may be significantly different from the results reported here.

Highlights of the Valuation

Accounting and Financial Reporting

- The Net OPEB Liability (NOL) as of June 30, 2019 is \$1,040,752,841, an increase of \$86,466,452, from the prior valuation NOL of \$954,286,389. The difference between the unfunded actuarial accrued liabilities was the net effect of several factors:
 - An actuarial experience loss increased the NOL by \$24,665,266. This was the net result of gains and losses due to demographic changes. We have taken these actuarial gains and losses into account in reviewing our assumptions for the current valuation.
 - Valuation assumption changes increased the NOL by \$82,448,286. This was a net result of (1) increases in obligations due to decreasing the discount rate from 3.87% to 3.50%, assuming 60% of terminated vested participants who are eligible for a subsidy and 0% of those not eligible for a subsidy were assumed to elect coverage, updating retiree contribution rates, modifying the future trend on health costs and retiree contribution rates, and (2) decreases due to updating the per capita valuation-year claims cost and increasing the percentage of future retirees not eligible for a subsidy assumed to elect coverage from 10% to 15%.
 - Plan changes decreased the NOL by \$21,209,483. Effective January 1, 2020, OTC, Fertility, and Erectile Dysfunction drugs will be removed from the Medicare prescription drug plan, and non-Medicare retirees will be moved to the National Preferred Formulary and Accredo Exclusive Specialty Network. The current plan of benefits is summarized in Exhibit III of Section 3.
- As of June 30, 2019, the ratio of assets to the Total OPEB Liability (the funded ratio) is 0.03%. This is based on the market value of assets at this point in time.

Funding

- For the fiscal year ending June 30, 2020, the ADC is \$58,252,623. The Normal Cost and Actuarially Accrued Liability were determined using the Projected Unit Credit actuarial method and a 3.87% rate of return. Assets were projected forward from June 30, 2018 assuming the System contributes the amount of expected benefit payments for the year ending June 30, 2019. The Unfunded Actuarially Accrued Liability was amortized using a closed 29 year amortization period calculated as a level percent of projected payroll, with an assumed annual payroll growth of 3.00%.
- For the fiscal year ending June 30, 2021, the ADC is \$67,912,204. The Normal Cost and Actuarially Accrued Liability were determined using the Projected Unit Credit actuarial method and a 3.50% rate of return. Assets were projected forward from June 30, 2019 assuming the System contributes the amount of expected benefit payments for the year ending June 30, 2020. The Unfunded Actuarially Accrued Liability was amortized using a closed 28 year amortization period calculated as a level percent of projected payroll, with an assumed annual payroll growth of 3.00%.

Summary of Key Valuation Results

	June 30, 2019	June 30, 2018
Total OPEB Liability	\$1,041,064,931	\$927,843,142
Plan Fiduciary Net Position (Assets)	<u>312,090</u>	<u>-26,443,247</u>
Net OPEB Liability	\$1,040,752,841	\$954,286,389
Plan Fiduciary Net Position as a percentage of Total OPEB Liability	0.03%	-2.85%
	For Year Ending June 30, 2019	For Year Ending June 30, 2018
Actuarially Determined Contribution for Fiscal Year Ending	\$54,658,645	\$37,316,779 ¹
Actual Contribution for Fiscal Year Ending	56,594,299	29,802,725
Benefit Payments	29,606,865	29,328,814

¹The Actuarially Determined Contribution was calculated by the prior actuary, Buck Consultants.

Actuarial Certification

November 22, 2019

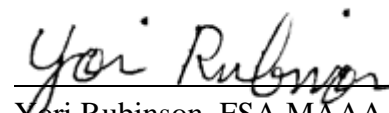
This is to certify that Segal Consulting, a Member of The Segal Group, Inc., has conducted an actuarial valuation of certain benefit obligations of Vermont State Teachers' Retirement System's other postemployment benefit programs as of June 30, 2019, in accordance with generally accepted actuarial principles and practices. The actuarial calculations presented in this report have been made on a basis consistent with our understanding of GASB Statements 74 for the determination of the liability for postemployment benefits other than pensions.

The actuarial valuation is based on the plan of benefits and reliance on participant, premium, claims and expense data provided by the Employer or from vendors employed by the Employer. Segal Consulting does not audit the data provided. The accuracy and comprehensiveness of the data is the responsibility of those supplying the data. Segal, however, does review the data for reasonableness and consistency.

The actuarial computations made are for purposes of fulfilling plan accounting and funding requirements. Determinations for purposes other than meeting financial accounting and funding requirements may be significantly different from the results reported here. Accordingly, additional determinations may be needed for other purposes, such as judging benefit security at termination of the plan, or determining short-term cash flow requirements.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: retiree group benefits program experience or rates of return on assets differing from that anticipated by the assumptions; changes in 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); and changes in retiree group benefits program provisions or applicable law. Retiree group benefits models necessarily rely on the use of approximations and estimates, and are sensitive to changes in these approximations and estimates. Small variations in these approximations and estimates may lead to significant changes in actuarial measurements. The scope of the assignment did not include performing an analysis of the potential change of such future measurements except where noted.

To the best of my knowledge, this report is complete and accurate and in my opinion presents the information necessary to comply with GASB Statements 74 with respect to the benefit obligations addressed. The signing actuary is a member of the Society of Actuaries, the American Academy of Actuaries, and other professional actuarial organizations and collectively meet the "General Qualification Standards for Statements of Actuarial Opinions" to render the actuarial opinion contained herein.



Yori Rubinson, FSA MAAA

Vice President and Retiree Health Actuary

Section 2: Valuation Results

General Information about the OPEB Plan

Plan Description

Pursuant to contractual agreement and policy, VSTRS provides postemployment healthcare benefits to eligible VSTRS employees who retire from the System. Vermont Statute Title 16, Chapter 55 assigns the authority to VSTRS to establish and amend the benefit provisions of the plan and to establish maximum obligations of plan members to contribute to the plan. The VSTRS Board of Trustees is authorized to establish contribution rates of System employees and retirees, and they are set as part of the collective bargaining process.

At June 30, 2018, the Vermont State Teachers' Retirement System plan membership consisted of the following:

	June 30, 2018
Retired members or beneficiaries currently receiving benefits	6,713
Retired members or beneficiaries not receiving benefits	2,416
Vested terminated members entitled to but not yet receiving benefits	1,949
Active members	<u>9,892</u>
Total	20,970

Net OPEB Liability

	June 30, 2019	June 30, 2018
Components of the Net OPEB Liability		
Total OPEB Liability	\$1,041,064,931	\$927,843,142
Plan Fiduciary Net Position	<u>312,090</u>	<u>-26,443,247</u>
Net OPEB Liability	\$1,040,752,841	\$954,286,389
Plan Fiduciary Net Position as a percentage of the Total OPEB Liability	0.03%	-2.85%

The Net OPEB Liability was measured as of June 30, 2019 and 2018. Plan Fiduciary Net Position (plan assets) was valued as of the measurement dates and the Total OPEB Liability was determined from actuarial valuations using data as of June 30, 2018 and 2017.

The Total OPEB Liability was measured by an actuarial valuation as of June 30, 2019 using the following actuarial assumptions, applied to all periods included in the measurement, unless otherwise specified:

	June 30, 2019	June 30, 2018
Salary increases	Varies by age	Varies by age
Discount rate	3.50%	3.87%
Healthcare cost trend rates		
Non-Medicare	7.15% graded to 4.50% over 12 years	7.15% graded to 4.50% over 12 years
Medicare	7.15% graded to 4.50% over 12 years	7.15% graded to 4.50% over 12 years
Increase to Retiree Contributions	Equal to health trend	Equal to health trend
Mortality rates		
Pre-retirement Mortality	98% of RP-2006 White Collar Employee with generational projection using Scale SSA-2017	(same as current year)
Post-retirement Mortality	98% of RP-2006 White Collar Annuitant with generational projection using Scale SSA-2017	(same as current year)
Disabled Mortality	RP-2006 Disabled Mortality Table with generational projection using Scale SSA-2017	(same as current year)

Detailed information regarding all actuarial assumptions can be found in Section 3, Exhibit II.

Determination of Discount Rate and Investment Rates of Return

Development of Long-Term Rate

The long-term expected rate of return on OPEB plan investments are developed for each major asset class. These returns are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation.

The target allocation, long-term expected rates of return for each major asset class, and expected inflation, as provided by the System, are summarized below:

Asset Class	Target Allocation	Long-Term Expected Real Rate of Return as of June 30, 2019
Large cap equity	20.00%	7.50%
International equity	15.00%	7.75%
Emerging international equity	5.00%	9.25%
Core bonds	60.00%	4.37%
Inflation		2.75%

The target allocation above is based on the Trust Investment Account mix used by the Vermont State Employees’ Postemployment Benefits Trust Fund.

The System’s Board established the Vermont Retired Teachers’ Health and Medical Benefits Fund (Benefits Fund) in 2013. The Benefits Fund was created for the sole purpose of accepting contributions from the System in order to provide postemployment health insurance benefits to current and future eligible retirees of the System in accordance with the terms of the healthcare plan.

Projection of OPEB Plan’s Fiduciary Net Position for Use in Calculation of Discount Rate

The projection of cash flow used to determine the discount rate assumed that the Vermont State Teachers’ Retirement System contributions would be made at rates equal to the projected benefit payments for the upcoming year. Based on these assumptions, the OPEB Plan’s fiduciary net position was projected to be exhausted within the first year. Therefore, the index rate for 20-year, tax-exempt general obligation municipal bonds with an average rating of AA/Aa or higher as of June 30, 2019 with an expected rate of return of 3.50% on plan investments was applied to all periods of projected benefit payments to determine the Total OPEB Liability.

Year Beginning July 1:	Projected Beginning Plan Fiduciary Net Position (a)	Projected Total Contributions (b)	Projected Benefit Payments (c)	Projected Investment Earnings (d)	Projected Ending Plan Fiduciary Net Position (f) = (a) + (b) - (c) - (d)
2019	\$312,090	\$28,120,976	\$28,444,346	\$11,280	\$0

Notes:

- (1) Amounts may not total exactly due to rounding
- (2) Column (c): Projected benefit payments have been determined in accordance with paragraphs 43-47 of GASB Statement No. 74 and are based on the closed group of active, retired members and beneficiaries as of June 30, 2018.
- (3) Column (d): Projected investment earnings are based on the assumed investment rate of return of 7.5% per annum and reflect the assumed timing of benefit payments made at the beginning of each month.
- (4) The Plan’s Fiduciary Net Position is projected to be exhausted within the first year.

Sensitivity

The following presents the NOL of Vermont State Teachers' Retirement System as well as what the Vermont State Teachers' Retirement System's NOL would be if it were calculated using a discount rate that is 1-percentage-point lower (2.50%) or 1-percentage-point higher (4.50%) than the current rate. Also, shown is the NOL as if it were calculated using healthcare cost trend rates that were 1-percentage-point lower or 1-percentage-point higher than the current healthcare trend rates.

	1% Decrease in Discount Rate (2.50%)	Current Discount Rate (3.50%)	1% Increase in Discount Rate (4.50%)
Net OPEB Liability (Asset)	\$1,217,020,376	\$1,040,752,841	\$897,088,143
	1% Decrease in Health Care Cost Trend Rates	Current Health Care Cost Trend Rates	1% Increase in Health Care Cost Trend Rates
Net OPEB Liability (Asset)	\$877,521,777	\$1,040,752,841	\$1,251,944,422

Schedule of Changes in Net OPEB Liability – Last Ten Fiscal Years

	June 30, 2019	June 30, 2018	June 30, 2017
Total OPEB Liability			
• Service cost	\$20,785,548	\$26,272,945	\$32,511,242
• Interest	36,139,037	32,837,241	26,424,854
• Change of benefit terms	-21,209,483	--	--
• Differences between expected and actual experience	24,665,266	42,620,822	--
• Changes of assumptions	82,448,286	-50,191,881	-33,191,654
• Benefit payments, including refunds of member contributions	<u>-29,606,865</u>	<u>-29,328,814</u>	<u>-29,576,455</u>
Net change in Total OPEB Liability	\$113,221,789	\$22,210,313	-\$3,832,013
Total OPEB Liability – beginning	<u>927,843,142</u>	<u>905,632,829</u>	<u>909,464,842</u>
Total OPEB Liability – ending	<u>\$1,041,064,931</u>	<u>\$927,843,142</u>	<u>\$905,632,829</u>
Plan Fiduciary Net Position			
• Contributions – employer	\$56,594,299	\$29,802,725	\$--
• Contributions – employee	--	--	23,838,958
• Net investment income	30,963	19,935	40,923
• Benefit payments, including refunds of member contributions	-29,606,865	-29,328,814	-29,347,561
• Administrative expense	-263,060	-279,447	-228,894
• Other	<u>--</u>	<u>--</u>	<u>--</u>
Net change in Plan Fiduciary Net Position	\$26,755,337	\$214,399	-\$5,696,574
Plan Fiduciary Net Position – beginning	<u>-26,443,247</u>	<u>-26,657,646</u>	<u>-20,961,072</u>
Plan Fiduciary Net Position – ending	\$312,090	-\$26,443,247	-\$26,657,646
Net OPEB Liability – ending	<u>\$1,040,752,841</u>	<u>\$954,286,389</u>	<u>\$932,290,475</u>
Plan Fiduciary Net Position as a percentage of the Total OPEB Liability	0.03%	-2.85%	-2.94%
Covered employee payroll	\$612,899,069	\$607,354,756	\$586,397,072
Plan Net OPEB Liability as a percentage of covered employee payroll	169.81%	157.12%	158.99%

Notes to Schedule:

Benefit changes:

Effective January 1, 2020, OTC, Fertility, and Erectile Dysfunction drugs will be removed from the Medicare prescription drug plan, and non-Medicare retirees will be moved to the National Preferred Formulary and Accredo Exclusive Specialty Network.

Changes of assumptions:

The discount rate was decreased from 3.87% to 3.50%.

The per capita valuation-year claims and retiree contribution rates were updated.

The assumed health trend rates were modified.

The percentage of future retirees not eligible for a subsidy assumed to elect coverage was increased from 10% to 15%.

60% of terminated vested participants who are eligible for a subsidy and 0% of those not eligible for a subsidy were assumed to elect coverage. Previously 30% of future terminated vested participants who are eligible for a subsidy and 10% of those not eligible for a subsidy were assumed to elect coverage, and 30% of current terminated vested participants were assumed to elect coverage.

Schedule of Contributions – Last Ten Fiscal Years

Year Ended June 30:	Actuarially Determined Contributions	Contributions in Relation to the Actuarially Determined Contributions	Contribution Deficiency / (Excess)	Covered-Employee Payroll	Contributions as a Percentage of Covered Employee Payroll
2017	\$35,918,126 ¹	\$23,838,958	\$12,079,168	\$586,397,072	4.07%
2018	37,316,779 ¹	29,802,725	7,514,054	607,354,756	4.91%
2019	54,658,645	56,594,299	-1,935,654	612,899,069	9.23%

¹ The Actuarially Determined Contributions were calculated by the prior actuary, Buck Consultants.

Notes to Schedule:

Methods and assumptions used to determine contribution rates:

Valuation date	Actuarially determined contribution rates are calculated as of June 30, two years prior to the end of the fiscal year in which contributions are reported
Measurement date	June 30, 2019
Actuarial cost method	Projected Unit Credit
Amortization method	30 Years, Closed, Level Percent of Payroll
Remaining amortization period	29 Years as of July 1, 2019
Asset valuation method	The market value of assets as of the measurement date
Actuarial assumptions	The actuarial assumptions used to calculate the actuarially determined contribution rates can be found in Exhibit II.

Actuarially Determined Contribution

	Year Ending June 30, 2021	% of Payroll	Year Ending June 30, 2020	% of Payroll
Normal Cost	\$27,189,374	4.18%	\$21,684,112	3.37%
Actuarial Accrued Liability	1,069,220,408	164.44%	919,813,984	142.75%
Assets	<u>323,013</u>	0.05%	<u>-25,202,573</u>	-3.91%
Unfunded Actuarial Accrued Liability	\$1,068,897,395	164.39%	\$945,016,557	146.66%
Amortization of Unfunded Actuarial Accrued Liability	\$40,722,830	6.26%	\$36,568,511	5.68%
Total Actuarially Determined Contribution	\$67,912,204	10.44%	\$58,252,623	9.04%
Total Payroll	\$650,224,622		\$644,342,661	

For the year ending June 30, 2020, the Normal Cost and Actuarially Accrued Liability were determined using the Projected Unit Credit actuarial method and a 3.87% rate of return. Assets were projected forward from June 30, 2018 assuming the System contributes the amount of expected benefit payments for the year ending June 30, 2019. The Unfunded Actuarially Accrued Liability was amortized using a closed 29 year amortization period calculated as a level percent of projected payroll, with an assumed annual payroll growth of 3.00%.

For the year ending June 30, 2021, the Normal Cost and Actuarially Accrued Liability were determined using the Projected Unit Credit actuarial method and a 3.50% rate of return. Assets were projected forward from June 30, 2019 assuming the System contributes the amount of expected benefit payments for the year ending June 30, 2020. The Unfunded Actuarially Accrued Liability was amortized using a closed 28 year amortization period calculated as a level percent of projected payroll, with an assumed annual payroll growth of 3.00%.

Statement of Fiduciary Net Position

	June 30, 2019
Total Assets	\$2,766,213
Total liabilities	<u>2,454,123</u>
Net position restricted for OPEB	\$312,090

Section 3: Supporting Information

EXHIBIT I SUMMARY OF PARTICIPANT DATA

	As of June 30, 2018	As of June 30, 2017
Retirees Enrolled in Health Care:		
Number of retirees	6,617	6,454
Average age of retirees	71.8	71.4
Number of spouses and dependents (excluding children)	1,212	1,218
Average age of spouses	70.2	69.3
Surviving Spouses Enrolled in Health Care:		
Number	96	89
Average age	80.1	79.0
Retirees and Surviving Spouses Not Enrolled in Health Care:		
Number	2,416	2,356
Average age	71.6	71.2
Terminated Members Entitled but Not Yet Eligible:		
Number of terminated members	1,949	1,764
Average age of terminated members	50.3	50.6
Active Participants:		
Number	9,892	10,028
Average age	45.7	45.8
Average years of service	12.6	12.6
Average expected retirement age	61.7	61.7

EXHIBIT II ACTUARIAL ASSUMPTIONS AND METHODS

Data:	Detailed census data, claim experience, and summary plan descriptions for postretirement welfare benefits were provided and/or affirmed by the Vermont State Teachers' Retirement System.	
Actuarial Cost Method:	Entry-Age Normal, Level Percentage of Pay	
Asset Valuation Method:	Market Value	
Roll-forward Techniques:	The results as of June 30, 2019 were based on participant data as of June 30, 2018 projected forward to June 30, 2019 using standard actuarial techniques.	
Measurement Date:	June 30, 2019	
Actuarial Valuation Date:	June 30, 2018	
Demographic Assumptions:	<p>Some of the demographic assumptions used in this valuation (including mortality, disability, turnover, and retirement), in addition to the assumed salary scale are the same as used in the Vermont State Teachers' Retirement System Actuarial Valuation and Review as of June 30, 2019 completed by Segal Consulting. These assumptions were reviewed as part of the pension valuation process, and we have no reason to doubt their reasonableness for use in this valuation.</p> <p>The remaining demographic assumptions, such as enrollment elections, percent married, and relative ages of spouses were based on the experience of the Plan.</p>	
Discount Rate:	3.50% based on the index rate for 20-year, tax-exempt general obligation municipal bonds with an average rating of AA/Aa or higher as of June 30, 2019	
Salary Increases:	Age	Annual Rate of Salary Increase (%)
	20	9.09%
	25	7.78%
	30	6.47%
	35	5.60%
	40	4.92%
	45	4.43%
	50	4.09%
	55	3.85%
	60	3.75%

Mortality Rates:

Death in Active Service:

- All Groups 98% of RP-2006 White Collar Employee with generational projection using Scale SSA-2017.

Healthy Post-retirement:

- All Groups 98% of RP-2006 White Collar Annuitant with generational projection using Scale SSA-2017.

Disabled Post-retirement:

- All Groups RP-2006 Disabled Mortality Table with generational projection using Scale SSA-2017.

The tables with the generational projection to the ages of members as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. The mortality tables were then adjusted to future years using a generational projection with Scale SSA-2017 to reflect future mortality improvement.

Separation from Service before Retirement (Due to Withdrawal and Disability):

Representative values of the assumed annual rates of withdrawal and disability are as follows:

Age	Rate (%)			
	Withdrawal		Disability	
	Male	Female	Male	Female
25	21.00%	20.00%	0.005%	0.008%
30	12.60	14.00	0.008	0.008
35	8.40	11.30	0.010	0.008
40	6.50	9.03	0.015	0.010
45	5.80	6.30	0.026	0.023
50	5.40	5.25	0.067	0.070
55	5.40	5.04	0.044	0.048
60	5.40	5.04	0.147	0.084

Actives' Retirement Rates:

Age	Reduced Early Retirement		Full Early Retirement
	Group A	Group C	Grandfathered (Group C)
55	6.13%	6.13%	6.13%
56	6.25	6.25	6.25
57	6.25	6.25	6.25
58	6.25	6.25	6.25
59	9.38	9.38	9.38
60	12.50	18.75	18.75
61	18.75	18.75	18.75

Age	Service Retirement		
	Group A	Group C	
		Non-grandfathered	Grandfathered
60	12.50%	17.00%	N/A
61	18.80	17.00	N/A
62	25.00	20.00	20.00%
63	22.00	22.00	22.00
64	22.00	22.00	22.00
65	33.00	33.00	33.00
66	33.00	33.00	33.00
67	33.00	33.00	33.00
68	22.00	22.00	22.00
69	33.00	33.00	33.00
70	100.00	100.00	100.00

Non-grandfathered members are assumed to retire with 25% probability if they are first eligible for service retirement on or before age 62 and 27.5% probability if they are first eligible for service retirement between age 62 and age 65.

Group A and Grandfathered Group C members are assumed to retire at the following rates upon completion of 30 years of creditable service:

Age	Retirement After 30 Years of Service	
	Group A	Grandfathered (Group C)
49	0.00%	0.00%
50	40.00	40.00
51	20.00	20.00
52	20.00	20.00
53	20.00	20.00
54	20.00	20.00
55	20.00	8.75
56	10.00	6.25
57	10.00	6.25
58	10.00	10.00
59	10.00	10.00
60	30.00	25.00
61	25.50	17.00

Inactive Members' Retirement Rates:

Terminated members that are not yet eligible are assumed to retire at age 62.

Unknown Data for Participants:

A missing census item for a given participant was assumed to equal the average value of that item over all other participants of the same status for whom the item is known. Nonactives currently not receiving coverage were assumed to receive an 80% subsidy for the employee and a subsidy based on service for the spouse. Terminated members not yet eligible were assumed to receive a subsidy based on service.

Participation and Coverage Election:

75% of active employees eligible for a subsidy at retirement and 15% of those not eligible for a subsidy at retirement were assumed to elect coverage. 60% of current and future terminated vested participants who are eligible for a subsidy and 0% of those not eligible for a subsidy were assumed to elect coverage. Current retirees who have not elected coverage can choose to do so each year at open enrollment. Of current retirees who have not elected coverage and are eligible for a subsidy, 40% who retired within the past year and 5% of others were assumed to elect medical coverage. Current retirees who have not elected coverage and are not eligible for a subsidy are not assumed to elect coverage.

Dependents:

Demographic data was used for spouses of current retirees when available. For current retirees, spouse coverage was determined based on plan coverage. For future retirees and current spouses for which information is not available, male employees are assumed to be three years older than wives and female employees are assumed to be one year younger than their husbands. Of those future retirees who elect to continue their health coverage at retirement, 60% of males and 50% of females were assumed to have an eligible spouse who also opts for health coverage at that time. Spouses of future retirees who are not eligible for subsidized spouse coverage were assumed not to elect coverage. Spouses of current retirees who are not eligible for subsidized spouse coverage were assumed to pay the full premium.

It is assumed that 5% of future retirees covering spouses will elect the Premium Reduction Option. Current and future terminated vested participants as well as current retirees without health coverage are not assumed to elect the Premium Reduction Option. The Premium Reduction Option is valued using a reduction factor of 0.85 of the single-life subsidy for which the retiree and spouse are eligible. Surviving spouses with a date of retirement before January 1, 2007 are assumed to pay the full medical premium.

Per Capita Cost Development:

Medical and Prescription Drug: Per capita claims costs were based on claims for the period July 1, 2016 through June 30, 2019. Claims were separated by non-Medicare and Medicare retirees, and by claim type (medical vs. prescription drug). Claims were separated by plan year, then adjusted as follows:

- total claims were divided by the number of adult members to yield a per capita claim,
- the per capita claim was trended to the midpoint of the valuation year at assumed trend rates, and
- the per capita claim was adjusted for the effect of any plan changes.

Per capita claims for each plan year were then combined by taking a weighted average. The weights used in this average account for a number of factors including each plan year's volatility of claims experience and distance to the valuation year. Actuarial factors were then applied to the weighted average cost to estimate individual retiree and spouse costs by age and by gender. The prescription drug claims were then adjusted for assumed rebates and EGWP reimbursements.

Administrative Expenses: Per capita expenses were based on expenses for the period July 1, 2016 through June 30, 2019. Expenses were separated by plan year, then adjusted as described above to yield a combined weighted average per capita expense.

Per Capita Health Costs:

Medical and prescription drug claims costs for the year beginning July 1, 2019 are shown in the table below for retirees and for spouses at selected ages. These costs are net of deductibles and other benefit plan cost sharing provisions.

Age	Medical				Prescription Drugs			
	Retiree		Spouse		Retiree		Spouse	
	Male	Female	Male	Female	Male	Female	Male	Female
50	\$8,609	\$9,806	\$6,013	\$7,873	\$1,553	\$1,769	\$1,085	\$1,421
55	10,224	10,555	8,046	9,113	1,845	1,905	1,452	1,644
60	12,142	11,377	10,772	10,570	2,191	2,053	1,944	1,907
64	13,930	12,070	13,598	11,897	2,514	2,178	2,454	2,147
65	1,502	1,277	1,502	1,277	2,053	1,745	2,053	1,745
70	1,741	1,376	1,741	1,376	2,379	1,881	2,379	1,881
75	1,876	1,481	1,876	1,481	2,564	2,024	2,564	2,024

Administrative Expenses:

An annual administrative expense of \$568 per participant with health and welfare coverage increasing at 3.0% per year was added to projected incurred claim costs in developing the benefit obligations.

Health Care Cost Trend Rates:

Health care trend measures the anticipated overall rate at which health plan costs are expected to increase in future years. The rates shown below are “net” and are applied to the net per capita costs shown above. The trend shown for a particular plan year is the rate that is applied to that year’s cost to yield the next year’s projected cost.

	Rate (%)
Year Ending June 30	Health Costs
2020	7.150
2021	6.925
2022	6.700
2023	6.475
2024	6.250
2025	6.025
2026	5.800
2027	5.575
2028	5.350
2029	5.125
2030	4.900
2031	4.675
2032 & Later	4.500

The trend rate assumptions were developed using Segal’s internal guidelines, which are established each year using data sources such as the 2019 Segal Health Trend Survey, internal client results, trends from other published surveys prepared by the S&P Dow Jones Indices, consulting firms and brokers, and CPI statistics published by the Bureau of Labor Statistics.

Retiree Contribution Increase Rate:

Retiree contributions were assumed to increase with health trend. Retiree contribution rates were based on premiums effective July 1, 2019. Plan premiums were weighted by actual retiree and dependent enrollment, separately for non-Medicare and Medicare.

Health Care Reform Assumption:

The Plan is assumed to be in compliance with the Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act (HCERA) of 2010 as of the valuation date. The valuation includes the projected effect of the Act’s provision which imposes an excise tax on high cost employer-sponsored health coverage beginning in 2022. The excise tax limit is assumed to increase by 2.0% each year after 2019.

Plan Design:	Development of plan liabilities was based on the substantive plan of benefits in effect as described in Exhibit III.
Assumption Changes since Prior Valuation:	<p>The discount rate was decreased from 3.87% to 3.50%.</p> <p>The per capita valuation-year claims and retiree contribution rates were updated.</p> <p>The assumed health trend rates were modified.</p> <p>The percentage of future retirees not eligible for a subsidy assumed to elect coverage was increased from 10% to 15%.</p> <p>60% of terminated vested participants who are eligible for a subsidy and 0% of those not eligible for a subsidy were assumed to elect coverage. Previously 30% of future terminated vested participants who are eligible for a subsidy and 10% of those not eligible for a subsidy were assumed to elect coverage, and 30% of current terminated vested participants were assumed to elect coverage.</p>

EXHIBIT III SUMMARY OF PLAN

This exhibit summarizes the major benefit provisions as included in the valuation. To the best of our knowledge, the summary represents the substantive plans as of the measurement date. It is not intended to be, nor should it be interpreted as, a complete statement of all benefit provisions.

Eligibility:	<p>Retirees and their spouses are eligible for health coverage if the retiree is eligible for pension benefits. Pension eligibility requirements are below.</p> <p>Group A: Public school teachers employed within the State of Vermont prior to July 1, 1981 and elected to remain a Group A member.</p> <ul style="list-style-type: none"> • Retirement: Attainment of 30 years of creditable service, or age 55. <p>Group C: Public school teachers employed within the State of Vermont on or after July 1, 1990. Teachers hired before July 1, 1990 and were Group B members in service on July 1, 1990 are now Group C members. Grandfathered participants are Group C members who were within five years of normal retirement eligibility as defined prior to July 1, 2010.</p> <ul style="list-style-type: none"> • Retirement Group C Grandfathered: Attainment of age 62, or 30 years of creditable service, or age 55 with 5 years of creditable service. • Retirement Group C Non-grandfathered: Attainment of age 65, or age plus creditable service equal to 90, or age 55 with 5 years of creditable service. <p>Vesting and Disability: 5 years of creditable service. Participants who terminate with 5 years of service under the age of 55 may elect coverage upon receiving pension benefits.</p>
Benefit Types:	Medical and prescription drug. Retirees pay the full cost for dental benefits.
Duration of Coverage:	Lifetime.
Spousal Benefits:	Same benefits as for retirees.
Spousal Coverage:	Lifetime.

Retiree Premiums:

The VEHI insurance premiums effective July 1, 2019 are shown below.

\$300 Comprehensive Plan	Total Premium
Retiree Under 65	
Single Coverage	\$893.86
Two Person Coverage	1,757.04
Family Coverage	2,355.40
Retiree & 1 Medicare dependent	1,460.82
Retiree & 1 or 2 dependents with 1 Medicare dependent	2,324.00
Retiree & 1 Medicare dependent Dependent without RX Coverage	1,172.00
Retiree Over 65 or Medicare Eligible	
Single Coverage	\$566.96
Two Person Coverage – Both Medicare	1,133.92
Two Person Coverage – Both Medicare Retiree without RX Coverage	845.10
Two Person Coverage – Both Medicare Dependent without RX Coverage	845.10
Retiree & 2 Dependents – All Medicare Eligible	1,700.88
Retiree Medicare & 1 Dependent not	1,460.82
Retiree Medicare & 1 Dependent not Retiree without RX Coverage	1,172.00
Retiree Medicare eligible & Family Under	2,355.40
Retiree Medicare eligible & 2 Dependents Under 65 Retiree without RX coverage	2,035.18
Retiree & 1 Dependent Medicare eligible & 1 Dependent under 65	2,027.78
Retiree & Family with 1 Medicare dependent	2,355.40
Retiree Only – without RX Coverage	278.14

JY Plan	Total Premium
Retiree Under 65	
Single Coverage	\$1,003.45
Two Person Coverage	1,978.60
Family Coverage	2,660.78
Retiree & 1 Medicare dependent	1,697.31
Retiree & 2 dependents with 1 Medicare dependent	2,660.78
Retiree Over 65 or Medicare Eligible	
Single Coverage	\$693.86
Two Person Coverage- Both Medicare	1,387.72
Two Person Coverage – Both Medicare eligible Dependent without RX Coverage	1,098.91
Retiree & 2 Dependents – All Medicare eligible	2,081.58
Retiree Medicare & 1 Dependent not	1,697.31
Retiree Medicare eligible & Family Under	2,660.78
Retiree Only – without RX Coverage	405.05
Vermont Health Partnership	
Retiree Under 65	
Single Coverage	\$893.86
Two Person Coverage	1,757.04
Family Coverage	2,355.40
Retiree – VT Health Partnership Dependent(s) – JY Carveout	
Retiree & 1 Medicare dependent	\$1,587.72
Retiree & 2 dependents with 1 Medicare dependent	2,450.90
Retiree – VT Health Partnership Dependent(s) – Comp Carveout	
Retiree & 1 Medicare dependent	\$1,460.82
Retiree & 2 dependents with 1 Medicare dependent	2,324.00
Retiree – VT Health Partnership Dependent(s) – Vermont Blue 65	
Retiree & 1 Medicare dependent	\$1,103.39
Retiree & 2 dependents with 1 Medicare dependent	1,966.57

	Vermont Blue 65	Total Premium
Retiree Over 65 or Medicare Eligible		
Single Coverage		\$209.53
Two Person Coverage – Both Medicare		419.06
Retiree & 2 dependents - All Medicare eligible		628.59
Retiree – Vermont Blue 65 – Dependent(s) - JY		
Retiree Medicare & 1 dependent not		\$1,212.98
Retiree Medicare & 2 dependents not		2,188.13
Retiree – Vermont Blue 65 – Dependent(s) - Comp		
Retiree Medicare & 1 Dependent not		\$1,103.39
Retiree Medicare & 2 Dependents not		1,966.57
Retiree – Vermont Blue 65 – Dependent(s) – VT Health Partnership		
Retiree Medicare & 1 Dependent not		\$1,103.39
Retiree Medicare & 2 Dependents not		1,966.57

Retiree Contributions:

Retired before June 30, 2010:

Retirees with at least 10 years of service pay premium costs in excess of an 80% VSTRS subsidy.
 Retirees with less than 10 years of service do not receive any premium subsidy.
 Spouses do not receive any premium subsidy, regardless of the retiree's service.

Retired after June 30, 2010:

Retirees pay premium costs in excess of the following VSTRS subsidy, based on service:

Retiree Subsidy Level	Subsidy
Years of Service at June 30, 2010	
10 years or more	80%
Less than 10 years	
Less than 15 years at retirement	0%
15-19.99 years at retirement	60%
20-24.99 years at retirement	70%
25 or more years at retirement	80%

Spouses of retirees can receive an 80% subsidy, if they meet the following requirements:

Spouse Coverage with 80% Subsidy	
Years of Service at June 30, 2010	Required Years of Service at Retirement
Less than 10 years	25 years of service at retirement
Between 10 and 14.99 years	25 years of service at retirement
Between 15 and 24.99 years	10 additional years from June 30, 2010
Between 25 and 29.99 years	35 years of service at retirement
30 or more years	5 additional years from June 30, 2010

Spouses of retirees who do not meet the above requirements for an 80% subsidy will not receive any premium subsidy.

Premium Reduction Option	Participants retiring on or after January 1, 2007 with a VSTRS premium subsidy have a one-time option to reduce the VSTRS subsidy percentage during the retiree's life so that a surviving spouse may continue to receive the same VSTRS subsidy for the spouse's lifetime. If the retiree elects the joint and survivor pension option but not the Premium Reduction Option, spouses are covered for the spouse's lifetime but pay 100% of the plan premium after the retiree's death.
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Benefit Descriptions:	Medical ¹	JY Plan	\$300 Comprehensive Plan	Vermont Health Partnership
<i>Annual deductible</i>		N/A	\$300 per person, \$600 per family	N/A
<i>Co-pay</i>		\$20	N/A	\$15 for PCP, \$25 for Specialist
<i>Coinsurance (plan pays)</i>		100% of Allowed	80%	100% of Allowed
<i>Annual maximum out-of-pocket</i>		N/A	\$600 per person, \$1,200 per family	N/A
Prescription Drugs				
<i>Generic</i>			\$5	
<i>Preferred Brand</i>			\$20	
<i>Non-Preferred Brand</i>			\$45	
<i>Annual maximum out-of-pocket</i>			\$600 per person, \$1,200 per family	

¹Eligible participants may also elect the Vermont Blue65 Plan C Medigap plan. The Medigap plan excludes prescription drug coverage.

Plan Changes since Prior Valuation	Effective January 1, 2020, OTC, Fertility, and Erectile Dysfunction drugs will be removed from the Medicare prescription drug plan, and non-Medicare retirees will be moved to the National Preferred Formulary and Accredited Exclusive Specialty Network.
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EXHIBIT IV DEFINITION OF TERMS

Actuarially Determined Contribution:	A target or recommended contribution to an OPEB plan for the reporting period based on the most recent measurement available.
Assumptions or Actuarial Assumptions:	The estimates on which the cost of the Plan is calculated including: <ul style="list-style-type: none"> (a) Investment return — the rate of investment yield that the Plan will earn over the long-term future; (b) Mortality rates — the death rates of employees and pensioners; life expectancy is based on these rates; (c) Retirement rates — the rate or probability of retirement at a given age; (d) Turnover rates — the rates at which employees of various ages are expected to leave employment for reasons other than death, disability, or retirement.
Covered Employee Payroll:	The payroll of the employees that are provided OPEB benefits
Discount Rate:	The single rate of return, that when applied to all projected benefit payments results in an actuarial present value that is the sum of the following: <ul style="list-style-type: none"> (1) the actuarial present value of projected benefit payments projected to be funded by plan assets using a long term rate of return, and (2) the actuarial present value of projected benefit payments that are not included in (1) using a yield or index rate for 20 year tax exempt general obligation municipal bonds with an average rating of AA/Aa or higher
Entry Age Actuarial Cost Method:	An actuarial cost method where the present value of the projected benefits for an individual is allocated on a level basis over the earnings or service of the individual between entry age and assumed exit age
Healthcare Cost Trend Rates:	The rate of change in per capita health costs over time
Measurement Date:	The date at which the net OPEB liability is measured
Net OPEB Liability:	The Total OPEB Liability less the Plan Fiduciary Net Position
Plan Fiduciary Net Position:	Market Value of Assets
Real Rate of Return:	The rate of return on an investment after removing inflation
Service Cost:	The amount of contributions required to fund the benefit allocated to the current year of service.

Total OPEB Liability:	Present value of all future benefit payments for current retirees and active employees taking into account assumptions about demographics, turnover, mortality, disability, retirement, health care trends, and other actuarial assumptions.
Valuation Date:	The date at which the actuarial valuation is performed

EXHIBIT V ACCOUNTING REQUIREMENTS

The Governmental Accounting Standards Board (GASB) issued Statement Number 74 – Financial Reporting for Postemployment Benefit Plans Other Than Pension Plans, and Statement Number 75 – Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions. Under these statements, all state and local government entities that provide other post-employment benefits are required to report the cost of these benefits on their financial statements. The accounting standards supplement cash accounting, under which the expense for postemployment benefits is equal to benefit and administrative costs paid on behalf of retirees and their dependents (i.e., a pay-as-you-go basis).

The statements cover postemployment benefits of medical, prescription drugs, dental, vision and life insurance coverage for retirees; long-term care coverage, life insurance and death benefits that are *not* offered as part of a pension plan; and long-term disability insurance for employees. The benefits valued in this report are limited to those described in Exhibit III of Section 3, which are based on those provided under the terms of the substantive plan in effect at the time of the valuation and on the pattern of sharing costs between the employer and plan members. The projection of benefits is not limited by legal or contractual limits on funding the plan unless those limits clearly translate into benefit limits on the substantive plan being valued.

The new standards prescribe an accrual-basis accounting requirement, thereby recognizing the employer cost of postemployment benefits over an employee's career. The standards also prescribe a consistent accounting requirement for both pension and non-pension benefits.

The total cost of providing postemployment benefits is projected, taking into account assumptions about demographics, turnover, mortality, disability, retirement, health care trends, and other actuarial assumptions. These assumptions are summarized in Exhibit II of Section 3. This amount is then discounted to determine the Total OPEB Liability. The Net OPEB Liability (NOL) is the difference between the Total OPEB Liability and market value of assets in the Plan, called the Plan Fiduciary Net Position.

Once the NOL is determined, the Annual OPEB Expense is determined as the change in NOL from the prior year with deferred recognition of certain elements. In addition, Required Supplementary Information (RSI) must be reported, including historical information about the Net OPEB Liability and the contributions made to the Plan. Exhibits IV of Section 3 contains a definition of terms.

The calculation of an accounting obligation does not, in and of itself, imply that there is any legal liability to provide the benefits valued, nor is there any implication that the Employer is required to implement a funding policy to satisfy the projected expense.

Actuarial calculations reflect a long-term perspective, and the methods and assumptions use techniques designed to reduce short-term volatility in accrued liabilities and the actuarial value of assets, if any.

Actuarial valuations involve estimates of the value of reported amounts and assumptions about the probability of events far into the future, and the actuarially determined amounts are subject to continual revision as actual results are compared to past expectations and new estimates are made about the future.

